

PALESTINE RED CRESCENT SOCIETY

OUR SELECTED EXPERIENCE

PRACTICAL RESOURCE PACK

Our context

The Palestine Red Crescent Society (PRCS) was mandated in 1969 to provide humanitarian, health and social services for the Palestinian population whenever and wherever needed, be it in the occupied Palestinian territory or among the Palestinian diaspora.¹ We have 4,200 employees in the West Bank and Gaza Strip, Lebanon, Syria and Egypt, in addition to a network of more than 20,000 volunteers.

¹ In this text, "diaspora" refers to Palestinians in refugee camps in the region, principally in Egypt, Iraq, Lebanon and Syria.

We strive to alleviate human suffering through our Emergency Medical Services (EMS), the delivery of preventive and curative health care and rehabilitation services, volunteer activities and programmes promoting social development, focusing on the most vulnerable members of society. We also endeavour to promote humanitarian values, the Fundamental Principles and international humanitarian law.

Following the 1993 Oslo Peace Accord and the formal establishment of a Ministry of Health by the Palestinian Authority, the PRCS was mandated to provide pre-hospital



A Palestine Red Crescent ambulance stopped at a checkpoint.

emergency services and national ambulance services in the occupied Palestinian territory. We thus assumed the role of a complementary body to the public authorities, addressing the needs of the most vulnerable.

In addition, we are regularly called upon to respond to emergencies and/or specific situations involving violence, such as clashes between Palestinians and settlers or between Palestinian and Israeli forces or internal conflicts.

How our acceptance, security and access are affected

The deteriorating humanitarian situation² in the occupied Palestinian territory and in the Palestinian diaspora, coupled with the ongoing financial crisis, has stretched our capacity to provide essential services to the population, with ever greater numbers of people requiring such services.

Procedures imposed by the Israeli authorities, notably restrictions on the movement of patients, ambulances, medical teams and volunteers, have created a fundamental obstacle to Palestinians' access to health services in the occupied territory. Restrictions include the establishment of military barriers/checkpoints between Palestinian towns, control over border crossings, a system of permits governing the movement of Palestinians, and the construction of the West Bank barrier.

For example, hundreds of wounded and sick people are transferred for medical treatment to hospitals in East Jerusalem, which have the expertise, skills and professional standards that are often lacking in West Bank hospitals. Although most of these patients possess the necessary medical certificates and entry permits, PRCS ambulances are prohibited from transporting them directly to the hospitals. The majority of patients therefore have to be transferred from the PRCS ambulance at the main checkpoints for entry to East Jerusalem to another ambulance (back-to-back ambulance procedure) for the remainder of the journey, sometimes posing a high risk to the patient's life.

Occasionally, East Jerusalem ambulances are allowed to pick up patients with Jerusalem identification papers living outside the West Bank barrier without being fully checked at the checkpoint, provided that they return within an agreed timeframe. Their movements are monitored by the Israeli authorities by means of a GPS system installed in the ambulances. However, if the time limit is exceeded, the ambulance is subjected to a complete check, which also causes delays. Thus, even if the system is an improvement on the back-to-back procedure, delays can still be an issue.



Moreover, for security reasons, one-third of the medical cases designated for transfer to East Jerusalem hospitals do not obtain the required permits.

To give another example, Hebron 2 (H2),³ which is home to around 40,000 Palestinians and 500 Israeli settlers, is considered to be under the full control of the Israeli occupying power. All entrances to the main city and the roads separating the settlers from the Palestinians are blocked by various gates and checkpoints. The situation of the people living in the city is dire, and the delivery of humanitarian assistance to those who need it is fraught with difficulty.

Overall, we are working in an extremely difficult and dangerous context. Between 28 September 2000 and 30 December 2012, our medical services suffered the following incidents and losses:

- ▶ 35 personnel killed
- ▶ 531 personnel injured
- ▶ 45 ambulances destroyed
- ▶ 156 ambulances partially destroyed or damaged
- ▶ 125 health facilities (hospitals, clinics, etc.) destroyed or damaged

² The result of internal strife and recurrent Israeli military incursions into Palestinian territory.

³ The name given to Hebron Old City in a sub-agreement of the Oslo Accord.

What we did and learned

Despite the enormity of the challenges, the PRCS, in close cooperation with the ICRC, has been working to find ways to overcome the obstacles and enhance its humanitarian services for the Palestinian population.

Some of the actions and measures taken are those recommended in the Safer Access Framework and include:

Acceptance of the organization

- ▶ To be able to respond to any situation of violence efficiently and in a timely manner, the PRCS works hard to build the acceptance and trust of Palestinian authorities and communities.

Identification

- ▶ EMS stations are established with ambulances and trained teams positioned in the main cities and towns according to need. The premises, vehicles and uniforms have clear identification markings.

Operational security risk management

- ▶ Incident reports are shared regularly with the ICRC so that appropriate internal or external actions can be taken. Regular meetings are held between the PRCS EMS stations and the ICRC sub-delegations to analyse issues and specific cases.

- ▶ When the PRCS experiences delays in transferring patients to hospital at checkpoints, we inform the ICRC, which then approaches its Israeli contacts to facilitate the movement of ambulances.

Internal communication and coordination

- ▶ Through an agreed process, violations are reported regularly to the ICRC, which informs the Israeli authorities in order to mitigate risks and threats to the security of the EMS teams when responding to cases during clashes.
- ▶ Coordination mechanisms and processes between the ICRC and the PRCS are in place and are implemented to reduce risks and threats that might affect the access and security of the EMS teams and to be able to respond to the needs of those affected during conflict or other situations of violence.

External communication and coordination

- ▶ To reduce response times in emergencies, standard operating and coordination procedures have been established to facilitate the opening of the gates to allow the ambulances in/out of the restricted areas.
- ▶ Joint ICRC/PRCS dissemination sessions are organized for internal and external target groups to raise awareness of the PRCS profile as well as its mission and services provided during peacetime, emergencies, conflict or other situations involving violence and during disasters.

