

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

PALESTINE RED CRESCENT SOCIETY/ LEBANON & SYRIA (Appeal 01.58/2002)

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	2002	2003 ¹
	<i>In CHF</i>	<i>In CHF</i>
1. Disaster Response	1,714,606	1,477,527
2. Health and Care	1,022,472	719,101
3. Humanitarian Values	65,169	52,134
4. Organizational Development	224,719	179,775
5. Coordination & Management	173,769	139,016
Total	3,200,735	2,567,553

Introduction

National context

¹ These are preliminary budget figures for 2003, and are subject to revision in the course of 2002.

Lebanon is a middle-income country undergoing a period of reconstruction after 17 years of civil war and economic decline. The civil war, which lasted from 1975 to 1992, involved most of the country's ethnic and religious groups, Syrian and Israeli forces, and the Palestinian population in Lebanon.

Population and health data are scarce and fragmented, making it difficult to provide an accurate profile of the country. The population of Lebanon is estimated at 3.8 million, with a large number of guest workers, mostly from Syria, in addition to the Palestinian refugees. More than 375,000 refugees are registered.

The adult literacy rate is 91%, and 85% of the population lives in urban settings. According to available human development indices and health status indicators, Lebanon is experiencing a demographic and epidemiological transition. According to the United Nations Development Fund (UNDP), Lebanon's population is growing at a rate of approximately 1.7% a year; the population is predominantly young. Fifty percent of the population is below age 24. The infant mortality rate was 32 per 1,000 live births in 1995, and the rates are declining. The life expectancy rate was recorded in 1995 as 69 years at birth and is increasing. Non-communicable diseases are becoming more prevalent than infectious diseases in both urban and rural areas.

Although Lebanon was a prosperous upper middle income country in the mid-1970s, the war left compromised resources. The institutional and human resource losses were also a major contributor to the decline in the quality of life of the Lebanese. The Lebanese economy was severely damaged during the years of war and is still in a difficult situation due to the relatively unstable political situation, as well as regional tension. The United Nations estimates that the war was responsible for about USD 26 billion of infrastructure and property losses.

The Gross Domestic Product per capita reached approximately USD 5,000 in 1999, which is three times that of neighbouring countries, such as Syria and Jordan. Unemployment is hovering at 30% according to official sources. It is estimated that more than 200,000 professionals have left the country due to the difficult situation in their homeland. Economic growth in Lebanon is estimated at 1.5% in 2001 and is expected to rise above 2% in 2002. This is significant compared to previous years, during which negative growth for the economy was recorded.

Although 10 years have passed since the end of the war, the political future of Lebanon remains relatively uncertain. Large investments in infrastructure and reconstruction were not matched by equal investment in the social structure of the country. The main negative trends include continued inflation, high and rising imbalances between wages and profits, and an increase in social tension. These factors resulted in an increase in the cost of living for both Lebanese and Palestinians.

There are 376,472 registered Palestinian refugees, 210,715 of which live in camps, and more refugees are unregistered (UNRWA, June 2000). This represents about one-tenth of the Lebanese population and one-tenth of all Palestinian refugees in the Middle East. They suffer from limited access to secondary education and vocational training, overcrowded living conditions, and poor environmental sanitation. More than half of the Palestinian refugees in Lebanon live in 12 camps located throughout the country. Previous reports have described living conditions in the camps as poor to appalling. Shelters in many areas are overcrowded and some houses are located near garbage disposal sites. Government restrictions on construction in certain areas have hampered efforts to improve the infrastructure.

The United Nations Relief and Works Agency (UNRWA) classified one-tenth of the refugees as hardship cases. It is very difficult for Palestinians to find work because they are forbidden by Lebanese laws and regulations from working in 72 occupations, which adds to an already disastrous economic situation.

The unemployment rate among the Palestinian working population is an estimated 65% and is 30% for Lebanese. The average monthly salary has sharply dropped to USD 60. The population of vulnerable people comprises the entire refugee community of Lebanon and a possible lower number within Syria. A significant number of poor Lebanese and Syrian citizens is seeking medical and social help through PRCS Lebanon and Syria.

The number of direct beneficiaries of the Red Cross programme in Lebanon exceeds 100,000. These persons receive health and social services through hospital admissions, outpatient consultations on primary and secondary levels, emergency and elective services, plus other support such as teaching and training of mentally and physically handicapped people. The number of beneficiaries will increase by 50,000 in 2002-2003 through health education as well as youth and volunteer activities.

The Palestinian refugee population is young. UNRWA's annual report on health (2000) estimates that approximately 30% of the Palestinian population living in Lebanon are children under 15 years of age. Women at reproductive age constitute 25.7% of the total population, and about 4.75% of the population is 60 years of age or older. The population is growing steadily at 5% per year.

According to the UNRWA (1999), the infant mortality rate for Palestinian refugees in Lebanon is 35 per 1,000 live births. The neonatal mortality rate is higher than for the refugees in Jordan, Gaza, and Syria. The leading causes of infant mortality in 1998 in Middle East countries that hosted Palestinian refugees were: 31% low birth weight related to premature birth, 20% birth defects, 19% respiratory infections, 13% other conditions, 10% unknown, and 3% birth trauma.

The 1999 strategic plan survey, performed by the Palestine Red Crescent Society (PRCS/L) and which covered the health needs of the Palestinian population living in Lebanon, revealed crowded and unhealthy living conditions and a decline in already-insufficient medical and drug services.

