

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

21 December 2001

Appeal No. 01.68/2001

Appeal Target CHF 2,769,413

Programme Update No. 2

Period covered: August - December 2001 (last Programme Update issued: 8 August 2001);

“At a Glance”

Appeal coverage: 57.2%

Related Appeals: Middle East North Africa regional programmes (01.64/2001)

Outstanding needs: CHF 1,185,494

Update: The ongoing Palestinian-Israeli conflict has had an enormous impact on the Palestinian community. The Palestine Red Crescent Society has dealt effectively with the needs of tens of thousands of vulnerable people but the scale of response required has been overwhelming. The National Society has met several challenges during the reporting period but requires further donor support to continue and expand its support to those in need.

Operational Developments:

The Intifada has left more than 850 people killed - including 200 under-18s - in the West Bank and Gaza. More than 18,000 people have been injured, of whom 3,000 suffer permanent disabilities. There has been severe physical and psychological trauma to the community. Humanitarian organisations have found the circumstances difficult to cope with and have been hindered in the delivery of vital medicine and medical equipment to health care centres.

Disaster Response

Response to the ongoing armed conflict has taken much of the energy and time of the Palestine Red Crescent Society. Federation delegates have to a great extent been engaged in responding to the needs of the National Society (NS), in particular in relation to running, expanding and increasing the Palestine Red Crescent Society (PRCS) Primary Health Care programme. They have also helped in the support of people affected by the uprising. Staff and volunteers of the PRCS Emergency Medical Service (EMS) have been carrying the main burden, often in the front line rescuing people by risking their own lives.

Disaster Preparedness

In the appeal document three points are mentioned under Disaster Preparedness as critical assumptions. It is unfortunate that all these three failed to eventuate:

- Political and Security situation making implementation of programme a big challenge.
- Access to the entire territories
- Lack of financial support

Even though the general situation turned out to be much worse than anticipated it is important to see what the Society has been able to carry out in an environment and under conditions not experienced before. Much of the response has been based on the disaster preparedness plan of the Society and the experienced gained through internal process related to the Vulnerability and Capacity Assessment (VCA) carried out by the PRCS with support from the Federation.

Objective 1: Setting up of a disaster preparedness framework for the West Bank and Gaza. This task has become impossible due to all constraints and restrictions imposed on Palestinians. However, the PRCS plan was prepared internally and has been followed by branches and units. The recognized success of PRCS as an effective and efficient provider of humanitarian services to people in need during conflict is due to good planning and the unified approach of the Society.

Objective 2: Produce a national disaster profile for the West Bank and Gaza. For the same reason as mentioned under objective 1 this has not been possible to implement. Lacking a national Disaster Preparedness Plan the PRCS was, however, taking the initiative to develop its own profile, based on current capacity and its responsibility in Palestine as the National Red Crescent Society. The first phase of this work was to categorise and put in order a plan of response in case of a disaster. This has proved to be of great help in the current situation. The plan, with some changes and improvements based on new developments is a good working tool for the PRCS in its response to needs.

Objective 3: Defining the roles and responsibilities of PRCS in the overall framework in line with Federation Strategy 2010. This became important for the PRCS in the prevailing context, where the NS in many cases is the key player and main provider of disaster response with expectations directed towards the PRCS. It was also important for the staff of the Society to learn what is the role of PRCS and what is not.

Objective 4: Commence the build-up of resources, enabling the Society to carry out its part of the DP framework in the West Bank and Gaza. The conflict for the last year has been a great challenge for the National Society. The PRCS has been forced to learn how best to mobilise, utilise and coordinate available human and material resources, and at the same time develop and/or look for new ones. In particular through its Emergency Medical Service (EMS), the Primary Health Care (PHC) and the Home Based Care (HBC) programmes, training has been conducted on various levels, experience gained and resources built. Additional specialized medical equipment and supplies were provided to all PRCS PHC centres with the objective of better preparedness in case of need for treatment for wounded people due to the conflict or any other disaster.

The NS has in particular given high priority to two specific projects during the last few months. With the increase of ambulances within the PRCS EMS programme over the past fourteen months it has seen a growing need for better and more systematic management of the fleet. Steps have been taken by the PRCS and improvements are being registered. The implementation of a new and better system in the medical warehouse has also been launched. Additional staff have been engaged for these two projects, which will enable the PRCS better to carry out its tasks in times of disasters.

