DREF ° MDRPS012  GLIDE n° OT-2021-000052-PSE
Operation update n° 1; 2 June 2021  Timeframe covered by this update: 15 – 31 May 2021
Operation start date: 15/05/2021  Operation timeframe: 4 months; 30/09/2021
Funding requirements (CHF): 1 million CHF

N° of people being assisted: 54,000

Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC).

Other partner organizations actively involved in the operation: UN Agencies: OCHA, UNRWA, WHO, UNICEF

Summary of major revisions made to emergency plan of action:
The following adjustments to the DREF Budget have been made to reflect the changing situation and needs in Gaza.
- Insurance Costs –to cover 5,000 volunteers.
- Procurement of Hygiene Kits, Mattresses, and Blankets

A. SITUATION ANALYSIS

Description of the disaster

Tensions in East Jerusalem were escalating in recent weeks (since the start of Ramadan on 13 April), after the Israeli authorities installed metal barriers outside the Damascus Gate, blocking access to a public area for Palestinians. Although a relative calm was restored with the removal of the obstacles on 25 April, tensions were further heightened by the Israeli authorities’ imminent eviction of four extended Palestinian former refugee families from their homes in the Sheikh Jarrah neighbourhood of East Jerusalem, with the families at risk of eviction, triggering confrontations between Palestinians with Israeli settlers and Israeli forces. Confrontations that were initially centred on Sheikh Jarrah and the Old City spread to other parts of the city and subsequently to mixed communities in Israel. Confrontations worsened substantially since 7 May, and on 11 May there was a “day of rage” with protests across West Bank, including East Jerusalem, as well as some in Palestinian communities in Israel. Protests and confrontations then continued both in the West Bank and Israel.

Figure 1PRCS East Jerusalem Branch responding to clashes near the old city. Credit: PRCS
On 10 May, several rockets were fired from Gaza, some coming close to Jerusalem and Tel Aviv and Israeli forces resulting in retaliatory strikes from the Israeli Defense Forces. These led to significant injuries and casualties given the densely populated nature of the Gaza Strip. Aerial bombardments were continuing when the DREF was approved.

**Context following the release of DREF:**

**Gaza:** After 11 days of intense bombardments by Israeli forces from sea land and air against Gaza and continued launching of rockets and mortars from Gaza into Israel, a ceasefire was agreed on 20 May and began at 2 am on 21 May.

According to the UN, during the 11 days of hostilities, 253 people in Gaza were killed including 66 children.¹ According to the Palestinian Ministry of Health 1,948 Palestinians were injured in Gaza, including 610 children over the last 11 days. PRCS dealt with 981 cases including 82 fatalities over the 11 days of hostilities (approx. 65% of cases). Note the Israeli authorities reported 12 deaths and 700 injuries in Israel.

According to local authorities in Gaza, over 2,000 housing units were destroyed or severely damaged, while nearly 15,000 suffered some degree of damage. Over 100,000 people have been displaced, including 71,000 seeking refuge in UNRWA schools across Gaza and over 35,000 staying with host families. Many people have returned home since then, although approximately 9,000 people remain displaced, including those whose homes were destroyed or severely damaged.

Fifty-six (56) educational facilities were damaged. Nine hospitals and 19 primary healthcare centres were damaged. The COVID testing centre was damaged, however, some COVID testing now taking place in UNRWA facilities and those crossing Rafah. Electricity lines are also damaged.

**Gaza Border Crossings:** Very little relief was able to enter Gaza during the hostilities or immediately after the ceasefire. The movement of Palestinian nationals into and out of Gaza remains restricted, and while the Karem Shalom goods crossing is open, it is only for a limited list of humanitarian goods such as food, animal feed, and essential medical supplies.

There is a huge concern that COVID cases may rise as a result of people being housed together in displacement shelters or with other families and unable to maintain distancing measures, access the needed PPEs, and a shortage of clean water, among other factors. In Gaza, less than 40,000 people have been immunized.

**West Bank:** The ceasefire in Gaza did not lead to an immediate calming of the situation, as confrontations continued for several days particularly in East Jerusalem. Protests continued in the West Bank, including East Jerusalem, continued. While the number of evictions in Sheikh Jarrah has decreased in recent days, a court decision on the evictions is expected in two weeks.

