Hand washing awareness session

PRCS Response Plan to COVID-19

2020
PRCS Response Plan to COVID-19

Date of issue: 6th April 2020

Expected timeframe: 8 months,
Expected end date: 5th Dec 2020

Funds Required: $ 6,544,765

Total number of people benefited: 100,000 direct beneficiaries

Host National Society(ies) presence (n° of volunteers, staff, branches):

The Palestine Red Crescent Society (PRCS), officially founded in December 1968, is a national humanitarian organization. Since its establishment, it caters to the health and welfare of the Palestinian people and others in need in the OPT and the Diaspora. It has 4,200 employees in oPt (West Bank and Gaza Strip), Lebanon, Syria, Egypt and Iraq in addition to its volunteer network of more than 20,000 people. PRCS pre-hospital emergency services currently provides its humanitarian services through its 169 ambulances 400 EMTs & more than 2000 well trained Volunteers via its 15 EMS main stations & 33 substations in West Bank, Gaza Strip & East Jerusalem.

Red Cross Red Crescent Movement and non movement partners actively involved in the operation:

Other partner organizations actively involved in the operation:

1. Introduction

On 31 December 2019, the Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province. A novel corona virus was identified and has been named COVID-19. On 30 January, World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern. On March 11, WHO declared the COVID-19 outbreak a pandemic.

As of 6th April, a total of 246 Palestinians have been confirmed to have COVID-19, 234 in the West Bank (excluding East Jerusalem Palestinians), and 12 in the Gaza Strip. Only one person died from COVID-19 on 25 March in the West Bank until April 6th. The majority of people do not present critical symptoms and 23 people have recovered. While the current number of people detected in the oPt remains low, this may reflect the limited testing capacity. Contact tracing has been initiated for all confirmed cases. (Source: WHO)

For detailed information on the evolution of the situation in oPt see:
https://www.ochaopt.org/content/covid-19-emergency-situation-report-2
Although the Palestinian Authority (PA) has taken strict measures early enough, and was able to some extent to contain the situation and prevent rapid spread of it in the oPT, stopping at around 100 cases; the real challenge started when the Palestinians workers in Israel started coming back to oPT after the spread of COVID-19 where the cases so far are more than 7000. The total number of workers amount to more than 45000 worker, and the PA is struggling to receive them, making tests for them and ensure the quarantine measures are taking place; especially as the cases among them have started to increase in tens. The PA fears a widespread of COVID-19 in the oPT that cannot be dealt with, given the Palestinian MoH incapability of dealing with hundreds of cases due to the lack of the needed capacities in the available hospital, that would lead to a collapse in the health system in Palestine.

The capacities of the MoH as indicated in their latest report for WB and GZ include: a total of 375 ICU beds, and 295 ventilators only. Therefore, the Government of Palestine is taking the strictest measures at the earliest stages possible.

In light of the above, the Palestinian President Mahmoud Abbas extended the State of Emergency in Palestine for 30 days starting April 6th. This was accompanied by stricter measures on the various levels, such as movement hours, testing cases, etc.

The number of cases continues to grow, and the threat of further spread within the region and globally remains high. The COVID-19 outbreak and response has been accompanied by a massive “infodemic” that makes it hard for people to find trustworthy sources and evidence-based guidance when they need it. Understanding of this virus and the resulting outbreak is rapidly evolving. Information gaps have led to misconceptions, stigmatization, rumours and uncertainty that are currently partially filled by speculation in scientific and public communities, contradicting evidence-based health information and, in extreme cases, stopping people from protecting themselves and undermining the correct health seeking behaviours.

Overview of PRCS Response Action
Since February 2020, PRCS commenced activities in preparation for an outbreak of COVID-19 and then subsequently responded to the outbreak in Palestine. Activities include training for staff and volunteers, dissemination of public health messages and distribution of personal protective equipment (PPE) to its medical staff (EMS, hospitals and clinics). A COVID-19 technical committee was formed on February 13th, headed by Dr. Wael Qadan, PRCS Health Consultant in addition to a Fund-Raising Committee that was also established. PRCS has been able to identify the needs of the communities affected by the outbreak both in the West Bank and in the Gaza Strip in order for volunteers and staff to lead the response actions. The PRCS has more than 1500 specialized volunteers ready to respond during the operation together with technical staff from various departments/programs.

