2022- PILOT
WOMEN4WOMEN
THE WEST BANK PROJECT

PROJECT TYPE:

HEALTH SYSTEM STRENGTHENING AND PEACEBUILDING

PROJECT LEADS:

PROJECT ROZANA +
GREEN LAND SOCIETY FOR HEALTH DEVELOPMENT (GLSHD)

PROJECT ROZANA
פרויקט רוזנה مشروع روزانا

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EXECUTIVE SUMMARY

2020

Feasibility Study that concluded that a locally-driven approach is optimal to improving health outcomes for women and children in remote West Bank communities, that address the following goals:

- Deliver health services to women and children in remote villages.
- Promote women's health.
- Educate on women's and children's health as preventative medicine.
- Provide screenings and referrals to avoid the development of challenging non-communicable diseases.

2021

Project Development including cultivating the institutional, hospital and organizational partnerships that would further the project goals and intended impact. In parallel, consolidating and optimizing the project model.

2022

Launch - our initiative is a first of its kind initiative in our region.

- **Recruitment** of Palestinian women community health workers including nurses, a midwife, a pediatrician, a psychologist, a physiotherapist, a nutritionist and a dentist supported by gynecologists from **Dura and Royal Hospitals in Hebron**.
- **Delivery of health services** in three remote communities in the Hebron Hills, in **Khursa, Um Al-Kheir and Deir al-Asal al-Fuqua**.
- **Training seminars** at the Women's Health Innovation Center in **Israel's Sheba Medical Center** to establish **virtual clinics** equipped with remote fetal monitors, remote ultrasound, and digital infrastructure that facilitates remote communication and electronic medical records.
- The team and clinics are being supported by a **cross-border eco-system** via bi-monthly clinical supervision and ongoing training and lectures on relevant issues inspired by the field.
- The pilot is producing **rich cross-sectional data** that will inform and refine the project's healthcare delivery model, and offered to regional health stakeholders.

2023

Applying for sovereign funds to expand and deepen the health impact of the program and the cross border people-to-people relationships.

PILOT BUDGET

Budget Item	Cost in $US
Human Resources	150,000
Training	40,000
Clinical Supervision	10,000
Digital Kits	40,000
Equipment + logistics	30,000
Publicity	5,000
External M&E	15,000
Overhead	60,000
TOTAL	**350,000**

From left to right: Haim, Michal & Sivan from Datos Health; Esther & Dr. Avi from Sheba; Dr. Nadine -gynecologist, Huda - nurse, Amani - physiotherapist. Raghda - nutritionist, Sherouq - midwife, Dr. Akram Founder & Director of GLSHD, Raghad - Dentist & Coordinator, Bayan - psychologist, Ibtisam - nurse, Dr. Deema - pediatrician

CONTEXT

The West Bank is home to 3.3 million Palestinians. Area C, constituting over 60% of the West Bank and adjacent to Jerusalem, is being increasingly populated by expanding Israeli settlements, and is controlled by Israeli military. The World Health Organization (WHO) and other regional healthcare stakeholders identified ~145,000 women and children from rural communities in Area C as at risk due to limited or no access to primary healthcare. Inadequate infrastructure, transportation complexities, and financial and cultural barriers create obstacles to accessible healthcare. The pandemic has amplified these factors by forcing a scaling-down of services by major healthcare providers, and decreasing the number of women seeking healthcare. This has exacerbated pre-existing health issues in women of all ages, alongside gender-based violence.

Beyond the intractable conflict, gender inequality in Palestinian society is also a driving factor in the chronic poverty, food insecurity, and poor health women face. Regional health stakeholders provide the following information:

- 22% of women give birth before the age of 18 (mostly unplanned)
- 70% of reported maternal deaths are classified as avoidable and are mostly the result of insufficient awareness of prenatal, delivery and postpartum danger signs.
- Critical gaps in maternal health service delivery and newborn healthcare.
- 15% of all deaths in Palestine are the result of breast cancer.
- 37% of Palestinian women in the West Bank were reportedly exposed to violence.
- Poor nutrition and a high prevalence of diabetes - 30% of the general population and 15% of pregnant women.
- High rate of children born with severe congenital conditions.
- Limited access to diagnostics.

