

# 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 والقمر الأحمر

## PALESTINE RED CRESCENT SOCIETY

2 May 2005

### In Brief

Appeal No. 01.86/2004; Period covered: January - December 2004

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

Related Emergency or Annual Appeals:

Palestine Red Crescent Society Annual Appeal 2004. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/018604.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/018604.pdf)

Palestine Red Crescent Society Annual Appeal 2004 - Programme Update no.1. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860401.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860401.pdf)

Palestine Red Crescent Society Annual Appeal 2004 - Programme Update no.2. For details, please see the website at [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860402.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860402.pdf)

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### Overall analysis of the programme

The Palestine Red Crescent Society (PRCS), in both the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT) and Diaspora<sup>1</sup>, continues to operate in difficult circumstances with increasing humanitarian needs. This annual report is an overview of 2004 from a strategic point of view and also covers operational aspects for November and December '04 not addressed in programme update 2.<sup>2</sup>

<sup>1</sup> Diaspora refers to the neighbouring countries which are hosting Palestinian refugees

<sup>2</sup> [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860402.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860402.pdf)

The humanitarian situation and programme implementation were affected by several events. The Gaza disengagement plan, the 'Separation Wall', the death of President Yasir Arafat, the new Palestinian Authority, regular Israeli incursions and continued house demolitions, restricted population mobility, increasing poverty and unemployment and the worsening situation of Palestinian refugees in Lebanon were all major influences.

Internally, PRCS lost one of its distinguished leaders Dr. Fathi Arafat, the founder and former president and honorary president, who died on 1 December 2004. Since the start of Al-Aqsa Intifada in September 2000, PRCS has confronted a challenging environment in its response to growing needs of the Palestinian people and increasing vulnerability. As a result, PRCS established new programmes while expanding existing ones in order to best meet the emerging needs.

In brief, the 2004 programme was successful and better cooperation and coordination among partners was achieved. There was a lack of funding for some programmes, such as humanitarian values, psychological support and a delay in the implementation of several activities due to the general circumstances. The priorities of PRCS, as stated in the national society's strategic directions, were followed and formed the basis of the 2004 appeal. Implementation of the 2005 programme is expected to start in the second quarter, with improved project planning and monitoring processes including reporting and budget management.

Operationally, implementation of planned activities was delayed due to political changes and reduced accessibility and mobility because of the conflict, especially in November and December. Several activities were rescheduled to the beginning of 2005. Short term funding was among the constraints affecting programme implementation. Future plans include promoting the PRCS capacity in project planning, implementation, monitoring and reporting as well as a focus on improving medical practices. At least 498,636 persons directly benefited from the various programme activities. In addition, 583 staff members and 5,765 volunteers benefited from the various trainings in both the Palestinian AT/OT and PRCS/L.

In health and care in the community, the primary health care programme (PHC) was expanded to include mobile health care, medical hotline, and extension of operational hours in several areas in the Palestinian AT/OT. The psychological support programme (PSP) steadily developed, targeting selected vulnerable groups. The rehabilitation programme expanded its community based special education project. Secondary health care also received considerable attention from branches, partners and headquarters. And, the size of ambulance services was tripled. In Lebanon, the PRCS branch (PRCS/L) focused on improving hospital care. It also piloted community based health in two refugee camps and is in the process of an internal review of its strategy, priorities and directions, which will be ongoing to 2005.

Similarly, the disaster management (DM) programme was expanded. A mini-vulnerability capacity assessment (VCA) study is being implemented. An early warning system was developed and an emergency response unit deployment drill was staged. DM activities concentrated on training of staff and volunteers. Priority needs for programme development were also identified. The programme aimed to coordinate and integrate DM activities more with other PRCS programmes as well as to promote public awareness on disaster preparedness. As a whole, the programme promoted PRCS crisis preparedness capacity for both natural and man-made disasters.

Youth and volunteers implemented activities, such as summer camps, awareness campaigns and various trainings targeting active volunteers. The programme was hindered by limited funding. A volunteers' database was piloted but needs development. In Lebanon, the youth and volunteers programme was developed in 2003 with similar objectives.

At the leadership level, a general assembly is planned for May 2005. The PRCS strategy is still to be reviewed, and accordingly a comprehensive development plan shall be developed. The PRCS/L outlined its strategic plan and is in the process of preparing an operational plan, in addition to carrying out administrative reforms. The impact of those reforms is expected to materialize in 2005.

There has been work on improving systems for managing human and financial resources. A human resource development unit is being planned. A finance organizational development (OD) delegate has begun supporting the development of PRCS financial systems, including installation of new finance soft ware and computers, besides handling financial reporting and accounting for the delegation. Several workshops were carried to promote teamwork and the skills of programme and branch managers and staff. This is expected to lead to more effectiveness.

In order to improve coordination mechanisms, a health coordinator was assigned to boost health coordination and planning through networking and sharing of a monthly newsletter with stakeholders. Bilateral cooperation developed, using the appeal as a coordination tool. Movement coordination meetings were held regularly and sectoral meetings started in the third quarter. The International Cooperation Unit coordinated the visits of several partner national societies and experts to PRCS.

The delegation supported and facilitated several training opportunities for key PRCS personnel. There were also regular visits to the PRCS/L aiming at improving coordination.

