PRCS EMERGENCY MEDICAL HOTLINE
Project Summary

Introduction
PRCS Hotline/Medical network is a volunteer-based response to the Palestinian’s lack of accessibility to health care whenever the population is facing forced immobilisation like closures and curfews during conflict emergencies. The provision of medical consultations on the phone delivered by the members of PRCS network to the population ‘stuck at home’ is complementary both to PRCS Emergency Medical Services and to PRCS Primary health care services.

1. Beneficiaries
2.1.1. Number of beneficiaries
The number of beneficiaries of this operation will depend on the political/military situation and may vary depending on the outcome of fragile peace process. The projected numbers came out of an analysis done in March 2003 before the war in Iraq and before the start of the implementation of the road map. The projection of figures was influenced by the patterns of curfews and closures noticed in the West Bank and by the intensive occupation activities that were going on at that time.

This operation will benefit to people in need of medical assistance among a group of 500 000 persons of urban areas who may be subjected to frequent curfews and 1 450 000 inhabitants of rural areas facing currently siege and road closures, out of 1 953 596 Palestinians living in the West Bank (see maps in annexes 1), or 26% of the total population.

The targeted number of direct beneficiaries is approximately 8 500 persons per month, calling the Palestine Red Crescent Society (PRCS) medical hotline for a consultation or health related advice on the phone when there is a curfew or a road closure imposed on their dwelling area, both urban or rural; approximately 150 000 persons over a 18 month period for the planned operation. This estimation is based on PRCS current experience and capacity, and its vision of an institutionalised medical back up system for its Emergency Medical Services.

<table>
<thead>
<tr>
<th>Districts1</th>
<th>Population</th>
<th>Percentage of population</th>
<th>Projected consultations over 18 months</th>
<th>Projected consultations in a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenin</td>
<td>247 305</td>
<td>13%</td>
<td>19 500</td>
<td>1 100</td>
</tr>
<tr>
<td>Tubas</td>
<td>45 187</td>
<td>2%</td>
<td>3 000</td>
<td>170</td>
</tr>
<tr>
<td>Tul Karm</td>
<td>163 397</td>
<td>8%</td>
<td>12 000</td>
<td>690</td>
</tr>
<tr>
<td>Qalqilya</td>
<td>90 729</td>
<td>5%</td>
<td>7 500</td>
<td>420</td>
</tr>
<tr>
<td>Salfit</td>
<td>60 130</td>
<td>3%</td>
<td>4 500</td>
<td>250</td>
</tr>
<tr>
<td>Nablus</td>
<td>318 240</td>
<td>16%</td>
<td>24 000</td>
<td>1 360</td>
</tr>
<tr>
<td>Ramallah</td>
<td>269 827</td>
<td>14%</td>
<td>21 000</td>
<td>1 200</td>
</tr>
<tr>
<td>Bethlehem</td>
<td>169 317</td>
<td>9%</td>
<td>13 500</td>
<td>750</td>
</tr>
<tr>
<td>Hebron</td>
<td>505 694</td>
<td>26%</td>
<td>39 000</td>
<td>2 220</td>
</tr>
<tr>
<td>Jerusalem (city excluded)</td>
<td>40 873</td>
<td>2%</td>
<td>3 000</td>
<td>170</td>
</tr>
<tr>
<td>Jericho</td>
<td>40 894</td>
<td>2%</td>
<td>3 000</td>
<td>170</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,953,596</td>
<td>100%</td>
<td>150,000</td>
<td>8,500</td>
</tr>
</tbody>
</table>

2. Overall objective
This 18 months operation will contribute to improve the health conditions of the people under curfew/closure in 11 districts of the West Bank through the reinforcement of a PRCS network of 250 volunteer doctors and health professionals working by telephone to perform medical consultations and services to the population, using the ambulance services, if necessary, to deliver urgently needed medicines to the patients or referring them to an hospital.