To ensure a rapid, efficient and coordinated response, the PRCS focuses on the following components:

1. Preparing and protecting EMS, hospital and primary health clinic staff
2. Awareness and dissemination of key public health messages and psychosocial support
3. Provision of 15000 food parcels to vulnerable families including labourers returning from Israel
4. Ensure the wellbeing and coverage of basic needs of vulnerable families especially those with People with Disabilities between its members.
5. Provide PSS to families and awareness for violence prevention.
6. Provide NCD medicines for vulnerable chronic patients, unable to move because of the lockdown/curfew

PRCS activities at a glance as of Jan.2020:

Staff training
- Key PRCS medical staff was trained by the Palestinian Ministry of Health and WHO on proper handling of COVID-19 suspected and confirmed cases.
Palestine Red Crescent Society

- Awareness-raising workshops were held to increase knowledge on COVID-19 for PRCS employees and volunteers working in the community and in health awareness committees.

Awareness campaigns

- Before the suspension of gatherings by government regulation, PRCS branches held awareness-raising workshops on COVID-19 in several branches in the West Bank and in the Gaza Strip.
- PRCS printed more than 100,000 awareness brochures related to COVID-19 and distributed them to institutions, associations, and to the general public on the street.
- Specific COVID-19 section installed on PRCS website - posting awareness messages there and on main social media channels. Messages focus on ways to prevent the disease, the necessity and importance of home isolation, alleviating feelings of anxiety and tension among citizens, how to deal with children, the elderly and those with chronic diseases, means to release stress, tips on how to make use of time at home in a positive way and psychosocial support tips. The PRCS messages are republished by other widespread social media pages such as Palestine TV, Voice of Palestine, Ramallah Municipality.
- 100,000 awareness SMS were sent and targeted the residents of Bethlehem governorate (first governorate with confirmed cases in Palestine and under lock-down since 4.3.).
- Production of radio spots to broadcast on local radio stations about prevention, the importance of complying with the instructions issued by the competent authorities and encouraging seeking support from the PRCS psychological team if needed.
- Distribution of 10,000 copies of the COVID-19 Preventive Measures Manual as instructed by the Ministry of Health and the World Health Organization.
- All PRCS videos produced are being broadcasted on the National Palestine TV in addition to local TV stations in the West Bank and Gaza.
- Production and dissemination of video spots in sign language and an animation video for children.
- A specific section at the PRCS webpage was developed to tackle all related communication materials on COVID-19.
- Reports are produced by the central Operations Room and are posted on the website regularly (i.e. https://www.palestinercs.org/index.php?page=post&pid=25815&catid=10&langid=1).

Emergency Medical Services (EMS)

- In coordination with the Palestinian Ministry of Health, from February 29 until March 3, a PRCS ambulance had been transporting suspected or infected cases from Allenby Bridge crossing point to the quarantine centers. From March 3 onwards, the responsibility was shifted to the Military Medical Services of Palestine (MMS) – agreements and responsibilities are under continuous review.
- As of March 3, and according to the agreement with the Medical Military Services on the allocation of EMS roles and tasks, PRCS has been responsible for transferring confirmed and suspected cases in the governorates of Jerusalem, Hebron, Nablus and Qalqiliya – agreements and responsibilities are under continuous review.
- From the first to 28th March: PRCS ambulance crews dealt with 200 suspected cases of COVID-19 infection, of the total cases, 98 cases were transferred to the Ministry of Health centers for examination.
- PRCS continues the provision of its mandated role in pre-hospital emergency care for all cases (teams will be at risk any time due to direct contact with unidentified COVID-19 transmitters.

EMS central dispatch centre
• Between February 1st - March 31st, PRCS central operations room (101) has received 54622 calls as presented in the following table:

<table>
<thead>
<tr>
<th>Type of calls</th>
<th># of calls</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fake calls</td>
<td>26418</td>
<td></td>
</tr>
<tr>
<td>Calls being dealt with</td>
<td>28204</td>
<td></td>
</tr>
<tr>
<td>Calls resulted in sending Ambulance and transported to health facility</td>
<td>7166</td>
<td></td>
</tr>
<tr>
<td>Phone support no transportation</td>
<td>21038</td>
<td></td>
</tr>
<tr>
<td>Calls related to COVID - 19</td>
<td>194</td>
<td>From the overall calls received</td>
</tr>
<tr>
<td>COVID – 19 related calls which resulted in ambulance transportation</td>
<td>104</td>
<td>From the total COVID calls</td>
</tr>
<tr>
<td>COVID-19 called referred to preventative medical unit / MOH</td>
<td>90</td>
<td>From the total COVID calls</td>
</tr>
</tbody>
</table>

• PRCS central operations room (101) has received hundreds of calls from citizens since the beginning of the outbreak, most of whom squiring about the symptoms of the disease. PRCS provides health-related information to alleviate the state of panic and fear they are experiencing and connects the callers with the hotlines of the Ministry of Health.

• Video production about emergency call number “101” to stress that this number is meant only for emergency cases whilst promoting the respective hotlines of the Ministry of Health.

