

# Appeal 2005



## PALESTINE RED CRESCENT SOCIETY

Appeal no. 05AA079

Appeal target: CHF 4,532,255

*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries.*

*Please click on programme title to go to relevant text and figure to go to programme budget*

Programme title	2005 in CHF
<b>Strengthening the national society</b>	
<a href="#">Health and care</a>	2,130,558
<a href="#">Disaster management</a>	756,098
<a href="#">Organisational development</a>	959,850
<a href="#">Humanitarian values</a>	576,658
<a href="#">Coordination and implementation</a>	109,091
<b>Total</b> <a href="#">Please click here to view the total budget for this appeal</a>	<b>4,532,255<sup>1</sup></b>

### Related appeals:

Palestine Red Crescent Society Annual Appeal 2004 (01.86/2004) [please click here to go to the appeal](#)

<sup>1</sup> This amount corresponds to USD 3,596,905 or EURO 2,932,190

## Context

Over the past four years, the Palestinian uprising (known as Intifada) against the Israeli occupation of the West Bank and Gaza Strip resulted in daily violence that became a way of life for almost the entire Palestinian population of 3,827,914<sup>2</sup>. Consequently, the situation in the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT) remains highly tense and unstable. According to the statistics of the Palestine Red Crescent Society (PRCS) 3,097 Palestinians were killed and 26,802 were injured between September 2000 and July 2004.

To date, the 37 years of Israeli occupation had caused demolition of infrastructure, division of the Palestinian territories, controlling of borders and ports, land confiscation and controlling of natural resources. There are around 750 checkpoints, roadblocks, earth mounds and gates<sup>3</sup> sealing entire villages from urban areas, people from their workplaces, students from educational setups and patients from health services.

In the West Bank in June 2002, the government of Israel started the construction of the Separation Wall (also called the Barrier) which once completed will be 622 km long running from Jenin in the north of the West Bank to southern Hebron in the south. The Barrier folds on itself to create 11 separate enclaves (where people are totally surrounded by the Barrier) which further restricts the movement in and out of these areas. People living close to the Barrier have difficulty in access to schools, markets, health services, and maintaining family connections. Approximately, 185 km of this Barrier has been constructed with about 53 gates, which are only accessible to Palestinians with the correct permits. The consequences of this Barrier include further economic decline because Palestinians are unable to access their land to farm and are cut off from education and health services. In addition, the Barrier has caused irreversible destruction of land and fragmentation of isolated communities from the social support network<sup>4</sup>. For further detailed information on the demographic and social impact of the Barrier see the Palestinian Central Bureau of Statistics (PCBS) website <http://www.pcbs.org>.

In March 2004, the World Bank Group reported in its West Bank and Gaza Update<sup>5</sup> that the Palestinians perceive a worsened overall situation. Approximately, 28% of households in Gaza and 26% in West Bank were without an employed member. Job creation was ranked as the most perceived need among 57% of households in Gaza and 45% in the West Bank. The perceptions of business managers were also pessimistic. In Gaza, 73.4% noted that their businesses had suffered during the past six months, compared to 93.3% in the West Bank. Reasons included financial problems, difficulties in obtaining raw materials, problems of employees not reaching the work place, difficulties in shipping products to markets and inability to operate in curfews.

The World Bank report also highlighted the deteriorating economic situation. The dependency ratio had increased significantly since the start of the Intifada. In Gaza before the Intifada each job holder supported 5.9 persons, while after the start of the Intifada (4<sup>th</sup> quarter of 2003) each job holder supported 7.7 persons. In the West Bank, the dependency ratio increased from 4.3 to 5.4 persons per job holder. This is coupled with a high population growth rate of 4.3% and an increase in the cost of transportation and communication, medical care, education and food. According to PCBS, a total of 2,682,000 individuals (70% of Palestinians in the Palestinian AT/OT) were below the poverty line (January-March 2004)

The practice of house demolitions by the occupying force is another problem leading to: increasing number of internally displaced people, a worsening of the economic situation; and deterioration of the mental state of affected communities. A total of 1,265 houses were demolished between 1967 and 1981, and 1,030 houses from December 9<sup>th</sup> 1987 through March 7<sup>th</sup> 2004.<sup>6</sup> And, in the first 10 days of May 2004, a total of 131 residential

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<sup>2</sup> Palestinian Central Bureau of Statistics: 1997 census and projection for 2004.

<sup>3</sup> [www.reliefweb.int/w/rwb.nsf/](http://www.reliefweb.int/w/rwb.nsf/) Mid-year review of the Consolidated Appeals Process (CAP): Humanitarian Appeal 2004 for Occupied Palestinian Territories. UN Office for the Coordination of Humanitarian Affairs, June 15<sup>th</sup>, 2004.

<sup>4</sup> United Nations Office for the Coordination of Humanitarian Affairs, Occupied Palestinian Territory: Preliminary Analysis of the Humanitarian Implications of Latest Barrier Projections. Update 3, July 2004.

<sup>5</sup> The World Bank Group, West Bank and Gaza Update: A quarterly publication of West Bank and Gaza Office, March 2004, #28540.