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1 Palestinian Central Bureau of Statistics, projection for 2003
3. Project purpose/ Specific objective
This 18 months operation will complement PRCS present Emergency Medical Services and support the provision of primary health care and services to approximately 150 000 persons, - 8 500 a month -, among the population under curfew/closure (500 000 persons) within 11 districts of the West Bank, who will seek the assistance from PRCS by calling the emergency phone numbers of PRCS Hotline and the emergency network of medical practitioners.

4. Results
4.1 8 500 persons per month calling PRCS hotline when under curfew or closure, will receive primary health care free consultations and supply of medicines, medical advices, referral protocols and follow-up of medical cases, health education and psychological support.

4.2 Increased awareness among the public of the availability of PRCS free primary health care services and capacity to advise people on medical issues, delivered through the hotline and the network of 250 volunteer medical practitioners to the population in the West Bank in case of curfews and closures.

4.3 Full blown PRCS network of 250 health professional volunteers in 11 districts of the West Bank, trained, organised and adequately equipped for the free delivery of primary health care, services and medical advice, during curfews and closures, including a gender-balanced membership of males and females, and relevant numbers of general physicians, specialists, gynaecologists, obstetricians, nurses, midwives, traditional birth attendants and social workers at each district level according to the population needs.

4.4 Round the clock operational PRCS telephone Hotline connecting the public under curfew and closure with 250 volunteer health professionals for medical consultations, services, advices and information about health, psychological support and referrals to medical infrastructures if necessary, through 101 and other PRCS emergency numbers.

4.5 PRCS Hotline and Network of 250 volunteer practitioners will ensure a better knowledge of the health needs at the grass root level; it will enhance PRCS capacities in terms of disaster/conflict preparedness; it will prove a valuable dissemination tool for the provision of psychological support to people calling the Hotline and for increasing awareness about health among people; it will be used by PRCS paramedics as a referral body of health professionals and specialists to consult in difficult cases.

5. Activities
5.1 Information campaign among the public about the services available from PRCS hotline and network of health professionals: TV spots, radio spots, advertisements in local newspapers, distribution of stickers-labels with the hotline local numbers, announcements made in mosques and during the municipalities public meetings.

5.2 Sensitisation at the district level through field visits of PRCS EMS dispatchers, directors of stations and sub-stations, district co-ordinators and regional co-ordinators, as well as PRCS local branches directors and administrators about the operational modalities of the hotline and the network and about the monitoring, supervision and coordination role required from them to support, organise and follow up the volunteers.

5.3 Training at the district level through field visits and local seminars of the 250 volunteer health professionals recruited among PRCS network on their job description, PRCS principles and professional standards, referral protocols, modality of the use of the kits and reporting.

5.4 Liaison with PRCS daily curfew and closure tracking, monitoring and mapping activities, and with PRCS rapid damage assessment programme monitoring the situation in 124 localities, in order to adapt and focus constantly the network to the needs.
5.5 Recruitment of additional volunteer health professionals in the districts in order to scale up the network and reach the objective of having a stable 250 permanent members within it, despite the turnover and eventuality of possible dropping out of volunteers; especially among female health professionals and particularly midwives, birth attendants and social workers, linked with PRCS 21 Primary health care centres; according to the targeted population size and the requirements for specialities.

5.6 Equipment of the 250 volunteer health professionals with PRCS volunteers vests, logbooks for reporting, medical supplies to complete or refurbish their emergency medical kits (equivalent to 210 units) and reproductive health kits (166 units), according to their needs and speciality, the later being distributed in PRCS 21 primary health care centres.

5.7 Free consultations and supply of medicines from the members of PRCS network of health professionals to the public under curfew or closure calling the hotline: including medical advices, referral protocols and follow-up of medical cases, health education and psychological support; medical back up of EMTs' paramedics.

5.8 Contribution to the telecommunication network expenses of PRCS EMS stations and substations, of PRCS local branches and of the volunteer health professionals, in order to run the hotline on the basis of the local telephone fees (0,2 euros for a 5 minute local conversation) when it is necessary to call back the patients for follow up, in approximately 25% of cases.

