

ANNUAL REPORT



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

29, May, 2004

In Brief

Appeal No. 01.90/2003

Appeal target: CHF 4,066,446 (USD 3,100,000 or EUR 2,640,000);

Appeal coverage: 90%

(Click here to go directly to the attached Financial Report).

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. 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](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>

For further information specifically related to this Annual Appeal please contact:

- In Palestinian OT/AT: Palestine Red Crescent, Mr. Younis Al-Khatib, President and General Director, email younis@palestinercs.org, phone: +970 2 240 6515, fax: +970 2 240 6518.
- Delegation: Mr. Michael Schulz, Head of Delegation; email: ifrcpal01@ifrc.org; phone: +972 2 240 0484/5, fax: +972 2 240 0484 mobile: +972 57 74 3814 or + 972 6 636 2315
- ☎ In Geneva: MENA Regional Department: Mr. Evgeni Parfenov; Senior Regional Officer email: evgeni.parfenov@ifrc.org; phone: + 41 22 7304325; fax: + 41 22 7330395.

Overall analysis of the programme

The operational scope and volume of activities performed by the Palestine Red Crescent Society (PRCS) in both the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT) and in the Diaspora¹ have been determined by continuously increasing humanitarian needs and are exceeding the frame established by the Federation *Strategy 2010*.

Some 5,000 PRCS volunteers and more than 3,500 staff members are responsible for implementing and coordinating a wide range of PRCS programmes and services such as health and rehabilitation centres, emergency medical stations, hospitals, medical and psychological hotlines and other projects tailored to the changing needs.

Construction of a so-called "separation wall" in 2003 has created additional vulnerabilities among the population in the Palestinian AT/OT. The population has been exposed to further restrictions of movement and increasingly

¹ Diaspora refers to the PRCS's activities in the neighbouring countries which are hosting Palestinian refugees.

prevented from accessing health care facilities, schools, working places and fields. Deprivation and the feeling of humiliation and of loss of dignity have been at the source of increased needs for psychological support.

In spite of such a challenging working environment which is *per se* an opportunity but also a threat for any national society, the PRCS supported by its partners and donors continued to provide a wide range of basic and upgraded services to the needy people in the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT).

In 2003, the PRCS formulated and adopted its strategic directions for the next three years (2003-2006) stating that the society will “*contribute to community development by working with and through local communities and stakeholders to reduce vulnerability and to respond effectively and efficiently to disasters utilizing all means of organizational development and capacity building*”. Consequently, care in the community has been placed in the focus of services provided by the PRCS.

The PRCS branch in Lebanon (PRCS/L) responded by maintaining its hospital services in the Palestinian refugee camps, launching a community based health approach in disease prevention and health promotion and establishing a youth and volunteers programme thus widening its human resource base.

Community and Home Based Health Care: In the Palestinian AT/OT, the PRCS focused mainly on community and home based health care services as a part of a wider primary health care (PHC) programme. In the context of the overall situation, a strong emphasis was placed on developing the capacity of PHC centres thus enabling them to respond efficiently to emergency situations. In the field of education, the services rendered through the community based special education project were expanded from six to eleven major population areas thanks to the cooperation between the PRCS and other providers.

The PRCS initiated also a community based health project in Lebanon, along with its continuous endeavours to improve the quality of hospital services mainly through staff training, renovation of facilities and modernization of equipment. Medicines and medical materials were regularly supplied to the PRCS/L health structures thus enabling them to continue to provide health services to the refugees and other vulnerable people living in the camps.

Psychosocial Support: Increased tensions led to increased needs for psychosocial support in both the West Bank and Gaza. In order to meet these needs, PRCS developed in 2003 a new strategy for its psychosocial support programme, based on a holistic community approach. This reach out programme continued to provide services to the largest segments of population through six Psychosocial Family Centres.

As forefront care providers, PRCS staff and volunteers have been particularly exposed to risks associated with tensions in the environment. Therefore stress management training was provided to all staff, volunteers and their families.

At the end of 2003, the school-based CABAC (Children Affected by Armed Conflicts) project in Jenin area was still in the pilot phase.

Disaster Management Capacity Building: A planned strengthening of the disaster management capacity continued throughout the year. Knowledge and skills of staff members and volunteers were enhanced through specific training initiatives carried out both locally and abroad. PRCS is still in the process of establishing an improved logistical set-up and early warning systems while rapid damage assessment procedures were developed to cover all of the catchments areas of the PRCS.

The volunteer network was strengthened also through co-ordination and promotion activities with major providers and stakeholders.

Promotion of humanitarian values: Through its network of volunteers and branches, PRCS continued to disseminate humanitarian values, International Humanitarian Law (IHL) and the principles of the Red Cross/Red Crescent Movement. PRCS staff and volunteers used all available opportunities such as community based first aid (CBFA) courses; media open days as well as special events to reach communities and convey RC/RC messages often in the form of printed materials.

The newly established youth and volunteers unit in the PRCS/L branch proved to be particularly active in channelling messages related to humanitarian values through CBFA training courses.

Organisational Development: An organisational development (OD) coordinator was appointed at the PRCS headquarters as a focal point for OD initiatives. Priorities were defined with the focus on improving skills of programme managers in planning, programming and reporting. *Organisational development guidelines* were incorporated into *PRCS Strategic Directions 2003-2006*. This strategic document was adopted by the PRCS Administrative Council (an elected governance body) in Cairo, in December 2003.

