
Community Based Health and First AID Program

February 2016
Program Review

PLAN company

Content outline:

1. Executive summary
2. Introduction
3. CBCHFA contribution to community resilience
4. Validity of Structure of CBHFA
5. Relevance
6. Efficiency
7. Effectiveness
8. Exit strategy and Sustainability
9. Recommendations and lessons learned
10. Annex no. 1 : success story
11. Annex no. 2 : result of the survey
12. Annex no. 3 : names of focus groups and interviewees

List of acronyms:

- a. PRCS : Palestinian red crescent society
- b. CBHFA : community based health and first aid
- c. oPt : occupied Palestinian territory
- d. CAC : community awareness committee
- e. CBO : community based organization
- f. PHE : public health in emergency
- g. NCD : non communicable diseases
- h. YRSH : youth reproductive and sexual health
- i. TOT : training of trainers
- j. DRR : disaster risk reduction
- k. ITT : indicators tracking table
- l. WB : West Bank

1. Executive summary :

This action is meant to introduce the results of a review process for the CBHFA program for the years 2013, 2014, 2015. The program was derived from the primary health program at PRCS and aimed at contribution with community resilience by promotion of health and well-being in the marginalized communities.

CBHFA program has been contributing to community resilience by improving the community's physical, behavioral, and social health. The program strengthened the ability of the communities to use their assets to promote public health, provide emergency care and strengthen the health care system.

The structure of the program is valid in terms of the achievement of the intended objectives; it took the form of the bottom up approach, sensitizing the need of the local communities, and reflecting the valuable contribution of the communities to health. The program's work was to strengthen community members to become community mobilizers in an effort to implement the demands of the community in planning and undertaking actions. The CBHFA is well established, well connected, understands the context well, and can draw on the long-standing experience in development and implementation of the program components.

Relevance: there is a broad suitability between the objectives of the PCRS, CBHFA program, and the health and emergency needs and interests of local communities in oPt, which are still emerging. the program is also relevant to the national health priorities as concluded in the literature review in the baseline study¹. The program has been working with local cadre (volunteers) from more than seventy local communities, to contribute to community resilience maintaining the confidence in the ability to promote health and emergency preparedness.

Effectiveness: CBHFA is a highly effective program, as is clear from the ability to achieve the outcome as set out in the program objectives. The CBHFA project succeeded to reach 74 communities in West Bank and Gaza Strip, including a total number of volunteer members reached, 1,292 male and female. The program has made significant progress toward the outcomes, having contributed to activating the role of the volunteers in delivering health, psychosocial and environmental messages to their communities. In addition they maintained the ability to provide first aid to casualties. This was clear because the PRCS branches and local communities involvement was a major contribution to the success of the program.

Efficiency: The results of the program have been achieved in a timely and cost effective manner, with two CBHFA managerial staff and two field coordinators in West Bank and Gaza all of whom were involved in a range of other projects using limited resources. The program is able to use modest resources to work in a very efficient manner. It was clear from the review process that the PRCS staff, and local communities contributed a great deal to the effective implementation of the program.

Exit strategy and sustainability: CBHFA has already proven the sustainability of its approach, having a broader vision of working on health rights across the Palestinian vulnerable communities. The current program is an example of good practice, with the idea having

¹ For details see the baseline study.

developed over four years and now being implemented in the very difficult working condition of West Bank and Gaza without the supervision of PRCS facilitators in most of the locations.

2. Introduction:

The Palestinian Red Crescent Society PRCS was established in 1968 and has been providing health and social services since 1969. The Community Based Health and First Aid CBHFA program is a sub – program of the Primary Health Department which works with PRCS on community based activities spreading health messages and promoting healthier living in the occupied Palestinian territory oPt.

Overview of CBHFA program:

The program was an extension of the PCRS Safe Motherhood Committees, a program no longer implemented. The program aims to build a committed cadre of volunteers who are trained to understand and promote healthier living, contribute to healthier individuals by implementing health and psychosocial awareness, and recreational activities. The program established 74 community awareness committees CACs in West bank and Gaza Strip with 1,292 male and female volunteers.

Objectives of the program:

Developmental goal: Communities have increased their resilience to disasters

Cross-cutting goal: The capacity of PRCS to contribute to community resilience has been strengthened.

Outcome 1: Vulnerable communities adopt good health practices

Outcome 2: PRCS volunteers and branches contribute to community resilience in partnership with local communities.

Outcome 3: PRCS has improved its documentation of impact on beneficiaries as a result of better planning, monitoring, evaluation and reporting (PMER).

Purpose of the review:

- To contribute learning and reflection to a strategic directions process
- To assess the relevance, effectiveness, and sustainability of the program
- Based on the findings, develop a set of key recommendations for development of PRCS' CBHFA program
- To consider how the program fits into the PRCS Strategic Plan (2014 -2018) and more specifically, how it contributes to communities being more resilient

Moreover, this review will provide important input in an overall independent summative assessment about the performance of the program based on the main objectives and theory of change of the program.

Methodology:

The review took the participatory approach in identifying key conclusions and lessons learnt, in which the review team, the program managerial team, PRCS branches, volunteers and local communities participated in feeding this review to give important feedback regarding the review objectives. Qualitative and quantitative data were collected in the following forms:

Survey: carried out for fifty volunteers from sixteen communities. Annex 2

Focus group discussions: four focus groups completed with volunteers from sixteen CACs across WB and Gaza. Three with beneficiaries, and one focus group with school students', one male and one female.

In-depth interviews: project managerial team, PRCS branch managers, mayors/community councilors.

Collective interview: carried out with PRCS relevant staff members working in the branches. Annex 3

Data analysis: the review team used the desk review and field work qualitative and quantitative data to come up with the result of this work.

3. CBCHFA contribution to community resilience:

Resilience can be defined as “the ability of a system to absorb shock and maintain its structure and functions with a minimum loss and resume functionality in a relatively short time”. Community health resilience: is the ability of a community to use its assets to strengthen public health and health care systems and to improve the community’s physical, behavioral, and social health to withstand, adapt, and recover from adversity². PCRS works toward community resilience from the perspective of the ability of the local communities to absorb the crises through preparedness so as to limit the negative effect, focus on the community needs based on the holistic approach. Derived from this definition, the CBHFA program has been contributing to improving health and well being in more than seventy Palestinian communities by adapting structured strategies that will promote the ability of these communities to absorb crises with minimum risks.

² www.puplic health emergency ,reviewed 9/2015

CBHFA Strategies implemented to contribute in resilient communities:

Strengthening , and promoting the access to public health and social services : this strategy contributed in improving the physical and psychosocial well being, different activities including awareness sessions, home visits, summer camps, and provision of first aid.