IMPLEMENTATION

- **A holistic team of Palestinian women health professionals** were recruited – nurses, a midwife, a physiotherapist, a psychologist, a nutritionist, a pediatrician and a dentist – combining skills that address women's physical, mental, and social wellbeing – health as defined by WHO.
- **Training** consisted of two in-person two day training sessions at Sheba. The Sheba team are also delivering monthly online lectures on health fields including: reproductive health, newborn care, change of life, breast cancer screening, nutrition and diabetes, mental health, children with disabilities, and much more.
- The team has established **Virtual Clinics** based on Sheba's remote care devices – Israeli femtech - Heramed fetal monitoring, GE fetal and breast ultrasound, and vital signs measurements – supported by the Datos-Health remote care infrastructure and electronic medical records.
- The team is delivering **Health Services and Education** to women in the target communities - Khursa, Um Al-Kheir and Deir al-Asal al-Fuqua, leveraging the technologies to screen for health issues and refer for medical treatment if necessary.
- **Gynecologists at the Royal Hospital Hebron. Dura Government Hospital and Sheba Medical Center**, are monitoring patients and providing ongoing guidance on a bimonthly basis, and intervening where necessary - virtually and physically.
- In utilizing the femtech, the project is generating accessible **rich cross-sectional data** on the diverse communities, spectrum of age groups and women's health issues. This pioneering data - understanding the level of women's health in these communities, will be used to inform and refine our healthcare delivery model, and offered to regional health stakeholders as a way to improve overall health in the region.

IMPLEMENTATION

Our holistic team delivers health services in the remote villages of Khursa, Umm Al-Kheir, Deir al-Asal al-Fuqa.

Pediatrician: Comprehensive medical examination for children and newborns; monitoring weight and growth stages in children; diagnosis and treatment of emergency and chronic conditions.

Midwife: Vital signs assessment; breastfeeding counseling.

Dentist: Examination of all teeth for all ages; consultation and awareness about oral health.

Physiotherapist: Examination, treatment and education about pre and post-natal including exercises, urine incontinence, pelvic disorders, and general neck, shoulder, back, and knee pain.

Nutritionist: Assessment and education about pre and post-natal nutrition generally, and specifically for women with diabetes and gestational diabetes, advice and programs; nutritional advice about various diseases such as diabetes, anemia, and obesity; diets for weight loss or stability and weight gain; and how to prepare a healthy dish and correct eating habits.

Two **Nurses:** Vital signs assessments including blood pressure, glucose levels, and general health education.

Psychologist: Psychological support, counseling and follow-up (group/individual); assessment of different disorders including postnatal depression and issues relating to gender-based violence.

Two **Gynecologists** are providing both virtual and physical medical support.

Dr. Ana Doufesh	Gynecologist
Dr. Nadeen Al Teetee	Gynecologist
Ibtisam Awawdeh	Midwife
Dr. Dema Shawar	Pediatrician
Dr. Raghad Saleh	Dentist (coordinator)
Amany Abu Asabeh	Physiotherapist
Raghda Amro	Nutritionist
Huda Shawamreh	Nurse
Shuruk Akel	Nurse
Bayan Hanini	Psychologist

Khursa
The village of Khursa is located 20 km southwest of Hebron and has an approximate population of 7,000 people. It borders to the east with the village of Tarama, to the north with Dura, to the south by the villages of Al-Basra and Umm Raish, and to the west by the village's front lines. It is located in a mountainous area at an altitude of 797 meters above sea level. Khursa is managed by a village council established in 1998, consisting of seven male members. The illiteracy rate among women is approximately 5%. The village lacks basic health services, bar a maternal child center that is periodically open.

Umm Al-Kheir
The village of Umm Al-Kheir is located 20 km southeast of Hebron and has an approximate population of 1,000 people (and only 120 housing units). It borders to the east with the village of Khashem al-Daraj, to the north with Zuwaidin, to the south by the village of Najadah, and to the west by the village of Al-Rayiz. It is located in a mountainous area at an altitude of 583 meters above sea level. Umm Al-Kheir is managed by a village council established in 1997, consisting of five male members. The illiteracy rate among women is approximately 2%. The village lacks basic health services, bar a maternal child center that is periodically open.

Deir al-Asal al-Fuqa
The village of Deir al-Asal al-Fuqa is located 30 km southwest of Hebron and has an approximate population of 1,000 people. It borders to the east with the village of Dir al-Alas al-Taha, to the north with Iskek, to the south by the village of Beit al-Lurush al-Tahri and a 1949 armistice line, and to the west by the West Bank barrier. It has an altitude of 462 meters above sea level and is managed by a village council established in 1998, consisting of seven members including one woman The illiteracy rate among women is approximately 6%. The village has a governmental health clinic and two private clinics offering limited services.

IMPACT

This intervention will result in target communities experiencing an immediate boost in their physical, mental, and social wellbeing. While focusing on women and children, the impact will be experienced by entire families and communities, improving outcomes across generations. Enhanced quality of life has been proven to inspire more positive perceptions of the "other". This is reinforced by the meaningful exchange between Israelis and Palestinians facilitated by this project and the strengthened relations and cross-border coordination between the project stakeholders, generating broad-based, grassroots bridge-building and support for peaceful co-existence between Israelis and Palestinians.