In order to achieve its objectives, the PRCS has developed an extensive multilateral and/or bilateral partnership co-operation with various humanitarian actors. The Federation delegation has been assisting the Society in seeking external funding, promoting long term partnerships, and establishing regular contacts with international agencies and NGOs operating in the region.

Operational Constraints: Implementation of planned activities and programmes has been subject to developments in the operational environment. Numerous checkpoints and blocked roads all over the territories continued to be an obstacle for many staff members and volunteers to reach regularly their workplaces and access PRCS facilities but also a reason of delays in the delivery of equipment and supplies. This often led to disruptions in the provision of PRCS services.

Short-term funding, weak project management skills, and frequent personnel changes in the management of several departments at the PRCS's headquarters have been also among constraints the Society had faced in running smoothly its programmes. Similarly, insufficient skills in managing and following up on projects to include planning, monitoring, and reporting were among the major constraints in running programmes in the PRCS/L branch.

Objectives, Achievements and Constraints

Health and Care

Primary Health Care

Objective: Stable provision of an expanded scope of high quality health services for the most vulnerable through a decentralized system involving all PRCS primary health care centres.

Achievements

- PRCS managed to deliver high quality health services to the inhabitants of the Palestinian AT/OT by enhancing technical skills of its staff and upgrading logistics and communication systems. The overall performance of PRCS staff in emergency situations has improved: delivery of medicines and medical supplies to the patients was smoother as well as provision of required equipment and information;
- Stocks of medicines and medical materials have been timely replenished;
- A total of 142 staff members received 272 hours of professional training;
- Treatment protocols for physicians have been published and communicated;
- Results of Rapid Damage Assessment surveillance were used to organize outreach health activities for the communities with a limited access to health services. A total of 270 days of free medical assistance were provided to these vulnerable communities in rural areas;
- PHC centers continued to receive support from 25 community health committees who facilitated the implementation of community activities, training and promotion of PHC projects. These committees of volunteers were instrumental in organising community Based First Aid (CBFA) courses, summer camps and awareness campaigns;
- By the end of the year, a total of nine Safe Motherhood Groups, (SMG) were established and operational. Out of these, five were established during the year 2003. The five new SMG received appropriate technical training in the field of mother and child health. An important role of the Safe Motherhood Groups is to link PHC centers to the families and local communities;
- Branch involvement in the primary health care (PHC) programme: Several sub-branches have begun to develop PHC services upon request of the local communities. PRCS branches have been involved also in the Medical Hotline project, mobile clinics, and recruitment of health professionals as volunteers. The PHC programme is, however, still centrally supervised and monitored by the PHC management team at the PRCS headquarters. Decentralization to the branches requires human resource development at the branch level;

- Home based care was carried out in all 25 centers. One sub-branch was able to integrate home based care within its regular activities;
- A total of 1,410 health education sessions were carried out. The most common topics of these sessions were mother and child health, school health, chronic illnesses, hygiene, infectious diseases and HIV/AIDS. A total of 26,451 persons attended health education sessions;
- Medical Hotline project was implemented in 8 districts through a volunteer network of 200 health professionals. Volunteers have been providing free medical consultations over the phone to communities under curfew and/or closure. Subsequently to the consultations, some 10 percent of the total number of cases was referred to the hospitals. The Medical Hotline responded to 331,286 calls and provided systematically medical advice as well as medicines if and when needed. The Medical Hotline is also used to follow-up on visits, as well as for dissemination of health information;
- A total of 58 community based first aid (CBFA) courses for 620 volunteers was carried out by the PHC centers. A strong emphasis was placed on linking first aid volunteers to the centers in order to build capacities to handle emergency situations within local communities;
- Storage and distribution of medicines and medical supplies: Distributions were carried out every 3 months. Two sub-warehouses were established in 2002, but for the time being they are exclusively used by the Emergency Medical Services. It is planned however to extend services of these sub-warehouses to the PHC centers as well.

Within the primary health care programme in Lebanon, PRCS focused on developing health promotion and disease prevention activities, and initiating community based health pilot projects in two refugee camps. Thirty PHC staff members received training and community committees were formed and trained. Community profiles were compiled for the two camps as a part of project activities. In co-operation with community committees, PHC staff will plan and implement community health activities responding to the needs of Palestinian refugees in Lebanon.

Health activities of the PRCS branch in Lebanon and of other RC/RC actors were coordinated through regular visits to the branch by the Head of the PRCS Planning Unit and the Head of Federation delegation in the Palestinian OT/AT.

Summary of outputs, January – December 2003

Type of intervention	Palestinian AT/OT (25 centres)	PRCS Lebanon Branch (9 centres)
Medical interventions (includes medical & dental)	135,007 interventions	47,076 interventions
Children beneficiaries (0-15 years)	56 %	17%
Elderly beneficiaries (above 65 years of age)	14 %	5%
Home visits carried out	8,847 home visits	-
Medical Hotline consultations via telephone	331,286	Not applicable
Medical Hotline consultations via home visiting	56,702	Not applicable
Total number of Community Health Committees (CHC)	25	2 committees
CHC established in 2003	1	2 committees
CHC evaluated & membership reviewed in 2003	0	0
CHC meetings held	231	12 meetings
CHC members benefiting from training	250	20 members
Health education sessions carried out	1,410 sessions	1665 sessions
Local communities participating in health education sessions	26,451 persons	20480 persons
Main health topics in the education sessions	Hygiene, nutrition, woman & child health, psychosocial	Hygiene, nutrition, MCH, STD, family planning
Community Based First Aid courses carried out	58 CBFA courses	25 CBFA courses
Volunteers/community members trained in CBFA	620 PHC volunteers	375 volunteers
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	1,019 SMG community activities	-