Engagement of the vulnerable individual and the program that serve them : those are the most affected people when crises , targeting these groups with awareness activities can prepare them for adaptation, the most targeted are women, children, elderly and disabilities

Promotion of health and wellness alongside other PRCS : working side by side with the health care branches, emergency preparedness, psychosocial department , and other relevant departments will contribute in building more resilient communities

Development of emergency and disaster preparedness plan: CACs trained how to develop emergency plans, which will improve the emergency response and reduce negative effect , PRCS provided the volunteers with first aid kits which will be used to provide first aid , save lives and eliminate complications .

Build social connectedness among the volunteers and the community : people are more empowered to help one another in crises, important for emergency preparedness, the volunteers built good relationships with community members and with other CACs members

Communication and collaboration: build networks with local communities, CBOs , and relevant stakeholders , the collaboration contributed in community resilience

4. Validity of Structure of CBHFA :

The structure of CBHFA program is valid in terms of selection of communities, establishment of awareness committees, capacity building for the volunteers and facilitators, networking and collaboration.

The program makes better use of the volunteers' time and effort that is potentially available, and in promoting volunteer's growth in quantity and quality. Approaching the cadre of local members, strengthening them, using them for delivering of intervention, optimizing the effect of the primary health care program, cost effectiveness, and has great impact on health. The program design allows for collaborative participation, enriching diversity, constructive collaboration, serving clients in their community, and addressing and meeting the needs of the community. There is a dynamic relationship between the managerial team, the PRCS branches, the local communities and the volunteers. The program design allows for gaining insight into the social context of an issue or problem, mutual learning experience between target beneficiaries and volunteers. The program sustainability is ensured by the identification of solutions to problems based on existing resources accessible to all community members, also the involvement of local community leaders and local volunteers reinforce the sustainability of the impact of the program.

The program targeted vulnerable communities, mostly are located in area C and near the separation wall, and exposed to natural disasters. Community awareness committees CAC were to be established in the targeted communities to alleviate suffering and to promote resilience. Gender, age, willingness to volunteer and enthusiasm are variables taken into consideration in forming CAC so as to achieve quality results.

The design of the capacity building component provides the volunteers with knowledge and skills that are necessary to be able to deliver health messages and purposeful activities to different age groups.

The staff of PCRS branches play a big role in enhancing the work of the volunteers by supporting them with needed logistics and networking to facilitate the volunteer work. The program provided the staff with the needed leadership skills that enabled them to work in a team with the volunteers.

Networking with local communities / the authoritative bodies gave the volunteers the assistance and the support, working together with the PCRS branches to increase the effectiveness of the program.

The volunteers, PCRS staff, local communities along with the managerial program staff are working in a distinctive way to promote healthy practices, ease the suffering, and build community resilience.

5. Relevance :

At the National level:

PCRS is a national humanitarian organization that strives to respond to human suffering through its emergency, curative, preventive, rehabilitative and humanitarian services, focusing on the most vulnerable groups, in addition to dissemination of the humanitarian values. PCRS provide its services in oPt through its branches in West Bank and Gaza Strip.

The deteriorating humanitarian situation in oPt places increased pressure on PCRS to intensify the provision of essential services especially in the most marginalized areas.³ Some of these situations are mentioned in several reports issued for example according to the Palestinian Center for Human Right its report 2014 reflected that the human rights situation in the oPt deteriorated in the first quarter of 2014, as the Israeli forces continued practicing the violation of human rights some of which amount to war crimes. ⁴ While in the OCHA report, regarding “settler violence “, it was reflected an increase in number of incidents resulting in Palestinian injuries and damage to Palestinian private property, including but not limited to: increase in structures demolished ,increase in number of persons displaced. At the same time humanitarian organizations continued to face a range of obstacles which hampered their ability to provide assistance and protection to Palestinians in need across the oPt. These obstacles include physical and administrative restrictions on the access and movement, restrictions on the delivery of materials needed for humanitarian projects; and limitations on the implementation of projects that involve health and social services, building, expanding or rehabilitating infrastructure in the Gaza Strip and Area C of the West Bank.⁵ PCRS is one main health and emergency providers that certainly affected by closures and humanitarian restrictions . In Gaza Strip the Israeli forces continued the restriction of movement for persons and goods, in addition to war crimes. On 8

⁴ Report on human right situation in the oPt , first quarter 2014 PCHR

⁵ Humanitarian overview report OCHA march 2013

July 2014, Israel launched "Operation Protective Edge" in the Gaza strip. This consisted of seven weeks of Israeli bombardment, killing more than 2,200 people, in which the humanitarian need increased for emergency primary health care services to internal displaced persons (IDP's), trauma and emergency life-threatening conditions, acute illnesses, patients requiring regular follow up for chronic disease, pre and post-natal care for women, psychosocial support, care for injured people discharged early from hospitals which included follow-up wounded care, assistive devices, physiotherapy and rehabilitation, as well as providing food, water and non-food items.

This situation in addition to others, reflect the relevancy of the services provided by CBHFA project in combination with PCRS emergency and humanitarian departments, and at the same time stress the need for trained local people to be able to provide humanitarian response when needed. Disaster preparedness and response become one of the major issues at the national level that should be tackled. The health situation in oPt demands the need for community based public health services including the awareness for healthy life style for different age groups.⁶

Driven from its believe in sustaining quality life, through its programs, PCRS struggle to achieve this. The CBHFA project focuses on the concepts of: FA, Youth Reproductive Health (YRSH), Public Health in Emergency (PHE), Non Communicable Disease (NCD), and community awareness related health topics, recreational activities such as summer camps.

At institutional level:

CBHFA project was derived from the primary health care program, its objectives are in line and relevant with the mother's PCRS strategies, the mission of PCRS focuses on "providing humanitarian assistance, health and social services to the Palestinian people when and where needed, that is to prevent and alleviate human suffering wherever it may be found, to protect life and health and ensure respect for the human being, in times of peace and armed conflict and other emergencies, to work for the prevention of disease and for the promotion of health and social welfare, and to encourage voluntary service". The objectives of the project were derived from PCRS' major six goals⁷ that focused on humanitarian values, response to disaster, promotion of health, social development, development of organizational capacity, and strengthening relation with partners. The CBHFA development goal focused on the increase of community resilience to disasters, whereas the cross cutting goal stated that PCRS has strengthened its capacity to respond to humanitarian disasters and to contribute to community resilience. The objectives of the project focus on community empowerment to be able to adopt good health practices, which will contributed in promotion of community resilience. Derived from its belief in volunteering and community participation, awareness is the key elements to promote health, and society development. CBHFA established volunteering committees to keep in touch with the communities and to build the trust with the local communities. At the same

⁶ See result of base line study for CBHFA project March 2015

⁷ PCRS goals :

Strategic goal 1: Strengthen Humanitarian values, respect for human dignity and knowledge about International Humanitarian Law in the Palestinian society.

Strategic Goal 2: Strengthen risk reduction concept and increase the PCRS ability to respond to disasters

Strategic goal 3: Contribute to better health among the Palestinian population

Strategic Goal 4: The PCRS contribute to social development to improve quality of life

Strategic Goal 5: Improve and develop the organizational Capacity of the PCRS.