## Objectives, Achievements, and Constraints

### Health and care

**1. Primary Health Care (PHC) objective: Affordable and quality Primary Health Care services are regularly delivered to an increased number of beneficiaries.**

#### Achievements

- A new phase of the community based health project started in 25 locations aiming at promoting community participation in identifying and meeting community health needs. Community health committees were established and regular health education activities were carried out. The most frequently addressed health topics were nutrition, dental health, school health, disabilities, and mother and child health issues.
- The safe motherhood project was wrapped up successfully by end of 2004. A post-project survey highlighted innovative approaches and revealed that the targeted communities appreciated the project's activities. Innovative approaches included empowering and encouraging the active participation of women in addressing women and child health issues and capacity building at the local community level. PRCS integrated the safe motherhood concept into the community based health project for efficiency reasons.
- The home based care project was implemented in 21 locations. The most common medical complaints were diabetes (16%), hypertension (15%), post natal/maternal care (9%), cardiac diseases (4%) and cardiovascular ailments (6%).
- Five health education publications were produced and disseminated in the Palestinian AT/OT and three in PRCS/L. Approximately, 23,000 copies were distributed. Publications targeted issues related to mother and child health, health messages for children, HIV/AIDS and disabilities.
- Special attention was given to curative and diagnostic care. This was to meet the growing health care needs of local communities resulting from the reduced accessibility because of restrictions imposed on the freedom of movement of Palestinians by Israeli forces. In this context, free medical days were regularly organized for isolated communities targeting the general public, schools, and special groups.
- Mobile health clinics targeted communities in 15 clustered villages in the Hebron area who benefited from more than 50,000 medical interventions. There was a steady increase in the number of people benefiting from this project. About 43.3% of beneficiaries were children below 7 years of age, 13.3% were 7-16 years, and 17% were above 55. The PRCS also initiated a similar project in Qalqilia and Jenin districts to assist communities affected by the 'Separation Wall'. It is expected that these projects will be developed in 2005.
- The opening hours of two PHC centres were extended to make PHC services available to populations affected by the 'Separation Wall'. Hours were extended from six hours per day to 18-24hours per day.
- In PRCS/L, the community based health project was piloted in two refugee camps in Lebanon. The pilot was concluded in October 2004. It succeeded in promoting coordination among NGOs working in the camps and in addressing health issues economically. However, the PRCS/L branch committee decided to put all community based health activities on hold until further notice and to refocus on secondary health care.

**Constraints**

- In the Palestinian AT/OT, mobility restrictions, the general political situation, military road obstructions and checkpoints continued to hinder activities.
- The PHC programme needs to focus in 2005 on improving service quality. The development of protocols for certain chronic diseases and reviews of patients' records are two such areas.
- The delivery of medicines and supplies to PHC centres were often delayed due to the general situation.
- The PHC programme is a long term operation; however, funding continues to be short term which hinders implementation and project development. Several PHC projects will need to continue through 2005 with limited funding available (e.g. securing PHC services for selected target communities affected by the current situation).

**Impact**

The Palestinian National Health Plan considers primary health care as the backbone of the health care system. It promotes the awareness of local communities to essential health issues thus reducing the cost of care. The PRCS PHC programme contributed to this national objective. It raised community awareness and communicated health messages to individuals and groups using a wide range of community based health activities. This was in tandem with the curative care given in centres as well as various outreach activities. PHC activities are expected to continue to help the population prevent illness and deal with the deteriorating conditions in their communities. This contribution to the National Health Plan positions the PRCS and the Federation behind government strategy as a credible and central player.

**Table 1: PHC- Achievements vs. planned activities and indicators**

Indicators as in the Logical framework	Planned	Actual
Annual 10% increase in the number of women consulting at PRCS PHC centres	61,660 women	69,218 women
Annual 10% increase in the number of children (0-15 years) consulting at PRCS PHC centres	83,165 children	76,210 children
26 active safe motherhood groups established and trained (Only 9 locations were targeted in 2003-2004. In 2005 onwards, the project activities will be merged with the community based health activities and therefore scaled up to all 26 locations. <i>(planned)</i> )	9 groups	9 groups
Two community activities organized by safe motherhood groups per month in each PHC centre	624 activities	3,072 activities
150 health professionals participated in one or more training sessions per year	150 professionals	190 professionals
26 active community committees	26 committees	25 committees
416 health education sessions/month carried out by 26 PHC centres in the Palestinian AT/OT	4,992 sessions	7,895 sessions
99,840 persons/year benefited from health education sessions in the Palestinian AT/OT	99,840 persons (includes school health)	171,505 persons
34,566 Palestinian refugees in Lebanon benefited from health education sessions per year	34,566 persons	17,324 persons participated in 1,750 sessions
Two health education brochures were published per year	One in Palestine One in Lebanon	5 publications 3 publications
Two youth summer camps implemented by each PHC centre in Lebanon	4 camps	4 camps

9,360 home visits carried out per year in 26 locations in the Palestinian AT/OT	9,360 home visits	13,288
52 health professionals participated in home based care annual meetings to share experiences and present selected care plans	52 professionals	72 professionals
150 health professionals volunteers were registered in the medical hotline network	150 professionals	348 professionals
Number of persons receiving timely consultations and medicines during crisis situations	60,000 consultations	59,689 consultations
More than 60,000 laboratory investigations performed by the laboratories in 26 PHC centres in the Palestinian AT/OT per year	60,000 investigations	73,217 investigations
More than 1,800 X-Ray investigations performed by three X-Ray units in 3 PHC centres in the Palestinian AT/OT per year	1,800 investigations	1,707 investigations