The Israeli-Palestinian conflict has affected the PRCS branches in Lebanon and Syria. A difficult financial situation is also jeopardising the provision of medical help to the most vulnerable.

During the past four years, the plan for reconstruction of the health centres and hospitals has been conducted with the assistance of the Federation and a number of NGOs. Many of these NGOs are expected to continue working in Lebanon and give assistance to PRCS/L.

The role of the Federation has been to finance and implement the health centre/hospital reconstruction plan and to fund human resource development on all staff levels of the PRCS/L. In addition, relief programs have been monitored and financed by ECHO through the Federation's co-operation. Other donors were governments and NGOs that have mainly focused on equipment and training programs.

Within Lebanon, UNDP is facilitating a process of inter-donor co-operation within which donor countries meet regularly to discuss overall priorities for post-war reconstruction and maintain a database of projects in progress. However, this process *excludes* projects targeted for the Palestinian refugee community. At present, a similar infrastructure for inter-donor co-operation does not exist for service to refugees.

National Society priorities

The PRCS was founded in 1968 with a mandate to render social, health and humanitarian services to the Palestinian population. The Lebanon branch of PRCS (PRCS/L) operates four district hospitals and one referral hospital. Nine additional health centres provide primary health care (PHC) services, dental care, and delivery services. Most facilities are located within or next to refugee camps. PRCS/L hospitals serve registered as well as unregistered Palestinian refugees for whom the national society is a

vital source of health care. Poor Lebanese citizens and many foreign nationals also use PRCS/L hospitals. The PRCS/L complements UNRWA as a health care provider for Palestinian refugees, and from February 1999 UNRWA contracted five PRCS/L hospitals for treatment of refugees. The co-operation with UNRWA is expected to continue for several more years, depending on the financial solvency of the agency and the capacity of PRCS/L.

The branch in Syria operates three general hospitals and nine health centres that provide primary health care, dental, and specialised medical services. PRCS/L played a vital role during the Lebanese civil war in providing health care to the Palestinian community in primary, secondary and tertiary forms. Donations from Arab countries to PRCS have however decreased dramatically since the Gulf War in 1991.

Due to financial problems, the PRCS was forced to pay salaries 30 to 40 percent lower than Lebanese wages, which has led to a loss in professional staff. The support from the international community, the Federation, NGOs, and governments has allowed the PRCS/L to continue to function in spite of difficulties faced.

The organisational structure is composed of a national committee, a general secretary department, general administration, medical services, finance, pharmacy, education and training, and social affairs.

During the past four years, the plan for the reconstruction of PRCS/L health centres and hospitals has almost been completed and successfully implemented. To ensure that this investment is efficient, it is a priority to focus on the quality of services, as well as to provide necessary funding for maintenance of the facilities that have been renovated by funds from external donors during the last few years.

Strong relations with UNRWA, which has contracted 80 beds in the PRCS/L hospitals since 1999, must be maintained. Through this contract the number of admissions has increased by 137%, trauma cases by 101%, X-ray services by 88%, laboratory services by 78% and surgical procedures by 160%. Most of the activities have more than doubled.

Priority programs for Federation assistance

- To ensure the continuation of health care services to Palestinian refugees in Lebanon, on primary and secondary health care levels, with an increasing focus on primary health care.
- To upgrade and maintain the capacity and quality of medical and social services delivered to the most vulnerable of the Palestinian refugee population.
- To improve organisational capacities through continued focus on human resource development.
- To focus on humanitarian values through youth and volunteers.
- To focus on the performance of community-based first aid training.
- To develop health care information tools aimed at improved hospital management, quality of care, and accountability.
- To ensure the continuation and development of medical and social services provided to Palestinian refugees in Syria.

The Federation approach is related to the PRCS/L five-year development plan for 2000-2005 and builds on the positive previous achievements in human resource development, rehabilitation of health facilities, and support to daily operations. The approach is focused on and aims at developing the branch into a well-functioning component of humanitarian efforts. The Federation appeal covers all four core areas of Strategy 2010, enhancing support to primary health care and first-aid as part of PRCS/L service delivery.

The main role of the Federation delegation will therefore be to continue its assistance and co-operation with PRCS/L in order to optimise services, activities, and quality of performance. The objective for the delegation is also to assist PRCS/L in efforts to provide medical services to the most vulnerable among Palestinian refugees in Lebanon. This is essential in order to maintain and co-ordinate international support from various national societies, governments and NGOs, until a durable solution is found for refugees. An important delegation task is to take the initiative to create closer relations and co-operation between the society and NGOs that work with refugees in Lebanon, and to participate in existing inter-donor co-operation meetings.

In order to reach these objectives, the Federation will work on two main program areas. The first is support programs for the hospitals and health centres. The second is capacity building for the society, which will include implementation of a master plan for human resource development and upgrading management capacities.

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1. Disaster response

- **Medical support to Palestinian refugees in Lebanon**
- **Medical support to the Palestinian refugees in Syria**

PRCS will focus on obtaining support for the procurement and distribution of medical supplies and medicines for the five hospitals and nine health care centres, in order to compensate for limited internal resources and the decrease of external support, and to prevent the collapse of PRCS/L health care structures.

PRCS will promote support of the maintenance and upgrading of hospital services in the three PRCS/S hospitals in Syria.

