

# FINAL 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:** 19 June 2002 **HEALTH PROGRAMMES**

***This Final Report is intended for reporting on emergency appeals***

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

*Appeal No. 15/2001; Launched on: 3 May 2001 for 6 months for CHF 2,946,689 to assist 900,000 beneficiaries. Period covered: June 2001 - May 2002*

### **IN BRIEF**

***Appeal coverage: 24.9%***

***Related Appeals: 13/02 Palestine Red Crescent Society Recovery Programme; 01.64/01 Middle East and North Africa Regional Programmes***

***Based on the continuing needs of the PRCS to provide critical health care services, and to improve the Society's capacity for Disaster Preparedness and Response the International Federation launched an appeal (13/02) on 6 May 2002 seeking CHF 1,873,000.***

### **Operational Development:**

Nearly two years of what has evolved into an increasingly hostile conflict has taken its toll on the physical, social and economic well being of the population of the Palestine Autonomous and Occupied Territories (A/OT). As of May 2002, violence in the A/OT has left a reported 1550 Palestinians dead. One third of these deaths occurred between 1 March - 15 May 2002, and 20 per cent of those deaths were children under 18 years of age. Over 20,000 people have been injured. Of those injured, some 18 per cent will remain disabled for the rest of their lives. Over the past twenty months, the Palestine Red Crescent Society (PRCS) has been a leader in providing humanitarian assistance to the most vulnerable throughout the A/OT.

Strict restrictions on movement around the West Bank and Gaza Strip for all Palestinians, the PA and international humanitarian organizations has hindered the ability to deliver urgently needed humanitarian assistance such as, medicine, medical equipment and health care, food and other relief items to the Palestinian people.

The impact of the conflict on Palestinian refugees in Lebanon is also of primary concern for the PRCS. Psychological trauma, poverty and very limited opportunities to generate income within the Lebanese society have left the refugees at greater risk and dependent on external aid. The PRCS, along with the UN Relief and Works Agency for Palestine Refugees (UNRWA) remains the primary provider of health care services to the Palestinian refugees in Lebanon.

### **Red Cross and Red Crescent action**

- ***West Bank & Gaza Strip***

In response to the dramatic escalation of the hostilities during the first quarter of 2001, the PRCS in cooperation with the International Federation and the ICRC, increased relief activities in the West Bank and the Gaza Strip.

During the reporting period, the Red Cross and Red Crescent Movement in the A/OT continued to operate critically needed programmes under increasingly difficult conditions. With fewer organisations able to continue their humanitarian aid activities in the territories, the Red Cross/Red Crescent Movement, in particular the PRCS, was under even greater pressure to satisfy needs for assistance that were previously covered by other organizations. Thanks to the well developed structure of the PRCS, good coverage by the society around the West Bank and Gaza Strip, and support from the Federation and ICRC delegations, the PRCS was able to continue most of its programmes almost according to plans.

The main activities of the PRCS were:

- emergency medical services (EMS);
- primary health care services (PHC);
- rehabilitation programmes for people with disabilities;
- community based special education (CBSE); and,
- disaster preparedness & response (DP/DR).

### ***Red Cross and Red Crescent Society***

- ***Health***

Given the circumstances the EMS and PHC programmes were the most important health care services provided by the PRCS in the A/OT. The PHC, with projects targeting special groups within the communities such as the Women & Children Health care project (WCH) and Home Based Care, is a curative programme with strong elements of preventive care. To this end, the operation of the PHC in the West Bank was a top priority for the PRCS. In the Gaza Strip, however, the Society focused on institutionalised health care. There are long term plans to implement the PHC principles in the Gaza Strip, but the instable conditions make this too difficult to do during the timeframe identified in the appeal.

The PRCS expanded upon its community based approach through its network of branches and PHC centres addressing essential issues endorsed by the communities. The PRCS EMS, due to the extended closure of villages and towns in the West Bank and the Gaza Strip, increased its network by opening new dispatch centres. Although the newly opened centres improved access to beneficiaries due to the numerous amount of military checkpoints, it became increasingly difficult for the PRCS to cover the needs of the population.