<sup>6</sup> [www.reliefweb.int/w/rwb.nsf/](http://www.reliefweb.int/w/rwb.nsf/) The legality of house demolitions under International Humanitarian Law, source: Harvard University, May 31<sup>st</sup>, 2004.

buildings in Gaza Strip were demolished rendering 1,100 people homeless. Since September 2000, 18,838 people lost their homes in the Gaza Strip.<sup>7</sup>

The 2003 annual report of the Palestine Ministry of Health reported on the health status in the Palestinian AT/OT. Cardiovascular mortality of total deaths was 36.1%, heart disease mortality of total deaths was 20.1%, deliveries attended by trained personnel were 95.2%, and population with safe drinking water (year 2002) was 93.8%.<sup>8</sup>

Palestinian refugees (since 1948) continue to be hosted in neighbouring countries mainly in Lebanon, Jordan and Syria (see table 1 for numbers of registered refugees). While in Egypt, there is an estimate of 80,000 Palestinians and in Iraq 62,000. The Palestine Red Crescent Society (PRCS) maintains branches in Lebanon, Syria, Egypt and Iraq. In Lebanon and Syria, PRCS contributes besides the UNRWA and other non-governmental providers in meeting the needs of the refugee populations. The status of refugees differs from one country to the other. In Lebanon, the refugee community is excluded and isolated from the Lebanese society. And according to Lebanese laws, refugees are forbidden to work in 72 professions. This further impedes social, economic and human development. The situation of Palestinian refugees in Lebanon may be described as "chronic emergency situation", whereby it cannot be dealt with as a real emergency neither as a developmental situation.

**Table 1: Palestinian figures at a glance**

	Palestinian AT/OT <sup>9</sup>		Diaspora <sup>10</sup> (registered refugee population only)		
	West Bank	Gaza	Lebanon	Syria	Jordan
<b>Population</b>	2,421,491	1,406,423	395,000	414,000	1,740,000
<b>Infant mortality rate</b>	24/1000 live births	26/1000 live births	19.2/1000 live births	28.1/1000 live births	22.5/1000 live births
<b>Total fertility rate</b>	3.3	4.8	2.5	2.6	3.6
<b>Unemployment<sup>11</sup></b>	20.7%	31.9%	65%		

For more figures, see Country Profile for Palestine <http://www.emro.who.int/emrinfor/countryprofiles-pal.htm#phc>

According to the above described context, the main humanitarian consequences are:

- In the Palestinian AT/OT, the health and education services are often inaccessible due to continuous closures and the construction of the Barrier. Also, there is inaccessibility to and destruction of crops.
- High unemployment rates and loss of income which increases dependency on aid.
- Increasing psychological trauma resulting from collective punishments, feeling of insecurity and violence.
- Reduced human development and quality of life.

This 2005 appeal document addresses the needs of the Palestinians in the Palestinian AT/OT as well as the needs of the refugee population in Lebanon

<sup>7</sup> [www.reliefweb.int/w/rwb.nsf/](http://www.reliefweb.int/w/rwb.nsf/) Mid-year review of the Consolidated Appeals Process (CAP): Humanitarian Appeal 2004 for Occupied Palestinian Territories. UN Office for the Coordination of Humanitarian Affairs, June 15<sup>th</sup>, 2004.

<sup>8</sup> Ministry of Health- 2003 annual report and Health Indicators; Developed by the Palestinian Health Information Centre (PHIC), Palestine

<sup>9</sup> <http://www.pcbs.org>

<sup>10</sup> United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA): Annual Report of the Department of Health, 2003

<sup>11</sup> The World Bank Group, West Bank and Gaza Update: A quarterly publication of West Bank and Gaza Office, March 2004, #28540.

## Red Cross and Red Crescent Priorities

### International Red Cross Red Crescent Movement Context

The Federation has worked with PRCS both in the Palestinian AT/OT and in Lebanon since 1995 on organizational and programme development. This joint cooperation has contributed to strengthened partnerships with the national societies and several international governmental and non-governmental organizations.

The Federation delegation in the Palestinian AT/OT consists of the head of delegation, health coordinator, senior health officer, finance organizational development (OD) delegate, programme delegate and an assistant administrator. The delegation continues to support PRCS in key emergency response projects, health programmes, and organizational development. In Lebanon, the Federation has maintained an office in the premises of the PRCS Lebanon Branch (PRCS/L) since mid 2003. With this arrangement in place, closer working relationships and regular communication with the PRCS/L and its partners were achieved.

In the Palestinian AT/OT and according to Seville agreement, ICRC remains to be the lead agency in coordinating Movement activities. During the current Intifada, the Movement support to PRCS increased, which highlighted the need to further harmonize and coordinate projects to maximize efficient use of resources. Accordingly, the PRCS established the International Cooperation Unit. It aims to enhance partnership coordination and guide donor support towards new priority programmes as well as expansion of existing relevant ones. Also, a projects database was established to facilitate project monitoring and reporting issues.<sup>12</sup> Overall, the PRCS acknowledges the support of its partners for their quick response during the difficult times of the Intifada. (See details [www.palestinercs.org/aid/humanitarian\\_support\\_to\\_prs.htm](http://www.palestinercs.org/aid/humanitarian_support_to_prs.htm))

**Table 2: Movement support to PRCS at a glance:**

<b>PARTNER</b>	<b>Health &amp; care</b>	<b>DM</b>	<b>OD</b>	<b>IHL</b>	<b>Tracing</b>	<b>Information</b>	<b>EMS</b>	<b>Relief</b>	<b>HV</b>
<b>ICRC</b>		X		X	X	X	X	X	
<b>Norwegian RC</b> (through the Federation)	X	X	X					X	X
<b>French RC</b>	X								
<b>Spanish RC</b>	X	X							
<b>Finnish RC</b>	X								
<b>Netherlands RC</b>	X	X	X						
<b>Danish RC</b> (partly through the Federation)	X			X					
<b>Swiss RC</b>	X								
<b>Icelandic RC</b> (partly through the Federation)			X						
<b>British RC</b> (through the Federation)		X							
<b>German RC</b>	X								
<b>Swedish RC</b> (through the Federation)	X								
<b>Federation</b> (Capacity building fund)			X						
<b>Other donors</b> <sup>13</sup>	X	X	X				X	X	X

