

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

PALESTINE RED CRESCENT SOCIETY

May 2002

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.68/2001

Appeal Target: CHF 2,769,413

Operational Developments

The Palestinian uprising (*intifada*) that began in late September 2000 has had an enormous impact on all operations implemented by humanitarian agencies and non governmental organizations in the autonomous and the occupied territories (A/OT) in 2001. The current *intifada* was characterised by a continuous escalation of violence, tighter closures of Palestinian villages and towns, and the use of more destructive weapons. Although Palestinians living in the West Bank and the Gaza Strip called for increased interventions on the part of international organizations, accessibility to the victims of the conflict became increasingly difficult, owing to restrictions on movement imposed by the Israeli authorities. Unemployment figures spiralled upwards (over 60 per cent in the Gaza Strip) as Palestinians were prevented from travelling to jobs and severe trade restrictions forced many businesses to close.

Objectives, Achievements and Constraints

In the 2001 appeal document three critical assumptions were made with regard to disaster preparedness activities. These were that the political and security situation would not pose undue problems in the implementation of programmes, that staff would have access to those in need throughout the territories, and that financial and human resources would be adequate. Major difficulties arose in all three areas over the course of the year. Armed conflicts between Israelis and Palestinians escalated, roadblocks and checkpoints made it impossible for Palestine Red Crescent (PRCS) staff to aid the most vulnerable, and as job opportunities dwindled, there were fewer opportunities to run income-generating activities. All these constraints must be kept in mind when comparing achievements against the objectives targeted in the 2001 appeal.

Disaster Response

The Al-Aqsa *intifada*, begun in September 2000, caused enormous destruction in Palestine. In response, the Palestine Red Crescent Society deployed all its available human resources. Federation delegates helped the PRCS to respond to the overwhelming needs of the population, particularly with the expansion and increase of the PRCS primary health care programme, and with direct assistance to people involved in the uprising. The staff and volunteers of the PRCS emergency medical service (EMS) carried out the majority of assistance activities, many times on the front line, and sometimes at the risk of their own lives.

In May 2001 the Federation Secretariat launched an Emergency Appeal requesting additional funds for the PRCS primary health care programme (PHC). Increasing poverty in Palestine has made it impossible to raise funds locally for humanitarian programmes, or even to implement cost sharing or cost recovery programmes

Disaster Preparedness

Even though the general situation in the autonomous and occupied territories turned out to be much worse than anticipated, the national society nonetheless attempted to carry out its humanitarian mission in this volatile, often dangerous environment. The PRCS response was based on its disaster preparedness plan and on experience gained through carrying out a vulnerability and capacity assessment (VCA). PRCS was supported in its activities by the Federation's country delegation in Al-Bireh and the regional delegation in Amman.

Objective 1 To set up of a disaster preparedness framework for the entire geographical area of Palestine A/OT.

This objective was impossible to achieve, because of restraints imposed on the movements of Palestinians during the uprising. However, the PRCS came up with an alternative plan, which was followed by branches and units all over the West Bank and Gaza. The PRCS owed its success as an efficient provider of humanitarian aid to people in the conflict areas to its efficient planning and to the unified approach that it adopted.

Objective 2 To produce a national disaster profile for Palestine.

For the same reason as mentioned under objective 1, this activity was impossible to achieve. Here again in the absence of a national disaster preparedness plan, the PRCS took the initiative of developing its own DP profile, based on its current capacity and its responsibility in Palestine as an auxiliary to the authorities. As a first step, the PRCS drew up a plan of response in case of a disaster, which proved to be of enormous benefit over the year.

Objective 3 To define the roles and responsibilities of PRCS in the overall framework in line with Federation *Strategy 2010*.

This objective was an important one for the PRCS, particularly in light of the prevailing context, in which the national society was perceived as the main provider of disaster relief.

Objective 4 To commence the build-up of resources, enabling the society to carry out its part of the DP framework in Palestine A/OT.

