

Palestine Red Crescent Society – reducing risk through VCA

Reducing the impacts of disaster or conflict is impossible without knowing how vulnerable to those risks communities are and what capacities they have to cope. The International Federation has developed a community-based tool to help National Societies measure risk, known as Vulnerability and Capacity Assessment (VCA).

In 1999-2000, the Palestine Red Crescent Society (PRCS) embarked on a 6-month VCA, which assessed communities' perceptions of the hazards most likely to occur, their needs and the resources available to prepare for and mitigate the impacts of these hazards – whether major disasters or daily challenges. To ensure broad collaboration, other agencies (ICRC, UNICEF, UNRWA and four Palestinian Authority ministries) were invited to become members of a steering committee, closely monitoring the way the assessment was carried out.



Water and sanitation training in Hebron

PRCS social workers formed 22 focus groups among target communities to draw out local perspectives on disaster. The 429 individuals who took part came from a comprehensive cross-section of Palestinian society, carefully gender-balanced. The assessment asked 113 children to draw their vision of disasters and ways in which they could be mitigated.

The assessment highlighted many local capacities (e.g. potential volunteers, equipment, supplies, specialised staff) as well as a need for training in communities. The VCA exposed shortfalls in coordination between institutions and a lack of communication between communities and the authorities concerning hazard risks. Worse still, not a single ministry had put disaster preparedness on its agenda – other than to stockpile supplies in warehouses. The hazards regarded as most likely to occur were: lack of water, 'events of a political nature', road

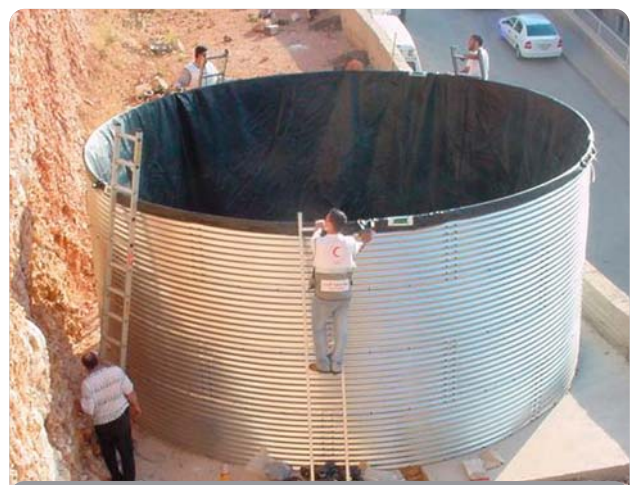
accidents, open sewers, pollution, fires, earthquakes, poor health and epidemics.

The findings were published in August 2000. One month later, the Palestinian territories erupted into the second *Intifada* (uprising) against Israel. "Events of a political nature" became the top hazard, escalating into near-war. Since then, thousands have been killed or injured. The life of Palestinians has been totally disrupted: as well as violence came the 'closure' of residential areas, job losses and a marked deterioration in public services. From the outset, the Palestine Red Crescent Society (PRCS) proved well-prepared – all the better for having just completed a comprehensive VCA.

Putting the VCA into practice

Inevitably, the *Intifada* modified the PRCS's priorities as well as accelerating the implementation of some of the VCA's recommendations. Given the major escalation of violence, the PRCS had to respond swiftly to the needs of the injured – who numbered around 20,000 during the first 18 months of the *Intifada*. Various measures, recommended by the VCA to improve PRCS's capacity to respond to crises, have been taken:

- Drafting of an emergency action plan, defining the respective roles for Red Crescent staff and volunteers, and partner agencies.
- Formation of a disaster management and coordination unit in Ramallah, to coordinate medical and food aid, water and sanitation, transport and fuel. It constantly evaluates capacities and vulnerabilities,



Disaster team and PRCS branch volunteers installing T-Tank in Nablus.

manages volunteers and integrates roles within the organization.

- Formation of a new emergency medical system (EMS) – a focal point for health emergencies, covering evacuation, triage, treatment and transportation of the injured. A network of emergency operations centres has been set up in Nablus, Hebron and Gaza – to ensure the effectiveness of the EMS in the field. There are now 250 emergency medical technicians working in the EMS. The PRCS ambulance fleet has doubled to 105 vehicles.
- Opening of 16 new health stations in local communities, complete with staff trained in emergency and primary health care.
- Increasing local capacities to treat injuries on the spot – identified as critical by the VCA, since evacuating the injured during clashes is often frustrated by military roadblocks. This involves the PRCS supplying medical kits (boxes of emergency supplies, including oxygen), setting up emergency rooms in PRCS health clinics and establishing communication with doctors in isolated communities.
- Emergency committees have been set up in 21 isolated villages, comprising a teacher, a health professional, a member of the village council and a local Red Crescent employee. They hold the clinic keys and contact details of nearby medical staff. They intervene in emergencies, help assess the situation and inform the PRCS of food and medicine shortages.
- Establishing a new database of Red Crescent volunteers, listing their skills and availability. This ensures that the right people can be rapidly deployed to deal with emergencies. A new campaign to recruit more volunteers has started.
- Volunteer training has been reorganised and includes six new areas of expertise: rapid damage assessment, emergency response unit backup, emergency medical services backup, camp management, water and sanitation, relief operations and administration backup. Over 400 volunteers have been trained in the past two years.
- A 24-hour telephone hotline has been activated, acting as medical and psychological support for crisis-affected families, especially mothers and children.
- A 50-bed field hospital has been created, capable of carrying out surgical operations.
- Awareness campaigns promoting disaster preparedness and response have been carried out in schools

and communities, through newspapers, brochures and TV spots.

- Piloting of a rapid damage assessment surveillance tool, designed as an early warning system for public health crises in 134 communities where PRCS operates.

Lessons learned

- The VCA process enhanced understanding and cooperation between communities, government agencies and the PRCS. Duplication in crisis management has been reduced.
- The principles of the VCA – in particular the ongoing need to employ and strengthen the capacities of vulnerable communities – live on in the minds and decisions of PRCS staff.
- Conducting a full, 6-month VCA process is expensive in time and money and entails considerable commitment from those involved.
- The process would not have been possible without financial support from international organisations – including the International Federation, ICRC and UNICEF.
- The process raised unrealistic expectations among vulnerable communities as to how much the PRCS is capable of achieving.
- Implementation of the VCA's recommendations could have been better monitored – but the ongoing *Intifada* made this difficult.
- Children could have been more involved in follow-up activities.
- No concrete national disaster plan – a key aim of the VCA – has emerged.

Conclusion

Assessing the vulnerabilities and capacities of communities exposed to violence and disaster is a crucial first step in acting to reduce those risks. Partnership with communities, authorities and other organisations is a vital part of the VCA process, as it lays the foundations of trust and cooperation upon which future risk reduction plans and projects can be built. Involving vulnerable people in the VCA process helps to transform their mentality from seeing themselves as victims towards realising their own potential to protect themselves from the consequences of conflict and disaster.

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