<sup>12</sup> Full information about cooperation projects is available upon request. Contact [info@palestinercs.org](mailto:info@palestinercs.org)

<sup>13</sup> There are also external partners of PRCS such as PAZ, DFID, Care international, Welfare Association, Italian Cooperation, UNDP and ANERA. Also, funding sources include ECHO, EU and NORAD

The Federation priorities in support of PRCS are summarized as follows:

1. Strengthening and harmonizing partnerships to nurture management transparency and accountability within PRCS.
2. Support focused on the four core areas of the Federation Strategy 2010, namely health and care in the community, disaster management, humanitarian values and organizational development.
3. Encouraging partners to provide long term commitments to strengthen PRCS humanitarian response as well as building national society capacity.
4. Identifying priorities for multilateral and bilateral cooperation that are in line with the Federation Strategy 2010 and the PRCS priorities in the Palestinian AT/OT and in Lebanon (according to PRCS's Strategic Directions 2003-2006). *Please click here to go to the PRCS Strategic Direction document*

### **National Society Strategy/Programme Priorities**

PRCS priorities are guided by its Strategic Directions 2003-2006, which were approved by the national society's administrative council in December 2003. As the major humanitarian player in the Palestinian context, the PRCS is seeking to meet its organizational developmental and capacity building goals while facing an unstable, deteriorating environment (politically, economically and security-wise).

The situation since September 2000 required the PRCS to quickly meet escalating humanitarian needs. This resulted in the rapid growth of programmes and scope of activities that went beyond the parameters of the Federation's Strategy 2010. The PRCS expansion encompassed ambulance services, primary health care, hospital services and volunteers' programme as well as the creation of new programmes such as dissemination of international humanitarian law (IHL), tracing, disaster management and national blood transfusion services.

In Lebanon, the PRCS/L continued to focus on developing the infrastructure of its hospitals. It also established the volunteers programme and piloted community based health care. In March 2004, the branch reviewed its strategic plan, which re-emphasized the need to focus on secondary health care services to the refugee population.

Accordingly, PRCS programme priorities are summarized as follows:

1. Maintaining the health programmes, with a focus on community based health projects in the Palestinian AT/OT as well as focusing on improving secondary health care in Lebanon (infrastructure, human resource development and medicines and medical supplies).
2. Reinforcement and promotion of the International Red Cross and Red Crescent Movement principles, humanitarian values and IHL among staff, volunteers and the public.
3. Organizational development: first, internally by improving managerial systems and to strengthen cooperation among branches and departments aiming at branch integration and development; and, second, externally by establishing new partnerships and strengthening the existing ones.
4. Increasing disaster preparedness and response capacities, including continuous development of: disaster response tools, earthquake mitigation, ambulance services, emergency education, warehouse systems, the volunteers' network and community awareness.

For more information about PRCS history, branches, programs, activities and capacities, please see <http://www.palestinercs.org/prcsindepth/index.htm> and <http://www.ifrc.org/publicat/partner/psprofil.asp>

## Strengthening the National Society

### 1. Health and Care [Please click here to return to the title page](#)

#### Background and achievements

##### Primary Health Care (PHC)

The PRCS operates 26 PHC centres<sup>14</sup> in the Palestinian AT/OT. In cooperation with the Ministry of Health and for better coordination, PHC services were merged in seven locations. The PHC programme is focused on health promotion and prevention through a wide range of community and home based activities. Community health groups were established and trained, thus promoting participation of the local communities in dealing with priority health needs. This approach is expected to raise awareness about a shared responsibility towards health and care.

In response to the current situation, the programme incorporated emergency care. Emergency and laboratory equipment were upgraded, and staff members were trained in emergency care. Several PHC projects have integrated activities with other PRCS programmes such as disaster management, psychosocial support, rehabilitation and social welfare. Integrated activities included rapid damage assessment, mobile clinics and the medical hotline. Also, mobile health care was utilized to regularly reach out to isolated communities. And, operational hours of several centres were extended.

While in Lebanon, the PRCS/L is operating nine centres in Palestinian refugee camps. Currently, PRCS/L is implementing a community based health pilot in two locations. The other seven centres continue to provide traditional curative services.

It is estimated that 412,612 persons will benefit from this programme.

#### Goal

A concept of shared responsibility for health care and related issues between the PRCS, local authorities and community members contributed to a sustainable improvement of general health and psychological wellbeing of the most vulnerable. [Please click here to go to the primary health care project logframe](#)

#### Objective

Affordable and quality primary health care services were regularly delivered to an increased number of beneficiaries

#### Expected results

- An effective mechanism exists to transfer health knowledge to PHC health professionals and to community groups and individual beneficiaries in the Palestinian AT/OT.  
(EU funding is available through a three- year bilateral cooperation project with the German RC)
- People affected by the current conflict and other patients in need benefit from regular home based care provided by PRCS community health teams in 26 local communities in the Palestinian AT/OT.  
(Funding is available through a four-year bilateral cooperation project with the Spanish RC)
- The capacity of the primary health care programme covers additional target groups identified through the PRCS rapid damage assessment surveillance system.
- PHC centres have provided essential curative and routine diagnostic services in the 26 locations in the Palestinian AT/OT.
- Populations in nine locations in the Palestinian AT/OT benefit from curative and preventive dental health services. (Activities are almost self sustained)

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<sup>14</sup> PRCS Primary Health Care centres in Palestinian OT/AT cover services ranging from health promotion and prevention to curative diagnostic and dental care. Vaccination program is offered only in the centres that are merged with the MOH under the supervision of MOH.

