

Health Care Society Annual Report 2012

Foundation and Mission:

Health Care Society (HCS) was founded in 1995 and registered in the Ministry of Interior in 1997 under the registration No. AD/156.

Its mission is to improve the health conditions of the Palestinian refugees in Lebanon.

Objectives:

- Contribute towards costs of secondary and tertiary medical care for Palestinians refugees while ensuring quality care.
- Support emergency cases that are not covered by any other institution.
- Supporting chronic disease patients.
- Engage in evidence-based advocacy to promote high quality and more dignified health care of Palestinian refugee (quality control)
- Provide health awareness.
- Provide medications and medical supplies according to needs.

Executive Summary:

The Palestinian refugees in the camps in Lebanon suffer from high unemployment rates as they are prohibited from working in many domains in the Republic of Lebanon. The majority are workers on daily or seasonal basis as in agriculture. 11.2% of this population suffers from hardship cases. This is the highest rate compared to refugees in other countries due to the lack of socio-economic integration of refugees in Lebanon. In addition 56% of the Palestinian refugees are under 25 years of age, indicating a young population.

Consensus of December 2010, showed that the number of registered refugees in Lebanon reached 469,000, 57% of which is distributed over 12 camps. They live in squatter settlements that rarely have access to clean drinking water, and lack good hygiene and proper sanitation. 64% of the camp shelters are connected to sewerage networks, and 97% are connected to water network.

The poverty survey done by UNRWA and AUB in December 2010 showed that:

- 6.6% are extremely poor i.e. they cannot meet their essential daily food needs (compared to 1.7% among Lebanese).
- 66.4% of Palestine refugees in Lebanon are poor i.e. cannot meet their basic food and non-food needs (compared to 35 per cent among Lebanese).
- More than 81% of all extremely poor refugees are in Saida and Tyre areas.
- 95% of the population is without medical insurance
- A case of acute illness may push a household into poverty

More than 32% of the Palestinian Refugees suffer from chronic diseases. Furthermore, the cost of health care in Lebanon continues to escalate leading to further deterioration in the health of the residents.

Hereby, the important role of Health Care Society in providing health services for the Palestinian community in Lebanon. For the year 2012 HCS supported 485 patients in tertiary care and hospitalization, 688 patients in the kidney dialysis project and more than 10,000 patients in need of medications through the medical in-kind donation program (MIKP). The budget for the year 2012 reached **655,368.00\$**.

Projects Details

1- Surgery and hospitalization project:

Description of the project:

For the setup of this project, local NGOs are donating services of around 32 social workers. This is in an attempt to cut down administrative costs and to easily channel the money to beneficiaries.

Health Care Society helps beneficiaries in surgical operations and hospitalization in all regions in Lebanon. Beneficiaries fill applications in the appointed centers in the camps aided by the volunteer social workers. These files are sent to HCS office in Beirut to be checked and reviewed by HCS staff. Then they are approved and signed by the executive committee which holds meetings every Friday and later signed by the board members (at least 2 members). The financial assistance is addressed to the third party. HCS covers 10-15% of the actual cost, noting that assistance does not exceed 1250\$ for one case. Exceptions are made to very severe and hardship cases that are entitled for more support reaching \$2500 where the cost of surgery is extremely high, exceeding \$25,000, however this needs approval by the board members.

For the year 2012 the board members approved of only 4 cases because of limited budget.

It is worth mentioning that HCS is a partner with UNRWA regarding the CARE program where Welfare Association channelled the money for the hardship cases through HCS.

Objective of the project:

The aim of this project is to help the Palestinian community with part of the costs of surgery and/or hospitalization. Many Palestinians are unemployed and are not covered by any kind of medical insurance. UNRWA and PRCS have limited budgets and as such cannot sustain the expenses of severe and chronic cases. In addition the Lebanese Ministry of Health refuses to include Palestinians in their health plans, highlighting the importance of our project.

HCS is a humanitarian organization which extends its services to beneficiaries of both genders and all age groups with no discrimination. It helps beneficiaries in achieving their basic need of survival, without which it is impossible for the beneficiaries to efficiently resume their productive, reproductive, and community roles.