Strategic Goal 6: Strengthen relations with partners at national, regional and international level

time establishment of the committees is a priority that is necessary to work within the scope of PRCS.

At the beneficiary level:

The core of this project is to establish community awareness committees, empower them and build their capacities in order to be able to contribute in improving health and humanitarian status in their communities. *“The committees meet the needs of the communities caused by natural and manmade crises, especially in Gaza Strip, in which there are recurrent attacks that cause health and psychosocial problems, especially in the marginalized areas”* Mahmood Abu Atta / PRCS branch Jabalia .

The structure of the committees: each CAC consist of 12 to 30 members, female members constitute the majority, different age group, with different social status and level of education. The diversity in the structure of the committees will expand the reach, and increase the quality of work of the volunteers. Some of the CACs have coordinators /facilitator to contact with PRCS staff, while the role and responsibilities is not clear among the CACs members. **In this regard we would recommend re-evaluating the structure of the CACs, helping them to distribute roles and responsibilities to enhance team work.**

CACs' selection criteria: well developed selection criteria based on: the enthusiasm and strong desire for volunteering, men and women, need of the community in terms of poverty rate, socio-political conditions, distance from basic health services and level of awareness in health related topics, also based on the approach of “learning by doing” aiming at transfer of health messages, promotion of healthy behavior, it's clear from the result of this review that this criteria are relevant to CACs . Focused on health, psychosocial and environmental topics. Clear objectives for the CACs were developed:

- Ensuring a safe and secure health environment
- Empowering Palestinian women and enhancing their role as leaders
- Boosting volunteers ' self-confidence and building their skills and experience
- Enhancing the awareness of local communities and the importance of community and voluntary participation
- Ensuring community based development in partnership with local community institutions

We recommend involving more young men in all the committees, and to develop a general TOR for the committees, and encourage team work

Relevancy to direct and indirect beneficiaries:

It was clear that the establishment of the CACs is relevant to the needs of the volunteers themselves and to different age groups at the community level. The result of the focus group with CACs members showed that they were involved in the committees because they want to gain the knowledge and experience to serve themselves and their communities; while others stated it was because they like volunteering, some like to volunteer to increase self-confidence and empower themselves.

*“We joined the committees to increase our knowledge so that we can help ourselves and others,volunteering, to gain the communication skills and increase self-confidence, and to be able to provide first aid to those in need“*focus group CACs / Beatenan, Qatanah, Beatejza, Bedo

The results of the focus groups and interviews with PCRS staff showed that they support the idea of forming CACs, because they can relieve the nurses and the social workers regarding transmitting awareness messages to a larger group of people.

The local community appreciates the role of the CACs and considers it as part of emergency work. *“The work of the CACs in the marginalized communities is very important, starting with providing first aid to the awareness sessions, in which case sometimes there was no need for medical first aid “Maysoon Madi / gender manager, Salfeet*

At the same time there is a need for awareness in health and social topics among the different age groups. *“We appreciate the work of the volunteers in CACs, it was nice initiative from them to give the awareness session for the mothers, the children and the teachers at the kindergartens, due to the fact that these groups need to be aware about the good health practices “focus group kindergarten/ Salfeet*

It was obvious that the volunteers are aware of their roles and responsibilities as an agent that can provide assistance around the clock to their communities; in the typical and emergency situations. They provide topics that are very relevant to the needs of the targeted group.

6. Efficiency

1. Volunteers capacity building

1.1. PRCS staff and volunteers (M/F) have received CBHFA core and refreshed training

Indicator	Base line 2012/2013	2014	2015
# PRCS staff and volunteers (M/F) who have completed a CBHFA Trainer of Trainers (TOT) course. Cumulative	25	35	
# volunteers (M/F) trained in CBHFA	120	150	

The system that followed for volunteers regarding capacity building on CBHFA is well developed. The process of the training was based on cumulative and updating knowledge and skills. TOT was designed for older volunteers to be able to deliver public health messages, while the CBHFA regular training courses were designed to satisfy the need of the new and old volunteers. The program was considered efficient at the level of cost, time, and human resources in which the volunteers participating in providing public health activities worked side by side with the primary health team at PRCS.

TOT course:

The design of the course is relevant in terms of targeted participants, topics included in the course and cooperation with other PRCS's department. The selection criteria was clear for the participants which took different relevant variables into consideration which included: the desire to volunteer, minimum of two years of volunteering at PRCS for women and six months for men, commitment, ability to implement what they trained on, participation on follow up workshop, ability to network, ability to participate in emergency situations, age between 18 and 45, minimum of higher education. Selection and training of participants was done jointly with PRCS branches and the disaster management department in the area.

The topics were relevant to community and emergency needs which targeted the most vulnerable groups. The training areas included first aid and community work approach, disaster risk reduction (DRR), public health in emergency, reproductive health, youth reproductive health, STD including HIV, gender and violence prevention, common diseases and elderly care.

Two more topics are recommended to be added to this course, the advocacy and development of DRR merged with emergency preparedness planning.

The results of the focus group showed that the participants were satisfied from this training and they gained knowledge and skills related to public health and first aid. Others would like to join this course in the future.⁸

CBHFA training:

This was a well-developed basic 6 day curriculum targeting new participants each year, clear guidance in emergency situations included in the booklet used in the training and distributed as a reference for the participants. The booklet included the main topics of communicable and non-communicable diseases, nutrition, reproductive health first aid water and sanitation and psychosocial first aid.

1.2. PRCS staff and volunteers promote awareness and provide training on health promotion and disease prevention, including reproductive health information to adolescent girls and boys (Youth Reproductive Health project).

Indicator	Base line 2012/2013	2014	2015
# awareness and training sessions organised by volunteers in the community	6000	4754	
# activities organized by CBHFA volunteers in the community			
# schools receiving Youth Reproductive Health (YRH) information	7	6	

Awareness and training sessions: Well-constructed processes were used by the volunteers in participation with the project team and PRCS field staff for years to spread the awareness messages for different age groups. The process started with a community needs assessment, identifying the participants, development of awareness plan with the facilitators and the local communities, coordinating with PRCS and local communities regarding the place and logistics needed for the activities. Therefore there still room for improvement.

Jointly developed strategy which starts with needs assessment process set of priorities, and development of plans, the volunteers trained on how to implement; collection of relevant data from vulnerable groups, use of focus group, home visit, and interview technique, analyses done for the results and presented in front of project team and representatives from the community, in order to identify the priority, then a plan was developed by the volunteers in participation of the staff and the community.

The targeted beneficiaries are the most vulnerable and in need for the awareness sessions mainly women, school children, the youth and elderly. **We recommend to target more men and children, and to hold joint awareness sessions, children with their mothers.**⁹

⁸ See the effectiveness section for details on the transfer of the knowledge of this course

⁹ Refer to base line study that elaborate in detail the Palestinian health indicators and shows how much the women and children are vulnerable, in which both groups still suffer from high mortality and morbidity rate.