### **Community based special education**

The PRCS currently operates 20 rehabilitation centres in the Palestinian AT/OT. Of those, four physiotherapy centres and one special education centre were established in 2003-4. According to a PCBS published survey in June 2000, 1.8% or 46,063 persons of the total population had some kind of disability. In meeting the needs of disabled people, the PRCS adopted a holistic long-term approach based on two principles:

- Social integration of disabled people is an essential component of community development.
- Both health and social factors must be addressed in the rehabilitation process of the disabled.

The PRCS rehabilitation programme consists of several components: day care, family support, home visiting, early stimulation, self-care, special education, vocational training, job placement, recreational therapy, and psychosocial support. To maximize use of resources and technical expertise, PRCS cooperates and coordinates with local and international organizations in various aspects - such as medical, social, educational and vocational fields - of the rehabilitation of disabled people.

Most beneficiaries have physical disabilities and are under 17 years of age. Alongside the therapeutic rehabilitation, young patients are provided with basic education. Their health and psychosocial needs are addressed and their integration into communities and access to services and transport is supported. The rehabilitation department also continues to develop the sports therapy project, children creative activities, special education for the physically disabled as well as physiotherapy services.

The community based special education project also called "Home and School Enrichment" was developed in six districts and expanded to include other providers in the remaining districts in the Palestinian AT/OT.<sup>15</sup> The project targeted the disabled, their families and school teachers. In 2005, sports and art activities for the disabled will be incorporated. The number of direct beneficiaries targeted in the community based special education project is estimated at 5,713 persons.

**Objective:** The wellbeing of severely disabled children and their families and communities is improved through the provision of occupational therapy, empowerment and integration.

### **Expected results *Please click here to go to the community based special education project logframe***

- The abilities of the community-based rehabilitation workers enabled them to intervene appropriately in the right time.
- The severely disabled children and their parents/caregivers are empowered with the proper knowledge and basic skills that enables them in the provision of appropriate self-care.
- The severely disabled children benefit from the newly developed art and sports programmes.
- Students in primary and secondary schools become increasingly aware of the needs of the severely disabled children and the importance of integrating them in the community.

### **Psychological Support Programme (PSP)**

The PSP was considerably expanded over the past three years in response to growing needs resulting from daily stress and trauma experienced by many Palestinians. Individuals, families and communities have suffered as a result of the conflict.

In July 2004, the PCBS published two releases related to psychosocial health of children. One is on child labour, which indicated that in mid February there were 40,139 working children (5-17 years) in the Palestinian AT/OT. The majority (71%) had joined the labour market due to the economic hardship of their families. Their school attendance was affected as a result.<sup>16</sup> The second release was on results of the psychosocial health survey of children in the Palestinian AT/OT. It noted that 52.6% of children (4-17 years) experienced negative

<sup>15</sup> See [www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/01860401.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/01860401.pdf)

<sup>16</sup> [http://www.pcbs.org/press\\_r/lfs\\_child04e.pdf](http://www.pcbs.org/press_r/lfs_child04e.pdf)

psychological symptoms, such as fear from the dark, death and loneliness, and nervousness. The survey indicated that 26.7% of children sought psychological support from the school's psychosocial worker/counsellor and 22.6% of children sought support from teachers.<sup>17</sup> This points to a need for PSP programmes and emphasizes the role of school teachers in assisting children.

The PRCS PSP programme has been designed to provide - independently or through other PRCS programmes - specialised and community based psychosocial support services. Over the past years, several PSP projects were implemented. Among the most important are the: psychological support hotline in Bethlehem district; school-based psychosocial project in Tubas district based on the 'Children Affected by Armed Conflict (CABAC)' model; youth violence prevention in Bethlehem and Khan Younis and a community-based psychosocial project for teachers, parents and children in Hebron district. Responding to the needs of the PRCS staff, particularly the emergency medical technicians (EMTs), a stress management project for the EMTs was implemented in 2001-2003.

Additionally, the PRCS assessed the needs for psychosocial services among the Palestinian refugee population in Lebanon to investigate the possibility of responding to existing needs. However, after the assessment, the PRCS/L management committee took a decision to postpone response to PSP needs until further notice, because the branch need to refocus on its top priority; that is secondary health care.

In 2005, the PSP programme in the Palestinian AT/OT aims at: restoring two psychosocial family centres in Bethlehem and Hebron, planning for human resource development for psychosocial workers, mapping PSP services in Gaza and West Bank, and promoting coordination among the different PSP providers.

The estimated number of beneficiaries from this programme is 13,207 persons

## Objective

Psychological support services were made accessible to selected Palestinian communities through two Psychosocial Family Centres and integrated psychological activities into different health programmes.

## Expected results *Please click here to go to the psychological support programme logframe*

- Communities in Hebron and Bethlehem areas benefited from psychosocial support services provided by two Psychosocial Family Centres.
- The quality of psychological support services provided to the targeted communities has been improved.
- The psychological support services are an integral part of the other PRCS health services (primary health care, rehabilitation and emergency medical services).
- PRCS psychological support services are well coordinated with other PSP services in the Palestinian AT/OT.
- Children in Tubas and Qalqilia districts benefited from the school-based psychosocial project, which is based on the children affected by armed conflict 'CABAC' model.

