



Hope Under Siege

PCRFF's Third Quarter Report-2025

CHILDREN
DESERVE
BETTER

PCRFF®
Palestine Children's Relief Fund

Q3 - 2025 PCRFR Report



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Acknowledgment



| Children Deserve Better

PCRF
Palestine Children's Relief Fund
جمعية إغاثة أطفال فلسطين

The Palestine Children's Relief Fund (PCRF) extends its sincere appreciation to all those who made this quarter's achievements possible. To our dedicated staff and volunteers working under displacement, blockade, and daily risk, your resilience ensured that children continued to receive food, medicine, and care when systems failed.

Thanks to our donors, partners, and chapters worldwide, PCRF sustained relief for over 5.5 million people and advanced life-saving programs and infrastructure. Your trust turned resources into meals, surgeries, classrooms, and wards of hope.

We also acknowledge the invaluable cooperation of ministries of health, hospitals, municipalities, and community organizations across Gaza, the West Bank, Lebanon, Jordan, and Egypt. Together, we delivered continuity of care in the face of famine, siege, and war.

Above all, PCRF acknowledges the strength of the children and families we serve. Their courage is the reason behind every intervention in this report, and their resilience is the measure of our shared commitment.

Executive Summary

Combating Famine and Restoring Childhood

In the third quarter of 2025, the Palestine Children's Relief Fund (PCRF) operated in conditions of extraordinary complexity and human suffering. Gaza entered Phase 5 famine; the West Bank faced deliberate restrictions and economic collapse; Lebanon endured cross-border hostilities; and displacement deepened across Jordan and Egypt. In this environment of scarcity and loss, PCRF's mission, to deliver healing and hope to children, became both more difficult and more essential. Despite collapsing health systems, blocked borders, and daily risk, the organization expanded its reach and achieved results at a scale not previously seen in its history, proving that structured compassion can overcome even the most severe humanitarian constraints.

PCRF delivered more than 5.55 million units of life-sustaining aid—food, water, hygiene, and medical supplies—across Gaza and the West Bank. In Gaza, distributions included 85,831 infant milk units, 27,406 food parcels, 25,043 vegetable baskets, 13.7 million liters of potable water, and 30,000 hygiene kits, alongside fixed and mobile medical points that treated 16,370 patients.

In the West Bank, 32,000 people benefited from food, hygiene, and psychosocial support despite persistent closures and settler violence. Each delivery represented more than a number; it was a direct intervention against famine, disease, and despair—an act of survival that restored a measure of normalcy and hope to families who had lost nearly everything.

The fight against malnutrition extended beyond rations and relief. PCRF ensured continuity of care for 11,875 children through its humanitarian sponsorship programs, protecting those with the most fragile health. One-time sponsorships provided urgent surgeries, medications, and assistive devices to 3,046 children. Monthly medical sponsorships sustained 1,198 children with chronic illnesses, disabilities, or cancer therapy, while orphan sponsorships reached 7,596 children in Gaza with food, medicine, and dignity. At the heart of this effort stood Dar Al-Raja Orphanage, where 91 children and 30 families received comprehensive weekly food, medical care, and psychosocial support—a pilot model of integrated humanitarian response inside famine conditions. These were not



acts of charity; they were acts of preservation that kept children alive, stable, and seen when systems around them had collapsed. Beyond relief, PCRFR maintained specialized medical care as the second front in its fight against famine-related mortality. Across Palestine, Lebanon, Jordan, and Egypt, 1,946 clinical interventions were performed, including 205 surgeries through medical missions, 532 through direct surgical programs, 77 pediatric cardiac procedures at the Palestine Medical Complex, 818 cancer treatments at Beit Jala, and 10 life-saving evacuations abroad. Each case was a victory over scarcity—a child’s life extended not by chance, but by deliberate, coordinated medical care in a region where hospitals stood in ruins.

To address the systemic roots of crisis, PCRFR invested 7.8\$ million in hospital and clinic rehabilitation, construction, and equipment. The Khalet Al-Mai Emergency Clinic in Masafer Yatta was completed and opened, giving families access to care within minutes rather than hours. Major expansions advanced in Jenin, Hebron, Beit Jala, Ramallah, and Jerusalem, while the partial rehabilitation of Al-Rantisi Pediatric Hospital in Gaza served 48,000 children before renewed bombardments forced its closure. These investments were more

than infrastructure, they were the architecture of resilience, creating pediatric wards, ICUs, and safe therapeutic spaces designed to protect children long after the current famine has passed.

In a quarter defined by famine metrics, hospital evacuations, and mass displacement, PCRFR combined humanitarian scale, clinical depth, and long-term systems building to preserve both life and dignity. Through millions of units of food and medical aid, thousands of surgeries and treatments, and the reconstruction of essential health infrastructure, the organization shifted the outlook for children from mere survival toward recovery and resilience. PCRFR’s performance in Q2025 3 demonstrates not only its operational strength but its mission clarity: that even in famine and war, the organization remains steadfast in defending the most fundamental right of every child, to be fed, to be treated, and to be given a future.





1. Humanitarian Programs – Consistency in Chaos

When systems collapse, predictable care becomes the difference between survival and despair. PCRF's Humanitarian Programs safeguarded that consistency for 11,875 children this quarter.

- One-Time Sponsorships delivered urgent surgeries, medications, and devices to 3,046 children.
- Monthly Medical Sponsorships sustained 1,198 children with chronic illnesses, cancer treatment, and rehabilitation.
- Orphan Sponsorships supported 7,596 children with food, medicine, and dignity — including 91 children and 30 families living at Dar Al-Raja Orphanage in Gaza, where comprehensive shelter, food, and on-site medical care turned devastation into a place to call home.

These were lifelines ensuring children received consistent treatment, families did not collapse under crisis, and orphans had support amid great loss





2. Humanitarian Projects – Scale that Saves



In Gaza and the West Bank, humanitarian projects expanded from emergency relief to holistic care. Together they reached $\approx$ 5.53 million people this quarter.

- **Gaza:** 85,831 units of infant milk, 27,406 food parcels, 25,043 vegetable baskets, 13.7 million liters of potable water, 30,000 hygiene kits, and urgent medical points/mobile clinics that treated 16,370 people.
- **West Bank:** 32,000 people reached with food parcels, hygiene support, infant formula, psychosocial activities, and school kits.

In famine and blockade, these interventions meant fewer hungry nights, fewer children drinking unsafe water, and families stable enough to continue education and seek medical care. As one displaced mother said: “When the vegetables arrived, my children said it felt like Eid.”

3. Clinical Programs – Depth that Heals

Beyond scale, PCRF delivered 1,946 specialized medical interventions across Palestine, Lebanon, Jordan, and Egypt:

- **Medical Missions:** 205 children received complex surgeries and consultations.
- **Direct Surgical Program:** 532 surgeries in four countries.
- **Pediatric Cardiac Department (PMC):** 77 catheterizations and open-heart surgeries.
- **Treatment Abroad:** 10 children safely evacuated for life-saving procedures.
- **Cancer Department (Beit Jala):** 818 children received chemotherapy, psychosocial support, and tutoring.

Each number was a life reclaimed, a child walking again after spinal surgery, a young heart repaired, a cancer patient who continued both chemotherapy and schoolwork. This is healing that restores not just survival but the possibility of childhood.





4. Infrastructure Projects – Building Systems that Last



PCRF invested 7.8\$ million this quarter in hospitals, clinics, and equipment to rebuild systems under siege:

- **Completed:** Khalet Al-Mai Emergency Clinic in Masafer Yatta, fully operational and sparing families dangerous journeys.
- **Ongoing:** Pediatric surgical theater in Jenin, PICU/Oncology expansion in Beit Jala, pediatric ward expansion in Hebron, PRCS Pediatric Department in Ramallah, and therapeutic centers in Bethlehem and Jerusalem.
- **In Gaza:** Partial rehabilitations of Al-Rantisi Pediatric Specialized Hospital served +48,000 children before bombardments forced suspension.

These projects are more than bricks and mortar. They are systems of care: ICUs, surgical theaters, and therapeutic gardens that will protect children today and for generations to come.



Bottom Line – Why It Matters

Across all pillars, PCRF's work in Q2025 3 shifted outcomes from “survive the day” toward “recover the week”:

- **Scale:** 5.55 million people stabilized through food, water, hygiene, and urgent relief.
- **Depth:** 13,821 children directly treated or sponsored through clinical and humanitarian programs.
- **Systems:** 7.8\$M invested in infrastructure to make future care permanent.

In the face of famine and war, PCRF did more than deliver aid. It showed up, provided care, rebuilt spaces of hope where none was left, and made certain that childhood survives, no matter the barriers.

Operational Footprint: Interventions Across Regions

Total

	Clinical Programs
1,640	
	Humanitarian Programs
11,840	
	Humanitarian Projects
5,588,496	

5,601,976
services offered

Egypt

	Clinical Programs	13
	Humanitarian Programs	109
Total	122 services offered	

Gaza

	Clinical Programs	140
	Humanitarian Programs	8,338
	Humanitarian Projects	5,555,266
Total	5,563,745 services offered	

Lebanon

	Clinical Programs	201
	Humanitarian Programs	803
Total	1,004 services offered	

Jordan

	Clinical Programs	34
	Humanitarian Programs	271
Total	305 services offered	

West Bank

	Clinical Programs	1,252
	Humanitarian Programs	2,319
	Humanitarian Projects	33,230
Total	36,803 services offered	

Operating Environment

Gaza — Care Inside a Famine

On 22 August, the IPC confirmed Famine (Phase 5) in Gaza Governorate, with projected spread to Deir Al-Balah and Khan Younis. By late August, more than 500,000 people were in famine conditions, malnutrition deaths were mounting, and all three core famine indicators had already been breached—UN agencies and WHO had flagged a July spike in deaths as thresholds were exceeded. Over the same period, the health system degraded sharply: Al-Rantisi Children's Hospital and Gaza/Nasser Eye Hospitals in Gaza City ceased operations after damage; other facilities partially evacuated or closed, while Nasser Hospital in Khan Younis operated at extreme over-capacity.

