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## Operation Update Report

### Palestine: Complex Emergency 2021

 International Federation  
of Red Cross and Red Crescent Societies

DREF n° MDRPS012	GLIDE n° <a href="#">OT-2021-00052-PSE</a>
Operation update n° 2; 13 August 2021	Timeframe covered by this update: 01 June to 15 July
Operation start date: 15 May 2021	Operation timeframe: 4 months End date: 30 September 2021 (Requested no-cost extension to 30 November 2021)
DREF amount allocated: CHF 1,000,000	
N° of people being assisted: 63,896	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The Palestinian Red Crescent Society (PRCS), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC).	
<b>Other partner organizations actively involved in the operation:</b> UN Agencies: OCHA, UNRWA, WHO, UNICEF, INGOs	

#### Summary of major revisions made to emergency plan of action:

The following action was adjusted and added to the DREF:

1. Provision of 20 oxygen cylinders as part of maintaining the oxygen supply network in the triage point activated at Al-Quds hospital.
2. Maintenance for three medical elevators in Al-Quds hospital.
3. No-cost extension for the response till 30 November 2021.

## A. SITUATION ANALYSIS

### Description of the disaster

Tensions in East Jerusalem escalated at the start of Ramadan on 13 April after Israeli authorities installed metal barriers outside the Damascus Gate in the Old City, blocking access to a public area for Palestinians. Although obstacles were removed on 25 April, tensions were further heightened by the decision to evict four extended Palestinian families from their homes in the Sheikh Jarrah neighbourhood of East Jerusalem. The threat of eviction triggered confrontations between Palestinians and Israeli settlers with 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 across Israel. Confrontations worsened and on 11 May a “day of rage” with protests across West Bank, including East Jerusalem, as well



Figure 1: PRCS providing Emergency Medical Services. Credit: PRCS

as some in Palestinian communities in Israel was held. Protests and confrontations then continued both in the West Bank and Israel.

On 10 May several rockets were fired from Gaza, some coming close to Jerusalem and Tel Aviv, and Israeli forces resulting in retaliatory airstrikes from the Israeli Authorities resulting in significant injuries and casualties in the densely populated Gaza Strip. Aerial bombardments and rocket fire continued for 11 days and were continuing at the time the DREF was initially approved.

### **Context following the release of the DREF:**

**Gaza:** After eleven days of intense bombardment by Israeli forces from sea, land, and air forces against Gaza and continued launching of rockets and mortars from Gaza into Israel, a ceasefire was agreed on 20 May that 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. 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). 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 were 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 educational facilities were damaged. Nine hospitals and 19 primary healthcare centres were damaged. The COVID-19 testing centre was damaged; however, COVID-19 testing has resumed taking place in UNRWA facilities and for those crossing Rafah. Electricity lines were 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-19 cases may arise 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 (~2% of the population) have been immunized. On 12 July, the Israeli authorities announced the expansion of the range of goods allowed in and out of the Gaza Strip, which had been restricted since the 10-21 May escalation

**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, and protests in the West Bank, including East Jerusalem, also continued. Since 7 May, more than 37 people have been killed in the West Bank, including East Jerusalem, and PRCS has provided first aid to over 8,900 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 has been reported on Fridays at Temple Mount/Haram al-Sharif complex in Jerusalem and the northern entrance to Bethlehem. The Israeli security forces have reportedly 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. PRCS has set up a field hospital in Baita to respond to the increased number of injuries there with 28 trained medical volunteers.

## **Summary of current response**

### **Overview of Host National Society:**

The main services provided by PRCS include 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 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. The Al-Quds hospital in Gaza was prepared to receive cases and to utilize its operating rooms and intensive care units, as needed while continuing to respond to COVID-19 cases. 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 has provided relief items to 1,481 displaced families totalling 8,140 individuals who had their houses partly or fully destroyed. PRCS has distributed food parcels to 5,266 families. PRCS also provided psychosocial first aid to 14,037 people including 7,337 children. PRCS medical staff provided first aid to 6,646 wounded people in the West Bank, including East Jerusalem. The PRCS dm unit, with support from the ICRC, completed an assessment of 7,465 families across affected areas in Gaza. The assessment has been used to determine eligibility for in-kind

assistance based on the level of damage to the housing unit and the level of vulnerability of the household based on previously agreed criteria determined by PRCS and partners. PRCS mobilized 700 volunteers with a team of 12 people in the emergency operation centre coordinating the implementation.