Since September 2000 onwards the national society has faced daunting challenges. The PRCS was forced to learn how to mobilise quickly, to utilize and coordinate available human and material resources, and at the same time look for new ones. Under its emergency medical services (EMS), its integrated health care programme, women and children health (WCH) programme and home based care (HBC), the national society staff gained enormous experience in its efforts to respond to the overwhelming needs that they encountered. Additional specialized medical equipment and supplies were provided to all PRCS primary health care centres so that staff could respond more quickly to outbreaks of violence.

The national society also built up its resources and capacity through specific projects such as:

- better and more systematic management of its ambulance vehicles, which was increased by 70 per cent over the past fifteen months. A delegate was brought in for two months specifically to help manage the ambulance fleet;

- improved storage systems in the medical warehouse. Here as well a delegate was recruited to restructure and modernise the medical store and warehouse.

Most of the recommendations of the vulnerability and capacity assessment (VCA) carried out in 2000 were implemented by the national society in its disaster response preparations. The preventive health care programme was developed and efforts were intensified in first-aid training and the recruitment of volunteers. Staff at the national society have received training to enable them to contribute to disaster response not only in their own geographical area, but also in other parts of the world. Several people from PRCS have attended basic training courses (BTC), emergency response unit (ERU) or field assessment and coordination team (FACT) workshops. PRCS staff have been deployed as members of FACT and ERU teams in other regions. Under another project aimed at developing a quick response mechanism in times of disasters, PRCS established a fifty bed field hospital, ready for deployment within and outside Palestine.

Humanitarian Values

Decades of occupation in the West Bank and Gaza Strip, and fifteen months of fresh conflict have brought relations between the peoples of Palestine and Israel to their lowest ebb so far. Palestinian children and youth were particularly affected by the constant trauma in their every day lives. With rising poverty and limited access to education, many young people saw no alternative but to become directly involved in the uprising.

In an attempt to provide alternatives, the PRCS, with financial support from the Federation, ran a number of summer camps in the West Bank and Gaza for young people. Under this programme, which has become an annual event, Red Cross/Red Crescent principles and values were disseminated, and first-aid sessions were held. In 2001, the number of participants registered was much higher than in previous years.

The PRCS branch in Bethlehem, in addition to running camps, also implemented a programme that focused on reducing violence at home and in the street. The Bethlehem branch has also developed a mental health care programme specifically targeting families and family members who have undergone traumatic experiences.

Rehabilitation work for children and youth with disabilities has been one of the most important activities of the national society for many years now. Under the slogan "***Ability Development***" PRCS kept up its activities in this area, and even produced the first Arabic dictionary in sign language. As part of the rehabilitation programme, a community based special education (CBSE) initiative aimed at schools and homes was implemented and run from six special PRCS rehabilitation centres in the West Bank and Gaza.

Health and Care

The PRCS has a mandate from the Palestinian Authority (PA) to run ambulance services in the West Bank and Gaza. Several organizations and NGOs also run health programmes in the region. Within the PRCS integrated health care (IHC) programme there are 21 primary health care (PHC) centres in the West Bank (17) and Gaza (4). With Federation support, activities at the centres have been expanded to include a wider scope of services under the common name of PHC. Health facilities are now called PHC centres rather than clinics. In 2001, there was a concerted shift to more preventive activities, with a clear view to development in line with *Strategy 2010*. This shift towards a more community oriented health approach and emphasis on PHC was understood and supported by the wider Palestinian society.

Primary Health Care (PHC)

This programme aimed to activate 21 community health committees (CHCs) attached to and operating out of each of the 21 existing PHC centres, with financial support from the German Red Cross. The objective of the CHCs was to improve the health of the population through the facilitation of community health education and health awareness campaigns. The main target groups were elderly people, children, women, and the disabled or otherwise underprivileged persons. A team of one nurse and one social worker was established at each PHC centre, and a vulnerability profile was developed for each of the communities. A health data collection system was also developed and tested. In addition, extensive training and health education of personnel at all levels was implemented. This three-year project (2000 - 2002) was generally on schedule despite the numerous practical problems experienced during the Palestinian uprising.