## PRCS secondary care in Lebanon

Currently, the PRCS/L is operating one referral and four district hospitals. All PRCS health facilities are within or next to the Palestinian refugee camps. Both registered and unregistered refugees as well as any other in-need persons seeking medical assistance are served through these hospitals. During the last nine years, PRCS/L has been supported by the International Federation and a few partner national societies and NGOs to improve the quality of hospital care, upgrade equipment, provide essential medicines and medical supplies, and train medical staff. Furthermore, since February 1999, UNRWA is contracting 75 out of 200 PRCS/L hospital beds via an annual agreement. The UNRWA re-imburement does not, however, cover the full cost of the contracted beds. Maintenance, upgrading of hospital equipment, quality improvement and sustainability of the five PRCS/L

<sup>17</sup> [http://www.pcbs.org/press\\_r/child\\_health04.pdf](http://www.pcbs.org/press_r/child_health04.pdf)

hospitals remain the priority of PRCS/L. The estimated number of beneficiaries of the programme is based on the population living in the camps which is 390,000 people.

The Federation is aware of the need to continuously upgrade the hospital equipment in the PRCS hospitals in Lebanon as well as those in PRCS hospitals in Syria. As such, interested bilateral partners are invited to extend their support to the sustainability of hospital care for the Palestinian refugee population in Lebanon and Syria. (Detailed information is available upon request)

### **Objective**

The PRCS branch in Lebanon continues to provide secondary health care services to the Palestinian refugee population.

### **Expected results** *Please click here to go to the PRCS secondary care in Lebanon project logframe*

- Palestinian refugees who were treated by the PRCS/L health facilities benefited from subsidized medicines and medical supplies.
- PRCS/L health and administrative staff in the 5 hospitals demonstrated competence in maintaining and upgrading professional standards.
- Palestinian refugees who were treated by the PRCS/L health facilities benefited from the upgraded hospital equipment and furniture.

### **National Blood Bank Services**

As mandated by the Palestine National Authority, the PRCS is in the process of developing the Central National Blood Bank service. Several partners have so far contributed bilaterally to this programme. (Detailed information is available upon request)

### **Emergency Medical Services (EMS)**

In the EMS field, the PRCS has a strong cooperation with the International Committee of the Red Cross (ICRC). This cooperation will continue during the year 2005. However, the EMS program is still short of funds.

The Federation is interested in particular in extending support to PRCS and ICRC in replacing ambulances. Sixteen ambulances need to be replaced in 2005. The ICRC will fund the replacement of five. As for the other eleven, the Federation is inviting interested partners to offer their assistance in support of the sustainability of the PRCS ambulance services. (Detailed information is available upon request)

## **2. Disaster Management** *Please click here to return to the title page*

### **Background and achievements**

The PRCS disaster preparedness/disaster response (DP/DR) programme was established in 2000, just after the start of the Intifada. The programme is based on coordination that leads to decentralized preparedness, mobility, swift response, response management and improved surveillance. The key scenarios entail preparedness and response to both conflict and earthquake/drought.

The coordination and follow-up mission of the DP/DR programme supports the inter-departmental and inter-branch integration of activities and the development of shared goals and objectives. Decision-making is through the disaster management group (representing different PRCS departments) to ensure optimal use of resources.

During the past four years the PRCS has established well functioning emergency medical services as well as the emergency educational centre to train EMTs, staff and volunteers. Also, the rapid damage assessment surveillance system is now in place. A vulnerability capacity assessment (VCA) study was published in 2000 and

now an update is being prepared. Community training on first aid and disaster preparedness for over 3,000 volunteers took place.

The PRCS priorities in disaster management as stated in its Strategic Directions document emphasises the leadership role of PRCS in DP/DR. This requires strengthened disaster preparedness planning and a focus on building capacities. Accordingly, PRCS needs to: develop the DP/DR skills of staff and volunteers; expand the network of trained volunteers; develop a suitable early warning system; and build capacities in terms of equipment and supplies with the ability to preposition and/or deploy in locations at risk.

### Goal

The efficiency and effectiveness of the response to community needs in times before, during and after disasters and/or conflicts were maximized by working with and through the communities and stakeholders.

### Objective

Effective operational linkages between disaster management and other programmes are established thus contributing to improved PRCS disaster management capacities and adjustments to its organizational structure.

**Expected results** *Please click here to go to the Disaster Preparedness/ Disaster Response programme logframe*

- PRCS is able to deploy advanced medical posts (AMP) for speedier crisis response.
- Increased disaster preparedness through the deployment of the basic health unit and referral hospital modified modules of national health ERU and training of a national intervention team.
- A well functioning surveillance and early warning system, covering the entire catchments area of PRCS in Gaza and West Bank is in place.
- Reduced impact of earthquake hazard on communities and properties through the establishment of disaster management systems.
- Improved EMS training facilities is achieved through the introduction of paramedic training program.  
(Potential bilateral donor is Qatar RC)

## 3. Humanitarian Values *Please click here to return to the title page*

### Background and achievements

The PRCS communicates humanitarian values through its website [www.PalestineRCS.org](http://www.PalestineRCS.org) and the monthly magazine (*Balsam*) which has a circulation of approximately of 7,000 copies. Communication projects are managed and coordinated by the information unit at the headquarters.

