

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

30 June 2004

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In Brief

Appeal No. 01.86/2004

Appeal target: CHF 8,271,469 (USD 6,212,144 or EUR 5,324,410)

Programme Update no. 1

Period covered: January 1 to May 31

Appeal coverage: 19%

Outstanding needs: CHF 6,702,295 (USD 5.3 million or EUR 4.4 million) Click below for contributions list

http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/1-2-3%20-%20ap018604.pdf

Programme summary:

In the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT), the general situation under occupation and Intifada remains serious, with rising humanitarian needs. As a result, the operational scope of the Palestine Red Crescent Society (PRCS) continues to exceed the framework established by the Federation's Strategy 2010 in several instances, such as secondary care, blood bank services, rehabilitation services and establishment of community centres. Within Strategy 2010, activities focused on strengthening community based health aspects of care, including special education. Primary health services were secured to isolated and stranded populations. There were attempts to strengthen technical supervision of psychosocial workers to improve performance. On the other hand, coordination between PRCS departments and branches needs to be strengthened. Coordination between the West Bank and Gaza branches and programs is being hindered by the restricted mobility and the prevailing situation. In Lebanon, the PRCS branch (PRCS/L) focused on improving the quality of its health care services to vulnerable refugee populations. The community based health project is still in its pilot phase and activities included health education, school health, environmental health, community based first aid trainings and mother and child health. The PRCS/L management committee decided to review its branch strategy. The project management unit (established in January 2004) is coordinating the development of the strategic plan for PRCS/L.

Funds are still lacking for the implementation of several appealed for projects such as the psychological support projects, HIV/AIDS awareness campaigns and the acquisition of a third Advanced Medical Post.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents). 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, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

In brief, the humanitarian situation in the Palestinian AT/OT that resulted from the continuous Israeli/Palestinian conflict during the past 3 years, is described as follows: (see www.reliefweb.int/hic-opt/docs)

- The separation wall currently being built by Israel is creating new humanitarian needs: 38% of West Bank population (875,600 persons) are affected by the wall, as well as, 16.8% of West Bank land (943,000 Dunums).
- Internal closures and curfews within the Palestinian AT/OT restrict movement and access to food, fields, health services, jobs and schools.
- Psychological trauma and a feeling of humiliation and loss of human dignity resulting from collective punishment and a feeling among many Palestinians that they cannot feed their families.
- People are cut off from local clinic services and the transport of emergency cases / and ambulances are hindered.
- Economic devastation due to destruction of crops, inability of workers to reach their jobs, shelling of factories and detention of thousands of men who provide for their families. This has created widespread poverty with disastrous effects on health (e.g. spread of malnutrition among children and inability of the chronically ill to obtain medicines).

While, in Lebanon, and after 56 years of refugee status, the Palestinian refugee population continues to experience the effects of a chronic emergency situation. Refugees are constantly and psychologically attached to what is happening in the homeland. A sense of hopelessness is dominant.

In this context, the operational developments of the Palestine Red Crescent Society (PRCS) exceed those of a traditional national society in terms of taking up more responsibilities in responding to the prevailing dramatic situation. Consequently, the PRCS programs are in continuous development beyond the Federation's core areas, such as secondary care, blood bank services, rehabilitation services and establishment of community centres.

The role of PRCS in mitigating the resulting risks to the Palestinian population during this reporting period is summarized in the following table:

Risks	Role / Actions of PRCS
Restrictions on access to health care because of the separation wall	<ul style="list-style-type: none"> • A project proposal was prepared with French RC aiming at targeting the health needs of people mostly affected by the Wall in Qalqilia district - north of the West Bank. • Plans were made to carry out a mini- Vulnerability Capacity Assessment in July 2004, to investigate the effects of the Wall on Palestinian communities living adjacent to the Wall and to follow-up on the last VCA recommendations (published in 2000).
Restrictions on movement and access to health services	<ul style="list-style-type: none"> • Provision of mobile health care in 10 clustered villages in Hebron district. • Prepared a project proposal with the support of IFRC and Finnish RC aiming at expanding the mobile health care to include 15 clustered villages in Hebron district. • Carried out 66 free medical days benefit ing 5,682 persons, which came in response to the results of the Rapid Damage Assessment Surveillance system. • Expanding the operational scope of selected primary health care centres , which reach out to isolated vulnerable communities through health education, household visiting, community based first aid training, school health activities and safe motherhood community groups. • Implementation of the Medical Hotline project in 8 West Bank districts. • Decentralized warehouse system and maintaining stocks of medicines and medical supplies in strategic locations. • Initiated the development of blood bank services in the West Bank. • Deployment of Advanced Medical Posts in mostly affected areas.
Psychological trauma affecting groups of vulnerable people	<ul style="list-style-type: none"> • Continued implementation of the CABAC project in Tubas area. Plans to expand to Qalqilia district. • Strengthened technical supervision of social workers to improve performance in the field. • Several branches embarked on establishing community centres that accommodate a wide range of community activities targeting selected vulnerable groups. • Providing psychosocial support services for PRCS emergency medical technicians and volunteers and their families.
Effects of poverty	<ul style="list-style-type: none"> • Continued implementation of the community based Safe Motherhood project.

on health, particularly the health of children and the chronically ill	<ul style="list-style-type: none"> • Primary Health centres continued to subsidize medicines with possible free of charge medicines for destitute families. • Continuity of community based health education and home based care projects aiming at minimizing the effects of disease and promoting self care.
Effects of the chronic emergency situation on the Palestinian refugee population in Lebanon	<ul style="list-style-type: none"> • Improving the quality of its hospital services. • Establishing a youth and volunteers program . • Piloting the community based health project in two refugee camps • Strategic planning process was initiated. Plan will cover the coming 3 years. • Future projects are being planned and others are under implementation all aiming at improving systems and service quality, and human resource development. • Coordinating and monitoring projects through the newly established Project Management Unit.

Implementation of PRCS planned activities and programs in the Palestinian AT/OT were affected by the above described situation. Staff mobility and ability to reach workplace regularly is still a major problem leading to disrupted services.

Health and care

Goal: A concept of a shared responsibility for health care and health related issues between the PRCS, local authorities and community members substantially contributed to the improvement of general health and psychological well being of the most vulnerable.

Objective 1: Primary Health Care programme: Affordable and quality Primary Health Care services are regularly delivered to an increased number of beneficiaries.

Expected Result 1: Selected vulnerable groups in twenty six (26) locations in Palestinian AT/OT have been benefiting from the primary health care projects to include women and child health, home care, community-based health education, curative care and diagnostic services

Progress and achievements:

- The PRCS reallocated funds to maintain the full scope of community based health activities in 25 local communities. It is expected that the launching of the cooperation Community Based Health project in June with the German RC and funded by the EU will give a developmental boost to this PHC component.

During this reporting period (January-April 2004), 25 Community Health Committees (CHC) were followed up. A total of 109 meetings for all CHC were held. Meeting agendas included planning micro-projects, review of the CHC role and duties, planning environmental activities, PRCS blood bank services, and health issues in the neighbouring villages. The membership of 6 CHC was reviewed.

A total of 812 health education sessions were carried out in community gatherings and schools. A total of 21,431 persons had participated. Most frequently tackled topics included: dental health, nutritional issues, home economics, child psychological wellbeing, hepatitis, marital relationships, correct use of medicines, personal hygiene, foot care for diabetics, and prevention of accidents in schools.