Hospitals run by the PRCS Lebanon branch continued to be well supported. The PRCS Health Department in Al-Bireh had planned to work more closely with the PHC in Lebanon, however, due to the political and security situation this was unable to happen.

Funding received in response to this appeal provided valuable support to pre-existing health programmes in the West Bank, the Gaza Strip and in Lebanon. These programmes, targeting a population of about one million people, provide health care services to approximately 340,000 patients a year afflicted with a broad range of health problems. In Lebanon, most of the patients were treated in hospitals, while in the West Bank and the Gaza Strip patients were treated at PHC centres or through the PRCS's Home Based Care programme.

The Women & Children Health Care project (WCH), was run from eight of the primary health care centres as part of the PRCS's Integrated Health Care programme. The WCH was evaluated by an external consultant. Implementation was found to be very efficient and effective, especially given the difficult circumstances under which it was operating. The project's donor had to discontinue funding for the project, and the PRCS is currently seeking a new donor so that the programme can continue.

In September 2001, the French Red Cross (FRC) initiated its support for the WCH project in four PHC centres. The FRC has made a long term commitment to the project, and has one delegate working with the PRCS at the Society's headquarters.

***Objective 1: Provide and improve Primary Health Care Services (PHC) to the most vulnerable people.***

With an increasing number of cities and villages in the A/OT under siege, the population was left with little choice but to rely on whatever health services were within their designated localities. Due to their proximity to many of the affected communities, the PRCS PHC centres assumed an increasingly critical role in providing health care services. Despite all of the constraints encountered, the PRCS PHC programme was able to provide essential and lifesaving health services to the affected population even during the most difficult times

The 21 PHC centres in the West Bank and the Gaza Strip have, however, all faced major challenges. For some, closed roads and problems with security frequently prevented staff and patients from reaching the facilities. Delegates from the International Federation provided logistics support helping the PRCS to bring supplies and even staff to the centres. The Federation's health delegate, who left at the end of 2001, was not replaced due to insufficient funding. The ICRC also assisted the PRCS with the distribution of medical supplies and equipment.

Community Health Committees (CHC) which are an integral part of the PHC programme, played an increasingly important role in facilitating the PHC programme. CHC initiatives to improve the health of the population by facilitating community health education, health awareness campaigns, first aid training, and dissemination/information about the Red Cross/Red Crescent Movement were well received. The CHCs worked hard to instil a sense of responsibility within the communities for looking after the health of the public and individuals. The "vulnerability profile" developed for each of the communities, has proven to be of great importance and assistance with providing appropriate health services to the population.

Due to the emergency situation, many of the PHCs were provided with new and better medical equipment. Most centres are staffed by one physician, one qualified nurse, one social worker, a dentist and some support staff. A health data collection system was developed, but is not being introduced in all of the centres as it does not meet the specific needs for a comprehensive information system

covering all villages and towns in the A/OT. Extensive training and health education of personnel at all levels continued even under the most trying of circumstances.

Several other activities are being planned, or are in various stages of implementation for the PHC centres, such as programmes regarding Safe Motherhood and Community Based Disaster Preparedness and Response. These types of programmes will profit from the existing relationships formed by the PRCS PHCs with communities, to have community based access to the population and simultaneously improve upon the types of services available through the centres. The EMS services and the centres are already offering first aid courses to the general public, and the centres themselves are being developed to handle health emergencies, and as screening centres (before hospitalisation) during mass casualty situations.

### ***Objective 2: Home Based Care***

The Home Based Care (HBC) programme which is run from the PHC centres is providing home nursing care services. The work includes traditional nursing activities such as changing of dressings, health education for families, massage, mobility training, and promotion of healthy habits for people with diseases that are the result of lifestyle. Beneficiaries were identified by collaborating hospitals and clinics. The project was introduced in seven centres, and was eventually expanded to nearly all 21 PRCS PHC centres. Home care kits have been distributed to most of the centres. This programme took on a key role, in terms of available health care, due to the increase in the number of wounded people and patients in the West Bank and the Gaza Strip who are unable to reach hospitals or other in-patient facilities.