**Note: See program updates 1 & 2 for details**

([http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860401.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860401.pdf),

[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860402.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860402.pdf))

**2. Psychological Support programme (PSP) objective: 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.**

**Achievements**

- Psychosocial support activities - such as, activities under 'Children affected by armed conflict (CABAC)' project, support to children of detainees and to families of those killed in the conflict and the wounded, support to families who had their homes demolished, and support to the PRCS emergency medical technicians and volunteers - were carried out.
- Regular technical supervision meetings for psychosocial workers focused on sharing and replaying of experiences and filtering successes and failures. These meetings contributed to the professional development of workers. However, a comprehensive human resource development plan was not formulated. Also, no funds were available for formal PSP courses/trainings.
- The PSP department integrated PSP concepts into several PRCS training courses, such as dissemination sessions for volunteers and staff, and disaster preparedness and response for volunteers.
- Within PRCS facilities, there has been interdepartmental work on psychosocial activities. Plans were made to integrate PSP in a mobile health clinic in the north of the West Bank.
- Coordination and cooperation with other psychosocial support providers received considerable attention. As a result, coordination at both national and district/local levels improved. (*see programme update 1: [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860401.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860401.pdf)*)
- A psychosocial needs assessment among the Palestinian refugee population in Lebanon revealed serious needs. The living conditions in the refugee camps are creating a variety of psychological reactions, high stress levels and psychosomatic symptoms, and it is safe to say that there is a need for psychosocial support services. The assessment recommended that PRCS/L plan for a phased psychosocial support programme to be integrated in the PRCS/L primary health care centres initially, with the possibility of extension to other programmes like the youth programme, the nurseries and the embroidery classes or even extending to provide services to the schools through either the teachers or the school counsellors. The PRCS PSP director in the Palestinian AT/OT visited PRCS/L to follow-up on recommendations. However, the PRCS/L committee decided to postpone the initiation of a PSP programme due to lack of capacity.

**Constraints**

- A lack of funding to implement the 2004 programme, i.e. the establishment of six psychosocial family centres and the professional development of PRCS psychosocial workers. Currently, the PRCS PSP strategy is under review putting considering such things as, balance between expansion of programme and the available funding.
- Limited professional capacity of psychosocial workers.
- Constraints related to mobility restrictions. Especially, when coordinating with Gaza.

- Demoralization of staff resulting from insufficient funding and mobility restrictions.

**Impact**

Internally, the integration of PSP concepts in various PRCS programmes is expected to bring about more comprehensive health care in the community. Externally, PSP activities are raising public awareness to psychosocial support services. However, the impact of PSP activities in lowering community trauma is difficult to identify in the short term.

**3. Community Based Special Education (CBSE) objective: The wellbeing of disabled people, their families and communities are improved through a provision of opportunities for occupational therapy, empowerment and integration.**

**Achievements**

- The CBSE project was expanded to all Palestinian AT/OT districts through non-PRCS rehabilitation providers. PRCS gave essential training to these providers, who in turn provided community based special education to severely disabled children. However, information about the quantity and quality of work of the non-PRCS providers is not available. And, the below figures in table 2 are PRCS statistics.
- Families of the severely disabled children benefited from repeated home visits by rehabilitation workers and social workers, during which self care activities were taught to the disabled and their carers. Additionally, sessions were held to groups of carers and disabled children at the rehabilitation centres in which lesson learning was a part. Also, several workshops were held for mothers in different areas for the same purpose.
- A follow-up with the parents and disabled children also took place through individual counselling sessions at the centres or during home visits.
- An awareness campaign aiming at changing attitudes of the public towards disabled people was implemented. Activities included TV talk shows, publication of a poster and an article in local newspapers as well as other activities targeting school children in most districts.
- A pre and post-awareness campaign test measured changes in attitudes. Initial results revealed that family members became more knowledgeable of the abilities of their disabled children. The families also showed more compliance working with rehabilitation workers and were keen to be a part of project activities. Families indicated that they can now discuss more openly the problems of their disabled children. They started to appear with them in social gatherings and many accepted registration of their children in special education centres. Full analysis of the pre/post campaign test is in process. Results shall be published in local newspapers (February 2005). The findings will guide development of the project.
- A total of 311 hearing-impaired children in Gaza and West Bank were supplied with hearing devices, assisting them to improve their education, social skills and integration into the community. (For details, see programme updates 1 and 2)

**Table 2: CBSE- Achievements vs. planned activities and indicators**

Indicators as in the CBSE logical framework 2004	Actual 2004	Clarifications
45 institutions/CBR programmes/rehabilitation centres in the Palestinian AT/OT adopted the CBSE project/activities	52	Includes 6 PRCS centres originally part of the project.
165 special education teachers were trained to deal with the target group	212	A total of 298 rehabilitation workers were trained from 2003-4
300 families (mothers & sisters) become more understanding and accepting of the disabled child and overcome a state of confusion	313	Results of the above mentioned pre/post test shall provide information relevant to this indicator
Seven TV talk shows were carried out	8	Other awareness activities replaced publications such as school awareness campaign, publishing articles in local newspapers and visibility materials.
Two brochures were published	0	
Two posters were published	4,000 copies of one poster	