On the other hand, the prevailing violent situation in the Palestinian AT/OT is creating an environment where human dignity is often not respected. Also, the use of the RC emblem is being abused. The PRCS suffered from this situation; for example: since the start of the Intifada, 3 EMTs, 2 employees and 7 volunteers were killed; 201 EMTs were injured; and there were 315 attacks on ambulances of which 28 were damaged beyond repair. The PRCS actions in this context included increased determination to promote humanitarian values and principles, by implementing activities for children and youth that aim at promoting humanitarian attitudes and behaviour.

The main vehicle for the promotion of humanitarian values and principles is the youth and volunteers programme. It is steadily expanding with increasing numbers of volunteers. The growing number of the PRCS activities is providing a suitable frame for accommodating this growing interest. Activities involving the active participation of volunteers are cross-departmental. The training of volunteers and subsequently their role in the activities - such as: summer camps, environment protection, open days for local communities and community based first aid and disaster preparedness trainings, mines and unexploded remnants of war awareness raising and

hotline services - is substantially contributing to the promotion of humanitarian principles within local communities.

Summer camps for youth and children became an annual activity. More than 50 summer camps are implemented each year with more than 6,000 participants. The PRCS believes that summer camps are an opportunity to work with children in order to reinstate a sense of confidence and hope for the future. They provide activities, learning and volunteer opportunities and allows for identifying children in need of psychosocial support. The camps are also an opportunity to spread knowledge in various fields: first aid, crisis management, skill building, evacuation and humanitarian principles and values. Educating young Palestinians on these subjects will contribute to their being better prepared to face difficult times and will give them the opportunity to combine fun, learning and volunteering. In addition, it is hoped that the experience will motivate them to become volunteers in the future. (For interested partners, detailed information is available upon request)

There are now 50 volunteers committees in the Palestinian AT/OT. More than half of them are linked to the PRCS branches, while the others are in areas where there are no branches. To date, there are more than 5,700 active volunteers in the West Bank and Gaza.

In cooperation with the Lebanese Red Cross, the PRCS branch in Lebanon is currently implementing a project that entails training in first aid and dissemination of humanitarian values. The two PRCS branches in Lebanon and Syria foresee cooperation in organizing: volunteer networks, exchange of volunteers, and HIV/AIDS awareness campaigns.

Estimated number of beneficiaries from the youth and volunteers programme is 33,660 persons

## Goal

To serve communities according to the Movement's principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality by supporting and developing the voluntary spirit within the Palestinian community of the Palestinian AT/OT and Diaspora.

## Objective

Promoted potentials and deepened knowledge about PRCS principles and goals among volunteers, which bring about investment in social development.

## Expected results *Please click here to go to the Humanitarian Values programme logframe*

- Numbers of motivated and trained volunteers who are integrated into the PRCS system have increased.
- Palestinian men and women become aware of HIV/AIDS and STI prevention behaviour and their tolerance and acceptance of HIV/AIDS infected persons is promoted.
- Local communities in 50 locations benefit from the promoted voluntary work in environment protection, DP/DR, and relief services.
- Increased knowledge of humanitarian values and CBFA among Palestinian refugees in Lebanon.

## 4. Organizational Development *Please click here to return to the title page*

### Background and achievements

PRCS provides its services through its branches and facilities. The headquarters, which is located in El-Bireh-West Bank, extends its support to the operations of 22 branches and four sub-branches, as well as to six sub-branches currently under establishment. Of these, four branches are serving the Palestinian refugee population in the Diaspora (in Lebanon, Syria, Iraq and Egypt).

Branches as well as sub-branches accommodate within their premises EMS stations, primary health care, hospitals, medical hotline, volunteers' activities, and Kindergartens. The new branches (like: Bethlehem, Qalqilia, Anabta, Khan Younis, Der El-Balah and Rafah) focus on developing community centres that provide a

wide range of community-based activities. While sub-branches focus on implementing the primary health care programme as is the case in Idna, Halhoul, Hajja and Bani Naim.

This network of branches and facilities proved to be a great asset during the last four-year emergency in the Palestinian AT/OT. The entire network participated in varying degrees in the relief operations in Jenin, Nablus, Ramallah, Bethlehem, Hebron, Der El-Balah, Khan Younis and Rafah.

The last PRCS General Assembly took place in Gaza in January, 2000. The next General Assembly, which was scheduled to take place in early 2003, was postponed due to the circumstances in which the PRCS operates. The Assembly is now planned to take place in February 2005, during which the updated national society Strategic Directions will be discussed and approved. In 2004, executive board meetings took place regularly. And, since the start of the Intifada, the administrative council (the highest governing body of PRCS) met once in Cairo, in December 2003.

In the meantime, the organization and its programmes have grown swiftly. The PRCS headquarters has accommodated new programmes for which new organisational units were established, such as the disaster management and coordination, IHL, and planning and international cooperation. This rapid change had adversely affected some of the organisational areas such as quality control, efficient communications, supervision and follow-up and other management processes.

While, compared to the swift growth at the headquarters, many branches struggled to adjust to the new requirements. This was mainly due to limited physical infrastructure and scarce human resources. Human resource planning and development became therefore one of the core challenges for the PRCS especially in the situation in which there is a high turnover of staff.

In mid 2003, the PRCS established the organizational development unit aiming at improving systems and organizational capacities. And, in March 2004, a Federation organization development (OD) delegate joined the delegation to assist in the improvement of the financial systems. Yet, the PRCS is seeking to enhance capacity with a view on better exploitation of actual capacities to capitalize on potential opportunities.