Executive committee weekly meetings

Achievements

Since its establishment, HCS helped more than **10,200** beneficiaries in all regions in Lebanon and for all kinds of surgeries.

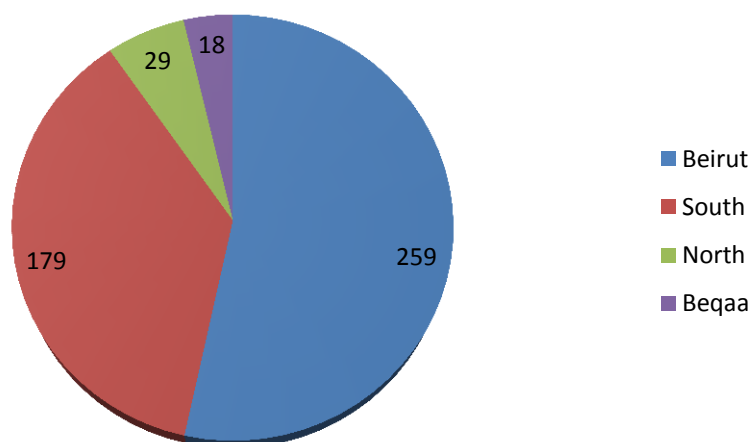
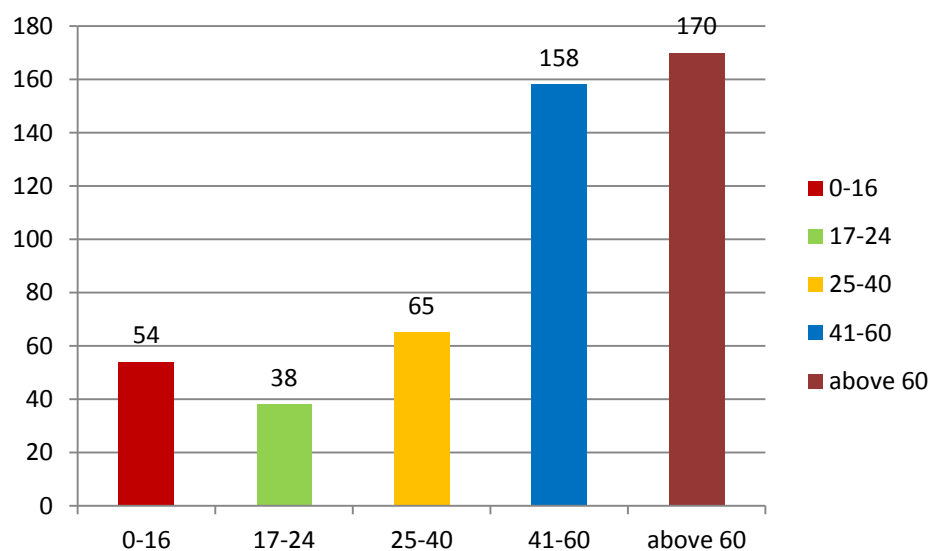
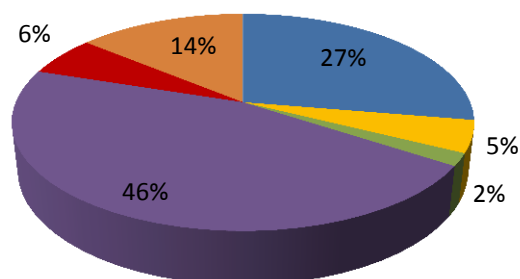
For the year 2012 the number of beneficiaries reached **485** and distributed in the table below according to disease.

Distribution of the patients according to disease is:

Type of Disease	Number of Beneficiaries
Cardio- vascular	134
Cancer	23
Kidney problems	9
General surgery	222
Ophthalmic problems	29
Therapeutic /hospitalization	68
Total	485

beneficiairies according to disease

cardio vascular cander kidney
general surgery ophthalmic therapeutic



Results

1. Palestinian refugees with health problems supported with hospitalization/operation.
2. Access to satisfactory hospitalization and medical treatment for underprivileged Palestinian refugees is improved.

