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Summary

The Palestinian population is living an exceptionally difficult period of its history since the start of Al-Aqsa Intifada on September 29th, 2000. This period may be described by uncertainty, insecurity, economic decline and low-level war.

This situation is affecting the most vulnerable- women, children, elderly, disabled, the poor and all those suffering from chronic illnesses. The problems facing the local communities are becoming more complex than ever, thus increasing the burden and requiring new methods of coping.

What was the role of PRCS-PHC department in all this?

The first step was mobilizing local communities by assisting them in preparedness and responding to the worst situations. Actions taken included: establishing Emergency committees in villages where PRCS exists, defining the role of the Emergency Committee, and recruiting and training volunteers. In 2001, a total of 30 Community Based First Aid courses were carried out with 573 beneficiaries.

The second step was assessing the readiness of PHC centers for capability of providing Emergency Care, and carrying out an up-grading plan. Generators were installed in all centers. Medical equipment necessary for emergency care was placed in centers where the needs are highest. Equipment included additional O2 supply, minor surgical sets, battery charge suction machines, pulsoxymeters, portable emergency kits, and complementary water supply and telefax machines. Centers were also supplied by a 3-months stock of emergency medical supplies and medicines. Telecommunications was maintained with all locations except Der Abu Mishaal- where there are no telephone lines.

The third step was promoting awareness to common health problems. The main targets were women and children. Community Health Teams continuously emphasize that Health is a Resource that all families need to promote and/or restore while facing the current situation. For instance, preventing home accidents reduce the cost of health care and the direct beneficiaries are family members. A total of 7255 persons benefited from health education gatherings held in different locations in 2001. This is in addition to 1554 patients who were assisted in self-care together with their families through the Home Based Care program.

The fourth step was improving the image of PRCS by coordinating community activities/events that varied from free medical days and dental check-ups, to health education sessions, household visits, school health activities, summer camps and community gatherings. PRCS printed materials were also disseminated during the mentioned activities aiming at clarifying the society's objectives, principles, actions and functions. (*See Annual Community Based Activity Report for numbers of beneficiaries*).

The fifth step was introducing safe motherhood concepts to PHC services and local communities. This is to continue for the three years to come. The safe motherhood concepts include collecting, utilizing and sharing information, feeding babies from birth to two years, common childhood diseases, reproductive health and antenatal and postnatal care. Four safe motherhood groups were established in 4 local communities to act as mediators with the PRCS-PHC centers.

The sixth step was intensifying school health activities. All centers planned and carried out

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activities in schools, such as health talks, free medical and dental check-ups, free laboratory tests (CBC and blood grouping), summer camps, and community based first aid courses. The aim was assisting children and teachers in coping with the increasing pressures of life. The number of direct beneficiaries from school health programs was estimated at 29,293 students.

The seventh step was human resource development. A total 3027 working hours were utilized in continuing education activities. The main focus of the training sessions was on emergency care and woman and child health. However, the share of several centers from CE activities was minimal such as in Tubas, Salfeet, and Arrabeh. The department shall make sure in the coming years that employees get equal opportunities in participating in educational activities.

The eighth step was maximizing coordination with the Ministry of Health regarding the delivery of primary health care services. Two agreements were signed with the MOH regarding merging PHC services in Qatanneh and Bidia. The PHC department believes in the coordinated approach in the provision of health care, which is necessary for meeting the needs of local communities and reducing the cost of health care.

In 2001, a total of 326,414 persons benefited from the different PHC programs. The majority (51.9%) benefited from direct medical care. It was noticed during the Intifada months that the demand on medical care in villages increased, which is most probably due to strict closures and restricted mobility that had limited the choice of people to the existing health care services in their village.

The operational cost of the PRCS-PHC was estimated at 1.2 million USD. This estimated cost does not include newly purchased equipment and depreciation of the existing equipment. In 2001, cost recovery was approximately 32%.

The current situation in Palestine created many challenges to the PHC department. The most important were the high absence rate of staff, late arrival of staff to the work site, the stress of the daily pressure of life that affected the morale of the staff, and the increasing demands of the local communities and insecurity.

Administratively, supervisory visits were never as difficult. Many hours were spent in travelling and few hours with the staff. This had made it extremely difficult to monitor quality and to provide guidance and support. On the other hand, the PHC management team was able to maintain a daily contact with all centers. A total of 185 working days were utilized in supervisory field visits.

Several projects with Red Cross partners contributed to the 2001 developments. The ongoing projects and other projects waiting for funding are listed in a table enclosed in this report.

In 2002 onwards, the PHC department will undertake activities that aim at developing the various components of primary health care. The department will continue in the human resource development strategy, promote the provision of woman and child health services, promote the role of dentists in preventive oral health, maintain quality control in laboratories, develop the home based component, and review the role of community health committees in disaster preparedness. Collaboration with PRCS Branches will be maximized as well as coordinating joint programs with other departments. A joint pilot project with the Rehabilitation department will be carried out in Qatanneh PHC center.

THE PRIMARY HEALTH CARE DEPARTMENT

Our vision for 2002-2003

The PRCS Primary Health Care Department continues to provide quality, comprehensive and financially affordable services to local communities where PRCS exists. The department seeks to continuously improve the quality of all its services while meeting the healthcare needs of local communities. The PHC centers will maximize collaboration with PRCS branches and fully support the process of community organization while facing the prevailing challenges of the present Palestinian circumstances.

OUR PRINCIPLES ARE

1. Human resource development is a major development pillar.
2. Effective supervision and follow-up are primary capacity building tools.
3. Community organization and participation contribute to the development process.
4. Coordination with MOH, MOE, NGOs and other PRCS departments contributes to the efficiency of PHC services provided to the Palestinian people.

Overall Goal

Develop the PRCS Primary Health Care services along with meeting the health care needs of the Palestinian community and ensuring adequate participation of community members.

Objectives

The PRCS-PHC department is expected to meet the following objectives targeting local communities where PRCS PHC centers exists.

First: Medical Care

1. Up-grade the performance of physicians in mother & childcare and in Emergency care.
2. Operate as a referral point for secondary and tertiary care.
3. Promote the role of physicians in health education.

Second: Woman and Child Health

1. Improve the provision of antenatal and postnatal care and develop follow-up procedures.
2. Encourage the utilization of PRCS home-based services by women and children in need for care at home.
3. Increase utilization rates of MCH services.
4. Promote awareness of women about important women and child health Issues.
5. Establish safe motherhood committees in all local communities where PRCS exists.
6. Pilot Health Information System in MCH field in 8-target PHC centers.
7. Pilot a referral system in the field of MCH in 12-target communities.
7. Pilot a developmental screening program from birth to 6 years of age in Qatanneh village.

Third: Dental Health

1. Promote the role of dentists in screening and prevention of dental caries and other oral diseases.
2. Increase awareness of oral health in schools and preschool facilities.
3. Establish a dentistry unit in Der Abu Mishaal PHC center.
4. Promote infection control standards.

