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***Community Capacity Assessment
in Hanan's Targeted Communities:
Jenin and Hebron Districts***

***Submitted to:
Hanan, Mother, child health & Nutrition Project***

Final report

By: Atef Shubita

Table of content

Acknowledgement	3
Abbreviations.....	4
Introduction.....	5
Phases of the study.....	5
Data Organization.....	7
Community/CBOS profile.....	8
Main Findings of the FGs	32
Women and their mothers FGs	36
A: Main findings of the Jenin district women’s focus groups.....	39
B: Main findings of the Hebron district women focus groups	44
Community leaders FG.....	51
A: Main findings of the Hebron leaders focus groups.....	53
B: Main findings of Jenin leaders focus groups	56
Monitoring and evaluation.....	59
Implication of CCA findings for the Hanan action plan.....	59
Annexes	61
Annex 1: Community Indicators in Hebron districts.....	62
Annex 2: Community indicators in Jenin district	68
Annex 3: Community profile.....	74
Annex 4: CBOs Profile.....	82
Annex 5: Women Focus group guiding questions.....	87
Annex 6: Community leader’s focus group guiding questions.....	88

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I hope that those who read this report find the information and conclusions useful in guiding and implementing the forthcoming action plans and community interventions.

Abbreviations

CBOs: Community Based Organizations
CCA: Community Capacity Assessment
FGs: Focus Groups
CHW: Community Health Worker
MCH: Maternal Child Health
MCHN: Maternal Child Health and Nutrition
MOH: Ministry of Health
PMRS: Palestinian Medical Relief Society
UNRWA: United Nations Relief and Work Agency
NGOs: Non Governmental Organizations
TDH: Terre Des Homme
AEA: Ard El Atfal
URTI: Upper Respiratory Tract Infections
CM: Community Mobilizer
CCM: Cluster Community Mobilizer
DAYA: Birth Attendant

Introduction

In reference to the contract dated November 28th, 2005 signed between me as independent consultant and Hanan Project to conduct an assessment of the community capacities in Hanan's targeted communities; seven in Jenin district and six in Hebron district. In order to ensure the proper implementation of the study in the nominated communities, adhere to the conditions of the contract; meet the deadline of finishing all the agreed upon duties and submit the final report, several steps have been taken in coordination and jointly with Hanan's CM team. These steps considered as the phases of the study will be discussed in the following sections.

Phases of the study

I: Preparation and planning: in order to assess the capacities of the targeted communities according to the tasks listed in the contract, several meetings have been conducted with Hanan's CM team to discuss and finalize the followings:

1: Review the documents: several documents were reviewed jointly with Hanan's community mobilization (CM) team. The documents were used in collecting the needed information; these documents consisted of the followings:

a: Community profile: discuss and explain the rationale and the definition of each component of the profile to be filled accessing and utilizing different sources of information. Issues such as health services, health problems and other components were fully and intensively discussed. The profile finalized and agreed upon the items, questions and information to be collected and covered in each community. The main items in the profile are the covered issues such as: population structure, infrastructural services, education, health services structure and main health problems, health professionals living in the community, list of all the local organizations practiced in the community, social structure and the economic structure; main economic enterprises in the community. The profile should be and was filled in each individual community.

b: Community based organization (CBOs) profile: the same methods of discussion took place in parallel with the discussion of the community profile. All items and questions were discussed in depth to reach a common understanding and to define each item. The profile was designed to study the capacity of the targeted CBOs to be mobilized in the future or upgrade their capacity for that purpose. The profile covered information such as: governance, scope of work, programs, partnership programs, funding agencies, role in the community and other topics. The profile filled in CBOs (which were agreed upon jointly with Hanan technical team) met the pre set criteria for CBOs to be covered in the study, these criteria are:

- *To be a nongovernmental institution*
- *To have a property that it owns*
- *To have community activities*
- *To be registered at the Ministry of interior*

Criteria for recommending a CBO:

- To be implementing programs/projects targeting women and children and that these programs/projects be health related
- To be implementing community based programs and that these programs be health related
- To coordinate and network with other organizations/CBOs and to have good relations with them
- To assess its relationship with the local community and that this relationship be good
- To have general or specific plans
- To assess the impact of their programs using adequate tools

c: Focus groups guidelines: both pregnant women and mothers, and the community leaders focus group guidelines were fully reviewed and agreed upon as to the meaning of each question to be probed while conducting these meetings. Based on the contract I should conduct one FG in each community.

d: Translation: CBOs profile, community profile and the focus groups guidelines to Arabic in order to facilitate and ensure collecting and probing the needed information.

2- Recruitment: a group of 10 community health workers (CHW) were recruited in the two districts to implement the field work and collect the needed data according to the forms and the guidelines which were agreed upon with Hanan's team. Those CHW's were recruited before and conducted similar studies in the rural West Bank communities. The CHW were split into two teams, one in Hebron area who was comprised of 4 CHW and one supervisor, and the same in Jenin area. The CHWs were responsible for collecting all the needed data from the field according to pre set forms and guidelines. CHW were split in two teams in each district supervised by one supervisor: that means: in Hebron district two teams of two CHW each supervised by a supervisor will collect the needed information; the same structure is applied to Jenin district.

3- Training: jointly with Hanan's CM team a one day training orientation was conducted with the CHWs to discuss all the forms items one by one and as well the FG guidelines in order to reach a common understanding of each single question as well the rational and the logic of collecting these data. Training also covered; field work plan, entering the community techniques, recruitment and conducting of FG and other related topics....

4- Data collection techniques: during the training day teams were formulated in each district and the targeted communities were assigned to each team. So each team was responsible to cover 3 communities, the following communities were considered one group responsible by one team each: in Jenin district: jenin city, Seilet Al Hartheih, Kafr Ra'i and Faqu'a considered one group and, Maythaloun, Tubas and Tammoun considered one group. In Hebron district: Hebron city, Ithna and Samou' considered one group and Al Thaheriya, Rihia and Ruq'a were considered one group.

The supervisor is in the field every day with different team, a short meeting is conducted every day to discuss the findings, constraints and difficulties and to come up with ideas of how to overcome these difficulties and constraints.

First step in data collection was proper entering of the community: Each team (2 CHW) utilized Hanan's contact persons in each targeted community and visited the official leadership

of the community as a starting point and informing the local community of the institution running the study and informing them with the goals and objectives of the study in order to ensure the full cooperation of the community. A community profile was filled in each targeted community which guided the teams to the CBOs they should targeted and coordinating the conducting of FG with the pregnant women and the mothers and the second FG with the key persons of the community..

Data Organization

data organizations went through different steps which are summarized as follows:

- 1- Collecting the data from the field in weekly basis.
- 2- Organizing and filling the data.
- 3- Translation of the data to English: the data collected from the field workers was organized and translated to English
- 4- Entering the data on spread sheets for analysis
- 5- Analyzing the data

Tab 1. Clusters, communities, local authority, and contact person of the targeted areas

	No	Cluster	Communities	Local authority	Contact person
Jenin District	1	Tammoun	Tammoun Atouf Khirbet Ras El Ahmer	Municipality	Mohammed Bisharat: engineer
	2	Tubas	Tubas Tayaser Aqaba Thugra	Municipality	Maha Mujahed: engineer
	3	Jenin	Jenin	Municipality	Khitam Saidi
	4	Faqu'a	Faqu'a Deir Ghazaleh Arabuna	Village council	Ali Abu Dukhan
	5	Maythaloun	Maythaloun Siries Aljudeideh	Municipality	Jamal Niirat: secretary
	6	Kafr Ra'i	Kafr Ra'i Fahma	Municipality	Khaled Ragheb Said Thiab
	7	Seilet Al Hartheih	Seilet Al Hartheih Rummana Tinnik Zbuba	Municipality	Tarek Zyoud
Hebron District	1	Hebron city	West side Middle area	Municipality	Adel Tartouri
	2	Al Rihia	Al Rihia	Village council	Mohammed Zaki Hallaq
	3	Ithna	Ithna	Municipality	Jamal Ali Tmaizi: Mayor
	4	Al Samou	Al Samou Al Simia	Municipality	Yousef Abd ElHameed Mahareeq
	5	Al Thaheriya	Al Thaheriya Al Ramadin	Municipality	Azmi Radwan
	6	Ruq'a	Ruq'a	Yatta Municipality	Nasser Rabai

Thirteen community profiles, 60 CBO profiles, and 26 focus groups were completed of which 13 were of pregnant women, and 13 of community leaders.

Community/CBOS profile

The population sizes (except for Hawooze and Jenin eastern district) were collected from the Palestinian Central Bureau of statistics, to ensure greater accuracy. The Male: Female ratio is 105:100 in Hebron and 104:100 in Jenin.

1. *Rihia: Hebron district*

Population: Total population: 3151

Infrastructural services: Electricity, water supply (source not indicated), telephone net works are available, no sewage network system

Education: 2 boys schools, 2 girls schools, 44 classes, 1350 student

Health services structure:

MOH: the physician comes twice a week

Red Crescent and the health center: medical days, GP

PMRS

No private doctors, UNRWA, or local charitable societies

For general medicine and specialized medical services people go to Yatta, Dura, and Hebron

In case a hospital is needed people go to Hebron Hospital and Abu AlQasem Hospital

For women health problems and delivery people go to Yatta Hospital, Hebron Hospital, Hamdan Hospital, and private Hospitals. For child health services they go to Hebron.

Health problems: the most common health problems are: diarrhea, fever, common cold, vomiting. The most common chronic diseases are diabetes and hypertension.

Disabilities: 36 cases mostly articulation (dysarthria) and hearing disabilities. The others are mostly mental, locomotor disabilities and learning difficulties.

No maternal deaths occurred within the last two years

The main environmental health problems in Rihia are:

1- Sheep rearing.¹

2- Improper waste disposal and disposing the Taboon (baking furnaces) wastes in the garbage bins

Nothing is being done but the Rihia community is requesting to have a special car for garbage collecting or else waste materials will stay in place for 15 days with awful smell, and flies.

Health professionals in the community:

No physicians, nurses, midwives, health workers, specialist, pharmacies, or other health professionals are living in the community

The main families:

Al Tubasi, Al Harsh, Al Halaq, Abu Al Halawa, and Al Sus.

The key persons in the community are:

1- Ahmad Issa Al Tubasy.

2- Musa Khalil Al Tubasy.

3- Yunis Abdel Muhsen Al Halaq.

4- Radwan Al Harsh.

¹ In small villages in Palestine sheep raising is common near places of residence posing health and environmental risk from the wastes, slaughtering, smells, insects, etc...associated with the practice.

The economic structure:

Rihia has no economic enterprise in the community.

The community based organizations in Rihia area:

1. Rihia Association for Agricultural Development: Mainly agricultural projects, no programs or activities targeting women and children. No community activities; Not recommended
2. Rihia Youth Club: mainly sport activities and programs. Women and child projects are not a priority. Not recommended
3. Rihia Kindergarten: no community activities, no specific programs targeting women and children. Not recommended
4. Rihia Society for Social Development established in 1979, experienced in offering health education, medical activities, community activities. It has planning, evaluation, and monitoring strategies and assesses the impact of its activities. It coordinates and networks with other organizations. Strongly recommended

Integrative summary of the above findings with specific findings of the FGs:²

This village has the smallest population of all the Hanan targeted communities. The focus groups in this community showed that in addition to the common health problems affecting women and children everywhere, this community is the most isolated one in Hebron district. Inhabitants suffer the greatest deficiency in health professionals and they have the greatest difficulties accessing health care. Participants were also the most disgruntled and skeptic of their leaders and their efforts. The leaders were also mistrustful of each others and did not seem capable of reaching agreement³. Key individuals mentioned in the community profile were not named by the community and their influence is hard to assess. However, one person, Naila Tubasi who works at the Red Crescent in rehabilitation seems promising as she has good experience and is eager to offer her services but is lacking in resources. This is the only village where the Taboons (baking furnaces) issue prevailed over the leader's focus group, the women's focus group, and appeared as a problem in the community profile sheet.

Suggestions from this village:

To have an instructor

To have a health professional continuously in the village

2. Hebron city: Hawooze area

Population: Total population: 27500

Infrastructural services:

Electricity, water (from the municipality), and telephone networks are available. Waste disposal network is partial, septic tanks are also used. Roads are paved and unpaved, external roads are paved

Education:

5 boy's schools, 4 girl's schools, and one coeducational. Total classes 125. Total number of students 4951

Health services structure:

MOH: MCH, vaccination, and a general practitioner

² This summary is a brief integration of prominent findings with the FG data. Details on specific issues mentioned here are found under their subtitle in the FG findings section. For example details on networking are given on page 55

UNRWA: health clinic

Private: three clinics, a hospital for delivery, and three private clinics

No NGOs or local charitable societies

For general medicine services people go to the Hawooze clinic, for specialized services to private doctors and hospitals. In case a hospital is needed people go to Hebron Hospital. For women health problems people go to MOH, UNRWA, private doctors. For delivery women go to Hebron and Al Ahli hospital. For child health services they go to MOH and UNRWA

Health problems:

Most common health problems are: worms, fever, cough, anemia, and diarrhea. The most common chronic diseases are: hypertension, diabetes, and heart diseases.

Disabilities: 11 cases mostly locomotor, hearing, and articulation

The main environmental health problems:

Pollution and smells of factories, industrial enterprises, cars, waste, and septic tanks

To solve the problem, some houses were connected to the waste disposal network.

One maternal death occurred in the last two years due to bleeding

Health professionals in the community:

7 nurses (female), 3 nurses (male), 2 midwives, 3 health workers, 5 general practitioners, one pediatrician, 2 gynecologists,

The main families:

Abu Sneineh, Amre, Badre, Abu Queder, Abu Khalaf,

The key persons in the community are:

Yazeed Iqneibi

Ziad Sider

Khalil Ibeido

Jawad Abu Isheh

Adel Tartouri

Rawia Shewkhi

The economic structure:

Zaghal factory

Tile factories

Shoe factories

Concrete factories

The community based organizations:

1. Hamadan Hospital for delivery and surgery: a delivery hospital for women, activities targeting women and children. No community activities or educational programs, no community mobilization activities, weak networking with other institutions, does have planning and evaluation strategies. Not Recommended

2. Hebron Islamic Charitable Society: targeted women and children in health education projects. Offers community activities and programs as medical and educational services. Cooperates and networks with other institutions. Recommended

Integrative summary with specific finding of the FGs:

Women and children in this community suffer of the common problems affecting women and children elsewhere, but lack of knowledge on proper practices especially on nutrition and complications of pregnancy were more emphasized here. Multiple pregnancies and a big family were mentioned as causative problems. Efforts of health care providers are seen as not enough. Some suggestions:

1. Improve the quality of medical services and the organization of the clinic, especially the entry to the doctor to avoid disorientation and confusion
2. Providing the MOH clinic with a medical laboratory

This community does have a number of human resources which could be mobilized: general practitioners, pediatricians, gynecologists, other health professionals, and the above mentioned key persons.