#### **Overview of Red Cross Red Crescent Movement in-country:**

The 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 DREF funding of CHF one million in support of the PRCS operation, aimed to restock PRCS warehouses with medical supplies, non-food items (NFIs) and provide necessary materials to continue the operation of the EMS in East Jerusalem. IFRC deployed two surge experts to oPt to bolster IFRC capacities in the country and to provide technical support to PRCS, an Operations Manager, and a PMER delegate. IFRC has also launched a DREF to support Egypt Red Crescent Society (ERC) in channelling aid to PRCS through the Rafah crossing, on the border between Gaza and Egypt. The DREF covers the operational costs of ERC response in Rafah, supporting relief items procurement and channelling 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 mobilized several dozen volunteers and deployed them to the Rafah border crossing 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. 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 prosthetics, 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 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 EMS 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 and is providing health support, extra medical supplies, and deploying surgical staff to support some hospitals provide 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 (PRCS 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). Support for the PRCS appeal is being used in the following areas:

- Ambulance procurement in Gaza, the West Bank, and East Jerusalem,
- Mini "tuk-tuk" ambulance procurement for the Old City of Jerusalem,
- Food kit distribution in Gaza,
- Medial equipment procurement and medicine replenishment in Gaza, the West Bank, and East Jerusalem,
- NFI distribution in Gaza (mattresses, blankets, hygiene kits),
- Volunteer allowance repayment for long hours worked during the crisis,
- Communication, logistics, and other support costs

#### **Overview of non-RCRC actors in-country:**

The PRCS, in collaboration with the IFRC and the ICRC, continue to attend the Humanitarian Country Team (HCT) meetings and other UN and donor coordination platforms. The Logistics Cluster continued following up on the Kerem Shalom Crossing and the number of trucks crossing for the private sector. The UN Humanitarian Fund will allocate USD 3 million for food and cash assistance and another USD 3 million to support livelihood of farmers and breeders with fodders and agricultural inputs. The shelter cluster has distributed NFIs kits, hygiene kits, e-vouchers and multipurpose cash to 6,000 households since the ceasefire. The UN Mine Action Service (UNMAS) is assessing the

presence of explosive hazards in up to 155 sites, including residential areas, markets, health clinics and schools. At least 16 deep buried bombs (DBB) need to be excavated, and the sites made safe. 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 was based on both the existing needs and previous experiences of the PRCS in similar escalations. At the onset of the hostilities, PRCS identified that there was a need to replenish Hygiene Kits and NFIs to replace those that were provided to displaced families during and immediately after the bombings. The following needs analysis was 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) estimated that approximately 6,950 people are still displaced as of 15 July, 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 five successive days. The COVID-19 testing centre was also damaged and had to stop functioning for many days, it has since recommenced testing. 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.

The recent escalation and bombings in the Gaza Strip increased patient demand on Al-Quds hospital, exacerbated by the pre-existing limitations on permits for patients in Gaza to receive medical treatment outside of Gaza. Additionally, the MoH started referring patients to Al-Quds hospital, resulting in a patient spike and increased use of the medical elevators for transfers between hospital departments. In order for the elevators to operate in a proper manner, spare parts for the three elevators as part of the maintenance component of the DREF are to be provided.

The conflict exacerbated the contributing factors of the COVID-19 pandemic, with social distancing becoming harder for displaced families, a pause in testing and tracing, and a delay in the arrival of vaccines. A COVID-19 triage point was activated in the Al-Quds hospital complex as an additional emergency entrance according to the contingency plan to receive patients. The building is used as a field hospital for COVID-19 cases and accordingly, the provision of 20 oxygen cylinders to support maintaining the oxygen supply network is required to ensure it can respond to the increased cases. COVID-19 continues to be a priority in Gaza as 90% of the total number of COVID-19 in Palestine are located in Gaza.