Medical support to Palestinian refugees in Lebanon

Background and achievements/lessons to date

The Palestinians migrated to Lebanon at different intervals following the Arab-Israeli War in 1948. The Palestinian refugee population in Lebanon is young and is growing at a rate of 5% per year. More than one half of this population lives in one of the 12 Palestinian refugee camps located throughout the country. These camps are overcrowded and lack satisfactory basic services and adequate infrastructure. The unemployment rate is estimated to be more than 60%. The refugees also face difficulties accessing secondary education and vocational training.

The PRCS/L health institutions offer services at minimal fees and are a lifeline for Palestinian refugees. Therefore, medical support to the refugees is treated as disaster response. Most of the PRCS/L health institutions do not have much income and cannot run their own organisation. To avoid the collapse of the PRCS/L health system, it is important to continue to acquire support for medicines, medical supplies, and PRCS/L staff, for which a bonus system will help increase their income.

The salaries of PRCS/L are below minimal Lebanese standards. This has resulted in a drain on personnel that includes the medical workforce. This situation has a great impact on the future quality of health services provided to the most vulnerable, including registered and unregistered Palestinian refugees as well as poor Lebanese citizens and many foreign nationals living in the country.

The total number of beds in these hospitals is 180 plus 20 located in two off-site facilities. The total number of beneficiaries in 2002 is expected to exceed 100,000. These individuals would not have any realistic possibility of receiving these services by any other provider, especially hospital and specialised medical services. The facilities employ around 650, of which 140 are physicians. More than 200 are nurses and assistant nurses.

During the last four years, the PRCS implemented a reconstruction plan for its hospitals and primary health care centres. Buildings were rehabilitated, new equipment was provided, and new medical and technical structures were built. To ensure that investments to the health infrastructure are utilised to their fullest, it is important to maintain and improve all services provided by the national society.

Goal The goal is to avoid the collapse of the PRCS/L health care system, on which refugees who live in difficult economic and social conditions heavily rely, by providing the national society with essential medicine and medical supplies to enable it to continue service at low cost.

Objectives and activities

Objective 1 To provide medical supplies to the PRCS/L health structures and enable them to continue offering medical care to the vulnerable refugee population, especially chronically ill patients, throughout the appeal period.

To achieve this objective the PRCS/L must procure and distribute medicines and basic medical supplies to seven primary health care centres and five hospitals according to a list of essential items.

Objective 2 To improve the efficiency and quality of medical care by training hospital staff.

To achieve this objective the PRCS/L will provide professional training to select staff, according to a training plan, each with a separate annual plan of action.

Expected results

- Procurement and distribution will have been carried out according to IFRC procedures and accurate records will have been kept.
- Medical systems in the hospitals and clinics will have been strengthened to deliver services with improved performance and efficiency.

Indicators

- There will have been no shortage of basic medical supplies and medicines, especially for those who have no means of payment.
- Medical and health care services for the refugees will have proceeded without interruption.
- Contractual relations with UNWRA will have been strengthened.

Monitoring and evaluation arrangements

Monitoring will be carried out by a project co-ordinator according to IFRC and donor standards and requirements. Evaluation of the project will be carried out at the end of the year by the project co-ordinator according to donor and IFRC standards.

Critical assumptions

- The agreement with UNRWA will continue based on the existing contracts.
- PRCS/L will maintain a basic capacity pay and retain staff.

Medical support to the Palestinian refugees in Syria

Background and achievements/lessons to date

A community of 400,000 registered refugees from Palestine live in Syria in addition to several thousand who are not officially registered. The Palestinians have always been considered equal to the Syrian population in rights and obligations. However, the economic situation of the refugees and the capacity of the institutions assisting them, are in need of urgent attention and support. Private health care is expensive, and access to the public sector is inadequate.

The PRCS/S health institutions offer services at minimal fees to Palestinian refugees and poor Syrian citizens. The PRCS/S institutions have only limited income and cannot run the institutions to full capacity. To avoid limiting activities and to secure quality services, it is important the national society receive support to deliver services.

The programme benefits up to 115,000 refugees living in the camps. The beneficiaries of the services provided by PRCS/S for 2002 is expected to exceed 130,000, ranging from hospital admissions,

consultations on primary and secondary health care levels, emergency cases (major and minor) and dental services. In addition, the society treats poor Syrian citizens. However, the living conditions are not as harsh as those in Lebanon, since the Palestinians are allowed to work, receive education, and enjoy equal status to Syrian citizens.

Palestinian refugees living in Syria are receiving medical assistance from two main sources: the Palestine Red Crescent Society and UNRWA. Secondary health care is ensured through the PRCS/S hospitals operating in the refugee camps. The PRCS/S has qualified medical staff but lacks resources to enable sufficient maintenance and procurement of basic medical equipment in spite of the high number of admissions. Most of the refugees are treated in PRCS/S hospitals.

The PRCS/S runs three hospitals: Palestine Hospital in Yarmouk Camp that has 60 beds, Bissan Hospital in Homs that has 50 beds, and Yafa Hospital in Mazzeh near Damascus that has 35 beds. Health centres are the Sabeneh PHC in Sabeneh Camp near Damascus, Doma PHC in the suburbs of Damascus, Jormana PHC in Jormana Camp near Damascus, Kods PHC in El-Ramel Camp near Lattakiah, Hammah PHC in Hammah Camp near the city of Hammah, and El Carmel Dental Clinic in Yarmouk Camp near Damascus.

