



## Emergency Response and Recovery Plan March – December 2020

### **About the center:**

The Palestinian Counseling Center (PCC) is a mental health non-governmental organization established in 1983. The PCC was started by a group of psychologists to respond to the increasing need for mental health services among the Palestinian population. The PCC started intervening at the primary intervention level concentrating its efforts in raising the community's awareness to the importance of counseling as a form of effective therapy for various psychosocial problems. The PCC then moved to intervene at the secondary level by placing and supervising psychologists, counselors and social workers in schools and primary health clinics. Today, it has become accepted, and even requested, that specialized mental health clinics exist and operate. The PCC has its headquarters in Beit Hanina - Jerusalem with branch centers /clinics in Jerusalem, Ramallah, Qalqilya, and Nablus. The PCC employs 45 staff members and serves over 15,000 direct beneficiaries per year.

### **Context analysis:**

The 5<sup>th</sup> of March 2020 saw the first confirmed cases of COVID-19 in the oPt, identified in the city of Bethlehem. This prompted the Palestinian Prime Minister to declare a State of Emergency across the oPt starting with a lockdown on the city which slowly escalated as more cases started appearing around the West Bank and Gaza to travel restrictions and mandatory quarantine for those traveling to and from the country, suspension of education and reliance on online learning, restrictions on gatherings and public events, culminating in the enforcement of a full two-week curfew across the West Bank, leaving only essential services in operation starting from 22 March. The number of confirmed cases on 02/04/2020 was 155 with 1 fatality. While the numbers are relatively low, the risk is expected to increase significantly as approx. 50,000 Palestinian workers in Israel return to the West Bank at the start of Passover.

According to OCHA, the capacity of the Palestinian health system to cope with the expected spread of the pandemic is severely impaired. The situation is particularly severe in Gaza, where the health system has been undermined by ongoing Israeli attacks, the Israeli blockade, the internal Palestinian political divide, a chronic power deficit and shortages in specialized staff, drugs and equipment. The strain on Gaza's health system has been further exacerbated over the past two years due to the high casualty toll from the events surrounding the Great March of Return.

The COVID-19 outbreak has drastic ramifications on a global scale as more and more countries go into lockdown and trade relations are reduced to the bare minimum, but these effects are significantly more prominent and disastrous in a country like occupied Palestine which has little control of its borders and whose economy relies heavily on remittances and foreign aid to stay afloat. As checkpoints between the West Bank and Israel have been closed, thousands of families who rely on the wages of Palestinian workers in Israel have lost their primary source of income, as well as thousands working in tourism who are currently out of business. This also has prevented independent business owners from operating their businesses, and the government is unable to provide them with financial assistance due to the PA's own financial problems resulting from donor countries reducing the amount of aid and focusing on internal issues. If the lockdown persists, within a couple of months these vulnerable low-income families will barely be able to afford the main necessities leading to food insecurity and lack of hygiene supplies, putting them at increased risk of contracting and spreading COVID-19.

The expected scenario for the coming 4month March – June 2020: Major disruption in life, high levels of unemployment, loss of income for a large proportion of the population, food insecurity, challenging psycho-social conditions including an increase in psychological problems such as anxiety, phobias, hypochondriasis and other psycho somatic ailments, among adults, In addition to other problems related to children like enuresis , separation anxieties , violence as well as increased levels of domestic violence, including GBV as well VAC. In July it is expected that the recovery period will start and will continue to the end of December 2020. During this period, it is expected that movement restrictions will ease and life will gradually resume to its normal functioning. The psycho-social needs in this phase may significantly increase especially of those who were directly impacted by Covid – 19, such as those infected, those who lost loved ones, those who are still being treated, those who lost their income and livelihood. It is also expected that some people will manifest post trauma symptoms and many of those infected and their families will face discrimination and abuse.

**Strategies:**

The PCC's intervention focuses on 4 main strategies:

- 1- Raise awareness and disseminate information to counter the negative psycho-social implications of the coronavirus pandemic.

In the time of uncertainty and anticipation at the start of the outbreak, as with any emergency situation, it is easy for misinformation to spread causing mass panic and a spike in anxiety and stress related symptoms. It is essential at this stage to ensure that people are well-informed about the virus, its symptoms, and how to protect themselves from it. It is also important to empower people with knowledge and skills to aid them in de-stressing and preserving their mental well-being in order to be able to support themselves and others. It is expected that different vulnerable groups will have different reactions and needs during this time, which is why it's important to target each group individually in accordance with their needs, focusing on children and the elderly. Social isolation and panic combined create a recipe for mass psychological distress, and increase the risk of pre-existing conditions surfacing and worsening, which is why it's essential to prevent and respond to emerging issues in a timely manner.