After the ceasefire came into effect, increased restrictions on importing goods into Gaza were maintained by the Israeli authorities until mid-July. During this period mattresses, blankets, and other NFIs were not able to be delivered in Gaza and were also not available in the local market. This created a delay in distributing the new NFIs to affected communities after the pre-position stocks had been used.

Additionally, the World Bank rolled out a Rapid Damage and Needs Assessment, in full partnership with the UN and EU. This assessment calculated USD 380 million in physical damage and up to USD 190 million in economic losses were incurred during the escalation. The UN Flash Appeal aimed at USD 95 million and has so far raised USD 51

million (54% of the total). The World Bank findings also suggest that the economy of Gaza contract by 0.3% compared to an estimated 2.5% GDP growth before the conflict.

### **Operation Risk Assessment**

Accessibility remains one of the main operational risks, with crossings to Gaza being closed. Security of the PRCS staff and volunteers continues to be a critical risk of the operation with nine PRCS personnel being injured since the escalation of hostilities (as of 12 May). There has been reported damage to ambulances in the West Bank. In addition, COVID-19 remains a challenge in all work, especially as there have been limited vaccinations across Palestine. The use of PPE equipment, limited daily distribution numbers and hand sanitizers for front-line volunteers are mitigating the risks posed to target communities.

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

#### **Overall Operational objective:**

The overall objective of the DREF remains the same, however, oxygen cylinders have been included and maintenance costs for medical elevators have been added. The key activities planned for this operation are:

- 1) Replenishment and provision of medicines and medical equipment (oxygen cylinders) for PRCS hospitals / first aid posts / EMS service.
- 2) Replenishment and provision of mattresses, blankets, and hygiene kits.
- 3) Support to operational costs for PRCS ambulances and medical elevators.
- 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 are insured and provided with protective equipment including COVID-19 related equipment. The cost of the volunteer's transportation and incentives is being covered. IFRC Surge alerts were released on 25 May, for both PMER & Operation Manager. The PMER and operation managers are recruited and have been working in Palestine with PRCS and Movement partners.

Should mention DREF support for NS staff (Procurement managers and logs officer. One PRCS logistics officer in Gaza has been funded by this DREF in order to ensure procurement standards are met and the process is implemented as quickly as possible. The officer also ensured that the process was in line with the IFRC procurement requirements, PRCS financial, warehouse, and procurement processes, and all supporting paperwork is recorded.

#### **Logistics and supply chain**

Regarding medicines, the procurement is underway with the tender sent to IFRC for technical review on 29 July. Once this feedback is received the timeframe for receiving the medicines is 90 days, a contract is expected to be signed with the supplier in mid-August.

The public tender for the oxygen cylinders has been advertised and they are expected to be reviewed, approved, and delivered by the end of August.

#### **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 IFRC MENA Regional Director 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.

#### **Public 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 has been bolstered with the new PMER Surge Manager, as part of the Rapid Response Team (RRT).

PRCS has completed an assessment of the affected communities assessing the needs of people who have had partially or destroyed housing units. ICRC supported PRCS with piloting mobile data gathering using tablets and device magic mobile forms. Monitoring of the NFI distributions has been done centrally by PRCS. PRCS has also validated lists of affected people received from the MOSA and has coordinated to ensure duplication is avoided. No additional assessment has been carried out since then.

#### **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.


#### **No Cost Extension**

A no-cost extension has been deemed necessary for the DREF due to the below reasons:

- PRCS completed the tendering process for medicines and submitted the file to IFRC for a technical review and approval on Thursday 29 July.
- Suppliers are normally given 90 days for delivery of medicines to PRCS.
- The timeframe may therefore have to be extended to 30 November if the supplier delivers the medicines towards the end of the above mentioned 90-day period.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Shelter</b></p> <p>People reached: 6,301</p> <p>Male:</p> <p>Female:</p>	
<b>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</b>		
Indicators:	Target	Actual
# of targeted people with safe and adequate shelter and settlements	N/A	6,301
<b>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families</b>		
Indicators:	Target	Actual
# households provided with emergency shelter and settlement assistance	N/A	1,775
Progress towards outcomes		
<p>The procurement of additional NFIs is in process and the items are planned to be distributed to households in the second week of August once they have been able to be delivered into Gaza.</p> <p>1,775 displaced people (6,301 people) received a shelter kit from PRCS to support them in temporary accommodation with host households. The DREF funding supported this process through funding procurement capacity. The overall number will increase once the DREF NFI's are available for distribution.</p>		