Fourth: Laboratory Services

1. Up-grade PHC laboratory equipment according to allocated funds made available by PHC projects.
2. Establish laboratory services in 3 new PRCS-PHC locations.
3. Maintain quality control procedures in all PHC laboratories.
4. Maintain effective supervision on laboratory practices.
5. Promote infection control standards.

Fifth: Home Based Care

1. Review care plan format and other documentation formats for HBC.
2. Provide in time training and supervision on HBC skills.
3. Increase the utilization rate of the program.
4. Refer cases to specialty services as seen appropriate.
5. Promote awareness on important health issues among families benefiting from the program.

Sixth: Community Based Development

- Community Health Committees (CHC):
1. Review membership of all CHC.
 2. Establish 2 CHC for Idna and Bani Naim local communities.
 3. Review and enforce the role of the CHC.
 4. Coordinate the role of CHC in Emergencies with the PRCS Disaster Preparedness unit.
 5. Hold meetings/workshops for CHC that aim at assisting communities in identifying their health needs, problems and resources, and putting forward plans for meeting the needs.
 6. Coordinate with the CHCs the implementation of micro projects that best need the needs of local communities.
 7. In coordination with the CHCs, recruit and train volunteers who are capable of serving their communities

In school health, the focus will be on:

1. Increasing the number of medical and dental screening activities in all local communities where PRCS exists.
2. Carrying out health promotion and education activities for pupils, teachers and parents as well.
3. Community-based first aid courses for pupils and teachers.
4. Coordinate with the MOH and MOE school health activities.

In environmental health, the focus will be on:

1. Encouraging and supporting environmental health activities in local communities.
2. Carrying out health education activities that aim at promoting environmentally friendly practices by the public.

In health education, the focus will be on:

1. Coordination with MOH-Health Promotion & Education Directorate regarding implementing national strategies.
2. Publishing and disseminating two health education brochures tackling common health issues.
3. Maintaining a monthly health education program in all PHC centers.
4. Standardize of health education lectures and utilizing them in all PHC centers.

2001 Annual Statistical Reports

Summary Table

Medical Care

1. Beneficiaries from Medical Care: monthly distribution by disease.
2. Beneficiaries from Medical Care: monthly distribution by PHC Center.
3. Beneficiaries from Medical Care: distribution by age and by sex.

Laboratory Services

4. Number of laboratory tests: monthly distribution by type of test.
5. Number of laboratory tests: monthly distribution by PHC Center.

X-Ray services (limited to Salfeet PHC Center)

6. Number of X-Ray Services: monthly distribution by type of X-Ray.

Dental Care

7. Number of dental procedures: monthly distribution by type of procedure.
8. Number of dental procedures: monthly distribution by PHC Center.
9. Revenues (NIS) of dental units: monthly distribution by PHC Center.

Home Based Care

10. Number of cases and home visits: monthly distribution by disease.
11. Number of cases: monthly distribution by center.

Woman and Child Health

12. Number of women health services: distribution by center and by type of service.
13. Number of childcare services: distribution by center and by type of service.

Community Organization

14. Community Health Committees & volunteers.
15. Community-based activities: Health Education, Free Medical Days, Household Visits, and CBFA courses.
16. School Health activities

Revenues

17. Revenues of PHC centers distributed by month and by center

Reports from PHC Centers

The PHC supervisors together with the staff at the centers discussed the strengths, weaknesses, achievements, and role during the Intifada, and community health committees. Also, together they suggested future plans. A one-page summary about each center is included in the following 21 pages:

- Page 30: Silwad
- Page 31: Biddo
- Page 32: Qatanneh
- Page 33: Ramallah
- Page 34: Bedia
- Page 35: Salfeet
- Page 36: Kifel Hares
- Page 37: Jaba'
- Page 38: Der Abu Mishaal
- Page 39: Al-Khader
- Page 40: Beit Fajjar
- Page 41: Tarqumia
- Page 42: Idna
- Page 43: Bani Naem
- Page 44: Qabatia
- Page 45: Tubas
- Page 46: Azmout
- Page 47: Arrabeh
- Page 48: Anabta
- Page 49: Jabalia
- Page 50: Khalil El-Wazir
- Page 51: Ma'n

PALESTINE RED CRESCENT SOCIETY**CENTER: Silwad****Period covered by this report:** January –December 2001**Population served:** 8000 persons**Other Health Care providers in the village:** Restricted to the private sector- one dermatologist, 3 general practitioners, and one dental clinic.**Project support:**

1. Home-based Care: in collaboration with the Spanish Red Cross, August 2001 -December 2002.
2. Safe motherhood project: in collaboration with the French Red Cross, October 2001- June 2002.
3. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	11269	
Women Care	64	
Well Baby Clinic	796	
Dental care	129	Dental unit closed in April 2001
Laboratory tests	4108	
Medical days	1025	
Health Education sessions	0	
School Health	426	
Community Based First Aid	0	
Home Care	93	
TOTAL	17910	

Community Health Committee: established **Date activated:** June 2001 # of members: 9**Safe Motherhood Committee:** established **Date established:** Nov 2001 #of members: 10**Achievements:** The center was relocated. The new location is in the center of the village, which makes the services easily accessible to residents. The center was upgraded to facilitate emergency care.**Human Resource Development:** A total of 203 working hours were utilized in continuing education activities, mainly related to safe motherhood concepts, emergency care and care of diabetic patients. Discussions and demonstrations held at the center and lead by the supervisor covered topics like: CPR, pharmacology aspects, anaphylaxis, anaemia, neonatal jaundice, CVA, diabetes, diarrhoea, anthrax and immunization schedule.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Agreement and coordination with MOH. 2. Provides comprehensive PHC services. 3. Competent staff. 4. Was able to function fully during the Intifada. 5. Facility is appropriate to provide ER care. 	<ol style="list-style-type: none"> 1. The facility has limited space for community activities. 2. Lack of specialty care, especially obstetric and gynecology. 3. Community-based activities are inadequate. 4. X-Ray unit was not operational in 2001.

Notes & recommendations of the supervisor: The workload has been increasing during the Intifada, which is forcing the staff to neglect the community-based programs. There is a need to promote the CBH programs like school health & home care, and to empower the role of the community health committee & the safe motherhood committee. Also, there is a need to make health education accessible to all residents by targeting the different groups at risk and preparing and implementing a monthly schedule for health education activities.**Special role during the Intifada:** Several community-based first aid courses to different age groups were carried out. Health awareness campaigns focused on crisis management and psychological stress. There was home visiting to Intifada casualties, focusing on treatment, referral and follow-up of care. Always had the ability to operate 24 hours/day in case of emergency.**FUTURE PLANS**

1. Develop the Women and Child Health component of PHC.
2. Operate the X-Ray unit in the new location.
3. Coordinate the rehabilitation and continuity of care for the disabled.
4. Emphasize the role of volunteers in PHC. Recruit and train groups of volunteers in the community-based field of first aid.
5. Empower the community health committee and the safe motherhood committee.

CENTER: Biddo**Period covered by this report: January -December 2001****Population served:** 14,250 persons

Other Health Care providers in the village: UPMRC provides a CBR program. AI-Karmel center- operated by private sector provides 24 hours emergency services, X-Ray services, pediatrician, and GP. This is in addition to 5 private GP clinics.