Coordination and Networking:

1. Collaborating with UNRWA.
2. Collaboration and coordination with organizations of the executive committee.
3. Coordination with Volunteer Outreach Clinic
4. Coordination with PRCS.
5. Coordination with Zakat Fund

Comments:

Comparing the number of patients in 2011 and 2012, we notice that the number of patients is less in 2012 within the same budget allocated to the project. This is due to the increase cost of the surgeries and increase in hardship cases.

Donors for this project:

1. Welfare Association (WA).
2. Norwegian People's Aid (NPA).
3. Late Rifa'at El Nimer Fund.
4. Fund raising activities.



Social worker filling application for the patient

2- Kidney Dialysis Project:

Description of the project:

The kidney dialysis center was established in 1996 with efforts of Late Mr. Hussein Al Tabari and still continuing with additional support from generous Palestinian donors through the Welfare Association.

The center is working with full capacity of 16 machines, in addition to 5 machines kept on standby. It is run by well qualified doctors (3) and nurses (7) who work full time to deliver a good quality services and care.

The center provides free kidney dialysis services for around 60-62 patients per month. HCS manages the center directly and provides all the consumable items needed for dialysis such as filters, solutions, blood lines, fistula needles and other supplies. For the year 2012 around **7300 sessions** were performed to benefit **688** patients of both genders (52% males and 48% females). This service is delivered free of charge and it is the only one available for Palestinians suffering from kidney failure.

It is worth mentioning that HCS supported 4 Syrian Refugees by using the dialysis services for free, as they were not supported by any institution.

Results:

1. Kidney dialysis is made available for Palestinian community free of charge. The majority of patients need 3 sessions per week. Hence the importance of this project.
2. Health is improved and lives are saved.
3. As a long term consequence, the socio-economic status is improved and the patients are having an active role in society.
4. Diet is improved for the patients.

Indicators:

1. **688** patients benefited from the project.
2. **7300** dialysis sessions are performed free of charge.
3. **16** dialysis machines run efficiently per session.

Achievements:

1. **112,000** sessions were performed over a 15 year period.
2. **6688** patients were supported by this service since 1996.
3. **8** dialysis machines were installed in 2005.
4. **3** new dialysis machines replaced the old ones in 2009
5. New water treatment machine was installed in 2009 replacing the old one.
6. **2** new dialysis machines also were installed by end of December 2011.



Fistula insertion

7. Professional exchange with AUBMC in 2007 and with RHUH dialysis unit in 2009 was done to improve the standard of care supplied by staff at Hamshari dialysis center in Saida.
8. Nutrition sessions were conducted by a specialized dietician (2008-2012).
9. Improving performance of nurses conducted by Fresenius Medical care (2010-2012).
10. The significant success was the performance of a minor surgery for the fistula insertion. This is used to be done at other hospitals at high cost.
11. Prevention of hepatitis B & C by regular blood testing of the patients.



Recommendations

- Health Care Society is in process of rehabilitating the center and improving the water treatment system and pipes. After all civil work is finished; the center will be among the best centers in Lebanon.
- Also HCS will be working on including center in the National Registry for Dialysis Patients, which provides chronic disease management for monitoring and follow up of patients. This will improve the quality of life of the beneficiaries and their families and to maintain quality assurance.





Preparing for a new dialysis session

3- Medical In-kind Donation Program:

Objective:

The aim of this project is to provide the Palestinian community with medications according to their needs. Medicines are very expensive in Lebanon and beyond the reach of this marginalized community.

Another important issue is the health awareness that HCS provides with its partners regarding the rational use of drugs including handling and distribution.

Background:

The main partner of this project with HCS is the American Near East Refugee Aid (ANERA). The project started in 2003 to fill the gaps and needs of the Palestinian community regarding medications.

The close collaboration with UNRWA led us to sign an agreement with them where the latter plays the role of the consignee.

During the year 2012, HCS received 9 shipments of very important and useful medicines in addition to medical supplies and equipment. Special shipment was received for relief for the Palestinian refugees coming from Syria.