Networking and communication in this community is very weak and trust is lacking.

3. Ruq'a: Hebron district

Population: Total population: 6600

Infrastructural services:

Electricity, water network (from Yatta municipality), telephone network are available. Paved internal and external roads. No sewage system, only septic tanks.

Education:

Two boys schools, 3 girls schools, 74 classes, 2828 students

Health services structure:

MOH: three days a week, vaccination, MCH services

PMRS intermittent medical days

One private clinic for general medicine

No UNRWA or other NGOs

For general medicine, specialized services and if they need a hospital people go to Yatta Hospital, Hebron Hospital, and private hospitals

For women health problems people visit the MOH clinic, for delivery they go to Yatta Hospital. For child health problems they go to Yatta Hospital

Health problems:

The most important health problem is the water pollution

The most common diseases are: diarrhea, respiratory tract infections, the most common chronic diseases are diabetes, and hypertension

Disabilities: no statistics were available for disabilities in Yatta, the available numbers were for all yatta in which there are 214 disabled

Maternal deaths:

Yes maternal death occurred during the last two years, because of closure of the village and preventing the case from reaching the hospital

The main environmental health problems in Ruq'a are:

1. Not having a sewage system, and the passing stream of a sewage trail near the village
2. The garbage disposal services
3. Water pollution

The municipality examines the water, if it finds that the water is contaminated by the septic tanks, they annul the well, distribute chlorine, and educate the people

They also spray solar on the sewage stream

Health professionals in the community:

One nurse, one general practitioner, one pharmacy, no midwives, health workers or specialists

The main families:

Abu aram, Jabarin, Jbour, Abd Rabu, Abu Zeit, Makhamreh, Dahood

The key persons in the community are:

1. Mohammed Mahmoud Jabarin: business man
2. Nasser Rabai: The mayor

3. Khalil Rabai: Head of an organization
4. Mohammed Yousef Abu Iram: headmaster
5. Jibril Jabr Jbour: a man of good will
6. Nawafa Al jundi: headmistress
7. Sheikh Husein
8. Mohammed Jibril Rouhi: a retired principal
9. Saber Mohammed Jbour: accountant in the municipality

The economic structure:

1. Stone enterprise
2. Plastic agricultural houses
3. Sheep rearing
4. Tile factories
5. Shoe factory

The community based organizations:

1. The sport independence club: no project targeting women and children, activities mainly cultural, sport, and social. Not recommended
2. Ruqa women club: implemented programs targeting women and children in health and nutrition topics, they evaluate their activities and impact and does cooperate and network with other institutions. Strongly recommended

Integrative summary with FGs specific findings:

In addition to the cross cutting concepts revealed across the focus groups, this village focus group showed great emphasis on multiple pregnancies and its complications: physical and psychological exhaustion, varicose veins, poverty, etc....There appears to be religious and social barriers to family planning in this village. The leaders focus group revealed that in this area the Mosque orator is more efficient in the mayor in conveying health or social messages. He and the school principals are the most influential persons to be mobilized to solve these problems.

Suggestions from this village:

Improve the manners and services at the present clinic

A telephone line in the clinic

4. Ithna: Hebron district

Population: Total population: 17003

Infrastructural services:

Electricity, water network (partially from the Palestinian Water Authority), telephone lines, paved internal and external roads are available. The sewage system is composed of septic tanks, not a central network.

Education:

Five boys schools, five girls schools with a total of 153 classes. Total number of students is 2857 boys, and 2865 girls.

Health services:

The MOH: vaccination, MCH, General medicine

UNRWA: once weekly

NGOs: Red Crescent, PMRS, Ard El Atfal, Medecines Sans Frontier

Five private clinics

No local charitable societies

Inhabitants visit local clinics for general medicine services, and private clinics in Hebron for specialized medical services. They seek the governmental hospital and private hospitals in Hebron. For women's health problems, they go to: PMRS, MOH, Red Crescent, and a specialist in Hebron. To deliver they go to Hebron Hospital and other private hospitals. For child health services they seek: PMRS, MOH, and general practitioners.

Health problems:

Infectious diseases, anemia, and liver cirrhosis are the most common health problems in the village. Diabetes, hypertension, and heart diseases are the most common chronic diseases.

There are 131 disabled mostly Down's syndrome, mental, and locomotor disabilities.

No maternal deaths occurred during the last two years

The main environmental problems:

1. Waste incineration
2. Water pollution due to septic tanks.
3. The separation wall and its effects

To solve these problems education and chlorine distribution were given by the Municipality

Health professionals:

Twenty nurses, three midwives, 8 health workers, 5 GPs, 5 pharmacies, , 1 physiotherapist, and 2 dentists.

No pediatricians or gynecologists are available

Social structure:

The main families in the community are: Tmezi, Slemi, Abu Jheish, Khillawi, Farj Allah, Awwad, Batran, Abu Zalata

Key persons:

1. Jamal Ali Tmezi: the Mayor
2. Jamal Ahmad Salem Tmezi: The head of the Red Crescent
3. Dr. Rizeq Slemieh: The head of higher Education
4. Abd El Rahman Tmezi: The head of the charitable association

Economic structure:

The most important economic enterprises are:

1. Poultry farms
2. Electricity gathering factory
3. Olive pressing
4. Tile factory

List of CBOs:

1. Ithna association for higher education: implementing mainly information technology programs, not directly implementing programs targeting women and children. Not recommended
2. Red Crescent Society: directly implementing women and child projects, rich experience in community activities, implementing educational activities, does not have specific

plans, but does evaluate and monitor activities. Strongly recommended because of its extensive experiences in the targeted activities.

3. Al Amal Board for Childhood and Development: directly implementing women and child activities (educational and medical). Does not have partners, but plans, evaluates and monitors its activities. Experienced in community activities. Recommended because of its overall strength and potential to network.
4. Ithna sports Youth Union: Offered health education for women, but its main activities and experience is in sports. Not recommended.
5. Ithna Women's Club for developing rural women: Although many programs are agricultural it directly targets women and children through educational and community programs and activities. It has planning, evaluation, and monitoring strategies Recommended because of its capability to carry out the targeted activities.
6. Charitable Association for Care of Orphans: new organization, established in 2005, mainly to support and care for orphans. No community, educational, or health related activities or programs. Not recommended
7. Ithna Zakat Committee: its main activities are distributing food aid and helping the needy, no specific programs targeting women and children. Not recommended
8. Ithna Charitable Association: experience in educational and community activities targeting women and children. Good planning, evaluation, and monitoring tools. Recommended

Integrative summary with FGs specific findings:

Women and children in this village are facing the common problem affecting women in all areas. A specific problem that seems prevalent here is liver cirrhosis, and the said environmental problems. Skepticism of drugs was obvious in this focus group. The municipality is active and efficient in this village. The above mentioned four persons and institutions can be efficiently mobilized to help in solving or exploring the general and specific problems in this village.

Some suggestions from this village:

1. Explore the problem of liver cirrhosis
2. Educate the mothers about drugs and the problem of intestinal worms
3. Provide a female gynecologist and a pediatrician
4. Solve the problem of water contamination and rusty water pipes
5. Provide the MOH clinic with a medical Lab
6. Provide the MOH with a telephone

5. Al Samou / Hebron District

Population: Total population: 16229

Infrastructural services: Electricity, water supply (from the Palestinian Water Authority), and telephone net works are available, no sewage network system only septic tanks, roads are both paved and unpaved.

Education: 6 boys schools, 6 girls schools, and 2 co-educational schools
160 classes, 5709 student.

Health services structure:

MOH: General Medicine, vaccination, lab, MCH programs.

Ard El Atfal (AEA): MCH programs.

PMRS: Medical Days.

Local charitable societies: Ibn Sena medical center (for emergencies), and Al Samou Municipality medical center for emergencies, lab, x-rays.

Private sector: general doctor.

Other health care providers: midwives.

No UNRWA.

For general medicine people go to the private clinics.

For specialists, people go to Municipality medical center and Hebron.

For hospitalization people go to Yatta, Alia, and Al Ahli hospitals.

For women health problems and delivery, people go to Municipality medical center, Ibn Sena medical center, Yatta hospital, AL-Ahli and Alia hospital.

For child health services, people go to MOH, and Municipality medical center.

Health problems: the most common health problems are: anemia, diarrhea, gastro intestinal problems, and cancers.

The most common chronic diseases are diabetes, hypertension and heart problems.

Disabilities: 76 cases most of them are mental and locomotor disabilities.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

The septic tanks are found near water wells which may cause absorption and pollution of the water wells.

Therefore, Al Samou community is providing health educational lectures about water hygiene in different centers and schools, and offering free blood tests to check for anemia.

Health professionals in the community:

44 nurses, 2 midwives, 2 health workers, 6 medical doctors, 6 pharmacologists, 2 physiotherapists, and 3 dental doctors. No pediatricians, or gynecologists are available.

The key persons in the community are:

1- Abdel Al Naby Al Hawamda, leader in the Al Samou Charitable society.

2- Muhamad Salem Al Rawashdeh, member in the municipality, mosque orator.

3- Suhad Al Qawasmeh, Headmaster of Rafat Girls Schools.

4- Heyam Al Adam, member in the municipality.

5- Eman Al Daghamin, member in municipality.

6- Yusef Al Mahareq, member in the municipality.

7- Ramadan Abu Kanash.

The Main Families:

1- Al Mahareq.

2- Al Hawamdeh.

3- Al Daghamin.

4- Al Rawashdeh.

5- Abu Alkabash.

6- Abu Karsh.

7- Al Awawdeh.

8- Abu Seef.

9- Al Padarin.

10- Salamin.

11- Et-had Al Alat.

The Economic Structure:

1- Mahjjar: Stones manufacturing Plant.

2- Meat processing factory

The community based organizations in Al Samou area:

1- Al Zakat Committee: it is caring of poor, needy families and orphans. Has a kindergarten for children. Implemented projects targeting women and children. Planning to open maternal home for pregnant women. Has internal evaluation. Recommended, because of their previous success in implementing similar projects.

2- The Society of Rafat for cultural and societal cooperation: working mainly with children, giving health education in different topics, planning to build a health clinic. Has internal and external evaluation. Recommended.

3- Al Samou cooperation society for animal development: working mainly with sheep projects, has no relationships with MCH projects. Not recommended.

4- Al Sema Society for Agriculture: mainly concerned with sheep projects, digging wells, repairing old wells. Has no plans related to MCH projects. It is not recommended.

5- Rafat cooperation Society for agriculture: has projects related to agriculture. Planning to repair areas for planting, and providing plastic homes. Not recommended.

6- The Rural Charitable Society for continuous developments: has kindergartens, and helping needy families and orphans. Planning to establish MCH center. Has internal evaluation. Cooperative with other NGOs. Recommended.

7- Al Aqsa Society For Handicapped: educating handicapped till the 3rd grade, making summer camps. Has no Planning with MCH projects. Not recommended.

8- Al Samou Charitable Society: has kindergarten, MCH center, and makes health days. Planning to enlarge the kindergartens, developing the health center, and offering an ambulance. It has internal evaluation. Excellent relationship with other NGOs. Recommended.

9- Al Samou Youth Club: has sports activities, and has no plans with MCH projects. It is not recommended.

10- Al Samou Crescent Athlet Club: also have sports activities. Have no plans with MCH projects. Not recommended.

Integrative summary with FGs specific findings:

This community is affected by the common health problems typical of Hebron district with special emphasis on malnutrition as a problem by itself and as a cause of other health problems. Malnutrition is seen to result either from poverty, or lack of knowledge of appropriate foods and adequate nutritional practices. As in other areas people feel helpless about the recurring worm's problem and need education on how to prevent this.

The efforts made by health providers are not sufficient as the demand exceeds the supply, suggestions to improve the situation:

1. A female gynecologist
2. More medical services, health education, and specialized services (pediatrics)

Integrative summary with FGs specific findings:

The mosque orator is very influential in this village; his advice is more valued than the teachers. He can be mobilized to raise awareness. Community leaders were able to exert moderate influence and impact on the community, but networking and communication is weak.

6. Al Thaheriya: Hebron district

Population: Total population: 25794

Infrastructural services:

Electricity, water (from the Palestinian Water Authorities), telephone, networks are available. Waste disposal networks is not available. Internal and external roads are paved.

Education:

7 boys schools, 8 girls schools, 4 co educational. Total number of classes is 219, total number of students is 8248

Health services structure:

MOH: a health clinic, provided health services to Palestinian police groups

UNRWA: once a week

NGOs: Ard El Atfal, and the municipality emergency clinic.

Local charitable associations: the Islamic charitable association

Private: 20 private clinics, 5 labs. X-ray center

Other: PMRS medical days. Union of Health Work Committees (UHWC) medical days

For general medicine people go to private clinics and the municipality health care center

For specialized services people go to the municipality health center and private clinics

In case a hospital is needed people go to Alia Hospital and Al Ahli Hospital in Hebron

For women health problems they go to MCH centers in the municipality, MOH and the gynecologist. For delivery services they go to hospitals.

For child health services people go to MOH, Ard El Atfal and private specialists.

Health problems:

The most common health problems are: anemia, thalassemia, infectious problems like amebiasis, malignancies, and kidney problems. The most common chronic diseases: diabetes, hypertension, and heart diseases.

Disabilities: 107 cases mostly mental and locomotor

To solve those problems, MOH distributed chlorine, workshops to educate people on discretionary use of water. The municipality sprayed insecticides on fly sources.