Project support:

1. Home-based Care: in collaboration with the Spanish Red Cross, August 2001- December 2002.
2. Emergency equipment: in collaboration with the Welfare Association, February 2001.
3. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	16211	
Women Care	000	Reported to MOH
Well Baby Clinic	000	Reported to MOH
Dental care	830	
Laboratory tests	4424	
Medical days	0	
Health Education	0	
School Health	307	
Community Based First Aid	0	
Home Care	52	
TOTAL	21824	

Community Health Committee: efforts were unsuccessful.

Safe Motherhood Committee: Not established yet.

Achievements: The center was upgraded to facilitate emergency care.

Human Resource Development: One nurse participated in an emergency care course for 50 contact hours. This is in addition to discussions and demonstrations held at the center and lead by the supervisor that covered the following topics: CPR, home care planning, diabetes and essential drugs.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Agreement and coordination with MOH. 2. Has necessary equipment for emergency care. 3. Location is central to surrounding villages in northwest Jerusalem. 	<ol style="list-style-type: none"> 1. Shortage of nursing staff. 2. One nurse, social worker, & physician are residents of Ramallah, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff. 3. Weak CBH programs, as a result of above mentioned causes. 4. Poor coordination with local community.

Notes & recommendations of the supervisor: Teamwork needs to be promoted. There is a need to focus on organization of work among team members. The center is understaffed. It is recommended to employ one more nurse & a part-time physician. Understaffing which is accompanied by high workload is leading to a tendency to neglect the community-based programs. CHT should develop the role of volunteers and coordinate with other health care providers.

Special role during the Intifada: Had to adapt with huge workload during the Intifada. The location is central to all surrounding villages, which justifies the increase in workload. Efforts to carryout community-based first aid courses were unsuccessful. Planned a health awareness campaign on crisis management and psychological stress and performed home visiting to Intifada casualties.

FUTURE PLANS

1. Activate the community-based programs, in particular health education, home care and school health.
2. Compile a community profile on the served population and investigate the health and social problems.
3. Promote community involvement and review the membership of the community health committee.
4. Establish a safe motherhood committee.
5. Recruit and train volunteers.
6. Increase the level of staffing in nursing.
7. Maximize coordination with the other health care providers in the area.
8. Develop a human resource development plan.

CENTER: Qatanneh**Period covered by this report: January -December 2001****Population served: 6500 persons****Other Health Care providers in the village: NONE****Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Waiting: Developmental screening from birth to 6 years of age. Proposal submitted to Empress Shoken Funds.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	4485	
Women Care	0	
Well Baby Clinic	117	7 months only
Dental care	732	Operated 3 day / week
Laboratory tests	3095	
Medical days	0	
Health Education	27	
School Health	699	
Community Based First Aid	59	
Home Care	8	
TOTAL	9222	

Community Health Committee: established **Date established:** August 1997 **# of members:** 7**Safe Motherhood Committee:** Not yet established.**Achievements:** PRCS merged its services with MOH as per agreement in June 2001. This coordination with MOH provided the opportunity to initiate a vaccination program in Qatanneh.**Human Resource Development:** A total of 62 working hours were utilized in CE activities. The social worker participated in 28 contact hours on psychosocial crisis management. The physician and one nurse participated in a 9-hours course on management of diabetic patients in the community. The physician participated in a 10-hours sessions on Emergency care. This is in addition to a 2-hours CPR session performed by the supervisor at the center, whereby all employees participated.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Agreement with MOH. 2. It is the only health care unit in the village. 3. Active community Health Committee. 4. Good location. 	<ol style="list-style-type: none"> 1. The social worker, lab technician & physician are residents of Ramallah, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff. 2. The center is not yet well equipped to manage emergency and maternal care. 3. Shortage if nursing staff.

Notes & recommendations of the supervisor: The community-based programs are weak, which is direct effect of the high absence rate of staff caused by the Intifada. The CHT should seek means for maximizing community involvement. Basic furniture should be up-graded.**Special role during the Intifada:** Two CBFA courses were carried out- for community members and for schoolteachers.**FUTURE PLANS**

1. Establish a safe motherhood committee.
2. Introduce a child developmental screening program in collaboration with the PRCS rehabilitation department.
3. Promote the community-based programs and home care activities.

CENTER: Ramallah**Period covered by this report:** January -December 2001**Population served:** 15,000 persons

Other Health Care providers in the village: There is variety of health care services in Ramallah. There are 5 private hospitals and a district hospital run by the MOH. The private and NGO sectors operate strong health care programs.

Project support: Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1720	
Women Care	0	
Well Baby Clinic	0	
Dental care	1781	
Laboratory tests	2816	
Medical days	1049	
Health Education	116	
Dental days (free)	228	
Free laboratory days	100	
School Health	767	
Community Based First Aid	32	
Home Care	18	
TOTAL	8627	

Community Health Committee: Not established

Safe Motherhood Committee: Not yet established

Achievements: NONE

Human Resource Development: The physician participated in a 50-contact hours course on Emergency Care. Other staff development included participation of physician and laboratory technician in workshops on laboratory protocol development with the MOH.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Good location. 2. Provides a variety of services including ENT and Hematology. 3. Most team members are Ramallah residents. 	<ol style="list-style-type: none"> 1. The nurse comes from a remote village, which had disrupted the work during Intifada. The result was high absence rate during closures. 2. There are many alternative services in Ramallah. 3. Absence of a social worker.

Notes & recommendations of the supervisor: The facility needs to be upgraded. The nurse should participate in continuing education activities. A CHT should be established.

Special role during the Intifada: Staff coordinated free medical days in villages and areas under strict closures and curfews. Community-based activities included courses on women health, CBFA, civil defense for women groups.

FUTURE PLANS

1. Develop the afternoon work: agreements with specialists.
2. Promote the community-based programs: especially CBFA courses.
3. Consider the staffing- especially the establishment of a CHT.

CENTER: Bedia**Period covered by this report:** January -December 2001**Population served:** 8000 persons**Other Health Care providers in the village:** The alternative services are limited to 6 private GP clinics.**Project support:**

1. Women & Child Health Project: in collaboration with the Australian Red Cross, June 2000 -December 2001.
2. Waiting: Phase 2 of the above-mentioned project.
3. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	8428	
Women Care	76	
Well Baby Clinic	213	
Dental care	1325	
Laboratory tests	8367	
Medical days	0	
Health Education	931	
School Health	2200	
Community Based First Aid	20	
Home Care	33	
TOTAL	21593	

Community Health Committee: established **Date established:** 1999 **# of members:** 8**Safe Motherhood Committee:** Not yet established. Planned for 2002.

Achievements: PRCS merged its services with MOH as per agreement in June 2001. Center was relocated as it was agreed with MOH to use the MOH building. This coordination with MOH provided the opportunity to provide comprehensive services to the served population. The equipment was upgraded to the level that it facilitates the provision of emergency care and women & child health care.