Number of women benefiting from SM activities	72,498 persons	-
Health education brochures published	0	20,000 copies
Number of Health Education brochures distributed	5,000	18,000
Days of free medical/health service for selected vulnerable groups	270 days	-
Number of persons who benefited from free medical days	11,095 persons	-
Number of mobile clinics functioning	2	-
Number of persons who benefited from the mobile clinics	16,230 persons	-
Branches involved in Community Based Health activities or entire PHC program	Nablus, Ramallah, Halhoul, Bani-Naim, Idna, Al-Yamoun, Habla, Anabta, Qabatia, Arrabeh, Jabalia, Khan Younis,	Lebanon PRCS branch
Hours of training for PHC staff	272 hours	70 hours.
PHC staff members benefiting from training	142 staff members	30 participants
Main population centres affected by movement restrictions	Der Abu Mishaal, Silwad, Jaba', Azmout, Qabatia, Kifel Hares, Al-Mawasi	Not applicable
Staff affected by movement restriction	45 health providers unable to reach their workplace for one day per week or more.	Not applicable

Constraints

Internal constraints:

In the Palestinian AT/OT:

- Participation of women in the community health committees has not been satisfactory. Committees consist predominantly of men who are usually working during the day thus making difficult for health providers to meet with them and coordinate community activities. The establishing of Safe Motherhood Groups in 9 villages has been instrumental in trying to solve this constraint;
- Delivery of medicines and medical kits to the centres has been often delayed and/or incomplete due to a lack of certain items in the main warehouse;
- High turnover of staff and changes in PHC management were the main impediment to implementation and project development;
- Federation health delegates were replaced several times, thus inadvertently affecting the Safe Motherhood project;
- PHC programme has been designed as a long term operation but the funding available for implementation of its projects was in most of the cases short term;
- There was a lack of information on the impact of the PCH programme on the communities. Reports have so far focused on output data only;
- Reporting capacity within the PRCS is an issue of serious concern, and it is important to improve reporting skills of the management, project co-coordinators and other PRCS staff members.

In PRCS/L branch, there is a need to improve the overall management of the projects by enhancing the skills and strengthening the organisational support systems in planning, monitoring, and reporting through appropriate training and transfer of knowledge.

External constraints: A general situation, the siege and the large number of checkpoints and blocked roads all over the Palestinian AT/OT have negatively affected the implementation of the PHC programme. Some of the most important constraints were as follows:

- A total of 30 staff members have not been able to access health centres regularly, and the high absence rate has had a negative impact on PRCS staff and management;
- There have been serious delays in the delivery of equipment and supplies;
- Before the start of the Intifada, more than three years ago, the PHC programme in the West Bank and the Gaza Strip had an identical structure. With the isolation of the Gaza Strip from the West Bank due to the conflict, several projects and training programmes were implemented in the West Bank only;

- The PHC management team has not been able to pay visits to the field frequently enough thus limiting opportunities for monitoring. Delays in receiving field reports had been an additional constrain in performing properly overall monitoring responsibilities;
- Difficulties were encountered in organizing training sessions. Most of the sessions had to be replicated several times in different districts in order to allow the largest possible number of staff members to participate. Few training hours only were offered to staff members in the Gaza Strip.

Impact

- Successful home based care project and counselling activities have contributed to building relationship of trust between many families and the PHC centres. However, the impact of the health education and community organization on the well being of the population cannot be measured on a short-term basis. Changes in health related behaviour takes many years to develop;
- Services for local communities are being developed, new equipment was purchased, and new staff members were recruited, hired and trained;
- As a result of a joint co-operation with several partners, the PHC programme benefited from the recruitment of qualified health providers and project co-ordinators. Co-operation projects have helped sustaining and promoting the PHC services during these challenging times.

Community Based Special Education

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

Achievements

- Expansion of the Community Based Special Education activities to eleven major population areas resulted from coordinated efforts between the Society and 46 rehabilitation centers operated by other providers;
- A total of 276 children benefited from regular school enrichment activities;
- A total of 1,297 home visits were made to 160 disabled children with double fold benefits for the children and their families;
- Some 266 children benefited regularly from individual activity sessions organized in the PRCS centers;
- Two hundred twelve rehabilitation workers from 46 rehabilitation facilities in 9 districts were trained during a total of 327 training hours. Based on the training need assessment, the number of training hours varied from one area to another;
- An awareness campaign on the needs and challenges of disabled children was designed and will be launched in March 2004. The campaign consists of printing and distributing brochures, stickers and posters, and broadcasting several TV sessions on the issue of "Home and School Enrichment" for the disabled. As a part of the campaign, in the Hebron district two TV sessions were already broadcasted on the local TV at the beginning of January 2004;
- A total of 356 families benefited from the project. For example, in Khan Younis only, 25 families participated in 3 workshops (25 contact hours);
- Co-ordination between PRCS and other providers is planned to lead gradually to the development of a referral system and integration of the disabled into the Palestinian society;
- A total of 585 children were screened for speech and hearing problems. Some 311 children were diagnosed and 168 others referred to hospitals for further tests, treatment and/or medical follow-up.

Constraints

- Externally, the project was negatively affected by the siege and blocked roads, which hindered the access of disabled children to the rehabilitation centres or other diagnostic and therapeutic services.
- Internally, an improved project management is needed.