WHO's 11 September update recorded 3.4 million+ consultations and 49,790 surgeries by emergency medical teams since the start of the response—against chronic constraints in fuel, supplies, and staff. With Rafah closed, aid moved intermittently via Karem Abu Salem; Egypt reported its 36th convoy since 27 July by mid-September, and Jordan/UAE airdrops resumed on 27 July as a limited backstop when roads were blocked.

Operational meaning for PCRF: Pediatric care occurred inside a declared famine and amid hospital evacuations. Continuity relied on phased projects, local procurement, and mobile/field modalities to keep treatment pathways (oncology cycles, wound/brace care, malnutrition management) open while safeguarding displaced staff and families.



West Bank — Siege Without Bombs

By 26 September, there were 263 attacks on healthcare documented and 196 Palestinians killed in direct conflict incidents. Recurrent closures, raids, and settler attacks disrupted patient movement and contractor access, driving displacement and escalating costs for families seeking specialized pediatric care.

Operational meaning for PCRF: Deliveries and installations required modular implementation—build where it's briefly safe, pre-position stocks, and design for rapid stand-up/evacuation—with MoH/grassroots partnerships to reroute food parcels, newborn/hygiene kits, and psychosocial support around checkpoints and night raids.



Lebanon — Margins of Care Under Cross-Border Fire

Southern Lebanon faced sustained cross-border hostilities and large-scale internal displacement (peaks >1.2 million). Late-September surges produced hundreds to +1,000 deaths in some reporting windows. Intermittent bombardment and drone incidents near UNIFIL underscored operational volatility.

Operational meaning for PCRF: Pediatric rehabilitation and psychosocial activities required flexible scheduling, partner-led referrals, and contingency pauses to protect families and staff while maintaining continuity of care.



Why This Context Mattered for Children

- Care inside a famine: After 22 August, missing an oncology cycle or wound follow-up meant facing acute under-nutrition and dehydration, raising mortality even for routine pediatric conditions.
- Hospitals as moving targets: Late-September shutdowns in Gaza City demanded rapid pivots—field clinics, step-down care near shelters, south-bound referrals—while Nasser Hospital operated at multiple times capacity.
- Access engineered to fail: West Bank restrictions and Lebanon flare-ups delayed referrals and installations, requiring modular implementation and pre-positioned stocks designed to start/stop safely.
- Regional lifelines kept care moving: Staging through Egypt, an airbridge via Jordan/UAE, and selective corridors directly preserved bed capacity, oncology cycles, and surgical throughput for children.

Bottom line:

In a quarter defined by famine metrics and hospital evacuations, PCRF's ability to stage in Egypt and Lebanon, backstop via Jordan, and operate inside Gaza and the West Bank increased the likelihood that a child would find a functioning ward, a stocked pharmacy, and a clinician who could stay long enough to help—shifting outcomes from “survive the day” toward “recover the week.”

Next steps naturally follow:

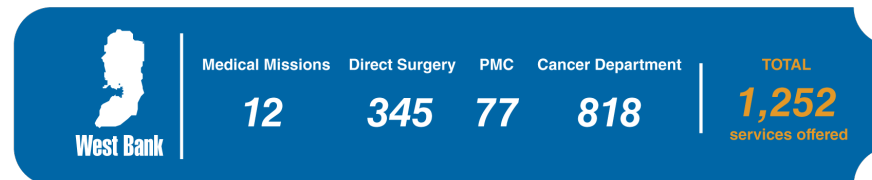
lock in redundant supply routes; expand mobile and field-based pediatric services where hospitals are dark; and keep psychosocial support embedded—because in a quarter defined by famine metrics and hospital evacuations, the real measure was whether a child still found a functioning ward, a stocked pharmacy, and a clinician who could stay.

Strategic Execution and Highlights from the Field

I. Clinical Programs

Restoring Function, Dignity, and Future Through integrated Care

Clinical care this quarter was more than treatment—it was restoration. From lifesaving surgeries to oncology cycles and prosthetic fittings, every intervention was designed to give children back what war and illness had taken: function, dignity, and the possibility of a future. PCRF's integrated model—bringing together medical missions, surgical care, cancer treatment, cardiac programs, amputee support, and treatment abroad—ensured that even in famine, displacement, and collapsing health systems, children were not reduced to numbers. They were patients, survivors, and future leaders whose healing was made possible by care that traveled to them, stayed with them, and grew around them.



Medical Missions

Quarter in Review

This quarter, PCRF's medical missions carried more than scalpels and stethoscopes—they carried hope into some of the hardest-to-reach corners of Gaza, the West Bank, Jordan, and Lebanon. Each mission unfolded against a backdrop of checkpoints, shortages, and closures, yet within hospital walls, a different story was written: children walking again after spinal surgery, young hearts repaired by skilled cardiologists, and families exhaling after years of waiting for a call that their child's turn had finally come.



Strategic Interventions

Behind every mission stood a carefully woven fabric of collaboration. Volunteer surgeons and anesthesiologists, recruited from across the globe, were matched with local teams whose knowledge of context and patients was indispensable. Together, they not only operated but also taught, guided, and trained—turning operating theaters into classrooms where skills were passed hand-to-hand.

In Gaza, three emergency teams worked under extraordinary restrictions, performing complex surgeries despite dwindling supplies. In the West Bank, pediatric kidney transplants gave children the chance to step out from behind dialysis machines and return to childhood. In Lebanon and Jordan, refugee families found that even far from home, their children's medical needs were not forgotten.



205
surgeries

meant hundreds of children no longer wait in pain.



295
consultations



140
Gaza children

received care that would have been impossible without international support.



29
surgeries in Lebanon

reassured displaced parents that their children still had a chance.



4
kidney transplants

in Ramallah transformed futures that once seemed impossibly narrow.

Impact Highlights

- 205 surgeries and 295 consultations meant hundreds of children no longer wait in pain.
- 140 Gaza children received care that would have been impossible without international support.
- 29 surgeries in Lebanon reassured displaced parents that their children still had a chance.
- Four kidney transplants in Ramallah transformed futures that once seemed impossibly narrow.

”

One volunteer surgeon reflected:

In every ward, I saw parents counting breaths, waiting for miracles. When we leave, it is not just scars we leave behind—it is the sound of children laughing again.

”

Every number tells a story: of a boy who will now hold a pencil instead of clutching his chest in pain, of a girl whose spine straightens as her world opens wider, of parents who finally dare to dream of tomorrow.

Operational Challenges & Mitigation

Getting teams to the children was often harder than the surgeries themselves. The closure of the Allenby Bridge cut off Gaza and West Bank missions, forcing sudden rerouting. At times, doctors were ready with bags packed, only to be turned back by shifting political decisions. Shortages of equipment and the cancellation of a mission due to last-minute changes tested the resilience of both volunteers and staff. Yet every obstacle sparked adaptation—from securing a new access route through UN-ASU, to doubling down on pre-deployment briefings so that teams entered prepared for uncertainty.

Future Vision & Call to Action

The next quarter will bring new pediatric cardiac and orthopedic missions to the region, alongside expanded training for local providers. But the vision is larger than missions: it is of a region where no child's life depends on politics or borders. Board support will be vital in opening more doors, securing equipment, and expanding the pool of volunteer specialists.

Each future mission is a promise—that a child waiting on a surgical list today will not be forgotten tomorrow.

Insights & Lessons Learned

This quarter confirmed that medical missions are as much about flexibility as they are about medicine. Clearer communication with volunteers reduces cancellations; selecting specialties based on real-time needs ensures every mission counts. More importantly, the work reaffirmed that medical missions are not one-off interventions. They are threads in a long tapestry of building stronger health systems, creating continuity of care, and nurturing the next generation of local specialists.



Direct Surgical Program

Quarter in Review

This quarter, the Direct Surgical Program stood as a safety net for hundreds of children across the West Bank, Lebanon, Jordan, and Egypt. In places where public healthcare systems have been crippled by conflict, economic crises, or sheer lack of capacity, PCRF became the bridge between despair and healing. From operating rooms in Lebanon where families rush their children in emergencies, to West Bank hospitals where long waiting lists once meant delayed care, the program brought life-saving interventions closer to children who otherwise would have been left waiting.



Strategic Interventions

To meet the growing demand, PCRF introduced clearer procurement systems in the West Bank, ensuring transparency and faster approvals. In Egypt, clarified protocols opened the way for more surgeries, including support for displaced Gazan children in need of emergency care. Partnerships with ministries and hospitals enabled the launch of specialized contributions, such as liver transplants, while needs assessments guided the targeting of congenital heart disease cases.

Every intervention was anchored in two priorities: providing immediate care to children and building sustainable systems that strengthen local capacity over time.

Impact Highlights

- 532 surgical cases supported across four countries this quarter.
- Specialties included orthopedics, ENT, cardiac surgery, interventional cardiology, urology, and general surgery.
- Average cost per case: ~1,800\$, demonstrating high impact at relatively low cost.
- Geographic reach: West Bank (345 cases), Lebanon (164), Egypt (13), Jordan (8).
- The majority of patients were very young: %26 were under 3 years old, and nearly half were under 6—children whose lives are only just beginning.

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Geographic reach

West Bank (345 cases)
Lebanon (164)
Egypt (13)
Jordan (8)



%26 of patients were under
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and nearly **half** were under
6 years old

”

In Lebanon, one hospital director said:

We call PCRF first in urgent cases because we know they will answer—day or night. Without this support, many of these children would not survive.

”

The faces behind these numbers are children like two-year-old Cilia from Lebanon, who underwent a complex heart surgery and recovered with PCRF’s support. Her healing journey embodies the program’s purpose: to restore life, dignity, and possibility.

Operational Challenges & Mitigation

The quarter was shaped by deep cracks in public healthcare systems. In the West Bank, the financial collapse of public hospitals forced more families to turn to PCRF for help. In Lebanon, ongoing economic collapse made hospitals increasingly reliant on PCRF's intervention. At times, private sector dynamics complicated referrals, with some doctors motivated by financial gain rather than humanitarian need. These challenges required tighter procurement systems, closer monitoring, and careful balance between flexibility and accountability.