Human Resource Development: This year, the laboratory technician completed his MA in laboratory sciences. Also, all PHC team members (except the cleaner) participated in a 60 hours course in Women & Child Health. That is, a total of 360 working hours were utilized in completing the requirements of this course. In addition, all team members participated in a CPR training session at the center for 2 hours.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Agreement with MOH. 2. Provides comprehensive services. 3. Center is equipped for emergency & maternity care. 	<ol style="list-style-type: none"> 1. Five employees come from villages or towns far from Bedia, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff.

Notes & recommendations of the supervisor: Efforts should be made to employ staff from Bedia. This should advance all PHC programs. The community-based programs are weak, which is a direct effect of the high absence rate of staff. As for further human resource development, it is recommended to arrange for a management course for the key personnel of the center.

Special role during the Intifada: There was focus on Community Based First Aid courses for youth. On several occasions the center treated and followed-up Intifada injured. Coordination with the MOH and municipality was maximized. There were visits to nurseries and Kindergarten, whereby CHT performed physical and laboratory checkups for children.

FUTURE PLANS

1. Establish a safe motherhood committee.
2. Design a training package on management and organizational skills.
3. Promote the community-based programs and home care.
4. Promote infection control standards in the dentistry unit.

CENTER: Salfeet**Period covered by this report: January -December 2001****Population served:** 7100 persons

Other Health Care providers in the village: MOH is operating strong PHC services, in addition to establishing a field hospital during the Intifada, which includes a maternity unit. There are several private GP clinics.

Project support

1. Home-based Care: in collaboration with the Spanish Red Cross, August 2001 -December 2002.
2. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1299	
Women Care	0	
Well Baby Clinic	0	
Dental care	2014	
Laboratory tests	2416	
X-Ray	2008	
Medical days	0	
Health Education	100	
School Health	917	
Community Based First Aid	0	
Home Care	119	
TOTAL	8873	

Community Health Committee: established **Date established:** 2000 **# of members:** 8

Safe Motherhood Committee: Not yet established.

Achievements: Established the X-Ray unit, which is the only unit in the area.

Human Resource Development: NONE

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Has the only X-Ray unit in the area, which is operational 24 hours/day. 2. Most employees are from Salfeet town. 3. Center is operational from 8:00am-7:00pm. 4. A central location. 5. Up-graded to facilitate emergency care. 6. Introduced minor surgical procedures. 	<ol style="list-style-type: none"> 1. Two nurses, social worker, & physician come from neighbouring villages, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff. 2. Absence of obstetric services since the start of the Intifada. 3. Social worker was unable to reach the center during Intifada, which had disrupted the CB programs.

Notes & recommendations of the supervisor: Community-based services need to be strengthened, which in the absence of the social worker will be difficult. CHT should seek to develop the home care component. Other than that, the center is neat and staff demonstrates commitment to PRCS and to the PHC components.

Special role during the Intifada: During emergency situations arrangements are made to keep the center open 24 hours. Coordination was maximized with the MOH to become complementary to other existing services in town. Emergency equipment was up-graded to facilitate emergency care.

FUTURE PLANS

1. Promote the community-based programs and home care activities.

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CENTER: Kifel Hares

Period covered by this report: January -December 2001

Population served: 3000 persons

Other Health Care providers in the village: There is an MOH PHC center operated every other day. This is in addition to 2 private GP clinics.

Project support:

1. Home-based Care: in collaboration with the Spanish Red Cross, August 2001 -December 2002.
2. Safe motherhood project: in collaboration with the French Red Cross, October 2001- June 2002.
3. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	2179	
Women Care	59	
Well Baby Clinic	186	
Dental care	1530	
Laboratory tests	4288	
Medical days	810	
Health Education	187	
Free dental checkups	30	
School Health	660	
Community Based First Aid	0	
Home Care	54	
TOTAL	9983	

Community Health Committee: established **Date established:** 1996 **# of members:** 7

Safe Motherhood Committee: established/active **Date established:** November 2001 **# of members:** 10

Achievements: CBFA training of trainers course for schoolteachers to enable them in teaching first aid to schoolchildren.

Human Resource Development: Staff utilized a total of 123 working hours in continuing education activities related to safe motherhood concepts, counseling in reproductive health and essential drugs program. This is in addition to discussions and demonstrations held at the center and lead by the supervisor that covered the following topics: CPR, antenatal care, labor exercises, care of the mother during labor and IV therapy.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none">1. Commitment of staff to the programs & to PRCS.2. Have the only laboratory in the area.3. Excellent professional relationships with the community and its institutions.4. Very effective and supportive Community Health Committee.	<ol style="list-style-type: none">1. One nurse, social worker, & physician come from villages far from Kifel Hares, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff.2. Absence of obstetric services since the start of the Intifada.3. Limited space at the facility.

Notes & recommendations of the supervisor: PRCS should try to employ staff from the same area, however the present staff members are very committed. The high absence rate of the physician and social worker had disrupted the continuity of work in establishing the different PHC programs. On the other hand, the center was able to maintain its effectiveness and credibility.

Special role during the Intifada: The CHT performed home visits to intifada casualties and held community discussions on Intifada related issues. The staff was able to coordinate services with MOH and EMS staff during emergency situations and to open 24 hours/day whenever it was needed. Most Intifada casualties in Kifel Hares were treated at the center. Also emotional support was provided to individuals and families affected by the Intifada.

FUTURE PLANS

1. Develop the Safe Motherhood component of the PHC service.
2. Empower the women and minority groups in the local community.
3. Refer cases as needed to other levels of care.
4. Merging with MOH may be considered.

CENTER: Jaba'**Period covered by this report: January -December 2001****Population served:** 7500 persons**Other Health Care providers in the village:** MOH is operating a PHC center 3 days a week. This is in addition to 3 private GP clinics.**Project support:**

- I. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000 -December 2001.
2. Waiting: Phase 2 of the above-mentioned project.
3. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	5021	
Women Care	61	
Well Baby Clinic	263	
Dental care	0	
Laboratory tests	3223	
Medical days	0	
Health Education	451	
School Health	904	
Community Based First Aid	26	
Home Care	106	
TOTAL	10055	

Community Health Committee: established**Date activated:** 2000**# of members:** 8**Safe Motherhood Committee:** Not yet established. Planned for 2002.**Achievements:** The center was renovated. HIS pilot carried out but not successful.**Human Resource Development:** A total of 300 working hours were utilized in WCH training course. All PHC team members participated. One nurse also participated in an Emergency course for 50 contact hours. The social worker participated in workshop on "psychological stress and crisis management". This is in addition to the laboratory technician enrollment in a Diploma-BS upgrading program.**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Active, cooperative & committed team. 2. Excellent relationship with the community. 3. Very strong Home Based Care program. 	<ol style="list-style-type: none"> 1. Two nurses, social worker, & physician come from towns far from Jaba, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff. 2. Limited space at the facility, which does not allow for holding community events.