The main environmental health problems:

1. The Israeli nuclear center in Démona, causing malignancies
2. The septic tanks, no waste disposing network.
3. Water shortages
4. No sites to dispose human and solid wastes
5. No butchery for animal slaughtering

Health professionals in the community:

35 nurses, 5 midwives, 6 health workers, 25 general practitioners, 3 pediatricians, 4 gynecologists.

The main families:

Keisieh, Makharze, Jabbarin, Till, Awaysa, Batat, Abu Allan, Samamre, Wreidat, Rabba, Hawarin

The key persons in the community are:

1. Sami Shneiwer: the mayor
2. Wakked Aqabi: The head of the Thahria Youth Club
3. Jalal Makharze: the head of the trade chamber
4. Kamal Jibrini:
5. Basheer Shaheen: the society for higher education
6. Sameera Abu Sharkh: Alamal women sports club
7. Ibtisam Jibrin: Social development association

8. Basma Warrade
9. Muhei Batat: Thahria charitable association
10. Abbas Shabaan: the animal resources association

The economic structure:

1. Brothers corporation for solar heating
2. Abu Allan corporation for food supplements
3. Rula corporation for children's clothes
4. Harhash Tile factory
5. Wahab stone factory

The community based organizations:

1. Al Thaheriya charitable association: they have specific programs targeting women and children in health and medical issues. They offer community, educational and cultural activities. Good networking and relations with other institutions. Recommended
2. Al Thaheriya association for animal development: No project targeting women and children, programs mainly in animal rearing and development. Not recommended.
3. The social charitable development association: does have health education, community activities, and medical activities targeting women and children. Good networking, planning and evaluation strategies. Strongly recommended.
4. Al Thaheriya women center: Parts of its activities are programs targeting women and children. Mainly medical days and health education. They cooperate with other institutions, and have plans, evaluation and monitoring. Recommended.
5. Al Thaheriya association for rural development: Some health related activities targeting women, but mainly agricultural activities. Not recommended
6. The trade chamber: no specific activities targeting women and children. Mainly services targeting trading businesses. Not recommended
7. Al Thaheriya youth club: programs are mainly social, athletic, and cultural. No health activities targeting women and children. Not recommended
8. Al Amal women sports club: very new, established in 2005, for this reason they have not yet implemented many projects and activities. They have plans to implement health education activities targeting women and children. Not recommended.
9. Institution of higher education:: No programs or activities targeting women and children. Mainly educational programs for students not related to health. Not recommended

Integrative summary with FGs specific findings:

Women and children in this area are suffering from the typical health problems of pregnant women and children under five. Lack of money and poverty were emphasized as major causes of these problems in this area. Down's syndrome was mentioned by one participant in this focus group, malignancies were mentioned as a major problem in this village probably to the proximity of the Israeli nuclear reactor in Demona.

Of special concern in area is the dissatisfaction shown by the focus group regarding the transient nature of the projects. Sustainability of the projects is questioned, as people need the effects to remain after the project ends. People suggest improving the quality of care offered by health professionals and offering lectures on how to deal with water pollution and intestinal worms. Offering these services continuously and follow up of the problems until they are solved. Incentives are needed to encourage women to attend health education, and the lecturing methodology should be changed to a more interactive and participatory

method. Networking and cooperation in this community is weak, except for the MOH and Ministry of Education who cooperate in health education.

7. Jenin City: The eastern area

Population: Total population: 15000

Infrastructural services: Electricity, water supply (partially from Palestinian Water Authority, Arrabeh wells, Saadeh wells), telephone net work are available, sewage network system partially available with septic tanks, roads are paved.

Education: 4 boys schools, 3 girls schools, and 1 co-educational school.
108 classes, 3807 student.

Health services structure:

MOH: General Medicine, vaccination, lab, MCH programs, dental services, diabetic, ENT, Orthopedic services.

No UNRWA, NGOs, or charitable organizations.

Private sector: General medicine, ophthalmology, dental care, urology.

Other health care providers: midwives, physiotherapy.

For general medicine people go to MOH clinics, UNRWA, Al Maydan Hospital, Jordan Hospital, military medical medicine, and private doctors.

For specialized services: people go to Al Rrazi hospital, Al Amal, Al Shefa` hospitals, and private doctors.

For hospitalization people go to both governmental and non governmental hospitals.

For women health problems and delivery, people go to MOH clinics, UNRWA, Al Razi Hospital, Al Amal hospital, or governmental hospital.

For child health services, people go to private sectors and hospitals.

Health problems: the most common health problems are: respiratory tract infections.

No specialized health center in the eastern district

The most common chronic diseases are diabetes, hypertension and cancer problems.

Disabilities: 64 cases most of them are locomotor disabilities.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

1- Factories are near residential areas, that people are affected from the air pollution, smokes of wheel burning.

2- Paved roads and trees among homes are not available.

3- Water pollution in summer with flies.

So the municipality's actions to solve these problems:

1- Get the solid wastes and wheels of cars to be burned away from dwelling homes of people, and impose financial fines on those who do not comply.

2- In summer, the municipality sprays all trees to kill flies.

3- Trying to solicit participation fees from inhabitants in order to provide a health water net work system.

Health professionals in the community:

5 nurses, 1 midwives, 2 health workers, 3 medical doctors, 2 pharmacologists, 2 physiotherapists, one dentist, one ophthalmologist, one urologist and 2 pediatricians, no gynecologists are available.

The key persons in the community are:

1- The leader of the Municipality.

2- Osama Abu Hammad, from local committee.

3- Osama Abu Alya, from the local committee.

- 4- Othman Abu Kateeb, from the local committee.
- 5- Mohammad Abu Ghali, from the local committee.
- 6- Abdel Salam Al Sa`di, from the conciliate committee.
- 7- Ahmad Abu Al Rub, from the conciliate committee.

The Main Families:

Abu Ghali, Abu Ja`far, Al Asa`eseya, Al Sa`dy, Al Galamena, Badaweya, Abu Zahwa.

The Economic Structure:

Agriculture only.

The community based organizations in the Eastern area of Jenin:

- 1- The Society of families Corporations: working with financial support to families and students in schools, some times make medical days. Has no plans related to MCH projects. Not recommended.
- 2- The women center for the eastern area: working with awareness raising by making health education sessions, has kindergartens. Planning to increase the psychological, economical, and cultural status of women. It has internal evaluation and cooperates with other NGOs. Strongly recommended.

Integrative summary with FGs specific findings:

In addition to the common health problems facing women, this area seems to suffer more of political, social and economic difficulties. Roadblock deliveries, fear, and poverty are prominent in this area. Multiple pregnancies and inadequate family planning were also mentioned. Psychological debriefing for women and children is important in this area. Efforts by health providers in insufficient, medical professionals need to improve their competencies. Networking occurs successfully but is not systemic. Leaders' focus groups mentioned the following persons as having a potentially significant role on women and children:

1. Dr. Mohammed Abu Ghali: hospital director
2. Dr. Mohammed Tafakji: MOH director
3. Wafa Hamdan: Headmistress of Ibrahimia School

8. Maythaloun / Jenin District

Population: Total population: 6559

Infrastructural services: Electricity is available, water supply not available, telephone net works are available, sewage network system not available, roads are paved.

Education: 6 boys schools, 3 girls schools, no co-educational schools
65 classes, 2050 student.

Health services structure:

MOH: General Medicine, vaccination, Child Health programs.

No UNRWA.

Charitable organizations: maternal home related to PMRS, the charitable Society.

Non governmental organizations: PMRS which provides family planning services, women's health, summer camps, general medicine, child health, psychological counseling, school health, dental health, home visits and community activities.

The private sector: private health clinics of general medicine, dental services, and child health.

Other health care providers are not available.

For general medicine people go to health clinics found in Maythaloun.

For specialized services: people go to private health clinics in Jenin and Nablus.

For hospitalization people go to both governmental and non governmental hospitals in Jenin and Nablus.

For women health problems and delivery, people go to health clinics in Maythaloun and the maternal home, and private health clinics and hospitals in Jenin

For child health services, people go to private sectors and hospitals in Jenin city.

Health problems: the most common chronic health problems are: hypertension, diabetes, heart problems

Disabilities: 34 cases most of them are locomotor to mental disabilities.

No maternal deaths occurred within the last two years.

The main environmental health problems are: The septic tanks are found near water wells which may cause absorption and pollution of the water wells.

The municipality's actions to solve this problem:

1- Continuous monitoring for water hygiene by making random tests for different water wells, in addition to Chlorine adding.

2- Ensuring that septic tanks are fare away from water wells.

3- Proper disposal of polluted water, and garbage.

Health professionals in the community:

5 nurses, no midwives, 4 health workers, 3 medical doctors, 4 pharmacologists, 3 physiotherapists, one daya, one pediatrician, one gynecologist are available.

The key persons in the community are:

1- Mosque orators: Yousef and Musa.

2- Mustafa Hassan, the leader of municipality.

3- Rasem, the leader of the the Charitable Society.

4- Headmasters of the schools.

The Main Families:

Rabaya (Abdel Alghafor, Yousef Al Hamad, Esleem, Ahmad, Thyab, Al Awo), Na`erat(Musleh, Al Haj Dawood, Al Sheeb, Abu Sheka, Mukbel, Tafesh), Jarar.

The Economic Structure:

1- Olive Oil compressing.

2- General and private contracting.

The community based organizations in Maythaloun:

1- Maythaloun Women center: working with elections, courses with home gardens, bee rearing courses, clamping trees. Have no plans with MCH services. Not recommended.

2- Maythaloun Charitable Society: has different women programs, participating maternal home activities. Have kindergartens. Plans to enlarge its programs in different fields concerning women and community awareness raising. Has internal evaluation. Has excellent cooperation with the NGOs. Strongly recommended.

Integrative summary with FGs specific findings:

Women in this village are affected by all the typical health problems elsewhere, disabilities and hereditary problems seem to be more prevalent. The general problem women face in other areas regarding the lack of female gynecologists does not apply in this village as a female gynecologist is available all the time. This is the only village where women where very satisfied with the health professionals and their efforts. Leaders where also somewhat complacent with their community's performance and the impact of their efforts. They commended the rapid development their village underwent in the past 10 years. Networking

and cooperation in this village appear satisfactory, but need improvement. Suggestions from this village included: improving the equipment in the lab, increasing women health education, and more emphasis on prenatal and postnatal care.

In addition to the above mentioned key influential persons, focus groups indicated the followings as potential individuals to be mobilized with great benefit:

1. Dr. Hani Rabaya: pediatrician
2. Dr. Raid Rabaya: GP with connections with the people
3. Dr. Sameeh Rabaya
4. Dr. Mahmoud Assaf: gynecologist
5. Dr. Muntaha Hamarsheh: has a great role as the head of the maternity home

9. Seilet Al Hartheih/ Jenin District

Population: Total population: 9225

Infrastructural services: Electricity, water supply (source not indicated), telephone net work are available, sewage network system not available only septic tanks, roads are 80% paved.

Education: 3 boys schools, 4 girls schools no co-educational schools
75 classes, 3061 student.

Health services structure:

MOH: General Medicine, vaccination, lab, MCH programs.

UNRWA: general medicine, pharmacy. No Charitable organizations.

Non governmental organizations: like PMRS which provides family planning services, women's health, summer camps, general medicine, child health, psychological counseling, school health, dental health, home visits and community activities. The private sector: private health clinics of general medicine, dental services, and child health.

Other health care providers are not available.

For general medicine people go to available health clinics in Seilet Al Hartheih especially MOH clinics.

For specialized services: people go to Jenin health services.

For hospitalization people go to both governmental and non governmental hospitals in Jenin City.

For women health problems and delivery, people go to MOH clinics, PMRS health clinics, UNRWA, Al Razi Hospital, Al Amal hospital, or governmental hospital.

For child health services, people go to PMRS, MOH clinics and hospitals.

Health problems:

The most common chronic diseases are diabetes, and hypertension.

Seilet Al Hartheih is far away from Jenin health services which complicate the situation, in addition to the absence of ambulances.

Disabilities: no information is available.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

Water supply collected from rain is not clean, due to disposal of waste materials. Pollution caused 105 cases of Leshmaniasis.

Therefore the municipality started to implement projects of collecting clean water supply system in two stages away from waste sites. In addition, delivering garbage boxes in different areas and away the area. Also making random tests for water wells continuously and use special pesticides to kill all flies and stop leshmaniasis.

Health professionals in the community:

5 nurses, 1 midwife, 2 health workers, 4 medical doctors, 2 pharmacologists, one physiotherapist, one ophthalmologist, one urologist and one pediatrician, no gynecologists are available.

The key persons in the community are:

- 1- Muhammad Tawfeeq.
- 2- Abu Asem.
- 3- Kalil Al kamel.
- 4- Hassan Tawfeeq
- 5- Fakry Al Shareef.
- 6- Hani Awny.
- 7- Adnan Tahayna (Mayor).

The Main Families:

Jaradat (Saleh, Musa, Hindi, Mure), Zyoud (Al Haj, Manasra, Hamad Al Kalil, Mesh`al, Abdel Al Kareem, Dwasa), Tahayna (Abu Alfilfil, Abu Alker, Hamdan), Shawahneh(Al Ajom, Huseen Al Ahmad, Azam, Al Subou), Al Sa`adi, Abidi, Al Kilani.

The Economic Structure:

- 1- Olive oil marketing.
- 2- Trade shops.
- 3- Contractors.
- 4- Carpenters and blacksmiths

The community based organizations in Seilet Al Hartheih:

- 1- The Union Of Seilet Al Hartheih Club: sports programs. No MCH activities. Not recommended.
- 2- Al Furqan Cultural Center: the center has programs of academic educational courses. No MCH activities. Not recommended.
- 3- Seilet Al Hartheih Charitable Society: implement educational, social, and cultural programs for women. First Aid courses. Has internal evaluation and cooperative with other NGOs. Recommended.