Disabled children benefit from the home activities (The project staff should make regular home visits to all children/families registered in the programme - 313 children)	270	16,843 activity sessions have been held
Beneficiaries from school activities	407	The project is also called 'home and school enrichment' which means that the project staff follow up the disabled at home and school in order to facilitate integration
Beneficiaries from the integration activities (summer camps)	1,534	In 6 governorates
200 beneficiaries age 3 to 20 years were fitted with hearing aids leading to aural rehabilitation	311 children in Gaza & West Bank	Activities were implemented in cooperation with a Spanish NGO
Screening of hearing impairment	68	Most of them in Hebron & Tubas district
Beneficiaries from the awareness campaigns	780	This include 14 teachers in 10 regular schools
<b>Total</b>	<b>3,947</b>	<b>This does not include beneficiaries from the public reached through TV talk shows</b>

**Constraints**

- Some activities were hindered due to mobility restrictions.
- The lack of community awareness and understanding of the abilities of the disabled children sometimes makes implementation of activities difficult.

**Impact**

- At the community level, the project intends to change the negative attitudes towards the mentally disabled. This will be gradually achieved through strengthened relationship between families of the disabled and the schools, supported by repeated project activities.
- The disabled children and their families are the direct beneficiaries and they are benefiting from better communications and understanding of the abilities of the disabled. The project also is giving an opportunity to the disabled to develop their abilities and as part of this, provided them with educational toys.
- The project provided many severely disabled children with community based special education services, which was not possible before the project.
- The project reinforced the leadership role of PRCS in this field at a national level.

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

**Achievements**

- There medical project funded by ECHO provided 30% coverage of the total cost of medicines and medical supplies. The majority of the beneficiaries were hospitalized poor Palestinian refugees.
- The construction of two additional floors at Hamshari hospital was completed. Hospital furniture and equipment are still needed to fully utilize those two floors.
- Several trainings were carried out as part of the quality improvement project at the five PRCS/L hospitals. Training areas included: quality assurance methods in developing countries, internet search, leadership, emergency medicine, nursing education, use of antibiotics, lactation management, baby friendly hospital practices and basic maintenance of equipment.
- Also in an attempt to improve quality, a management information system at the PRCS/L hospital network was developed.
- Computers and some essential medical equipment were provided according to priority needs of each hospital.

**Constraints**

- PRCS/L continues to be affected by the political instability that also influences the financial sustainability of services.
- Most training courses were held in English, which was a barrier for many staff members.
- It was observed that some hospital managers resisted change, which hindered the implementation of activities to improve quality. Resistance may be due to too many activities taking place at the same time and a lack of ownership and motivation to change.
- Limited computer skills of hospital health professionals combined with the availability of a limited number of computers hindered the application of internet search and reporting on quality improvement.

**Impact**

Improvement of hospital services is expected to build gradually as a result of several projects. Additionally, quality indicators are being developed which may facilitate future impact assessments.

**Disaster Management (DM)**

**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.**

**Achievements**

- An Emergency Response Unit (ERU) drill was carried out involving over 85 health professionals, technicians, engineers and other volunteers. The drill participants experienced rain, sand storm and cold nights. The participants took part in a mass casualty simulation, several lectures and group work on various topics, such as: emergency health, human resource management, field logistics and security. Several international experts participated and helped identify missing equipment, training needs and gaps in the current set-up.
- A mini-vulnerability capacity assessment (VCA) was planned aiming at investigating vulnerabilities resulting from the construction of the 'Separation Wall'. A steering committee and a task force were assigned, a qualified coordinator was employed, a questionnaire was drafted and coordination with the regional disaster preparedness delegate was initiated. Implementation of this project will continue throughout 2005.
- Coordination with other PRCS programmes was promoted through different activities including training of staff and volunteers, engagement of relevant programmes in the ERU drill and sharing of information.

**Constraints**

- Lack of funding to purchase and deploy an additional advanced medical post.
- Few women participated in the ERU drill. More women health professionals should be recruited and trained to maintain gender balance.
- Coordination with national institutions, ministry of health, private sector and NGOs need to be maximized to encourage participation and involvement in the ERU setup.
- Delay in the implementation of the VCA due to delayed support from the Federation regional office.

**Impact**

The DM activities contributed to promoting public awareness and that of health professionals, volunteers and PRCS staff members to the importance of preparedness and timely response to disasters. It encouraged public, media and professional participation in the various activities. It was observed that DM activities were always received positively and volunteers expressed a willingness to contribute to efforts at a regional level.

**Humanitarian Values**

**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.**

**Achievements**

- In the Palestinian AT/OT and by the end of 2004, there were 5,820 registered volunteers of which 33% were known to be active. A volunteers' database is under development. Volunteers' activities are being organized with the branches and the local communities through 52 volunteers' committees, of which 12 committees were established in 2004. Volunteers are believed to be essential for disseminating humanitarian values. More than 120 training courses for volunteers were organized for 4,500 volunteers. Information and dissemination unit training topics included: PRCS mission, services and fundamental principles, in addition to history and

development of the International Movement of the Red Cross/Red Crescent, the emblem, international humanitarian law and communication skills. PRCS volunteers also participated in the training of trainers workshops, which were also part of the PRCS information and dissemination unit programme for 2004. Specialized training courses included first aid, disaster preparedness and response, and dealing with explosive remnants of war. A total of 51 summer camps for youth were implemented for 6,391 participants.