Notes & recommendations of the supervisor: Need to organize training sessions on Health Information Systems and use of computers. Obstetric and gynecology services should be made available. In-service education should focus on the Emergency skills of the staff. Other than that the team is very active and reliable.**Special role during the Intifada:** On several emergency situations the center was operated for 24 hours. Home visits were performed to all Intifada casualties in the village. When the nurses were unable to reach the center they planned and carried out home care activities in Nablus area. They visited hospitals and identified war victims and arranged for home care after discharge.**FUTURE PLANS**

1. Establish a safe motherhood committee.
2. Promote the community-based activities.

CENTER: Der Abu Mishaal**Period covered by this report: January -December 2001****Population served:** 3500 persons**Other Health Care providers in the village:** NONE**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	6562	
Women Care	0	
Well Baby Clinic	417	
Dental care	0	
Laboratory tests	3381	
Medical days	130	
Health Education	0	
School Health	1020	
Community Based First Aid	13	
Home Care	171	
TOTAL	11694	

Community Health Committee: established **Date established:** July 2001 **# of members:** 9**Safe Motherhood Committee:** Not yet established. Planned for 2002.

Achievements: Improvements were made on the location in cooperation with the village council. This included gardening activities in the backyard of the center. Community-based activities were strengthened but still need to be promoted. Some emergency equipment, like generator, hot water system, and complementary water tanks were installed.

Human Resource Development: A total of 207 working hours were utilized in continuing education activities, mainly on mother and child health issues and emergency care.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Agreement with MOH. 2. It is the only health care unit in the village. 3. Provides weekly ENT specialty service. 4. Cooperative village council, which facilitates the implementation of different programs. 	<ol style="list-style-type: none"> 1. Remote area that lacks health resources. 2. Absence of obstetric & gynaecology services. 3. One nurse, social worker, ENT specialist & physician come from towns far from the village, which had disrupted the work during Intifada. The result was high absence rate and late arrival of mentioned staff due to difficult transport. 4. Limited space at the facility, which does not allow for holding community events. 5. The effectiveness of the PHC programs was dangerously affected by the strict closures.

Notes & recommendations of the supervisor: The furniture needs to be up-graded and old items should be disposed. Health awareness and promotion activities should be maximized. PRCS should seek to provide obstetric services at the center.

Special role during the Intifada: Re-establishment of the health committee and volunteer groups. Carried out several CBFA courses for different target groups. Free medical days were performed during very strict closures. Awareness campaigns related to evacuation, security and crisis management.

FUTURE PLANS

1. Establish a safe motherhood committee.
2. Introduce a child developmental screening program in collaboration with the PRCS rehabilitation department.
3. Promote the community-based programs and home care activities.
4. Perform medical days on a larger scale to include specialties like obstetric and orthopedic.
5. Carryout health awareness campaigns- focusing mainly on hygiene and on environmental issues.

PALESTINE RED CRESCENT SOCIETY**CENTER: Al-Khader****Period covered by this report:** January -December 2001**Population served:** 8000 persons**Other Health Care providers in the village:** The MOH is operating a PHC center. This is in addition to Al-Yamama nearby hospital.**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1822	
Women Care	0	
Well Baby Clinic	121	
Dental care	1148	
Laboratory tests	1463	
Medical days	139	
Free lab days	82	
Health Education	190	
School Health	843	
Community Based First Aid	21	
Home Care	62	
TOTAL	5891	

Community Health Committee: established **Date activated:** 2000 **# of members:** 9**Safe Motherhood Committee:** Not yet established. Planned for 2002.**Achievements:** Center was relocated. The facility was upgraded to facilitate women and child health care.**Human Resource Development:** A total of 100 working hours were utilized for in-service education- all in Women and Child Health issues. This is in addition to on the job discussions with the supervisor tackling infection control principles and IV therapy.**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Highly committed team. 2. Team has good relationship with the community. 3. Attractive new location. 	<ol style="list-style-type: none"> 1. Un-qualified nursing staff. 2. Accessibility of center to staff was difficult during the Intifada. 3. The CB programs are weak, especially the homecare.

Notes & recommendations of the supervisor: The present nursing staff has no academic preparation, which hinders the development of several advanced programs like home-based care and WCH program. The center is in great need for a staff nurse. The Obstetric and Gynecology services should be introduced. There is a need to make an ultrasound available for this purpose. The WCH component of PHC should be activated.**Special role during the Intifada:** Activities were directed towards home visiting for Intifada casualties and for those whose homes were demolished during the conflict. Community meetings were organized for women to assist them in coping with the continuous stress resulting from the daily shelling. The team also coordinated with the EMS the operations of a field hospital set close to the center. Several activities were organized for children to assist them in the coping process. Al-Khader was one of the few centers with low absence rate during all months of the Intifada.**FUTURE PLANS**

1. Establish a safe motherhood committee.
2. Promote the community-based programs and home care activities.
3. Promote infection control standards.
4. Address the issue of upgrading the level of nursing staff.

PALESTINE RED CRESCENT SOCIETY**CENTER: Beit Fajjar****Period covered by this report: January -December 2001****Population served:** 8001 persons**Other Health Care providers in the village:** Three private clinics, in addition to MOH PHC center.**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Home-based Care: in collaboration with the Spanish Red Cross, August 2001 -December 2002.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	2396	
Women Care	0	
Well Baby Clinic	359	
Dental care	0	Dental unit established in December 2001
Laboratory tests	3239	
Medical days	200	
Health Education	86	
School Health	657	
Community Based First Aid	0	
Home Care	95	
TOTAL	7032	

Community Health Committee: established **Date activated:** June 2000 **# of members:** 12**Safe Motherhood Committee:** Not yet established. Planned for 2002.**Achievements:** Establishment of a dental unit. Promotion of Community based and home-based programs.**Human Resource Development:** A total of 208 working hours were utilized in continuing education activities on WCH concepts, emergency care and psychosocial aspect of care.**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. A major health care provider in the village. 2. Suitable location. 3. Good interaction with the local community. 4. Strong community health committee. 	<ol style="list-style-type: none"> 1. All employees come from surrounding villages, which was a major obstacle during Intifada due to siege. 2. Need to promote effective teamwork. 3. Need to up-grade laboratory equipment.

Notes & recommendations of the supervisor: The team should work towards promoting good teamwork. The laboratory practices need to be reviewed.**Special role during the Intifada:**

1. Coordinated the establishment of a Community emergency committee.
2. Health education activities on emergency preparedness.
3. Carried out a summer camp for children age 6-14years to assist them in coping with the current situation.

FUTURE PLANS

1. Promote the standards of laboratory services.
2. Follow-up the development of the dental services.
3. Include preventive dentistry in the CBH program.
4. Increase the number of supervisory visits.
5. Work towards increasing the utilization rates of the center.

PALESTINE RED CRESCENT SOCIETY**CENTER: Tarqumia****Period covered by this report: January -December 2001****Population served: 10,567 persons****Other Health Care providers in the village:****Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Home-based Care: in collaboration with the Spanish Red Cross, August 2001- December 2002.
3. Safe motherhood project: in collaboration with the French Red Cross, October 2001- June 2002.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	6669	
Women Care	280	
Well Baby Clinic	405	
Dental care	1930	
Laboratory	5426	
Medical days	770	
Health Education	829	
School Health	3794	
Community Based First Aid	83	
Home Care	253	
TOTAL	20439	

Community Health Committee: established **Date established:** 1997 **# of members:** 11**Safe Motherhood Committee:** Established in November 2001.