Most of the recommendations from the VCA carried out in 2000 have been followed when further building resources and preparing the Society response in disasters. In particular it should be mentioned that there has been a strengthening of preventive health care programme as well as intensified first aid training and recruitment of volunteers. The PRCS EMS programme has increased its fleet of ambulances with 70%, while training of new EMS technicians has continued with intensified efforts.

The Society is preparing itself for being able to contribute to disasters not only within its own territory, but also in other parts of the world. A few staff of the PRCS have already been deployed as members of Federation or other national society teams abroad. Several people from PRCS have been following basic training course (BTC), emergency response unit (ERU) or federation assessment and coordination team (FACT) workshops.

With the objective to develop a quick response mechanism in times of disasters, PRCS is now in the process of establishing a field hospital unit with fifty beds. This will, together with health staff from PRCS, be ready for deployment inside as well as outside the West Bank and Gaza if need be.

Humanitarian Values

After decades of conflict there has been growing hostility between the Palestinians and Israelis. Young people have been particularly affected and violence - through direct involvement or by observing it - for many has become a part of daily life.

The PRCS has, with financial support from the Federation, been running summer camps for the younger generation. This programme, which for some time has been a yearly event in many of the branches and various centers of the NS, has among other activities been focusing on Red Cross/Red Crescent Principles and ideas as well as learning First Aid. Even though the closure of Palestinian cities and villages has created logistical problems a total of 15 summer camps took place this year. The number of participants has been much higher than before, due to lack of other alternatives in times of restrictions. Most camps are for children from 8-14 years of age, but also camps were provided for youth at the age from 16-25.

PRCS Bethlehem branch has in addition to running camps also implemented a programme focusing on reducing the violence at home and in the street. Youth are involved on both sides in this programme. The plan is - based on the same ideas and principles and with support and supervision by the PRCS Bethlehem branch - to expand the programme to other branches of the Society in the West Bank and Gaza. Under the Bethlehem branch a mental health care programme specifically targeting families and family members with traumatic experiences has also been developed.

Rehabilitation work for children and youth with disability has been one of the most important activities of the NS for years. Under the slogan "*Ability Development*" the PRCS has continued its work, and has even been launching the first Arabic dictionary of its kind in sign language. As part of the rehabilitation programme a Community Based Special Education (CBSE) initiative towards schools and homes has been implemented and run from six special centers around the West Bank and Gaza.

Health and Care

PRCS has a history of playing the role of provider in health matters for Palestinians. After the Oslo accords, however, the Palestinian Authority (PA), as part of building a central administration has been establishing different ministries, among which the Ministry of Health (MoH) is one. MoH has taken over the general responsibility for planning, coordinating and executing health services in Palestine.

However, still PRCS is mandated by PA to run ambulance services for the Palestinian population in Gaza and the West Bank. Also blood transfusion services are mandated to PRCS, but the Society has so far not been able in this field to live up to this responsibility.

As part of the **Integrated Health Care (IHC)** programme PRCS operates 21 Primary Health Care centres, both in the West Bank (17) and Gaza (4). The Federation support has been undertaken for the purpose of changing the profile of services of the clinics to not only offer clinical services, but also a wider scope of services under the common name of PHC. The clinics are being called PHC centres rather than clinics. There is a real shift to a more preventive focus for activities going on, also with a clear view to development within Strategy 2010. This shift towards more community oriented health approaches and emphasis on PHC takes place in the wider Palestinian society and is winning greater popular understanding and support.

A national health plan for Palestine exists from MoH. It is developed in cooperation and with the assistance of international organisations, and there is a feeling of national ownership of its ideas. However, the implementation drive and energy behind it has been somewhat lacking, particularly in the current political and warlike situation. But it provides important signals and guidelines for health system development. Its use will be encouraged and built on.

There are two major health projects presently being run by PRCS with Federation participation and support. As both of these, composing the core of the PRCS PHC, have a status of something between multilateral and bilateral projects, each has separate reporting for the benefit of their donor societies.