Impact

- Indubitably, there is a beneficial impact on disabled beneficiaries and their families. Project activities enabled disabled individuals to learn how to take care of themselves, and their families to familiarize with new

techniques of communicating with the disabled child. The beneficial impact of the project is indicated also in many success stories that have come to the attention of the PRCS Rehabilitation Department;

- The impact of the programme on the Palestinian population is difficult to determine in a short run, but it is expected that the targeted communities will gradually accept the integration of disabled children and recognize their abilities;
- PRCS is already assuming the leading role in this field with prospects of assuming additionally the role of the national co-ordinator of the “Home and School Enrichment project”, (also called “Community Based Special Education”).

Supporting PRCS Health Facilities in Lebanon

Objective 1: Working conditions for surgical activity in Hamshary have improved greatly through renovation of the third and fourth floors of the building. This is resulting in improved capacity. There have also been improvements in the support and maintenance of the remaining 5 health centres and 4 district hospitals serving the 12 refugee camps.

Achievements

- A surgical ward at the Hamshary Hospital was equipped with the necessary furniture and equipment for pre-operative and post-operative care and is now fully operational;
- Construction of new operating theaters at Hamshary Hospital was completed, although there is still a lack of the essential equipment;
- Essential renovations at Haifa Hospital were completed;
- Construction of the maternity and neonatal unit at Balsam Hospital was completed;
- ICU units were established in both the Safad and the Nazareth hospitals;
- Essential renovations were also carried out at the two PHC centers that were selected for the community based health pilot project.

Constraints

- PRCS/L is still facing the problem of paying for expensive spare parts for the medical equipment. This problem may be resolved through a 2 years co-operation project.

Impact

- The improvement of the physical structure of the PRCS health facilities and the establishment of new services promoted the basic capacities of the National Society. However, this capacity can be maintained only by improving management practices, technical skills, and standardisation of care. Quality improvement and related issues will be in the focus of co-operation in the year 2004.

Objective 2: Strengthening of PRCS capacities to enable the organising of up to 2,000 lectures and meetings on at least 30 different health related subjects at all PRCS/L health centres before the end of 2003; involving 80 health educators with sound knowledge and skills in line with the WHO and RC/RC guidelines.

Achievements

- A total of 1,665 health education sessions were carried out, with a total of 20,480 persons participating;
- Printed material for the health education covered more than 20 topics including chronic diseases, mother and child health, hygiene, dental health and nutrition;
- A total of 31 health educators were trained. Training curriculum included topics such as organizing and preparing health education sessions, teaching techniques, communication, and leadership and reporting. Twenty-four health educators were trained also in HIV/AIDS and STD prevention.

Constraints

- The approach used in organising health education activities could have been more focused on community participation and organization. Also, the health education programme was managed from the Hamshary Hospital without a proper link with the PHC centers. However in April 2003, PRCS made a decision to delegate responsibility for health education programmes to the communities and PHC centers.

Impact

- The effects of health education on health behavior and disease prevention could be only measured in a long term;
- The impact on the National Society was observed in the increased interest of health providers in health education in addition to the growing capacity resulting from training.

Objective 3: Ensuring continued provision of medicines, medical supplies and other services to Palestinian refugees in Lebanon through PRCS/L health structures.

Achievements

- Thanks to the financial support from ECHO, an independent health economist was hired in October 2003 to review the current cost recovery system in PRCS/L hospitals and draft a report on current hospital costs for each facility by using comparative indicators and benchmarking, as well to advise on the accuracy of the current reimbursement system and finally make recommendations regarding measures to be taken to improve financial effectiveness of PRCS/L health facilities;
- Thirty percent of total annual needs in medicines and medical materials were supplied to PRCS/L health facilities, through an ECHO funded bilateral cooperation project.

Constraints

- Financial difficulties coupled with high costs of medicines resulted in shortages of medicines and medical supplies.
- PRCS/L hospitals face various difficulties in improving their condition. Insufficient financial resources cause often a drain of hospital staff. Some services cannot be provided at all, others such as intensive care can be provided only to a limited extent. Services of the hospitals are of a medium quality, which makes them less attractive for patients, especially for those who have not been referred by UNRWA. This stimulates a further shift of financial resources to a private sector.

Impact

- Provision of medicines and medical supplies to PRCS/L health facilities contributes to maintaining essential health services to the refugee population;
- Provision of medical supplies has been used as a vehicle to improve health management in terms of rationalization of the use of drugs but also to strengthen the financial management of the branch;
- The commissioned report from the independent health economist will be used by the PRCS and its partners to work towards developing efficient systems and coordination mechanisms.

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

Achievements

- Training workshops for personnel that have been completed in 2003 have covered topics such as: drug rationalization, management of medical stocks, patient satisfaction, ethical behaviour, health surveys, and new techniques in physiotherapy;
- A total of 236 staff members benefited from training initiatives. (For details please refer to the table below)

Course title	Number of participants
Drug Rationalization	27
Management of Medical Stores	27
Patient Satisfaction	30
Ethical Behaviour	29
Health Surveys	30
New Techniques in Physiotherapy	31
Supervisory Skills for Head-nurses	32
Effective Communication Process for Paramedics	30
TOTAL	236

Constraints

- Due to a lack of qualified and available trainers within PRCS/L, training courses were commissioned from private training companies. As a result, training costs were very high.
- The “quality assurance” course was not carried out as planned due to the lack of funds. However, several quality assurance courses are scheduled to take place in 2004 as a part of co-operation on quality improvement with the John Hopkins University.