- The Home Based Care project is a bilateral cooperation project with the Spanish RC. The Spanish RC supports the project in 10 PHC centres/locations, while implementation takes place in 24. During this reporting period, 1,192 patients had benefited from 1,649 home visits. Most common concerns in the Home Based Care log sheets were:

Diabetic patients 18%	Hypertensive patients 17%	CVA patients 9%
Newborns 11%	Postnatal maternal care 9%	Cardiac diseases 4%

- Safe motherhood project was launched in 2000 with the support of the French RC. Since then the safe motherhood activities were expanded gradually to 10 PHC centres. The project is yet to be expanded to the remaining 16 centres when funds are made available. The main achievements are:

1. Establishment of Safe Motherhood Groups (SMG) within local communities aiming at empowering women and encouraging their participation in addressing woman and child health issues. Now, there are 10 trained SMGs. The groups hold regular meetings and work towards assisting the PHC providers in organizing community activities focussed on woman and child health issues. The role of SMGs is in

promoting the PHC program to the local communities and in linking the PHC centre to the family and the community. Each SMG meets weekly, sometimes jointly with the CHC.

2. Capacity building: the targeted PHC centres were partially renovated and staff were trained in mother and child care. A 3-days workshop was held for 53 PHC staff members and SMG members from 4 locations, in order to share experiences between health teams and SMG. The workshop resulted in common understanding of the role of SMGs, and identification of problems that affect implementation and priority health problems that need to be tackled through community activities.
 3. Safe motherhood community activities are carried out regularly as per schedule. During this reporting period, the main topics tackled in these activities were marriage issues, breast self examinations, osteoporosis, enuresis, and nutritional issues. The breast self examination activities proved useful. A questionnaire circulated for the purpose of project evaluation revealed that 66.6% of the women who attended these sessions are practicing monthly self-examinations. And, out of these 66.6%, 2% were referred for further check-ups.
 4. Establishment of a referral system: One workshop was carried out for health professionals, and a second workshop is being planned. The problem of restricted mobility and the general unstable situation in the Palestinian AT/OT are affecting this development which requires intensive coordination and meetings among professionals from PHC and secondary care.
 5. External project evaluation took place in March 2004. The evaluation report is available upon request.
- Continuity of curative and diagnostic services: During this reporting period, a total of 42,805 medical interventions and 26,244 laboratory tests took place in 26 PHC centres. Also, there were 603 X-Ray investigations (3 locations only). Approximately, 49% of beneficiaries were below 6 years of age and 8% were above 60 years.

Expected Result 2: The capacity of the Primary Health Care (PHC) programme has been developed to cover additional target groups which have been identified through the PRCS Rapid Damage Assessment surveillance system

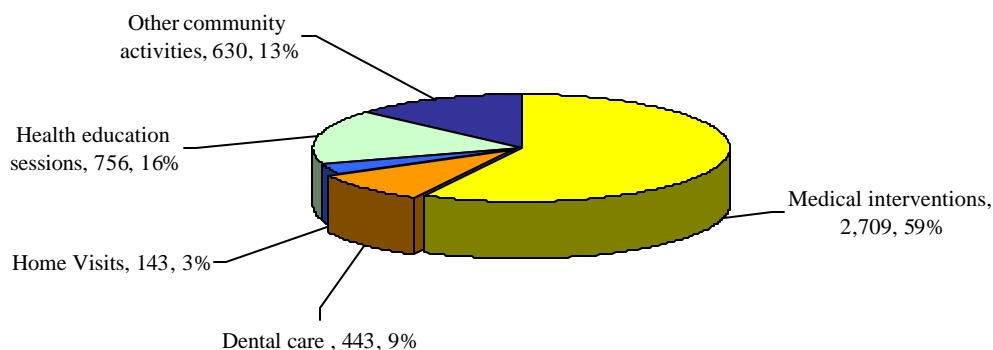
Progress and achievements:

Achievements during this reporting period:

- Securing primary health care services to stranded rural communities in Hebron area and to residents of Der Abu Mishaal village in cooperation with the Finnish RC and IFRC and funded by ECHO (multi-lateral agreement). The first ECHO contract (pilot phase), which started in March 2003, was concluded in March 2004. The second phase (also ECHO funded) entails extension of phase one and expansion of mobile health teams to 15 clustered villages. The ECHO contract was signed and partners are in the process of drafting a Memorandum of Understanding between Federation and Finnish RC and between Federation and PRCS thus formalizing implementation. Between the two ECHO contracts, the Federation used bridge funding from Finnish RC.
- Mobile health care continued to be provided to populations in 10 clustered villages in Hebron district. A total of 10,782 persons benefited from the curative activities (January-April 04), 66% were children below 6 years of age, 52% were women and 5.4% were above 60 years. More than 20 village councils requested expansion and extension of this project, which had stimulated the PRCS-PHC management team to further assess the situation. This had resulted in proposing to expand the project activities to include 15 clustered villages for 12 months. An external evaluation of the mobile healthcare project took place in January 2004, upon the donor's request.
- Extension of duty hours in Der Abu Mishaal PHC centre: Der Abu Mishaal village (with some 3,500 residents, and a total catchment area of 17,300 persons, with high illiteracy rate) is remotely located to the north west of Ramallah city very close to the projected Separation Wall and to Halamish settlement. Since the start of the Intifada in September 2000, the village was cut off from vital services, which included healthcare. The PRCS is the only health care provider and runs jointly with the Ministry of Health the only PHC centre in the village. The expansion of the PHC program in Der Abu Mishaal allowed for opening hours from 8am to 10pm, training of groups of volunteers in Community Based First Aid and safe motherhood, expanding the health education program and establishing dental health services. The village council had requested PRCS to

continue with this expansion of health services until the general situation improves. Beneficiaries in Der Abu Mishaal from January to April 2004 are as illustrated below:

Beneficiaries from community based health activities in Der Abu Mishaal



- Free medical days are carried out in remote and stranded villages in response to the results of the rapid damage assessment surveillance reports or as per request of local communities (represented by their village councils). A total of 28 free medical days for the general public were implemented benefiting 2,451 persons. Additionally, 38 medical days were carried out in schools benefiting 3,231 students. These medical days included medical checkups, dental checkups and laboratory investigations. Medications were dispensed free of charge.
- The Medical Hotline: This is a bilateral cooperation project with the French RC. The project activities are being implemented in 8 districts in the West Bank, and entail recruiting, retaining and training of volunteer health professionals who dedicate their free time to assist populations under curfews by providing medical advice on the phone, home visiting, referrals and delivery of medicines with the help of Emergency Medical services. Each volunteer keeps a medicines kit from which he/she dispenses items free of charge to patients in need. During this reporting period, 1,120 persons benefited from the medical hotline, 54% benefited from free medicines, 9.8% were referred to hospitals, and 10.2% benefited from home visiting.