Since 7 May, a total of 27 people were killed in the West Bank, including East Jerusalem, and PRCS has provided first aid to over 6,000 people. Multiple marches took place in Hebron, Nablus, Ramallah, including at the Qalandiya checkpoint. Often after evening prayers, or on Fridays, after midday prayers. Unrest was reported Friday at Temple Mount/Haram al-Sharif complex in Jerusalem and the northern entrance to Bethlehem. The Israeli security forces have used tear gas to disperse demonstrators who had gathered after Friday prayers. On the afternoon of 20 May, Israeli forces raided Al Makkased Hospital in East Jerusalem, launching a sound bomb into the hospital compound and causing property damage. This is the third time Israeli forces have raided the hospital since 10 May.

¹ [https://unsco.unmissions.org/security-council-briefing-situation-middle-east-including-palestinian-question-delivered-un-6#:~:text=From%2010%20to%2021%20May,One%20journalist%20was%20also%20killed](https://unsco.unmissions.org/security-council-briefing-situation-middle-east-including-palestinian-question-delivered-un-6#:~:text=From%2010%20to%2021%20May,One%20journalist%20was%20also%20killed)
Summary of current response

Overview of Host National Society
The main services provided by PRCS include the prehospital emergency services (EMS) with 182 ambulances, 400 emergency medics (EMT) and more than 2,000 trained volunteers, as well as 15 EMS main stations, and 33 substations that cover all of occupied Palestine, including East Jerusalem.

PRCS is the leading humanitarian organization providing emergency medical services (EMS) to victims of violence and conflict across all of occupied Palestine during this crisis, as it is during all of Palestine’s crises. The EMS assistance is provided through various centres, as well as emergency advanced medical posts, and PRCS hospitals.

On 10 May, PRCS activated its central operations room in Gaza, alerting all branches, centres, staff, and volunteers, and mobilizing teams to respond as needed. The response capacity of PRCS at the time of the commencement of hostilities included 28 ambulances with 420 emergency medical personnel and volunteers, and currently, the Al-Quds hospital was prepared to receive cases and to utilize its operation rooms and intensive care units, as needed.

At the time of the ceasefire in Gaza, PRCS medical staff had administered first aid to 899 people and had evacuated 82 people who had been killed. PRCS provided relief items to 1,399 displaced families totalling 7,778 individuals – and distributed food parcels to 1,394 families. PRCS also provided psychosocial first aid to 7,061 people including 3,992 children. PRCS medical staff provided first aid to 6646 wounded people in the West Bank, including East Jerusalem.

Overview of Red Cross Red Crescent Movement in country
IFRC has been supporting PRCS in terms of reporting, developing the appeal, resource mobilization, supporting public communications, and coordination with partners. Within 24 hours from the PRCS Preliminary Appeal launch, IFRC released Disaster Relief Emergency Fund (DREF) funding of CHF 1 Mil in support of the PRCS operation, aimed to restock the National Society warehouses with medical supplies and to provide necessary materials to continue the operation of the EMS in East Jerusalem. IFRC plans to deploy two surge experts to oPt to bolster IFRC capacities in country and to provide technical support to PRCS. Additional surge needs are being identified.

IFRC has also launched DREF to support Egypt Red Crescent Society (ERC) in channelling aid to Palestine Red Crescent Society through the Rafah crossing, on the border between Gaza and Egypt. The DREF will cover the operational costs of ERC response in Rafah, supporting relief items procurement and channelling of in-kind donations and humanitarian assistance to Palestine. IFRC, in consultation with the PRCS, is coordinating with ERC all Red Cross and Red Crescent donations that will be channelled to PRCS via ERC. ERC has already mobilized several dozens of volunteers and deployed them to Rafah gate to provide immediate humanitarian assistance, for injured leaving Gaza. As of 22 May, ERC has assisted in transporting more than 28 injured people to medical facilities in Egypt. More injured are expected to be evacuated in the coming few days. ERC dispatched 614 tonnes of medical supplies and humanitarian assistance. Volunteers have been loading and unloading relief items, assisting injured and their families with paperwork, psychological first aid, visiting injured in hospitals in Egypt, distributing wheelchairs, meals, clothes, and restoring family links via phone calls.