Future Vision & Call to Action

Looking ahead, the Direct Surgical Program aims to highlight chronic cases—such as orthopedic surgeries for children with scoliosis or congenital limb deformities—where the transformation is visible and long-term. Cardiac surgeries will continue to be prioritized for their life-saving urgency. Expanding outreach in Egypt and scaling specialized transplants in the West Bank will be crucial goals. Sustained board support is essential to expand these interventions, strengthen accountability systems, and ensure that every dollar reaches the children who need it most. Each surgery is more than a procedure—it is a doorway to a new life, a new childhood, and a renewed future.

Insights & Lessons Learned

This period reaffirmed that success lies not only in numbers of cases but in capacity building and sustainability. Contractual systems proved critical in ensuring fair and transparent case approvals. Needs assessments, especially for congenital heart and orthopedic cases, helped direct resources where they would have the most life-changing impact. At the same time, caution is needed to navigate relationships with private practitioners and ensure that children remain at the center of every decision.





I am a physician who chose to place the pulse of my own heart in the hands of Palestine's children.

Medicine, to me, was never just a profession—it was a promise: that every child with a heart condition would receive treatment here, at home, at a standard worthy of the world's finest capitals. That promise grew into a shared dream, then into a plan with clear steps, and finally into operating rooms where small eyes light up before the lamps do.

Over years of work, I have cared for more than five thousand cases—open-heart surgeries, interventional and diagnostic catheterizations. On paper, the numbers are large; in life, they are faces and names: a mother counting her child's heartbeats while holding a tiny hand, a father smiling for the first time in months when he hears the word “successful.” A success rate that edged toward perfection was never a personal triumph, but proof of what becomes possible when resolve, systems, and support align.

This dream was tested. Circumstances shifted, resources tightened, and the calm we crafted with careful hands nearly scattered. When doors narrowed, windows opened for those who knew where they were going. PCRF stepped in—not as a mere supporter, but as a true strategic partner: securing critical supplies at the hardest moments, knitting efforts across the health system, and insisting that the Children's Center at Palestine Medical Complex in Ramallah serve as a regional platform for specialized care, not a temporary stop.



PCRF was not just a toolkit—it was a bridge between policy and people, between limitation and capability. Amid chronic shortages and the financial and administrative pressures familiar to anyone in the sector, PCRF kept its focus on the outcome: a child leaving the operating room with a heart ready to finish the story. The ministry worked with us, processes flowed, and institutions rallied around a single urgent truth: no child should be lost because a tube was delayed or a valve unavailable.

I still carry the memory of a surgery where four congenital defects met in one small heart. What began as a daunting file became—through accumulated expertise, reliable supplies, and team trust—a healing story told in a Palestinian home for years to come. Moments like that confirm that medicine is not mere technique; it is the construction of public trust: a family's trust in a capable health system, and a community's belief that its children deserve the very best science can offer.

This is not a résumé. It is a conviction that every medical success is a building block of this country. Saving a child's heart is never an isolated event; it pours life back into an entire family, lifts a heaviness from a neighborhood, and

anchors justice when care is provided where it is needed—not where connections point.

What distinguishes working with PCRF most is that it did more than facilitate procedures; it made the mission actionable every day, aligning the entire effort around one compass point: the child's best interest, first. The organization reordered priorities amid chaos, set clear pathways from diagnosis to supply, surgery, and follow-up care, and bound it all to steadfast values: dignity, integrity, transparency, discipline, teamwork, and accountability. Within this values-driven frame—and



with rigorous management—operational manuals and precise protocols were born, and an institutional memory took shape, carrying lessons from single success stories into national capability. Our narrative is no longer a string of isolated rescues; it is a unified, standards-based practice with a clear destination and deep roots—advancing, step by step, toward a reality where excellent care is the rule, not the exception.

Today, as I continue my work with PCRF, I know we are not offering transient help; we are building sustainable local capacity: training young teams, transferring advanced expertise, establishing precise protocols, and turning what is “theoretically possible” into “daily practice.” This is not merely a story of a physician returning home; it is the story of a system determined to stand tall, despite every force that would bend it.

From my heart—which now knows the rhythm of operating rooms as well as the names of the children—thank you to every mother and father who entrusted us, to every colleague who steadied our hands in critical moments, and to everyone who has supported PCRF to meet the moment, every time.

Thank you to all who made the dream measurable—and the measurable repeatable.

The dream endures: that excellent care becomes the baseline, not the exception. The message remains clear: our children’s hearts are not testing grounds but sacred trusts, measured only by a child’s return to play, to laughter, to school. As long as that is achieved each day, we will continue—hand in hand—to widen the borders of the possible.



Pediatric Cardiac Program- PMC

Quarter in Review

The Pediatric Cardiac Department at the Palestine Medical Complex (PMC) continued to serve as a lifeline for children with congenital and acquired heart conditions. Between June and August 2025, the department provided both catheter-based interventions and open-heart surgeries—restoring health and possibility to dozens of children whose futures were once clouded by uncertainty. These procedures did not just address urgent medical needs; they reaffirmed the community’s trust that advanced, life-saving cardiac care is possible inside Palestine.

Strategic Interventions

This quarter, the department performed 54 catheterization procedures and 23 pediatric cardiac surgeries. Many of these children were under five years old, representing some of the most vulnerable cases. Survival and recovery rates remained strong, reflecting both the technical expertise of local teams and the continued mentorship from international specialists. Partnerships with the Ministry of Health, PCRF’s Medical Advisory Board, and visiting consultants were instrumental in enabling these outcomes.



”

One visiting cardiologist noted:

Every child treated here is proof that Palestine does not need to wait for solutions abroad. These walls hold the skill, determination, and heart to save lives.

”

Impact Highlights

For families, every successful procedure is more than a medical milestone—it is a transformation of daily life. Parents who once counted their child’s breaths now watch them laugh and play.

”

A mother whose daughter underwent catheterization shared, with tears in her eyes:

I came here carrying fear heavier than my heart could hold. I leave carrying only gratitude—and my child’s smile.

”

These stories ripple beyond households. They strengthen the entire community’s sense of resilience, proving that even under immense strain, local systems can deliver world-class care.

Operational Challenges & Mitigation

Despite progress, cardiac care in Palestine remains deeply challenged. Equipment shortages delayed some procedures, highlighting the urgent need for updated cath lab technology and surgical tools. Training opportunities for local staff are limited by the difficulty of bringing in external trainers due to political restrictions. Additionally, the growing waiting list underscores the gap between need and capacity, demanding both investment and innovation to prevent delays that can mean the difference between life and death.

Future Vision & Call to Action

Looking ahead, the Pediatric Cardiac Department aims to:

- Expand minimally invasive procedures to reduce recovery times and increase patient throughput.
- Strengthen staff training through targeted mentorship programs with international specialists.
- Advocate for investment in updated equipment and cath lab infrastructure.

With support, these ambitions can become reality. Additional resources would allow the department not only to reduce waiting lists but also to evolve into a regional center of excellence in pediatric cardiac care. Each investment here is an investment in a child's life—and in the confidence of a community that its children's hearts will keep beating strong.

Insights & Lessons Learned

This quarter highlighted the value of combining local leadership with international support. Where mentorship and resources were aligned, outcomes were significantly improved. The need for clear, standardized protocols was reinforced, as was the importance of transparent procurement to ensure efficient use of limited resources. Building the capacity of local cardiac surgeons and cardiologists must remain a cornerstone priority—so that the department continues to grow in independence and sustainability.





Treatment Abroad

Quarter in Review

This quarter, the Treatment Abroad Program continued to bridge impossible distances for children in Gaza who could not access critical medical care locally. Against a backdrop of siege, border closures, and strained health systems, TAP secured safe medical evacuations to hospitals across Lebanon, Jordan, Canada, Australia, the UK, the UAE, and South Africa. Each journey required not only medical precision but also logistical endurance—yet the result was the same: children arriving at hospitals where life-saving treatment could begin.



Strategic Interventions

Key partnerships made this work possible. Collaborations with Pure Project Hope in Egypt, the Ghassan Abu Sitta Foundation, PANZMA, IRCOM Inc. (Canada), and MEAL-SA (South Africa) ensured continuity of care in destination countries. Government ministries in Jordan and Lebanon, alongside the Palestinian Embassy in Cairo, also played pivotal roles in securing clearances and facilitating safe transfers.



Impact Highlights

- 10 patients evacuated this quarter: 8 children to Lebanon and 2 patients to Jordan.
- Additional 9 patients received treatment abroad in Australia, Canada, the UK, UAE, Lebanon, and South Africa.
- Cases ranged from orthopedic surgeries and cardiac care, to treatment for pelvic injuries, semi-congenital kidney defects, gastrointestinal conditions, ophthalmology needs, and trauma-related leg injuries.

Treatment Abroad Program

10 patients evacuated this quarter



8 children to Lebanon

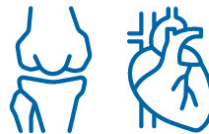


2 patients to Jordan

9 patients
received treatment abroad in



Cases



orthopedic surgeries and cardiac care



treatment for pelvic injuries



semi-congenital kidney defects



gastrointestinal condition



ophthalmology needs



trauma-related leg injuries

”

One grandmother shared:

I kissed my grandson at the Rafah crossing not knowing if he would make it to the hospital in time. When the call came that he was safe in Lebanon, I felt my heart beat again.”

”

With sustained board support, TAP can scale its reach, ensuring that no child's survival depends on borders, bureaucracy, or politics.

Operational Challenges & Mitigation

TAP faced the familiar hurdles of visa delays, travel booking complications, and financial constraints. Families endured agonizing waits for paperwork to clear, knowing their child's health was deteriorating by the day. Coordination with host hospitals required swift communication; delays from advisory boards sometimes strained timelines. Yet, perseverance from staff and partners ensured missions went forward—often at the last possible moment.

Insights & Lessons Learned

This quarter reinforced the critical importance of timely communication and clear operational systems. Past delays underscored the need for stronger coordination and a dedicated medical liaison in Egypt to streamline treatment abroad. A monthly management meeting was identified as essential for efficiency.