Expected Result 3: PRCs health centres in Lebanon have accommodated a wide range of community-based health activities thus addressing the priority public health issues

Progress and achievements:

- The Community Based Health pilot project in PRCs/L is still in the implementation phase in two sites - Shatilla and Ain El-Hilwa refugee camps. It is a bilateral cooperation project with the Netherlands RC.
- Nineteen Primary Health Care staff members from the two pilot sites were trained as well as the members of the two newly established Community Committees (20 persons). Training contents included community health concepts, mother and child health issues, common illnesses among the Palestinian refugee population in Lebanon, communication and leadership skills, community based first aid, and introduction to psychosocial support concepts.
- PHC Staff and members of the Community Committees completed mapping of the camps' resources and community organizations, thus preparing for compiling community profiles.
- Community profiles were compiled by PHC staff and the community committees in the two pilot sites. Analysis of results is in process. It is expected that this activity will enforce the ability of staff members to continuously seek information in the community, analyze it and plan community activities accordingly.
- A health education publication on Mother and Child Health was printed. A dissemination plan for 6,000 copies is being prepared. This publication is the third print for a publication prepared originally by the PRCs-PHC department in the Palestinian AT/OT as part of the Safe Motherhood project discussed above.

- Regular community activities were carried out targeting different vulnerable groups; such as school children, mothers, elderly, chronically ill and youth. In this reporting period 2,066 persons benefited from community based activities.
- Environmental health: Clean up activities of Shalilla camp were organized on the 28th March and May 6th, utilizing the efforts of some 200 PRCS/L volunteers and active non-governmental organizations in the camp. A community contribution of 3,000 USD was collected for this event on the 28th March.
- Assessment field visits to Al-Buss and Mar Elais PHC centres were carried out in early May aiming at expanding the pilot to include another camp. The centres were assessed in relation to availability of qualified human resources, physical structure, size of the targeted refugee community, and functions of other health providers in the camp. As a result of this assessment, Al-Buss centre was selected for expansion. However, the PRCS/L management committee met in May 2004 and decided to postpone implementation and expansion of the CBH pilot until further notice.

Impact:

- The implementation of PHC program is contributing to strengthening the PRCS relationships with local communities in the PRCS catchments areas. This has been the result of continuously coordinating activities with village councils/municipalities or camp authorities (in Lebanon) and active NGOs and community groups.
- As a result of the cooperation projects, PRCS had the opportunity of appointing qualified projects coordinators who are contributing to the development of the PHC program.
- The presence of delegates from partner national societies is contributing to strengthened partnerships and further cooperation.
- Impact on the community is difficult to measure. However, the fact that village councils request expansion of several projects reflects the satisfaction of local communities from PRCS services. On the other hand, the PHC projects are designed to meet the growing health care needs of a population in distress. During this reporting period two projects, (namely: the Mobile Health Teams and the Safe Motherhood) were externally evaluated upon the request of the donors.
- In PRCS/L, the community based health approach requires change in the attitudes of PHC teams which is taking place gradually. Work is shifting from curative / traditional clinic work to health promotion and protection approach. The project requires coordination and collaboration among UNRWA and NGOs functioning in the camps, which is taking place efficiently. A recently completed UNRWA survey (draft, April 2004) indicates that some activities are required to promote patient satisfaction in UNRWA PHC clinics and as well as in PRCS Hospitals, and to address public health issues such as pest infestation.

Constraints:

In the Palestinian AT/OT:

Externally:

- Difficult mobility resulting from the continuous siege, blocked roads and the so called "Separation Wall" is still affecting the accessibility of PHC staff to local communities. This is causing disruptions in the continuity of services and implementation of project activities, which is de-motivating staff. There are still some 35 staff members who cannot reach their worksites regularly (at least one day per week).
- The growing vulnerability and the increasing demand on PRCS services are sometimes exceeding the available resources.

Internally:

- Project development and management skills should be further developed.
- Coordination and managing the financial aspects of projects need to be strengthened.
- As a result of the prevailing situation, the PHC department was unable to develop a clear vision for sustainability of its projects.
- Lack of job security for many employees as their employment contracts are bonded with the project duration.

In PRCS/L, the community based health pilot is a new project requiring the development of leadership skills of the project team. This is taking place slowly but steadily. The pilot phase ends in October 2004, after which funds are not yet available to continue or expand to the other 7 centres. The internal constraints mentioned for the Palestinian AT/OT are also valid here.

Objective 2: Psychological Support programme: Psychological support services and outreach activities are reaching a maximum of beneficiaries through the existing network of six Psychosocial Family Centres (PFC) in the West Bank and Gaza Strip and newly established services in the PRCS branch in Lebanon.

Expected Result 1: Community in-house and outreach psychological and psychosocial services have been available and accessible to the 6 targeted communities through a network of six PFCs;

Progress and achievements

The Planned Psychosocial Family Centres (PFC) are to accommodate a wide range of activities including training of staff and volunteers, Children Affected by Armed Conflicts (CABAC) activities, psychological first aid, referrals, and psychosocial services to victims of conflict and abuse. The centres are to become references for other NGOs.

The establishment of the PFC centres is not initiated yet due to unavailability of funds.

On the other hand, PSP activities are being implemented, such as the CABAC activities in 8 schools in Tubas district in cooperation with the Danish RC (bilateral cooperation), and psychological support to children of detainees through workshops coordinated with branches. The CABAC activities shall be expanded to 8 additional schools in Qalqilya district by next academic year.

Expected Result 2: A professional development programme for PRCS mental health staff has been designed with the aim of improving professional skills and therefore the quality of services provided to the target population.

Progress and achievements:

- No funds are yet available for formal PSP courses for mental health staff.
- A human resource development plan for PRCS mental health staff is not yet designed. However, there are efforts to strengthen technical supervision for 40 social workers currently employed by 3 PRCS departments in the West Bank. Monthly supervision meetings are being held for three geographical groups (centre, north and south). The head of the mental health department chairs the meetings. Each meeting runs for 6 hours.
- Supervision meetings focus on sharing and replaying of experiences, and filtering of successes and failures. The social workers are encouraged to read and to feel part of a large group where there is a big opportunity for peer sharing. It is hoped that this kind of technical supervision will lead to identifying skills and weaknesses of staff. A human resource development plan should gradually result.
- Towards building the PRCS capacities in Psychosocial Support, the mental health department is participating in the dissemination sessions for staff and volunteers and in the trainings carried out for volunteers in Disaster Preparedness and Response (DPR). Two hours are allocated for psychosocial support in each dissemination course and 6 hours are allocated in the DPR training course.

Expected Result 3: Coordination and cooperation between PRCS Mental Health Department and other providers of psychological/ psychosocial service has improved;

Progress and achievements:

The Mental Health department is coordinating and cooperating with other psychosocial providers at two levels:

- PRCS, represented by the Director of the Mental Health Department, is a member of the Steering Committee for Mental Health in the Palestinian AT/OT. Membership of this steering committee includes the Ministry of Health, WHO, and International and local NGOs.
- PRCS is an active member of the local committees for crisis interventions in Qalqilya, Nablus, Jenin, Ramallah, Tulkarem, Hebron and Bethlehem. These coordination groups are formed of local NGOs active in the field of Mental Health. PRCS is represented in these groups by social workers working in these areas.

Expected Result 4: The assessment of the psychological and psychosocial needs of the Palestinian refugee population in Lebanon has resulted in the extension of the programme to PRCS branch in Lebanon;

Progress and achievements:

- A psychological and psychosocial needs assessment among the Palestinian refugee population in Lebanon was carried out from January 10th-18th, 2004, with the support of the Federation. (Assessment report is available upon request).