The topics have been selected according to the most prevalence health and psychosocial problems for the different age groups, and as a result of the beneficiary needs; such as personal hygiene, nutrition, for school children, prenatal and postnatal care, and awareness for chronic disease patients. The volunteers tackled the raised topics during and after the Israeli attack on Gaza such as communicable diseases, meningitis, psychological support sessions, identification and awareness regarding the danger of foreign bodies left by Israeli soldiers.

“beside the debriefing sessions, The volunteers always ask us about the needed awareness topics, we suggested to give us awareness on breast feeding, bed wetting, how to manage with children and adults during the war, psychological support “ beneficiaries /Gaza, The methodology used for awareness reflected the adult learning approach such as: posters, brochures, home visits, workshops, and theatre.

There is no clear process for valuation of the sessions; **therefore, we recommend developing and implementing evaluation tools to be able to measure the results of the activities, such as oral or written pre/post-tests, oral feedback, and use of pictures ...etc**

As a result of this experience the volunteers were able to work independently without the supervision of the team in most cases,

“ the CACs became more independent, my duty in this area lasted two days, in which I can remain in contact with them, I am sure that they can complete the activities by themselves, they were cooperative with each other “, Rima, social worker /Salfeet

“All the volunteers became experienced, their personality empowered and know how to communicate with people “/Dr. Hamza, Halhool PCRS

Regarding the challenges faced by the volunteers, **we recommend that the project team discuss with each CAC ways for hindering the difficulties.** Volunteers faced some challenges during providing the training sessions, such as place, in which some use the PCRS centres others use rooms in the municipalities and other local authorities places. Accessibility was an issue for some remote areas, commitment of the women for attending the workshops, sometimes difficulty in coordination. Some volunteers have no ID from PCRS to present themselves. Lack of men members is one of the challenges especially for providing men awareness sessions, as men considered as a key persons on most of the Palestinian families and decision makers, who could have an effect on health and polices.

Home visits: The home visit technique is very useful to transmit messages to people within their familial context, allow the volunteers to recognize the social relation and its effect on health. During the home visits the volunteers transmit messages to the elderly people especially who complain of NCD, on how to take care of their health regarding nutrition and prevention of complications, and women in post-natal stage. **For this component there is a need to train the volunteers on how to develop and monitor home visit plans for the different targeted group.**

Youth Reproductive Health and Sexual Education (YRHSE) for schools and communities: Awareness on reproductive health for youth at school is considered one of the most relevant topics, as this group lack knowledge and best practices regarding their reproductive health. The course developed well regarding target group from the students and the communities, methodology used. **We recommend to provide sexual and reproductive health courses for the trainers/social workers before introducing the course to students, and to improve the course evaluation.** During this review the students gave us their feedback regarding the sessions provided to them. The participants were satisfied from the training in terms of schedule and duration of the sessions, they liked the topics presented and felt it's important for their health, while most of them mentioned that they gained new information from the training, the topics were presented using different methodologies like drawing, distribution of awareness materials, where the students ask for more similar courses. Reviewing the result of pre / post test which was completed for the participants students, showed that there is no improvement or slight

increase where the post test showed less than pre test, this means that either there is a misunderstanding on how to do the tests or review of questions is needed, as the focus group results did not reflect this result .¹⁰so we suggest to review the evaluation tool and the way of tests analysis .

1.3. CBHFA volunteers are able to give basic first aid.

Indicator	Base line2012/2013	2014	2015
# CBHFA volunteers (M/F) trained in First Aid (target: 50 M and 50 F per year)	130	353	
# CBHFA volunteers who deliver first aid			
% of trained volunteers who have taken a basic first aid refresher course after 3 years	1100	1288	

Building volunteers capacity in first aid: the structure of this component is well developed in terms of targeted beneficiaries, duration of the basic course, cooperation with relevant departments such as the EMI, training material, intervention that include delivering of messages and direct delivery. There is a need to improve the evaluation process and testing the performance of the volunteers on a regular basis.

The course considered the gender issue in which there is an equal number of male and female to be trained in first aid per year. The duration of each basic and refresher course is twenty one hours .

The courses were provided by professional team of experts and experienced from the EMI and the nurses, and booklet of first aid which was developed by PRCS and used in the training. Focus group results with beneficiaries showed that the volunteers were able to provide first aid for family members, neighbors, and any other causality, see annex no. 1 success story /capacity of CACs.

Evaluation of the training courses need to be improved, knowledge and correct practices of volunteers need to be tested prior and after the training course(written pre/post test), while examining the performance during the refresher courses (practical testing). Trainers /staff need to be trained on how to conduct the tests and analyze the results.

2. Collaboration among PRCS volunteers , branches and community

2.1. Partnerships between PRCS and the local community are established

Indicator	Base line2012/2013	2014	2015
No. of activities or events jointly organized by PRCS , and the community		673	
# PRCS branches continuously contribute to the CBHFA program	8	12	

¹⁰ Annual report 2014

The cooperation and coordination approach represented by intersectoral and intrasectoral collaboration is one of the effective community based processes used by CBHFA project. We highly recommend strengthening the relation with the PRCS departments and communities. We believe that the cooperation between the PRCS department and branches reduce cost and effort, in which the volunteers participated in achieving PRCS goals, while participating in the communities improve the quality of the activities.

Different activities were implemented jointly with PRCS staff, CACs members with the communities, the activities were identified based on the needs, raised as a result of community needs assessment. The activities which designed and implemented to reflect the need of the communities which include but are not limited to: schools awareness days that screen and detect cases, open day campaigns which target many social and environmental problems, first aid training, summer camps that provide the chance of learning through entertainment, exchange visit which allow for the volunteers to expand their knowledge, benefit from others 'experience in addition to spending debriefing time. PRCS is like an umbrella for the volunteers in which the staff plays a big role in facilitating the implementation of the activities. See annex 1 success story / CACs activities

Contribution of PRCS branches is effective in most of the cases , in terms of planning, organizing, and participation with activities. There is a strong interaction and collaboration between the staff and the volunteers in most of the locations visited by the review team. Results of this review showed that there is cooperation and contribution between the PRCS and the CACs members in different locations. They meet once or twice a month , to assess the needs and to identify the activities and the targeted groups and to develop a plan in participatory approach , as well provide feedback for the activities done during this meetings also . *“Regular meetings with the branch staff , plans sit together and they participated in evaluation of our activities, but the networking with local communities was done by ourselves “CACs focus group Qabatia*

At the same time the PCRS branches support the CACs in different forms such as providing them with the needed training, facilitating the logistic support for the awareness sessions, documentation of the activities. PCRS provide some incentives like transportation, recreational trips, treatment in the centers with low cost. Staff provide the psychological support, and facilitate coordination with local authorities.

The staff, mainly the nurses and the social workers received relevant training to be able to facilitate the work of the CACs , such as communication skills , gender , management communication skills , gender , management of summer camps , awareness methodology , elderly care , first aid , report writing , and the formation of committees.