Looking ahead, TAP aims to:

- Expand evacuation pathways to South Africa and Italy.
- Improve patient follow-up and psychosocial support, ensuring children not only survive but thrive after treatment.
- Strengthen ties with partner hospitals to reduce waiting times.

Impact and Transformation

For the children, treatment abroad was more than a surgery or therapy—it was the reopening of futures. Children returned to their families with restored mobility, healthier organs, and renewed energy to rejoin school and play. For parents, the impact was immeasurable: the relief of watching their child heal in a hospital far from bombs and shortages, and the dignity of knowing their son or daughter had been given a real chance at life.



Cancer Department

Quarter in Review

Through some of the hardest months of 2025, the Cancer Department in Beit Jala remained a place of care and resilience. Between July and September, the team of 25 staff—doctors, nurses, social workers, psychologists, tutors, and support staff—kept treatment moving forward. Children received their chemotherapy, continued their studies with in-department tutors, and found moments of joy in art, physiotherapy, and even birthday celebrations.

Strategic Interventions

- Ongoing partnership with the Palestinian Ministry of Health to ensure continuity of chemotherapy and referrals.
- Collaboration with the Solitaire Foundation to expand psychosocial support.
- Follow-up on the new pediatric ICU and doctor's clinic building adjacent to the cancer ward



Patient Numbers and Treatments

- 818 children served as outpatients, inpatients, or in clinics up to late September.
- 96 medical tests conducted and covered by PCRF.
- 2 urgent cases supported (MRI coverage and ambulance transfer).
- Ongoing chemotherapy and psychosocial care provided for all active oncology cases, with new diagnoses continuing to arrive through referrals from across the West Bank.

Operational Challenges & Mitigation

- Staffing shortages, especially in nursing, placed added strain on the team.
- Movement restrictions and logistical barriers delayed coordination and increased pressure on PCRF to fill urgent gaps.
- Parents' reluctance in some cases created treatment delays.
- Despite this, strong teamwork and adaptive coordination ensured planned activities were fully implemented.

Patient Support Efforts

- 52 children received school bags.
- 13 children benefited from tutoring sessions (52 hours in September alone).
- 35 physiotherapy sessions delivered before staff leave.
- 18 art and handmade activities, plus one birthday party, created moments of joy amid treatment.
- Psychological support offered by the department's dedicated psychologist.

Future Vision & Call to Action

Looking ahead, the Department plans to expand psychosocial activities, launch awareness events during Childhood Cancer Month, restart recreational programming, and host a Christmas celebration in the playroom. Focus will also remain on strengthening nursing capacity and finalizing the adjacent ICU unit, to integrate oncology and critical care more closely.



Treatment Pathway



Milestone Counts

Outpatients	Medical tests	Tutoring hours
818	96	52
Physiotherapy sessions	activities	Urgent cases supported
35	18	2

Daila, 3, Hebron:

undergoing chemotherapy, finds comfort and peace in the playroom—a reminder that healing spaces matter as much as medical ones.



Amputee Medical Program

Quarter in Review

For children in Gaza who have lost limbs to war, PCRF's Amputee Medical Program offers more than prosthetics—it offers a path back to childhood. Through surgery, prosthetic fitting, physical rehabilitation, and emotional support, the program helps young amputees regain mobility, confidence, and hope. Delivered in partnership with local hospitals and international specialists, the program ensures dignified, long-term care in a place where medical resources are limited and the need is immense. Whether it's taking a first step again, returning to school, or playing without fear, this program turns loss into possibility—and restores the right to a full, active life.

The Amputee Medical Program has been temporarily suspended due to the ongoing war in Gaza, compounded by the complete disruption of transportation routes, the inability to transfer patients abroad for treatment, and the total collapse of the local healthcare system—rendering the provision of specialized care currently impossible.



Impact That Builds Across Pillars

Picture a child coming out of surgery in Masafer Yatta/Hebron: before the stitches have healed, the caseworker is already enrolling them in a monthly sponsorship so post-op meds, transport, and follow-ups don't fall through the cracks. The surgeon who trained with our visiting mission flags another urgent case for Treatment Abroad, moving a second child onto a safe pathway before complications set in. Down the hall, a young cancer patient finishes chemo and walks straight to a playroom session run by our community psychosocial team—art, laughter, and a place to breathe. Meanwhile, the month's surgical data - what broke, what saved time, what equipment failed -

feeds into our partners' plans for infrastructure upgrades: the right monitors, power backup, and bed space where they're most needed.

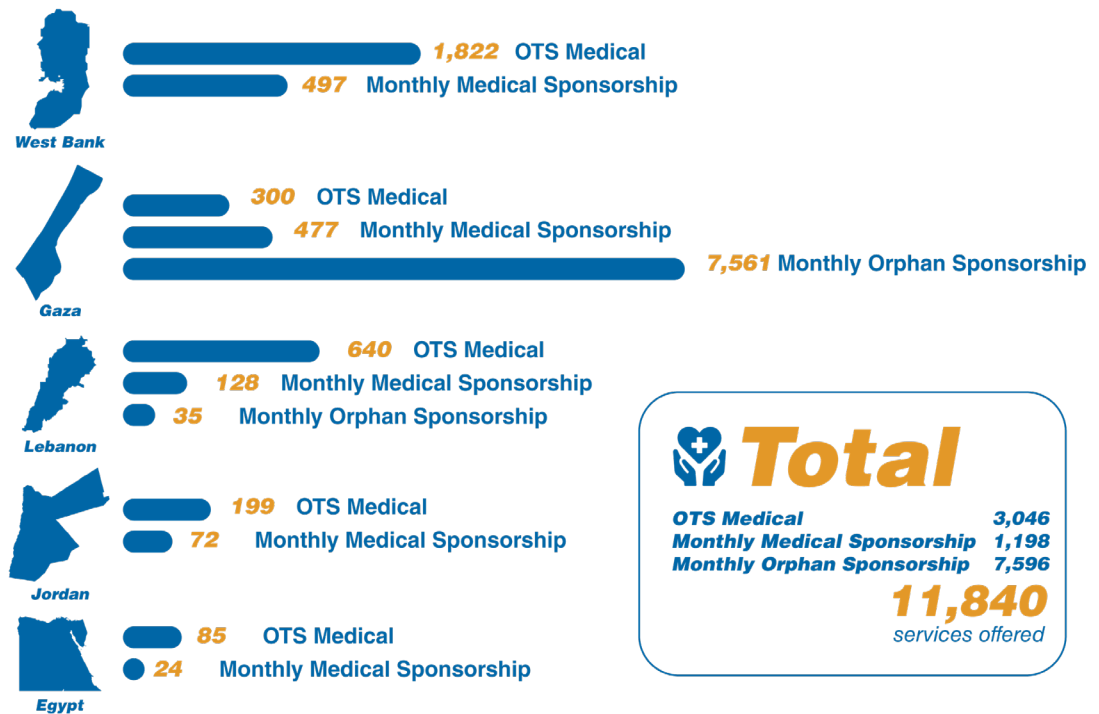
This is how the pillars interlock: clinical care sparks humanitarian sponsorship to sustain recovery; training and missions accelerate evacuations and referrals; psychosocial programs wrap around medical treatment; and infrastructure is shaped by real cases, not guesswork. It isn't health in isolation—it's a wheel turning in sync, carrying children from crisis to stability with each spoke reinforcing the next.

II. Humanitarian Programs

Consistent Care in a Chaotic World

Amid a quarter defined by famine in Gaza and tightening restrictions in the West Bank and Lebanon, PCRF's Humanitarian Programs delivered the certainties families could count on. One-Time Medical Sponsorships provided urgent treatment, devices, and therapies to 3,046 children. Monthly Sponsorships sustained 1,198 children with medicines, nutrition, and rehab—and ensured 7,596 orphans received regular support.

This was continuity, not charity: predictable help that kept children stable enough to heal, learn, and hope—month after month, even when everything else was breaking.



One-Time Medical Sponsorship Program

Quarter in Review

This quarter, One-Time Medical Sponsorships (OTS) continued to provide rapid, life-changing support for children requiring urgent treatment, medications, or assistive devices. In conflict-affected regions where health systems are strained and families cannot afford specialized care, OTS filled the gap by ensuring children received timely interventions.

Scope of Support

OTS cases funded urgent surgeries, rehabilitation cycles, medications, hearing aids, eyeglasses, mobility devices, and therapeutic services. In Gaza, sponsorships prioritized children with chronic illnesses and cancer who needed medications and nutritional support amid severe shortages. In the West Bank and Lebanon, OTS enabled rehabilitation services, including physical therapy and assistive devices, for children with disabilities.



Number of Children Helped

- 3,046 children supported through OTS across Palestine, Jordan, Lebanon, and Egypt this quarter.
- Average sponsorship cost per case ranged between –200\$ 800\$, depending on the complexity of treatment and type of device or service.
- Services extended to new geographies, including 85 cases in Egypt for the first time.

Operational Challenges & Mitigation

Delivering OTS support was not without obstacles.

- Identifying and vetting cases was slowed by communication blackouts and staff movement restrictions in Gaza and the West Bank.
- Supply chain shortages caused partial medication deliveries (families in Gaza often received only %60–50 of needed prescriptions).
- Fragmented digital systems delayed approvals and reporting, requiring manual follow-up to ensure no child was left behind.

Despite these barriers, field teams adapted by delivering double parcels in later months, fast-tracking urgent cases, and expanding local partnerships in Lebanon and Egypt.

Lessons Learned

- Flexibility is essential—rapid adjustments (like bi-monthly medication distributions) ensured continuity of care.
- Stronger local partnerships allowed OTS to expand into new regions and reach underserved children.
- A unified digital case management system remains a critical need to streamline approvals, reduce duplication, and improve accountability.

Future Strategy

Moving forward, OTS will focus on:

- Targeting high-impact cases such as children with chronic disease, cancer, or severe disabilities where interventions directly stabilize or transform long-term outcomes.
- Scaling rehabilitation support in Lebanon and the West Bank, where pilot services showed strong impact.
- Strengthening data systems to track case progress and success stories in real time, enhancing both efficiency and transparency.