- A project proposal addressing the psychosocial needs of the Palestinian refugee population was prepared with the support of the Danish RC. Focus is on building capacities in PSP among staff and volunteers. Funds are being sought for implementation.
- The Mental Health director from the PRCS Headquarters and the PSP delegate from the Amman Regional IFRC Delegation visited PRCS/L in May for the purpose of following up on the recommendations of PSP assessment carried out in January and for producing a concrete proposal for implementing the recommendations. A PSP action plan for the second half of 2004 was developed and circulated, which indicated that a concept paper on PSP within PRCS will be drafted by December 2004. On the other hand, the PRCS/L management committee met in May 2004 and decided to postpone the initiation of a PSP program until further notice and to focus on the quality improvement of secondary care.

Impact:

In Palestinian AT/OT, the impact is not scientifically measured. However, the reactions of the local community in Tubas district, where the CABAC project is being implemented, are very positive.

In PRCS/L, this was the first time the concept of psychological support was addressed.

Constraints:

In the Palestinian AT/OT and in a conflict environment, the constraints are many. The most prevalent were:

- Difficulty in coordinating with Gaza due to travel restrictions.
- Lack of funds to support the implementation of PSP plans.
- Restricted mobility of staff is demoralizing staff and hindering implementation.
- Limited abilities of mental health workers in dealing with the effects of the current crisis.

Objective 3: Community Based Special Education project: The well being of disabled people, their families and the communities are improved through a provision of opportunities for occupational therapy, empowerment and integration.

Expected Result 1: Community based special education project has been expanded to cover all areas of the Palestinian AT/OT and integrated as a core component of the activities carried out in the special education centres

Progress and achievements:

The Community Based Special Education (CBSE) project is being supported by the Norwegian RC since 1999. Since then the project activities were gradually expanded to include 9 districts/areas, namely: Tulkarem, Nablus, Qalqilya, Jenin, Salfeet, Ramallah, Jericho, Hebron and Gaza Strip. A total of 46 non-PRCS rehabilitation providers/centres participate in this expansion, in addition to the 6 PRCS centres originally included in the project. The main local partners are the UNRWA and the Community Based Rehabilitation Program (CBR). The PRCS had provided training workshops for rehabilitation workers employed by the other providers. (See below, expected result 2).

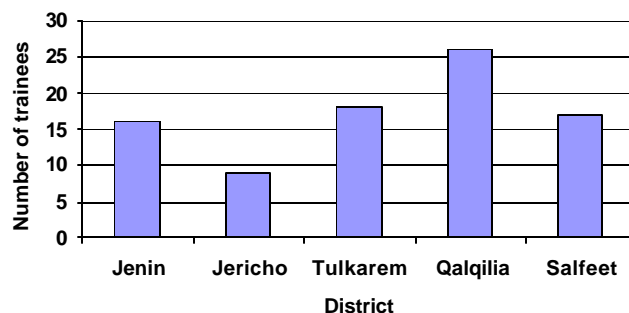
Expected Result 2: Professional skills of Community Based Rehabilitation workers have been strengthened enabling them to provide appropriate and timely support;

Progress and achievements:

As mentioned above, the CBSE project staff had been engaged in training rehabilitation workers from 46 rehabilitation centres since 2003. During this reporting period, 5 trainings were carried out in 5 districts for 86 trainees. The chart on the right illustrates the number of trainees in each area.

Among the 86 trainees, there were 10 PRCS volunteers. Each training workshop consisted of 30 contact hours and contents included: Definitions, causes and classification of mental retardation, diagnosis of mental retardation, methods for teaching the mentally retarded, CBSE project and activities, home and school enrichment skills, and child development.

Training was implemented by three PRCS trainees.



Expected Result 3: Parents/caregivers of severely disabled children have acquainted knowledge and basic skills enabling them to better care for their children with special needs;

Progress and achievements:

There are as many as 260 activities taught to the mentally disabled children that also involve the parents or care givers. Examples are: physical fitness and ball skills. Workshops are held regularly for parents in order to provide opportunities to discuss the project, share successes and failures experienced with the disabled children, learn new activities, mitigate constraints, evaluate, and forward suggestions.

In this reporting period, two workshops for parents took place in Jericho and Nablus, each involving at least 30 mothers.

Rehabilitation workers follow-up with the parents and the disabled children through individual counselling sessions held at the centres and household visiting. Some 360 families are benefiting from the CBSE project implemented at the 6 PRCS centres. No statistics are yet available on beneficiaries from the CBSE activities carried out by the non-PRCS rehabilitation centres.

Expected Result 4: Community awareness on the challenges of disabled people has increased and positive attitude has been gradually built-up;

One TV talk show was recorded and forecasted on 9 local TV channels in different districts. The talk show targeted the local communities especially the illiterate. The CBSE project was discussed highlighting the objectives and how can families of the mentally disabled benefit from the project. There was focus on the need to strengthen the interaction among the families of the disabled, school teachers and rehabilitation workers, and the effects of training the parents and the teachers on enriching the life of the disabled.

Future community awareness plans include publishing a poster and a brochure.

Expected Result 5: Education, social skills and integration of hearing-impaired individuals have been improved by using assistive listening devices

Progress and achievements:

Not implemented yet due to lack of funds.

Impact:

- PRCS is becoming a leader in the field of CBSE. The project enforced the role of PRCS in this field at a national level. Many organizations requested that PRCS conduct the CBSE training to their rehabilitation workers, which was successfully carried out.
- At the community level, the PRCS is intending to change the negative attitudes towards the mentally disabled, which will come in time together with strengthened relationships of families with schools.
- The disabled children are the direct beneficiaries. They are already benefiting from the home and school enriched environments.
- Families of the disabled are gaining skills in understanding and communicating with their disabled children. The project also provides them with the opportunity of discovering the abilities of their children and developing them.

Constraints:

- As in other PRCS programs, CBSE activities are being affected by the mobility restrictions that on many occasions delay trainings or coordination meetings.
- The lack of awareness, knowledge and understanding of local communities to the abilities of the disabled children makes implementation difficult requiring additional time.

Objective 4: Support for PRCS Hospitals in Lebanon: PRCS branch in Lebanon continues to provide health care services to the Palestinian refugee population.

Expected Result 1: Palestinian refugees and other destitute people in need of health care have been treated in the PRCS health institutions in Lebanon and received free/subsidized medicines and medical supplies;

Progress and achievements:

The continuation of the medicaments bilateral project with the Netherlands RC and funded by ECHO provided for 30% coverage of the total cost of medicines and medical supplies. The beneficiaries are mainly hospitalized poor Palestinian refugees. A new proposal for medicament support was prepared and submitted to ECHO by the Netherlands RC in February 2004.

Expected Result 2: PRCS/L health staff in the hospitals and health clinics has upgraded professional skills and standards through appropriate training;

Progress and achievements:

The quality improvement project with Johns Hopkins University (JHU), which has a strong training element for hospital staff, was launched in January 2004. A PRCS/L project coordinator and a JHU coordinator were appointed. A two days sensitization workshop for key managers from the 5 PRCS/L hospitals was carried out by the JHU project manager Dr. Gilbert Burnham. And, several quality improvement trainings had followed afterwards. The project components are:

- Improved management methods [Focused on quality improvement]
- Improved Technical skills of PRCS staff [ability to provide good quality technical service]
- Provision of medical and surgical equipment and its maintenance
- Strengthened In-service training within the PRCS
- Improved capacity to study and evaluate the health issues of Palestinians in Lebanon

The Federation facilitated the development of this project and requested coordination with other related projects being implemented in PRCS/L.