Primary Health Care (PHC)

This programme with financial support from German Red Cross aims at activating 21 Community Health Committees (CHC) attached to and operating from each of the 21 existing PHC Centres. The objective of CHCs is to improve the health of the population through facilitation of community health education and health awareness campaigns. The main target groups are elderly people, children, women, and disabled or otherwise underprivileged persons. Women and children are the prime targets for involvement in the activities. They are also promoting general access to the basic health services of the clinics. A major idea is to promote a popular feeling of responsibility for public and individual health.

A team of one nurse and one social worker is established at each PHC centre. A vulnerability profile has been developed for each of the communities. A health data collection system has been developed and is being tested. Extensive training and health education of personnel at all levels is being implemented. In addition, there has been procurement of training and teaching materials.

The project runs broadly speaking on schedule despite the numerous practical problems experienced in the current environment of a full-scale political and popular uprising from occupation.

Women and Children's Health (WCH)

This project - part of the IHC programme, with financial support from Australian Red Cross - has been implemented in 8 targeted communities, where there is a PRCS PHC centre (5 on the West Bank and 3 in Gaza Strip). Each centre is provided one staff nurse in order to organise and facilitate the clinic's provision of WCH services. The aim is to assure the quality of services planned through training of the staff, provide needed equipment like gynaecology-related tools, materials and facilities, as well as improving the hygiene system in the centres.

In a wider sense the project aims at promoting understanding of needs for and importance of women's and children's health. To accomplish this, profiles of vulnerability for each community have been developed. The project then attempts to follow up these profiles with a healthy survey of women and children health, all to lead up to the establishment of micro projects to address identified needs. The first micro projects have been implemented. Most are concentrated on environmental health issues. Information to women and children and knowledge about health services provided to them is an important part of the project.

It is an operational restraint on the WCH activities in Palestine that only MoH health clinics are allowed to immunise children. A closer coordination of these services countrywide needs to be undertaken. In six villages in the West Bank clinics of PRCS and MoH have merged and are now under the management of the PRCS. We have seen a tremendous improvement of the health services provided to the people in these villages. New steps will be taken to do the same in other districts.

Australian Red Cross, PRCS and the Federation are in the final stage of preparing the project document to AusAID for an extension of the project for another three years.

Under a bilateral agreement with PRCS the French Red Cross (FRC) has started supporting a similar WCH project in four PRCS PHC centres, following the same ideas as for the one of Australian Red Cross. FRC has also a delegate in Al-Bireh for nine months project, with the objectives to monitor, organise training and write new project proposal for a possible extension beyond the nine months.

Home Based Care (HBC)

A third component of the IHC programme is Home Based Care. This was started early 2000 with financial support over one year from a Norwegian NGO. The programme has continued and is now being supported by Spanish Red Cross under a bilateral agreement. The service is mainly for patients who have to stay sick at home without any other professional health care due to all the closures and restrictions of movement around West Bank and Gaza Strip.

Objectives and Activities

Objective 1: To expand cooperation with the Community Health Committees (CHC) and set proprieties and develop a plan of action for each community. To date there are 20 CHCs established, of which 15 are regularly arranging meetings. For the other five there has been some initiatives to make them more active, but due to the conflict and tight closure it takes more time than expected, and understandably other urgent needs felt more important by the community are getting the attention from the local people. In addition to health education provided for each consultation also health education sessions are regularly taking place.

Objective 2: To expand local participation / beneficiary involvement in PRCS programmes and projects. Micro projects have been started in all centres, varying from gardening, women and/or children educational projects, cleaning campaigns etc. For each micro project in each centre there is an implementation plan. An inventory list for health education material has been prepared for each centre. Many brochures have been prepared by PRCS and are available in all centres. The process has started to standardise health education sessions. Different types of gatherings with health education are taking place, such as summer camps, school days, health workshops for women and families.

Objective 3: To strengthen the capacity of the CHCs and continue establishing Community Health Teams (CHT) in all PRCS's health centres. Five new CHTs have been established and reorganisation of six others is in the process. Training and dissemination sessions for the CHT members have been conducted in most of the centres.

Objective 4: To improve the PRCS health monitoring system. The 15 social workers employed under the programme are conducting important work in the communities, linking the health services closer to the real needs of the people.