5.9 Contribution to the fuel expenses of PRCS EMT’s ambulances when involved in delivering medicines under curfew from the EMS station to the volunteer practitioner’s home, then to the patient’s home and back to the EMS station, on the basis of an average of 10 km per mission and a mission every 20th delivery of medicines (less than 400 missions a month), and of a fuel consumption of 25 litres of diesel per 100 km.

5.10 Reinforcement of the coordination, supervision and management of the network at PRCS headquarters level.

6. Mainstreaming:
This operation will be taking place in a context where NGOs and Palestinian associations are trying there best:
- to mitigate the effects of the occupation on the human rights: focusing on the protection of and humanitarian assistance to civilians, children and women;
- to coordinate their interventions in order to avoid duplications and gaps: PRCS is in liaison with other local and international agencies in charge of emergency services, sharing information, preparedness measures, standardising professional practice, training, equipment and supplies;
- to rationalise their interventions so that it helps in the long run to build capacities, good practices and habits, both among professionals and the public, that will be key element for a future sustainable Palestinian state.

7. Resources required
7.1 Human resources
- Expatriate staff: one French Red Cross delegate based in PRCS/Ramallah for 9 months to manage the resources, supervise the implementation of the activities and establish ECHO reports.
- National staff: one project co-ordinator and one project assistant at PRCS headquarters in Ramallah for 9 months to coordinate the activities of the network on the field, organise the information campaigns, the sensitisation of PRCS staff and the training of volunteers, monitor the curfew/closures diets, establish the monthly reporting tables of achievements.
- Volunteers: 250 members of PRCS network of health professionals to conduct free consultations on the phone, home visits, medical advice and information, referrals and follow up of cases, psychological support.

7.2 Supplies
- Medical supplies to complement and refurbish the kits: 210 emergency medical kits, 166 reproductive health kits, (see detailed content of the kits in annexe)
- 175 volunteers’ vests
- 250 printed logbooks for recording interventions and preparing field reports
- 1 office desk computer set
- 1 VHF radio-telephone set
- Contribution to local telephone fees
- Pamphlets, labels

7.3 Logistics
- Rental of a supervision vehicle to ICRC
- Local transport for medical supplies
- Rental of local storage space in Ramallah
- Diesel

8. Continuum strategy
The hotline and the network of health professionals will be valuable PRCS assets to increase its preparedness to respond to further emergencies, in case of conflicts or disasters; it will be a useful tool to disseminate health information within the public in normal time. PRCS wants to institutionalise it for developing a medical back-up capacity, which can advice EMTs paramedics on medical issues.
An interesting outcome of the operation is the circulation of information from the root level and the mapping of the needs and the achievements of PRCS locally, that will develop into a better knowledge and preparedness to crisis and into an up-graded response capacity at the local level.
The recruitment of skilled and educated volunteers may increase the level of performances of PRCS services and programmes in general in the long term, at the local and national level.

From Mental Health:
The network of Psychosocial Family Centers (PFC) will also operate a confidential, national psychosocial support hotline. Currently, the Mental Health Department’s office in Bethlehem operates a similar hotline with limited hours for the residents of the Bethlehem area. This hotline provides various kinds of psychological and social support to callers as well as a referral service to the Bethlehem office. The PRCS has also had experience operating a national medical hotline with a network of over 200 volunteer doctors. The medical hotline is linked to the current 101 emergency system which refers call to the volunteers in the callers area. The experience with these two hotlines will provide a base from which the psychosocial support hotline can be established. The psychosocial support hotline, as with the medical hotline, can be linked to the 101 service and calls referred to a network of trained psychosocial volunteers and PFCs. Establishing this hotline will be linked to a large awareness campaign that will give information on contact numbers, locations of PFCs, the hotline and psychosocial awareness material.