**Hospitals**

• PRCS currently operates one treatment center in Al-Bireh, one treatment and quarantine center each in Tulkarm and in Halhul and one quarantine centre in Khan Younis
• PRCS Medical posts were set up next to hospitals in Qalqiliya, Khan Younis and Gaza City
• PRCS Al Quds hospital in Gaza city was reinforced by 30 volunteers with a medical background to increase its preparedness.

**Community Health**

• Visits to elderly and people with chronic diseases by PRCS health awareness committees
• The mobile clinic (SRH) continues to operate twice a week in the northern areas of the Jordan Valley taking into consideration all safety measures.
• PRCS 6 primary health care centers in the West Bank as well as 3 in Gaza continue providing their services, including home visits to the chronic diseases patients as needed
• Launched Sanitization Campaigns in public places

**Psychosocial support (PSS)**

• Under the umbrella of the PSS Resource Center of PRCS, the PSS response plan was set for the team, and virtual meetings and coaching are taking place on weekly basis
• 5 documents that serve as guidelines for PSS workers and volunteers during their various response interventions had been developed and shared. PRCS teams and other NGOs were benefited from these documents.
• 5 mobile numbers have been identified and shared with the public through the PRCS social media outlets and webpage. This service is open for any inquiry or direction in case of any PSS emergency or regular cases.
• 70 mobile numbers were distributed among PRCS- PSS national team- open for communications with the public in the case of emergency guidance or support needed.
• Previously trained psychological emergency teams were mobilized in the governorates and 10 mobile numbers for psychosocial support were identified and communicated to the public.
• 2 PSS workshops were held in marginalized areas not accessed by other institutions (namely refugee camps, and rural and Bedouin communities in the Jordan Valley) in compliance with the stated safety and prevention conditions of the authorities.
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- Distributed around 100 psychosocial support kits for children with family members in home quarantine in Bethlehem governorate.
- PSS-specific radio programmes and interviews were broadcasted in the West Bank.
- Initiating interventions with the educators to develop and support their capacities for electronic school work (distance education)
- Distributing recreational kits for children and targeting home quarantined families in specific areas as identified needed.
- PSS teams conduct activities in the various communities, such as fun activities in the streets in front of the houses for children to watch.

Disaster Management

- PRCS warehouses have been stocked with relief materials to increase their readiness to respond
- Quarantine centers in Halhul, Nablus, Tubas, and Tulkarm were provided with tents and non-food items
- Relief items and food parcels were distributed to families in Bethlehem, Beddo and Qattana governorate.
- Tents were provided and erected by the PRCS in the yards of 5 hospitals in Hebron city to be used as triage point.
- Maximized the capacity of the operation rooms in the West Bank and in Gaza, by increasing number of volunteers.
- Distribution of NFIs packages continues to take place as per the requests received

For the most recent updates on PRCS operations please access the following link:
Report on PRCS response to the spread of COVID-19 in Palestine

Overview of Red Cross Red Crescent Movement Actions in country

Since the onset of the outbreak there has been ongoing coordination between PRCS, local and national authorities, including governorsates and municipalities, UN agencies as well as within the RCRC Movement. PRCS, the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) work together to consolidate their various methods for assistance and to avoid overlapping. Presently 11 PNS are cooperating with and supporting the PRCS in its ongoing programs (Danish RC, German RC, Italian RC, Japanese RC, Netherlands RC, Qatar RC, Spanish RC, Swedish RC, Turkish RC, Icelandic RC and Kuwait RC). The PRCS established coordination mechanisms among headquarters and branches for needs assessment and response. PRCS is also joining the clusters meetings that are held virtually for the time being, including the Health cluster, Shelter Cluster, Education Cluster, Inter-Cluster Coordination Group, as well as the Humanitarian Country Team meetings; in an attempt to ensure sharing information and coordination and cooperation among all.

Overview of non-RCRC actors’ actions in country

National Emergency Committee (NEC)
The NEC, headed by the Prime Minister, is leading the PA response and seeks an active engagement with donor and partners efforts. The NEC launched a PAL-COVID19 Coordination Platform, which will enable international partners to ensure a coordinated response to COVID-19 in Palestine. The commission is chaired by the Prime Minister Office with active participation of the Ministries of Health and Finance and in coordination with key international partners. The PAL-COVID19 Coordination Platform will allow the PA and its partners to quickly share critical needs, coordinate response and funding approaches, provide situation updates, share reports on funding disbursement and jointly track key indicators/delivery targets.