Goal To assist PRCS/S in the consolidation of health care structures in order to provide sufficient access to quality medical services for the Palestinian refugee population in Syria.

Objectives and activities

Objective 1 To increase the quality and quantity of medical services provided to Palestinian refugees in Syria through 2002-2003.

To achieve this objective the PRCS/S will complete and update the assessment of needs within the hospitals and clinics and further develop existing plans and priorities for maintenance and procurement of medical equipment. The society will also perform the actual procurement and distribution.

Objective 2 To provide an opportunity for an increased number of patients to benefit from PRCS hospital services.

To achieve this objective the PRCS/S will train appropriate staff on the use of new and improved medical equipment and thus increase the efficiency and quality of services.

Objective 3 To ensure continuous and reliable health care services.

The activities to achieve this objective are to assist in the funding, procurement and distribution of new medical equipment and fund necessary maintenance of old equipment according to the PRCS/S maintenance program.

Expected results

- The capacity and quality of the Palestinian medical centres will have been upgraded.
- The capacity of hospitals and the clinics will have increased.
- The refugees will have been given the necessary care and treatment in community hospitals and clinics.

Indicators

- The medical equipment will have been installed and in use.
- The capacity of the institutions will have been increased, resulting in more patients treated in PRCS/S facilities. The numbers of referred patients to other hospitals will have decreased.

Monitoring and evaluation arrangements

Monitoring will be an integrated part of implementation and will be based on a study done during previous projects regarding the medical needs of Palestinian refugees. The necessary detailed information related to the beneficiaries will be prepared with the cooperation of the Palestinian Red Crescent in Syria.

The program co-ordinator will conduct regular visits to medical facilities in order to monitor the distribution and maintenance of medical equipment. The program co-ordinator will provide the necessary technical support to medical staff of the PRCS/S.

A mid-term evaluation of the medical service capacity of the Palestinian Red Crescent will be performed by the IFRC in co-operation with the national society during September 2002 in order to analyse the impact of the contribution to Palestinian refugees and the degree of improvement of health care services. Final evaluation and reporting will be carried out at the end of the project.

Critical assumptions

- External and internal changes will not adversely affect PRCS/S political, organisational, or financial activity in Syria.

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2. Health and care in the community

- **Rehabilitation of health activities in Lebanon**
- **Primary health care**

The society will focus on the rehabilitation of health facilities and primary health care development. PRCS seeks contributions for the final stage of the reconstruction plan for Hamshary Hospital and the maintenance program for health centres and district hospitals.

PRCS will develop and improve services rendered to camp communities and improve general health status through the introduction of health education based on WHO guidelines.

Rehabilitation of health activities in Lebanon

Background and achievements/lessons learned to date

The society will focus on two areas for health and care: the continuation of support for the rehabilitation of PRCS/L facilities and the introduction of a primary health care program that gives priority to health education in 2002/2003. The rehabilitation of PRCS/L health facilities will concentrate on the main referral hospital in Saida and the nine health centres located in Lebanon.

The introduction of Federation support for the health education program represents a shift from technical construction and rehabilitation toward enhancing human resource development and contributing to the improvement of general health in the refugee community.

The Federation has since 1994 assisted PRCS/L in renovating health facilities throughout Lebanon with a main focus on finalising the renovation of Hamshari Hospital. Because of this support, the efficiency, quality and image of the PRCS/L hospitals was improved. This led to an increase in activity and a formal contractual relationship with UNRWA. After just six months into the contract, the occupancy rate of UNRWA beds was 95%. This dramatic increase underlines the need to maintain and finalise reconstruction of the main referral hospital in order to fully utilise its potential. The main component of this plan is the renovation of the surgical area on the third and fourth floor of the hospital.

From 1994 to 1997, a group of donors, national societies, and the Federation provided funds to renovate the primary health centres and district hospitals. These facilities now need support in terms of maintenance and further minor development projects. The primary health centres will increasingly be used as the base for upcoming health education and subsequently need special attention and support for maintenance and basic equipment.

The total number of beneficiaries will exceed 100,000 in 2002 with an additional number of 50,000 related to health education and the volunteer program.

The Lebanese branch of PRCS operates four district hospitals, one general hospital, and nine health centres. PRCS/L hospitals serve registered and unregistered Palestinian refugees as well as poor Lebanese citizens and many foreign nationals living in the country. Hamshary Hospital is the main referral PRCS/L hospital located in the Saida area. It provides services to approximately 150,000 people locally and regionally. The hospitalisation cost at Hamshary is minimal compared to other available private hospitals. The total number of beds in these hospitals is 180 plus 20 in off-site facilities. The total number of persons employed by PRCS/L is around 650; 140 are physicians, and more than 200 are nurses and assistant nurses.

Goal To contribute to the improvement of health standards for Palestinian refugees by finalising the restructuring and rehabilitation of Hamshary Hospital and providing prioritised support for maintenance and basic equipment for the four district hospitals and nine health centres.

Objectives and activities

Objective 1 To provide optimal working conditions for surgical procedures by renovating the third and fourth floors.

To achieve this the PRCS will continue construction, plastering, tiling and ceramic skirting, carpentry, plumbing, and electrical and ventilation installations.