- In PRCS/L, the youth and volunteers unit continued to utilize the community based first aid (CBFA) training as an entry point to disseminating humanitarian values. Fifty-one CBFA courses were implemented in which 1,250 volunteers participated. One CBFA training of trainers (ToT) was carried out for 15 volunteers (another CBFA ToT course for 15 volunteers was planned for January 2005). Additionally, the department participated in the implementation of the community based health project through training of summer camp facilitators.
- Also in PRCS/L, the volunteers unit organized an HIV/AIDS awareness campaign in Bekaa (Weaval camp) and Tripoli (Bedawi camp). Activities also tackled smoking and drug abuse. Volunteers painted the walls in the camps expressing and communicating health messages.

### Constraints

- In the first half of 2004, funding was not available to implement the planned activities. Funds were made available in the second half of the year when most activities were implemented.
- Needed funding was not available to implement the planned HIV/AIDS awareness campaign as well as the project on combining humanitarian values with cultural values. It is hoped that funding will be made available to implement the HIV/AIDS awareness campaign in 2005.

### Impact

Humanitarian values activities aim at changing attitudes, values and behaviour of people. It is not expected that the impact will be known in the short term. Many years are needed to achieve the required change in the people's psychology and social environment.

## Organizational Development

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

### Achievements

- The executive board met regularly and board membership was reviewed resulting in the addition of two new members.
- Branch elections took place in most branches in preparation for the General Assembly in May 2005 (subject to final confirmation).
- A Federation OD/finance delegate started her mission in March to support the development of financial systems. Computers and new software were installed, annual operational budgets for all projects were prepared and financial reports were submitted.
- Activities in process include: development of job descriptions, development of human resource database software, and review of financial policies and construction of Jericho community centre.
- Several trainings and workshops took place on monitoring systems, strategy orientation and management. This is in addition to participation of several PRCS staff members in trainings abroad, including: OD, project planning process, leadership, gender and basic training course (BTC).
- There is an increasing branch participation in trainings organized by the headquarters. Branches are increasingly involved in projects through specialized branch committees, which were established to promote coordination of activities/projects with different departments.
- Monthly Movement cooperation meetings (a forum for exchange of information and coordination among ICRC, Federation, PRCS and bilaterally operating Partner National Societies) were held. This is in addition to starting regular sectoral meetings between the department heads and Movement members.
- In PRCS/L, an outline for a strategic plan for the branch was prepared and work on a comprehensive development plan is in process. The branch experienced administrative reforms of which impact is not yet known. A coordination group was formed in March representing main partners of PRCS/L and two meetings were held since then.
- There were visits of key staff members (head of finance department and head of PSP department) from PRCS headquarters to PRCS/L facilitated and sponsored by the Federation. Visits aimed at working towards promoting coordination and improving the performance of the national society.

**Constraints**

- As in other programmes, mobility restrictions hindered implementation of activities, especially with Gaza and Diaspora branches. The general political situation and the death of President Arafat and Dr. Fathi Arafat also delayed implementation of several activities.
- Lack of funding for several activities.
- Limited capacity of the OD unit at the PRCS headquarters.

**Impact**

The increasing participation of branches, regular executive board meetings, trainings and workshops are expected to gradually improve communications, build capacities and form a unified vision, thus leading to a better functioning national society to meet more humanitarian needs.

**Table 3: OD Achievements vs. planned activities and indicators**

Indicators as in the OD logical framework 2004	Actual 2004	Clarifications
50 governance at branch & headquarters participated in 2 leadership workshops	- 2 strategy orientation workshops implemented for 50 persons. - 2 executive board members participated in 2 regional leadership meetings	Workshops targeted newly elected branch administrative boards
Executive board held quarterly meetings	- 8 executive board meetings were held.	
General assembly held in 2004	Not held	General assembly was postponed due to the general situation. And development plan was not formulated.
General assembly approved strategic direction and development plan	Not achieved	
50 senior & middle managers participated in trainings on: <ul style="list-style-type: none"> <li>▪ Planning and reporting</li> <li>▪ Evaluation</li> <li>▪ Volunteer management</li> <li>▪ Logistics and management</li> <li>▪ Finance management</li> </ul>	<ul style="list-style-type: none"> <li>▪ 15 persons attended PPP workshop in PRCS/L and 4 persons attended PPP regional workshops.</li> <li>▪ Not achieved due to lack of funding</li> <li>▪ Volunteer exchange visits: 3 persons</li> <li>▪ For 25 persons</li> <li>▪ Planned for February 2005</li> </ul> <p><u>Other trainings</u>: BTC (3 persons), OD (2 persons), Gender (1 person participated in 2 workshops)</p>	- PPP & budget holder workshops for 20 staff members in the Headquarters were postponed due to death of Dr. Fathi Arafat.
Human resource development policies & guidelines were developed	In process	HRD database software is being developed
Systems for maintenance of equipment & buildings were developed	In process	
Financial policies were reviewed, communicated and implemented	In process	Supported by the OD/Finance delegate
Monthly meetings for branches & departments were held to discuss programmes, projects & implementation	Nine meetings were carried out	