COVID-19 Interagency Response Plan
Under the direction of the UN Resident and Humanitarian Coordinator (HC/RC), UN agencies and NGOs have developed and begun implementing a range of interventions to support the Palestinian authorities’ efforts. At the heart of these interventions is the COVID-19 Interagency Response Plan. The Plan details initial priority actions, critical over the next three months, to address immediate shortages and capacity gaps in the health system, while enhancing preparedness efforts by the MoH for a worst-case scenario. The latest plan aims to stop further transmission of the virus; to provide adequate care for affected patients and support to their families by responding to the public health needs and immediate humanitarian consequences of the pandemic in the West Bank, including East Jerusalem and the Gaza Strip; and to mitigate the impact of the epidemic (including through MHPSS). The Plan also includes a communications component, involving the dissemination of health advice, to mobilize the community and combat rumors and misinformation and a focus on preventing and mitigating the impact of COVID-19 on new and existing protection concerns and mainstreaming protection standards.

Refugees account for some 42.5% of the total population in Palestine (WB: 26.6%, GS: 66.2%). UNRWA is the main provider of services for refugees. The agency launched a flash appeal for immediate needs for the months from March to May and put in place emergency measures to keep their basic services running. This includes primary health care services, Education in Emergencies approach (school closures), and relief distributions. In Lebanon the PRCS branch is in a daily contact and cooperation with UNRWA regarding the services provision to the refugees in the camps and the complementarily of the services.

**PRCS interaction**

Within the above mentioned coordination framework, PRCS has been requested to provide health messaging, transport for COVID-19 cases via their EMS and prepare 4 PRCS hospitals for the quarantine and treatment of COVID-19 cases in isolation (Tulkarem, Halhoul, Al Bireh and Khan younis). Additionally, PRCS/IFRC/ICRC participate in the Health Cluster Meetings, chaired by the MOH PA and is part of the OCHA coordinated ‘Covid-19 Inter-Agency Response Plan 27 March.’ PRCS will (though not limited to) provide training to Medical / EMS staff on COVID-19, establish designated teams for the transport of COVID-19 cases, as well procuring PPE kits for its Medical/EMS staff and distribute hygiene / disinfectant kits to high risk groups. PRCS is offering psychosocial support through its well trained volunteers in marginalized areas, isolated towns and cities. Distribution of the food items to the poor families is one of the responses that PRCS is conducting due to the acceleration of the deterioration of the economical status of the families.

2. **The objective of the response plan**

PRCS COVID-19 Response will focus on the training of staff and volunteers; disseminating key public health messages through activating volunteers at a community level applying alternative approaches in lockdown situation, the use of social media, and protecting the EMS staff and volunteers through the provision of PPEs as well as the preparedness of various PRCS hospitals to be used as quarantine or even treatment centers in an advanced or complicated scenario. Relief and PSS activities will address areas not reached by other partners and target the most vulnerable communities.

As any pandemic, COVID-19 operations shall begin and end in communities; who shall be engaged and trained and prepared to a quick and easy spreading virus. Hence, PRCS relies on its long-standing policy and strategy of Decentralization and Resilience of communities. The added value of having the largest spread in the oPT through volunteers, branches and sub-branches will support the response plan operations of COVID-19. PRCS mobilizes all of its assets and human resources to achieve its objectives and reach the last mile.
The requested direct support will cover PRCS core response and it is distributed as presented in the following chart:

3. Suggested response scenarios and response plans

Risk assessment
Although the current number of detected cases remains relatively low, the capacity of the Palestinian health system to cope with an expected increase in COVID-19 cases is severely impaired by longstanding challenges and critical shortages. The situation is particularly severe in the Gaza Strip, where the health system has been undermined by the longstanding Israeli blockade, the internal Palestinian divide, a chronic power deficit and shortages in specialized staff, drugs and equipment.

As elsewhere, the most vulnerable groups, who may require intensive medical care, are the elderly and those suffering from hypertension, lung conditions, kidney failure, cardiovascular diseases and diabetes. People living in overcrowded conditions, particularly in refugee camps and densely-populated, poor areas of Gaza and the West Bank, face a higher risk of contagion due to the precarious sanitation systems, including substandard and irregular water supply and shared latrines (more under Shelter Cluster section).

The most urgent items currently in short supply and which are needed to contain the spread of the epidemic and reduce potential mortality among vulnerable groups include: personal protective equipment (PPE) kits and other essential supplies for infection prevention and control; equipment, disposables and drugs for the treatment of respiratory distress; ventilators, cardio-monitors, emergency carts and portable X-Ray machines; and equipment to conduct COVID-19 tests. Hospitals across the oPt have shortages of specialized staff in intensive care units and the laboratory infrastructure urgently requires upgrade to conform with strict bio-safety standards, while laboratory staff in Gaza suffer from significant gaps in training and specialized skills. In addition, new stringent national and international travel restrictions pose problems in adequately deploying emergency staff.

Due to the load on the emergency fleet, new ambulances is one of the core urgent needs.