The facilitators play a big role as a mediator between the PRCS branches and the volunteers, they participated in spreading the idea that the volunteers can complete awareness sessions not only first aid, and supervise the awareness sessions and coordinate with local communities. **We recommend developing clear job descriptions for the facilitators in terms of collaboration and supervision of the volunteers.**

The cooperation and coordination with local bodies varied among the different committees, some locations have strong relation with the branch , while for others its weak. It was clear that the PRCS have a big role in building and networking the CACs with local bodies .reviewing reports showed that more than 60%there were local networks between CACs and local authorities represented , CBOs (community based organizations), leaders of the community, schools, youth clubs, women centers. On the other hand different support has been provided by the local authorities including but not limited to: logistic preparations such as place for meetings or trainings, cooperation with CBO to facilitate the collaboration with the committees . Other Local councilors facilitated different environmental campaigns at the communities.

3. Monitoring and evaluation

3.1. A baseline survey is planned in 2013 and carried out in 2014.

Indicator: A baseline survey that documents status of CBHFA indicators in 2012/13 help determine what difference the project has made in the communities.	Done in 2014
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The base line study documented the status of CBHFA indicators in 2012/13, and recommended very useful monitoring tools to track the project indicators, in which we believe is needed for monitoring and follow up of the project.

3.2. Improved monitoring and tracking of the outputs delivered and the outcomes achieved in the program.

A monitoring plan used by staff and volunteers to plan and carry out monitoring activities.	Done???
An Indicator Tracking Table (ITT) is developed and used by HQ staff to track and document progress of activities and achievements.	Done and used

The facilitator monitors the activities of the volunteers through the direct supervision, field visits, regular meetings, daily reports and monitoring of plans. The facilitators reported to two field coordinators one for WB and one for Gaza, who reported to the project coordinator who was supervised by program manager .see diagram 1

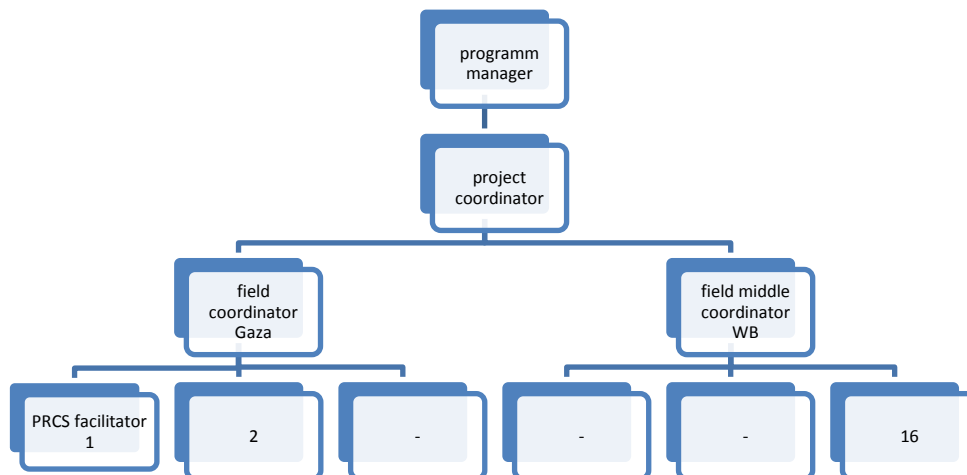


Diagram 1 structure of the project

The managerial team of the program implemented the monitoring process through field visits , meetings with the facilitators and the volunteers, in addition to use of the indicator tracking table. ITT is one of the effective tools developed and used by HQ staff , the structure of the table efficiently used ,in which it can save time and effort tracking and documenting progress of activities and achievements. The table enables the staff to analyze data segregated by gender and age and to develop monthly reports that reflect the quantities achievements .

At the field level there are different monitoring forms used to track the activities completed by the volunteers, the facilitator also monitored the volunteers work by monthly or bimonthly meetings and regular visits for the beneficiaries.

The structure of the monitoring process needs to be improved, more human resources could be hired, restructuring of the field coordinators (see recommendation section). In order to be able to track the situation of the volunteers at PRCS /CBHFA project, a volunteer data base needs to be developed to include: gender , age , place of residence , level of education , old and new volunteers , years of volunteering ,etc.

3.3. Analysis of vulnerabilities and needs according to gender/age and gender/age disaggregated reporting.

Indicator	Base line2012/2013	2014	2015
% of needs assessment carried out take age and/or gender into consideration	10%		
% monthly reports with gender and/or age disaggregated data.	70%		

The volunteers in most of the committees believed in male involvement. They initiated encouraging their male relatives to be involved, while some activities targeted men at their work place .The strategy used demonstrated success in the increased number of male volunteers by 5% among CACs, 2013 compared to 2014, and increase in male beneficiaries.

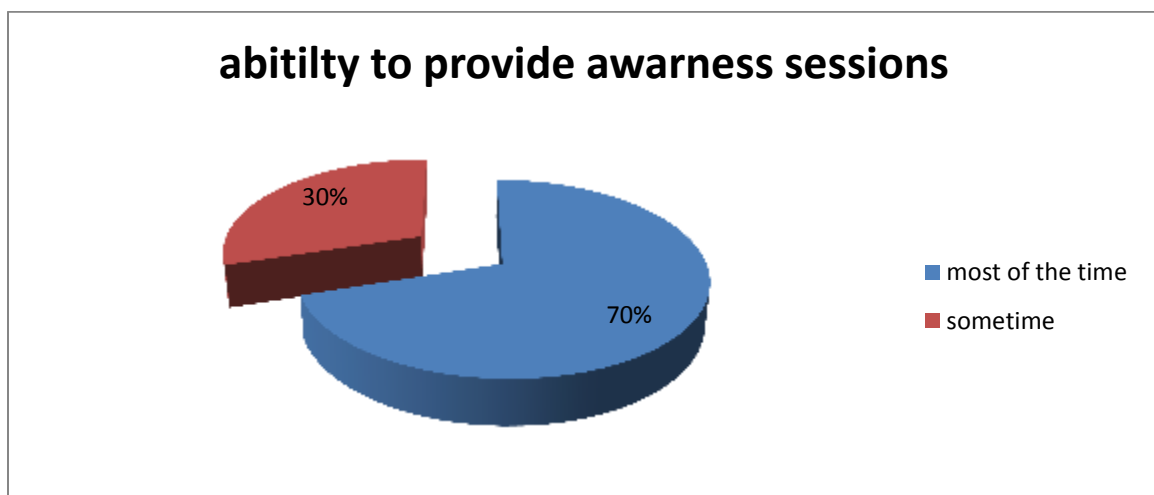
7. Effectiveness

Cross-cutting goal : The capacity of PRCS to contribute to community resilience has been strengthened.