Integrative summary with FGs specific findings:

Economic and accessibility problems are the main problems in this village. MOH and PMRS clinics are offering MCH services but not every day. High risk pregnancies are referred to Jenin, but an ambulance is not available. Drinking water network is available but people said that amebiasis is prevalent in this community. Women noted that the PMRS clinic is empty for some days in the week and they suggest using it for MCH activities or services. Also they think that an ambulance and an ultrasound at the MOH clinic are urgently needed. A pediatrician, a dentist, and specialized doctors are also needed. The reservations women generally expressed for male gynecologists was were not mentioned in this group, probably because PMRS has a female gynecologist offering medical services in this village

In addition to the above mentioned key persons given in the community profile, focus groups revealed that the followings can have a great influence and impact on women and child problems:

1. Mosque orators and preachers
2. Health professionals
3. Sister Widad from MOH

These individuals and organizations had impacted the community through their activities, principally by breaking the cultural barrier of shame and encouraging people to talk about their problems.

Networking among institutions is virtually nonexistent, if it occurs this will be temporary and limited. More should be done to improve this situation.

10. Kafr Ra'i/ Jenin District

Population: Total population 7321

Infrastructural services: Electricity, water supply (source not indicated), and telephone net works are available, sewage network system is not available instead septic tanks are used. Roads are paved.

Education: two secondary boys schools, two secondary girls schools, and no co-educational schools

65 classes, 2161 student.

Health services structure:

MOH: General Medicine, vaccination, and women's health.

UNRWA: not available. Non governmental organizations: PMRS offers general medicine, women's health, child health, community activities, diabetic clinic, school health, home visits, and health education.

Charitable organizations: not available.

Private sector: private clinics of general doctor, pediatrician and dental clinic.

Other health care providers: not available.

For general medicine & specialized services people go to Jenin city health care services.

For hospitalization people go to both governmental and non governmental hospitals in Jenin City.

For women health problems and delivery, people also go to Jenin city health care services and MOH clinics, and PMRS clinic in Faqu'a

For child health services, people go to PMRS clinics, MOH clinics, Jenin city clinics.

Health problems:

The most common chronic diseases are diabetes.

Disabilities: no information is available.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

1- The sewage net work system is not available.

2- The water supply net work system is not available.

3- No strict health monitoring and making tests on water are available, (absence of policies and rules).

The municipality did nothing to solve these problems.

Health professionals in the community:

No nurses, midwives, health workers, physiotherapists, gynecologists or medical doctors, 2 pharmacologists, one dentist, one pediatrician is available.

The key persons in the community are:

1- The leader of the municipality.

2- Women's center leader.

3- Headmasters of schools.

4- The political organizations.

The Main Families:

Melhem, Al Shekh Ebraheem, Thyab, Abeed, Salwalha, Sbeeh, Atrash, Jawabera, Murshed.

The Economic Structure:

- 1- Olive oil pressings.
- 2- Fodder manufacturing.
- 3- Swimming pool.
- 4- Workshop of sewing.

The community based organizations in Kafr Ra'i:

- 1- The Palestinian Union for work committee: works with women out put hand made marketing, and bees rearing. Have plans to enlarge the marketing trades. No clear projects in women's health. Not recommended.
- 2- Kafr Ra'i Athletic Club: has sports activities, no MCH projects. Not recommended.
- 3- Kafr Ra'i Women's association: offers home gardens courses, political and health educational lectures. Has partnership with PMRS for counseling and lectures. Has internal and external evaluation and cooperative with other organizations. Recommended.

Integrative summary with FGs specific findings:

The main problems facing women in this village are related to the organizational and quality of services offered at the MOH. Issues that should be considered and suggestions to improve the situation are:

1. The village needs MCH services to be available at all times, at night and when the MOH doctor is on a holiday.
2. An ambulance is needed to transfer women and patients to the hospital
3. A telephone is needed at the MOH clinic especially that the doctors' schedule is irregular, the clinic is far away from most locations and many times women arrive to the clinic to find that the physician is not present.
4. No chairs are found in the clinic, women sometimes stand for 2-3 hours waiting.
5. Improving the services and reliability of the tests given by the MOH lab.

Networking and cooperation appears adequate among institutions. Previously the municipality did not care for women and child health problems, they used to refuse supporting women and child health projects, but this situation has changed since women were admitted to the municipality. Women elected in the municipality were nominated as very influential in effecting positive changes on women and child health problems.

Siham Turkman, a health worker at PMRS is respected in the village and can be efficiently mobilized in solving women and child health problems

11. Tubas/ Jenin District

Population: Total population: 14782

Infrastructural services: Electricity, water supply (from the artesian well of the municipality), telephone net work are available, sewage network system is not available but septic tanks are used instead, roads are paved.

Education: 5 boys schools, 4 girls schools, and no schools for both boys and girls. 123 classes, 4341 student.

Health services structure:

MOH: General Medicine, vaccination, lab, MCH programs, dental services, pharmacy, and gynecology services.

No UNRWA.

NGO: Al Aqsa health clinic, Al Shefa health clinic, The Palestinians Red crescent Society.

Local charitable organizations not available.

Private sector: private health clinics of General medicine, gynecologists, child health, dental care, psychological counseling programs of TDH.

Other health care providers: Pesian center for physiotherapy, Abocrat center for thalasemia and hemophilia.

For general medicine people go to MOH clinics.

For specialized services: available health clinics in Tubas in addition to other health clinics in Nablus and Jenin city.

For hospitalization people go to both governmental and non governmental hospitals in Nablus and Jenin city.

For women and child health problems, people go to Al Aqsa health clinic, Al Shefa health clinic, The Palestinians Red crescent Society, and MOH clinics.

Health problems: the most common health problems are: environmental pollution, amebiasis, Diarrhea, Leshmaniasis.

The most common chronic diseases are diabetes, hypertension, thalasemia and cancer problems.

Disabilities: most of them are locomotor and mental disabilities.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

1- No sewage system.

2- Water pollution in summer with flies (leshmaniasis).

So the municipality actions to solve these problems:

1- Random tests for the water supply in different places like kindergartens and schools, in addition of providing chlorine squares in water wells.

2- In summer, the municipality sprays all trees to kill flies.

3- Increasing the number of garbage boxes and disposal of solid waste far away from homes.

Health professionals in the community:

9 nurses, 3 midwives, 3 health workers, 12 medical doctors, one gynecologist, 9 pharmacologists, 2 physiotherapists, 5 dentists, two veterinarians and no pediatricians are available.

The key persons in the community are:

1. The Mayor
2. The reforming committee
3. The Red Crescent society
4. Mosque orators,
5. Head of MOH
6. Head of the local court
7. Political and security agents
8. Al shefa health clinic
9. Women's center.

The Main Families:

Daraghma, Sawafta, Al Foqaha`, Al Hamamah, Al Selawe, Al Masri.

The Economic Structure:

The vegetable market center, the building of Tubas trade market.

The community bases organizations in Tubas area:

- 1- The Charitable Society of Tubas: has kindergartens, nursery, offer beauty courses, bee rearing courses. Has a MCH course in women raising awareness and providing psychological support to children. Recommended.
- 2- Juthor Center for Art and Culture: offer computer courses, election workshops, and food manufacturing courses. Has no MCH plans. Not recommended.
- 3- The women rural society for cooperation for saving and loaning: works in loaning and savings, computer trainings, financial strengthening courses, and has no plans in MCH programs. Not recommended.
- 4- The Union Of Women for social work: makes workshops in women health, social and economical raising awareness. Have community activities in giving health educations in different topics. Cooperative with other organizations. Recommended.
- 5- The Society of women for rural development: works with beauty courses, food manufacturing courses, computer trainings, and sewing lectures. No MCH programs or activities plans. Not recommended.
- 6- Tubas Athletic Club: work with sport activities. No MCH programs. Not recommended.

Integrative summary with FGs specific findings:

This area has the typical problems confronting women and children. Economic and financial difficulties and lack of a female gynecologist at the MOH and the uncomfortable attitude towards male physicians were salient issues in this are. Efforts of health providers and institutions are not seen as sufficient. Suggestions from this community that can help in solving their problems:

1. A center for pregnant women, delivery, and children, opened 24 hours
2. Health education especially on child nutrition
3. Ensure an adequate supply of medications to avoid shortages in essential drugs

Community resources that can help to solve these problems are:

1. The people themselves, are willing to pay donations for building a health center
2. A gynecologist is available in the village and may help
3. The Shefa health center

There appears to be great interest and awareness in this community of the importance of health education. Networking and cooperation among institutions exists but is weak and needs to be strengthened.

12. Tammoun: Jenin district

Population: Total population: 9597

Infrastructural services:

Electricity and telephone network are available. Water network and a waste disposing network are not provided. Internal and external roads are paved.

Education:

3 boys schools, 2 girls schools, and 2 co-educational schools.

Total number of classes is 82, total number of children is 2969

Health services structure:

MOH: vaccination, general medicine, pediatrics, lab, MCH, a diabetologist once a week, school health

No NGOs, UNRWA, or local charitable associations are offering services in this area. Private health professionals include: GPs, dentists, midwives.

For general medicine people go to the MOH, and private clinics

For specialized medical services people go to Jenin and Nablus

For women health problems and prenatal care they go to MOH, private services and private services in Jenin. In case a hospital is needed or for delivery people go to Jenin hospital, private hospitals and midwives

For child health problems, people go to the MOH and private clinics

Health problems:

The main health problems in this area are: rodents, insects, water pollution, amebiasis, vaginal infections, the deficiency in health professionals, and the insufficiency of MCH services relative to the population needs

The main chronic health problems are: hypertension, diabetes, malignancies, thalassemia, and asthma

Disabilities: 138 cases mostly locomotor

No maternal deaths have occurred within the last two years

The main environmental health problems:

1. Water pollution
2. Lack of a waste disposing network
3. Rodents
4. Insects
5. Lack of enough garbage bins

Chlorine dissolution in water when available at the MOH, spaying of insects

Health professionals in the community:

10 nurses, 3 midwives, 5 health workers, 5 GPs, one physiotherapist, no pediatricians or gynecologists

The main families:

Bsharat, Bani Oudeh

The key persons in the community are:

1. The mayor
2. The head of the local sport club
3. The head of the women's center
4. The Mosque orator

The economic structure:

The local market

The community based organizations:

1. Tammoun sports club: no activities or programs targeting women and children related to their health problems. Their programs are more concerned with children's rights, sports, and leisure activities. Community activities, planning, evaluation, and educational activities are adequate. Not recommended but its head is nominated by the community as potentially capable to exert a beneficial impact on the community. Not recommended.
2. Tammoun women cooperative association: They have specific activities targeting women and children in health education, and medical days. Other activities include: food manufacturing, bee rearing, and agricultural activities. Community and educational activities in health related topics are implemented. They plan, evaluate, and network with other institutions. Recommended

3. Al Aqsa Charitable Association: Offers educational courses for women in various health topics: early marriage, child care, etc... They have community activities, plans, and evaluation strategies. They network and cooperate with other institutions. Recommended.
4. Women Committee for community work: They conduct community activities targeting women and children in health related topics, medical days, first aid, children's rights, etc... They organize community and cultural events in the form of plays aiming at specific social problems for example early marriage. They cooperate and network with other organization, have plans and evaluation processes. Strongly recommended, especially because nontraditional forms of instruction were requested by the focus groups to be used instead of the classic lectures.
5. Tammoun cooperative association for protected agriculture: They organized educational activities for women, but their main interests are agricultural. Not recommended.
6. The cooperative association for agricultural manufacturing – Tammoun: mainly interested in agricultural and food manufacturing activities. Experience in health related to projects targeting women and children are limited. Not recommended.

Integrative summary with FGs specific findings:

In addition to the typical health problems facing women everywhere, this focus group emphasized economic, social, political, accessibility, clinic organization, and social issues as a cause of many of their problems. No female doctor at the MOH to examine the women, no alternative to the nurse if absent, the bureaucracy and long waiting hours dominated the discussion. Participants unanimously agreed that the efforts of health care providers were not sufficient. They suggested more medical staff, night services at the MOH clinic, more equipment, and more health education for mothers and children. There is some networking among institutions, but the municipality is not concerned with the problems of women and children. The municipality in this area is a good target for mobilization, especially the women members. The municipality can offer or rent a location for activities. An ambulance is needed in this village and the health services should be improved.

13. Faqu'a/ Jenin District

Population: Total population: 3273

Infrastructural services: Electricity is available, water networks are not available, telephone net work available, sewage network system not available but septic tanks, roads are paved.

Education: one secondary boys schools, one secondary girls schools, and no co-educational schools

32 classes, 960 students.

Health services structure:

MOH: General Medicine, vaccination.

UNRWA: general medicine twice a week. Non governmental organizations: Patients Friends Society offers women's health services.

Charitable organizations: not available.

Private sector: private clinics of surgeons, and gynecologists.

Other health care providers: PMRS, AEA services.

For general medicine & specialized services people go to Jenin city.

For hospitalization people go to both governmental and non governmental hospitals in Jenin city.

For women health problems and delivery, people also go to Jenin city health care services and Patients' Friends Society.

For child health services, people go to Jenin city clinics and hospitals.

Health problems: the most common health problems are: the presence of many flies in summer with no strict health monitoring, in addition to handicapped children with low birth weights.

The most common chronic diseases are diabetes of nearly 200-300 persons, hypertension.

Disabilities: 55 cases most of them are locomotor to mental disabilities.

No maternal deaths occurred within the last two years.

The main environmental health problems are:

- 1- The sewage net work system is not available.
- 2- The water supply net work system is not available.
- 3- No strict health monitoring and testing of water are available, (absence of policies and rules).

So the municipality actions to solve these problems:

- 1- Get the solid wastes to be burned away from dwelling homes of people, and impose financial fine on those who do not comply.
- 2- In summer, the municipality sprays all trees to kill flies.
- 3- Collecting donations in order to provide a health water net work system.
- 4- Distributing chlorine for water cleaning.

Health professionals in the community:

3 nurses, 1 midwife, 2 health workers, no medical doctors, no pharmacologists, no physiotherapists, no dentist, one ophthalmic doctor, no pediatricians, and one gynecologist is available.

The key persons in the community are:

- 5- Maysoon Abdallah Salah, the leader of the womens' center.
- 6- Ferdos Abu Kamis, Social Worker.
- 7- Abdallah Barakat, assistant of the district leader of Jenin City.
- 8- Muhammad Hadaqy, the leader of the agricultural committee.
- 9- Ali Abu Dukhan, the leader of the village counsel.
- 10- Adam Mahmoud Al Omary, Jenin committee of reformation.
- 11- Hashem Abu Salameh, the leader of Jenin intelligence agency.
- 12- Hekmat ASbu Salameh, the Jenin political delegator.