Women and Children's Health (WCH)

Since June 2000 the Australian Red Cross has supported the WCH project in eight centres. Monitoring and supervision of the project was carried out by the Federation's health delegate in Al-Bireh. Under a nine-month bilateral agreement between PRCS and French Red Cross (FRC) a similar project was implemented last October in another four PRCS primary health care centres. A French delegate, also based in Al-Bireh, conducted monitoring activities.

Each centre had a staff nurse who organized and facilitated the provision of WCH services. The quality of services was assured through training, the provision of equipment such as gynaecology-related tools, materials and facilities, as well as improvements made to the hygiene system in the centres. Vulnerability profiles for each community have been established. The project attempted to follow up these profiles with a survey of the health of women and children, leading to the development of micro projects to address identified needs. Micro projects have been implemented, mostly focusing on environmental health issues. Information for women and children and knowledge about available health services was an important part of the project.

In six villages in the West Bank, PRCS centres have merged with Ministry of Health units, under the management of PRCS. Following this move, a tremendous improvement was noted in the health services provided to the people in these villages.

Home Based Care (HBC)

A third component of the IHC programme is home based care. This was started in early 2000 with financial support over a period of one year from a Norwegian NGO. The programme was continued and in 2001 was supported by the Spanish Red Cross under a bilateral agreement.

Objective 1 To expand cooperation with the community health committees (CHCs) and set priorities and develop a plan of action for each community.

To date 20 CHCs have been established, of which 15 regularly attended planning meetings. In the other five initiatives were taken to include them, but due to the conflict and tight closures around the villages this has taken more time than expected. Health education sessions were regularly conducted at the CHCs.

Objective 2 To expand local participation / beneficiary involvement in PRCS programmes and projects.

Micro projects were started in all centres, varying from gardening, women and/or child educational projects, cleaning campaigns etc. For each micro project an implementation plan was established, and an inventory list for health education material was prepared for each centre. Numerous information brochures were prepared by PRCS and made available in all centres.

Objective 3 To strengthen the capacity of the CHCs and continue establishing community health teams (CHTs) in all PRCS health centres.

Five new CHTs were established and reorganization of six others was ongoing. Training and dissemination sessions for CHT members were conducted at most of the centres.

Objective 4 To improve the PRCS health monitoring system.

The 15 social workers employed under the programme helped to identify health needs in the communities. These employees receiving special training.

Objective 5 To strengthen the capacity of the PRCS primary health care department.

A health information system (HIS) database, developed by PRCS, was meant to be a tool for the health department to obtain more up to date and detailed information about the health situation in the country. However, since the Ministry of Health was in the process of developing a national database, this PRCS project was stopped.

Objective 6 To improve the well-being of women and children in Palestine.

A replicable model for improved delivery of women's and children's health was developed, including reproductive health and family planning, and new staff members were employed to reach this objective. Training was carried out according to needs. The WCH project was evaluated by an external consultant, who delivered a comprehensive, generally positive report. The second phase of the WCH project began in some centres, with the establishment of safe motherhood committees (SMC). The committees received training and by year's end were already carrying out health education in the targeted communities.

Objective 7 To improve the capacity of PRCS and communities to respond to priority health needs.

Reports were distributed on completed community profiles. Surveys and monitoring of all health facilities took place regularly despite restrictions on movement.

Objective 8 To improve the quality of PRCS women and children health clinic and outreach services, with increased emphasis on preventive health programmes.

Qualified midwives were a rarity in the West Bank and Gaza. Training for nurses in midwifery was therefore stepped up. Training on gender issues was also conducted. The focus on safe motherhood in some centres also contributed to the understanding of preventive health care.

Objective 9 To work towards greater community awareness and participation in addressing issues of general health.