Achievements: The team was able to assist two PRCS sub-branches in establishing PHC centers- namely in Idna & Bani Naem. In addition to providing the sub-branches with the necessary technical and administrative support, the center was able to share its staff with the sub-branches to initiate the PHC operations with all its components in Idna and Bani Naem. Tarqumia PHC center was also up-graded to facilitate emergency care.

Human Resource Development: A total of 178 working hours were utilized in continuing education activities- 110 hours in WCH concepts, 50 hours in Emergency care, and 18 hours on care of Diabetic patients. Also, the laboratory technician completed his Diploma-BA upgrading program at Al-Quds University.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Staff was able to establish excellent working relationship with the local community. 2. Strong CB programs. 3. Very professional team that is capable of maintaining efficient group work. 4. Team demonstrates high commitment to PRCS. 5. Well-equipped center. 6. Have a strong network of volunteers. 	<ol style="list-style-type: none"> 1. Absence of rewards for volunteers and employees as well. 2. Location is on the second floor. 3. Absence of specialty services.

Notes & recommendations of the supervisor: A very active center with a variety of programs. The team needs to promote infection control standards in the different service units. Need to increase the posted health education materials.

Special role during the Intifada: Special attention was given to Intifada casualties by providing them with curative services as well as by home care. Carried out weekly free medical days targeting different groups in schools and nurseries, disabled, elderly and women. The team was able to reach out to all neighboring villages. Several CBFA courses were carried out in Tarqumia and surroundings. Also a summer camp for children (6-14 years) was held to assist children in coping positively with the current situation.

FUTURE PLANS

1. Up-grade the laboratory equipment.
2. Establish a safe motherhood program.
3. Continue supporting the PRCS sub-branches.
4. Need to establish specialty services.
5. Consider the establishment of a physiotherapy unit.

CENTER: Idna**Period covered by this report: January -December 2001****Population served:** 16,000 persons**Other Health Care providers in the village:** UPMRC & MOH (2days/week) PHC centers, and 5private GP clinics.**Project support:** NONE**Beneficiaries:**

PHC component	# Of Beneficiaries	Special Comments
Medical care	2520	Since April 2001
Women Care	0	
Well Baby Clinic	0	
Dental care	0	
Laboratory tests	380	
Medical days	110	
Health Education	556	
School Health	841	
Community Based First Aid	20	
Home Care	0	
TOTAL	4427	

Community Health Committee: Not yet established.**Safe Motherhood Committee:** Not yet established.

Achievements: Newly established center run by the PRCS sub-branch in Idna. The center was established in April 2001. The services provided include curative medical care, health education program, physiotherapy and social work services. Special attention is given to disabled and Intifada casualties.

Human Resource Development: NONE**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Good central location adjacent to the EMS station. 2. Good relationship with the local community. 3. Collaboration with the military medical services in staffing for physicians. 	<ol style="list-style-type: none"> 1. Lacks essential laboratory equipment. 2. Lacks the necessary employees, which affect the development of the various PHC components. Essential staffing is being provided by Tarqumia and Beit Fajar centers as per schedule.

Notes & recommendations of the supervisor: The center is in the development phase. Lot of input is still needed in terms of human resources, training, financial, and supervision. A full time nurse and a social worker need to be employed in order to sustain acceptable PHC programs.

Special role during the Intifada:

1. The center was established during the Intifada to meet the needs of the local community during this difficult situation.
2. Health education program relevant to the current needs.

FUTURE PLANS

1. Establish a safe motherhood committee.
2. Promote the community-based programs and home care activities.
3. Plan for providing the needed staff.

PALESTINE RED CRESCENT SOCIETY**CENTER: Bani Naem****Period covered by this report: January -December 2001****Population served:** 16,500 persons**Other Health Care providers in the village:** MOH PHC services 3days/week and 10 private GP clinics.**Project support:** NONE**Beneficiaries: (November and December)**

PHC component	# Of Beneficiaries	Special Comments
Medical care	1402	Since November 2001
Women Care	0	
Well Baby Clinic	0	
Dental care	0	
Laboratory tests	0	
Medical days	0	
Health Education	0	
School Health	719	
Community Based First Aid	48	
Home Care	0	
TOTAL	2169	

Community Health Committee: not yet established. Planned for 2002.**Safe Motherhood Committee:** not yet established.

Achievements: Newly established center run by the PRCS sub-branch in Bani Naim. The center was inaugurated in November 2001. The services provided include curative medical care, health education program, social work services and physiotherapy; Special attention is given to disabled and Intifada casualties.

Human Resource Development: NONE**Strengths & Weaknesses**

Strengths	Weaknesses
1. The high commitment of the PRCS sub-branch and willingness to establish a PHC center.	1. Still lacks essential equipment. 2. Lacks the necessary employees- staffing is being provided by Tarqumia center as per schedule. Physicians are being contracted.

Notes & recommendations of the supervisor: Supervisors were not able to perform any field visits since establishment in November 2001.

Special role during the Intifada:

1. Carrying out CBFA courses for volunteers and housewives.
2. Providing free medical care and social services for Intifada casualties.
3. Maximal coordination with the Bani Naim EMS station.

FUTURE PLANS

1. Establish a Community Health Committee.
2. Provide essential equipment for different services, especially- medical, nursing and laboratory.
3. Work towards making steady staff available 6 days/week.
4. Initiate supervisory visits

CENTER: Qabatia**Period covered by this report: January -December 2001****Population served:** 14,694 persons**Other Health Care providers in the village:** MOH is operating a 6-days/week PHC center. This is in addition to UNRWA MCH (2days/week), PFS (1day/week) and 9 private GP clinics.**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Home-based Care: in collaboration with the Spanish Red Cross, August 2001-December 2002.
3. Safe motherhood project: in collaboration with the French Red Cross, October 2001-June 2002.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	3133	
Women Care	70	
Well Baby Clinic	280	
Dental care	1217	
Laboratory tests	3208	
Medical days	147	
Free laboratory days	60	
Free dental days	5	
Health Education	373	
School Health	2553	
Community Based First Aid	69	
Home Care	17	
TOTAL	11132	

Community Health Committee: established **Date established:** 1998 **# of members:** 8**Safe Motherhood Committee:** established **Date established:** Nov. 2001 **# of members:** 10**Achievements:** Ability to coordinate services with various sectors to keep center open 24 hours during emergency situations.**Human Resource Development:** Staff utilized a total of 128 working hours in continuing education activities related to safe motherhood concepts. This is in addition to discussions and demonstrations held at the center and lead by the supervisor on CPR, anaphylaxis and cervical trauma.

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Commitment of staff to PRCS programs. 2. Trust relationship with the community. 3. In emergency situations, the center was operational 24 hrs/day, in coordination with community members. 4. Serves a large population. 5. Good emergency set-up. 6. Strong antenatal care. 	<ol style="list-style-type: none"> 1. Need to up-grade laboratory equipment. 2. Weak home-based care program. 3. Inadequate coordination with PRCS Qabatia branch. 4. Need to promote the function of the volunteers.