With sustained support, OTS can continue to serve as PCRF's agile and responsive model for urgent medical care—ensuring that no child's chance at health is lost to financial, logistical, or political barriers.

Monthly Sponsorship Program

In times of escalating conflict and economic collapse, the smallest certainties—a monthly food parcel, a refill of medicine, a mobility aid—become lifelines. PCRF’s Monthly Sponsorship Programs exist to protect those certainties for children who would otherwise be left behind. This quarter, they provided not just survival, but dignity, hope, and the assurance that their futures still matter. Together, Medical and Orphan Sponsorships delivered lifesaving and life-sustaining care to over 8,800 children across Gaza, the West Bank, Lebanon, Jordan, and Egypt.

A. Medical Sponsorship

Quarter in Review

In Q3 2025, the Medical Sponsorship program became a lifeline for children whose chronic illnesses, cancer treatments, and disabilities demand steady and predictable care. Amid shortages and conflict, PCRF ensured continuity by supporting 1,198 children with medications, nutritional parcels, rehabilitation services, and medical devices. Despite disruptions, teams found creative ways to safeguard children’s stability—like distributing double medication parcels to counter shortages in Gaza and piloting rehabilitation sponsorships in Lebanon for the first time.



Patterns in Chronic Illness and Recurring Needs

The most common recurring needs were for oncology-related nutrition, medications for chronic illness, and assistive devices. These consistent forms of support prevented medical deterioration and offered families peace of mind in otherwise unstable settings.

Challenges and Improvements in the Tracking System

- Medication shortages in Gaza limited deliveries to %60–50 of prescriptions.
- Digital tracking systems were fragmented, slowing approvals.
- Movement restrictions and communication blackouts disrupted case management.

Improvements included distributing two-month medication supplies at once, drafting standardized SOPs, and manually cross-verifying data to ensure no child was left behind.



Budgetary Needs and Donor Engagement

The rising cost of medications and devices due to inflation and supply shortages stretched program resources. Long-term sustainability depends on deepening engagement with donors—demonstrating that each monthly gift is not abstract but translates directly into stabilizing a child's life.

Future Focus Areas

- Prioritize children with chronic illness and cancer to secure their survival.
- Scale up rehabilitation sponsorships in Lebanon and the West Bank.
- Launch the unified case management system to improve efficiency, transparency, and follow-up.





B. Orphan Sponsorship



Quarter in Review

For orphans, sponsorship is not charity—it is a shield of dignity. In Q3, PCRF reached 7,631 orphans (7,596 in Gaza and 35 in Lebanon), distributing 27,409 food parcels, including double parcels in September to confront rising hunger. The Dar Alraja orphan community in Gaza received comprehensive weekly support: food, water, medication, and a full-time doctor to safeguard 91 children and their families.

Number of Orphans Supported

This quarter, 7,631 orphans were supported through monthly sponsorship. Over 27,409 food parcels were distributed, including double parcels in September to respond to famine conditions.

Future Expansion Vision

The vision is to expand orphan sponsorships into integrated care models—combining food security with psychosocial support, education, and community resilience. Waiting lists for new cases reflect both urgency and credibility within communities.

Sustaining Dignity through Sponsorship

For children who have lost one or both parents, sponsorship ensures stability—meals on the table, continuity in education, and the reassurance that they are not forgotten. Families describe it as a lifeline that allows children to eat, learn, and grow with dignity.

Challenges in Psychosocial Support and Schooling Access

Food needs were met, but gaps remain in psychosocial support and schooling access. Displacement and trauma continue to disrupt education and emotional development, underscoring the need for more holistic sponsorship models.

The Monthly Sponsorship Programs are PCRF's steady promise to children living through instability: you will not be forgotten, and your basic needs will not be left to chance. They demonstrate that even in war and blockade, consistent care can be delivered. With expanded donor commitment and stronger systems, these programs can evolve from sustaining survival to nurturing whole childhoods—healthy, hopeful, and dignified.

Impact That Builds Across Pillars

What makes PCRF's humanitarian sponsorship model exceptional is how it interconnects with other pillars:

- Children undergoing cancer treatment (Pillar 1) are often enrolled in monthly sponsorships to cover transport and medicine
- One-time surgical patients are monitored post-op through sponsorship-funded diagnostics
- Sponsored orphans often receive parallel psychosocial support through community programs
- Program insights help shape infrastructure investments and inform urgent relief priorities

This is not just charity; it's system reinforcement

Mo'men: Father at Thirteen, Child Forever Lost

Beneath a sky heavy with smoke and in the narrow alleys of Gaza crowded with tents, Mo'men Abu Rahma stands with a face far older than his thirteen years. Overnight, he became a father to six younger sisters when an airstrike claimed his father's life and destroyed the family home, stealing away his childhood in one brutal moment.

In a steady voice that carries the weight of adulthood, Mo'men says: "My father left a huge emptiness... but I have to fill it. I don't want my mother to cry, or my sisters to feel they're alone."

Since that day, he has been his mother's support and his sisters' protector—cracking a joke to soften their grief, comforting them when fear takes hold. Even when the family was crammed into a tiny storeroom at his grandfather's house, Mo'men insisted on being the light in their darkness.

But the strength he carries might not have endured without a door opening to him at Al-Raja Orphanage. There, he found more than a roof and a bed; he found a community that gave him safety, care, and a space to reclaim fragments of his stolen childhood. He is one of 91 other orphans in this camp, which hosts around 30 families and provides them with shelter, food, and on-site medical care—a place they can call home. “Mo’men is not just a boy who lost his father,” says one of the supervisors. “He is a young leader, and Al-Raja exists to protect that spirit and help him build a future for himself and his sisters.”

Today, Mo’men walks through the orphanage with quiet confidence, his smile a source of hope for his family and those around him. He does not see himself merely as an orphan of war, but as a young man determined to honor his father’s legacy and carry his family forward.

Mo’men’s story is, in truth, the story of Al-Raja itself: a place that transforms loss into strength, loneliness into family, and despair into the beginning of new life—a home, in every sense of the word.



III. Humanitarian Projects

Beyond Relief: Restoring Dignity and Daily Life

Children met aid workers at shelter doors, not clinic waiting lists. In Gaza, where meals were rationed and water ran thin, families received infant milk, fresh vegetables, staple food parcels, flour, hot meals, safe drinking water, hygiene kits, and on-the-spot medical care through mobile teams—support that reached over 5.5 million people this quarter. Psychosocial activities carved out small islands of calm for displaced children; a game, a drawing, a shared laugh that loosened fear’s grip. As one mother said, “When the milk arrived, my baby slept. For the first time in days, I did too.”

Beyond emergency lines, the work also rebuilt daily life. Across the West Bank and Lebanon, community projects equipped clinics and therapy rooms, supported nurseries, and placed +9,000 schoolbags on children’s shoulders so the school year could begin with dignity. These efforts made care feel close and predictable again—medicine within reach, a sensory room that quiets overwhelm, a backpack that says school is still possible. Together, urgent relief and community investments turned crisis response into a steadier rhythm of care, protecting childhood in the very places it is most fragile.

West Bank



11,055

Community Projects
(Non-Infrastructure)

22,175

Urgent Relief Projects
West Bank

Total

33,230

services offered

Gaza



Urgent Relief Projects
Gaza

Total

5,555,266

services offered



Total

5,588,496

services offered

Community Projects- Non-Infrastructure

Quarter in Review

This quarter, PCRF's community projects turned small acts into lifelines. In the West Bank, children walked into classrooms with new schoolbags slung over their shoulders, a sign that the school year could begin with dignity despite economic strain. In sensory rooms newly equipped in Nablus and Salfit, children with disabilities discovered spaces where lights, textures, and calm allowed them to learn in peace. In Lebanon, parents of children with thalassemia and sickle cell disease spoke of relief that treatment and nutrition support had not stopped; even when everything else felt uncertain.

These are not one-off distributions; they're foundations for resilience. By keeping learning, therapy, and basic care within reach now- and lining up installations and clinic upgrades for next quarter- PCRF is converting emergency response into durable, community-owned capacity that protects children's dignity and futures.

Behind each project was a single goal: to make sure that children's daily lives- school, therapy, a trip to the clinic- remained possible, even in crisis.



Strategic Interventions and Activities

- Healthcare upgrades: Agreements were signed with the Ministry of Health to upgrade clinics in Tulkarem, Qalqiliya, Jenin, Tubas, Nablus, and Salfit, with a new medical laboratory in Surif (Hebron) on the way. These will bring essential services closer to children in remote communities.
 - Therapeutic and child development support:
 - 3 sensory rooms (Nablus, Salfit, Qalandia Camp) created safe environments for children with disabilities.
 - 1 combined sensory & physiotherapy room (Surda) and physiotherapy equipment (Beit Ur Tahta) offered children new paths to mobility.
 - Braille typewriters at Al-Qabas School for the Blind (Al-Bireh) gave visually impaired students tools to participate fully in class.
- Back-to-school campaign: 9,016 schoolbags (budget: USD 259,192) and 1,770 additional stationery kits (in-kind donation) were distributed across the West Bank. For many children, these were the first new supplies they had ever owned.
- Lebanon projects: Nursery nutrition programs and care for children with chronic illnesses continued, ensuring refugee children could grow with strength and stability.

Impact Highlights

- 9,016 schoolbags and 1,770 stationery kits placed directly into children's hands.
- Six centers equipped with sensory rooms, physiotherapy tools, or Braille machines.
- Eight West Bank clinics prepared for upgrades, serving thousands of families.
- Nursery nutrition and chronic illness care sustained for refugee children in Lebanon.





”

A teacher in Salfit said:

The sensory room is the first place where my students are not overwhelmed — they are finally able to focus.

”

Parents described schoolbags as “a ticket to belonging,” allowing children to walk into classrooms feeling equal to their peers.

”

Families of children with chronic illness in Lebanon shared that **nutrition support** “gave us one less thing to fear.”