- 2- Build the capacities of professional psycho-social service providers to provide quality online services.

Quarantine and social distancing can have a significant and sometimes long-term detrimental impact on mental health, including stress, insomnia, and emotional exhaustion<sup>1</sup>. Despite the growing need for psycho-social services in times of viral outbreak, most providers in Palestine are not equipped with the knowledge and skills to competently provide online counseling and related services. PCC will utilize its team of qualified professionals to provide training, coaching, and supervision to service providers to enhance the quality of their services, and help them to preserve their own psychological well-being in face of the difficult cases they are exposed to as the outbreak and containment measures are expected to have a very detrimental effect on the psychosocial well-being of Palestinians and psychosocial service providers alike.

- 3- Empower CBOs and community protection committees to better respond to the emergency needs of their communities in general and their psycho-social in specific.

In times of crisis, CBOs are in the best position to conduct a rapid needs assessment and provide immediate intervention to their communities. This is especially true in cases of curfews and lockdowns where communities might be cut off from outside services. For this purposes, one of PCC's main priorities is building the capacities of community based organizations and committees to identify and respond to the needs of their communities. This is also the most sustainable approach as it establishes qualified emergency responders in marginalized communities that can allow communities to support themselves without relying on outside intervention in the future.

PCC works with the most marginalized villages and communities in Palestine, mostly located in Area C and refugee camps where they are largely neglected by Israeli authorities and out of the scope of PA services. This leaves them particularly vulnerable during the spread of the pandemic as they have few to no health clinics, rudimentary sanitation facilities, and limited access to technology to utilize online learning, in

addition to having crowded homes which exacerbate the detrimental effects of lockdown and cause families to compete over the available technology in the household. Most importantly, the residents of these communities are heavily reliant on unregistered Palestinian workers in Israeli settlements for their survival with no employment benefits or steady wages, and the lockdown of the checkpoints leaves them in dire economic conditions. Approx. 50,000 Palestinian workers are expected to return to their homes during Jewish Passover, and with a very significant portion of the cases of COVID-19 in Israel being in settlements, there is a very high risk that these Palestinian workers will bring the infection back to their villages that are woefully underprepared to respond to the threat. Equipping CBOs with emergency kits that include sanitary items and hygiene products to be distributed to the family in addition to including health awareness in their activities will play an essential role in mitigating and preventing the spread of the virus in these communities, and reducing the risk of social exposure through providing material for children to remain occupied during lockdown.

4- Improve the emergency response capacities of the PCC.

The PCC regularly works to assess and enhance its emergency preparedness and response capacities. This enables the PCC's staff to have the necessary knowledge, skills, and resources to provide the best quality emergency response, and to disseminate important information and awareness raising materials to combat the spread and psycho-social effects of the virus. Available equipment and technology is significantly impacted during the outbreak as PCC's offices are closed and our employees are all working from home to provide services through phone and virtual technology. However, due to the education system relying on online learning during this time, family members are forced to share the available devices, limiting the capacity to be readily available for emergency intervention. For this reason, it is also important to ensure that PCC staff have the necessary equipment they need to carry out their tasks and provide necessary support for those in need. This will also enable them to better utilize virtual space to conduct trainings, awareness raising activities, and consultations with different age groups, and to support the education system's online learning with supplementary education and activities with children.

### The Log frame for the PCC's Response and Recovery plan

Intervention logic	Indicators	Monitoring and Evaluation tools
<b>Main objective 1:</b> Raise awareness and disseminate information to counter the negative psycho-social implications of the coronavirus pandemic	Accurate information on countering the negative psycho-social implications of the COVID-19 pandemic is available and easily accessible to the general public and psychosocial service providers	Monthly progress reports
<b>Specific objectives</b>		
1.1 Provide the general public and psychosocial service providers with essential psychosocial information and instructions on dealing with the COVID-19 outbreak	#of publications, # of videos, SMS messages, etc.	The Publications SMS report The videos
<b>Activities</b>		
1.1.1 Production of an awareness raising publication for parents.		
1.1.2 Production of an awareness raising publication for adults.		
1.1.3 Production of an awareness raising publication for senior citizens.		
1.1.4 Production of an awareness raising publication for professional psycho-social providers in relation to helping people with psychological problems		
1.1.5 Production of an awareness raising publication for health providers.		
1.1.6 Production of an awareness raising short video for parents.		
1.1.7 Production of an awareness raising short video for adults.		
1.1.8 Production of an awareness raising short videos for children.		
1.1.9 Short videos for self-care (drawings, guided imagery and		