Impact

- The aim of training programmes is to build capacities of the National Society, but does not address the problem of staff motivation and ownership. Development of human resources is greatly hindered by the negative impact of low salaries on staff motivation.

Disaster Management

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

Achievements

- PRCS participated regularly at Emergency Health Coordination meetings gathering local and international NGOs;
- PRCS Disaster Management and Coordination Unit (DMCU) provided training to 500 volunteers and branch representatives in different technical areas of disaster response and preparedness;
- Water testing campaign was carried out in the regions of the Qalqilia district which remained isolated by the separation wall;
- In co-ordination with the PHC department, a Rapid Damage Assessment (RDA) system was developed in one region of the West Bank consisting of 143 villages. Appropriate response activities such as medical days, mobile clinics and health education campaigns were planned and implemented on the basis of RDA findings;
- PRCS staff and volunteers participated in ICRC relief activities in Gaza, Rafah, Khan Younis and Jabalia;
- Monitoring and re-stocking systems for stock movements in the central warehouse and the sub-warehouses were developed;
- Six water distribution points were pre-positioned to different areas;
- Through improved telecommunication systems, PRCS EMS stations have been connected to Emergency wards of major hospitals. The first phase of the VHF system network is being established in Gaza, Ramallah and Nablus;
- Twelve staff members were trained abroad in different fields of disaster preparedness to include IT and telecommunications as well as in the management of basic health emergency response units and advanced medical posts.

Constraints

- Similarly to other PRCS programmes in the Palestinian AT/OT, the main operational obstacle was generated by restrictions of movement which caused delays in the implementation of activities.

Impact

- The DM programme enables PRCS teams to respond to disasters timely and effectively thanks to improved logistics and communication systems ensuring better information flow in emergencies between the headquarters, branches and PRCS facilities;
- There is an expected increase in public awareness with regard to disaster/hazard prevention.

Humanitarian Values

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

Achievements

- Two hundred eighty one (281) EMS staff member and 2,076 members of their families as well as hundreds of volunteers benefited directly from a Stress Management project for PRCS staff and volunteers;
- Children Affected by Armed Conflicts (CABAC) pilot project in Tubas for 36 school teachers, 687 students and 670 family members is under implementation;
- Pilot Youth Violence prevention project is being implemented in Khan Younis and Bethlehem. Approximately 5,331 youngsters participated in project activities, which included photography, computer classes and sign language;
- Home visits were systematically paid to selected families affected by the conflict (e.g. those who were injured who lost the loved ones or lost their homes). A total of 2,912 persons benefited from counseling, training and awareness activities provided through the project;
- Psychosocial Support project in Hebron focuses on children and their families. It provides children with opportunities to express their feelings and learn new skills. A total of 11,090 children, family members and school teachers benefited from various activities implemented within the project;
- In 2003, Mental Health Department of the PRCS created a longer term strategy to address growing needs resulting from the current conflict.

(For details please refer to http://www.ifrc.org/cgi/pdf_appeals.pl?/019002.pdf).

Constraints

- Mental Health department is still facing difficulties in integrating psychosocial support services into other PRCS programmes;
- Supervising social workers providing psychosocial support in the field and subsequently following-up on beneficiary needs has been identified as another factor of concern.

Impact

- The system to measure impact of the PSP programme on the community and the PRCS has not in place yet.

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

Achievements

- Activities related to the dissemination of humanitarian values started during the first quarter of 2003, following the establishing of the youth and volunteers programme at the PRCS/L branch. Training sessions on humanitarian values for staff and volunteers were integrated in the Community Based First Aid training module;

- A first ever ToT course in First Aid and Humanitarian Values for eleven staff members and volunteers of the PRCS/L was carried out in cooperation with the Lebanese Red Cross. All trainees became subsequently active volunteers of the newly established Community Based Health programme.

Constraints

- The target number of beneficiaries proved to be unrealistic and difficult to reach. The 2005 planning process should ensure that the volume of planned activities and resources needed for their execution match with capacities and capabilities of the PRCS/branch;
- The change in the structure of the Federation delegation in Lebanon affected at some degree the timely implementation of the project.

Impact

- Following the assignment of a project coordinator in 2003, the Volunteer programme was officially launched. The programme was based on the PRCS/L five year development plan (2000-2005), in which development of a youth and volunteer programme was identified as a priority. It is expected that the programme will play an important role in the Palestinian refugee camps through the implementation of its main activities: first aid training and community based projects
- For the first time ever, the PRCS/L branch has its own first aid trainers who will contribute substantially to the capacity of the branch.

Organisational Development

Objective: Ensuring that the PRCS maintains good planning and reporting procedures, effective program implementation, based on high quality of human resources, and an active and determined group of elected members of governing bodies. It is also important to ensure that youth and volunteers are trained to be aware of the role of the PRCS as an auxiliary to the authorities of the country.