Other projects under implementation with a training component for health staff include the Community Based Health project discussed under {primary health care, expected result 3}. Also, the PRCS Al-Quds Nursing Institute, which is accommodated at PRCS-Al-Hamshari hospital in Saida, graduates annually nurses that are usually employed by the health facilities.

Impact:

The continuous support to PRCS/L health facilities allows for maintaining essential health services meant to serve the most vulnerable among the Palestinian refugees in Lebanon.

Constraints:

Training of health care providers is not yet addressed in a systematic way. The establishment of an in-service education system will be addressed in the quality improvement cooperation project with JHU. It is expected that future trainings for hospital staff will be organized as implied by results of training needs assessments.

Disaster Management (preparedness and response)

Goal: The efficiency and effectiveness of the response to community needs in times before, during and after disasters and/or conflicts were maximized by working with and through the communities and stakeholders.

Objective: Effective operational linkages between DM and other programmes are established thus contributing to improved PRCS disaster management capacities and to the adjustments of its organisational structures.

Expected Result 1: One Advance Medical Post for the West Bank has been purchased and deployed wherever needed;

Progress and achievements:

Advanced medical posts (AMP) are designed for immediate dispatch in case of emergencies with mass casualties. Two trailers towed by ambulances are used to transport the unit. The unit consists of two inflatable tents with an emergency surgical room and patient beds. The AMP is designed to be used for short periods and to stabilize and classify casualties in case of large scale disasters. It may be used in mass road accidents, outbreak of disease and natural disasters.

In 2003, the Spanish RC had assisted the PRCS in acquiring two advance medical posts, one in Gaza and one in Ramallah (centre of the West Bank). A total of 30 staff members and volunteers were trained.

Another AMP is still needed to cover the north of the West Bank.

On the other hand, the DM unit will utilize multi-lateral financial support from DFID and Norwegian RC as well as bilateral support from the Netherlands RC in capacity building, e.g. training for staff and volunteers and early warning system.

Expected Result 2: The PRCS has acquired one Hospital Emergency Response Unit /ERU/, and established a proper management and professional structure for its deployment;

Progress and achievements:

So far and since 2002 onwards, a total of 44 staff members and volunteers were trained in ERU. Trainings were supported mainly by the ICRC and the Norwegian RC.

Some ERU equipments were purchased with the support of the Islamic Bank in 2002-3.

Today, some ERU modules are still lacking like the administration, nursing and outpatient modules. These will be purchased as funds are made available.

Expected Result 3: VCA studies focusing on newly emerging humanitarian needs have been carried out in the selected areas of the Palestinian AT/OT;

Progress and achievements:

A VCA study is planned to be carried out in July 2004. It is planned that the study will provide revision of the recommendations of the first VCA study which was published in 2000. Additionally, the study will identify the humanitarian needs that are emerging as a result of the Separation Wall, mainly in Qalqilia, Jenin, Tulkarem and Ramallah districts.

Also, a proposal draft on earthquake mitigation is being prepared.

Impact:

- The focus of the Disaster Management program has been building capacities of PRCS - both human and physical.
- The program has been contributing to promoting the awareness of PRCS staff, volunteers, branches and local communities to disaster preparedness and response concepts.
- The program has a coordination role among the different active NGOs, thus giving PRCS a leadership role in the field.

Constraints:

- Movement restrictions continue to hinder the implementation of many activities.
- Full dependency on external funding.

Humanitarian Values

Goal: To serve communities according to the Movement's principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality by supporting and developing the voluntary spirit within the Palestinian community in the Palestinian AT/OT and Diaspora.

Objective: Technical skills of volunteers and their knowledge about RC/RC Movement principles and PRCS goals have increased thus promoting human resources potentials in the communities.

Expected Result 1: Numbers of motivated and trained volunteers who are integrated into the PRCS system have increased;

Progress and achievements:

- In the Palestinian AT/OT and by the end of 2003, the number of registered volunteers was 5220, now it is 5324. This does not account for drop out rates.
- During this reporting period, trainings were limited to lectures integrated in the dissemination courses. Full leadership trainings and other capacity building activities for volunteers are put on hold due to lack of resources.
- In PRCS/Lebanon, the number of trained volunteers stands at 70 persons. The Youth and Volunteers program is new and at the moment too much capacity building is needed to coordinate and organize a well functioning program.

Although it was expected that support for the summer camps and capacity building activities were to be channelled through ICRC to the PRCS in the Palestinian AT/OT, funds will not be available. Therefore, the Federation is currently seeking funds to support 40 summer camps and other capacity building activities.

Summer camps (background): The events of the past 31 months of conflict and the tense situation in the Palestinian AT/OT continue to have a serious impact on Palestinian children and young adults. Schools have been constantly interrupted for almost three years, depriving children of the stability they need. During the summer months, it is important to work with these vulnerable groups in order to reinstate a sense of confidence and hope for the future. The PRCS summer camps work towards this goal by providing activities, learning and volunteer ing opportunities and identifying those in need of psychosocial support.

In 2003, PRCS has run 41 camps in the West Bank and the Gaza Strip. Their purpose was to spread knowledge in various fields: humanitarian values, first aid, crisis management and evacuation. Educating young Palestinians on these subjects will contribute to better preparedness in facing the current difficult situation combined with fun activities.

Expected Result 2: Awareness campaigns on HIV-AIDS and STD prevention and promotion of tolerance and acceptance in particular and humanitarian values in general, have been designed to target Palestinian men and women between 15-30 years of age;

Progress and achievements:

Not yet achieved. Waiting for funding

Expected Result 3: A special project combining promotion of humanitarian values with cultural values of the Palestinian people targeting younger generations has been successfully received by the audience;

Progress and achievements:

Not yet achieved due to lack of funding

Organizational Development

Goal: Improved organizational capacities of the PRCS have a direct positive impact on the quality and the quantity of the services it provides to the most vulnerable.

Objective: PRCS organisational systems are increasingly efficient and effective and able to contribute proportionally to the well being of the most vulnerable in the Palestinian AT/OT and Diaspora.

Expected Result 1: Leadership of PRCS at the governance and executive levels, including branches has been strengthened;

Progress and achievements:

During this reporting period, three Executive Board meetings took place in January, February and May. A General Assembly is being planned to be held by end of 2004. Accordingly, branches are preparing for elections and reviewing their programs.

Expected Result 2: Strategic directions have been updated and approved;

Progress and achievements:

Strategic directions were approved by the Administrative Council in December 2003. A Strategy paper is yet to be prepared for publication.

A draft cooperation agreement strategy (CAS) was prepared and submitted to PRCS for consultations (for details, see below "Coordination, Cooperation and Strategic Partnership section" of this report, Objective 1, Expected Result 4).

In PRCS/L, regular management committee meetings are taking place aiming at reviewing the PRCS/L strategy. The updated PRCS/L strategic plan under preparation focuses on promoting secondary care in the 5 PRCS/L hospitals and postponing implementation of community based health and PSP programs until further notice.

Expected Result 3: A comprehensive development plan incorporating the PRCS mission, objectives, programmes, projects and related funding has been developed and activities have been planned accordingly;

Progress and achievements:

Not achieved yet

Expected Result 4 Improved systems for the management of human, financial and material resources are in place;

Progress and achievements:

An IFRC OD delegate arrived in Palestinian AT/OT early March 2004, to assist in the development of financial systems. On the other hand, the OD unit is in the process of reviewing the departments' programs aiming at developing the organizational structure of PRCS. Additionally, plans are being made to establish a Human Resource Development Unit utilizing multi-lateral financial support from DFID and Federation Capacity Building Funds.