Notes & recommendations of the supervisor: Good emergency setup operated by a committed team. The team is demonstrating good communication skills and teamwork, which will facilitate future changes and program development. Supervisor will try to assist the team in overcoming the existing weakness and carrying out the future plan.**Special role during the Intifada:** During emergency situations arrangements are made to keep the center open 24 hours/day. Coordination was maximized with the MOH and EMS to become complementary to other existing services in town. Emergency equipment was up-graded to facilitate emergency care. Many free medical days were organized for school children and other groups. Staff treated and followed-up Intifada casualties. Had to cope several times with deliveries at the center when women were not able to reach a hospital due to closures.**FUTURE PLANS**

1. Develop the Safe Motherhood component of the PHC service.
2. Establish an occupational health program.
3. Consider up grading of laboratory equipment.
4. Activate the home-based care program.
5. Promote the role of volunteers within PHC setup.

CENTER: Tubas**Period covered by this report: January -December 2001****Population served:** 11771 persons**Other Health Care providers in the village:** UPMRC, UHWC, MOH-PHC and 7 private GP clinics.**Project support:**

Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1489	
Women Care	0	
Well Baby Clinic	140	
Dental care	688	
Laboratory tests	3668	
Medical days	270	
Free dental days	335	
Free laboratory days	309	
Health Education	420	
School Health	2703	
Community Based First Aid	11	
Home Care	121	
TOTAL	10154	

Community Health Committee: established **Date established:** 1997 # of members: 10**Safe Motherhood Committee:** Not yet established.**Achievements:** Increasing focus on community based program.**Human Resource Development:** A total of 78 working hours were utilized in continuing education activities. In psychosocial issues 28 hours, and in reproductive health 50 hours. However, the nurses and laboratory technicians did not participate in any CE activities.**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Distinguished relationship with the community. 2. Most staff members are residents of Tubas town. 3. Active CHC and volunteers. 4. Good network with the other health care providers. 	<ol style="list-style-type: none"> 1. Competition among a wide range of providers. 2. Low utilization rates of provided services. 3. Absence of obstetric & gynaecology services since the start of the Intifada.

Notes & recommendations of the supervisor: All staff members need attention from supervisors in terms of continuing education, in-time training, guidelines and all sorts of follow-up.**Special role during the Intifada:**

1. A total of 60 home visits for Intifada casualties.
2. Three free medical days.
3. Laboratory examinations (CBC & blood group) for 800 students.
4. CBFA courses.

FUTURE PLANS

1. Re-introduce obstetric & gynecology services. This depends on competing services in Tubas.
2. Strengthen the Community Based programs.
3. Increase utilization of home-based program.

CENTER: Azmout**Period covered by this report: January -December 2001****Population served: 2036 persons****Other Health Care providers in the village: Six private GP clinics.****Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	476	
Women Care	8	
Well Baby Clinic	206	
Dental care	0	
Laboratory tests	819	Laboratory was established in April 2001
Medical days	629	
Free laboratory days	150	
Health Education	785	
School Health	3274	
Community Based First Aid	85	
Home Care	100	
TOTAL	6532	

Community Health Committee: established **Date activated:** July 2001 **# of members:** 8**Safe Motherhood Committee:** not yet established.

Achievements: Established a basic laboratory in coordination with the village council. The laboratory is operational 3 days a week. Employees are very active at the community level. This has promoted the home-based care and community-based programs. In addition, the community-based activities were extended to all adjacent local communities.

Human Resource Development: A total of 110 working hours were utilized in continuing education activities mainly in Emergency care and Woman and Child Health care.

Strengths & Weaknesses

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Strong relationship with the local community. 2. Community based activities are extended to all neighbouring villages. 3. Women and child health initiatives were successful. 4. Introducing laboratory services added value to the work of the center. 	<ol style="list-style-type: none"> 1. Low utilization rates due to closeness to Nablus city- where clients have many options for health care. 2. Most residents of Azmout are covered by the Public Health Insurance scheme, which makes PRCS-PHC center the last choice for health care. 3. The strict closures affected the laboratory operations.

Notes & recommendations of the supervisor: The center is in a great need for refurbishment. Also, means for increasing the number of patients treated at the center should be investigated. The team demonstrates good skills in approaching the local community, which had facilitated carrying out the different programs. This has to continue for the years to come.

Special role during the Intifada: The team carried out many medical days in neighboring villages in coordination with Nablus PRCS Branch. CBFA course was held in Der El-Hatab adjacent village. Health education activities focused on home economics and mental health problems among children caused by the current situation. Few Intifada casualties received health care and follow-up during the Intifada.

FUTURE PLANS

1. Refurbishment of the center.
2. Increase networking with MOH regarding providing health services for the insured.
3. Introduce safe motherhood concepts.
4. Further promote the community-based activities.

PALESTINE RED CRESCENT SOCIETY

CENTER: Arrabeh

Period covered by this report: January -December 2001

Population served: 7454 persons

Other Health Care providers in the village: In addition to the PRCS-MOH merged PHC center, there are 7 clinics for private GPs.

Project support: Community based development program (DGVIII), April 2000 -March 2003.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	13179	
Women Care	000	Not reported
Well Baby Clinic	000	Not reported
Dental care	0	Operated by branch in the afternoons only
Laboratory tests	3525	
Medical days	0	
Health Education	132	
School Health	869	
Community Based First Aid	0	
Home Care	65	
TOTAL	17770	

Community Health Committee: established. **Date activated:** April 2001 **# of members:** 10.

Safe Motherhood Committee: Not yet established.

Achievements:

1. A pharmacy was established with a proper monitoring system.
2. A social worker was employed which gave a push to the community based activities.
3. A summer camp was organized for children, which promoted the PRCS links with the local community.

Human Resource Development: The physician and one nurses participated in a 9 hours course on care of Diabetic patients in the community.

Strengths	Weaknesses
<ol style="list-style-type: none">1. The agreement with MOH makes Arrabeh PHC center the main provider in the village.2. The presence of the EMS in the same location provided for meeting the community needs during the worst closures.3. Provides a wide range of services.4. Strong health education program at the center & at different community institutions.5. Committed community health committee.6. Space of the location provides a suitable area for carrying out different community events.	<ol style="list-style-type: none">1. The location is not central to village residents.2. The relationship with some community organizations is not strong enough.3. During the Intifada, Arrabeh was under strict siege, which limited access to the neighbouring villages.

Notes & recommendations of the supervisor: The continuing education element was neglected during the Intifada. Plans should be put forward for handling this issue. Need to address the issue of infection control. Teamwork should also be promoted among staff.

Special role during the Intifada:

1. Coordinated a summer camp for children 6-14 year of age.
2. Intensified the health education activities on topics relevant to the current situation.
3. Collaboration with the EMS department in providing the best possible services to casualties.
4. Providing the necessary care and follow-up to the casualties.
5. Coordination with the community organizations regarding establishing and maintaining the Emergency Committee.
6. Two CBFA courses were carried out for schoolteachers and for pupils.