While PRCS is employing great efforts to minimize dependency on external funding, external funding support remains vital to most PRCS programmes. This is due to the increasing humanitarian responsibilities of the national society. Today, several planned projects are waiting for funding sources in order to be implemented.

In Lebanon in 2004, PRCS/L established the project management unit aiming at a better coordination, implementation and monitoring of cooperation projects. This unit is also expected to support reporting and fundraising efforts. In the meantime, the PRCS/L management committee embarked on reviewing its strategy and redefining its priorities. As a result, a strategic plan is being produced.

Some 600 PRCS staff members from both the headquarters and the branches are expected to benefit from trainings, workshops, and various OD activities to be organised in 2005. However, the whole organisation shall indirectly benefit from the skills building programme whilst considering an appropriate gender balance.

Building the capacities of branches contributes directly to community development. Several PRCS branches are embarking on construction projects for branch buildings that will be mainly utilized by community centres. These centres will host activities that will range from EMS, community based health programmes, PSP, sports and arts activities for the disabled, training activities for the volunteers and the community, and others. In 2005, the PRCS plans to complete the construction of the Jericho community centre and to construct similar centres in Bethlehem and Rafah. The Federation supports this development and is inviting interested bilateral partners to contribute to these projects, which will also support the sustainability and development of branch capacities. (A potential donor for Rafah community centre is the Qatar RC. While detailed information on Jericho and Bethlehem projects is available upon request.)

**Goal**

Improved organizational capacities of the PRCS improve the quality and the quantity of its services to the most vulnerable.

**Objective**

The PRCS' organizational systems are increasingly efficient, effective and able to contribute proportionally to the well being of the most vulnerable in the Palestinian AT/OT and Diaspora.

**Expected results** *Please click here to go to the [Organisational Development programme logframe](#)*

- Leadership of the PRCS at governance and executive levels, including branches has been strengthened.
- The development of PRCS programmes has been guided by the updated and approved strategic directives
- A comprehensive development plan incorporating the PRCS mission, objectives, programmes and projects and related funding is in place.
- Improved systems for the management of human, financial and material resources are in place.
- Coordination between branches and departments has increased resulting in branch development and integration.
- The capacity of branches in contributing to community development had been promoted.
- Dependency on external funding support has been minimized through active local fundraising combined with sound financial management.
- Improved cooperation and coordination with international, public and relevant non-governmental and private organizations, has led to better coordinated services, shared resources and diversified sources of funding.
- The PRCS/L has improved programme coordination, planning, monitoring, and reporting mechanisms.

**5. Coordination, Cooperation, and Strategic Partnerships****Representation, Management, and Implementation****Background and achievements**

As in 2004, the Federation's continuing presence and implementation of priority objectives that were underway will consolidate and intensify. A core delegation is in place: head of delegation (Icelandic RC funded), health coordinator (ECHO funded), finance/OD delegate (Norwegian RC funded), senior planning and health advisor for PRCS and Diaspora, based in Amman regional office (supporting also sub-regional aspects in support of PRCS), and local junior administrative assistant.

The Federation does not plan to expand the delegation but will seek to establish synergies with capacities available in Amman Office, PNSs with regional presence and national societies in the region. The delegation is also receiving support from RRU and RFU in Ankara regional delegation. And in case further technical support is needed, the use of consultants shall be considered.

The International Committee for the Red Cross (ICRC), as a lead agency under the Seville Agreement, continues to extend support in terms of administration, logistics and security to the Federation and the national societies working bilaterally with the PRCS.

All components of the Movement have been meeting regularly to consult, plan and harmonize. Consultations and meetings between PRCS, ICRC and the Federation are continuous. The monthly Movement meetings remain the major source of information sharing and coordination. Likewise, sectoral coordination meetings (OD, finance, DM, PHC, rehabilitation and PSP) are taking place to enhance coordination and cooperation on issues of substance.

In spite of occupation and the prevailing high tensions in the Palestinian AT/OT, and while PRCS remains under constant alert and pressure for emergency response, high priority developmental initiatives are ongoing and progressing in order to sustain capacities and to integrate and develop branches.

The PRCS General Assembly (GA) and partnership meeting were rescheduled from 2004 to February 2005. And, as part of preparation for these activities, the PRCS Strategic Directions and Donor Guide will be up-dated and a comprehensive overall PRCS Strategy will be drafted. It is expected that these documents will be adopted by PRCS GA, which will be followed by signing the PRCS-Federation MoU.

The delegation also facilitates support and advice to the PRCS activities in Syria and Lebanon. During this appeal's planning process the delegation - in co-ordination with PRCS and the Iraq delegation and through the Iraq delegation with the Iraqi RCS – assessed needs of the PRCS branch in Baghdad and options for a response are being monitored and discussed. Once conclusions are reached support is likely to materialize and further actions might be taken during 2005, outside this appeal.

### **Goal**

To continue and reinforce the facilitation of support towards PRCS, under the change process strategy, within the context of the PRCS Strategic Directions, PRCS Strategy and Strategy 2010 - under the Appeal process.

### **Objective 1**

Strategies, agreements and the appeal process were further institutionalized and applied.

### **Expected results**

- The PRCS strategic directions, strategy and the PRCS Donor Guide have been adopted by the PRCS General Assembly and were institutionalized and applied.
- A cooperation agreement was signed between PRCS and the Federation.
- Mechanisms are in place to enhance coordination, cooperation and fundraising.
- Planning, monitoring, reporting and fundraising under the appeal process have progressed and improved.
- Initiative has been taken to clarify and formalize the status of the Federation in the Palestinian AT/OT.