Achievements

- With a support of a number of partners, PRCS managed to expand its health, emergency and disaster management programmes and to launch new ones (IHL, tracing, planning and international cooperation);
- In Lebanon, PRCS continued to maintain and improve the quality of hospital services to Palestinian refugees, and has initiated the development of its community based health programme and the Youth and Volunteer programme;
- PRCS Congress (General Assembly) was planned to be held in 2003 but had to be postpone due to the current situation in the Palestinian AT/OT. However, in response to an urgent need for high level decision making, the Administrative Council met in Cairo in December, 2003 and assumed some of the tasks of the Congress. The Administrative Council adopted the draft of the document *Strategic Directions 2003-2006* to be finalised by the Executive Committee together with PRCS departments at the headquarters and with the branches. The Executive Committee is further responsible for ensuring the issuing of annual implementation plans. Additionally, the Administrative Council recommended that the General Assembly should convene in 2004;
- Policies and rules have been developed and/or reviewed if needed but not on a regular basis. Development of logistics procedures and procedures such as performance appraisal and donor guidelines was underway;
- Interdepartmental co-ordination took place at different levels. A Management Team was formed with the objective of exploring and analyzing issues related to PHC, rehabilitation, EMS, finance, OD and blood bank departments and recommending solutions. Meanwhile the Co-operation Group (including the International Co-operation unit, public relations, Information unit, President Office, and Youth and Volunteers department) acts as a liaison with the aim of developing integration and teamwork amongst departments;
- Located in El-Bireh in the West Bank, the PRCS headquarters supports operations of 19 branches and 4 sub-branches in the Palestinian AT/OT as well as of 4 branches in the Diaspora. Another 6 sub-branches are being established.
- Key recommendations from the PRCS strategy for establishing new branches and strengthening the existing are as follows:

- Branches and sub-branches will accommodate EMS stations within their facilities;
- Sub-branches will focus on the PHC programme;
- New branches will focus on developing community-based programmes through Community Centres;
- Branches and sub-branches will develop other programmes and/or use and manage facilities in response to the needs of the local community, including PHC centres, hospitals, medical/psychological support hotline, volunteer activities, kindergartens, etc.
- Branches and sub-branches will contribute to the Rapid damage Assessment surveillance system during and after disasters and will respond to the needs in a timely and effective manner.
- Together with the personnel unit and a warehouse management, the finance department started a pilot project to increase accountability and cooperation among departments by establishing a computerized accounting network system;
- An accountant from the finance department was assigned to partnership projects thus ensuring full compliance with required accounting and purchasing procedures, timely reporting and availability of support documentation;
- 2002 accounts for the headquarters and branches in Diaspora have been published but have not been consolidated yet. A consolidated budget for 2004 is yet to be completed as well;
- An orientation course for new employees was held with the aim of enforcing their knowledge on RC/RC Movement principles. The principles were integrated into a performance appraisal tool, which is planned to apply to all PRCS staff members in 2004;
- The Society continuously aims at improving its image. In this context, PRCS website (www.PalestineRCS.org) was further upgraded. A so called “Open media days” as well as regular updates that were provided to local NGOs through invitations to meetings and mailing of PRCS publications were also important means to this end. PRCS also wishes to improve its image by marking publicly special events, coverage of Red Crescent activities in local newspapers, through summer camps and most importantly by continuously ensuring that PRCS staff are well oriented on matters related to the RC/RC Movement as well as on the relationship between the PRCS and the community at large;
- Youth and volunteer programme continued to inspire young people to contribute to community development, while PRCS provided them with leadership training and development of skills. There has been significant growth in the number of volunteers since the beginning of Intifada, in September 2000. There are now 5,000 volunteers in 40 volunteer committees all around the Palestinian AT/OT. The programme is administering the Volunteer database, which became a valuable tool in managing the growing and diverse groups of volunteers;
- The most important PRCS facilities in Gaza and Khan Younis have been connected to the PRCS headquarters and are using the unified computerized systems and database. Other branches are not connected yet to the system. Further implementation of this project requires additional inputs into the infrastructure;
- An OD co-ordinator was assigned to the headquarters in September 2003, and an OD plan is being drafted. The co-ordinator will be working with all levels of the PRCS, to include all programmes and branches in order to achieve the OD objectives.

Constraints:

- The fact that PRCS receives mostly short-term financial support places the Society under increasing pressure to provide stable, efficient and effective emergency and health services. These constraints are being addressed through an internal programme integration as well as externally, through intensified co-ordination with other providers;
- A fast growth of the PRCS as well as rapid changes within the National Society may delay the achievement of desired results;
- Closures and other restrictions on mobility hindered the extension of OD activities to many branches and facilities;
- PRCS branches in Palestine OT/AT and Diaspora have not been systematically covered yet by the OD programme.

Impact:

- Organisational development programme of the PRCS was introduced in the last quarter of 2003 and it is therefore too early to assess its impact.

Federation Coordination

Objective: Facilitating meetings between PRCS and participating national societies in the Palestinian AT/OT as well as national societies visiting the area. National societies are encouraged all to be part of the CAS process within the framework of the PRCS strategy.

Achievements:

- In the situation of occupation and Intifada, the PRCS has been operating for several years now in the emergency mode. Valuable experience in emergency response has been gathered and the disaster management capacity has improved significantly. However, systematic, long-term development became a second priority. Developmental approaches were adjusted to the requirements and the needs emerging from a permanent state of alert. Integration of mobile clinics into the primary health care programme, with the aim to overcome difficulties caused by blockades and severe restrictions on mobility is an example of these adjustments;
- Cooperation agreement strategy (CAS), which was drafted in 1999, was applicable for the period 2000-2001. Due to the prevailing situation, the document was not updated since. In the absence of a CAS, the main guidance for “planning” was provided through VCA findings (1999/2000) and PRCS *Strategic Directions, 2003-2006*.
- PPP as a tool for quality planning was introduced during the 2004 appeal process. All relevant PRCS departments took an active part in the process. Bilateral delegates and the ICRC were invited and participated in the planning sessions as well;
- Plans of action and implementation plans that have been developed under the 2004 Appeal were based on *Strategic Directions 2003-2006*.
- Although plans of action have not been based on the CAS, the PRCS has developed a significant capacity with regard to co-operation and planning. This positive development has taken place in spite of extremely difficult general circumstances affecting all PRCS staff and volunteers. The Society demonstrated its improved planning capacity through an active participation in the 2004 Appeal planning process as well as through proactive contributions towards providing an input for programme updates. In both cases, all participants in the process adhered to identified priorities as outlined in the *Strategic Directions 2003-2006*.