Objective 5: To strengthen the capacity of the PRCS primary health care department. A data base Health Information System (HIS) developed by PRCS is provided to some of the centres. This is an important tool for the health department to obtain more up to date and detailed information about the health situation around the country, and being better prepared to act promptly to any developments. The hope is that next phase will be to include electronic access to HQ.

Objective 6: To improve the wellbeing of women and children in Palestinian communities through the development a model for improved delivery of women's and children's health, including reproductive health and family planning. New staff members have for many months been employed to reach this objective. Training was carried out according to needs. This has been evaluated by an external consultant, who delivered a comprehensive and positive report. An HIV/AIDS component is now included in the PRCS PHC programme.

Objective 7: To improve the capacity of PRCS and communities to respond to priority health needs. A community profile was completed and report issued. Survey and monitoring of all the health facilities took place regularly even though restrictions of movement make it in many cases extremely difficult.

Objective 8: To improve the quality of PRCS women and children health clinic and outreach services, with increased emphasis on preventative health programmes. It has proved to be difficult to find qualified midwives in the West Bank and Gaza. To compensate for this, nurses have been trained in midwifery and other WCH issues. Gender issues have been included in the training, and for the next phase of training this will be given more attention.

Objective 9: To work towards greater community awareness and participation in addressing issues required to improve general health. Health education is daily being provided systematically in all the PHC centres. New and more updated material is printed. The monthly magazine, Balsam, issued by PRCS is in all additions including health information and education.

Objective 10: To improve community based nursing care offered to people at risk. Expansion of PRCS Home Based Care programme is in process, now being part of the services in most health centres. An external consultant conducted an evaluation of the WCH programme, which also is focusing on family health at home. The report, which was positive, was presented in August 2001.

Institutional and Resource Development

With reference to the dramatic change of the general context over the last fifteen months, implementation of the Institutional & Resource Development programme should be evaluated in light of the critical assumptions in the appeal.

Objective 1, reducing financial dependency on external funding has, due to the rapid increase of poverty, become impossible. In fact the PRCS is facing even bigger challenges today than one year ago.

Objective 2, the long-term development plan for the National Society has been a priority for PRCS, in particular related to finance management and programme monitoring. One united PRCS for the West Bank and Gaza as well as branches in the Palestinian diaspora is the aim, but movement restrictions and the political situation has so far hampered the process. There was a plan to arrange a meeting in the course of the last six months for representatives from all branches of the Society and the headquarters, but this turned out to be impossible. The link between PRCS HQ and branches in the West Bank and the branches in Gaza Strip has become another challenge for the Society.

Objective 3 follow up and implement recommendations from the 8th national congress in January 2000. Due to the Intifada and the enormous constraints being faced, it has become almost impossible to live up to the expectations and recommendations from the congress. In particular issues like revision of the statutes and better governance have been under consideration. However, because of the physical separation of Gaza Strip from West Bank and distance between cities and villages in the West Bank, as well as leaders of PRCS not being allowed to go to the other parts, this became almost impossible to follow up. Community involvement and participation in and contribution to PRCS programmes have, however, in many ways been a success. National HQ structure has been strengthened as far as the West Bank is concerned, but regarding Gaza a new and somehow different administration has developed.

Objective 4, strengthening the planning and reporting capacity of the Society, in particular for some programmes with funding from external sources, has been achieved. Federation and ICRC delegates and also other external resources have analysed results and given recommendations. Better procedures have been introduced.

Objective 5 focusing on developing human resources of the Society. As for other programmes it became difficult to run training programmes on a central level. However, regionally as well as in the branches and health centres training has been implemented, using local resources or personnel from the HQ in Al-Bireh. The EMS school in PRCS HQ has continued. PRCS has also been building human resources through external courses, such as BTC in Norway and Denmark, HELP workshops in Geneva and Sweden, FACT workshops in Geneva and Psychological Support Course in Denmark. One staff from PRCS was part of the FACT team going to Algeria after the torrential rains. PRCS is working on setting up its own medical ERU team with a fully equipped medium size hospital.