IFRC’s social media messaging and external engagement are focusing on humanitarian needs and highlighting PRCS EMS team response. IFRC resource development efforts aim to amplify PRCS’s work to raise funds to enable the response and support for the vulnerable people in the coming six months.

The ICRC has launched a Preliminary Budget Extension Appeal for CHF 10 million, of which up to CHF 3 million will be made available to enhance the readiness and response capacity of emergency medical services in Gaza, East Jerusalem, and the West Bank. This will bring the ICRC’s total support to PRCS’ EMS for 2021 to CHF 7.8 million.

The ICRC is working with the PRCS Disaster Management Unit (DMU) to provide assistance to people impacted by the destruction of their homes, and the ICRC Weapons Contamination teams are working closely with the PRCS youth and volunteer department in disseminating Mine Risk Education (MRE) messages. The ICRC is also supporting with water network repairs as well as supporting with contingency stocks and contractors for the repairs of the water system, wastewater system, and power network. ICRC donated 9,650 litres of fuel to the Coastal Municipalities Water Utility to support the running of water and wastewater assets (wells, booster pumps, sewage pumps). ICRC is providing health
support and extra medical supplies and is deploying surgical staff to support some hospitals in providing
comprehensive care to weapon-wounded victims. The ICRC will also provide support to selected primary-health-care
facilities in Gaza to ensure people's access to basic health services and to relieve the burden on hospitals.

The Movement coordination for the current operation in Palestine is anchored in the SMCC. Additional elements of
Movement Coordination were agreed between the PRCS, IFRC, and ICRC during a Mini-Summit held on 13 May,
during which roles and responsibilities for the coordination of operations, security, communication, and resource
mobilization were agreed.

Movement components (Palestine Red Crescent Society jointly with the IFRC, the ICRC, and partner National
Societies) meet regularly at leadership, operational and technical levels to agree on a direction, ensure coordination,
and keep the Movement partners updated and informed about the situation and ongoing operations.

The PRCS, the IFRC, and the ICRC continue to ensure regular information sharing, guidance, and updates on the
response, using the existing Movement coordination mechanisms in Palestine, and also provide additional briefing
notes to all Movement components, present or not in the country.

Presently, 11 participating National Societies are cooperating with and supporting the PRCS in its ongoing programs
(Canadian RC, Danish RC, German RC, Italian RC, Icelandic RC, Japanese RC, Netherlands RC, Qatar RC, Spanish
RC, Swedish RC, and Turkish RC)

Overview of non-RCRC actors in country

The PRCS, in collaboration with the IFRC and the ICRC, continues to attend the Humanitarian Country Team (HCT)
meetings and other UN and donor coordination platforms. WHO has offered support to PRCS and reached out to learn
more about their needs. There have also been offers of support from non-governmental organizations (NGOs).

On 23 May, the Humanitarian Coordinator for the oPt announced the release of almost US$18 million from the oPt
Humanitarian Fund. The Emergency Relief Coordinator in New York has allocated an additional $4 million to restore
people’s access to basic services in Gaza. An inter-agency Flash Appeal, in support of a consolidated inter-agency
response plan, was launched on 27 May for 95 million USD.

Activities by the different cluster members and specific UN agencies and partners, both INGOs and NGOs are outlined
in the UN OCHA Response to the escalation in the OPT SitRep.

Needs analysis and scenario planning

Needs analysis

The DREF request is based on the existing needs and previous experiences of the PRCS in similar escalations. Since
the onset of the hostilities PRCS has identified that there is an additional need for the replenishment of Hygiene Kits
and NFIs to replace those that were provided to displaced families.

The following needs analysis has been conducted by various Palestinian Ministries and UN Agencies:

- According to the Ministry of Public Work and Housing (MoPWH), during the recent hostilities, some 300
buildings were destroyed, comprising over 1,100 housing units destroyed and more than 1,000 units severely
damaged and rendered uninhabitable, in addition to nearly 15,000 housing units damaged to various extents.