FUTURE PLANS

1. Increase the number of free medical & laboratory days.
2. Promote the relationships with the community institutions.
3. Activate the role of the Community Health Committee and develop the organizational skills of its members.
4. Focus on continuing education for all staff.

CENTER: Anabta**Period covered by this report:** January -December 2001**Population served:** 6111 persons**Other Health Care providers in the village:** The MOH is operating a PHC center. Al-Zakah Committees are running a center that includes several clinics for specialists. This is in addition to many private GP clinics.**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1060	
Women Care	0	Service terminated since start of Intifada
Well Baby Clinic	10	
Dental care	0	
Laboratory tests	1512	
Medical days	25	
Health Education	499	
School Health	1319	
Community Based First Aid	46	
Home Care	80	
TOTAL	4551	

Community Health Committee: established **Date established:** 1998 **# of members:** 7**Safe Motherhood Committee:** not yet established. Planned for 2002.**Achievements:** The PRCS Anabta branch was able to complete a new building for its headquarters. The first floor shall be used for the PHC center. It is expected that relocation of PHC center will take place by end of 2001 or first month of 2002. The center was able to improve the community-based work with special focus on Home Care. An agreement was reached with schools to treat school children at center for minimal fees.**Human Resource Development:** A total of 295 working hours were utilized in training on Women and Child Health concepts. This is in addition to the participation of the social worker in 18 hours training on psychosocial issues.**Strengths & Weaknesses**

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Team demonstrates cooperation and teamwork. 2. The new location is expected to give a push to the center. 3. Strong home-based care program. 4. Strong community-based health program. 5. Strong relationship with the PRCS Anabta branch. 	<ol style="list-style-type: none"> 1. Low utilization rates, which may be due to the existence of several other health providers and bad location. 2. Poor structure of the current location. 3. Limited services. 4. Could not maintain the obstetric and gynaecology services during the Intifada.

Notes & recommendations of the supervisor: Due to the bad present location, it is difficult to evaluate the center at the time being. The new location is expected to make a big difference. The center needs to be up-graded to facilitate emergency care.**Special role during the Intifada:** In emergency situations the center was operational 24 hours. This was in coordination with the EMS department, Anabta branch and other service providers.**FUTURE PLANS**

1. Develop the Safe Motherhood component of the PHC service.
2. Relocation of the center.
3. Establish specialty services, especially obstetric and gynecology.
4. Up-grade emergency equipment.
5. Expand the community-based activities to 5 neighboring villages.

CENTER: Jabalia**Period covered by this report:** January -December 2001**Population served:** 120,000 persons**Other Health Care providers in the village:** MOH-PHC, UNRWA-PHC, one private hospital, UPMRC and UHWC.**Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	1312	
Women Care	0	
Well Baby Clinic	20	
Dental care	0	
Laboratory tests	0	
Medical days	850	
Health Education	756	
School Health	1048	
Community Based First Aid	40	
Home Care	41	
TOTAL	4067	

Community Health Committee: established **Date established:** January 2001 **# of members:** 12**Safe Motherhood Committee:** Not yet established. Planned for 2002.**Achievements:** Initiated a school health program. A micro project was carried out successfully.**Human Resource Development:** A total of 180 working hours were utilized in CE activities, focused on WCH and emergency issues.**Strengths & Weaknesses**

Strengths	Weaknesses
1. Good counselling and social services.	1. Shortage of medications. 2. Very low utilization rates. 3. Limited services. 4. Limited staff. 5. Need to strengthen all PHC components. 6. Absence of laboratory services.

Notes & recommendations of the supervisor: Supervisory role and support should be intensified. Staff should get training on PHC concepts. The absence of laboratory services and lack medicines contribute to the low utilization rates. Efforts should be made to exchange visits between Gaza and West Bank.**Special role during the Intifada:** Limited to home visits to Intifada casualties for follow-up and psychological support.**FUTURE PLANS**

1. Develop the safe motherhood component of PHC services.
2. Develop the Growth Monitoring Component of PHC.
3. Strengthen the community-based programs.
4. Establish a basic laboratory. This depends on the funds made available for this purpose.

CENTER: Khalil EI-Wazir**Period covered by this report: January -December 2001****Population served: 2500 persons****Other Health Care providers in the village: NONE****Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	3535	
Women Care	0	
Well Baby Clinic	0	
Dental care	0	
Laboratory tests	0	
Medical days	0	
Health Education	464	
School Health	1347	
Community Based First Aid	0	
Home Care	33	
TOTAL	5379	

Community Health Committee: established **Date established:** January 2001 **# of members:** 9**Safe Motherhood Committee:** Not yet established.**Achievements:** The community profile and the micro-project were successfully carried out. The home care program is also a success. A school health program was also initiated.**Human Resource Development:** A total of 180 working hours were utilized in CE activities, focused on WCH and emergency issues.**Strengths & Weaknesses**

Strengths	Weaknesses
1. Good location.	3. Absence of reliable laboratory services.
2. Medications are always available.	4. Absence of obstetric and gynaecology services.

Notes & recommendations of the supervisor: Supervisory role and support should be intensified. Staff should get training on PHC concepts. The absence of laboratory services and lack medicines contribute to the low utilization rates. Efforts should be made to exchange visits between Gaza and West Bank.**Special role during the Intifada:** The CHT performed home visits to Intifada casualties and held community discussions on Intifada related issues.**FUTURE PLANS**

1. Develop the Safe Motherhood component of the PHC service.
2. Strengthen the community-based programs.

CENTER: Ma'n**Period covered by this report: January -December 2001****Population served: 15,000 persons****Other Health Care providers in the village: Project support:**

1. Community based development program (DGVIII), April 2000 -March 2003.
2. Women and Child Health Project: in collaboration with the Australian Red Cross, June 2000- Dec. 2001.
3. Waiting: Phase 2 of the above-mentioned project.

Beneficiaries:

PHC component	# Of Beneficiaries	Special Comments
Medical care	5655	
Women Care	0	
Well Baby Clinic	0	
Dental care	0	
Laboratory tests	378	
Medical days	0	
Health Education	353	
School Health	1426	
Community Based First Aid	0	
Home Care	33	
TOTAL	7845	

Community Health Committee: established **Date established:** January 2001 **# of members:** 10**Safe Motherhood Committee:** Not yet established.**Achievements:** The community profile and the micro-project were successfully carried out. The home care program is also a success. A school health program was also initiated.**Human Resource Development:** A total of 180 working hours were utilized in CE activities, focused on WCH and emergency issues.**Strengths & Weaknesses**

Strengths	Weaknesses
1. A major health care provider in the area.	1. Lacks a basic laboratory.
2. Operated by Khan Younis PRCS branch.	2.

Notes & recommendations of the supervisor: Supervisory role and support should be intensified. Staff should get training on PHC concepts. The absence of laboratory services and lack medicines contribute to the low utilization rates. Efforts should be made to exchange visits between Gaza and West Bank.**Special role during the Intifada:** Carried out home visits to casualties for follow-up and psychological support purposes.**FUTURE PLANS**

1. Develop the Safe Motherhood component of the PHC service.
2. Strengthen the community-based programs.
3. Establish a laboratory- when the necessary funds are made available.