### **Objective 2**

The PRCS benefits increasingly from the Federation's systematic input to sectoral, organizational, managerial and operational issues, which contributes to improving the quality of services provided to the most vulnerable.

### **Expected results**

- Health co-ordination addressed all activities in the health sector, conceptually and strategically, geographically and technically, and in terms of substance and quality with internal and external partners.
- Finance/OD addressed issues related to the development and improvement of financial systems, including budgeting, financial monitoring and reporting and accounting.
- Systematic support has been consolidated and newly established through technical expertise at the Amman Regional Office, especially in the areas of Health, DM and OD.
- PRCS branch integration and development including branches in the Diaspora were supported under a systematic approach.

### Crucial factors in achieving the appeal's objectives

The existence of sufficient humanitarian space in the Palestinian AT/OT will continue to primarily depend on the occupying authorities. Compounded the problem are the ongoing restrictions on movement and the consequent immobility of large parts of the population who do not have unhindered access to health and social services. In addition there is the new reality of the Separation Wall/Barrier and ongoing security concerns of all humanitarian workers.

The future, as ever, is unpredictable but a number of actions such as the unilateral withdrawal from Gaza will create a different reality on the ground. One aspect of this is a likelihood of a renewed and changed formal status of the Federation in the Palestinian AT/OT.

Ownership in the appeal is increasingly shared. This appeal will again be translated into Arabic and wider circulation in the region will be sought. The planning process, monitoring and reporting against the appeal slowly contribute to enhanced ownership and improved quality. While, as a fundraising tool, the appeal also contributes to improved coordination and increased transparency regarding planned and implemented activities.

With regards to fundraising, most donor-recipient partnerships were formed at the onset of the second Intifada in 2000 and it is a challenge to identify and build new partnerships. Besides, according to observations of some donor representatives, the funding availability is contracting not only with regards to the Palestinian AT/OT, but also on a global scale. Efforts will be made to design new approaches.

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*All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct (For details, please go to the website at <http://www.ifrc.org/publicat/conduct/>) and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project. (For details, please go to the website at <http://www.sphereproject.org/>)*

*This appeal reflects a range of programmes to be implemented in 2005, and the related funding requirements. These are based upon a broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products (logframes) are available through hyperlinks in the text or can be requested through the respective regional department at the secretariat in Geneva. The programmes were developed with the relevant national societies, taking account of the activities of other organisations. The programmes also respect and support the wish of all countries and international organisations to achieve the UN Millennium Development Goals. (For details, please go to the website at <http://www.un.org/millenniumgoals/>)*

*For further information on all aspects of the Federation, please go to the Federation's official web page at <http://www.ifrc.org>*

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# BUDGET SUMMARY

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA079

Name: Palestine Red Crescent

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total CHF
	CHF	CHF	CHF	CHF	CHF	CHF	
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	3,250	0	0	0	3,250
Food	0	0	74,880	0	0	0	74,880
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	577,850	19,500	0	0	0	0	597,350
Teaching materials	33,800	26,000	0	0	0	0	59,800
Utensils & tools	0	32,942	0	0	0	0	32,942
Other relief supplies	72,280	0	27,300	0	0	0	99,580
<b>SUPPLIES</b>	<b>683,930</b>	<b>78,442</b>	<b>105,430</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>867,802</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	5,200	195,000	0	103,350	0	0	303,550
Medical equipment	0	201,500	0	0	0	0	201,500
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	<b>5,200</b>	<b>396,500</b>	<b>0</b>	<b>103,350</b>	<b>0</b>	<b>0</b>	<b>505,050</b>
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	74,100	16,900	2,600	21,120	0	0	114,720
<b>TRANSPORT &amp; STORAGE</b>	<b>74,100</b>	<b>16,900</b>	<b>2,600</b>	<b>21,120</b>	<b>0</b>	<b>0</b>	<b>114,720</b>
Programme Support	138,486	49,146	37,483	62,390	7,091	0	294,596
<b>PROGRAMME SUPPORT</b>	<b>138,486</b>	<b>49,146</b>	<b>37,483</b>	<b>62,390</b>	<b>7,091</b>	<b>0</b>	<b>294,596</b>
Personnel-delegates	0	0	0	248,060	102,000	0	350,060
Personnel-national staff	762,905	21,840	129,220	83,880	0	0	997,845
Consultants	11,700	0	2,080	65,500	0	0	79,280
<b>PERSONNEL</b>	<b>774,605</b>	<b>21,840</b>	<b>131,300</b>	<b>397,440</b>	<b>102,000</b>	<b>0</b>	<b>1,427,185</b>
W/shops & Training	316,160	144,391	147,030	194,070	0	0	801,651
<b>WORKSHOPS &amp; TRAINING</b>	<b>316,160</b>	<b>144,391</b>	<b>147,030</b>	<b>194,070</b>	<b>0</b>	<b>0</b>	<b>801,651</b>
Travel & related expenses	48,765	0	96,460	53,320	0	0	198,545
Information	16,900	39,000	50,895	27,100	0	0	133,895
Other General costs	72,410	9,880	5,460	101,060	0	0	188,810
<b>GENERAL EXPENSES</b>	<b>138,075</b>	<b>48,880</b>	<b>152,815</b>	<b>181,480</b>	<b>0</b>	<b>0</b>	<b>521,250</b>
<b>TOTAL BUDGET:</b>	<b>2,130,556</b>	<b>756,099</b>	<b>576,658</b>	<b>959,850</b>	<b>109,091</b>	<b>0</b>	<b>4,532,254</b>