

## PALESTINE RED CRESCENT SOCIETY

14 May 2001

*appeal no. 15/2001*

*situation report no. 1*

*period covered: 4 - 9 May 2001*

---

*This situation report follows the launch of appeal 15/01 and provides further detailed information regarding the health activities implemented by the Palestine Red Crescent Society (PRCS). Funding is urgently needed in order to ensure that the National Society is in a position to continue to provide crucial health services to the Palestinian population both in the autonomous and occupied territories (A/OT) and in Syria and Lebanon.*

---

### *The Context*

The Autonomous and Occupied Territories (A/OT) in the West Bank and Gaza have their political and legal origins in the Middle East conflict. The signing of a declaration of principles between the Israeli government and the PLO in Oslo in 1993 outlined a framework for a “land-for-peace” deal, which was intended to culminate in a final status agreement. However, after the creation of a set of autonomous areas for the Palestinians, scattered across the territories, no further significant results were achieved between 1994 and 2000. Neither the Oslo Accords, nor the more recent 1998 Wye Plantation Agreement and the 2000 Camp David negotiations have so far produced the anticipated results. The plan of reaching a final status agreement between Israel and the Palestinians, jointly scheduled for September 2000 was not met, and frustration among the Palestinian people has increased.

Some 3.3 million Palestinians live in the A/OT, of which 65 % reside in the West Bank and 35% in Gaza. The Palestinian territories of Gaza are among the world’s most densely populated areas, with 2,600 persons per square kilometre. In all, the Palestinians are the largest single refugee group in the world and total over 3.9 million as registered by UNRWA.

Over recent years, the lack of progress in the peace process has led to growing frustration and anger among the Palestinian population. For the majority of people, the general feeling is that the standard of living has declined over recent years during the ongoing negotiations between the Israeli government and the Palestinian Authorities.

## ***Latest Events***

In late September 2000, an outbreak of violence, which has been named the “Al-Aqsa Intifada” took place between Israel and the Palestine AT/OT. More than 400 people have been killed and around twelve thousand wounded, of whom the vast majority are Palestinians. The Intifada, involving people from all areas and districts of the Palestine Territories, has resulted in the closure of roads by the Israeli Defence Force (IDF) and the sealing off of Palestinian villages and towns and a curfew has been enforced in several places. Tension between the two peoples has increased with the dramatic deterioration of the security situation.

After years of occupation and the continuing deterioration of the situation, the decline of the Palestinian economy is of great concern. Between 150,000 and 200,000 Palestinians have lost their jobs inside Israel. With the closure of cities and large villages in Palestine A/OT, the rate of unemployment has soared. People who have employment have difficulties in reaching their places of work. There is no way of knowing if a particular road inside Palestine A/OT will be open or closed to Palestinian traffic. A one-way trip that took 45 minutes before the Intifada now takes two or three hours, if at all possible. Farmers are unable to work their fields or to market their products. The Israeli market is closed to Palestinians and the Palestinian market is weak because of the overall lack of income. The education system in Palestine is also affected since schools are closed or pupils are unable to reach them. The private sector has laid off employees given low activity, agricultural land has been destroyed, together with crops and produce and thousands of olive trees have been uprooted, with resulting lost income and ruined livelihoods. Many families are no longer able to pay for the most essential health services, electricity or water facilities. The deteriorating trend in terms of poverty in the Palestine A/OT has extended to larger groups of the population.

The Palestinian Authority (PA) is facing a similar situation. Revenues and tax payment are far below budgeted and a lack of income has forced the PA to reduce the level of salaries or even to discontinue payment. With the rapid growth of poverty and lack of reliable income for the majority of the Palestinian people, there is growing concern.

### **Palestine Red Crescent Society (PRCS)**

In this situation, the National Red Crescent Society is also facing financial constraints. Over recent years, the National Society (NS) has been able to finance an increasing percentage of running costs from fees, income generating programmes and cost recovery initiatives. However, due to the worsening of the economic situation in Palestine and the Palestinian people, PRCS is facing serious financial problems. Patients are no longer able to pay for health services as was anticipated when preparing the 2001 budget. Although the Palestinian Authority has gradually reduced support to the National Society in the latter years, it has nevertheless been the major donor, with monthly support of USD 600,000. Due to the heavy financial burden on the economy, the PA has been forced to reduce allocations to PRCS over recent months. As a result, the Society is faced with a financial situation which will not allow it to continue vital programmes without funding.