”

Community Engagement and Collaborations

These successes were possible only through collaboration. Local NGOs and disability associations designed and co-implemented therapeutic projects. Schools opened their doors for distributions. The Jerusalem Center for Near Eastern Studies provided in-kind donations. In Lebanon, nurseries and health workers partnered to keep nutrition and treatment flowing. At every step, PCRF built on community trust to deliver interventions that felt personal and relevant.



Challenges and Adaptive Strategies

Procurement delays and volatile markets slowed progress, while political instability complicated coordination with public institutions. PCRF responded by finalizing MOUs early, tendering contracts ahead of schedule, and relying on grassroots partners to keep delivery close to families. These adjustments ensured that children saw change—even when the environment was stacked against them.

Lessons Learned

The quarter reaffirmed that small interventions create outsized change. A sensory room can reshape how a child experiences the world. A Braille typewriter can open the door to literacy. A simple schoolbag can replace shame with pride. When rooted in community partnerships, these projects are not one-off distributions—they are investments in resilience.

Vision for Next Quarter

Looking ahead, PCRF will move from agreements to action: installing clinic equipment, completing therapeutic facilities, and expanding monitoring in Lebanon. The vision is not only to deliver tools and spaces but to ensure that every child—whether blind, disabled, displaced, or simply eager to learn—has a chance at a healthy and hopeful daily life.

Urgent Relief Projects

Quarter in Review

This quarter was defined by overlapping crises: famine-level warnings in Gaza, the full evacuation of Gaza City, and escalating insecurity across the West Bank. Families were uprooted into overcrowded shelters with little food, water, or medicine, and markets were emptied of infant milk, flour, and vegetables. In Gaza, health facilities became unsafe or unusable, forcing a shift from fixed clinics to mobile teams. In the West Bank, violence and closures deepened economic collapse, cutting families off from basic goods.

PCRF's urgent relief projects were designed to meet emergencies immediately while protecting dignity in the harshest conditions. Without this intervention, infants would have gone without formula, children without clean water, and families without even the most basic staples like flour or soap. In this context, the response was not only about delivering aid—it was about adapting in real time so that survival, dignity, and hope still reached children and families.



Strategic Interventions

Gaza



Infant milk and baby formula

Quantity	Beneficiaries
85,831	51,331
<i>Cans</i>	



Nutrition

Quantity	Beneficiaries
66,929	744,365
<i>Baskets</i>	



Water

Quantity	Beneficiaries
13,770,000	4,590,000
<i>Liters</i>	



Hygiene & dignity

Quantity	Beneficiaries
30,000	150,000
<i>Kits</i>	



Fixed and Mobile Medical Points

Beneficiaries
16,370



Psychosocial Care

Quantity	Beneficiaries
313	3,200
<i>Sessions</i>	

1. Food, Nutrition, and Survival

In Gaza, the scale of hunger was staggering. To keep children nourished and families afloat, PCRF distributed:

- 85,831 units of infant and children's milk (formula, family milk, specialized supplements).
- 25,043 fresh vegetable baskets (7.5–5.5 kg each; potatoes, cucumbers, peppers, molokhia, eggplants). When fresh produce was not available, dry parcels filled the gap.
- 27,406 basic food parcels sustaining families for 10–7 days with staples like rice, pasta, canned tuna, luncheon meat, tea, tahini, and yeast.



- 3,000 flour bags (5 × 1,000kg, 10 × 2,000kg).
- 1,920 hot meal pots through Takiya kitchens, each pot feeding more than 240 people.
- 9560 breakfast pastries for orphans and vulnerable children—designed as psychosocial as well as nutritional relief.(4520 beneficiaries).

Across these interventions, PCRF invested USD 10,568,700 in Food, Nutrition & Survival—funds that turned into full bottles, full plates, and safe water for families under siege. The result: fewer hungry nights, reduced malnutrition and water-borne illness, and households steady enough to seek care and keep children learning.





“

For families living in displacement, these distributions were more than calories. As one mother shared: “This morning I brought home a vegetable basket. My children said it felt like Eid.”

”

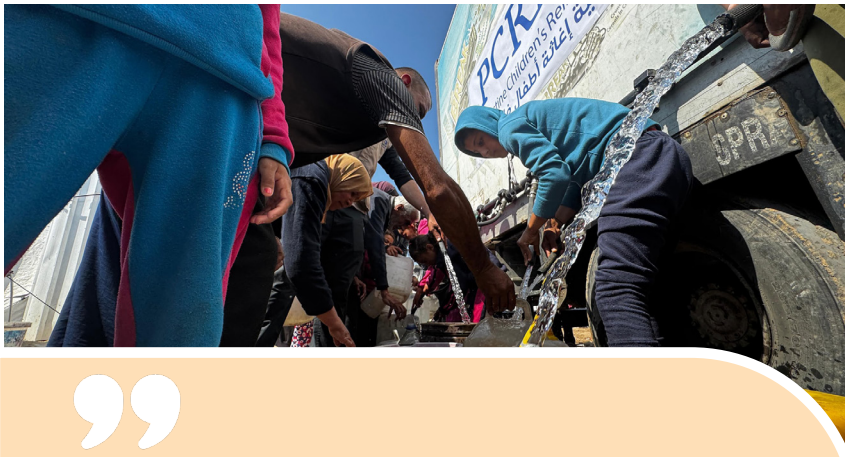


2. Water and Hygiene

Survival also meant clean water and hygiene. PCRF delivered:

- 13.77 million liters of potable water to camps.
- 30,000 hygiene kits (including sanitary pads, soap, shampoo, toothpaste, chlorine, detergents, and children's/women's underwear).

Across Water & Hygiene, PCRF invested USD 3,576,000—money that became clean cups in crowded shelters, safer sanitation for families, and dignity protected when privacy is scarce.



“

One camp resident reflected: “Hot meals, clean water, infant milk... a turning point for shelters.”

”

3. Medical Interventions and Services

Survival also meant clean The health system in Gaza teetered on collapse, but PCRF sustained life-saving interventions. Essential supplies were delivered to:

- St. John Eye Hospital.
- MoH and Al-Ahli Baptist Hospital in surgical consumables, lab equipment, oxygen masks, and reagents.

Most critically, PCRF supported medical points to bring services directly to the people.



4. Medical Points

In the third quarter of 2025, PCRF's medical points became vital lifelines for families in Gaza struggling through blockade, bombardment, and famine. What began as fixed sites in partnership with Al-Awda Hospital quickly evolved into mobile clinics, ensuring that children and families did not have to face the impossible choice between traveling dangerous distances or going without care.

- July–August: Fixed Medical Points

PCRF supported four fixed medical points in Al-Jalaa, Al-Nafaq, Al-Shatee'a, and Al-Naser neighborhoods. Staffed by doctors and nurses, these points delivered pediatric care, maternal health, chronic disease follow-up, and general nursing services.

- July reach: 7,500 patients, including 1,800 children, 3,500 primary health care (PHC) patients, 1,400 NCD patients, and 800 requiring nursing care.
- August reach: 6,900 patients, including 2,000 children, 3,800 PHC patients, 500 NCD patients, and 600 receiving nursing care.

To strengthen specialized care, PCRF also deployed a pediatrician, Dr. Mariam Abo-Nada, to Al-Awda Hospital in Al-Nusirat.

- September: Mobile Medical Points

With the escalation of violence and increased restrictions, PCRF adapted by transforming medical points into mobile services starting

September 3. Each mobile unit was staffed by two doctors, a nurse, and a pharmacist, equipped with diagnostic tools, sterile supplies, and a wide range of medications. These units operated in Gaza City (Al-Shati and Ansar) and later expanded into Central Gaza.

In September alone, over 1,970 patients were treated in just 17 service days:

- 747 children received pediatric consultations and malnutrition screening.
- 82 pregnant women accessed maternal support and specialized vitamins.
- 1,141 adults received treatment for chronic illness, wound and burn care, and skin conditions.

Therapeutic milk for malnourished children and multivitamins for women were distributed, bridging critical gaps in nutrition and health during famine-like conditions.



Cumulative Reach and Human Impact

Across the quarter, 16,370 people received essential medical services through this combined fixed and mobile model. The numbers reflect more than statistics—they represent families spared long, exhausting waits in overcrowded hospitals, and children who received timely care when hunger and illness threatened to overwhelm them.

Resilience and Adaptation

PCRF's transition from fixed to mobile medical points highlights a central truth: in famine and war, waiting for patients to come is no longer enough. By going directly into neighborhoods, PCRF cut down waiting lines, reached the most vulnerable where they live, and ensured that treatment, nutrition, and hope arrived without delay.

This adaptive model demonstrates resilience in the face of shrinking access, making PCRF's medical points not just sites of treatment, but symbols of responsiveness, dignity, and care in one of the world's hardest places to be a child.



“

As one community leader in Ansar camp put it: “On behalf of 2,000 families, thank you for food, hygiene, and milk... you truly saved us.”

”

5. Psychosocial Care

PCRF reached +3,200 people with 313 psychosocial sessions—from group therapy to family sessions and recreational activities. These moments of relief helped children process trauma and parents regain strength to care for them.



West Bank

While Gaza bore the brunt of the crisis, the West Bank also struggled under economic collapse and insecurity. PCRF adapted by combining urgent relief with more sustainable initiatives.

1. Food and Nutrition

- 3,547 food parcels (including 1,637 “Zeit w Zaatar & More,” 1,140 orphan parcels with MoSD, 500 “Moonah” cultural baskets).
- Infant milk for 1,166 children under 5) 2 cans each).

A total budget of ≈ USD 320K—more than numbers; it kept kitchens open and babies fed, turning parcels and infant milk into fewer hungry nights and parents who could finally breathe again.



2. Hygiene and Dignity

- 294 hygiene kits (250 for displaced families, 44 for women in prison/rehab, 2 for infants).
- 800 elderly people in Jenin and Hebron received adult diapers.
- Diapers for 1,167 children (5 packs each).

A total budget of ≈ USD 109K—clean kits and diapers that protected health and privacy, easing caregiving and helping families hold on to dignity when everything else felt unstable.



4. Psychosocial Support

- Summer camp in Tulkarem: 65 displaced children (2 weeks).
- Kafr Malik activities: 204 children (4 days).