For further details, please visit the detailed budget enclosed.
The closures of schools, limitations on access to work places, and the imposition of quarantine and curfew, particularly in overcrowded households, alongside general uncertainty, are expected to increase mental and psychosocial distress, particularly among children, as well gender-based violence. These concerns are particularly magnified in the Gaza context, given the impact of the blockade, three major escalations of hostilities and, most recently, the effect of the high casualty toll from the “Great March of Return”. At the same time, the provision of social services has been severely curtailed due to the access and other restrictions imposed. The implementation of alternative modalities for the delivery of Mental Health and Psychosocial Support Services (MHPSS) to cover the increasing caseload is urgently needed. The economic impact of the crisis has so far been limited mainly to the workers who have lost their income from jobs in Israel, as well as some businesses in the West Bank, particularly in Bethlehem city, which were forced to shut down. However, in the West Bank, in particular, the volume of people affected by the loss of income is expected to increase soon, following the tightening of restrictions and its impact on all sectors of economic activity (including services, manufacturing, construction and transportation).

In Gaza, the initial macro-economic impact of COVID-19 has been limited. However, the impact of long-term disruptions in Gaza raises serious concerns, given the already-dire economic situation there, with unemployment at almost 43 per cent in the last quarter of 2019, youth unemployment at 64 per cent, and some 53 per cent of the population living below the US$4.6 poverty line (source: OCHA SitRep No 1 – Main Concerns and Priority Needs)

PRCS has based its needs analysis on the information received through MoH/WHO and the respective coordination mechanisms in place as well as on direct information from the branches.

In line with the strategy of the Palestinian Authority (PA), PRCS is following a double-path response: centralized and decentralized.

Centralized response
PRCS HQ is coordinating the central response with the NEC, the Inter-Agency Response Plan and other local and international partners.

- EMS:
  - Response to regular emergency calls.
  - Transportation of COVID-19 suspected and confirmed cases (in the areas under agreement with the Military Medical Services).

- Awareness:
  - Develop and distribute awareness and information digital materials to be used in social media, awareness activities etc.

- Coordination:
  - Combine material and non material needs of branches (including Hospitals and PHC) to ensure the safety of staff and volunteers.
  - Purchase and distribution of items based on availability and service/needs.

Decentralized response
Branches are members of the governmental emergency committees established at governorate level (including subcommittees in cities and villages). Branches and volunteers are responding to local needs based on their own capacities and area needs:

- Awareness activities.
- Sanitizing public places
- Relief distributions (food parcel and NFI)
- Establishing/erecting triage tents and medical posts
- Recruiting and coordinating volunteers (increasing their preparedness)
Due to the difference in the number of cases and the preparedness of the public and private sector in the different governorates, cities etc, PRCS branches are playing a key role in the localization of the needs assessment and the pertinent respond. Due to PRCS widespread presence in the territory (branches, sub-branches, committees) and its extended network of volunteers, PRCS is being able to identify and tackle the needs supporting the gaps of the unified response in the very local level and changing scenarios.

Targeting
At national level PRCS will provide public health messaging to up to 100’000 families as well as 350 EMS staff will be supplied with PPEs. The response will be carried out in coordination within the Red Cross Red Crescent Movement, relevant humanitarian sectors and actors, such as MOH, WHO, OCHA,... In addition, following needs assessments, support will also be given to most vulnerable families (Poor families, PWD, Palestinian daily workers who can no longer go to work, and are now vulnerable due to a lack of regular income in addition to the families at quarantine).

Scenario planning
The PRCS’s response is based on essentially two scenarios one each in the WB & Gaza Strip and foresees a potential exponential growth in the number of cases in COVID-19 in oPt.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Consequence</th>
<th>Potential Response</th>
</tr>
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<tbody>
<tr>
<td>Long term and scaling up access restrictions and social isolation measures for COVID-19 spread prevention</td>
<td>• Increase of Palestinian Population vulnerability of the population, especially groups already vulnerable. • Increase of GBV and interfamily violence. • Lack of access to social and regular health services.</td>
<td>• Revision of PRCS Response Plan, with subsequent support from movement and non-movement partners • Relief activities (FIs and NFIs). • PSS interventions and violence prevention activities. • Distribution of NCD medicines for vulnerable chronic patients with low or no income.</td>
</tr>
<tr>
<td>COVID-19 continues to spread across all governorates in West Bank</td>
<td>• Strain on EMS and hospitals (HR) • 101 call centre overwhelmed • Depletion of PPE in EMS, hospitals and clinics • 101 call centre even more overwhelmed • Population insecurity and fear • Shortage of basic hygiene items in the communities • Lack of access to basic hygiene items (poor families) • Lack of assistive devices for the persons with disabilities (PWD) • Chronic patients have no access to their medicine</td>
<td>• Shifted to Emergency Mode crisis Management • Human Resource mobilization • Facilitate and arranged the movement of volunteers and staff. • Established a backup Room for the Call Center “Dispatch”. • Applied restrictive preventive procedures for EMS stations, HQ building and branches and provided them with hygiene items and the needed PPE. • Raised up the level of representation in Ministry of Health “MOH”, Governor office in each of the West Bank and Gaza provinces, and the public committees.</td>
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Palestine Red Crescent Society