With the negative impact of the Intifada on the Palestinian economy, and hence reduced support from the PA to the PRCS headquarters, we see similar consequences in all PRCS branches - in Palestine A/OT as well as those serving Palestinian refugees in Lebanon and Syria. UNRWA and the PRCS are the only providers of health services to the Palestinian refugees. PRCS is the only provider of Secondary health care services to Palestinian refugees in the camps in Lebanon, Syria and Egypt, however, these PRCS branches are not able to collect fees for services. Almost half of PRCS income is received from the PA through the PRCS headquarters in Al-Bireh, while the remaining funds are received from UNRWA. The support from the PA is now being reduced; therefore PRCS branches and health facilities in Lebanon and Syria will, under these circumstances, face difficulties in providing the same level of vital humanitarian services to the Palestinian refugees.

The Palestinian Authority (PA) in the Autonomous & Occupied Territories is responsible for health services, running most of the hospitals available in the West Bank and the Gaza Strip. In Palestine A/OT there is a good number of professional health specialists at all levels. Volunteers are ready to

contribute during times of crisis. The PA has received some financial support from abroad, however, there is an urgent need for an injection of new funds to cope with the dramatic impact at all levels in Palestinian society, in Palestine A/OT as well as in Lebanon and Syria.

## ***Red Cross/Red Crescent Action***

The PRCS has, with support from the Federation, been providing medical relief assistance as well as general health services through its primary health care programme (PHC), including out patient department services (OPD) and women and child health care (WCH). In all, some 160 medical staff are working under the PHC programme from 21 health centres in Palestine A/OT. Through this programme, the PRCS has become a more important provider of medical health care to the Palestinian people.

The PRCS is also providing secondary health care services to the Palestinian people where other organisations are not able to provide such services. This is essentially through five PRCS hospitals in Lebanon, and from three hospitals in Syria. In addition, there are six hospitals in Palestine A/OT, of which two are in Gaza and four in West Bank, through which the PRCS provides essential health care services.

The PRCS primary health care department has for some time been running a home care nursing programme in the A/OT. This has proved to be more important in the current crisis since most people, as well as those wounded by the fighting, are not able to reach health facilities as a result of closures.

The PRCS emergency operation has impressed not only sister societies around the world, but also many national and international organisations. Through primary and secondary health care facilities, staff and volunteers, the PRCS has delivered vital, lifesaving services to all groups of people, mainly Palestinians, but also in many cases to sick people in Israel, Lebanon, Syria and Egypt.

Of international actors providing emergency health services to the Palestinian population on a long term basis, UNRWA has the most substantial programme, running and supporting health centres. There are also other international organisations / agencies and NGOs working through local partners in certain areas of Palestine A/OT, with lesser coverage than the PRCS. In the current crisis, local groups are responding to needs on an ad hoc basis. However, most of these programmes receive resources which are limited in relation to the needs.

### **Co-ordination**

Since the beginning of the Intifada, there has been excellent co-operation between all components of the Red Cross Red Crescent Movement present in Palestine. There are regular meetings between the ICRC, the Federation and the PRCS.

## ***Outstanding Needs***

### **PRCS Primary Health Care Services (PRCS PHC)**

The catchment areas of the PHC clinics cover approximately 450,000 beneficiaries in times of peace. As the crisis has escalated and closures are preventing people from moving outside their villages, the PRCS health care centres have become the only accessible facilities for medical services. Volunteers such as qualified medical doctors and nurses are part of the PRCS health care system supported by the Federation. Although the focus of the PHC programme has been on Palestine A/OT, the Society is also playing an important role in the provision of primary health care services to Palestinian people in the diaspora.

Current difficulties have, in several areas, resulted in the PRCS being the only provider of health services to those in need.