Objective 2 To provide annual for towards spare parts for basic medical equipment.

To achieve this the PRCS will identify and procure priority spare parts for medical equipment at the PRCS/L health care facilities.

Objective 3 To support the maintenance of the seven primary health centres and four district hospitals serving 12 refugee camps. This is to be completed by the end of 2003.

To achieve this basic maintenance and minor technical upgrades will be performed in order to prepare for an increase in PHC activities. Also, basic maintenance of the four local hospitals will include painting, plumbing, and plastering according to the maintenance program for PRCS/L.

Expected results

- The surgical department of Hamashary Hospital will have been fully operational, and will have increased capacity and quality of hospital services by the end of the appeal period.
- By the end of 2002/2003, all basic medical equipment within the five hospitals will have been properly maintained with spare parts, and service interruptions will have been avoided.
- By the end of 2002, a minimum of three primary health centres and two of the four local hospitals will be maintained.

Indicators

- Existing admission rates in the five hospitals will have remained constant with no major interruptions to service caused by lack of medical equipment.
- PHC health training will have been launched with an increasing number of participants and workshops throughout 2002.

Monitoring and evaluation arrangements

Monitoring will be performed through periodic follow-up at three-month intervals by the country delegation and representatives from PRCS/L management and the technical department, based on the initial plan of action and maintenance program.

Evaluations will be performed in August 2002, by the end of the year, and upon completion of the rehabilitation project. This will be conducted by the head of the delegation, the PRCS/L executive committee, the PRCS/L technical department, and invited donors.

Critical assumptions

- UNRWA will not terminate its contractual relationship with PRCS/L.
- External events will not halt or change the rehabilitation program.

Primary health care

Background and achievements/lessons to date

During the past four years, the PRCS/L implemented a reconstruction plan for its hospitals and primary health care centres in order to rehabilitate buildings and provide new equipment and medical supplies. The improvements in equipment and facilities are relatively adequate. However, the quality of human resources is inadequate, and there is a need for better performance at all levels.

The 66-bed Hamshary Hospital is the largest run by the PRCS/L and the only general/referral facility. It is located in Sidon near the Ain El Helwi and Mieh Mieh camps. Other hospitals are smaller and provide fewer services. These include: Haifa Hospital that has 45 beds, Nazareth Hospital that has 24 beds, Balsam Hospital that has 20 beds, and Safed Hospital that has 20 beds.

The seven PHC/clinical centres complement UNRWA services and provide mainly curative services and certain components of PHC. The centres give emergency and elective specialised and non-specialised service to registered and non-registered refugees.

The following table summarises the nature and volume of services in the seven PHC centres (in 2000):

Center	Human Resources	Emergency	Annual Activities				
			G.P.+S.P. Clinics	Lab	X-Ray	Dental Clinics	Total
Akka	47	418	6,387	14,613	3,722	12,238	37,378
Shatilla	17	4,252	1,658	698	113	1,905	8,626
Mar Elias	11	302	292	230	--	--	824
El Bus	7	2,121	1,758	659	72	608	5,218
Baalbak	11	1,755	1,232	2,098	438	149	5,672
Saed Sayel	10	--	414	--	--	--	414
Al Barid	6	562	2,362	903	119	360	4,306
Total	109	9,410	14,103	19,201	4,464	14,712	62,438

Physiotherapy is given in Akka (3,300 patients) and Al Barid (856 patients).

During 2000, PRCS/L conducted a study, sponsored by the IFRC/L delegation, of Palestinian refugee health needs in Lebanon. The following were identified as main priorities:

- organise the health education program.
- strengthen the MCH programs.
- improve the level of competence and motivation of personnel that deliver PHC activities and services.
- improve relations between service delivery (staff) and receipt of service (beneficiaries).
- give special attention to patients who have chronic diseases.
- provide training on CPR for PRCS/L staff.

- develop psychological support programs, especially for pregnant women, handicapped, the elderly and youth.

The final goal of PRCS/L is to treat health education within the context of the IFRC appeal 2002/2003 as a priority. It is anticipated that the health education program alone will reach 45,000 individuals in 2002.

The Lebanese branch of PRCS operates four district hospitals, one general hospital, and nine health centres. PRCS/L hospitals serve registered and unregistered Palestinian refugees, poor Lebanese citizens, and many foreign nationals who live in the country. Hamshary Hospital is the central PRCS hospital located in the Saida area. It provides services to approximately 150,000 people locally and regionally. The hospitalisation cost at Hamshary is minimal compared to other available private hospitals.

The total number of beds in these hospitals is 180 plus 20 in two off-site facilities. The total number of persons employed by PRCS/L is around 650; 140 are physicians, and 200 are nurses and assistant nurses. During the last four years, the PRCS implemented a reconstruction plan for its hospitals and primary health care centres that rehabilitated buildings, provided new equipment, and established new medical and technical structures.

UNRWA is the main primary health care provider for the Palestinian population in Lebanon. PRCS/L and Palestinian and foreign NGOs are a significant complement to PHC (curative) services. PRCS/L is the main secondary health care provider. Because of its limited budget for hospitalisation, UNRWA is applying strict measures that include reduction of bed-days contracted, rationalisation for referrals, and cost-sharing to cut hospitalisation expenses.