The Main Families:

Salah, Abu Abeed, Abu Salameh ,Al Shurafe.

Al sad, Al Omary,Al Kateeb

The Economic Structure:

Not mentioned.

The community based organizations in Faqoa`:

1- Women's Center of Faqu'a: offers First Aid courses, psychological counseling programs, summer camps, health days of PMRS, and AEA. Has internal evaluation and cooperative with other organizations. It is recommended.

2- The Faqu'a Athletic club: Have kindergartens, sharing women's center activities, lectures in agriculture and health topics, summer camps. Plans to have additional lectures and courses. Has internal evaluation. It is recommended, because they cooperate with the women's center in many activities and are able to implement similar projects which are health related.

3- Sheep Rearing Organizations: has programs related rearing sheep, providing fodder, medicine, & feeding supply. No MCH programs are available. Not recommended.

Integrative summary with FGs specific findings:

The economic, accessibility, and social problems are the main issues confronting women in this village. This small community is lacking in critical infrastructural and health services, and people are finding it difficult to reach Jenin. Inhabitants are not satisfied with the quality of the existing medical services which are not offered daily. The efforts of health care providers and community leaders to solve their problems are not seen as sufficient. People need health professionals to be continuously present in their village, a health center and a medical Lab to be built, an ambulance, and more health education to be provided. Preferably they would like to have a specialized nurse to be specifically employed for health education in the clinic. The village council has a complete center that may be used but there is no health staff to occupy it. The city council (municipality) is key for the success of any project in this area, as it coordinates all new projects. Mosque orators are also very influential as well as teachers and the women's union

Focus groups

A total of thirteen FGs were conducted with pregnant women and their mothers, out of which seven FGs were conducted in Jenin district and six were conducted in Hebron district. Thirteen FGs were conducted with the community leaders, seven in Jenin district and six in Hebron district.

FG protocol: The CHW implemented fully the protocol of conducting the FG which was covered during the training and included: welcoming and introducing themselves and the project name and objectives to the participants and explain the objective of conducting these FG, the importance of the women roles and opinion in such discussion, collecting demographic information about the participants and finally start the discussion guided by the preset written guidelines. One of the CHW acted as the facilitator and the other registered the discussion which was also tape recorded.

Main Findings of the FGs

1. Women are familiar with the disturbances and common problems affecting their health during pregnancy. The most common problems that were mentioned:
Low risk health problems: heartburn, fatigue, nausea, vomiting, headache, backache, varicosities, infections, anemia, gestational diabetes and hypertension, hypersalivation, hemorrhoids and constipation
High risk health problems: preeclampsia (expressed as pregnancy poisoning), edema (expressed as swelling), bleeding, premature birth, infections, and abortion
This familiarity, however seems to stem from personal experiences, rather than from health education or general awareness. The first person expression dominated the discussion (I used to have this or that problem, rather than women have this problem)
Social, political, logistic, and accessibility problems were more prominent in all the Jinin focus groups, and in the Rihia focus group in Hebron. These problems included: difficulties reaching delivery centers due to military roadblocks, health centers are far away, or inability to pay the transportation costs, the inefficiency of the health services due to lack of equipment, drugs, staff, or over crowdedness
2. Women are fairly aware of many causes of these problems: stress, physical exertion, improper nutrition, late and early pregnancies, multiple pregnancies, lack of knowledge and education. However some misconceptions prevail, it is thought that salty, fried and sour food is a cause of preeclampsia.
Multiple pregnancies, unwanted pregnancies, and inefficiency of the family planning programs were seen as a major cause of pregnant women health problems, especially in Jinin district and in Ruqa in Hebron district
One woman form Jinin with three daughters suffered a nervous breakdown when she delivered the fourth baby girl
3. How to prevent and manage these problems appears to be the area in need of attention. Even if women know how to prevent and manage their health problems, they lack the

capabilities of exercising their own choices, or the knowledge of how to implement the interventions. For example women may be aware of the risks of multiple pregnancies, narrow spacing, and young age, they are also aware that family planning is important to prevent the involved risks, but they either lack the knowledge of how to correctly implement family planning or if they know, they lack the capabilities to do so because of family and social norms, financial difficulties, etc...

Another example illustrating this point is the demonstration that women know that stress reduction, good nutrition, and medical follow ups can prevent many health problems in pregnant women, but they are not empowered to implement or practice their choices either because of lack of knowledge on how to combat stress, select correct food alternatives, or because they are impeded by poverty, social customs, the occupation, and the inaccessibility, or inadequacy of the health centers.

Quotes:

The husband may lack financial resources, or is unemployed and is unable to supply his wife's needs.

One woman has three girls, she suffered a nervous breakdown after she delivered the fourth female

Avoid Fatigue and exhaustion, physical and psychological, but this is difficult with a lot of children

I have varicose veins from the beginning of pregnancy till the end, but there is no treatment

4. Pregnancy exercises and psychological debriefing which are of proven benefits for pregnant women were not mentioned as a protective measure in any of the focus groups
5. Women have a generally good idea of the most common problems facing children under five years of age. They mentioned :
 - Respiratory tract infections: common cold, tonsillitis, otitis media, chest infections, etc...
 - Gastrointestinal problems: vomiting, intestinal worms, diarrhea and dehydration.
 - Congenital and hereditary diseases: Down's syndrome, congenital heart disease, nasal polyps, thalassemia
 - Birthing problems: dislocations
 - Other problems and infections: meningitis, anemia, allergies, septicemia, hernias, undescended testis, nocturnal enuresis, jaundice
6. Although some of the causes of these problems were mentioned (malnutrition, consanguineous marriage, water contamination, inadequate cleanliness, ignorance) some misconceptions of the cause-effect relationship appear to be prevalent for example:
 - Fever is thought to be the cause of meningitis
 - Potato chips and sweats are thought to cause diarrhea and intestinal worms
 - The Kufalia (wrappings) protects the child and keeps him warm
 - Breast feeding during pregnancy is a cause of diarrhea.

Similarly to the causes of pregnant women's problems social, political, and accessibility problems were more emphasized in all the areas of Jinin district and in Rihia in Hebron district.

Amebiasis is especially widespread in Seilet Al Hartheih, and the taboos (baking furnaces) are a major cause of child and women problems in Rihia.

Quote:

The occupation negatively influenced the economic situation which in turn caused malnutrition

7. Some efficient measures to prevent childhood diseases were mentioned: vaccination, breast feeding, cleanliness, good nutrition, and providing the child with care and attention. For some problems however women seem helpless for example in preventing the recurrence of worms. Also the importance of exclusive breast feeding in the first six months and early recognition of danger signs such as poor sucking, hypoactivity, and signs of dehydration were not mentioned

Quote:

The drugs for worms should be changed, they are not effective, the worms always return after treatment (Ithna)

8. Women are aware of the efforts made by health care providers and institutions to prevent and manage their problems: vaccination, medical services, and health education. However in all areas except Maythaloun, these efforts are not seen as sufficient. The needs and demands are greater than the offered services, services are not offered continuously, the quality of services is low (examinations, equipment, drugs ...), and no medical services are offered at night.

Only one woman in Ithna said that she visits private doctors, because she did not know that MCH services are offered by the institutions in her village

9. Suggestions:

- Offering medical services every day and at night
- Improving the quality of the existing medical care (staff, equipment...)
- Offering more health education especially on nutrition, first aid, water pollution and prevention of intestinal worms.
- More health education is needed at the clinics, better to have a special nurse for health education at the clinics
- Specialized physicians are needed in the clinics
- Solve the problem of drug shortages
- More attention to the rights and needs of the disabled
- Some clinics need a telephone so that patients can know the schedule before visiting the clinic
- Some villages need an ambulance
- Organizing entry at the clinics to avoid over crowdedness and long waiting hours for example by distributing numbers
- Having female physicians to examine the women. Many women find the male physician as a barrier in solving their problems due to cultural and social customs

Typical quotes:

I do not go to the doctor at the clinic because it is prohibited in our religion, because I am wearing a veil

I prefer to deliver with a female gynecologist, because she can empathize with the women, and we are not shy to have her examine us, some women will deliver at home rather than being exposed to a male gynecologist.

10. Community resources differ in each village and should be considered individually in each community
11. Key individuals or groups who can influence the MCH problems may differ in different areas, but generally the communities perceive the followings as the most influential:
 - The health professionals: doctors, nurses, health workers,
 - Health centers: PMRS, MOH, Red Crescent, UNRWA
 - The Municipality: mostly the mayor, but sometimes other employees
 - School headmasters
 - Mosque orators
 - Heads of local clubs and organizations
 - Specific individuals identified in name in each community
12. Leaders are cognizant of their role in helping women and children by acting as facilitators and active participants in medical and health education activities. They can help in problem solving, advocacy, and follow up of decisions to ensure implementation. They can also help in offering locations for the activities and improving the environment.
13. Their impact however is limited by the available resources. If the quality of service is bad then the impact is negative. The impact is also influenced by the cooperation among institutions, for example schools and the MOH, the Municipality and health organizations. The impact is impeded by social perceptions and skepticism. The following quote highlights this problem:

Schools helped in solving the problem of anemia in children by distributing pills to students, but this project was faced with problems, the pills were large, caused stomach discomfort, and rumors were spreading that they cause infertility. Students used to throw them away
14. Cooperation takes place among institutions, but randomly and not in a planned systematic way. Leaders believe that cooperation occurs through acquaintances, family ties, or personal interests rather than officially. Networking can sometimes result in conflict of authority. Leaders are enthusiastic to the idea of networking.

Quotes:
We suggest a central body to act as a liaison among institutions
Networking is not systematic, it happens usually through personal acquaintance and relations, we hope to overcome this problem
15. Donors are either international governments and associations, the MOH, or local institutions and NGOs implementing a variety of projects (health, agriculture, educational, or infrastructure)
16. Although this issue was brought about in only one focus group, it is likely that it applies to all the other areas. It was mentioned that women elected in the municipality

exerted a very beneficial impact on the problems facing women and children. This indicates that women in the municipality should be part of any intervention strategy that will be suggested

Women and their mothers FGs

One FG was conducted in each community. A total of 10 women participated in each FG, half of them were pregnant women and the other half was mothers. Each FG narrative have been translated to English language as a raw data, no manipulation to the data was done at this stage.

Recruitment of participants: The CHW selected the participants according to preset criteria which are: half should be during their pregnancy and the other half are not pregnant, but are related to pregnant women (mother or mother in law) and to be living in the catchments areas of Hanan clinics

Characteristics of FG participants: some demographic data was collected about the participants in the FG, these data include age, education, work, and number of children, pregnancy status and their health care providers, the table below summarizes their characteristics according to the community the live in

Table2. Participants' demographics, dates, durations, locations, and facilitators of the women's focus group

Indicator		Al Thaheriya	Maythajoun	Rihia	Al Samou'	Ruq'a	Ithna	Seilet Al Hartheih	Tubas	Kafr Ra'i	Tamoun	Faqu'a	Jenin	Hebron	Totals
Age group	<20 years	1	0	0	1	1	1	0	0	0	0	0	0	0	4
	21-30	2	0	3	3	4	4	2	4	5	1	2	1	7	38
	31-40	2	5	4	4	3	2	3	4	1	9	4	3	2	46
	>41	5	5	3	2	4	3	3	1	5	1	3	8	2	45
Education	0	2	5	1	0	2	1	4	0	4	1	0	1	0	21
	1-11 years	7	5	8	8	8	7	2	6	5	4	3	6	4	73
	=12	1	0	1	2	2	1	1	3	2	4	2	5	5	29
Higher education	>12 years	0	0	0	0	0	1	1	0	0	2	4	0	2	10
Work	Any paid jobs	0	0	0	0	1	0	0	0	0	1	0	0	0	2
	House wife	10	10	10	10	11	10	8	9	11	10	9	12	11	131
Number of children	0	0	1	0	1	1	1	4	2	1	0	1	2	0	14
	1-4	3	3	0	2	2	3	2	5	3	4	4	3	5	39
	5-7	3	3	5	5	5	5	2	2	4	7	3	4	5	53
	>7	4	3	5	2	4	1	0	0	3	0	1	3	1	27
Pregnancy	Pregnant	5	5	5	5	7	6	4	4	6	3	3	4	7	64
	Not pregnant	5	5	5	5	5	4	4	5	5	8	6	8	4	69
Pregnant trimesters	1st trimester	2	3	0	0	1	3	2	0	2	0	1	1	4	19
	2nd trimester	2	2	4	1	2	2	1	1	1	0	2	2	2	22
	3rd trimester	1	0	1	4	4	1	1	3	3	3	0	1	0	22
Health care provider	Government	4	0	2	3	0	0	4	3	0	3	0	0	1	20
	Gov & private	1	0	0	2	7	0	0	0	0	0	3	2	2	17
	Gov & PMRS	0	5	0	0	0	5	0	0	5	0	0	0	0	15
	Missing	0	0	3	0	0	0	0	0	0	0	0	0	1	4
Date		6/12/	7/12/20	6/12/	12/12/2	11/12/2	18/12	12/12/20	13/12/2	15/12/2	11/2/1	18/12/2	11/12	20/12/2	

		2005	05	2006	005	005	/2005	05	005	005	2/2005	005	/2005	005	
Duration		10:00 AM 11:30 AM	10:45 AM- 11:45A M	9:00:00 AM 10:30 AM	10:30A M 11:45a m	9:50A M 11:30A M	9:30 AM 10:45 AM	12:00MD 1:45PM	10:45A M 11:50A M	9:45A M - 10:45A m	10:30 am- 11:40 am	10:20a m - 11:30a m	10:45 am- 12:15 am	10:00A M 11:30A M	
Facilitators		Fatena Al Hamoury/ Sawsan Al Orjan	Nahawand/ Fatema / Hayfa	Buthayna/ Nadeya	Fatena/ Buthayna	Buthayna/ Fatena	Buthayna/ Fatena	Fatema/ Nahawand	Nahawand/ Fatima	Hayfa / Nahawand	Hadil / Hayfa/ Fatena	Fatema / Faten	Hayfa/ Hadeel	Sawsan/ Nadeya	
Location		Municipality	Women's center	Charitable association	The Municipality	MOH clinic	PMRS clinic	PMRS clinic	Rural woman development association	women's center	MOH clinic	Women's center Women's center	Women's center	MOH clinic	

A: Main findings of the Jenin district women's focus groups

What are the main problems facing pregnant women?