The main recipient partners of the medications and medical supplies are:

1. Sandouk Al Zakat (SZ)
2. Palestinian Red Crescent Society (PRCS)
3. UNRWA
4. Al Shifaa clinic
5. Beit Atfal Assomoud
6. Popular Aid for Relief Development (PARD)
7. Volunteer out-reach clinic (VOC)
8. Dar Al Ajaza
9. Mosawat
10. Human Call Association
11. Al Bayader
12. YMCA



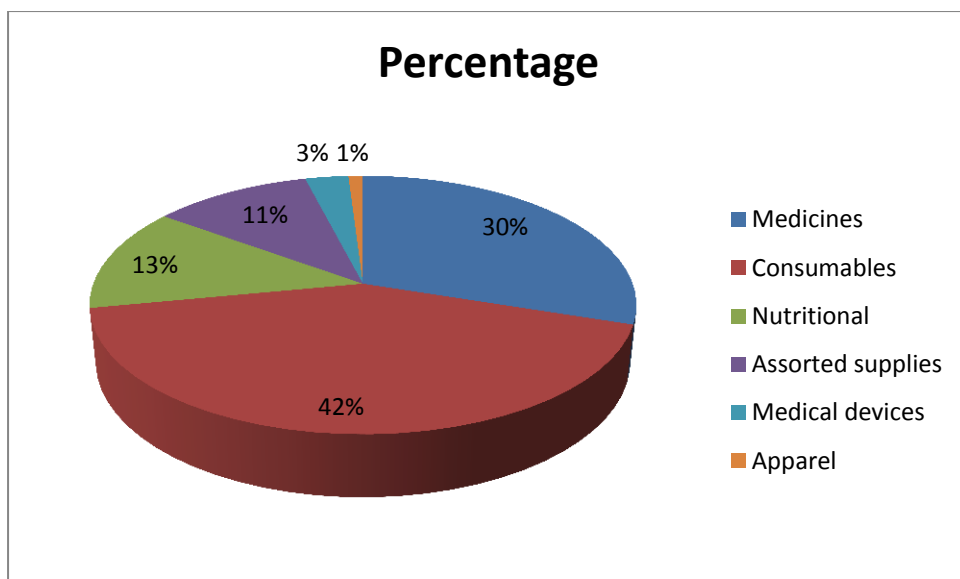
Activities

- Product Donation Offers of medicines are sent to ANERA/HCS, and are reviewed by the consultant pharmacists at ANERA and HCS for screening the medicines if they can be used in Lebanon and accepted by Ministry of Health, expiry date and side effects, etc.

- Recommendations are made by the consultant Pharmacist, and offers are sent to the recipient partners who in turn accept (designating quantities also) or refuse the medicine according to their needs.
- After the container is filled with the needed medications, as well as medical supplies, the HCS pharmacist must sign an approval form for the whole shipment, which then needs 3-4 weeks to arrive in Beirut port.
- Some medications are sent by air, mostly due to their urgent need, or due to their short expiration dates (exp. 8 months).
- HCS staffs allocate the items and quantities needed by recipient partners based on previous offer acceptances. Each partner picks up the items and signs a receipt of the items.
- After all items are distributed HCS provides ANERA with the distribution grids.
- All partners provide us with the distribution list of each shipment.
- Capacity building of staffs of recipient partners who are handling the medications, with the support of ANERA.
- Improving our partners' physical environment of the storage of medications (support of ANERA).

Top ten medicines received:

- Respiratory
- Gastrointestinal
- Immunity suppressant.
- Mouth & throat
- Anti-allergic
- Analgesic
- Cardio-vascular
- Vitamins
- Solutions (normal saline, dextrose, etc).
- Dermatological
- Psychotherapeutic



Achievements:

- Receiving greater quantities of medications for chronic diseases such as hypertension, diabetes, cholesterol, asthma, kidney transplant, mental illness, etc.
- Receiving 7-8 shipments per year.
- Increase in the number of organizations offering donations to our society.
- Assessments of needs since 2008.
- Conducted 4 workshops on raising awareness regarding the rational use of medicines and its harm and the use of antibiotics.
- The number of beneficiaries increased with the increase of needed medications.
- Creating a forum for exchange of medicines among our partners.
- Capacity building of the partners on handling, dispensing and disposing of medications. In addition the medication storage facility was upgraded by the installation of air conditioning unit, purchasing of closets with locks, etc.