- The Ministry of Social Development (MoSD) estimates that approximately 9,000 people are still displaced,
mostly with host families. Some displaced families are expected to return to their homes, and stay inside or
around them, even if uninhabitable. This new caseload of displaced persons is added to some 4,000 people,
who lost their homes in the 2014 escalation of hostilities and remained displaced, and 16,000 who live in
homes that were damaged in that context and are yet to be repaired. Prior to the conflict, the MoPWH
estimated a longstanding housing shortage of some 120,000 units in Gaza, resulting in families, especially
vulnerable and displaced, living either with extended families or in rental accommodation. Before the hostilities,
it was estimated that some 9,500 families in Gaza living in rented homes were at risk of eviction due to their
inability to pay rental costs, a figure that was expected to rise as a result of the increase in unemployment,
COVID-19, and poverty.

- Nine hospitals and 19 primary healthcare centres have been also damaged. One hospital was not able to
function due to a lack of electricity for 5 successive days. The COVID testing centre was also damaged and
had to stop functioning for many days. According to the health cluster, priority needs are trauma and
emergency care, mental health and psychosocial support, access to essential health services, stronger partner
coordination, and information management.

- According to the food security cluster, the recent hostilities in Gaza have exacerbated already dire living
conditions. The cluster considers 62 percent of households in Gaza are food insecure or vulnerable to food
insecurity. The livelihoods of many farmers, breeders, herders, and fishers have been negatively impacted.
through destruction or damage to their land and productive assets and farming infrastructures, or their inability to access such resources, during the hostilities. The cluster fears that poultry and livestock sectors risk complete collapse due to the severe shortage of fodders, placing at risk the livelihood of the 17,000 households (85,000 people). Some 3,600 fishing families were unable to fish. Priorities include: Providing emergency and recovery food assistance, including cash, electronic voucher, and in-kind commodities, as well as restoring productive capacities and livelihoods of small-scale herders, farmers, and fishers.

Additionally, the World Bank is rolling out a Rapid Damage and Needs Assessment, in full partnership with the UN and EU. This will take approximately one month to complete. This exercise\(^2\) is geared toward calculating a “dollar amount” for the (physical) damage, economic losses, and (financial/donor) needs. Generally, the output is intended for a donor conference, but whether to have one for Gaza is a decision to be taken at a later date. Nonetheless, this will be an important tool for the international response. The UN system will be at the centre of this process. The World Bank is approaching this in an inclusive way, and the UN agencies are being asked to contribute information and analysis to this process. The UN has agreed with the Bank and the EU to have a similarly inclusive process; the RDNA does not re-place the UNCT and HCT assessments. In addition, the UN will build on the Multi-Sectoral Needs Assessment, completed in June 2020 and the cluster rapid assessments used to prepare the inter-agency appeal.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective:
The overall objective of the DREF remains the same, however, the budget has been adjusted to include additional Hygiene Kits and NFIs in the procurement as well as insurance for those volunteers who are not covered by insurance.

To achieve the above-mentioned objective, the key activities planned as part of this operation are:

1) Replenishment and provision of medicines for PRCS hospitals / first aid posts / EMS service
2) Procurement of mattresses, blankets, and hygiene kits.
3) Support to operational / maintenance costs of PRCS ambulances.
4) Support to volunteer costs and allowances (including Volunteer Insurance).

Human resources
The PRCS has deployed over 1,200 volunteers since the beginning of their response. 5,000 volunteers will be insured and provided with protective equipment including COVID-19 related equipment. The cost of the volunteer’s transportation and incentives have been covered.

Surge alerts were released on 25 May, for both PMER & Operation Managers. Both positions are for three months with the chance of extension. The PMER Manager has been identified.

Logistics and supply chain
PRCS has commenced the procurement process for medicines with the support of the GVA, the IFRC MENA regional office, IFRC Global humanitarian services, and supply chain management (IFRC GHS & SCM) department. The tender for the medicines has been released, and bids were opened on 27 May. In addition, based on the needs in Gaza, the budget has been amended to allow for the procurement of Hygiene Kits, and NFIs, to support displaced families.

Communications
PRCS has continued with providing updates and stories through its various social media platforms which have seen an uptake in followers and re-posts / re-tweets. The IFRC MENA Communications has provided technical support/assistance when requested. Key messages have been developed in coordination/collaboration with PRCS/ICRC. The Regional Director IFRC MENA has published an OpEd on “The Second Battle is Imminent”, highlighting the need for protection of PRCS staff and volunteers against COVID-19 as they deal with simultaneous crises, conflict, and a pandemic.