Future improvement of PRCS primary health care services is of paramount importance to the refugee population, since UNRWA health care services cover only registered Palestinian refugees. Health facilities are overcrowded and used beyond their limit. UNRWA is experiencing financial cuts in annual budgets. This will increase the obligation and need for PRCS/L services to act as a complementary PHC resource for the refugee population.

Goal To improve the health status of the Palestinian refugees that live in refugee camps in Lebanon by implementing a health education program through PRCS/L health care structures.

Objectives and activities

Objective 1 To increase the number of health educators that have sound knowledge and skill to 80, according to with WHO and Red Cross/Red Crescent guidelines, by the end of 2002.

To following activities will be undertaken to achieve this objective:

- The PRCS will select between 10 and 20 health educators that have a medical background from each of the five main areas where refugees are settled - the North, Beirut, Saida, the South, and Bekaa Valley. A training seminar will be organised in each of these areas on how to deliver health education lectures.
- One health instructor with relevant background will be selected to co-ordinate and implement a project on HIV/AIDS and sexually transmitted diseases. The PRCS will support the health instructor with regional workshops.

Objective 2 To develop health education materials for at least 30 different topics for PRCS/L health centres by using existing material within the Movement, WHO, and UNICEF before February 2002.

To achieve this the PRCS will collect health education materials from various sources and prepare up-to-date background material and overhead transparencies on various subjects for health educators, as well as leaflets for the beneficiaries to take home after lectures.

Objective 3 To provide necessary teaching equipment and materials for the nine PRCS/L health centres and five hospitals before February 2002.

To following activities will be undertaken to achieve this objective:

- The PRCS will identify existing teaching equipment and materials in all PRCS/L centres and hospitals. All centres and hospitals will receive white boards and overhead projectors.
- The training department of Al-Hamshary Hospital will receive a photocopy machine and additional equipment in order to copy transparencies and leaflets.

Objective 4 To regularly organise a minimum of 2,250 lectures and meetings that cover at least 30 health-related subjects in all PRCS/L health centres before the end of 2002.

To following activities will be undertaken to achieve this objective:

- The PRCS will identify a PRCS/L co-ordinator for this project as well as five regional technical advisors to organise the implementation of the project in their areas.
- Three to five members will be selected from each of the 12 camps to form committees to organise lectures in the field. The lectures will be promoted on posters, in the committees, and in mosques.
- Lectures will be held according to a schedule determined by the number of refugees. Various training courses, such as on reproductive health, occupational health and safety, and patient and family education, will be held and attended by medical doctors, nurses and social workers. This is partly funded through the organisational development program.

Expected results

- By the end of 2002, the PRCS/L will have 80 well-trained health educators to cover the five main areas where Palestinian refugees are located. One educator will specialise in HIV/AIDS and sexually transmitted diseases.
- By February 2002, the training department of Al Hamshary Hospital will have prepared health education materials that cover 30 different topics.
- By February 2002, nine PRCS/L health centres and five hospitals will have white boards and overhead projectors for health education lessons. Hamshary Hospital will have a photocopy machine before December 2001.
- By the end of 2002, the PRCS/L health educators will have given an average of one training session in each identified location, totalling approximately 2,250 sessions. The expected result will be a population that knows disease prevention, how to recognise disease, and how to act accordingly.

Indicators

- Attendance reports of seminars by medical staff and one health instructor following regional workshops and training-seminars on HIV/AIDS and sexually transmitted diseases will have been made available.
- Background information, transparencies, and leaflets on 30 health education topics will have been accessible in designated locations.
- Nine health centres and five hospitals will have procured overhead projectors and white boards and Hamshary Hospital will have received a photocopy machine, all for the purpose of training.
- Lists of all training sessions and numbers of participants will have been made available to the PRCS/L co-ordinator.

Monitoring and evaluation arrangements

- Attendance reports will be kept in an orderly fashion and will be available for monitoring. A committee will be established consisting of a technical advisor from the Federation, the PRCS/L project co-ordinator, and the PRCS/L head of training department.
- Committee members will follow up on lectures and voice beneficiary opinion to the technical advisor. Each month, the technical advisors and the project co-ordinator will attend a number of training sessions in order to follow up on teaching methods and the practical organisation of the sessions.
- After six months, the evaluation will be based on quality and quantity parameters. The project co-ordinator and the technical advisors will meet monthly in order to ensure continuous evaluation of the program.

Critical assumptions

External and internal changes, related to political, organisational, or financial factors, will not affect the programme.

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3. Humanitarian values

To introduce and develop first aid voluntary service among Palestinian youth and their communities which will promote the dissemination of humanitarian values.

Background and achievements/lessons to date

The program aims at promoting humanitarian values through first aid training. The training includes information about Red Cross/Red Crescent Fundamental Principles. The program seeks co-operation between youth and volunteers within PRCS/L and the Lebanese Red Cross. The concept and practice of first aid includes both intervention and prevention with a community orientation.

Because of its focus on humanitarian values, the project is identified separately and not as part of disaster preparedness or health and care. First aid training will be used as an entry point for a new venture by PRCS/L, with IFRC support, where humanitarian values will be delivered through training.

The 1999 strategic plan survey on the health needs of the Palestinian population living in Lebanon revealed crowded and unhealthy living conditions that barely cover medical and social services, as well as a generally difficult financial situation for individuals, families, and communities.

In 2000, PRCS/L performed a delegation-sponsored study on Palestinian refugee health needs in Lebanon. One of the priority needs identified within primary health care was to provide a well-planned and organised health education program that would focus, among other topics, on first aid, both intervention and prevention, with a community-based approach.