Objective 6 is stressing the importance of improving the awareness of the role of PRCS relating to core activities, capacities and objectives. In these times of conflict, where the PRCS has proven to be an efficient and effective implementor of emergency response, there has also been an increase of expectations towards the NS.

Objective 7 emphasizing improving and expanding the Youth and Volunteer programmes. A steadily increasing number of volunteers have joined the Society. Also, international volunteers have been encouraged by the huge challenges facing the Society to contribute to running the humanitarian programmes. All new groups of PRCS supporters, of whom 36% are female, have followed basic First Aid as well as Dissemination courses. The planned monthly meetings for the youth and volunteer coordinators from branches have turned out to be impossible to arrange due to the Intifada. Traditional summer camps have been organised. A total of 15 such camps took place. The number of participants this year was much higher than before due to lack of alternatives from other organisers. Most camps are for children 8-14, but there are also camps for youth aged 16-25.

Regional Cooperation

As part of the MENA team the country delegation has attended regional meetings on different levels. The health delegate as well as the Federation Representative have both been meeting with the Regional Delegation team in Amman, taking part in further developing and strengthening the regional teams and regional programmes.

Support from the Regional Delegation to the country delegation has been appreciated, taking some of the burden from delegates.

Coordination and Management

During the conflict, rural areas have been particularly badly affected by closure of roads. Access has been denied not only for patients but also for national and international humanitarian workers. Even though the RC/RC Movement has not been an exception in that respect, it has still been able to keep programmes going. For most other organisations the difficult situation has forced them to reduce programmes to the minimum, or in many cases to stop them. In this context overlapping has not been a problem. Needs are not been covered, but security situation and closure will be an obstacle to expansion. There are though occasional meetings between different international actors attempting to co-ordinate, but what is possible to implement is sometimes limited.

Between the different components of the RC/RC Movement there has been exceptional co-operation

Outstanding needs

With the Intifada and the suffering of the Palestinian people continuing, the NS is facing a major challenge. New funding is required for meeting needs. After more than a year of constant unrest the economy of the Palestinian community is very depressed. Most services offered by the authorities have been scaled down or completely stopped. Eyes have turned to the PRCS with growing expectations. However, with the collapse of some of its income generating programmes as well as cost recovery systems the financial burden has become a difficult for the PRCS.

In these critical times it is important that the Federation and its members continue supporting programmes of the Society. The impact on the general economy is catastrophic. This is also the reality for the NS and its ability to raise funds locally. It is likewise important to expand our support to the PRCS through country and regional programmes, such as Health and Disaster Preparedness, as these are priorities of the PRCS and crucial for the most vulnerable people. For being able to continue our support to the PRCS, with focus on building an even stronger national society and to improve its programmes, it is also important to secure funds to cover running costs of the Federation Representative Office in Al-Bireh.

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

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

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Palestine Red Crescent Society						ANNEX 1
APPEAL No. 01.69/2001		PLEDGES RECEIVED			20.12.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				2'769'413		TOTAL COVERAGE 57.2%
CASH CARRIED FORWARD				131'279		
AUSTRALIAN - RC		35'226	USD	62'332	16.07.2001	DIRECTLY TO DELEGATION
GERMAN - RC		40'000	USD	65'120	18.02.2001	
GERMAN - RC		132'433	USD	232'429	20.07.2001	DIRECTLY TO DELEGATION
GERMAN - RC		4'971	USD	8'319	20.07.2001	DIRECTLY TO DELEGATION
GERMAN - RC		37'854	USD	62'705	08.11.2001	
NEW ZEALAND - RC		100	NZD	74	28.06.2001	
NORWEGIAN - GOVT/RC		3'500'000	NOK	659'047	27.04.2001	INSTITUTIONAL & RESOURCE DEV., MANAGEMENT COSTS
NORWEGIAN - GOVT/RC		984'898	NOK	188'415	13.06.2001	HEALTH & CARE, CBSE
NORWEGIAN - RC		270'000	NOK	50'636	24.09.2001	HEALTH DELEGATE
PRIVATES				2'004	06.11.2001	
SUB/TOTAL RECEIVED IN CASH				1'462'360	CHF	52.8%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Norway	Delegate(s)			121'559		
SUB/TOTAL RECEIVED IN KIND/SERVICES				121'559	CHF	4.4%