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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised community outreach strategy.</td>
<td>Revised PRCS Response Plan, with subsequent support from movement and non-movement partners.</td>
</tr>
<tr>
<td>Launching COVID-19 awareness Campaign</td>
<td>Provide food items to poor families</td>
</tr>
<tr>
<td>Provide food items to poor families</td>
<td>Provide assistive devices for the PWD (within the PRCS scope of work and response capacity)</td>
</tr>
<tr>
<td>Provide assistive devices for the PWD (within the PRCS scope of work and response capacity)</td>
<td>Establishing clear quarantine and isolation rules</td>
</tr>
<tr>
<td>Distribute medicine to the chronic patients in cooperation with the MOH</td>
<td>Launching COVID-19 Awareness campaign</td>
</tr>
</tbody>
</table>

COVID-19 continues to spread in Gaza

- Strain on EMS and hospitals (HR)
- Depletion of PPE in EMS, hospitals and clinics
- 101 call centre overwhelmed
- Population insecurity and fear
- Shortage of basic hygiene items in the communities
- Lack of access to basic hygiene items (poor families)
- Lack of access to food items
- No patients are allowed to exit Gaza

- Revision of PRCS Response Plan, with subsequent support from movement and non-movement partners.
- Provide food items to poor families
- Provide assistive devices for the PWD (within the PRCS scope of work and response capacity)
- Establishing clear quarantine and isolation rules
- Launching COVID-19 Awareness campaign

4. Coordination

Since the onset of the outbreak, a COVID-19 Emergency Committee has been established led by the PRCS health consultant and membership of the Emergency department director and Community department deputy director. PRCS Operation rooms have been activated in both Gaza and West Bank, with the 101 Central Dispatch operating 24/7. Daily meetings are held by the committee to evaluate the changes in the situation and adapt PRCS’ double-path response accordingly.

There has been ongoing coordination between PRCS, local and national authorities, including governorates and municipalities, UN agencies as well as within the RCRC Movement. The PRCS had also bilateral meetings with all of its partners. PRCS/IFRC/ICRC participate in the Health Cluster Meetings, chaired by the MOH PA. PRCS is part of the OCHA coordinated ‘Covid-19 Inter-Agency Response Plan 27 March.’ Coordination mechanisms among headquarters and branches for needs assessment and response have been established from the onset of the outbreak.

5. Quality and accountability

Quality standards
- Guidelines and protocols as per WHO and MoH re COVID-19
- SPHERE (special COVID-19 guidelines)
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- IFRC Inclusion Guideline

Community Engagement and Accountability (CEA)
PRCS has been strengthening its capacity in CEA through recent staff training and will use this knowledge to integrate CEA throughout the intervention to ensure maximum and meaningful participation of affected communities to ensure accountability of the operation by addressing potential complaints/feedback from the target households and non-target communities.

Planning, monitoring, evaluation, & reporting (PMER)
PMER will be crucial to the delivery of the planned operation to ensure evidence-based reporting, upholding accountability and compliance with the established standards. In this regards monitoring is required regularly by the PRCS to track the effects and impact of response actions, track progress of activities and the delivery of outputs. A final report will be published 3 months after the end of the operation. Also, a Lessons Learned workshop is planned for to document challenges and successes of this operations.

6. Operational Support

Human resources
The PRCS will deploy around 1500 volunteers during their response in WB and GS. 200 volunteers will be insured and geared with protective equipment enabling them to continue running the operation together with technical staff from EMS, Disaster Management, Logistic, PSP and Health. The cost of the volunteer’s transport and incentives will be included. IFRC country representation office will support the follow up and reporting of the operation

Logistics and supply chain
Logistic support to the intervention will be provided by movement partners where requested. Items for procurement will either be sourced locally where available or internationally and imported to oPt, dependent on customs and border controls. Items procured will follow global standards/specifications. PRCS will follow its procurement policy and guidelines (annex 2).

Communications
Information on the operation will be disseminated through a variety of channels i.e., PRCS Operational Update, IFRC Go Platform etc in coordination with Movement partners in order to highlight the response to the humanitarian needs and the evolving and emerging humanitarian concerns. Upon request surge support can be provided remotely by Movement Partners.