Indicators	Baseline 2012/2013	2014	2015
#communities reached with resilience building programmes	74	70	
# PRCS branches continuously contribute to resilience building programs	7	12	
# of activities or events jointly organized by the PRCS and the community (local authorities, schools, clinics).		453	

According to the National Health Security Strategy,¹¹ resilient communities are composed of “healthy individuals, families, and communities with access to health care and the knowledge and resources to know what to do and care for others in both routine and emergency situations.”

The CBHFA project succeeded in implementing the project in 74 communities in the West Bank and Gaza Strip, while the total number of volunteer members reached 1,292, 93% are female. The training delivered to CACs enabled them to be able to transmit health, psychosocial, environmental messages to their communities in addition to their ability to provide first aid to casualties, in some cases without referring the case to emergency centres. In this review, a survey result showed that the percentage of volunteers who have the capacity to complete the community assessment and provide awareness sessions most of the time is 76%, 70% respectively.¹²

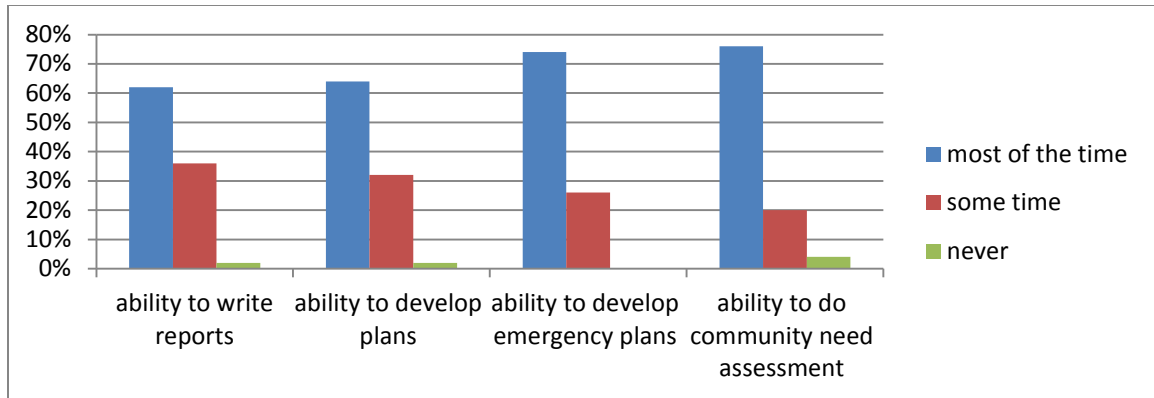


Some of volunteers were able to contribute to building the other communities ‘resilience by extending their activities to surrounding locations, which recommended if CAC are able to. For example the volunteers in Bardala reached surrounding Bedouin communities such as Alfaresiah, Almaleh, Karallas and Enalbeedah, while in the annual report 2014 it was calculated that CACs went to 20 communities that don’t have a CAC. “We evaluate the awareness committees as excellent, we gained a lot of information from them, they respect us, answer all our concerns, they are cooperative during the training sessions, they gave us skills that we can use with our children at home when there is no electricity, they have different interesting training exercises” focus group with beneficiaries/Gaza

The survey showed that the committees need to have more training on managerial skills. Results showed that their ability to write reports, to develop plans for the activities, and to develop emergency plans is 62%, 64%, 74% respectively. And here we are talking about how to report relevant oral and written information to facilitators.

¹¹ www.phe.gov

¹² See all survey result in annex

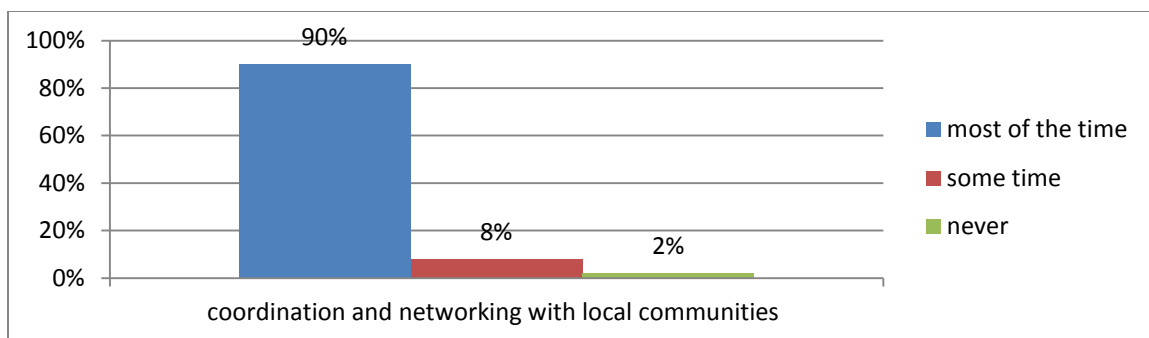


We consider that the Information and education that contain public health, behavioural health, and emergency preparedness which was provided to these communities, will help people face every day challenges as well as major disaster such as situation in Gaza during the war . We believe that the CBHFA project will contribute to optimal levels of physical and psychological health and well-being within the communities which will facilitate the community's rapid recovery, and therefore strengthen community health resilience.

Supporting the volunteers by PRCS branches in different communities contributed to the resilience building program, the feedback from the volunteers showed that the branches have a big role in supporting the volunteers to have positive effect on health and reduce risks caused by crises. Result of the survey showed that the PRCS team participated and supervised committee's activities most of the time 86% and sometimes 14% .The review team deduced that the power of the volunteers was connected to the support of the PRCS branches in most cases. (See annex 1 success stories). **Survey or evaluation is recommended to be conducted measuring the relation and effect of branches on CACs performance**

Results of the review showed that the PRCS branches have a strong effect on the sustainability of the committees **in this review, we met three branches Halhool and Salfet were good example for cooperation with the CACs and Cabatia branch was weak .**, *"PRCS branch in Qabatia became weak, which affected the performance of the committee in this community, because there were no incentives or encouragement from the branch and the main centre in Ramallah "focus group, Qabatia .* At the same time the branches have a big effect in sustaining the relationship and networking with local and national bodies

The local authorities, in most of the targeted communities, believe in and appreciate the work of the volunteers and tried to provide available resources to be used by the volunteers. They contributed to strengthening their role and providing them the push to expand and implement their activities more effectively, some invited them to attend their activities that aim at economic empowerment and marketing their local products , others help them in networking with other institutions. For example the governance in Salfet provide the volunteers with all the logistic they need and how to write official letters and to communicate with other institutions . Result of the survey showed that 90 % of the surveyed committees coordinate and network with local communities regarding their activities.



Outcome 1

The ability of vulnerable communities to adopt good health practices.

Indicators	Baseline 2012/2013	2014	2015
# people (M/F) reached directly	25000	69437	
# people (M/F) reached indirectly	70000	416622	
# CBHFA community awareness committees (CACs), that are active Committees			
% increase in volunteers (M/F) trained in Basic First Aid that can identify appropriate first aid steps for common injuries identified by the community			

We believe that the targeted communities became healthy and knowledgeable and at the same time, became more organized. They have the capacity to identify problems, establish priorities and act.