Monitoring will take place consistently through documentation of inputs, outputs and direct results; major milestones will be identified in the monitoring plan and will be checked at periodic intervals. The monitoring process will be participatory and will involve all stakeholders. With the implementation of a scaled project over three years, we will work toward transitioning the initiative to the Palestinian Ministry of Health.

Outcomes	Impact	Outputs	Indicators	M&E Methods
1. Increased interaction between targeted Israeli and Palestinian healthcare providers and institutions, which promotes peaceful relations.	Cross-border cooperation that builds trust and promotes coexistence between the medical practitioners on both sides of the border.	1.1 In-person meetings between medical teams 1.2 Joint research undertaken by the medical professionals published on the data and the model.	# of meetings between institutional members #number of published papers	- Baseline study to measure pre-intervention trust and a follow-up study to assess attitudinal shifts - Protocols and published papers
2. Increased interaction between the West Bank patients and the Israeli medical professionals that cultivates trust.	More positive attitudes towards Israelis at the grassroots level. Multiplier effect within families and communities.	2.1 Bi-monthy consultations between Israeli health professionals and Palestinian communities via telehealth consulations.	# of direct consultations between Palestinian patients and Israeli medical professionals.	- Digital spreadsheet tracking direct patient/medical engagement - Baseline study to measure pre-intervention trust and a follow-up study to assess attitudinal shifts
3. Strengthened healthcare workforce in the West Bank.	Training and creation of employment opportunities for team members.	3.1 10 Team members trained in use of remote devices and community health 3.2 Salaried community health team created.	# of health professional trained # of paid health professional positions created # of correct answers on the test.	- Digital spreadsheet tracking the onboarding of the team - Multiple-choice test on women's health concepts/devices.
4. Improved health of women of all stages of life and children in the target communities, and specifically in the field of reproductive health.	Increased access to key reproductive health services for women and girls, and health services to combat violence for women and girls. Healthier families and communities.	4.1 250 clinical days of service and education provided 4.2 50 community health talks delivered 4.3 Increased uptake of reproductive health services 4.4 Increased referrals to help centers	- # of patients being treated by the team - # of complications identified and changes in case management # and nature of referrals Degree of self-perceived knowledge boost.	- Digital spreadsheet tracking indicators - Data generated by the Datos Health App -Team members and patients will complete a brief monthly survey. Qualitative interviews with patients to discuss experiences and perceived confidence in navigating needs.
5. Women exercise more control and decision making over their health and healthcare access - particularly in the areas of reproductive maternal and child health.	Women's empowerment increased in their families and communities.	5.1 Reproductive health seminars held 5.2 Reproductive health booklets produced in Arabic 5.3 Gender-based violence handbooks produced in Arabic.	# of health and family planning booklets distributed # of patients accessing reproductive healthcare - Mother/child mortality/morbidity rates -# gender based violence cases.	- Digital spreadsheet tracking indicators

BENEFICIARIES

The target beneficiaries of this project will be whole families and communities via women and children in rural areas of the Hebron Goveronate starting with the villages of Khursa, Um Al-Kheir, and Deir al-Asal al-Fuqua.

This project empowers the poorest and most vulnerable by directly removing financial, geographical, cultural, and political barriers to timely healthcare. In this way we empower women to take control over their own health. Women will not have to find childcare, allocate funds to purchase scans, or take time off work, and they will be able to see a female provider reducing familial and cultural concerns around male to female provision of care. Health services can increase awareness of preventive methods and health seeking behaviour, and allow women to access services that can detect complications in antenatal care or NCDs.

Addressing women's healthcare needs and encouraging gender equitable and human rights equitable access to training and mentorship, has been shown to improve overall quality of life indicators and reduce preventable deaths. Improved gender equitable health and social indicators lead to improved social cohesion, higher quality of life, and better possibilities for regional peace.

Direct beneficiaries in the form of the CHWs, medical teams and patients will become agents of change in their communities, acting as multipliers to generate thousands of indirect beneficiaries across the West Bank and Israel.

HEALTHCARE IN PALESTINE

The World Health Organization notes that “Health concerns relate not only to the direct effects of conflict but also to its impact on human security, wellbeing and the wider determinants of health”. The health of Palestinians in the Palestinian Territories has been uniquely affected by ongoing conflict with Israel since 1967. Moreover, the Oslo Accords did not institute two independent health systems and the establishment of the Palestinian Authority did not solve the challenges facing the Palestinian health system.