Security
The security situation remains volatile in the Palestinian especially in the Gaza Strip and West Bank (villages next to Israeli settlements, checkpoints, areas without any authorities, refugee camps etc.). Despite the lockdown in Israel and Palestine, Israeli military operations in the Palestinian territory are still taking place (arrest operations, raids, demolition, etc.). Settler violence and interchange of rockets from the Gaza Strip have been also reported during lockdown. A violent escalation during the current situation could impact on the COVID-19 response, stretching the capacities of both public and humanitarian organizations.

The lockdown is also exacerbating the economic crisis in Palestine and the dependence on international funds. OCHA estimated before the COVID-19 crisis that around 70% of Gaza Strip population received some form of international aid, the bulk being food assistance. The closure of small non-essential business, and the inability of daily laborers to travel into Israel will have a negative impact for many Palestinian households struggling to make ends meet. With the general deterioration of the domestic economic situation an increase in crime rates is possible, especially robberies and scams, which could
escalate into a breakdown of law and order, looting, etc. Since the beginning of the lockdown inter-family armed disputes are increasing in part as a reaction to the stress and discomfort around the lockdown. Additionally, with the upcoming start of Ramadan (24th April approx.) the severity of the situation could increase exponentially.

In the scenario of a rapid spread of COVID-19, a potential lack of PPE in health facilities could cause health workers to be infected with the virus, resulting in a decrease of the number of health professionals available to treat patients.

Currently PRCS has two Operation Rooms in Ramallah HQ and Gaza city operating 24/7 that have been supported with an additional 15 volunteers. The Operation Rooms monitor the security situation and inform departments and branches to provide security support to staff and volunteers while implementing activities. Any security incident or alleged violation of IHL against PRCS staff, infrastructures or vehicles will be reported to the Operation Rooms, where all the information related to the incident is collected and the information shared with the PRCS IHL department.

**Administration and Finance**
The PRCS will be responsible for managing the funds in accordance with standards practices, including the validation of budgets, bank transfers, and technical justification of expenditures, including the review and validation of invoices. Following the conclusion of PRCS COVID-19 response an audit will be conducted, the results of which will be shared with participating partners.
### Annex 1

**Funding Requirements**

<table>
<thead>
<tr>
<th>No</th>
<th>ITEM</th>
<th>BUDGET in US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicines, Disposables and Lab Materials</td>
<td>2,168,603</td>
</tr>
<tr>
<td>2</td>
<td>Medical Equipment</td>
<td>1,323,500</td>
</tr>
<tr>
<td>3</td>
<td>EMS-New Ambulances</td>
<td>750,000</td>
</tr>
<tr>
<td>4</td>
<td>Total Relief &amp; shelter</td>
<td>1,336,286</td>
</tr>
<tr>
<td>5</td>
<td>Fuel</td>
<td>102,000</td>
</tr>
<tr>
<td>6</td>
<td>Data Management &amp; National Dispatch Center</td>
<td>34,100</td>
</tr>
<tr>
<td>7</td>
<td>Rehabilitation &amp; PSP</td>
<td>207,780</td>
</tr>
<tr>
<td>8</td>
<td>Awareness</td>
<td>83,500</td>
</tr>
<tr>
<td>9</td>
<td>Running Cost</td>
<td>92,143</td>
</tr>
<tr>
<td></td>
<td>Total Direct Cost</td>
<td><strong>6,097,911</strong></td>
</tr>
<tr>
<td>9</td>
<td>Audit Cost</td>
<td>20,000</td>
</tr>
<tr>
<td>10</td>
<td>Administration cost 7%</td>
<td>426,854</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td><strong>6,544,765</strong></td>
</tr>
</tbody>
</table>

For the detailed budget please see the attached budget document.
Purpose of Procurement

The overall purpose of the procurement policy regulations is to ensure that Palestine Red Crescent Society gets the highest quality of desired goods and services at the best price possible. The regulations are aimed at streamlining the process of procurement while maintain adequate controls. These procurement procedures apply to all staff involved in the procurement and to all type of procurement.

The Procurement (Purchasing) Central Committee

PRCS procurement committee shall be composed of

- A member of the executive board and shall be the head of the committee..
- PRCS financial director.
- PRCS Administrative director.
- Two members, selected by PRCS president form upper middle management.
- A representative from the purchasing department.
- A representative of the department requesting the purchase.
- The legal consultant.

The committee shall meet when there is need to deliberate on issues pertaining to procurement.

The key terms of reference for the committee shall be to:

- Open tenders.
- Naming the technical committee members.
- Award tenders.
- Approve orders.
- Award contracts.
- Approve variation of contracts conditions.
Procurement Planning

Procurement planning is a part of the annual budgeting process. Each department head is responsible for planning his her project’s estimate procurement needs on an annual basis though the annual procurement plan (APP). The procurement officer will use the APP to plan the requisitions. The APP will also require the final approval of the project coordinator and the executive director for comments before approval.