Fund raising campaigns were carried out by branches	Not achieved	Local fund raising was not seen as suitable because of deepening poverty among Palestinians
20% increase in the utilization of youth volunteers	Not achieved	
2 communications & approaching the public workshops for 25 managers, PR & cooperation staff	Not achieved	Due to lack of funding
100 representatives of international & national Gov/NGO attended 2 open days in PRCS headquarters	Not achieved	Coordination with NGOs took place through meetings and other activities
Reviewed roles of PR & IC units	In process	
Role of PR & IC units communicated to staff & volunteers	In process	
Number of partnership agreements signed	10 agreements signed	

## Coordination, Cooperation and Strategic Partnerships

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

### Progress

- Changes in the Palestinian Authority (PA) will require PRCS to re-establish or renew its reciprocity relations with the authorities. This will cover the provision of general health to Palestinians (including Palestinian refugees in the Diaspora) and ambulance services as well as the establishment of national blood bank services. Until the PRCS General Assembly, discussions on the PRCS draft strategy will continue. The delegation is on standby to facilitate support towards a PRCS draft law. PRCS and the Federation delegation are monitoring developments to determine if and when ongoing changes require an accreditation with the PA under a status agreement. Plans are underway to formalise the co-operation between PRCS and the Federation under an MoU to be signed on occasion of the PRCS General Assembly. The delegation is preparing a draft for discussion.
- The most recent situation was characterised by less violence and increased expectations for successful elections in Palestinian AT/OT in January and July 2005 and renewed options for negotiated solutions. Under these circumstances it is anticipated that donors will continue to support the humanitarian sector without immediate shifts.
- The planning and drafting of both 2004 and 2005 appeals was completed using a participatory approach between the PRCS and the Federation delegation. A similar process was followed in drafting the two programme updates. Both the appeals and programme updates were translated into Arabic and posted on the PRCS website. This process started to show impact on the planning and drafting capacities.
- The 2004 appeal for PRCS was intended not only as a fund raising tool but also as a co-ordination tool and captured the wider horizon of PRCS needs, planning and priorities. It provided a better overview and increased transparency. To enhance coordination at project and programme levels, sectoral meetings started during the second half of 2004 but were then interrupted because of overall situation in the Palestinian AT/OT and PRCS.

**Table 4: Coordinated Movement support to PRCS at a glance**

<b>PARTNER</b>	<b>Health &amp; care</b>	<b>Disaster Management</b>	<b>Organizational Development</b>	<b>Humanitarian Values</b>
<b>ICRC</b>		X		
<b>British RC</b> (through the Federation)		X	X	X
<b>Danish RC</b> (partly through the Federation)	X			X
<b>Federation</b> (Capacity building fund)			X	
<b>Finnish RC</b>	X			
<b>French RC</b>	X			
<b>German RC</b>	X			
<b>Icelandic RC</b> (partly through Federation)			X	
<b>Netherlands RC</b>	X	X	X	
<b>Norwegian RC</b> (through the Federation)	X	X	X	X
<b>Spanish RC</b>	X	X		
<b>Swedish RC</b> (through the Federation)	X	X	X	
<b>Swiss RC</b>	X			
<b>Other donors</b> <sup>3</sup>	X	X	X	X

### Constraints

The death of the PRCS Honorary President and other changes in the PA forced the rescheduling of events and activities planned for November and December '04. Among the postponed events were courses on PPP and budget management, a presentation of PRCS financial systems, a meeting on the ICRC Integrated Planning Approach, an 'Emblem Workshop' with a focus on the rampant abuse of the emblem, and a consultative meeting with representatives of donor governments. Only one Movement meeting (a forum for the exchange of information and coordination among national societies, PRCS and bilaterally operating PNS, ICRC and the Federation) took place. The sectoral meetings (started in October) were also suspended. A review is underway to organise all events during the first quarter of 2005.

A significant implication of the above constraint is the fact that the implementation of the 2005 Appeal will not benefit from the improved programme management as a result of PPP and the budget management courses.

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

### Achievements

- The transformation from a Federation Representation to a Delegation was completed. Besides the head of delegation, there is an OD/finance delegate (since March 2004), a health coordinator (since September 2004), senior health and reporting advisor (since August 2003) and a junior administrative assistant.
- Improved cooperation at project and programme levels. Sectoral meetings were open to all participating partners. They promote coordination and cooperation but also act as a platform for an exchange of expertise to improve project and programme management. The Movement and sectoral meetings are complementary in strengthening partnership and the management of such relations by PRCS. Also, PRCS cooperates with a significant number of external partners besides RC partners (PNS, ICRC and the Federation). It is hoped that sectoral meetings will be restarted and continued in 2005.