Direct beneficiaries: The CACs managed to reach more than 30.000 direct beneficiaries ,through different activities ,around 73% of them are female. Significant increase of male participants were noticed in 2014 compared to 2013 respectively 20% , 27% as reported which reflect success work of CACS to target more men in which they are usually have limited time or not willing to get involved.

We recommend to implement different strategies to increase the involvement of more men in the CBHFA activities. For example adjustment of activity time to suit men’s time so that they could participate in the activities, such as evening time activities , and use men trainers . On the other hand CBHFA project can benefit from other PRCS’s program’s men volunteers to participate in project activities.

The directly reached beneficiaries became more resilient in terms of improve health status and the ability to manage in emergency situations. Women targeted by the volunteers became more aware of taking care of themselves and their families. The home visits which provide the elderly advice regarding their health on nutrition and NCD, have its effect on them, where they began implementing healthy lifestyles. (See success story annex 1).

The children who participated in the awareness session started to change their attitudes regarding nutrition, personal hygiene and other behavioural attitudes .The volunteers also worked on prevention of demotic violence, in which they became able to do psychosocial support with the assistance of the PCRS staff. (see annex 1 success stories). The volunteers succeeded in changing the attitudes toward disabilities to involve them within schools and kindergarten in

Salfeet. School students who attended the YRH course expressed that they started healthy practices such as personal hygiene ,” *the western school in Qabatia was not cooperative with us when giving the awareness sessions , but when they noticed the positive effect of the sessions , they start asking us to complete more in different topics* “ *Qabatia focus group*

Active committees: The strategy used for activating the CACs is well developed in terms of clear evaluation criteria, well known by all the CACs, and incentives for the best options. For encouraging the CACs to be active, the project developed clear criteria to evaluate their performance, the criteria based on number of sustained male and female, annual activities done with and without the staff and with local partner, annual meetings with local communities, and number of male/female beneficiaries. **We recommend adding two more criteria the first is the development of reviewed annual plan, second is the regular updating of emergency preparedness plan.** The result of the evaluation used for honouring the best CAC each year, and giving them some incentives like doing summer camps, exchange visits. Review of the annual reports 2014, 22 CACs 13 WB, 9 Gaza was evaluated by the staff as active based on conducting awareness activities inside and outside their communities and having a network with PCRS branches and village councils.

Result of focus group with CACs reflected that the volunteers are active in conducting different activities without the supervision of PCRS staff. *”one of the topics targeted in the TOT training was violence against women , which was done by the trainer for different institutions , one of the purposes of the training was to held a session by the participants , CACs ‘ volunteers were the only participants who conducted awareness session on this topic” , interview with Rima , social worker , Salfeet .*

Outcome 2: The ability of PCRS volunteers and branches to contribute to community resilience in partnership with local communities.

Indicators	Baseline 2012/2013	2014	2015
# CBHFA volunteers (M/F) trained and retained for a year (target: 1,100 total)	1100	1288	
# people (M/F) who have volunteered at least four hours during the reporting period.		475	

To keep the volunteers connected and effective in the resilient communities, the CBHFA project followed well designed strategies that provided the volunteers with updating theoretical and practical first aid training , in which we recommend to be done regularly based on data base . The continued training for the volunteers armed them with the skills needed in an emergency situation, at the same time maintain contact with the branches, provide them the power and build a strong relationship with different stakeholders. Most of the volunteers who participated with the focus group expressed their confidence in providing first aid .

The emergency plan which was developed by the volunteers was considered one of the preparations for disaster mitigation, which could alleviate the effect of the risks caused by natural or manmade disasters. Most of the targeted communities became capable to respond adequately to health needs in an emergency by developing their own emergency plan which included: name and contact information of necessary emergency actors such as, the police station, civil defence, pharmacy, List of shops, Bakeries, taxes, some of them announce in the mosques about emergency or any assistant, others use the social media. Some of the volunteers used their emergency plan during the snow storm last year / Beatfajar CAC. **We recommend training and developing structured emergency plans for each community, which should also be updated every six months.** They should include contact information of protection and

emergency providers, humanitarian institutes, name of at risk people , place of shelter , with identification of role and responsibilities for CACs members in emergency situation , and to be updated every six months.

As a result of obvious positive effect of the volunteers work, the communities became more confident about their ability. Some kindergartens developed awareness plans with the volunteers related to children attitudes , such as use of technology , bed wetting and other relevant topics. Salfeet beneficiaries .

PRCS facilitated the network with other NGOs or institutes in the local communities for work opportunities. At the same time the volunteers became well known by other INGOs and local institutes in their communities , which made available employment opportunities. **In this regard we recommend that PRCS strengthen the relationship with local institutes and network the volunteers with them .**

Outcome 3: The ability to document impact of beneficiaries as a result of improved planning, monitoring, evaluation and reporting (PMER) system.

Indicators	Baseline 2012/2013	2014	2015
% monthly reports that document qualitative achievements and changes in the lives of beneficiaries		60%	

Well developed ITT , to monitor the project’s indicators and to measure the effectiveness. The project team followed the ITT which allowed them to issue a monthly report .It was reported that 60 % of the reports documented qualitative achievements .Review of the reports showed that there is still missing indicators for some activities. **We recommend to review the recommended indicators from the baseline assessment.**

8. Exit strategy and Sustainability

Even though community and individual resilience is not easily measured, we recommend to investigate the level of health resilience in the communities that were targeted if CBHFA program intended to withdraw from any of the these communities. In this section we will propose guidelines for an exit strategy with some questions to be considered when developing the strategy. Therefore we believe that the program team, the volunteers with the local community are the only parties who can develop the most relevant and applicable strategy that guarantee the sustainability of the CACs.

Three basic approaches can be used to develop an exit strategy:

- Phasing down: gradual reduction of PRCS support, contact local organization or branches to sustain volunteers ‘activities.
- Phasing out : withdrawal of PRCS ‘ HQ involvement after realizing volunteers ‘ self-sustain
- Phase over: transfer of volunteer activities to local institutions such as municipalities, governance, women centers, and village councils.