Procurement Requisition (PR)

Procurement procedure process shall be initiated by procurement requisition (PR) to the administrative director from the requesting department head and should show detailed specifications, quantity, and requirements for the item(s) being requested. They should also indicate if the item is budgeted for or not.

The procurement requisition (PR) form should show the following.

- Items required.
- Quantities.
- Expected delivery date and location.
- Accounting information (budget line).
- Whether is budgeted for or emergency or unplanned.
- Signature of the department head.

It is the responsibility of the procurement officer and the procurement committee to ensure that donor requirements and restrictions are observed in the procurement but within the framework of PRCS procurement guidelines.

Controls on Procurement

Goods and services will only be procured within approved budget except in case of emergencies, which has to be approved by the executive director. The financial department shall assist the procurement officer in conducting periodic checks on procurement activities to ensure that they conform to APPs, donor procurements, and PRCS policies and procedures.

The Procurement Process report
The procurement officer will first verify that the requisition is properly approved according to the signing authority. Then enter the requisition details into the procurement report worksheet. After this the officer will begin the process of sourcing for the goods. The procurement officer is required to present a monthly financial and narrative report on procurement to the executive director, through the administrative director, a copy forwarded to the financial director.

**Vender Selection**

A list of suitable vendors for each type of goods and services shall be maintained. The vender list shall be reviewed and updated periodically to ensure that current known factors are taken into consideration.

Vender Selection Criteria

The following set of criteria is essential for deciding on choice of vendors.

- Price.
- Quality of goods/services.
- Availability of goods/service within the required delivery time.
- After sale services, including availability of parts/supplies.
- Bidder’s previous records of performance and services.
- Financial stability of the vendor.
- Payment terms
- Warranty offered.
- Ability to provide samples.

**Use of Dealers and Sole Suppliers**

In the interest of ensuring quality, reliability and timeliness, the procurement officer may establish purchase agreements or contracts with main dealers of regularly purchased goods for annual period. Rates of discounts with the supplier should be negotiated.

Upon selection of a vender, a legally binding contract reviewed and approved by the legal consultant should be drawn – up for the goods and services in question and signed by both parties prior to procurement. Detailed specifications, qualities, unit price, delivery deadlines, locations, and payment schedules must be specified in such contract.
Palestine Red Crescent Society

Means of Procurements

- 500 NIS and less, direct purchase and will be authorized by the administrative director in addition to procurement officer.
- 500 – 1,000 NIS, quotes will be obtained for vender listing and determination will be decided by the procurement officer, general accountant, and representative of the requesting department then authorized by the administrative director.
- 1,000 – 10,000 NIS, a committee will be formed by the administrative director, in addition to resorting to and external member for consulting.
- 10,000 – 15,000 NIS, a committee will be formed by the Central Procurement Committee.
- Over 15,000 NIS, a request for proposal (bid) will be advertised in two local newspapers for two days. Outcomes will be reviewed by the Central Procurement Committee who will form a technical committee to review the bids and report their recommendations.
- Commodities or contractual services available only from a single source may be exempted from the bid requirements when PRCS administration certifies and document that is only one source of supply capable of meeting all specifications.
- All purchases of $500,000 and above will be reviewed and approved by the president of PRCS or his designee. The contract will be processed by procurement with legal review and involvement if deemed necessary.

Thresholds and Clearance Levels

- Department head purchase request to administration, complete with quantities and specifications.
- Administration clearing request with finance department against funds availability (PRCs funds \ project allocation).
- For project funded purchase, the partner is notified to get approval and \ or participate in the procurement process, if stipulated in the project agreement.
- None project purchase requests is approved by the General Director.
- The procurement department request prices based on the means of procurements.
- Received price quotations are opened by committee assigned through the means of procurements then transferred to a technical committee for written evaluation and recommendation.
- The central purchasing committee meets to review recommendations and decide on the vender.
Palestine Red Crescent Society

- All paperwork has to be signed by the central purchasing committee, technical committee, and the general director.
- The purchase order then initiated and signed by the director of administration.
- Contracts are developed and signed accordingly.
- Vendors deliver the purchased items to the designated place.
- The technical committee and a member of the requesting department receive the items and check against specifications and quantities.
- Payments are made according to contract signed by the finance department.

General rules for request for proposal purchases.

- Procurement officer has no authority or right in decision making.
- Advertising expenses are paid by the bidding winner.
- Cost will be set for the request for proposal purchases given to bidder.
- 5% bank issued check for total price offered by the bidder.

For further information and details Please contact:

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