The following details provide an explanation as to why the PRCS is not able to cover the costs of running the PHC programme without additional external financial support:

- Payment of a “fee for service” is increasingly difficult. The PRCS needs to deliver services free of charge for most beneficiaries.
- The financial support received by the PRCS over the past years from the PA has been reduced by 15% and is very soon supposed to be reduced even further.
- Reimbursement by insurance companies of costs related to health services provided by the PRCS has dropped, as people are not able to pay their insurance policies.
- In many parts of Palestine the rate of unemployment has reached 47%, leaving many families in a position where they are not able to pay for medicine; the PRCS has therefore been forced to provide free medicine to more people than before.
- The current situation in Palestine demands an increased emphasis on curative medical care in Primary Health Care centres.
- Given the lack of laboratory equipment, there is a need to promote the quality of diagnostic practice at Jabalia PHC centre in Gaza, serving an estimated 30,000 inhabitants, mainly women and children. Establishment of a basic laboratory will promote the monitoring and surveillance of epidemics and infectious diseases.
- PHC centres have also taken part in the provision of emergency medical services, which is placing additional responsibility on the staff and requires more financial input.

**Table1: Accounts (in USD) from the Primary Health Care programme in Palestine A/OT in year 2000**

| Categories                 | Income         |           | Expenditure      |            | Difference covered by PRCS |           | Comments   |
|----------------------------|----------------|-----------|------------------|------------|----------------------------|-----------|--|
|                            | USD            | %         | USD              | %          | USD                        | %         |  |
| Salaries                   |                |           | 721,547          | 50         |                            |           |  |
| Medicine                   |                |           | 176,327          | 12         |                            |           |  |
| Utilities                  |                |           | 62,486           | 5          |                            |           |  |
| Depreciation               |                |           | 57,884           | 4          |                            |           |  |
| Fixed assets               |                |           | 420,137          | 29         |                            |           | Implementation phase investments.  |
| Co-payment from users      | 241,668        | 17        |                  |            |                            |           | This co-payment has decreased by almost 60% in 2001*.                          |
| PHC (GRC/DGVIII)           | 105,000        | 7         |                  |            |                            |           | Funding from GRC for the years 2000 – 2002                                     |
| WCH (ARC/AusAID)           | 71,329         | 5         |                  |            |                            |           | Funding from ARC until August 2001   |
| Home Care Nursing (NOMSME) | 103,563        | 7         |                  |            |                            |           | Funded by NOMSME until April 2001  |
| <b>TOTAL</b>               | <b>521,560</b> | <b>36</b> | <b>1,438,381</b> | <b>100</b> | <b>916,821</b>             | <b>64</b> | The amount covered by PRCS has been reduced by 15%. PA being the main donor**. |

\* Calculated changes based on actual figures for January-February 2001.

\*\* The PA have reduced their support by 15 %, and announced further reductions.

### Community Based Home Care Nursing (CBHCN)

With the increasing needs for health services due to the clashes as well as to restrictions of movement for the Palestinian people inside the Palestinian A/OT, there is pressure on the PRCS to provide health care services at community level. To achieve this in the current situation, with closure of villages and travel constraints, it is necessary to guarantee the continuation and expansion of the PRCS home based nursing programme, which for the last year has been supported by NOMSME (a Norwegian NGO).

Through the CBHCN programme, the PRCS seeks to strengthen coping mechanisms in Palestinian society. Health education, including HIV/AIDS and other sexual transmitted diseases is part of the focus in this programme. There is an increasing emphasis on prevention of disease as well as on monitoring of chronic cases and changes in morbidity and mortality rates. Increasing poverty rates intensify the need for free home based care, during which community health teams teach self-care, provide health instructions and monitor as well as document changes in the health status of family members.

The programme has proven to be a valuable supplement to the health services offered for the following reasons:

- The number of patients injured under the Intifada and who are discharged from hospitals, but still in need of medical care, is increasing.
- There is a need to expand these services to other areas of Palestine and to guarantee salaries for physicians and laboratory technicians.
- There is limited access for patients to secondary health care.
- Medicines and medical supplies are needed.