Constraints

- The occupation and the Intifada are deeply affecting the entire Palestinian society: individuals, community, institutions and organizations. The PRCS, its staff and volunteers are not an exception. The situation has often prevented or hindered the National Society and its staff to carry out their work. Consequently many implementation plans had to be largely modified;
- A lack of an updated CAS could have been considered as a constraint, but the VCA and the PRCS *Strategic Directions* offered a strong planning guidance;
- In order to improve understanding and ownership and increase the quality of planning, key Federation documents should be made available in Arabic and as such disseminated throughout the PRCS.

Impact

- Due to reasons beyond PRCS control, the planned impact has not been achieved to its full extent. The newly introduced participatory approach to the appeal planning process has, however, resulted already in an enhanced PRCS ownership of the plan outlined in the Appeal document. Furthermore, the introduction of PPP as a planning tool led to an improved Appeal planning. Key to achieving the planned impact to its full extent resides in a systematic follow up of the plans as well as their continued institutionalization.

International Representation

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

Achievements:

- Through a joint PRCS/Federation project that started in October 2003, a thorough mapping of relationships of humanitarian actors in the Palestinian OT/AT was conducted showing the full range of contacts and co-operation between various organisations and the PRCS as one of major humanitarian actors in the region. The PRCS website (www.PalestineRCS.org) has now a link for accessing the partnership database;
- Various co-ordination fora contributed to improving communication and exchange of information and expertise. Distribution of PRCS Annual Report (2001/2) and circulation of other PRCS publications as well as the PRCS website contributed significantly to the strengthening of communication between the PRCS and its partners. It is expected that the PRCS's participation in establishing the FedNet will further contribute to this aim.
- Due to the circumstances, the planned PRCS Partnership meeting hasn't been held. However, numerous representatives of partners from within the RC/RC Movement as well as external partners visited the PRCS to discuss bilateral and multilateral co-operation. In return, PRCS representatives visited a number of national societies. PRCS was invited also to attend the last MENA Consortium Meeting (September 2003, Amman, Jordan) and to give an overview on the humanitarian situation in the Palestinian AT/OT. Representatives of several national societies attended the meeting of the Administrative Council in Cairo, in December 2003;
- Regular, monthly RC/RC Movement meetings were held to ensure exchange of information between PRCS, bilateral and multilateral delegates, the Federation and the ICRC. During the 2004 Appeal planning process, these formal co-ordination meetings were held more frequently;
- A formal Partnership Meeting is scheduled to take place in the second half of 2004;
- The Federation representation in the Palestinian AT/OT was reorganised to become a delegation. Depending on the response to the 2004 Appeal and resources that will be made available, efforts will be intensified to consolidate the existing funding platform and to increase contributions from donors, restoring and initiating formal co-operation with internal and external partners. These include Government and ECHO contributions through national societies, EU development budget lines, and possibly contributions from the World Bank;
- A fundraising strategy has nearly been completed, and is partly based on the MENA Funding Strategy of the Secretariat. (The [PRCS 2004 Appeal](#) was attached to the UN's CAP, launched in Copenhagen, November 2003, providing some extra visibility vis à vis donor Governments.)
- 2004 Appeal was presented to a number of diplomatic missions. Also, discussions are underway to identify a mission that would host a diplomatic briefing on PRCS activities.

Constraints

To ensure funding for the 2004 Appeal, there is a need to intensify efforts to increase contacts and co-ordination with both internal and external partners. Such efforts are, however, subject to certain constraints:

- Communication and interaction depend largely on direct contacts. These have been severely hampered due to restrictions of movement and consequently several opportunities to meet important partners have failed;
- General situation in the Palestinian AT/OT has caused great difficulties when it comes to co-ordination. Meetings have become irregular and erratic, and various social sectors only exist to a marginal extent;
- It is important to strengthen and maintain existing contacts with donors and partners, building on strong partnership management and strategy, focusing on the substance of the relationships.

Impact

- The importance of communication and contacts is not related only to the accessibility of funding, but also to improved partnership management and solid long term partnership relations. Co-ordination mechanisms will be introduced in the context of the 2004 Appeal with planning initiatives to start in early 2004;

- A well structured coordination among partners enables the PRCS to have a clear vision of funding opportunities and react if for any reasons these fail to materialize. As an example, having been timely informed that the anticipated ICRC support to 2004 summer camps will not materialize, the PRCS supported by the Federation ensured funding for this important programme from another source.

PRCS-Lebanon

Objective: Solid capacity building through co-ordination with other agencies with the aim of strengthening the capacity of the PRCS/L in disaster management, health and care, promotion of humanitarian values and organisational development activities.

Achievements

- Following the restructuring of the Federation delegation in Lebanon, some of its former responsibilities were taken over by the delegation for the Palestinian OT/AT who received an interim support from the Regional office in Amman. The delegation maintains currently an office in the premises of the PRCS/L branch. The transition, which was completed at the end of 2003, is in line with the decision taken by the PRCS headquarters to take a more direct responsibility for the PRCS activities in Lebanon. Through advice from PRCS, the PRCS/L established also a project management unit;
- Support from partner national societies to the PRCS/L health care programmes was extended to cover both secondary and primary health care levels;
- In the context of the 2004 Appeal, plans are being developed to stabilize funding levels and possibly increase contributions towards refugee assistance through PRCS branch in Lebanon.