Health education was conducted daily in all the PHC centres. Updated information material was printed and distributed regularly. The monthly magazine *Balsam*, issued by PRCS, was distributed widely all over the West Bank and Gaza. All editions included health information and education articles.

Objective 10 To improve community based nursing care offered to people at risk.

The PRCS home based care project was included in health care services in most centres.

Organizational Development

Objective 1 To reduce dependency on financial support from external funding.

The high levels of unemployment and poverty in Palestine made this objective impossible to achieve. In 2001, the PRCS found itself in even more straitened circumstances than ever before.

Objective 2 To prepare a long-term development plan for the national society.

This objective was a priority for PRCS, particularly with regard to finance management and programme monitoring. A single national society, covering the West Bank and Gaza, as well as branches in the diaspora, is the ultimate goal of PRCS leadership. However, restrictions on movement and the volatile security situation have so far hampered the implementation of this process.

Objective 3 To follow up and further implement recommendations from the eighth national congress held in January 2000.

The latest *intifada* and tight security restrictions made it difficult to implement recommendations made at the congress. Core issues such as the revision of the national society's statutes and improvements in governance were under consideration, but because of the physical separation of Gaza from the West Bank and even between cities and villages in the West Bank, and since PRCS leaders could not enter other parts of Palestine A/OT, this objective was impossible to achieve. However, community involvement and participation in PRCS programmes were an unqualified success, and the national society was able to strengthen its headquarters structure in the West Bank.

Objective 4 To strengthen the planning and reporting capacity of the society.

Visible progress was made in this area, particularly with regard to programmes that received external funding. Federation and ICRC delegates analysed the society's capacity and made their recommendations, following which new procedures were introduced.

Objective 5 To develop human resources in the national society.

As with other programmes it became difficult to run training events for staff at central levels. However, branches and health centres did manage to carry out some training activities, using local resources or personnel from headquarters in Al-Bireh. The EMS school at PRCS headquarters continued its activities throughout the year. PRCS also built up its human resources through participation in external courses, such as BTCs, FACT and HELP workshops as well as attendance at a psychological support course. Such is the PRCS expertise that a staff member was part of a FACT team sent to Algeria after torrential rains caused massive destruction there.

Objective 6 To improve awareness of the role of the PRCS, relating to core activities, capacities and objectives.

During the Palestinian uprising, the PRCS responded quickly and with great efficiency on countless occasions; in parallel, however, the population's expectations as to what the national society could achieve have grown. The PRCS has come to be perceived as the most reliable provider of services. The national society derived its strength first and foremost from its experience and the sincerity of its members, and then from the ongoing support given by its Red Cross and Red Crescent partners, the Federation and the ICRC.

Objective 7 To improve and expand the youth and volunteer programmes.

A steadily increasing number of volunteers has joined the national society and international volunteers have also offered their services for humanitarian programmes. New groups of PRCS supporters, of whom on average 36 per cent were female, received basic first-aid as well as dissemination courses.

Regional Cooperation

As part of the Middle East North Africa team, the country delegation attended regional meetings on different levels. Support from the regional to the country delegation was very much appreciated, as this took some of the workload off the delegates. All financial reports and income and expenditure statements as well as budgets were processed by the regional delegation.

Coordination and Management

The *intifada* had a serious impact on the provision of humanitarian services in the West Bank and Gaza. Rural areas in particular were badly affected by the closure of roads and restrictions on access for patients and for national and international humanitarian workers. Even though there were no security exemptions for the Red Cross /Red Crescent Movement, we were still able to continue with programmes, although some activities were curtailed on several occasions throughout the year. Many other organizations, NGOs and UN agencies were forced to bring their programmes to a complete halt. In this volatile security environment, only a fraction of the tremendous needs of the Palestinians could be covered.