First aid teams are a potentially positive asset to refugee populations living in the camps, since it will offer a quick and effective response to any emergency situation that can be handled in a timely manner. It is expected that voluntary work will facilitate integration into the population and enhance self esteem. The programme will also contribute to knowledge of the Movement and strengthen the image of the PRCS.

The programme will greatly benefit youth. Palestinians in Lebanon suffer from a high unemployment rate estimated to be more than 60%. The refugees also face difficulty accessing secondary education as well as vocational training.

Goal To enhance community development based on the promotion of humanitarian values and dissemination of the fundamental principles of the Movement, utilising first aid training as the entry point.

Objectives and activities

Objective 1 To develop a first aid and youth program through the primary health care centres as an ongoing process with the basic foundation established by the end of 2002.

PRCS will organise an advanced first aid course to train trainers with a six month follow-up to develop work plans, materials, and supervise the implementation of model courses.

The following activities will be undertaken to achieve this objective:

- The society will also organise basic first aid courses for youth and volunteers conducted by the trained trainers and organise volunteer first aid groups in all camps as part of the PRCS/L structure.

- Leadership courses for youth leaders will be organised, and a plan of action corresponding to previously cited activities will be established, along with a plan of action.

Expected results

- The fundamental principles and the humanitarian values of the Movement will have been effectively disseminated among the refugee community, especially among the youth.
- The support to the Palestine Red Crescent Society will be strengthened by an increase in the number of volunteers and volunteer activities in social work and health education.
- By mid-2002, a team of 15 first aid trainers will have been established.
- By the end of 2003, more first aid teams will have been established in areas of environmental awareness, preventive health care, and social work.
- By the end of 2002/2003, first aid courses will have been conducted throughout all refugee communities.
- By mid-2002, a comprehensive plan of action will have been launched by PRCS/L.

Indicators

- General knowledge of the Movement among ordinary people will have increased.
- Volunteer committees will have been established.
- CBFA trainers will have been trained and working.
- First aid teams will have been formed to serve refugee communities.
- Staff and volunteers of the PRCS/L will have a keener understanding of the Fundamental Principles.

Monitoring and evaluation arrangements

Monitoring and implementation will be performed by PRCS/L in co-operation with the Federation delegation in Lebanon. The recruitment of a program co-ordinator will be conducted by the PRCS/L as part of the program.

An evaluation team will be established that consists of one representative from the Federation delegation and two from the PRCS/L. An evaluation report will be issued in August 2002 and January 2003. The program will be co-ordinated with the health education program.

Critical assumptions

Political unrest, tension, or conflict of an internal or external nature will not adversely affect the programme.

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4. Organisational development

To perform training for all categories of PRCS staff and volunteers according to the four-year training program that includes human resource development, capacity building for management on all levels, quality assurance of health care performance, planning skills, resource development and team building.

Background and achievements/lessons to date

The program is part of overall capacity building for the PRCS/L with participation by a number of staff from PRCS Syria. It is based on the five-year development plan for 2000-2005 and the four-year training program for 2000-2004.

Human resource development is a major area of focus based on a master plan composed of more than 75 courses for the PRCS/L staff at all levels and of all professions. The program is expected to last four years at a total cost of USD 600,000 (USD 150,000 per year). The training courses are organised by specialised training companies, professional institutions, and universities chosen through a competitive bidding process.

Practical work, active participation, and learning-by-doing will be emphasised throughout training. Each session will include a follow-up period of two to nine months depending on the nature of the training. The training courses are based on a comprehensive PRCS/L program that will avoid duplication with other external donors.

During recent years, human resource development was not given the same attention as other areas of the national society. The training program has however focused on modernising and improving administrative and medical management capacity and quality. Special attention is given to preventive health care training and to the introduction of modern computerised systems for financial planning and information management.

The program was launched in 2000, and since then, 25 courses have been completed for more than 500 participants. A few courses were not offered due to lack of funding. The courses that were offered had a positive impact on the staff and its work at PRCS. The target for 2002-2003 will amount to nearly 700 trained managers and professionals throughout the PRCS/L and PRCS/S organisation.

Palestinians in Lebanon suffer from a high unemployment rate estimated to be more than 60%. The refugees also face difficulty accessing secondary education as well as vocational training. The total number of persons employed by PRCS/L is around 650; 140 are physicians, and 200 are nurses and assistant nurses.

Goal To develop human resources for the PRCS/L to enable staff to improve management skills with regards to health facility operations.

Objectives and activities

Objective 1 To ensure and further improve the quality of management, communication, and team relations.

To achieve this objective the PRCS will conduct training courses that cover planning for health services for managerial staff, effective communication for nurses, and quality assurance for nurses.

Objective 2 To improve the internal quality and efficiency of medical and auxiliary services provided within the institutions.

To achieve this objective the PRCS will conduct a course in quality assurance for lab technicians. Paramedical staff from the hospitals and clinics will attend these sessions. Also quality assurance for X-ray technicians will be delivered to 25 paramedical staff from the hospitals and the clinics. The PRCS will also conduct a course in quality assurance for pharmacists to be attended by 20 pharmacists.

Objective 3 To ensure complete patient data and access to clinical data for research and planning.