Constraints

- Changes in the Federation field set-up that were completed by the end of 2003 have affected temporarily the level of support the Federation was able to provide to PRCS/L;
- Although Palestinian refugees and the PRCS/L have received important support from the Lebanese Red Cross, Palestinian population in Lebanon officially belongs to a "special category of foreigners". Consequently, the refugees have limited opportunities to seek employment and become self reliant.
- Partnership management needs to be further developed in order to ensure transition from contractual to partnership relations.

Impact

- With the new Federation set-up in place, closer working relations and regular communication with PRCS/L were achieved;
- Training programmes for PRCS staff, the establishment of a project management unit and the Federation's presence in the PRCS/L branch have strengthened foundations for further capacity building initiatives;
- Increased compatibility of systems has had a positive impact on the overall capacity of the PRCS.

[<Click here to return to the title page>](#)

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.90/2003 Palestine Red Crescent Society
Period: year 2003
Project(s): PLB424, PS000, 009, 010, 023, 160, 201, 401, 402, 403, 404, 421, 423, 426,
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	4,066,446				
less Cash brought forward	162,479				
TOTAL ASSISTANCE SOUGHT	3,903,967				
<u>Contributions from Donors</u>					
British Red Cross (DNGB)	23,834				23,834
Canadian Government (DGCA)	16,314				16,314
China Private donors (DPCN)	16,398				16,398
ECHO Palestine 20014 (DEPS01)	221,325				221,325
Icelandic Red Cross (DNIS)	109,191				109,191
Italian Government (DGIT)	-1,000				-1,000
Japanese Red Cross (DNJP)	53,548				53,548
New Zealand Red Cross (DNNZ)	2,319				2,319
Norwegian Govt.via Norcross Grant No (DGNN01)	66,164				66,164
Norwegian Govt.via Norwegian Red Cro (DGNN02)	25,515				25,515
Norwegian Govt.via Norwegian Red Cro (DGNN03)	81,818				81,818
Norwegian Govt.via Norwegian Red Cro (DGNN0)	1,197,972				1,197,972
Norwegian Red Cross (DNNO2)	2,835				2,835
Norwegian Red Cross # 3 (DNNO03)	9,091				9,091
Norwegian Red Cross (DNNO1)	7,352				7,352
Norwegian Red Cross (DNNO)	135,349				135,349
Private Donors-online donations (DPOLD)	2,053				2,053
Red Crescent of Islamic Rep. of Iran (DNIR)	68,250				68,250
Swedish Govt.via Swedish Red Cross (DGNSE)	153,281				153,281
Swedish Red Cross (DNSE)	98,394				98,394
Switzerland - Private Donors (DPCH)	25,500				25,500
United States - Private Donors (DPUS)	68				68
ECHO/NETHERLANDS RC		Bilateral	774,250		774,250
LIBYAN - RC		Bilateral	100,000		100,000
FINLAND				58,600	58,600
NORWAY				30,200	30,200
TOTAL	2,315,570		874,250	88,800	3,278,620

II - Balance of funds

OPENING	162,479
CASH INCOME Rcv'd	2,315,570
CASH EXPENDITURE	-1,912,611

CASH BALANCE	565,438

Appeal No & title: 01.90/2003 Palestine Red Crescent Society

Period: year 2003

Project(s): PLB424, PS000, 009, 010, 023, 160, 201, 401, 402, 403, 404, 421, 423, 426,

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
SUPPLIES						
Shelter Construction	564,651					564,651
Clothing Tiles	21,933					21,933
Food Seeds		137			137	-137
Water sanitation						
Medical First Aid	697,399	55,755	774,250		830,005	-132,606
Teaching materials	23,936					23,936
Utensils Tools	21,933					21,933
Other relief supplies	14,593	1,786	100,000		101,786	-87,193
Sub-Total	1,344,445	57,678	874,250		931,928	412,517
CAPITALEXPENSES						
Land Buildings vehicles						
Computers Telecom equip.	150,753	4,267			4,267	146,486
Medical equipment	50,000					50,000
Other capital expenditures	17,688	5,664			5,664	12,024
Sub-Total	218,441	9,931			9,931	208,510
TRANSPORT STORAGE						
Warehouse distribution	21,373					21,373
Transport vehicles	64,763	26,533			26,533	38,230
Sub-Total	86,136	26,533			26,533	59,603
PERSONNEL TRAINING						
Personnel (delegates)	364,926	171,075		88,800	259,875	105,051
Personnel (regional, national staff)	786,211	21,722			21,722	764,489
Consultants	17,688					17,688
Workshops training	512,557	22,269			22,269	490,288
Sub-Total	1,681,382	215,066		88,800	303,866	1,377,516
GENERAL ADMINISTRATION						
Travel related expenses	39,846	24,011			24,011	15,835
Information expenses	89,877	7,934			7,934	81,943
Admin./general expenses	342,000	24,498			24,498	317,502
Sub-Total	471,723	56,443			56,443	415,280
PROGRAMME SUPPORT						
Operational provisions		96,812			96,812	-96,812
Transfers contributions		1,320,431			1,320,431	-1,320,431
TOTAL BUDGET	4,066,446	1,912,611	874,250	88,800	2,875,661	1,190,785