	<p><b>Health</b></p> <p>People reached: 42,710</p> <p>Male:</p> <p>Female:</p>	
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
Indicators:	Target	Actual
# of people reached through first aid and pre-hospital care	54,000	21,945
<b>Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>		
Indicators:	Target	Actual
# of assessments conducted to evaluate the health situation	2	1
<b>Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</b>		
Indicators:	Target	Actual
# of people reached through first aid	54,000	21,945
<b>Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.</b>		
Indicators:	Target	Actual
# of people reached with medical treatment in hospital	54,000	8,591
# of people transported to the hospital	N/A	1,544
# of people provided with first aid	N/A	6,646
# of people reached with psycho-social first aid	N/A	14,037
# of people evacuated by medical teams	N/A	82
Progress towards outcomes		
<p>PRCS is continuing to provide EMS support at weekly protests where large numbers of Palestinians continue to be treated, weekly updates on patients treated are shared with partners through the PRCS Op Updates. PRCS</p>		

ambulances are mandated to provide emergency first aid to injured people in the field and also transport to hospital when necessary.

For psychosocial first aid, PRCS trained volunteers have been supporting affected people by visiting highly affected communities and telephone calls to vulnerable people in coordination with other PSS providers.

82 people were evacuated from their homes to safe places during periods of intense bombings in PRCS ambulances. PRCS is trusted to provide evacuation support as a neutral humanitarian actor.

**Outcome 7: National Society has increased capacity to manage and respond to health risks**

Indicators:	Target	Actual
<i>National Society's capacity is increased in health response.</i>	Yes	Yes

**Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services**

Indicators:	Target	Actual
<i>National Society is able to provide high-quality emergency health services</i>	Yes	Yes

Progress towards outcomes

The replenishment of emergency medicines that are expected to arrive in Q3 or Q4, depending on the supplier (see above), will ensure that the EMS service can continue across The West Bank, Gaza Strip, and East Jerusalem. PRCS has been providing weekly Op updates to movement partners and external stakeholders to facilitate better coordination and HCT meetings have been attended by Movement staff.



**Water, sanitation and hygiene**

People reached: 4,750

Male:

Female:

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

Indicators:	Target	Actual
# of households provided with improved hygiene	700	950

**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**

Indicators:	Target	Actual
# of households provided with a set of essential hygiene items	700	950

Progress towards outcomes

The hygiene kit purchase order was issued on 14 July and accordingly, the kits are to be supplied and distributed to the households once they arrive in early August.

950 has been completed through the whole PRCS response with the support provided through the procurement officer funded in the DREF. An additional 700, funded directly by the DREF will commence in August.

**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**

Indicators:	Target	Actual
<i># of NS providing an audited financial statement.</i>	1	1

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

Indicators:	Target	Actual
<i># of volunteers mobilized and engaged in this DREF operation.</i>	2,000	2,000

Progress towards outcomes
Volunteer incentives were paid with the first tranche of the DREF fund and volunteer insurance has also been provided as per the previous Ops Update.

<b>International Disaster Response</b>			
<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>			
Indicators:		Target	Actual
# of emergency response operations where the IFRC engages in inter-agency coordination.		1	1
<b>Output S2.1.1: Effective and respected surge capacity mechanism is maintained.</b>			
Indicators:		Target	Actual
# of surge missions or deployments.		2	2
Progress towards outcomes			
IFRC has engaged in inter-agency coordination through the HCT and informally with movement and non-movement partners. Additionally, PRCS is an active member of cluster committees.			
Two surge roles were provided to support the implementation of the DREF, an Operations Manager and a PMER Delegate who have both arrived in Palestine and have been working with PRCS and Movement partners.			
<b>Outcome S2.2: The complementarity and strengths of the Movement are enhanced</b>			
Indicators:		Target	Actual
# of large-scale emergencies requiring a Movement response where joint coordination tools and mechanisms are in use within the Movement response.		1	1
<b>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.</b>			
Indicators:		Target	Actual
Movement coordination mechanism is activated.		Yes	Yes
Progress towards outcomes			
Mini summits were activated and have been held (see previous <a href="#">Ops Update</a> for more information).			
An initial mini summit was held to establish the mechanisms for coordination during the heightened escalation, however as the ceasefire continues to hold pre-existing regular forums for coordination have been utilized for ongoing needs.			
<b>Output S2.2.5: Shared services in areas such as IT, logistics, and information management are provided</b>			
Indicators:		Target	Actual
PRCS staff are trained on using IFRC mobile data collection tools.		Yes	Yes
Progress towards outcomes			
Mobile data collection training was provided to PRCS DMU staff and volunteers on 25 May and additional training is planned for August. A PRCS mobile data collection training package for PRCS is being developed with the Planning Unit and a pilot ToT is planned for August. In addition, the IFRC PMER surge delegate is supporting PRCS and Movement partners to review the Information Management (IM) needs of PRCS to better coordinate wider IM capacity building.			