To achieve this objective the PRCS will conduct a course in data record systems, which 25 administrators and heads of departments will attend.

Objective 4 To upgrade the efficiency and quality of medical, administrative and logistical support services as a continuous process throughout the appeal period.

To achieve this objective the PRCS will conduct courses in public relations activities, management of libraries, information systems and computer technology, and maintenance and repair management. Each will be attended by 20 administrators. Also, the PRCS will conduct a course on research in the health sector. Fifteen medical doctors and paramedical staff will attend.

Expected results

- There will have been a significant increase in the quality and quantity of non-curative activities and services throughout the health centres. Medical staff will have displayed a readiness to prioritise prevention as well as intervention.
- Quality control methods will have been applied to medical services at all levels of the organisation by the end of 2002.
- Each patient will have a complete medical record maintained, and the medical staff will have secured proper access to clinical data for research and planning.
- Support services will have developed quality standards and annual plans of action in co-operation with management and staff in the facilities by mid-2002.

Indicators

- The 13 courses will have been implemented, participation and feedback will have been satisfactory, and the follow-up program will have been launched.
- Quality indicators will have been developed on all clinical levels of the health facilities.

Monitoring and evaluation arrangements

The overall supervision and monitoring of this project will be the responsibility of the PRCS/L, which will report to the IFRC country delegation after each course and during the follow-up period.

Each course will have a separate individual and global evaluation form to be completed by participants. Each training event will have a committee that will monitor training and follow-up activities as established by the PRCS/L administration, including two or three members of PRCS/L staff and one staff representing the company/agency that delivers the training.

The follow-up committees are expected to present brief, monthly reports on their activities to PRCS/L and the IFRC country delegation. The PRCS national committee and a representative of the Federation delegation in Lebanon will meet quarterly and by the end of the year to study follow-up committee reports and to evaluate overall training activities for that particular period.

Critical assumptions

Political unrest or conflict caused by external or internal reasons will not adversely affect the program.

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5. Regional co-operation

To assist in integrating the programs and activities into overall global PRCS planning. The co-ordination and management program is attached to the appeal for the Lebanese Red Cross Society, but the budget is divided between the two national societies.

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6. Coordination and management

The Federation will issue sufficient and relevant documentation to inform donors covering the needs and progress of development assistance. This will be directed to potential donors in order to attract additional support. PRCS/L will make efforts to mobilise local funds from the Palestinian refugee communities and external relations to support the activities.

Main investments have been made through the implementation of a Federation-sponsored reconstruction plan for PRCS/L. UNRWA is also an important PRCS/L partner. After lengthy discussion and negotiations, the agency has contracted 80 beds in the five PRCS/L hospitals (40% of capacity).

Several external evaluation reports have pointed out that the co-ordination between different NGOs has been too weak and needs to be improved. The Federation will have an important role to play in this connection in the future.

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PROGRAMME BUDGETS - 2002								
Delegation LEBANON-PRCS/L/S								
PROGRAMME	Disaster Resp	Disaster Prep	Health & Care	Human Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	0	520'000	0	0	0	0	520'000
Clothing & Textiles	0	0	0	0	0	0	0	0
Food & Seeds	0	0	0	0	0	0	0	0
Water	0	0	0	0	0	0	0	0
Medical & 1st Aid	1'000'000	0	0	0	0	0	0	1'000'000
Teaching Materials	0	0	0	0	0	0	0	0
Ustensils & Tools	0	0	0	0	0	0	0	0
Other Relief Supplies	0	0	0	0	0	0	0	0
Subtotal Supplies	1'000'000	0	520'000	0	0	0	0	1'520'000
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0	0
Computer & Telecom	0	0	0	0	0	0	0	0
Medical Equipment	220'000	0	50'000	0	0	0	0	270'000
Other Capital Equipment	0	0	0	0	0	0	0	0
Subtotal Capital	220'000	0	50'000	0	0	0	0	270'000
Programme Management	115'616	0	68'945	4'394	15'153	0	11'717	215'826
Technical Services	34'609	0	20'639	1'315	4'536	0	3'508	64'607
Professional Services	38'381	0	22'888	1'459	5'030	0	3'890	71'648
Subtotal Programme Support	188'607	0	112'472	7'169	24'719	0	19'115	352'081
Warehousing/Inspection	0	0	0	0	0	0	0	0
Transport & Vehicles	55'000	0	0	7'000	0	0	6'085	68'085
Subtotal Transport & Storage	55'000	0	0	7'000	0	0	6'085	68'085
Delegates & Expatriates	0	0	40'000	0	10'000	0	84'662	134'662
National Societies and Local Staff	200'000	0	40'000	33'900	25'000	0	25'632	324'532
Subtotal Personnel	200'000	0	80'000	33'900	35'000	0	110'294	459'194
Travel & Related Expenses	0	0	0	0	0	0	3'487	3'487
Information	0	0	20'000	0	0	0	1'162	21'162
Consultants	0	0	0	0	0	0	0	0
General Expenses	51'000	0	40'000	17'100	34'000	0	32'835	174'935
Training Workshops & Seminars	0	0	200'000	0	131'000	0	792	331'792
Security	0	0	0	0	0	0	0	0
Subtotal Training, Information & General	51'000	0	260'000	17'100	165'000	0	38'276	531'376
TOTAL BUDGET	1'714'607	0	1'022'472	65'169	224'719	0	173'769	3'200'735