movement)		
1.1.10 Dissemination of 15 SMS messages to the PCC beneficiaries and the general public to reach 300 twice a week over a period of 2 months.		
1.1.11 Participation in TV and radio talk shows on an average of one show per week.		
1.1.12 Circulation and dissemination of WHO _ UNICEF communications materials.		
<b>Main objective 2:</b> Build the capacities of professional psycho-social service providers to provide quality services.	# of service providers able to provide online PSS help. # of service providers have professional support to enable them to give quality services.	Monthly progress reports.
<b>Specific Objectives</b>		
2.1: Build the capacities of psycho-social providers to work online.	Online trainings in tele psycho-social services, supervision, consultations, etc.	Pre post test Evaluation report Counselors Consultation reports Supervision documentation file
<b>Activities:</b>		
2.1.1 Conduct online stress management and self-care through expressive arts session to professional psycho-social providers from the relevant line ministries, such as MOSD, MOEHE, NGOs, CBOs, private schools, etc.		
2.1.2 Conduct individual and group supervision to psycho-social professionals.		
2.1.3 Provide training courses in providing tele psycho-social and online services.		
2.1.4 Provide coaching sessions in providing professional supervision online		
2.1.5 Provide training courses in providing consultations and		

counselling online		
<b>Main objective 3:</b> Empower CBOs and community protection committees to better respond to the emergency needs of their communities in general and their psycho-social in specific.	CBOs and Community Protection Committees in 14 areas prepare and implement emergency response plans addressing the needs of their communities	Emergency plan for each CBO
<b>Specific objectives:</b>		
3.1 The CBOs have the knowledge and tools to respond to the emergency needs of their communities	<b>14 CBOs:</b> <ol style="list-style-type: none"> <li>1. Madaa Creative Center in Silwan</li> <li>2. Mt. of Olives Women Centre.</li> <li>3. One Hand Society – Issawiyeh</li> <li>4. JCAN, Kufur Aqab</li> <li>5. Beita Women Development Society - Nablus.</li> <li>6. Qalqilya Women’s Society</li> <li>7. Qaryout PRCS</li> <li>8. Duma Youth Center</li> <li>9. Qalandia Child Centre.</li> <li>10. Hableh Charitable Association</li> <li>11. Beit Skaria Women’s Association.</li> <li>12. Jayyous Women Center</li> <li>13. Zbeidat Women Center</li> <li>14. Fasayel Women Center</li> </ol>	CBOs Assessment report Pre post test ( training evaluation form) Kits distribution lists ( without names)
<b>Activities</b>		
3.1.1 Assess the emergency preparedness and emergency response capacities of the CBOs		
3.1.2 Help the CBOs conduct a Rapid needs assessment in their locations.		
3.1.3 Prepare Emergency Response Plans per location.		
3.1.4 Monitor and evaluate the plan		
3.1.5 Training, monitoring and supervision of the CBOs staff		

to implement the emergency response plans. On average 10 training days, Weekly monitoring and supervision sessions.		
3.1.6 Delivery of child protection emergency kits including educational toys, sanitizers, nutritional food.		
3.1.7 Delivery of family emergency kits including also sanitizers, nutritional food, seeds and seedlings.		
3.1.8 Delivery of women emergency kits including hygiene and sanitary supplies,		
3.1.9 Recruitment of 5 of trainees per CBO.		
<b>Main objective 4:</b> Improve the emergency response capacities of the PCC.	The PCC is implementing an updated emergency preparedness and response plan	Emergency plans
<b>Specific objectives:</b>		
4.1 Improve the communications capacities of the PCC.		Laptops+ phones + internet modems The laptops
4.2 Build the PCC's staff capacities in providing online psycho-social services.		Pre post test Evaluation report
<b>Activities:</b>		
4.1.1 Procure 6 of laptops.		
4.1.2 Procure 40 of telephone cards for 4 months.		
4.1.3 Procure 15 of internet modems / cards / Sims.		
4.1.4 Procure 2 of colored printers, 25 external hard drives, 30 flash memories, etc.		
4.2.1 Train the PCC staff in providing online psycho-social services		
4.2.2 Train the PCC staff in media and communications including the production of short videos.		
4.2.3 Tele conferencing equipment, including a large screen, projector.		
4.2.4 Procure a new software for HR.		



4.2.5 Supervise the PCC staff in providing online psycho-social services		
4.2.6 Subscribe in # of online training courses.		
4.2.7 Recruit 18 counselors and therapist to conduct group and individual sessions.		

**Budget:** Please see attached annex.

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<sup>i</sup> S.K. Brooks *et al.* [The psychological impact of quarantine and how to reduce it: rapid review of the evidence.](https://doi.org/10.1016/S0140-6736(20)30460-8) *The Lancet*. Vol. 395, March 14, 2020, p. 912. doi: 10.1016/S0140-6736(20)30460-8.