<sup>3</sup> There are also external partners of PRCS such as PAZ, DFID, Care international, Welfare Association, Italian Cooperation, UNDP, Johns Hopkins University and ANERA. Also, funding sources include ECHO, EU and NORAD

**Table 5: Coordination/cooperation meetings/conferences in which the delegation participated during 2004**

Type of meeting	2004 (months)											
	1	2	3	4	5	6	7	8	9	10	11	12
ECHO partnership meetings		■			■				■			■
ESCWA conference on 'Sustainable development in Palestinian AT/OT' held in Beirut										■		
MENA management team meeting in Beirut											■	
Health Inforum meetings							■		■	■	■	■
Meetings with the Palestinian Health Authorities									■	■	■	
Meetings with UNESCO									■		■	
Meetings with WHO									■	■		
Movement coordination meetings including ICRC and bilateral delegates	■	■	■	■	■	■	■	■	■	■	■	■
Sectoral meetings between departments and Federation									■	■	■	
Meetings with UNRWA												
Coordination visits to PRCS/L	■	■	■	■	■	■	■	■	■	■	■	■
Coordinating meetings with local NGOs									■	■	■	■

\* ESCWA stands for 'Economic and Social Commission for Western Asia'. It is a UN agency.

- Regular contacts were maintained with bilateral delegates in the Palestinian AT/OT (Spanish RC, French RC, German RC, Finnish RC or Netherlands RC working with PRCS and/or PRCS/L in Beirut) as well as regional PNS representatives from the Danish and French RC, based in Amman. Additionally, discussions were underway with the Iraq delegation and the Iraqi RC with regards to possible support of Palestinians in Baghdad. Cooperation with ICRC as lead agency is very good.
- Support functions between the delegation and the regional reporting and finance units (RRU and RFU) in Ankara have been fully established and are functioning systematically and positively. The delegation and the Federation representatives in Israel and in Lebanon exchange information and consult each other on a regular basis or as required. Discussions will be held with the Amman Regional Office in early 2005 with regards to the potential for increased cooperation based on available capacities.
- ECHO partnership meetings were attended in Beirut (September) and East Jerusalem (December), in addition to two meetings hosted by PRCS/L in February and May, which focused on building a strategy and plan of action for PRCS/L.
- The delegation facilitated the visit of partners and experts to PRCS. (See Programme Updates for details.)
- The delegation's senior health and reporting advisor, who is based in Amman Regional Office, was made available for a three-week planning mission to Sudan in October upon request by the Sudanese RC and the Norwegian RC.

**Outlook for 2005**

The year 2005 will be a critical year for the PRCS:

- From the second quarter programme management should be enhanced in the wake of PPP and other training;
- the General Assembly (scheduled for May 2005) will be requested to discuss and adopt a comprehensive PRCS Strategy and updated Strategic Directions (Plan of Action) and Donor Guide (Partnership Management Guide);
- the GA will also be an occasion for the signing of a co-operation agreement between the PRCS and the Federation as well as;
- Provide the PRCS leadership with necessary legitimisation. In addition, the GA will give another impetus for continued integration of PRCS branches between the West Bank and Gaza as well as with PRCS branches in the so-called diaspora. This will promote unity and outline a more cohesive direction for future progress.

*The financial report is attached below. Please click here to return to the title page and contact information*

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA086
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>Budget (A)</b>	<b>6,172,609</b>	<b>1,080,915</b>	<b>232,139</b>	<b>785,807</b>	<b>0</b>	<b>8,271,470</b>
<b>Opening Balance (B)</b>	<b>374,277</b>	<b>0</b>	<b>0</b>	<b>107,556</b>	<b>103,199</b>	<b>585,032</b>
<b>Income</b>						
<b>Cash contributions</b>						
<i>British Red Cross</i>		113,051	16,028	47,035		176,113
<i>Canadian Government</i>	6,320					6,320
<i>Capacity Building Fund</i>				60,000		60,000
<i>Danish Red Cross</i>			64,000	11,303		75,303
<i>Finnish Red Cross</i>	48,351					48,351
<i>Icelandic Red Cross</i>				20,000	111,839	131,839
<i>Japanese Red Cross Society</i>				54,609		54,609
<i>Norwegian Red Cross</i>	711,761	65,563	267,500	550,504		1,595,327
<i>Other</i>	0					0
<i>Swedish Red Cross</i>	340,488	34,058		17,029		391,575
<b>Cash contributions (C1)</b>	<b>1,106,920</b>	<b>212,672</b>	<b>347,528</b>	<b>760,479</b>	<b>111,839</b>	<b>2,539,437</b>
<b>Reallocations (within appeal or from/to another appeal)</b>						
<i>British Red Cross</i>		17,600		-17,600		0
<i>Danish Red Cross</i>				-6,634		-6,634
<i>Finnish Red Cross</i>	-15,513			15,513		0
<i>Norwegian Red Cross</i>	-588			588	0	0
<i>Swedish Red Cross</i>	-17,000			17,000		0
<b>Reallocations (C2)</b>	<b>-33,101</b>	<b>17,600</b>		<b>8,867</b>	<b>0</b>	<b>-6,634</b>
<b>Inkind Personnel</b>						
<i>Danish Red Cross</i>				24,800		24,800
<i>Finnish Red Cross</i>	55,180					55,180
<i>Norwegian Red Cross</i>				62,000		62,000
<b>Inkind Personnel (C4)</b>	<b>55,180</b>			<b>86,800</b>		<b>141,980</b>
<b>Other Income</b>						
<i>Miscellaneous Income</i>	31,537					31,537
<b>Other Income (C5)</b>	<b>31,537</b>					<b>31,537</b>
<b>Total Income (C) = SUM(C1..C5)</b>	<b>1,160,535</b>	<b>230,272</b>	<b>347,528</b>	<b>856,146</b>	<b>111,839</b>	<b>2,706,319</b>
<b>Total Funding (B + C)</b>	<b>1,534,812</b>	<b>230,272</b>	<b>347,528</b>	<b>963,702</b>	<b>215,038</b>	<b>3,291,351</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>Opening Balance (B)</b>	<b>374,277</b>	<b>0</b>	<b>0</b>	<b>107,556</b>	<b>103,199</b>	<b>585,032</b>
<b>Income (C)</b>	<b>1,160,535</b>	<b>230,272</b>	<b>347,528</b>	<b>856,146</b>	<b>111,839</b>	<b>2,706,319</b>
<b>Expenditure (D)</b>	<b>-1,487,043</b>	<b>-230,272</b>	<b>-347,528</b>	<b>-907,553</b>	<b>-161,248</b>	<b>-3,133,644</b>
<b>Closing Balance (B + C + D)</b>	<b>47,768</b>	<b>0</b>	<b>0</b>	<b>56,149</b>	<b>53,790</b>	<b>157,707</b>