In Lebanon, a Project Planning Process, PPP, (the Federation's planning methodology) workshop for 15 health staff members was held in PRCS/L from March 23rd-27th, 2004. The IFRC Regional Office in Amman provided the trainers. Five trainees were from PRCS/Syria Branch. It is expected that this training will enhance project development and planning skills in PRCS/L and PRCS Syria.

The PRCS/L project management unit was established in July 2003 with the support of the Netherlands RC. A review of the role of the unit took place in January 2004, which resulted in appointing a senior PRCS/L staff member to head the unit. The project management unit is responsible for coordinating all PRCS/L projects, follow up reporting issues, monitoring project implementation and calling for coordination meetings. The unit is currently reviewing the PRCS/L strategy and objectives, which will lead to the drafting a development plan.

A project proposal was prepared in cooperation with the Netherlands RC aiming at introducing modern financial and hospital management system in PRCS/L hospitals. The proposal was submitted to ECHO for funding, and in case of approval implementation shall commence by June 2004.

Expected Result 5: Coordination between branches and departments has increased, resulting in the branch development;

Progress and achievements:

- Branches are continuously invited to participate in trainings organized by the Headquarters' departments or by NGOs.
- Two branch representatives (one from Tulkarem branch and one from Jabalia branch) participated in the Leadership training/workshop organized by the Federation's RO in Amman April/May 2004.
- Branches are increasingly participating in projects/activities planning and implementation. Examples are: Medical Hotline, Youth and Volunteers activities and disaster preparedness trainings. However, branch representatives need to further develop project development and management skills.
- No meetings took place between branches and departments as was planned.
- The Federation facilitated and sponsored the visit of the Head of Finance and Head of Mental Health departments to PRCS Lebanon branch May 2004, in order to get oriented to the situation of the national society in the Diaspora and to coordinate program development and planning.

Expected Result 6 Dependency on external funding has been minimised through an active local fundraising combined with the sound financial management.

Progress and achievements:

Working on this expected result was not seen appropriate in the prevailing and declining economic situation.

Expected Result 7: Improved cooperation and coordination with international, public and private organizations has led to better coordinated services, shared resources and diversified sources of funding

Progress and achievements:

In the Palestinian AT/OT, there was further development of the role of the International Cooperation unit in coordinating partnership cooperation. Monthly partnership meetings continue to take place. Partner national

Societies, ICRC and IFRC are being invited to monthly coordination meetings organized by PRCS- Headquarters. Also, regular sectoral cooperation/coordination meetings are scheduled to start July 2004.

The Projects Database, which was established in 2003, became a quick reference for all PRCS projects and a vital tool for project tracking, reporting and follow-up purposes.

In PRCS/L, the project management unit is taking the lead in coordination among partners and active organizations in the Palestinian refugee camps. A partnership meeting was held on May 24th whereby the PRCS/L presented its updated strategic plan highlighting priorities for the coming 3 years. In the same meeting the United Nations Relief and Works Agency (UNRWA) presented the results of a recent survey that assessed perceived and actual levels of satisfaction with various sources of healthcare provision both at the family and individual level among the Palestinian refugee population in Lebanon.

Impact:

- The PPP training which was held in PRCS/L is expected to bring about better project planning skills.
- Better partnership coordination will gradually lead to long-term cooperation and will reduce overlap.
- The OD unit was established in August 2003. Therefore the impact will be difficult to measure in the short term. The unit is still in the process of conceptual development and role identification.

Constraints:

- Communications between headquarters departments and branches need to be strengthened to consolidate financial and human resource development systems.
- The role of the branch coordinator needs to be strengthened with more focus on branch coordination.
- Limited funding necessary to carry out scheduled activities.

Coordination, Cooperation, and Strategic Partnerships

Goal: To contribute to the achievements in the implementation of a PRCS long-term strategy in the context of the Federation's Strategy 2010.

The Strategy 2010 continues to provide the parameters for the implementation of the PRCS Strategic Directions as adopted in Cairo, Dec.2003. The Manama Declaration (adopted during the MENA Regional Conference in Bahrain, March 2004) and the MENA Objectives (finalized during the MENA Management Team meeting in Bahrain, March 2004) are complementing PRCS strategic perspectives with a view to the region and relations with the Secretariat. Consultations are under way with PRCS, the Amman Office and through the MENA Management Team to institutionalize and apply the objectives of both adopted documents.

The Delegation: After completion of the transformation from a Representation to a Delegation, efforts are progressing to consolidate systems and functions, applying the Change Process Strategy, and to extend, expand and intensify support to PRCS including PRCS operations in the so called Diaspora. Key to this strategy as a management tool is the facilitation of support from within and exclusively through the National Society, without duplications or building parallel structures.

The set-up and functions of the delegation are evolving as follows:

- Besides the HoD a senior health officer is placed as staff on loan at the Federation's Regional Office in Amman, Jordan, effective 1st of April, supporting aspects of planning, training, assessments, evaluations, monitoring and reporting. The officer works for PRCS as well as PRCS/L and also cooperates with and advises the Regional Health Delegate. In terms of reporting the officer also relates to the Regional Reporting Unit based in Ankara, Turkey.
- A senior Finance Management/OD Delegate, sponsored by Norwegian RC, took up her one year mission on the 8th of March. Following briefings at the PRCS HQ in Al-Bireh, West Bank, she attended a Regional Finance Management Conference in Istanbul. The conference combined with a briefing was arranged by the regional finance unit (RFU) in Ankara. Together with her PRCS counterpart, the finance director, another briefing continued at the PRCS HQ in Al-Bireh including a session that took place early May with PRCS/L in Beirut, Lebanon. The director and the delegate are now in process of establishing a work plan (with part funding by British RC) aiming at streamlining and improving all aspects of finance management, e.g. procedures for budgeting, accounting, finance reporting, etc..

- The candidacy of a senior Health Coordinator is being processed. The Danish RC submitted a senior and very qualified candidate. Funding for the position is part of an ECHO contract held by the Finnish RC. However, the responsibilities for health co-ordination reaches beyond this ECHO funded project and covers all health activities including PSP as a conceptual part of PHC. The delegate is scheduled to take up his posting after signing of the ECHO contract (anticipated for end of May), in July.
- A new Programme Delegate succeeded the former Health Delegate in May as manager of the ECHO contract on mobile clinics. Both delegates with Federation delegate status are seconded by Finnish RC. The Programme Delegate is a technical delegate with responsibility to ensure that all requirements under the current FPA are met. The Health Coordinator will compliment expertise in the field of health together with counterparts from PRCS.
- One junior administrative officer assists the delegation.

During the first half year bilateral delegates, short and mid term, from Danish RC (two PSP delegates), from Netherlands RC (one IT delegate), and Spanish RC (one general delegate) had worked with PRCS. The French RC maintains a regional office in Amman, consisting of a regional delegate and one delegate working with PRCS, shuttling between Amman and Al-Bireh. The Danish RC also plans to open a regional office in Amman by mid 2004.