Health Problems

Nausea, , vomiting

Headache, dizziness

Hypotension, hypertension

General fatigue

Nervousness and stress, psychological problems

Back pain and abdominal pain

Pregnancy poisoning

Pregnancy diabetes

Pregnancy hypertension

Swelling (edema)

Varicose veins, which is no widespread, but we do not know the reason

Malnutrition

Anemia

Infections

Abortion

Bleeding

Premature birth

Disabilities

Breech positions

Late pregnancy

Young age

Political/Social/logistic problems:

The bad economic situation of the families, prevents the women from seeking medical care

The occupation and roadblock deliveries

Private hospitals offer better care than governmental hospital but are expensive and women cannot afford the cost

Inappropriate family planning and having many children

Carelessness and inappropriate examinations by the doctors

Deficiency in the equipment at the clinics and at the labs

The problem of not having the gynecologist in the village everyday

The problem that many drugs are not available at the MOH

The problem of not having the gynecologist in the village everyday (Tubas)

The problem that many drugs are not available at the MOH

Not having a female physician specialized in women care

Faqu'a:

Difficulty in reaching the hospital, the health center is far away, over crowdedness in the local clinic

Lack of necessary equipment in the clinic, like the ultrasound

Difficulties in reaching Jenin

No laboratory or lab tests are available at the MOH clinic

The MOH clinic does not even have referral forms: one woman with a high risk pregnancy, who was to be referred to Jenin, had to wait for a long time until they prepared the referral forms. This delay made her very tired

Seilet Al Hartheih:

Not having a delivery hospital for the large population of the village

High risk pregnancies are referred to Jenin, and even the ambulance is not available

MCH services are offered once a week at the MOH and not everyday at PMRS clinic

Kafr Ra'i

There is no alternative when the doctor is on a holiday

No U/S in the MOH clinic

No telephone at the MOH clinic the doctor's schedule is not regular, the clinic is far away and many times we arrive at the clinic and the doctor is not there

No chairs to sit on when visiting the MOH clinic, women sometimes stand waiting for 2-3 hours

No services at night, a woman may be in pain at night and wait till the morning

No ambulance to transfer delivering women at night

The PMRS gynecologist comes only once a week, which is not enough to satisfy the needs of the community

What are the causes of these problems?

The quality of medical services offered by the MOH is not good: *And the Jenin hospital is of no use: my sister caught a microbe from the hospital; a woman had a ruptured uterus, in addition to the ill-treatment of the staff*

The number of health centers is not enough for the population,

Multiple pregnancies and lack of family planning

Late pregnancies, above forty years of age

Young age less than twenty years of age

Malnutrition

Stress and psychological tension: due to family problems, conflicts, poverty, multiple pregnancies etc...

Undesired (unwanted) pregnancies

Physical exertion

Insufficient medical follow up

Not enough time between pregnancies (inadequate family planning)

The economic situation, people do not have the money to pay for medical care

The political situation: the occupation and incursions, pregnant women will be terrorized, which will affect the baby, inability to reach the hospital or arriving late due to roadblocks and military closures

Social issues: The shyness from male doctors, *I prefer to deliver with a female gynecologist, because she can empathize with the women, and we are not shy to have her examine us. Some women even prefer to deliver at home rather than being exposed to a male doctor. (Tubas)*

What do you do to prevent problems facing pregnant women?

Medical follow ups

Health education on pregnancy, nutrition and good and bad practices

Avoiding psychological stress is very, very important

Avoiding physical exertion and fatigue

Avoiding early pregnancy

Avoiding exposure to chemicals and radiation especially at early pregnancy

Psychological preparation of the woman: *One woman, who has three girls, had a psychological breakdown when she delivered the fourth female.*

Paying attention to good nutrition, increasing fluid intake

What are the health problems facing children under five years of age?

Low weight at birth

Dislocation during delivery

Oxygen deficiency for example due to cord around the neck before birth

Hearing and visual disorders

Locomotor disorders

Congenital opening in the heart

Recurrent tonsillitis

Nasal polyps

Nocturnal enuresis

Neonatal jaundice

Hereditary disorders due to consanguineous marriage

Osteomalacia

Juvenile diabetes

Thalassemia

Asthma

Upper respiratory tract infections: common colds, pharyngitis, tonsillitis, otitis media

High fever, meningitis

Chest infections

Flat foot

Tooth caries and plaque

Diaper rash, skin infections, fever, recurrent tonsillitis every week or month, jaundice

Diarrhea vomiting,

Congenital malformations, hernias, nasal polyps

Fever during teething

Lack of care and attention from the parents (*they breed and throw away*)

Amebia or intestinal worms in a two-year old. Diarrhea, fever

Colic in the first 4-5 months

Worms

Lack of pediatricians in some villages (Faqu'a)

Low quality of medical care offered at the clinics, doctors do not examine the children well, or they are not available all the time, or their attitude is hostile

Calcium and iron deficiency

Anemia

Jaundice and neonatal jaundice

Hepatitis

Chicken pox

Juvenile diabetes

What are the causes of the problems facing children under five years of age?

Hereditary disorders due to consanguineous marriage

Fever causes meningitis, the most important thing is to treat high fever

Poverty, families are not able to warm their children in winter by providing adequate clothes and heating

Inability to take contraceptives and multiple pregnancies

Uneducated parents, lack of awareness (knowledge) by the mother regarding the proper nutrition of the child: appropriate types of food

Chocolates and chips

Unhealthy food: coloring agents, uncovered food and contamination by flies

Ignorance in nutrition: giving the child hot or cold drinks

Malnutrition during pregnancy

Changing the milk every day will harm the baby and cause diarrhea

Some foods sold at shops may harm the health of children: ice-cream, cold drinks, artificial flavors and colors

Water contamination, may cause anemia

Fear of the Israeli army and military tank

Lack of enough drugs at the MOH

Lack of playing areas in schools or in the city for children to play and use their energies in activities without fear, there is a land available for this purpose but there is no assistance

Violence: exerted by the parents, families, peers, and the occupation

Cold drinks cause URTI

Sudden climate changes

Flat foot: I used to think it is a hereditary problem, but it turned out to be caused by non medical shoes

Lack of cleanliness, not enough care in the infant formula either cold, hot , not cleaning the fruits will poison the child

New methods: Ignorance: in the old days it was better, they took care not to expose the child to air catches. Today, a one-day old baby they take him out of the Kufalia (child wrappings) and expose him to the air, they also do not expose him to the sun like in the old days. These days they take him to the doctor

In the old days the woman spent her pregnancy and delivery in the field. They did not know doctors. We used to boil chamomile and anise at home. One woman took her child to doctors five times in a day!!!!

The economic situation and the occupation have a great impact on the young and the old on the psychological and physical health. Some emergencies, some children died on the road blocks and did not receive adequate treatment, the occupation negatively influenced the economic situation which in turn caused malnutrition

No waste disposal network is present, the waste disposal holes are always full and not efficient and always spilling into the streets

Animal husbandry inside in the same house where children live (like chicken and sheep) which will affect the child health

The doctor does not examine well (Kafr Ra'i)

The amoeba is widespread in the Seilet Al Hartheih, especially in the household wells

What do you do to prevent health problems of children under five years?

Do the thalassemia test before marriage

Vaccination

Complete physical examination since birth

Medical care

Attention to the child's feeding, and cleaning, avoiding harmful food

Breast feeding, and avoiding bottle feeding

Monitoring local shops for selling unhealthy foods for children such as cold drinks and ice creams

Good nutrition Good nutrition during pregnancy will affect the child later

Adequate nutrition for the child (like eggs and milk)

Avoid cold drinks

Adequate care: Paying attention to the children, lest they play with harmful things. To take away all the things that may harm the child. Not to leave them alone at home exposed to electric hazards or to drink a poisonous material: Keeping dangerous materials away from the child like kerosene and matches and electricity points

Health education on women's health and child health

Cleanliness, boiling water before drinking, Washing fruits and vegetables

Not exposing the child to cold temperatures especially if warm, keeping the child warm in winter

Regular feeding times

When a child has gas, do some exercises

Family ambience: calmness, and a relaxed atmosphere, psychological rest and good behavior. To treat the child with kindness and not to beat him because he is sensitive and not to show prejudice against him

If we don't go to the doctor make chamomile, if no improvement then we have to take him to the doctor

Dental carries, because of lack of calcium due to not drinking enough milk and milk is expensive

Prohibit intermingling of children in case of infection outbreak

No places for children to play, they are always sitting in front of the TV and then they need eye glasses (Kafr Ra'i)

What efforts have been made by health providers to prevent and manage these problems?

Providing the vaccination

Referral of special cases to the specialists or to the hospital, but there are a lot of problems at the hospitals: no treatments available, doctors are not cooperative, lack of medical equipment and facilities

Medical examinations

Health education: in women's health, child health, family planning

The Maythaloun focus group participants appeared exceptionally satisfied with the efforts of their health care providers

In your opinion are these efforts sufficient?

Not sufficient, there is a need for more

Physicians are inexperienced; they are not skilled in medical diagnosis,

The numbers of medical personnel should be increased and the quality of care improved

Not all the lab tests and equipment are available

The needs and demands are greater than the services offered

Some services e.g. family planning are not offered continuously

Only one exception: in the Maythaloun focus group, however facilitators of this focus group pointed out that in this group particularly, pregnant women were apathetic despite their efforts to encourage them to participate, mothers and mothers in law were the active participants

What else do you wish to see done towards solving/managing these problems?

The clinics: building more clinics, providing the clinics with equipment and U/S
Care providers: Monitoring of physicians, improving their services, increasing their numbers, improving their attitudes and manners, more specialized physicians
Offering medical services more frequently and at night
Offering more courses in health education, especially on nutrition for children
To have a special nurse for health education: separate clinical services from health education
People are interested in the quantities and types of food appropriate for their children
Protecting the rights of the disabled
The drugs: Providing the effective medications, which we are unable to buy, making the drugs available all the time
Providing the essential equipment needed for the diagnosis such as X-ray machines, CT scan, etc...
Comprehensive health insurance
In private centers, medical care is better even if the provider is the same doctor working at the MOH center
A telephone in the clinic to know the schedule and an ambulance (Kafr Ra'i)
An ambulance in (Faqu'a)

What resources do you have as a community to support MCHN services?

Ambulances
Health professionals: physicians, doctors, nurses, health workers, midwives
Clinics and health centers: PMRS. MOH, UNRWA
Community based organizations
The municipality
Pharmacies, ambulances, etc...

What is the community role in improving MCHN services?

Only personal efforts
The women centers offers health education
Facilitating the efforts of community leaders and organizations
Supporting existing health services: how?
To inform the supporting and funding agencies of the problems of the people (women and children)
Requesting and demanding the authorities to improve the services targeting women and children, for example by providing more medical staff and equipment

B: Main findings of the Hebron district women focus groups

What are the main problems facing pregnant women?

Dizziness, vomiting, nausea, heart burn (stomach ache): resulting in lack of appetite, inability to eat, and malnutrition
Severe malnutrition: also because of lack of money
Calcium deficiency which causes bone pain
Pregnancy diabetes,
Pregnancy hypertension
Hypotension

Pregnancy poisoning: (preeclampsia) swelling in the hands and legs, an increase in body weight

Premature birth

Edema

Infections

Anemia

Fatigue

Headache

Bleeding

Abortion

Abdominal and back pain

Varicose veins

Pregnancy allergy: itching especially in the last month, this happened in the second pregnancy not the first

Hebron:

Some drugs prescribed while the doctor does not know of pregnancy, may cause malformations in the baby

Ithna:

Hypersalivation, and halitosis

Nothing, for me everything is normal (one woman)

Al Samou:

Uterine fibroid

Hydatid mole

Hemorrhoids: from constipation

Ruq'a:

The cat's microbe (*Toxoplasmosis*),

Kidney stones

Special emphasis on bleeding and varicose veins

Rihia:

Difficulties accessing health care facilities due to roadblocks

Emphasis on poverty, unemployment, and lack of education as a cause of malnutrition

Al Thaheriya:

Cravings (one woman)

Special emphasis on bleeding

What are the causes of these problems?

Stress (nervousness): may cause hypertension

Heredity: may cause hypertension

The gastrointestinal disturbances (nausea, vomiting, and heartburn) cause malnutrition

Lack of education especially on nutrition: for example not knowing what types of food to eat, or due to drinking tea with food which burns the iron

Poverty causes malnutrition, and inability to buy drugs, inability to seek medical care

Drugs may not be available, for example to treat stomach problems

Malnutrition causes anemia

Anemia: causes fatigue

Abortion is caused by a microbe

Standing for a long time and multiple pregnancies: cause varicose veins

Multiple pregnancies can cause anemia

Multiple pregnancies can cause pregnancy poisoning

Short time between pregnancies

Late pregnancy, after forty

Deficient knowledge of the complications of pregnancy

The woman may not want pregnancy: if she gets unwanted pregnancy she will be under stress for the whole period of pregnancy, she will not care for her health and nutrition

Hebron:

High heels

Dancing

Ithna:

The cheap drugs they are distributing, which are of no use, or are they experimenting with us?

(One woman)

Al Samou:

I get pregnancy poisoning from fried food and sour food

Physical exertion and fatigue

Chemicals and hormones in the foods

Heredity

In the old days it was better, they used to deliver while walking, on the ground, and they used to eat healthier food, wheat, lentils, and natural tomatoes

Ruq'a:

The psychological condition of the woman, if she is sad, it kills everything in her food and she will not benefit of anything

Anemia because of cola, juices, and gaseous beverages

Eating salt causes hypertension and edema

Emphasis on multiple pregnancies

Rihia:

Mental and psychological anxiety

Emphasis on poverty

Al Thaheriya:

Emphasis on poverty and lack of food

What do you do to prevent problems facing pregnant women?