**International Federation of Red Cross and Red Crescent Societies**

01.86/2004 PALESTINE RED CRESCENT SO

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA086
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		<b>6,172,609</b>	<b>1,080,915</b>	<b>232,139</b>	<b>785,807</b>	<b>0</b>	<b>8,271,470</b>	
<b>Supplies</b>								
Medical & First Aid	1,164,634	78,558					78,558	1,086,076
Teaching Materials	29,788							29,788
Other Supplies & Services	583,887							583,887
<b>Total Supplies</b>	<b>1,778,309</b>	<b>78,558</b>					<b>78,558</b>	<b>1,699,751</b>
<b>Capital Expenditure</b>								
Vehicles	220,472							220,472
Computers & Telecom	736,767	-249					-249	737,016
Others Machinery & Equipment	25,452							25,452
<b>Total Capital Expenditure</b>	<b>982,691</b>	<b>-249</b>					<b>-249</b>	<b>982,940</b>
<b>Transport &amp; Storage</b>								
Storage	94,031							94,031
Distribution & Monitoring		191					191	-191
Transport & Vehicle Costs	85,609	29,392			23,193		52,585	33,024
<b>Total Transport &amp; Storage</b>	<b>179,640</b>	<b>29,583</b>			<b>23,193</b>		<b>52,776</b>	<b>126,864</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	504,000	139				95,177	95,316	408,684
Delegate Benefits		101,147			182,382		283,529	-283,529
Regionally Deployed Staff	1,665,369							1,665,369
Staff-on-Loan					2,271		2,271	-2,271
National & National Society Staff		106,726			34,148		140,874	-140,874
Consultants	63,302				222		222	63,080
<b>Total Personnel Expenditures</b>	<b>2,232,672</b>	<b>208,011</b>			<b>219,024</b>	<b>95,177</b>	<b>522,213</b>	<b>1,710,459</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	1,318,947	3,800			1,341		5,141	1,313,806
<b>Total Workshops &amp; Training</b>	<b>1,318,947</b>	<b>3,800</b>			<b>1,341</b>		<b>5,141</b>	<b>1,313,806</b>
<b>General Expenditure</b>								
Travel	399,232	7,653			29,790		37,443	361,789
Information & Public Relation	403,410	713			2,667		3,380	400,030
Office Costs	370,700	491			7,635		8,126	362,573
Communications	24,955	7,801			10,601		18,402	6,553
Professional Fees	14,140	10,569			575	7,599	18,742	-4,602
Financial Charges	29,128	2,135			253		2,388	26,740
Other General Expenses		650			2,907		3,557	-3,557
<b>Total General Expenditure</b>	<b>1,241,565</b>	<b>30,013</b>			<b>54,427</b>	<b>7,599</b>	<b>92,039</b>	<b>1,149,526</b>
<b>Federation Contributions &amp; Transfers</b>								
Cash Transfers National Societies		1,137,715	215,304	324,938	550,943	47,990	2,276,891	-2,276,891
<b>Total Federation Contributions &amp; Tr</b>		<b>1,137,715</b>	<b>215,304</b>	<b>324,938</b>	<b>550,943</b>	<b>47,990</b>	<b>2,276,891</b>	<b>-2,276,891</b>
<b>Program Support</b>								
Program Support	537,646	96,425	14,968	22,589	58,624	10,481	203,087	334,559
<b>Total Program Support</b>	<b>537,646</b>	<b>96,425</b>	<b>14,968</b>	<b>22,589</b>	<b>58,624</b>	<b>10,481</b>	<b>203,087</b>	<b>334,559</b>
<b>Operational Provisions</b>								
Operational Provisions		-96,812					-96,812	96,812
<b>Total Operational Provisions</b>		<b>-96,812</b>					<b>-96,812</b>	<b>96,812</b>
								0
<b>Total</b>								0
<b>TOTAL EXPENDITURE (D)</b>	<b>8,271,470</b>	<b>1,487,043</b>	<b>230,272</b>	<b>347,528</b>	<b>907,553</b>	<b>161,248</b>	<b>3,133,644</b>	<b>5,137,826</b>
<b>VARIANCE (C - D)</b>		<b>4,685,565</b>	<b>850,644</b>	<b>-115,389</b>	<b>-121,746</b>	<b>-161,248</b>	<b>5,137,826</b>	