The Federation's Regional Office Amman continues to extend administrative support and serves also as a hub for travels of visitors and delegates. The Regional Health Delegate joined by the Senior Health Officer from the Secretariat in Geneva undertook a familiarization visit to the Palestinian AT/OT, followed by a visit from the Regional Psychosocial Delegate. The shifting of the RFU and RRU from Amman to Ankara has been completed.

The Federation's Representative in Beirut is regularly up-dated and informed on all aspects of cooperation and support towards PRCS/L. The Federation Office also extends valuable administrative and logistical support.

Objective 1: PRCS and Federation have a joint ownership of the current appeal and they promote it jointly.

PRCS and the Federation have joint ownership of the current appeal and they promote it jointly among internal and external partners, which started to show impact as a planning and coordination tool. After the Arabic translation of the 2004 Appeal has been placed on the web it was agreed that accordingly the related Programme Updates and the next annual report will also be translated and made public. While targeting primarily the National Societies in the region, it is anticipated that the availability of translations will also be of increased information value to PRCS staff and volunteers, including the Branches. Thought is given to options to enhance the access and visibility of the appeal document. The delegation has responded to a Secretariat questionnaire aiming at reviewing marketing tools and is prepared to act on expected conclusions.

In June preliminary discussions will start aiming at preparing for the Appeal 2005 planning process by the end of July. It will be a continuation of last year's intensive participatory approach.

Expected Result 1: A comprehensive and consolidated fund raising strategy has been developed and a diversified donor platform (multi-lateral, bilateral, both-internal and external parties) has been successfully co-ordinated

Progress and achievements:

Discussions continue with MENA and other departments at the Secretariat as well as the MENA Management Team to coordinate and finalize a draft fund raising strategy. The resolution of two issues has been identified as crucial to achieve the projected result:

1. Donor relations with various partners have been formed and built with the onset of the 2nd Intifada and continue as the emergency under conflict and occupation doesn't change. Only very few donors seek to change partners that makes it difficult to access new market shares.

2. The situation is one characterized by an interdependent ongoing emergency while aiming at long-term developmental and sustainable approaches. This makes it difficult to develop concepts that would ensure access emergency funding also covering development work and vice versa.

Possible solutions and answers are being addressed in continued liaison, consultation and planning with partners and potential partners, both in context of strategic and appeal planning (for 2005) and improvements in partnership management. Among dialogue partners are OXFAM Canada and John Hopkins University (and opportunities for new or respectively expanded cooperation with PRCS/L), as well as the US Bureau PMR and the World Bank as for PRCS.

Discussions are also under way with ECHO and plans are being promoted to access more systematically mid and long-term funding through EU Commission budget lines. In this context, lessons are learnt from a successful application submitted by the German RC in support of a large PHC programme, covering PRCS activities in Gaza and the West Bank.

Expected Result 2: Partnerships have been further developed under PRCS donor guidance and its active management

Progress and achievements:

Movement coordination meetings including ICRC as lead agency, the PRCS, bilateral delegates and Federation Delegates continued on monthly basis. Additionally, the PRCS President, the ICRC HoD and the Federation HoD meet periodically to discuss issues and exchange views on major developments.

A number of representatives from PNSs, American RC, Norwegian RC and Belgium RC, paid working visits to PRCS in Al-Bireh. Others, from Netherlands RC and Danish RC visited PRCS/L. Additionally, the HoD is in regular contact with the Federation's Representative based in Tel Aviv.

The PRCS Donor Guide continues to provide support in building partnerships and to manage them more effectively. As agreed upon during the PRCS Administrative Council meeting in Cairo, December 2003, the PRCS Donor Guide is work under progress and to be continuously updated. It is foreseen that a latest version will be available by the end of the year, based on lessons learnt during the year. The aim would be to enhance the value of this guide as a tool for partnership management.

The Norwegian RC, Swedish RC, Finnish RC and Iceland RC as well as DFID and ECHO continue to be the strongest, most predictable and reliable multi-lateral supporters and contributors to the appeal, besides German RC, Danish RC, French RC, Netherlands RC and Spanish RC as bilateral actors. Opportunities are sought to provide supporting National Societies with higher degrees of visibility, through better reporting in order to boost efforts to improve positioning and profiling vis a vis their respective donor Governments.

Two ECHO partnership meetings (February and May) were hosted by PRCS/L in Beirut with participation of Netherlands RC, UNWRA, CISP, MAP, World Vision and the Federation. A third meeting is planned for late August/early September. The meetings are part of a process to build a strategy and plan of action for PRCS/L (see also below, Objective 2.).

Though as advisers to the official Palestinian Authority delegation, two very senior members of PRCS (the Honorary President and the Secretary General to the PRCS Board), attended the WHO General Assembly in Geneva in May, and liaised with the Federation's delegation to the General Assembly. It is planned to follow-up on established contacts and study the feasibility of building relations with WHO in the region, considering the existing MoU between the Federation and the regional WHO Office in Egypt.

Preparations have been completed for the President of PRCS to participate in the UNWRA Donor Conference, as member of the Federation's Delegation, in Geneva, 7th -8th of June. A group of PRCS youth, sponsored by the Swedish Government, will also take part in this conference that includes a workshop on Palestinian Children that focuses on protection issues. UNWRA remains an important partner for PRCS, especially for PRCS/L where focus is on UNRWA referrals to PRCS hospitals. Efforts are underway to intensify relations based on complementary cooperation. Towards the 2nd half of the year a review of UNWRA operations is planned for Gaza and the West

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Bank. Contacts have been established with DFID and the US Bureau PMR, who are working on draft Terms of Reference, as to if and how PRCS could be associated to the process.

The World Bank is planning to conduct an assessment of the socio-health sector and the roles and functions of humanitarian actors. Interest was expressed to contribute to this assessment, possibly in terms of methodology and through PRCS as a significant actor in PHC and PSP, as well as social rehabilitation.

Expected Result 3: The current Appeal has been covered by a minimum of 80 percent as a result of coordinated fund raising efforts between the PRCS and the Federation.

Progress and achievements:

Multi-lateral and bilateral responses to the Appeal are forthcoming; however, the process is slow. One reason is the fact that the ECHO funding cycle started in February 2004, while decisions by the Humanitarian Commission took place in late April, and the contracts are to be signed only early June.

While to be confirmed it could be that under the second funding cycle mainly or even exclusively international agencies such as UNWRA, WFP and OCHA will be eligible for funding.

Fundraising under the 2004 Appeal is a process that will continue well into 2005 and efforts will be carried forward accordingly. Especially that long-term funding through EU Commission budget lines are lengthy processes, subject to defined funding cycles and schedules, some of which might only materialize next year.

Several applications are in the process of drafting for submission during the second half of the year. PRCS was granted a contribution of CHF 60 000 through the Capacity Building Funds.

Expected Result 4: The Country Agreement Strategy (CAS) and the Memorandum of Understanding between the PRCS and the Federation have been revised, up-dated and agreed upon

Progress and achievements:

After expiry of the former CAS, PRCS started a process in 2002 developing its Strategic Directions which were adopted in December 2003. While this process produced a very authentic Strategic Directions document with strong ownership the process did not follow the CAS planning methodology and does not include all elements that might be crucial for a strategy. A draft CAS has now been submitted to PRCS for consultations on a process to incorporate elements into the PRCS Strategic Directions, considering an update of the Strategic Directions or adoption at the PRCS general assembly planned for end of 2004.