Medical follow up

Complete rest (physical and mental)

Psychological rest (lack of stress), but this is difficult when one has a lot of children

Not to carry heavy things

Avoid tea and coca cola, eat spinach, cabbage, beans, cauliflower, etc...

Not to eat salty foods in order to avoid hypertension and infections

Not to eat inappropriate food: salty food, fried, and oily foods

Not to take excessive salt and sour foods

Eating small amounts of food (as one instructor advised)

Take food supplements, calcium, and drugs for nausea

Good, balanced nutrition, and iron supplements, Milk and eggs, are very useful

Family planning: having adequate timing between pregnancies

Warmth preserves health

Al Thaheriya:

My problem is varicose veins and there is no treatment for this case until delivery. I do not get any medications.

I take fixing drugs (*tocolytics*) from the start of my pregnancy
From the first month of pregnancy I take intravenous fluids instead of food, because my stomach does not accept anything. Sometimes I take antiemetics and iron pills for anemia

Hebron:

Not to wear high heels

What are the problems facing children under five years of age?

Common cold, cough, chest infections, otitis media, tonsillitis, influenza

Diarrhea

Vomiting

Worms: we treat them but they always come back, (this seems to be a very common problem)

Hereditary diseases like thalassemia, disabilities

Disabilities and congenital disorders like Down's syndrome, an opening in the heart

Chicken pox, measles, mumps

Allergies

Fever

Septicemia

Heart diseases

Dehydration

Meningitis

Anemia

A lot of children have weak bones

Birth problems: delivery dislocations

Colic

Finger sucking

Hernia, undescended testis

Nasal polyps

Ithna:

Liver cirrhosis and jaundice: we have a lot of cases in Ithna

Ruq'a:

The umbilicus of my child is swollen; they gave him drugs which caused his skin to desquamate. The umbilicus is now normal, but his skin isn't

My children do not get fat (*gain weight*) from my breast feeding. I feed them, and still they do not get fat. When they are a little bit older, they never pay attention to food and because of this they always have anemia, and their faces are yellow (*pale*) and they do not become fat

Rihia:

The problem of talking (*dysarthria*) in children: when a child talks no one understands, but the most common problem is dislocations due to delivery, there is no doctor to follow up, no MCH center to follow up and examine the child for this problem

What are the causes of problems facing children under five years of age?

Nutritional causes:

Anemia: due to malnutrition and not eating adequate foods like liver, or green leaves that contain iron or inadequate nutrition during pregnancy

Eating too much chocolates and junk foods will fatten the child, but weaken his immunity

Too many pregnancies and children will not allow the parents to give enough attention and care for each child, not to breastfeed for the appropriate length of time, and not to feed the child adequately

Bottle feeding

Contamination:

Wastes and garbage will disseminate microbes and bacteria

Improper disposal of waste

Food contamination

Chemicals in the water

Drugs:

Unavailability of drugs

Suspicion in drugs: circulating rumors that the distributed drugs in schools is from the occupation and causes infertility, they used to throw it away

Not continuing the course of drugs against the worms, which make them ineffective

Temperature and weather:

Lack of enough heating in winter causes children to suffer from colds and infections

Diarrhea is caused by the coldness of the winter, when we visit the physicians, the clinics are usually cold and the doctor says: take off the diapers and leave the child without it. The child will get cold and start to vomit and the diarrhea will worsen.

From the baths, they will catch cold

From the heater, the child is warm, and then when he goes out he will catch cold

Climate changes, once cold, once hot

The worms:

The worms due to contaminated water supplies, or because of not washing fruits and vegetables. I mean sometimes we boil the water and we eat the vegetables cooked

Sometimes the worms infect the child from potato chips, sweets, or a microbe on the road while he is eating.

The worms infect them from the bathrooms and lack of cleanliness, especially in the nurseries.

Always the child's face is pale. The water is sometimes insufficient in the nurseries.

Uncleanliness, chips and sweets cause worms

If the mother breastfeeds while pregnant the child will have diarrhea. This is the main cause of diarrhea

Diarrhea is sometimes caused by not washing the hands after getting out of the bathroom, or playing in the soil and not washing hands

Worms and diarrhea, consume the health of the child which is why he will get anemia.

Meningitis is caused from high temperatures and fever, water on the brain

Inadequate access to medical services, and lack of an instructor (Rihia)

The Taboos (baking furnaces) in Rihia

Improper medical examinations

Sweet food may cause diarrhea

How can we prevent childhood diseases?

Cleanliness:

Washing hands, vegetables, and cooking utensils

Protect him from ingesting anything dirty

Wash the bottle and disinfect it by boiling always

For worms, we must boil the clothes and not to share the bathroom towels with other family members

The worms' problem can be solved by using disinfectants in the bathroom

Warmth:

Keeping the child warm and not to expose him to cold air

At six months he may suffer intestinal problems if the mother feeds the child heavy food for his age

Nutrition:

Good nutrition and not having tea with food

At seven months I feed my daughter everything: water, rice, fruits, and herbs

My son has anemia: I give him fruits, soups, and tomato juice.

Good nutrition

When my son gets convulsions I treat him at home and put him under cold water

Cleanliness, because in the village, the garbage bins are always full

The water is dirty; there must always be supervision from the municipality and distribution of chlorine

In case of worms: we treat the child, and clean the child regularly

Warm the child

Medical supervision by specialist doctors from the MOH

The drugs for worms should be changed, because it is not effective and the worms always return

Yoghurt and garlic help in getting rid of the worms

Vaccination

Health education for the parents

Cleanliness

Follow up at the MCH clinics

Isolation in case of infectious diseases

What efforts have the health providers made to manage these problems?

They offer Medical examinations, medications, and lab tests

They offer health education

Foreign organizations work for a very short time and then they leave

Are the efforts offered by health providers sufficient?

No because the quality of care is not good (doctors do not examine the patients), many drugs are not available, and the work schedule does not meet the community needs all the time, especially at night

What are the suggestions you have to solve these problems?

Common suggestions:

A female gynecologist in the MOH clinic

I do not go to the male doctor at the clinic for prenatal examinations because it is prohibited in our religion, because I am wearing a veil

We wish for more health education especially about nutrition and first aid, water pollution, prevention of worms

More specialized physicians e.g. pediatricians

Improving the quality of care offered by physicians at the clinics

Offering medical services at more times and at night

Rihia:

- to have a certified midwife, for example at night, in case there is a closure or some emergency, then the midwife can help
- To have a guide (instructor) to advise us on what to do.
- We suggest: a pharmacy, an ambulance, a physician, an instructor, a lab, a midwife

Ruq'a:

- When he is on leave there is no substitute, when need a doctor to be always present in the clinic
- We need a telephone in the clinic to ask if the doctor is in the clinic or not or for the schedule.
- We need better treatment at the clinic, and better medical examinations
- An ultrasound and a medical laboratory with more facilities and more tests like a test for brucellosis,

Al Thaheriya:

- We need an MCH clinic
- We need health education programs and lectures for the mothers on how to care for themselves and for their children
- We need support of baby milk to prevent malnutrition and anemia
- We need a health center for the disabled

Ithna:

We hope the municipality will help in solving the contaminated water problem

Renewal of the water pipes

A medical lab in the MOH

A telephone in the MOH to ask about the doctors' schedule

Hebron:

Lack of order and organization at the clinic, women do not enter in order. It would have been better if there were numbers for entry

I did not know that there is an MCH clinic here and that's why I go to the specialists

We wish to have a medical laboratory in the MOH clinic

It would be better if there were a gynecologist instead of the general practitioner

What resources do you have?**Hebron:**

Emergency care

General medicine

A dentist

A medical laboratory

A gynecologist

A pediatrician

Al Thaheriya:

- Specialized physicians but they charge a lot of money
- Women clubs in which we can have meetings and lectures
- Educational and development centers

- An emergency care center, but its services are limited due to lack of resources and money, but if they are offered a project the these institutions are more able to help us more

What is the community's role in improving MCHN services?

Hebron:

There is no role

Al Samou:

There is an ambulance in the village

A women's club

A health center

Al Samou charitable association

The municipality opened a health center, but it needs to be expanded, and an increase in the services and drugs available

Al Thaheriya:

- There should be more MCHN clinics distributed in the districts
- There should be cooperation between the institutions to bring more useful projects
- There must be greater role for the municipality, health institutions, teachers, and health educators

Community leaders FG

Recruitment of participants: Community leaders participated in the FG was selected by the mayor in each community according to specific criteria that those should reflect: sexes, different families, different institutions and as well active community members.

Characteristics of FG participants: the number of participants was 10 in Al Thaheriya, while they were 12 in Maythaloun. General and basic demographics were collected about the participants such as: sex, education, work and experience. The table below shows the main characteristics of the participants in each community:

Table 3. Participants' demographics, dates, durations, locations, and facilitators of the leaders focus groups

Indicator		Al Thaheriya	Maythaloun	Rihia	As Samou'	Ruq'a	Ithna	Seilet Al Hartheih	Tubas	Kafr Ra'i	Tammon	Faqu'a	Jenin	Hebron	Totals
Sex	Male	6	10	6	8	2	6	6	4	5	8	12	4	5	82
	Female	4	2	4	3	7	6	6	9	4	1	4	6	1	57
Education	=< 12 years	2	3	2	1	1	6	7	0	5	3	11	7	5	53
	Diploma	2	5	4	2	3	2	2	5	2	1	3	2	0	33
	BA	5	3	2	8	4	2	3	6	2	5	2	1	1	44
	Master degree	1	1	2	0	1	2	0	2	0	0	0	0	0	9
Type of work	Gov. employee	4	5	5	9	6	3	5	7	5	4	4	3	0	60
	Other sectors	3	5	3	2	3	8	5	6	3	2	10	7	5	62
	No Work	3	2	2	0	0	1	2	0	1	3	2	0	1	17
Working years	0	3	0	2	0	0	2	0	0	0	0	0	0	0	7
	1-10 years	5	2	2	6	0	6	6	10	8	2	4	4	2	57
	10-15 years	1	4	2	3	3	1	0	1	1	0	3	0	2	21
	>15 years	1	4	2	2	6	3	4	2	0	0	4	0	1	29
	Missing	0	2	2	0	0	2	2	0	0	7	5	6		26
Date		7/12/2005	8/12/2005	7/12/2005	14/12/2005	12/12/2005	18/12/2005	13/12/2005	14/12/2005	15/12/2005	15/12/2005	18/12/2005	18/12/2005	21/12/2005	
Duration		10AM-11:30AM	10:00AM 11:30AM	9:15AM 10:45AM	11:45AM 1:30PM	10:00AM 11:45AM	10:30AM 11:45AM	10:30AM 11:45AM	11:15AM 12:30PM	11:30AM 1:00PM	10:30AM 11:45AM	12:10AM 1:20PM	1:45PM 2:45PM	10:00AM 11:30AM	
Facilitators		Sawsan/ Fatina	Fatema/ Nahawand/ Hayfa	Buthayna/ Nadia	Sawsan/ Nadya/ Buthayna/ Fatena	Nadya/Sawsan	Sawsan/ Nadeya	Fatema Nahawand	Hadeel/ Faten	Nahawand Hayfa	Hadil Faten	Fatema/ Faten	Hayfa Hadil	Sawsan Fatena Nadya Buthayna Luna	
Location		Municipality	Municipality	Charitable Association	Municipality	MOH clinic	Municipality	Municipality	Municipality	Municipality	Municipality	The village council	Women's center	The house of Yazeed Qneibi	

A: Main findings of the Hebron leaders focus groups:

Key individuals or groups who can influence the identified MCHN problems:

The doctors in general and at the clinics

Nurses and health educators

The parents (the woman and her husband) and members of the community itself

The schools: headmasters

The health centers: e.g. MOH, PMRS, Red Crescent

The municipality: the mayor

Presidents of local clubs and institutions

The Mosque orator and local chieftains in **Ruq'a**

The Mosque orator and Al Samou association in **Al Samou**

How do they influence the community?

Health education in various forms (lectures, workshops, training courses,...), for various target groups (students, women,...), in various topics (first aid, women's health, etc...)

Producing and distributing health brochures in the community and schools

Offering medical examinations and lab tests

The municipality's role is very important: in providing a safe environment for children at schools, in the streets, proper waste disposal, considers any complaint, and takes action against anyone or any organization that may endanger the safety of the community

But in Hebron Hawooze specifically people were not satisfied with the services of the municipality

Ruq'a: Their influence is very weak; they do not have much power to influence the community

Their impact

The impact was perceived differently across focus groups.

In **Hebron**: The impact is negative; the doctor does not treat the patients correctly, drugs are insufficient and not available, services are limited: vaccination and diabetes

The schools do not have an impact; there is no efficient program of school health in cooperation with the MOH

There is no medical laboratory for the MOH and the doctor is not present every day

The impact is negative (consensus)

Al Samou: The municipality held a training course on adolescent health and other lectures on women's health

The municipality, also equipped a health center, but the MCH clinic works for only one day

The association also organizes health education courses

There impact is limited by lack of resources and finance

Al Thaheriya: The anti anemia project carried out by the land of Children Institution for one year had a great impact on the Al Thaheriya community. The number of children affected with anemia decreased. In addition they offered training courses and health education for the mothers about nutrition.

Do they network, communicate, cooperate, how

Hebron and Al Samou: weak or no communication

Ithna: The municipality has good communication and networking with local institutions such as the local clubs, the Red Crescent, etc... discussing issues like local problems, water pollution and safety, animal farms, etc... local NGOs

Rihia: There is cooperation, for example between the municipality and the school: the municipality provides money and support for the school, although not all participants agree that networking is adequate. The head of the sports club does not believe that there is real cooperation on the ground, only in talking and often ruled by nepotism and favoritism

Ruq'a: The local clubs members have regular meetings with the schools

Al Thaheriya: Networking is not systemic, it usually happens through personal acquaintance and relations. Hopefully we will overcome this sad situation.