### ***Objective 3: HIV/AIDS awareness***

PRCS began preparations for an HIV/AIDS programme for implementation in A/OT. Two PRCS employees were involved in the regional initiative undertaken by the Federation's regional delegation in Amman. Introduction of this initiative and literature was provided to the health staff of the PHC centres around the territories. However, as the conflict has increased in intensity, and movement restrictions have become a recurring reality it was not possible to work within the planned time frame. The PRCS has adopted a new plan which accounts for the changes in circumstances. The PRCS, with funding from the Federation's regional delegation in Amman and with input from the Health department in PRCS headquarters in Al-Bireh, will begin an initiative "Promoting Awareness of Primary Health Care Staff to Infectious Diseases." The composition of this training will be topics such as; infectious diseases, HIV-AIDS, STD, hepatitis, meningitis, blood donations/safety, drug abuse, and psycho social elements.

### ***Objective 4: Mental Health Care***

The PRCS Mental Health Care (MHC) programme is run by the Bethlehem branch. The society planned to expand MHC into other areas. Two leaders of the PRCS travelled to Denmark to discuss with the Danish Red Cross (DRC) possible support to and implementation of new projects in the field of mental health care.

Representatives of the DRC carried out two assessment missions to the West Bank in preparation for introducing the CABAC programme in Palestine through the PRCS. The implementation phase was expected to start early this year, but due to the difficult security situation, the plan is to begin the project during the second half of 2002.

The PRCS Bethlehem branch operates several MHC programmes. One of the most important targets children and families, focusing on the problem of violence on different levels in the community, at home and in the street.

Since late 2001, the PRCS has with funding through the ICRC, offered psycho-social support to those PRCS staff working in the PRCS EMS programme. Extreme working conditions, created by the hostilities, placed an enormous amount of psychological pressure on those people working on EMS teams. Consequentially, each team member required individual professional support and follow up. New programmes are being developed for the EMS staff, their family members and other PRCS employees in need of assistance.

### ***Objective 5: PRCS Lebanon***

Support given to PRCS's Lebanon branch within the framework of Emergency Appeal 15/2001 has assisted with preventing the PRCS Lebanon health care system from collapsing. The branch was provided with essential medicine which the refugees depend on.

It is important to continue offering low cost medical services and free services for those in difficult economic circumstances. As such, contributions were allocated to the health care programme, and were used to procure and distribute medicine, according to a list of essential medical items, to seven PHC centres and five hospitals. The project was implemented according to standard procedures for tendering, procurement and distribution.

### ***Coordination***

Prolonged hostilities seriously impacted the ability to deliver humanitarian aid within the West Bank and the Gaza Strip. Rural areas in particular were badly affected due to the closing of roads, and restrictions on movement of patients and national and international humanitarian aid workers as well.

Cooperation between the different components of the Red Cross/Red Crescent Movement was exceptionally good. Although the Movement was not exempt from the obstacles that confronted the region, it was able to keep its programmes running.

Difficult circumstances forced other aid agencies working in the affected areas to reduce programming to a minimum, or even cease operating. In this context, there has been no overlapping problems and the PRCS are far from covering all of the existing needs. There were occasional meetings between different international actors in an effort to continue coordination, but there were limits to the types of projects which were suitable for implementation.

The Palestinian infrastructure was unable to operate at its full capacity due to the hostilities, hence it became even more important for the international community to provide necessary support to those few national organisations able to run vitally needed programmes.

### ***Outstanding needs***

The PRCS faces significant challenges to continue operating to its full potential under trying circumstances. With the termination of many of the Society's income generating programmes and cost recovery systems the financial burden of continuing to meet the growing needs of the beneficiaries has become increasingly difficult for the PRCS.

Additional funding is required for the Society to continue to meet its needs, and the increasing needs of the communities it serves. In May 2002, the International Federation launched a new Emergency Appeal 13/02 "Palestine Red Crescent Society" seeking CHF 1,873,000. The appeal is available on the Federation's website.