In developing an exit strategy there are several questions that must be considered:

- How strong the community’s sense of ownership /commitment , to continue program activities without the support of PCRS

- To what extent does the community value program activities implemented by the volunteers ,
- Do CACs members, have the knowledge and skills needed to implement the program activities without the support of PRCS.
- Are the local community organizations ready to support the volunteers

As results of our review we believe that there are several factors that will contribute in the sustainability of the CACs if used effectively:

Relation with PRCS departments and branches:

The PRCS branches can play an important role in supporting the activities completed by the volunteers. We believe that the volunteers are part of the mother institute PRCS, and not only for the CBHFA program, the branch can automatically involve them with any other program or small project. At the same time PCRS can play a big role in networking the volunteers with other stakeholders for job opportunity. *Thafer Ibraheem Manager of PRCS Salfeet branch said during the interview: “we will not leave the volunteers if the project finished, they are part of our work, the voluntary work they do is sustainable, as they have a great impact in the community, we will keep contacting them through other projects, we are sure that the volunteers can work without our supervision, we work as an official umbrella for coordination, sometimes we involve them with other projects for the training, they are now leaders empowered women who can make change”*. In the location where there is no PRCS branch, some of the CACs spend their own money to be able to continue their activities. At the same time 35% of the volunteers feel that they are not able to sustain their activities without PRCS support. (Result of the survey annex 2). Some of the committees have no vision for sustainability, where they have no plans, some of the old members feel that they are not accepted by the PRCS, where they prefer to work with the youth, and have no incentives /Qabatia CAC focus group

Support of local communities:

Most of the authoritative bodies in the local communities expressed their cooperation and support for the committees if the program stopped. We noticed that some of the CACs start working on an exit strategy unconsciously. Some have strong relationships with municipalities and are able to continue their support, others expressed that they hope that the volunteers can continue cooperation with them. *Salfeet governance expressed that they plan to invite the committee to their training plan in 2016 that include psychological support, effective use of internet and the social media for children.*, *we would like to continue the cooperation and provide the support for the volunteers, we have the ability to maintain contact with them, we are ready to help them and support them in all our capacity* “*Maysongender department Salfeet governant*. Other local communities expressed their interest to adopt the volunteers in case they have clear plans. *Beat enan municipality “we offered five sewing machines in which the volunteers can work on for income generation”*. This can take two sides from one side the local authorities appreciate the empowered committee, and on the other side they may not well understand the role that related to health awareness, project team need to investigate these cases individually. There is also opportunities for jobs in local communities ‘institutes in which one of the active volunteers was hired in Beat Fajar municipality, and sport club was established managed by the CAC.

The capacity of CACs:

The bulk of information and skills provided for the volunteers, provide them the ability to continue with their activities in the same manner. Most of the activities do not require any

financial cost and the local CBOs can provide support in this regard. In addition the volunteers can use the awareness materials developed by the program.

9. Recommendations and lessons learned:

The CBHFA project is one of the actions at the national level that contributed to community resilience through targeting the most vulnerable communities , strengthening their abilities to adopt good health practices with partnership of local authorities .We would recommend **continued work on the same strategies** implemented by the team of the project. We greatly appreciate **continued financial support** for the project, **extension of the targeted communities** especially the most marginalized in area C and East Jerusalem, and would recommend some specific actions to improve the contribution in community resilience :

Improve collaboration process :

1. **Strengthen the cooperation with the branches** , in which they are required to have more responsibilities regarding the CACs for monitoring , evaluation of their activities , and ensure the sustainability for the volunteers by engaging them with various activities implemented by other departments , and ensure networking .
2. **Strengthen the cooperation with other PRCS departments**, the volunteers can be part of other projects in the same area . Network the volunteers with other community based programs 'PRCS such as the psychosocial and the emergency programs.
3. **Strengthen the cooperation with the local community** and extend for external institutes: regular planned activities with the local communities, networking with other CBOs, and INGOs branches for chance of employments for the volunteers.

Improve Capacity building structure :

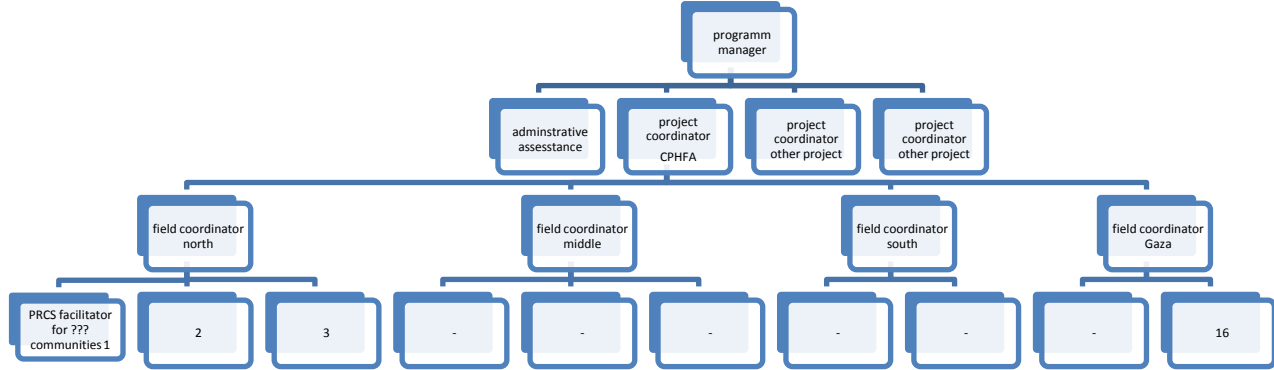
1. **The first aid training** : we recommend to improve the structure of the training course , a twenty one hour basic course for the new volunteers , then a three hours refresher course each year for the same members , as there is no need to repeat the same course , evaluation of the effects of the course should be improved , using pre / post test , and practical tests .
2. **YRHSE** : we recommend to improve the outcome of the YRHSE course , a TOT course on sexual and reproductive health for the social workers who are responsible for providing this course to students and communities, you can expand this course by adding more 6-8 hours on life skills including communication skills , negotiation , leadership , these skills can help the students in transmitting the messages to others .
3. **Provide the volunteers with additional training on** : rapid needs assessment for the emergency situation , advocacy , testing BP and glucose ,report writing , photography for documentation issues , care of disabilities, elderly care , child home accidents ,malnutrition among children and pregnant women , domestic violence , how to support Tawjehi students during the exams (psychosocial support) , Sphere or other international standards for relief and recovery .
4. Involve more men, provide the volunteers with necessary equipment and assets such as first aid kit , BP machines and glucometers.
5. **Intensify the activities** that build and strengthen the social relation such as exchange visits and summer camps, this relation has its impact in case of crises.
6. **Development of disaster risk reduction plan DRRP**: training workshops can be done for the CACs to develop a constructed DRRP for each community which will help them realize and prepare for hazards and could be presented for any actor in the community , the plan could include the elements of :
 - Identification of risks in the communities including social , political , health and infrastructure ,

- Resources in the communities in terms of human resources , places , societies , schools , shelters ,etc
- Suggested activities for each risk,
- Identification of responsible persons or actors for each activities
- This plan is recommended to be merged with the emergency preparedness plan , and updated every six months

Improve Monitoring and evaluation process :

- The managerial team : restructuring of the project hierarchy would be recommended , administrative assistant could be hired , reallocation of four field coordinators one for each area , north , middle , south and Gaza , each will be contacted with number of facilitators according to number of CACs, and since this program has more than one project , each needs a coordinator , which would all be supervised by the program manager :

Recommended structure :



- Review the indicators for each activities , some have no indicators ,
- Development of annual plan , and monthly action plan for the volunteers ' activities , based on needs assessment.
- Development of TOR for CACs role and responsibilities
- Modify the job description of the facilitator to include the roles and responsibilities toward the volunteers