A total budget of ≈ USD 12.8K—a modest investment that created safe spaces for play and processing, letting children laugh again and feel like kids in a hard season.



3. Medical and Patient Support

- PMC – Adult Cardiac Unit: drainage bottles and surgical adhesives.
- Oxygen analyzer.
- Accommodation for 11 Gaza patients in Ramallah.
- Clothing support: 2 children of incarcerated mothers.

A total budget of ≈ USD 15.6K—small line items with outsized impact: supplies, an oxygen analyzer, lodging, and clothing that kept treatments on schedule and families from slipping through the cracks.



Scale and Speed of Impact

- 5.6 million people reached in Q3 (an %80 increase from 3.1M in Q2).
- In Gaza: milk distributions surged 5x, hygiene kit coverage tripled, potable water doubled, and flour distributions were introduced for the first time.
- In the West Bank: absolute reach declined (76,000 to 32,000), reflecting a deliberate shift to smaller, sustainable community projects while sustaining core relief.

Operational Challenges

- Gaza: volatile markets, sudden displacements, and bombardments disrupted supplies. PCRF mitigated by stockpiling, pivoting to mobile services, and diversifying procurement.
- West Bank: insecurity and MoH gaps limited capacity. PCRF sustained consistent distributions and leveraged partnerships with MoSD and local NGOs.



Overall West Bank Investment

Total ≈ USD 456K—a package that stabilized households, protected dignity, and kept care pathways open so children could eat, stay healthy, reach treatment, and keep a little normal in a quarter that was anything but.

Future Vision & Call to Action

The vision ahead is clear:

- **Gaza:** formalize mobile medical protocols, expand supplier bases, and strengthen contingency stocks.
- **West Bank:** sustain core relief while expanding investments in community-based health and dignity projects.
- **Cross-cutting:** expand storytelling and documentation, and close the staffing gap so a multi-million-dollar response is matched by adequate human resources.



Q3 proved that emergencies in Palestine are not temporary shocks but protracted realities. Preparedness (stockpiles, mobile models, staffing) is the only way to ensure PCRF can keep delivering dignity and survival in the quarters ahead. In famine and war, every intervention is more than a number, it is a meal that feels like Eid, a glass of clean water that staves off disease, and a mobile medical team that arrives just in time to save a child's life.

”

“This morning I brought home a vegetable basket. My children said it felt like Eid.” **Displaced mother, Gaza.**

”

”

“We had nothing left... you truly saved us.” **Huda, Gaza.**

”

IV. Healthcare Infrastructure Projects

Building Systems from the Rubble

This quarter, PCRF's work in building and equipping health facilities told a story of both progress and fragility. From Masafer Yatta, where a brand-new clinic now spares families the peril of traveling hours for urgent care, to Ein El-Helweh Camp in Lebanon, where a rehabilitated center welcomes hundreds of children each month, construction projects became lifelines. In Jenin, Hebron, and Beit Jala, new surgical theaters and intensive care units are rising to meet needs long left unanswered.

At the same time, medical equipment turned these walls into places of healing. Generators and UPS devices in Gaza kept treatment running amid bombardment; newly procured pediatric devices in the West Bank prepared hospitals to serve more children safely and with dignity.

Yet the quarter also revealed the deep vulnerability of health systems under siege. Al-Rantisi Hospital in Gaza—partially rehabilitated and already serving tens of thousands—was forced out of service after renewed attacks in September.

Its suspension is a stark reminder that every gain can vanish in a moment.

Still, across Palestine and Lebanon, more than 7.8\$ million invested in construction and equipment this quarter means one thing: children who once faced long journeys, dangerous delays, or no care at all are now closer to safety, treatment, and hope. These projects are not about bricks or machines—they are about shifting survival odds and safeguarding childhood in the most fragile of places.





Construction Projects

Quarter in Review

This quarter advanced a wide portfolio of hospital, clinic, and rehabilitation projects across Gaza, the West Bank, and Lebanon. Several projects reached critical milestones: Khalet Al-Mai Clinic in Masafer Yatta was fully completed and handed over to the Ministry of Health; the Pediatric Physiotherapy Center in Ein El-Helweh Camp, Lebanon, was also finalized. Others moved from design to tendering- such as Beit Jala's Huda Al-Masri Healing Garden- while major hospital expansions like Alia Hospital in Hebron, Jenin Hospital's pediatric surgical

theater, and Beit Jala PICU/Oncology expansion progressed steadily.

In Gaza, projects faced acute disruption: the rehabilitation of Al-Rantisi/Al-Naser Pediatric Specialized Hospital was brought out of service following renewed bombardment in September, and the Al Aqsa Hospital operating department pushed ahead under extreme wartime risk. Yet, even under bombardment and evacuation, partial works had already enabled thousands of children to access care before suspension.



Strategic Interventions and Activities

- Designs, tendering, and supervision contracts completed for key expansions (Ramallah PRCS Pediatric Department, Alia Hospital Hebron).
- Structural, electrical, and MEP (mechanical/electrical/plumbing) works underway in Jenin and Beit Jala.
- Playgrounds and therapeutic gardens advanced in Bethlehem (Ephpheta Institute, Healing Garden) and Jerusalem (Burj Al-Luqluq).
- Strategic partnerships with Ministries of Health, municipal authorities, and local contractors ensured progress despite closures.



Impact Highlights

- **Immediate Relief through Infrastructure:** Even partially rehabilitated facilities in Gaza enabled emergency services to continue for over 48,000 children before Al-Rantisi was forced out of service.
- **Sustainable Access:** Masafer Yatta's new emergency center now ensures life-saving care close to home, eliminating dangerous travel.
- **Specialized Capacity:** Jenin's new pediatric surgical theater will enable ~1,500 surgeries annually; Beit Jala's PICU will provide 7 intensive care beds where none existed before.
- **Holistic Healing:** Playgrounds and gardens directly address children's psychosocial well-being, complementing medical care.



Operational Challenges

- War in Gaza: Projects suspended (Al-Rantisi) or operating under constant threat (Al Aqsa).
- Political Barriers: Area C restrictions in Hebron required relocating Masafer Yatta's clinic.
- Supply Chain Disruptions: Border closures delayed materials in Gaza and the West Bank.
- High Costs: Inflation and scarcity raised construction prices.

Insights and Lessons Learned

- Building in fragile settings requires parallel tracks: implement what is possible immediately (partial wards, temporary clinics) while planning full restoration.
- Psychosocial spaces (gardens, playgrounds) are not luxuries but essential resilience infrastructure, giving children safety and normalcy amid trauma.
- Partnerships with MoH, municipalities, and NGOs proved essential in unlocking permissions and maintaining continuity.

Future Vision and Call to Action

- PCRF's infrastructure strategy is a dual commitment: rebuild what war destroys and simultaneously expand pediatric capacity where none exists. The vision is clear—health systems that outlast crises. But this requires sustained investment. The quarter underscored both the fragility and necessity of this work: a single hospital bombing can erase years of progress, but each completed clinic becomes a lifeline for generations.
- Across construction this quarter, PCRF invested ≈7.3\$M where children need care most: 4.3\$M in Gaza, ≈2.87\$M in the West Bank & Jerusalem, and 125\$K in Lebanon—turning damaged walls into working wards, blueprints into care, and hospital rooms into child-friendly spaces where fear gives way to treatment. These investments are not just bricks and mortar—they shift survival odds for children who would otherwise face long journeys, dangerous delays, or no access to care at all.

Equipment Projects

Quarter in Review

Medical equipment procurement advanced alongside construction. Packages were awarded for Khalet Al-Mai Clinic, while specifications and tendering progressed for PRCs Ramallah and Jenin. In Gaza, despite extreme shortages, PCRF secured and installed essential equipment at Al-Rantisi before its suspension and delivered AC units, generators, and furniture to Al Aqsa.

Impact Highlights

- **Operational Readiness:** Equipping Masafer Yatta's clinic means the community gained instant access to life-saving emergency and maternity services.
- **Continuity of Care:** UPS systems and generators at Al-Rantisi kept treatments running even amid bombardment.
- **Capacity Upgrades:** Future PICU and oncology equipment in Beit Jala will allow local provision of therapies that once required exhausting referrals abroad.

Strategic Interventions and Activities

- Delivered and installed equipment at Al-Rantisi (generators, computers, UPS devices, medical furniture).
- Developed equipment lists and specifications with hospital leadership in Ramallah and Hebron.
- Procured first batch of medical devices for Khalet Al-Mai Clinic, ensuring immediate operability upon opening.
- Coordinated with biomedical engineers to review offers for Jenin's surgical theater.



Operational Challenges

- Customs & Closures: Border shutdowns in Gaza blocked equipment delivery.
- Inflation & Scarcity: Soaring costs of medical devices stretched budgets.
- Parallel Timelines: Synchronizing equipment delivery with construction progress required constant adjustments.

Insights and Lessons Learned

- Procuring equipment early—before construction ends—ensures facilities can open operational, not empty.
- Flexibility in sourcing (local vs. imported) is critical under war conditions.
- Technical collaboration with MoH biomedical engineers strengthens sustainability and acceptance.

Future Vision and Call to Action

Equipment is the beating heart of every new ward or clinic. Without it, even the most advanced facility remains just walls. PCRF calls for dedicated support to fill equipment gaps, particularly in Gaza where shortages are most acute.

Across equipment this quarter, PCRF invested ≈527\$K—putting the right tools into the right hands at the right time. From West Bank and Jerusalem facilities (Khalet Al-Mai, PRCS Ramallah, Alia Hebron, Jenin, Thabet Thabet, Four Homes of Mercy) to Al-Rantisi in Gaza, these funds became generators, UPS systems, and critical pediatric devices that turn rooms into working wards. This isn't hardware for its own sake—a single ventilator or infusion pump can be the difference between life and death. In Gaza especially, where Al-Rantisi was forced out of service, every piece of equipment salvaged or delivered extends the front line of survival.