Impact indicators

More medicines are being donated according to needs and are made available to the underprivileged in all regions in Lebanon.

4- Emergency Project

Main Activities for the Palestinian Refugees from Syria (PRS):

1-Health Care Society (HCS), is supporting the PRS in tertiary care and hospitalization, following the same criteria as UNRWA, i.e. for life saving cases and priority at PRCS hospitals. Cases that cannot be treated at PRCS hospitals, then these are referred to a contracted hospital with UNRWA at low rates. We will be coordinating closely with UNRWA and Qatari Red Crescent Society. The percentage of support will be considered according to how severe the case is.

2- For PRS who are suffering from kidney failure and need kidney dialysis, they are referred to the kidney dialysis centre at Hamshari hospital for free, as we are managing and supporting the centre. We are still supporting 3-4 Syrian patients in kidney dialysis.

3- For medications and medical supplies, especially chronic medications, we are receiving through our medical in-kind donation program with our partner ANERA, medications, and non- food items, hygiene kits, blankets, items for the handicapped, etc. to be distributed to health clinics and hospitals and to UNRWA as well.

We received recently medications for high blood pressure, cholesterol, cardio-vascular, mental illness, and Parkinson. Most of the shipment has been already distributed.



Administrative Issues

During the General Assembly meeting in 2011, all members agreed to expand on HCS and the members should be more involved. Thus, HCS board members and staffs organized a strategic planning workshop on Thu 26 January 2012 (by Dr. Rima Afifi) where most members and partners participated in it.

As a result of the interaction of the participants HCS revised mission was agreed to be: **'To provide health security to the Palestinian community in Lebanon'**.

Revised Objectives

- Contribute towards costs of secondary and tertiary medical care for Palestinians refugees while ensuring quality care
- Support promotive health initiatives on an as needed basis
- Contribute to institution building of Palestinian health care organizations
- Provide a platform for coordination between stakeholders for health
- Engage in evidence-based advocacy to promote high quality and more dignified health care of Palestinian refugee (quality control)
- Provide comprehensive support to Palestinians refugees with kidney related diseases
- Provide medications and medical supplies according to needs.

Guiding Principles

All programs and activities undertaken by the HCS will apply the following guiding principles:

- Promote respect/dignity for each person
- Promote the right to health
- Promote the right to information
- Enhance partnerships / Create synergy for mutual benefit
- Maximize impact (save lives)
- Be cost effective
- Meet needs

Recommendations:

1. Rehabilitation of Kidney Dialysis Center and to be a role model that could be replicated to other provisional projects. HCS is now in process of implementing this project.
2. Be more active in fundraising and approach new donors for versatility of financial resources.
3. Encourage volunteerism at HCS. (A student from USA performed few months of her internship at HCS).

HCS board members and staffs will be preparing for the General Assembly meeting in 2013 where new board members will be elected.



Financial Issues

A- Financial Resources:

1-Donor: Welfare Association (WA)

- HCS signed a grant agreement with WA for the surgery project 2012 in the amount of **USD 120,000.00.**
- HCS signed a grant agreement for the kidney dialysis project 2012 in the amount of **USD 276,600.00**
- HCS signed a grant agreement with WA for the Care Program with UNRWA for severe cases in the amount of **USD 50,000.00.**

2- Donor: Norwegian People's Aid (NPA)

- HCS signed a grant agreement with NPA for the surgery project 2012 in the amount of **USD 56,602.00.**

3- Donor: Late Rifa'at El Nimer Fund

- HCS is granted financial support for its activities mainly the project concerning surgery, from the Late Rifa'at El Nimer Fund in the amount of **USD 50,000.00**.

4- Donor: Mr. Faisal Alami

- Mr. Faisal contributed to the CARE program with **USD 50,000.00**

5- Membership Fees

- Every member of Health Care Society pays a fee of 100,000.00 L.L. per year which amounts to a total of **USD 1000**.