**Table 2: Budget 2001 for Community Based Home Care Nursing**

| Categories                     | Expenditure    |            | Comments  |
|--------------------------------|----------------|------------|---|
|                                | USD            | %          |   |
| Salaries in existing programme | 43,200         | 24         | Covered for four months of 2001                   |
| Salaries (14 new nurses)       | 100,800        | 57         |   |
| Transport                      | 14,000         | 8          |   |
| Equipment                      | 20,000         | 11         |   |
| <b>TOTAL</b>                   | <b>178,000</b> | <b>100</b> | Funding for this programme needed from 1 May 2001 |

**Rehabilitation programme for the Disabled (Rehabilitation)**

With the large number of seriously injured patients from the Intifada and the need for sustained rehabilitation, the National Society is trying to meet some of the needs not taken care of by any other institution. Depending on sufficient funds, many of these patients will, for the first phase of their rehabilitation, be taken care of by the PRCS CBHCN programme (see c) above).

**Physiotherapy:** For longer-term rehabilitation of those patients having developed a physical disability because of injuries from the Intifada, the PRCS has the intention to include under the existing PRCS primary health care programme, a component with physiotherapy treatment. This will be offered from the five PRCS rehabilitation centres, and new staff will be employed according to available funds and professional people.

**Speech Therapy:** Over recent years, the Society has been running a speech therapy school called “Total Communication Centre” for the large number of children with hearing difficulties. Due to the tight closures and general financial difficulties in the territories, many of the children are no longer able to attend classes. Therefore, the intention of the National Society is to expand this programme to other parts of Palestine A/OT.

**Table 3: Accounts (in USD) from the PRCS Rehabilitation Programme for Disabled in Palestine A/OT in year 2000.**

| Categories   | Income |   | Expenditure |    | Difference covered by PRCS | Comments |
|--------------|--------|---|-------------|----|----------------------------|----------|
|              | USD    | % | USD         | %  |                            |          |
| Salaries     |        |   | 926,588     | 76 |                            |          |
| Utilities    |        |   | 249,494     | 20 |                            |          |
| Depreciation |        |   | 48,298      | 4  |                            |          |

|                 |                |           |                  |            |                  |           |  |
|-----------------|----------------|-----------|------------------|------------|------------------|-----------|--|
| Co-payment      | 34,420         | 3         |                  |            |                  |           | <b>This co-payment has been reduced by 31% in 2001*.</b> |
| NorCross (CBSE) | 147,000        | 12        |                  |            |                  |           | <b>Not committed for 2001</b>                            |
| <b>TOTAL</b>    | <b>181,420</b> | <b>15</b> | <b>1,224,380</b> | <b>100</b> | <b>1,042,960</b> | <b>85</b> |  |

\* *Calculated changes based on actual figures for January – February 2001*

**PRCS in Palestine AT/OT with branches and headquarters (PRCS)**

Over recent years, the PRCS has, as mentioned above, been able to increase its own funding base through income generation programmes and fees for services. As a result of the Intifada, the economy has been significantly weakened, with the consequence that the PRCS is struggling financially to maintain its infrastructure. The PA has been forced to reduce its financial support, with effect not only for the PRCS programmes, but also for the PRCS headquarters and branches.

**Table 4: Accounts (in USD) from PRCS HQ and branches in the West Bank and Gaza in the year 2000**

| Categories         | Income           |           | Expenditure      |            | Difference covered by PRCS |           | Comments  |
|--------------------|------------------|-----------|------------------|------------|----------------------------|-----------|---|
|                    | USD              | %         | USD              | %          | USD                        | %         |   |
| Salaries           |                  |           | 5,482,727        | 56         |                            |           |   |
| Cars / transport   |                  |           | 354,246          | 4          |                            |           |   |
| Utilities          |                  |           | 2,470,917        | 25         |                            |           |   |
| Depreciation       |                  |           | 831,271          | 8          |                            |           |   |
| Fixed assets       |                  |           | 642,427          | 7          |                            |           |   |
| Co-payment         | 913,463          | 9         |                  |            |                            |           | <b>This co-payment has decreased by 59% in 2001*.</b> |
| ICRC               | 939,248          | 10        |                  |            |                            |           |   |
| IFRC (NorCross)    | 351,000          | 4         |                  |            |                            |           |   |
| Other revenues     | 466,010          | 5         |                  |            |                            |           |   |
| PA                 | 1,914,798        | 19        |                  |            |                            |           |   |
| Donations/projects | 1,243,510        | 13        |                  |            |                            |           |   |
| <b>TOTAL</b>       | <b>5,828,029</b> | <b>60</b> | <b>9,781,588</b> | <b>100</b> | <b>3,953,559</b>           | <b>40</b> |   |