Coordination meetings resumed late in the year, including those with UN agencies, Red Cross/Red Crescent partners and other organizations as well as international and national NGOs. Cooperation between the different components of the Red Cross/Red Crescent Movement was exceptionally good throughout the year. The delegation also attended weekly security meetings conducted by the ICRC for all expatriates working in the West Bank.

Conclusions

The *intifada* over the year and the continued suffering of the Palestinian people was an immense challenge to the national society. New funding is urgently required to meet the enormous needs in this region. As services provided by the authorities were scaled down or ceased completely, public attention focused on the Red Cross/Red Crescent Movement and on international donors.

The national society has lived up to public expectations. However, with the collapse of some of its income generating programmes, as well as of its cost recovery systems, it has become impossible for the PRCS to shoulder additional financial burdens. It is therefore crucial that the Federation and its members continue to lend their support for the programmes run by the national society.

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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 web site at <http://www.ifrc.org>.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.68/2001 Palestine Red Crescent Society

Period: year 2001

Project(s): PS000, 001, 002, 003, 006, 007, 008, 160

Currency: CHF

I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	2,769,413				
less					
Cash brought forward	131,279				
TOTAL ASSISTANCE SOUGHT	2,638,134				
<u>Contributions from Donors</u>					
Australian Govt.via Australian Red C (DG	-4,745				-4,745
Australian Govt.via Australian Red C (DGN	133,630				133,630
Australian Red Cross (DNAU)	97,067				97,067
Donor - Unidentified (D000)	16,670				16,670
German Red Cross (DNDE)	335,366				335,366
New Zealand Red Cross (DNNZ)	74				74
Norwegian Govt.via Norwegian Red Cro (D	713,082				713,082
Norwegian Red Cross (DNNO)	205,137				205,137
Private Donors-online donations (DPOLD)	2,421				2,421
Swedish Govt.via Swedish Red Cross (DGI	9,550				9,550
United Arab Emirates Red Crescent (DNAE	16,433				16,433
Norway				121,559	121,559
TOTAL	1,524,685			121,559	1,646,244

II - Balance of funds

Opening balance	131,279
CASH INCOME Rcv'd	1,524,685
CASH EXPENDITURE	-1,668,914

CASH BALANCE	-12,950

Appeal No & title: 01.68/2001 Palestine Red Crescent Society

Period: year 2001

Project(s): PS000, 001, 002, 003, 006, 007, 008, 160

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles						
Food/Seeds						
Water						
Medical & First Aid						
Teaching materials	10,502					10,502
Utensils & Tools						
Other relief supplies						
Sub-Total	10,502					10,502
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	33,250					33,250
Computers & Telecom equip.	92,888					92,888
Medical equipment	3,500					3,500
Other capital expenditures	84,442					84,442
Sub-Total	214,080					214,080
<u>TRANSPORT & STORAGE</u>	138,744	14,762			14,762	123,982
Sub-Total	138,744	14,762			14,762	123,982
<u>PERSONNEL</u>						
Personnel (delegates)	258,000	103,339		121,559	224,898	33,102
Personnel (local staff)	819,552	10,569			10,569	808,983
Training						
Sub-Total	1,077,552	113,908		121,559	235,467	842,085
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	438,096					438,096
Travel & related expenses	33,513	9,783			9,783	23,730
Information expenses	78,696	60			60	78,636
Administrative expenses	283,516	18,852			18,852	264,664
External workshops & Seminars	190,078					190,078
Sub-Total	1,023,900	28,695			28,695	995,205
<u>PROGRAMME SUPPORT</u>						
Programme management	186,742	52,323			52,323	134,419
Technical services	55,901	15,666			15,666	40,235
Professional services	61,993	17,378			17,378	44,615
Sub-Total	304,635	85,366			85,366	219,269
Operational provisions						
Transfers to National Societies		1,426,183			1,426,183	-1,426,183
TOTAL BUDGET	2,769,413	1,668,914		121,559	1,790,473	978,939

Consumption rate: Expenditures versus income 109%
Expenditures versus budget 65%