<b>Influence others as leading strategic partner</b>			
<b>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.</b>			
Indicators:		Target	Actual
# of campaign and communications reach.		1	1
<b>Output S3.1.1: IFRC and NS are visible, trusted, and effective advocates on humanitarian issues</b>			
Indicators:		Target	Actual

# of campaign and communications reach.	1	1	
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.			
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization, and programming.</b>			
Indicators:		Target	Actual
% of DREF operation with developed M&E framework.		100%	100%
Progress towards outcomes			
DREF M&E framework has been developed as a living document noting the challenges of procurement and delays experienced.			
<b>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</b>			
Indicators:		Target	Actual
Guidance is timely provided to PRCS on all finance-related matters.		Yes	Yes
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 Regional Office LPSCM team.			

## D. Financial Report

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

### DREF OPERATION

MDRPS012 Palestine: Escalation of Hostilities and Civil Unrest

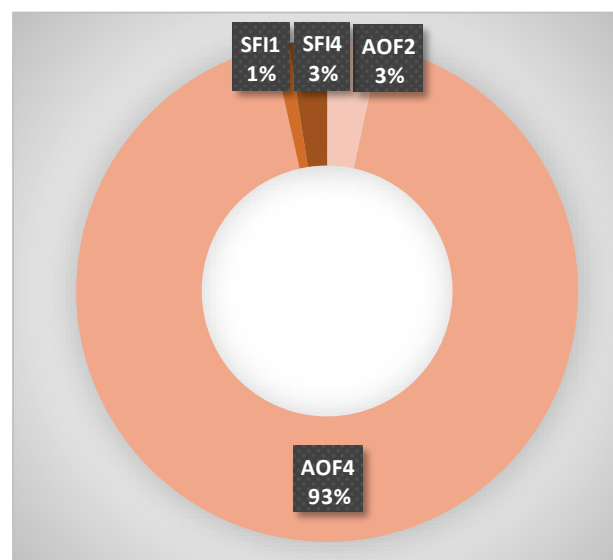
28/7/2021

#### Budget by Resource

Budget Group	Budget
Clothing & Textiles	32,000
Water, Sanitation & Hygiene	16,000
Medical & First Aid	557,200
<b>Relief items, Construction, Supplies</b>	<b>605,200</b>
Other Machinery & Equipment	16,000
<b>Land, vehicles &amp; equipment</b>	<b>16,000</b>
Transport & Vehicles Costs	56,800
<b>Logistics, Transport &amp; Storage</b>	<b>56,800</b>
National Society Staff	16,000
Volunteers	144,000
<b>Personnel</b>	<b>160,000</b>
Workshops & Training	10,001
<b>Workshops &amp; Training</b>	<b>10,001</b>
Travel	10,000
Communications	14,690
Financial Charges	7,008
Other General Expenses	59,268
<b>General Expenditure</b>	<b>90,966</b>
DIRECT COSTS	938,967
INDIRECT COSTS	61,033
<b>TOTAL BUDGET</b>	<b>1,000,000</b>

#### Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	34,080
AOF3	Livelihoods and Basic Needs	
AOF4	Health	930,766
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	10,651
SFI2	Effective International Disaster Management	
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	24,504
<b>TOTAL</b>		<b>1,000,000</b>



## Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

**For further information, specifically related to this operation please contact:**

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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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.