Security
As of the publication of the Operational Update, the ceasefire remains in place, and consequently, with the coordination of ICRC, delegates are now able to enter Gaza, though they must remain under the security framework of ICRC. Tensions remain high across the West Bank as the issues of forced evictions in Sheikh Jarrah remain unresolved.

Planning, monitoring, evaluation, & reporting (PMER)/ Information Management (IM)
IFRC MENA Regional Office has provided PRCS with necessary PMER support, especially with regards to remote monitoring and reporting for the DREF operation, to ensure evidence-based reporting, upholding accountability, and compliance with the established standards. This will be bolstered with the new PMER Manager, as part of the Rapid Response Team (RRT).

Administration and Finance
The Project Grant Agreement has been signed and the first tranche of funds was processed on 21 May. The DREF budget has been revised to include the procurement of NFIs and Volunteer Insurance.
C. DETAILED OPERATIONAL PLAN

**Shelter**
People reached: TBD
Male:
Female:

**Outcome 1:** Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of targeted people with safe and adequate shelter and settlements</td>
<td>TBD</td>
<td>5,476</td>
</tr>
</tbody>
</table>

**Output 1.1:** Shelter and settlements and basic household items assistance is provided to the affected families

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># households provided with emergency shelter and settlement assistance</td>
<td>TBD</td>
<td>950</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

Though not in the original DREF budget, following needs assessments conducted by PRCS staff and volunteers, a total of 950 affected families were reached with basic household & shelter items.

**Health**
People reached: 14,500
Male:
Female:

**Outcome 1:** The immediate risks to the health of affected populations are reduced

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached through first aid and pre-hospital care</td>
<td>54,000</td>
<td>14,500</td>
</tr>
</tbody>
</table>

**Output 1.1:** The health situation and immediate risks are assessed using agreed guidelines

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of assessments conducted to evaluate the health situation</td>
<td>2</td>
<td></td>
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</table>

During the hostilities, PRCS was unable to undertake comprehensive assessments due to security reasons. As there is now a ceasefire PRCS is in the process of conducting preliminary assessments. (It is envisaged that the results of the assessments will be finalized in June).

**Outcome 2:** The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached through first aid</td>
<td>54,000</td>
<td>14,500</td>
</tr>
</tbody>
</table>

**Output 2.1:** Improved access to health care and emergency health care for the targeted population and communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with medical treatment in hospital</td>
<td>54,000</td>
<td>TBD</td>
</tr>
<tr>
<td># of people transported to the hospital</td>
<td>TBD</td>
<td>1,400</td>
</tr>
<tr>
<td># of people provided with first aid</td>
<td>TBD</td>
<td>7,500</td>
</tr>
<tr>
<td># of people reached with psycho-social first aid</td>
<td>TBD</td>
<td>7,060</td>
</tr>
<tr>
<td># of people evacuated by medical teams</td>
<td>TBD</td>
<td>82</td>
</tr>
</tbody>
</table>

As part of the first tranche of funding transferred to PRCS, the National Society was able to contribute toward the ongoing running costs of the EMS, inclusive of fuel and maintenance. With regards, the procurement of medicines,
PRCS with the support of the IFRC country office and regional office is currently in the process to procure the medicines. The tender for the medicines has been launched and the applications received on 27 May.

| Outcome 7: National Society has increased capacity to manage and respond to health risks |
|----------------------------------|----------------------------------|------------------|
| National Society’s capacity is increased in health response. | Target | Actual |
| Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services |
| National Society is able to provide high-quality emergency health services | Target | Actual |

To date, the Head of Delegation (HOD) has participated with PRCS, in three HCT meetings where response activities across the West Bank & Gaza are coordinated. PRCS has provided updates on their response actions, an overview of assistance received, as well as outstanding needs. In addition, health cluster meetings have been held which PRCS and the HOD have participated.

**Water, sanitation and hygiene**

People reached: TBD
Male: 
Female: 

**WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households provided with improved hygiene</td>
<td>TBD</td>
<td>0</td>
</tr>
</tbody>
</table>

**WASH Output 1.1: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population**

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households provided with a set of essential hygiene items</td>
<td>TBD</td>
<td>950</td>
</tr>
</tbody>
</table>

Progress towards outcomes

Though not in the original DREF budget, following needs assessments conducted by PRCS staff and volunteers, a total of 950 affected families were reached with basic hygiene-related goods (NFIs).