Impact That Builds Across Pillars – Q3 2025

Emergencies in Palestine are never isolated; hunger, illness, and trauma arrive together, and solutions must connect across every aspect of life. Q3 showed how PCRF's pillars—nutrition, water and hygiene, medical interventions, construction, equipment, and psychosocial support—did not stand alone but reinforced each other, creating resilience greater than the sum of parts.

1- Nutrition & Food Security + Health

Food was not just nourishment; it became an entry point for health. The 85,831 units of infant milk, 27,406 food parcels, and 25,043 vegetable baskets helped stabilize families enough to seek care, while therapeutic milk distributed through mobile medical points treated malnutrition directly. Hot meals in shelters paired with psychosocial activities, turning eating together into a moment of relief and connection.

2- Water & Hygiene + Disease Prevention

Delivering 13.77 million liters of clean water and 30,000 hygiene kits was as critical to health as medicine. In overcrowded camps, these interventions prevented waterborne disease and protected dignity, particularly for women and children. Safe water reduced the burden on hospitals already stretched by war, showing that prevention and treatment are two sides of the same coin.

3- Construction + Equipment = Systems of Care

Across Gaza, the West Bank, and Lebanon, ≈\$7.3M in construction and ≈\$527K in equipment worked hand in hand. Hospitals like Jenin, Beit Jala, and Alia Hebron became not just buildings but fully functional wards once ventilators, monitors, and generators were installed. Without space, equipment is useless; without equipment, walls are empty. Together, they created operating rooms, ICUs, and child-friendly spaces where survival odds shifted immediately.

4- Medical Services + Adaptation

Fixed medical points served 14,400 patients in July–August, but when bombardments made waiting lines impossible, PCRF pivoted to mobile medical units. In September alone, 1,970 patients were reached in their neighborhoods with pediatric consultations, wound care, and maternal support. Food distributions, therapeutic milk, and medical care converged, showing how adaptability saved lives when famine and war collided.

5- Psychosocial Support + Safe Spaces

More than 3,200 people joined 313 sessions of therapy, family counseling, and recreational activities. These were anchored in the very spaces PCRF built—gardens, play areas, and rehabilitated hospital corners—demonstrating how construction and psychosocial pillars reinforce each other. In Gaza shelters, psychosocial sessions often followed food or medical distributions, turning aid into moments of healing.

Why this matters?

Together, these efforts reached 5.6 million people in Q3—an %80 increase from Q2. But the real story is not the numbers: it is how interventions worked together. Food parcels only mattered because clean water kept children healthy enough to eat. Medical points only worked because medicines and supplies were available. Psychosocial care only thrived because safe spaces were built.

This is the impact that builds across pillars: survival today linked with resilience tomorrow. Every intervention amplified the others, proving that in famine and war, dignity and hope can still be delivered when responses are connected, adaptive, and human-centered.

Challenges and Lessons Learned

What we faced. What we know now. What we carry forward

- Access that vanished, care that adapted

Challenge: Hospital shutdowns, sealed crossings, and sudden displacement broke referral pathways overnight.

Lesson learned: Mobility is survival. PCRF shifted from four fixed medical points (7,500 patients in July; 6,900 in August) to mobile clinics starting 3 September—17 service days, 1,970 patients (including 747 children and 82 pregnant women), delivering pediatric care, wound management, malnutrition screening, therapeutic milk, and maternal vitamins directly in neighborhoods. When patients couldn't reach care, care reached them.

- Famine conditions, fragile markets

Challenge: Scarcity and price spikes upended food and medical supply chains; fresh produce often vanished; prescriptions in Gaza were filled at 50–60%.

Lesson learned: Design for volatility. Stockpiling, diversified suppliers, and rapid substitutions (dry parcels for missing vegetables) kept distributions moving. Bi-monthly medication parcels and local procurement buffered border shocks.

- Systems under fire

Challenge: Construction stalled under bombardment in Gaza; Area C restrictions forced relocations in the West Bank; customs delays blocked equipment; inflation raised costs everywhere.

Lesson learned: Build in phases, open operational. Partial rehabilitations delivered immediate value (Al-Rantisi served tens of thousands before suspension). Synchronize equipment + construction so new wards open with power, oxygen, monitors, and beds on day one.

Psychosocial spaces (gardens, playrooms) are resilience infrastructure, not optional décor.

- **Human bandwidth and morale**

Challenge: Nursing shortages, staff displacement, and caregiver trauma strained oncology and surgical services; movement restrictions delayed missions and referrals.

Lesson learned: Care for the carers. Embed psychosocial support for staff and families, pair clinical care with tutoring/physiotherapy in cancer wards, and tighten mission planning (clearer pre-briefs, specialty matching) to reduce cancellations and burnout.

- **Fragmented approvals, lost time**

Challenge: Case vetting and reporting slowed by blackouts and fragmented systems; paperwork delays

jeopardized treatment abroad.

Lesson learned: Unify the pipeline. Move to a single digital case-management flow; add dedicated liaisons (e.g., in Egypt) to accelerate clearances; hold monthly coordination to unblock TAP and sponsorship decisions quickly.

- **Geography as a lifeline**

Challenge: Single-route dependencies collapsed operations when one border shut.

Lesson learned: Redundancy saves lives. Egypt as the warehouse and inspection corridor; Jordan/UAE airdrops as the emergency valve. Redundant routes directly preserved oncology cycles, NICU supplies, and surgical throughput.

Why these matters for children

Operating amid famine and evacuations, these lessons turned breakdown into adaptation. Food and clean water stabilized families so children could withstand treatment. Mobile teams braided nutrition, medicine, and psychosocial support into one service at the doorstep. Infrastructure and equipment created safe rooms where ventilators mattered and play therapy could happen. The result was simple and profound: a greater likelihood that a child would find a functioning ward, a stocked pharmacy, and a clinician who could stay long enough to help—

shifting outcomes from “survive the day” toward “recover the week.”

Next steps: lock in redundant supply routes; formalize mobile/field pediatric protocols; pre-position stocks; synchronize equipment with phased builds; and close staffing and data-system gaps—because in a protracted emergency, preparedness is the only stable bridge between dignity and survival.

We carry these lessons forward—not as caution, but as strategy.
Because the challenges are not going away. And neither are we.

”

“You were the only ones who didn’t leave.” **Father of a child treated at a PCRF-supported clinic in Gaza**

”

Annexes





One-Time Surgical Interventions by region and reach

West Bank	Gaza	Jordan	Lebanon	Egypt	Total
345	0	8	164	13	530

Humanitarian Projects Interventions by geography and beneficiary reach - Gaza Strip

	Classification	Quantity	Beneficiaries	Methodology
Nutrition	Infant Milk	85,831	51,331	
	Vegetable basket	25,043	127,015	One basket distributed per family. The average household size is estimated at 5 members.
	Food parcel	27,406	137,030	One parcel distributed per family. The average household size is estimated at 5 members.
	Flour Bag	3,000	15,000	One flour bag distributed per family. The average household size is estimated at 5 members.
	Hot meal pot	1,920	460,800	A single pot provides at least 240 individual meals.
	Breakfast pastry	9,560	4,520	520 meals offering three pastries for each child, and 4,000 meals with two pastries for each child
Water & Hygiene	Water	13,770,000	4,590,000	3 liters per person was considered the minimum daily water requirement in war conditions.
	Hygiene kits	30,000	150,000	One kit distributed per family. The average household size is estimated at 5 members.
Fixed and Mobile Medical Points			16,370	
Psychosocial Care	Psychosocial sessions	313	3,200	

PCRf's Fixed Medical Points - In Partnership with Al-Awda Association (July and August 2025) Gaza Strip

Month	Children	Primary Health Care Patients	NCD Patients	Nursing Cases	Total Beneficiaries
July	1,800	3,500	1,400	800	7,500
August	2,000	3,800	500	600	6,900

PCRf's Mobile Medical Services - September 2025 - Gaza Strip

Children	Pregnant Women	Adults	Total Beneficiaries
1,200	99	1,344	2,643

PCRf's Mobile Medical Services - September 2025 - Gaza Strip

Type of Intervention	Number of Sessions	Number of Beneficiaries (Individuals)	
Group Therapy	64	690	
Individual Therapy	78	78	Children
Recreational Therapy	57	1300	Children
Public Awareness Sessions	46	735	
Family Therapy	68	410	
Total	313	3213	

Humanitarian Projects Interventions by geography and beneficiary reach - West Bank

	Units	Quantity	Beneficiaries	Methodology for Estimating Number of Beneficiaries
Nutrition	Food parcel	3,547	17,735	One parcel distributed per family. The average household size is estimated at 5 members.
	Infant Milk	5,830	1,166	Each child received five cans of milk, sufficient supply for one month.
Hygiene and Dignity	Children Diaper	5,835	1,167	Each child received five packs of diapers, sufficient supply for one month.
	Hygiene kit	294	1,294	250 kits were designed to cover the needs of a family of five. 44 kits were distributed to individuals (42 women and 2 children).
	Adult diaper	2,400	800	Each elderly received 3 packs of diapers
Medical and Patient Support	Accommodation for Gaza patients in Ramallah		11	Patients (Women and Children from Gaza receiving medical treatment in ramallah
	Clothing support for children with incarcerated mothers		2	Each child received one clothing package.
Psychosocial Support	Summer camp in Tulkarem for displaced children		65	Displaced Children from Tulkarem Camp
	Kafr Malik activities		204	
School Bags and Stationery	School Bag with Stationery	9,016	9,016	Each child received one bag.
Stationery Kit (in-kind donation)	Stationery Kit	1,770	1,770	Each child received one kit.

Medical Mission Interventions - Surgeries by reach and region

	West Bank	Gaza	Jordan	Lebanon	Egypt	Total
Surgeries	12	140	24	29	0	205
Consultations	19	166	64	46	0	295

Humanitarian Programs Interventions by Geography and Beneficiary Reach

	West Bank	Gaza	Jordan	Lebanon	Egypt	Total
OTS Medical	1,822	300	199	640	85	3,046
Monthly Medical Sponsorship	497	477	72	128	24	1,198
Monthly Orphan Sponsorship	0	7,561	0	35	0	7,596
Total	2,319	8,338	271	803	109	11,840

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