6- Contributions of Social workers

- This estimated at about **USD 7314.32**.

7- Individual contributions

- Individual contributions especially during the Holy month of Ramadan **USD 34,770.00**

8- Fund raising activities:

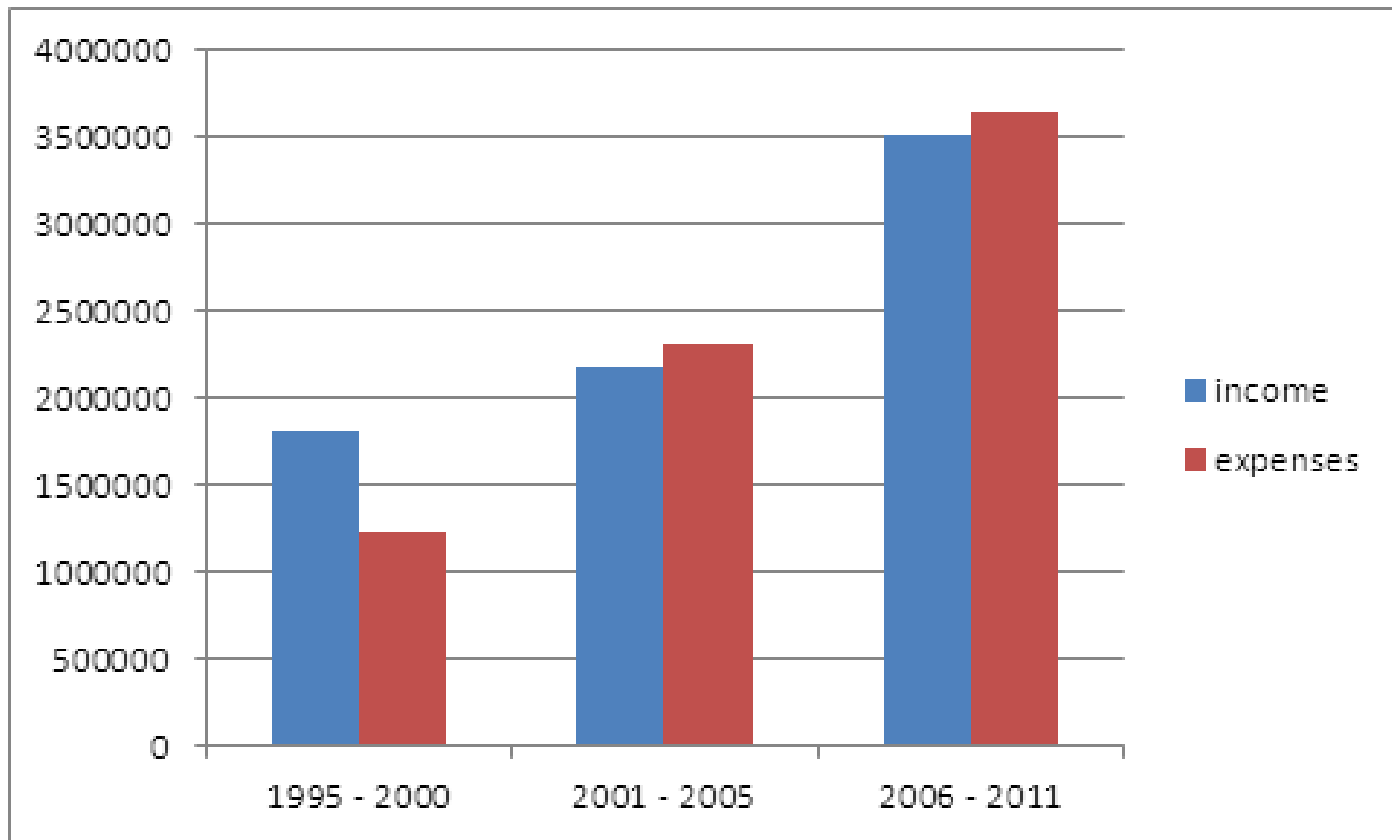
- During the Holy Month of Ramadan, HCS conducted an Iftar event where more than 370 people attended the event in Coral Beach Hotel.
- The board members represented by the president, Mr. Fouad Bwarshi, honored the Late Viktor Qashqoush who was the main founder and supporter of the Health Care Society.
- HCS collected **USD 28,993.33** in the Iftar event allocated to any activity. We are very grateful to Dr Zuhair Alami who contributed for the total cost of the event at the Hotel as he normally does.