With the private sector in the Palestinian communities having suffered devastating setbacks, and tremendous reductions and closures to government services, the public is turning to the PRCS which is regarded as the most reliable provider of humanitarian services.

It is likewise important to expand support to the PRCS through countrywide and regional programming, such as health and disaster preparedness, as these are crucial for the PRCS and vulnerable communities. In addition, in order to continue supporting the development of the PRCS, with the focus on continuing the development of the Society and improving upon the quality of the programmes, funding is required to cover the running costs of the Federation's representative office in Al-Bireh which is partially funded by the Norwegian Red Cross.

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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. The procurement for this operation was carried out in full compliance and conformity with the Federation's standard for international and local procurement.*

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

*This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

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Head  
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**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Interim report	
Annual report	
Final report	X

**Appeal No & title: 15/2001 Palestine Red Crescent Society**  
**Period: year 2001 & 2002 (up to June)**  
**Project(s): PLB504, PPS503**  
**Currency: CHF**

**I - CONSOLIDATED RESPONSE TO APPEAL**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions		Goods/Services	Personnel	
Appeal budget less Cash brought forward	2,946,689				
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>2,946,689</b>				
<u>Contributions from Donors</u>					
Finnish Red Cross (DNFI)	248,952				248,952
Japanese Red Cross (DNJP)	97,000				97,000
Norwegian Govt. via Norwegian Red Cro (DGNNO)	124,029				124,029
Norwegian Red Cross (DNNO)	13,781				13,781
Private Donors-online donations (DPOLD)	228				228
Swedish Red Cross (DNSE)	230,499				230,499
<b>TOTAL</b>	<b>714,489</b>				<b>714,489</b>

**II - Balance of funds**

Opening balance	
CASH INCOME Rcv'd	714,489
CASH EXPENDITURE	-710,124
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<b>CASH BALANCE</b>	<b>4,364</b>

**Appeal No & title: 15/2001 Palestine Red Crescent Society**

Period: year 2001 &amp; 2002 (up to June)

Project(s): PLB504, PPS503

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	61,248					61,248
Clothing & Textiles						
Food/Seeds						
Water						
Medical & First Aid	81,903	57,155			57,155	24,748
Teaching materials	91,292					91,292
Utensils & Tools	131,913					131,913
Other relief supplies	78,000					78,000
<b>Sub-Total</b>	<b>444,356</b>	<b>57,155</b>			<b>57,155</b>	<b>387,201</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	212,250					212,250
Computers & Telecom equip.	99,763					99,763
Medical equipment	208,387					208,387
Other capital expenditures	54,042					54,042
<b>Sub-Total</b>	<b>574,442</b>					<b>574,442</b>
<u>TRANSPORT &amp; STORAGE</u>						
	274,193	3,898			3,898	270,295
<b>Sub-Total</b>	<b>274,193</b>	<b>3,898</b>			<b>3,898</b>	<b>270,295</b>
<u>PERSONNEL</u>						
Personnel (delegates)	1,116,712	25,000			25,000	1,091,712
Personnel (local staff)		4,107			4,107	-4,107
Training						
<b>Sub-Total</b>	<b>1,116,712</b>	<b>29,107</b>			<b>29,107</b>	<b>1,087,605</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts		27,955			27,955	-27,955
Travel & related expenses	19,200	105			105	19,095
Information expenses	43,500	131			131	43,369
Administrative expenses	111,000	8,761			8,761	102,239
External workshops & Seminars	39,150					39,150
<b>Sub-Total</b>	<b>212,850</b>	<b>36,952</b>			<b>36,952</b>	<b>175,898</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	198,695	25,229			25,229	173,466
Technical services	59,479	7,554			7,554	51,925
Professional services	65,962	8,380			8,380	57,582
<b>Sub-Total</b>	<b>324,136</b>	<b>41,163</b>			<b>41,163</b>	<b>282,973</b>
Operational provisions						
Transfers to National Societies		541,850			541,850	-541,850
<b>TOTAL BUDGET</b>	<b>2,946,689</b>	<b>710,124</b>			<b>710,124</b>	<b>2,236,564</b>