\* **Calculated changes based on actual figures for January – February 2001**

\*\* **PA has already reduced its support by 15 %, and has announced a further reduction.**

**PRCS in Lebanon and Syria (Diaspora)**

The PRCS in Palestine A/OT is running traditional RC/RC programmes for the most vulnerable. It also has the mandate to take care of the ambulance services in the territories. For the Palestinian refugees in Lebanon and Syria, however, the National Society is mandated by the PA to provide secondary health care services. This responsibility results from the fact that refugees in these countries are not covered under the health care system provided by the governments to the citizens of the respective countries. The PRCS is not able to run an extended cost-recovery programme for these health care services. Therefore, for years, there has been a monthly contribution to these programmes from the PA, through the PRCS headquarters in Al-Bireh.. There is also a financial contribution from UNRWA, through an agreement with payment granted for a fixed number of beds per month in these hospitals.

As mentioned above, the economic situation in Palestine, is also seriously affecting the PA; therefore, the monthly transfer of funds has so far been reduced by 15%, and more reductions are expected. This will make it almost impossible for the PRCS branches / hospitals in Lebanon and Syria to continue providing these essential health services to the Palestinian refugees.

The idea of PRCS is to introduce a community based health care system for the refugees in Lebanon and Syria, with a focus on involvement and sustainability. The programme will follow the same principles as for those under implementation in the West Bank and Gaza, but at the same time, it will be tailored to the specific situation in the refugee camps. The Federation delegation will take an active part in the building up of this primary health care programme.

**Needs for 2001 to the PRCS programmes in Lebanon and Syria.**

| Categories  | Expenses       |    | Comments   |
|---|----------------|----|--|
|   | Amount/%       |    |  |
| Compensation for reduced support from PA                            | 360,000        | 79 | PA support reduced by 15 %   |
| Preparation for Implementation of PHC services in Lebanon and Syria | 96,000         | 21 | Salary for twelve nurses in six centres and small medical supplies |
| <b>TOTAL</b>  | <b>456,000</b> |    |  |

*Summary of PRCS estimated overall needs. All figures are in US dollars.*

| Categories              | PHC            | CBHCN          | Rehabilitation | PRCS Palestine A/OT | PRCS Diaspora  | Core Costs (6 % of budget) | TOTAL            |
|-------------------------|----------------|----------------|----------------|---------------------|----------------|----------------------------|------------------|
| Lost income             | 246,000        | 49,500         | 18,400         | 927,200             |                | 74,500                     | 1,315,600        |
| Reduced support from PA | 237,400        |                | 269,300        | 493,600             | 619,200        | 97,200                     | 1,716,700        |
| New programmes          |                | 231,900        | 165,000        |                     | 165,100        | 23,700                     | 585,700          |
| <b>TOTALS</b>           | <b>483,400</b> | <b>281,400</b> | <b>287,600</b> | <b>1,420,700</b>    | <b>784,300</b> | <b>195,400</b>             | <b>3,618,000</b> |

***External relations - Government/UN/NGOs/Media***

Of international actors providing emergency health services to the Palestinian population on a long term basis, UNRWA has the most substantial programme, running and supporting health centres. There are also other international organisations / agencies and NGOs working through local partners in certain areas of Palestine A/OT, with lesser coverage than the PRCS. In the current crisis, local groups are responding to needs on an ad hoc basis. However, most of these programmes receive resources which are limited in relation to the needs.

Since the beginning of the Intifada, there has been excellent co-operation between all components of the Red Cross Red Crescent Movement present in Palestine. There are regular meetings between the ICRC, the Federation and the PRCS.

***Contributions***

No contributions have been received to date and donors are encouraged to commit funds in order that the PRCS may maintain the provision of essential health services to those in need.

Peter Rees-Gildea  
Head a.i.  
Relationship Management Department

Abdel Karim Bensiali  
Head  
MENA Department

**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**