Today, the Palestinian health system is divided into five sub-bodies and heavily reliant on international aid. There is also the critical issue of Israel's presence in the West Bank and its control of East Jerusalem, which demands coordination with the Civil Administration and the IDF in bringing in patients and training health workers. Moreover, there is significant population growth and a need to train quality medical personnel while avoiding the "brain drain".

According to recent statistics from the Palestinian Ministry of Health:

- Noncommunicable diseases remain the leading cause of mortality in Palestine, accounting for more than two-thirds of all Palestinian deaths in 2018. This is despite recent attempts by health leaders to promote healthy lifestyles and curtail the high prevalence of smoking, obesity, and lack of physical activity.
- Perinatal deaths and congenital malformations account for more than 10% of deaths.
- Infectious diseases accounted for for 8.1% of deaths.
- 29% of women experienced some form of intimate partner violence in 2019.
- More than 250,000 individuals require essential mental health and psychosocial interventions; indeed, mental health and psychosocial problems represent one of the most significant public health challenges.
- Consanguineous marriages in Palestine were shown to account for up to 40% of all marriages, generating a prevalence of hereditary recessive diseases.

Although the Palestinian healthcare system has evolved significantly over the last few decades with the addition of physical infrastructure and trained medical staff, many gaps in service provision still exist. As a result, thousands of Palestinians are treated in hospitals in Jordan and Israel.

THE PURSUIT OF PEACE THROUGH HEALTH

The need to address the medical fabric in conflict appears in the World Health Organization (WHO) Constitution, which emphasizes the connection between the overarching goals of Peace, Development and Health.

While Israelis and Palestinians live in protracted conflict, limited cross border interaction is a recent phenomenon that denies positive opportunities to meet, and distrust to thrive. Yet, Palestinian and Israeli health professionals have an effective history of cooperation and thousands of Palestinians have studied and trained in Israeli healthcare institutions. Links, however, are mostly opportunistic, lacking strategic and systemic consideration on the most effective way to leverage care delivery systems to improve relations between the two peoples. Indeed, a growing body of literature on conflict management and resolution points to the importance of interaction between the parties at the end of the conflict.

Health is a critical industry that directly affects a society's welfare. Improving relations and building strategic ties between the two health systems can help build stable and beneficial bridges for the two societies in conflict, and lay the groundwork for a two-state solution. For nearly a decade, Project Rozana, an international organization with members from diverse backgrounds, has facilitated cross-border projects that reduce barriers to peaceful interactions between Israeli and Palestinian healthcare professionals and patients, and strengthen Palestinian healthcare fields. Despite anti-normalization sentiment, such agency has cultivated growing circles of long-term systemic cooperation.

Project Rozana's ATLS course

PROJECT ROZANA

Project Rozana was launched in 2013 to advance people-to-people peacebuilding between Israelis and Palestinians through health, targeting the broader effects of cross-border cooperation, and project-specific outcomes in health improvement.

Over the last decade, Project Rozana, as a trusted international organization, has facilitated dozens of cross-border collaborations between healthcare practitioners and institutions while addressing health development needs. These projects serve to reduce barriers to peaceful interactions and public health, and promote sustainable health institutions through capacity building and the delivery of quality health services.

Such cooperation offers an evidence-based strategy that demonstrates mitigated impacts of the conflict, while advancing just components to resolving the conflict through the facilitation of equitable healthcare solutions. Since its inception, Project Rozana has cultivated bi-national professional networks that will help deal with regional health issues going forward. The field of health is grounded in equality and mutual respect. We see this arena as fertile terrain for bringing our vision to fruition, cultivating seeds of understanding and inspiring hope for coexistence and peace between Palestinians and Israelis. Our example of cross-border cooperation also contributes to a regional social infrastructure for peacebuilding.

Project Rozana operates via five independent affiliates with projects coordinated by a team in Tel Aviv,

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GREEN LAND SOCIETY FOR HEALTH DEVELOPMENT

Green Land Society for Health Development (GLSHD) was established as a non-profit organization in Hebron in 2007. It aims to raise the level of environmental and health conditions in Palestine by raising awareness through research, campaigns, training and the provision of healthcare to those most vulnerable.

GLSHD's understanding of 'health' reflects that of the World Health Organisation, which defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948).

CONTACT DETAILS

We believe that functioning and developed health systems have a stabilizing role in societies in conflict, and therefore, alongside their independent development, structured collaboration should be encouraged. We hope that ultimately our efforts will lead to adopting strategic thinking on the role of health in building peace between Israelis and the Palestinians.

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