HCS started its activities with minimal budget not exceeding **USD 14,000** to reach **USD 655,368.00** in 2012.



HEALTH CARE SOCIETY
STATEMENT OF FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 2012

	<u>2012(USD)</u>
ASSETS:	
Cash and cash equivalents	209,291.33
Accounts receivable	25,000.00
Automobile/Vehicles	17,483.00
Less: Accumulated Depreciation	<u>(11,072.33)</u>
Net/ Automobile	6,410.67
Total Assets	240,702.00
Liabilities & Fund Balance	
Current Liabilities	
Promissory Note payable	12,000.00
Care program- UNRWA	50,000.00
Medical-in-kind Donations Clearance	<u>10,488.00</u>
Total Current liabilities	72,488.00
Fund Balance at beginning of year	201,591.74
(Deficit) surplus for the period	<u>(33,377.74)</u>
Ending Fund balance	168,214.00
Total Liabilities & Fund balance	240,702.00

HEALTH CARE SOCIETY
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2012

	2012 (\$)
Revenues, Gains, and other Support:	
Welfare Association	418,653.00
Norwegian People's Aid	56,602.00
Refa'at El-Nimer family Fund	50,000.00
Faisal Alami (Care Program-UNRWA)	50,000.00
ANERA Society	-----
Individuals Donations	34,770.00
General Assembly Members Subscription	1000.00
NGO's Staff Contributions	7,314.32
Fund Raising	28,993.33
Other Income	8,035.42
Total Revenues, Gains and Other Support	655,368.07
Expenses:	
Program service and Operating Costs	
Hospitalizations and medical Support	227,543.00
Unpaid medical support (promissory notes)	12,000.00
Monthly Support for Chronic Cases	-----
Mental cases medications	1,094.17
Kidney Dialysis Center- Hamshari Hospital	256,907.38
Care Program - UNRWA	99,708.00
Total Program Service	597,252.55
Administrative and other Costs	
Employees Salaries & Auditing	40,898.00
Office Supplies & Stationary	5,063.16
Employees medical Insurance	5,583.00
Office rental	11,277.00
Automobile & maintenance Expenses	2,566.88
Fund Raising Expenses	2,428.33
Medical In Kind Donation Expenses	16,952.70
Depreciation Expense (Automobile)	3,496.60
Other Costs	3,227.59
Total Administrative and other Costs	91,493.26
Total Expenses	688,745.81
Year End Balance (Deficit)surplus	(33,377.74)

HEALTH CARE SOCIETY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2012

	2012(\$)
CASH FLOWS FROM OPERATING ACTIVITIES	
Cash received from Welfare association	418,653.00
Cash received from Norwegian People's Aid	56,602.00
Grants from Refa'at El-Nimer family Fund	25,000.00
Grants from Faisal Alami(Care program)	50,000.00
Cash received from ANERA	-----
Individuals Donations	34,770.00
Contributions from NGO's Staff	7,314.32
General Assembly annual subscriptions	1000.00
Proceeds from Fund Raising	28,993.33
Other Income	8,035.42
Cash paid to Hospitalization Support	(227,543.00)
Cash paid to Monthly chronic cases	-----
Cash paid for mental cases medications	(1,094.17)
Cash paid to Kidney Dialysis Center-hamshari	(256,907.38)
Cash paid to Care program-UNRWA	(49,708.00)
Administrative Expenses	(62,821.16)
Fund Raising Expenses	(2,428.33)
Medical In Kind Donation Expenses	(6,464.70)
Automobile & maintenance Expenses	(2,566.88)
Other Expenses	(3,227.59)
Net Increase (Decrease) in cash	17,606.86
Cash and Cash equivalents at beginning of year	191,684.47
Cash and Cash equivalents at End of year	209,291.33