Given that these documents are quite extensive a draft of a comprehensive Strategy has also been submitted for further consultations and possible adoption by the General Assembly.

While those consultations are ongoing a draft MoU is being finalized that shall capture all strategic aspects under progress and form the basis for future, more formalized cooperation.

Objective 2: PRCS benefits increasingly from the Federation input in organisational, managerial and operational issues thus improving the quality of services rendered to the most vulnerable.

Expected Result 1: PRCS has been applying newly produced Rules and Regulation for staff on the management of cross-sectoral issues, including branch networking;

Progress and achievements:

With full employment of delegation resources, support is on the increase in OD, Finance/OD and Health, as outlined under results, below.

- A brainstorming process has been initiated seeking to "profile and position" PRCS vis a vis Palestinian refugees. It is a cross-sectoral approach seeking to determine where PRCS stands vis a vis refugee issues, what is done, what are the needs, what are the options to respond and what are the opportunities for partnerships in support? Depending on findings, conclusions and recommendations, it is envisaged that a

call for support could be included in the 2005 Appeal, to hold a workshop on protection, and to associate PRCS with a donor led review of UNRWA operations during 2nd half of 2004 that could help to establish if and in which areas PRCS could work as an auxiliary, complementing ongoing actions in support of refugees. Contacts with various concerned parties have been established and discussions are under way.

- Under another initiative, PRCS is assessing the impact of the separation barrier, the wall, under a twofold approach:
 1. Mobilizing ad hoc support for communities and individuals affected by the continuing construction of the wall; this approach is based on high mobility (ambulances, mobile health teams, etc.);
 2. Through an inter-departmental process, the developments, response and emerging needs, are monitored and evaluated thus allowing to draw conclusions as a basis for immediate changes in response and as required for increased support.
- The World Bank is planning to conduct a survey of services delivered through PHC Programmes and social services, and included by the humanitarian sector. In preliminary discussion, interest was expressed by the delegation to continue consultations during a preparatory process in determining methodologies and defining objectives.
- The humanitarian sector and PRCS as a very significant actor render substantial socio-health services. It would be not only be of added value to obtain an overview on the volume and quality of health and social services delivered, but also help to determine strategically how humanitarian services feed into the health and social sectors.
- During a meeting of the PRCS/L Management Committee in May in Beirut, the decision was taken to review strategic objectives and to complete an action plan that aims at consolidating and further improving the activities and services in the secondary health sector (5 hospitals) through change and creation of increased capacities. The ongoing pilot phase developing CBH in PRCS/L clinics and the planned expansion into PSP will be phased out and indefinitely postponed. The future functions of the PRCS/L Programme Co-ordination Unit will also be reviewed. Strategic planning will continue throughout summer. A presentation of a revised, new action plan is tentatively scheduled for late August/early September. The Federation Delegation will fully support this process.
- The PRCS OD Dept. continues to advance the introduction of a matrix system by means of planning and training. It is anticipated that sectoral and cross-sectoral coordination meetings starting in July will promote further the application of the programme manager and budget holder concept. The Federation Delegation with all core delegates in place will increasingly support this process.

Expected Result 2: Technical and managerial advices and training in the four core areas have been regularly provided and followed-up with the focus on the project management cycle (planning, monitoring, reporting and finance management).

Progress and achievements:

A. Training:

- Two staff members from the PRCS headquarters participated in a regional PPP workshop in Amman.
- A PPP workshop for 15 staff members (10 from PRCS/L and 5 from PRCS/Syria branches) was carried out in March 2004 at PRCS/L venue, with the support of a bilateral project with the Netherlands RC. The trainers were provided by the IFRC Amman Regional Office.
- Two PRCS staff members participated in the Red Cross Red Crescent basic training course (BTC) course held in Amman in May 2004.
- Two PRCS staff members participated in the community based first aid (CBFA) regional workshop held in Amman- Jordan, from 1st – 3rd June 2004. The workshop aimed at standardizing CBFA training and reviewing the regional IFRC CBFA curriculum.
- The OD coordinator participated in an OD course in Spain, June 2004.

- The DM coordinator and the staff on loan senior health officer participated in the regional CBFA workshop in Amman, June 1st-3rd, 2004
- Two PRCS staff took part in IFRC regional leadership course in Amman in May 2004.
- The OD coordinator participated in a panel discussion in Amman during a gender workshop.
- Three PRCS youth volunteers visited the Iceland RC in April 2004.

B. Technically;

- A Finance/OD delegate started her mission in PRCS headquarters in March 2004. The development of financial management work plan is in process.
- A Health Coordinator is in the process of employment. The aim is to support the PRCS capacity building as well as ECHO funded Red Cross projects, and to improve the quality of health care services through integrating and harmonizing activities.
- A new expatriate Project Manager for the multilateral cooperation project with the Finnish RC, title: "Securing regular PHC services to selected populations in isolated and remote areas in the West Bank", is employed.
- An Iceland RC short term OD delegate for two months assisted in drafting the CAS agreement and other strategic documents, and wrote a series of articles and took pictures/video for fundraising efforts in Iceland in support of the PRCS and children in conflict.
- The HoD regular monthly visits to PRCS/L provided support to the branch in terms of improved coordination and follow-up.
- The Federation facilitated the PSP needs assessment mission that took place in February 2004, and the planning mission to PRCS/L with the Danish RC and the French RC
- There were external evaluations of two PHC projects, namely: the mobile health teams and the safe motherhood.
- An external audit of PRCS and PRCS/L was completed.

C. Staff exchange: There were building bridges between PRCS headquarters and PRCS/L by staff exchange, thus contributing to institutional integration and introducing monitoring, quality standards, reporting, etc. The Finance Director and the Mental Health Director visited PRCS/L in May 2004. More staff exchanges are being planned to take place in near future. The Federation also facilitated the visit of the PRCS president to PRCS/L in April 2004.

D. Future plans:

- Host a BTC course in the Palestinian AT/OT.
- Hold the PRCS General Assembly combined with a partnership meeting for external and internal partners.
- Holding a workshop on refugees and protection issues is being considered.

Expected Result 3: A quality of services to an increased number of most vulnerable has been measured against both qualitative and quantitative indicators established in the plans of action.

Progress and achievements:

This report is an attempt to report against objectives by defining and measuring qualitative and quantitative indicators. This process continues to be substantiated by monitoring through PRCS programme managers, reviews, assessments, evaluations and audits. Narrative and finance reporting, as well as interim and final project and programme reports will lead to further improvements.

Sectoral and cross-sectoral co-ordination meetings starting during 2nd half of July, in parallel to the starting planning process for the 2005 Appeal will further, support and improve the ongoing process.

Impact:

Constraints:

- Relative high turnover among counterparts, technical advisors, delegates and inter-locutors of internal and external partners, National Societies, the Geneva Secretariat, the Amman Regional Office, Missions, and

International Organizations etc. For the delegation, with a core of three delegates, it is at times difficult to sustain consultations and maintain continuity through networking.

- Communication systems have continued to deteriorate during the first half of the year making especially e-mail and internet communication more difficult.
- As communications and travels between the PRCS HQ and Branches as well as Branch to Branch contacts remain severely hindered or prevented by the occupation and ongoing conflict, networking - as an important aspect of institutional integration and participatory processes - is not developing or increasing as planned. Contacts with PRCS Branches in the Diaspora are possible but remain difficult and time consuming due to movement limitations, restrictions in travel documents and visa requirements.

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