**Strengthen National Society**

**Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences, and capacities to plan and perform**

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of NS providing an audited financial statement.</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
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</thead>
<tbody>
<tr>
<td># of volunteers mobilized and engaged in this DREF operation.</td>
<td>2,000</td>
<td>1,250</td>
</tr>
</tbody>
</table>

Progress towards outcomes

The volunteer incentives have been paid with the first tranche of funds transferred by IFRC.
### International Disaster Response

#### Outcome S2.1: Effective and coordinated international disaster response is ensured

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of emergency response operations where the IFRC engages in inter-agency coordination.</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Output S2.1.1: Effective and respected surge capacity mechanism is maintained.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of surge missions or deployments.</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

Discussions are currently ongoing as to the scope of the surge deployment. Of immediate needs are both PMER & Ops Managers surge delegates to assist with the reporting requirements of the DREF, and to support PRCS (upon request) with the reporting requirements of their appeal. Additionally, local surge capacity, for IFRC is sought to assist with the procurement of medicines and NFIs. PMER delegate has been identified and will start work remotely on 6 June.

Inter-agency coordination is ongoing with IFRC HOD & PRCS in regular participation, with PRCS providing regular updates. PRCS is one of the few local actors who are able to provide relief services on the scene, and consequently are sought after for updates/data and to be used to channel support (i.e. WHO) to those affected by the hostilities.

#### Outcome S2.2: The complementarity and strengths of the Movement are enhanced

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of large-scale emergencies requiring a Movement response where joint coordination tools and mechanisms are in use within the Movement response.</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement coordination mechanism is activated.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

To date, two “mini summits have been held that brought together PRCS, IFRC, and ICRC, in the spirit of movement coordination and collaboration. The purpose was to develop a shared understanding of the situation, agree on the main directions of the Movement’s response, allocate the coordination responsibilities in order to facilitate effective and coordinated response, and start the process for the development of a joint statement from the Movement partners. These two meetings were the first of many between these three organizations, as well as with the wider movement membership.

The intention of the meeting was:

- The exchange of information of current the situation and trends in Palestine, to discuss the current response, future risks, and opportunities.
- Discuss how to ensure a well-coordinated response and provide high-quality services in responding to the needs of the affected communities.

The meeting discussed:

- key parameters of the response, in order to align the understanding/reading of the emergency and define the key parameters for movement activities in the planned response;
- roles and responsibilities regarding coordination;
- what additional Movement support might be required; and
- the internal and external communication profile for the Movement operation.

#### Output S2.2.5: Shared services in areas such as IT, logistics, and information management are provided

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRCS staff are trained on using IFRC mobile data collection tools.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

PMER support has been offered to PRCS, specifically reporting, however training on the use of IFRC mobile data collection tools and training was facilitated on 25 May focusing on Open Data Kit application.
**Influence others as leading strategic partner**

**Outcome S3.1:** The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of campaign and communications reach.</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Output S3.1.1:** IFRC and NS are visible, trusted, and effective advocates on humanitarian issues

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of campaign and communications reach.</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

Throughout the hostilities, the PRCS Comms department was active on social media, providing regular updates on their response activities, human interest stories as well as highlighting allegations of IHL violations. Consequently, there was an increase of interest in following PRCS on social media platforms i.e., Facebook, some posts reached up 0.5 million views, while followers increased from 100-400,000. PRCS Twitter and Instagram accounts all increased the number of followers from 2,500 to 8,210 and 1,300 to 3,700 respectively.

**Output S3.1.2:** IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization, and programming.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of DREF operation with developed M&amp;E framework.</td>
<td>100%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

**Output S4.1.3:** Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance is timely provided to PRCS on all finance-related matters.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>There is an unqualified audit report at the end of the implementation of the activities (if required).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

The IFRC CO has worked with PRCS to ensure compliance with the budget and narrative of the DREF, as well as providing additional support to the procurement of NFIs & Medicines with the support of the RO LPSCM team.
D. Financial Report

The financial report will be presented in the next Operations Update.

The total budget remains the same with slight changes in the activities including the insurance costs—to cover 5,000 volunteers and the procurement of Hygiene Kits, Mattresses, and Blankets, based on the changing situation and needs in Gaza.
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**How we work**

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.