- Every association doing something keeps a monopoly over its work and displays its own work, and all work in the same way
- Even if they communicate and cooperate and succeed. After success they will break up because personal interests will interfere in the process

Only sometimes there is cooperation with the Municipality

The role/effectiveness of these individuals/organizations:

The MOH has a role and other NGOs have a role through health education

Hebron:

In case of an epidemic like chicken pox or hepatitis, there are increased efforts, doctors will visit patients at homes, and isolation policies are implemented at schools

Ithna:

Institutions are not very effective because most employees are volunteers who have not the time to follow up the work

The municipality is the most important institution in the village, any institution calling the MOH and informing of an epidemic, they will not listen, but they will listen for the municipality. The municipality is the title of the village

Rihia:

Naila Mohammed Rateb Tawil works with the Red Crescent and offers rehabilitation for the disabled with good experience in this field, but she needs a center to perform her activities

In the association there are sewing machines, but there are no women to work or ask for training courses and be committed to such courses

There is no women's center to offer health education

Al Thaheriya:

The efficiency of temporary projects and programs is weak; there is no follow up, no continuous financial supply, and no sustainability.

Al Samou:

Schools helped in solving the problem of anemia in children by distributing pills to the students, but this project was faced with problems, the pill was large, and hard on the stomach, and the students used to throw them away. Also, rumors were spreading that these pills cause infertility

Ruq'a:

In the women's club, they held training courses about nutrition of pregnant women and children, but they need support

The headmaster: educates according to the health education materials he gets from the MOH, which he broadcasts in the school, he has an influential role; they can invite the mothers to the school and relay the information they need.

The MOH does not meet the needs of the community, 2-3 days a week for the general medicine. There are no specialized medical services. The MCH services are available but offering very poor service, once every 2-3 weeks

The mosque orator is the most influential person in the village, because everybody trust him, he transfers information to the prayers on Friday, educator

Donors of the community

MOH

Ministry of public works

Doctors without borders

The municipality:

International donors:

The Ministry of Communications

The Welfare Association

The Catholic Relief: work for food

The Children's Land organization (Ard Al Atfal) combating anemia in mothers and children

CARE: in the form of drugs

The hydrologists: work for food

The Ministry of Agriculture: wells for the charitable association

PECDAR (Palestinian Economic Council for Development And Reconstruction)

The Japanese Government building a school

Oxfam: water network

UNDP: United Nations Development Program

The Agricultural Relief

The Workers Relief

The Islamic Development Bank

Oxfam

USAID

Projects:

Waste disposal network, incomplete

Electricity lines project

Telephone lines

Pavement of roads

Building of kindergartens

Improvements in Hospitals, schools, clinics

Suggestions:

- Al Thaheriya: To carry out practical meetings and education, I mean something palpable. For example actually cooking healthy food and distributing meals for the mothers or in case of anemia, displaying pictures and distributing pills, following up on results and demonstrating them will encourage women to attend and participate
- The women's union: we requested a workshop we need education on psychological issues to be given through the union. We also need education on family planning, abortion, consanguineous marriage, causes of disabilities.... The women's union is capable of doing this work
- If its nothing useful for the mother, she will not be committed, there should be incentives, the methodology should change and methods that attract the women should be used to draw the women to listen and make use of what they hear of

- Authorities should regularly visit the schools, institutions, clubs, and health centers for follow up. I mean if we began a certain program like for anemia, we should the children one month later for improvement. I mean follow up
- **Rihia:** We have nothing available in this town except the MOH clinic and the nurse who supplies the vaccination. They do not have even child weights.

Also the Taboon (baking furnace) and zibel (goat drops/waste) greatly affect us, because everyone in the village has cattle under his house. They remove the cattle drops and put it around the house and the smell and smoke of the taboons causes breathing difficulties to a lot of people.

B: Main findings of Jenin leaders focus groups

Key individuals or groups who can influence the identified MCHN problems:

The women's institutions

The municipality: the elected women who act as leaders in the municipality are particularly efficient

Health professionals: physicians, nurses, health workers, midwives

Local associations, and community based organizations

Clinics: MOH, PMRS, UNRWA

School headmasters

Parents and families

Mosque orators (Seilet Al Hartheih, and Faqu'a)

Kafr Ra'i:

Siham Turkman: a village health worker

A health committee comprised of doctors and nurses

Tammoun:

Four women associations

Jenin:

Dr. Mohammad Abu Ghali: the hospital director

Dr. Mohammad Tafakji: MOH director

Wafa Hamdan: Ibrahimia School headmistress

Maythaloun:

Shadia Abu Ghazaleh Association

Dr. Hani Rabaya: pediatrician

Dr. Raid Rabaya: General practitioner, he has connections to the people

Dr. Sameeh Rabayah

Dr. Mahmoud Assaf: gynecologist

Dr. Muntaha Hamarsheh has a great role as the head of the maternity home

How do they influence the community?

Health education training courses in emergency care, nutrition, etc..

Workshops, health education campaigns, Mosque orations

Educational materials

Field visits

Institutions can offer locations, staff, and volunteers

Women associations encourage women to participate

Problem solving

Follow up of institutions and official decisions

Maythaloun:

Ten years ago Maythaloun was a small hamlet, thanks to these projects and institutions, it has grown and developed

Dr. Muntaha Hamarsheh has a great role as the head of the maternity home in Tubas

As a result of our impact women now are out in the community and they know their role, previously, they were not allowed to get outside their homes

Seilet Al Hartheih:

Breaking the cultural barrier of shame, through talking, preaching, and workshops on these issues

Their impact

Little impact due to limited resources

Do they network, communicate, cooperate, how

Kafr Rai: The three women's health centers cooperate, always

The women's centers used to network with the municipality. This networking has increased after women were elected in the municipality

The sports club and PMRS network with other organizations

The educated society does not network with other organizations

Faqu'a: there is networking, for example between PMRS, the village council, and the women's union, any new project in the village is usually implemented in coordination with the village council

Tammoun: Yes there is always coordination and cooperation between institutions

The sports club in cooperation with PMRS implemented various programs for children and in schools and in the community based rehabilitation (CBR) program and the public garden

Tubas: To some degree, there is networking, for example referring patients between institutions

Cooperation in organizing health education courses, but generally there is a need for more, for example through regular meeting between institutions

Cooperation and networking happens through friendships and personal acquaintances, but not formally or professionally

We need a central body to work as a liaison between the different institutions

Seilet Al Hartheih: In case cooperation happens, it is usually temporal and limited, but not regular, formal or official

Jenin eastern area: the women's center cooperated with Kafr Dan association, in exchanging visits and offering health education

Maythaloun: The women's center, PMRS, Save the Children, offered health education in child health, emergency care, psychological debriefing

The municipality cooperated with the association to build the maternity home. The women center is efficiently cooperating with the municipality for example in the health center project. Sometimes during cooperation conflict over authority may arise, but personal interests should not be considered. MOH and PMRS cooperated in establishing a health center.

Their role in promoting maternal and child health:

Cooperation with other institutions or individuals in promoting women and child health issues

Advocacy and support for these health issues

Facilitating health education and the provision of medical care and services
The essential role is for the institutions, individuals have a complementary role
Offering buildings and locations to perform and implement activities

How effective have they been?

Very effective

Improvement in women and child health

Raised community awareness

They contributed, but not enough, for example the municipality prepared the buildings but there are no doctors

Donors of the community

USAID and UNDP: (United Nations Development Program)

Ministry of Agriculture:

Save The Children:

The Ministry of Youth and Sports

MARAM

CARE: sheep, loans

PMRS (Palestinian Medical Relief Society)

The Ministry of Public Works:

Italian cooperation:

CHF:

The Catholic Christian Association:

PARC: (Palestinian Agricultural Relief Council)

PECDAR: (Palestinian Economic Council for Development And Reconstruction)

The peace and democracy institution: workshops and education

The local committee for rehabilitation of the disabled: physiotherapy, health education

The Belgian Government:

The French Government:

The French Government:

The Italian Government

The Japanese Government

The EU (European Union)

The Agricultural Marketing Association: agricultural roads and wells

The Israeli Electric Company: external roads

The World Bank

The Palestinian Authority

The Municipality

The Welfare Association

Main projects implemented by the donors

Pavement of roads and home water wells

Agricultural wells

Supported summer camps

Summer camps, women's centers

Training courses in emergency care and women's health

Agricultural roads, agricultural wells

Suggestions:

People do not respond greatly to lecture forms of education, they prefer more tangible experiences

Monitoring and evaluation

Were conducted through two approaches: first one is conducting several field visits were conducted especially in the first days of the implementation of the work in order to ensure the compliance of data collections with the training received and the definition and the meaning of the questions ...the second techniques was reviewing the FG reports and the filled community and CBOs profile every other day, feedback and comments were submitted directly and on the right time.

Implication of CCA findings for the Hanan action plan

1. The forthcoming training courses and awareness raising interventions should include all the common health problems facing women and children, which were mentioned by the participants of the focus groups. This will ensure that the appropriate and pertinent topics are being addressed, and enhance motivation and interest of women to participate since these are the problems they themselves named. These topics are summarized under the title: main findings of the focus groups in this report.
2. These health problems should be addressed from the perspective of the preset training outlines at the School of Community Health in coordination with the women and child health programs (supervisory committee). These outlines should be adapted to emphasize the above mentioned problems, include problems that may not be included in the preset outlines, and adjust the content to address the weaknesses women have in dealing with their problems.
3. The weaknesses that women have with these problems are more related to how to successfully prevent and manage their problems and how to practice their own choices rather than to lack of knowledge. For example, women know the benefits of breast feeding, but are not able to breast feed successfully. The same applies to family planning, nutrition, how to manage varicose veins, heart burn, backache, anemia, preclampsia, etc...
Therefore the training content and methodology should be oriented towards empowering women to gain more control over their own problems
4. The training methodology should employ interactive and tempting approaches that are more encouraging and appealing for women than the classic lecturing approach. These methods may include practical sessions, group discussions or activities, role playing, workshops, etc...
5. Specific issues or problems (health, social, environmental, etc...) that are special to each community and not commonly present in other areas, should be clearly understood and more deeply explored and tackled by the CHWs and the

CCM of that community. The CCMs should therefore be fully aware of the specific issue of their communities that were revealed by the community profile, CBOs profile, and the FGs.

6. Inveterate antediluvian customs and behaviors which are not amenable to traditional training and coaching are better approached through the communication and marketing part of the Hanan project by producing audiovisual tools, plays, and media messages (TV, radio, etc...)
Examples of such persistent customs and behaviors include (consanguineous marriage, early marriage, social pressure to have many children especially males, complementary food for the newborn, the Kufalia, etc...)
Social customs and norms usually involve other members of the community (fathers, mothers, relatives, friends, neighbors, etc...) who greatly influence the woman and may interfere with the correct health education messages she receives from health professionals. Therefore media messages with their inherent ability to reach a broader audience and to dramatize the issues are more efficient than simple coaching.
7. Economic difficulties, environmental problems, and community participation and networking problems adversely influencing woman and child health should be mainly addressed by the community mobilization part of the Hanan project. Although plans and strategies may be common activities to tackle these problems are more likely to be distinct for each community. Details on these issues can be found in the apposite parts of the report.
8. The quality of care offered at the clinics serving the targeted communities is a major factor influencing the health of women and children. Women generally manifested a lackadaisical attitude towards utilizing the available services for a variety of reasons: disorganization, long waiting hours, crowdedness, bureaucracy, and maltreatment by the clinic staff, poor coordination of activities and referral systems among centers, etc... These difficulties are restraining women from properly utilizing the medical centers for medical examination and follow up during pregnancy and after giving birth, thus greatly endangering their health.
Improving the quality of care offered by the targeted clinics will constitute a major element contributing to the overall goal of improving the health conditions of women and children.

Annexes

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
Population	3151	25000	6600	17003	16229	25794
Electricity	available	available	available	available	available	available
Water supply	available	available	available	Partially	available	available
Source of WS	not indicated	Municipality	Yatta Municipality	Palestinian Water Authority	Palestinian Water Authority	Palestinian Water Authority
Telephone network	available	available	available	available	available	available
Sewage system	septic tanks	Partial/septic tanks are also used	septic tanks	septic tanks	septic tanks	septic tanks
Boys schools	2	5	2	5	6	7
Girls schools	2	4	3	5	6	8
Coeducational schools	0	1	0	0	2	4
Classes	44	125	74	153	160	219
Students	1350	4951	2828	5722	5709	8248
MOH	The physicians come twice a week	MCH, vaccination, and a general practitioner	vaccination, MCH services	vaccination, MCH, General medicine	General Medicine, vaccination, lab, MCH programs.	a health clinic and military services
UNRWA	No	Health clinic	No	once weekly	No	once a week

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
Local Charitable	No	No	No	No	Medical center (for emergencies), and Al Samou Municipality medical center for emergencies, lab, x-rays.	the Islamic charitable association
Private	No	three clinics, a hospital for delivery, and three private clinics	One private clinic for general medicine	5	general doctor	20 private clinics, 5 labs. X-ray center
NGOs	PMRS/ Red Crescent		PMRS mobile clinics	Red Crescent, PMRS, Ard El Atfal, Medecines Sans Frontier	Ard El Atfal (AEA): MCH programs. PMRS: Medical Days.	Ard El Atfal, and the municipality emergency clinic.
For general medicine people go to	Yatta, Dura, and Hebron	MOH clinic	Yatta Hospital, Hebron Hospital, and private hospitals	local clinics	the private clinics	private clinics and the municipality health care center

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
For specialized services people go to	Yatta, Dura, and Hebron	private doctors and hospitals	Yatta Hospital, Hebron Hospital, and private hospitals	private clinics in Hebron	medical center and Hebron.	the municipality health center and private clinics
In case a hospital is needed people go to	Hebron Hospital and Abu AlQasem Hospital	Hebron Hospital	Yatta Hospital, Hebron Hospital, and private hospitals	governmental hospital and private hospitals in Hebron	Yata, Alia, and Al Ahli hospitals	Alia Hospital and AlAhli Hospital in Hebron
For women health problems they go to	Yatta Hospital, Hebron Hospital, Hamdan Hospital, and private Hospitals	MOH, UNRWA, private doctors	MOH clinic	PMRS, MOH, Red Crescent, and a specialist in Hebron.	Municipality medical center, Ibn Sena medical center, Yata hospital , AL-Ahly and Alia hospital.	MCH centers in the municipality, MOH and the gynecologist.
For child health services people go to	Hebron	MOH and UNRWA	Yatta Hospital	PMRS, MOH, and general practitioners.	MOH, and Municipality medical center.	MOH, Ard El Atfal and private specialists.

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
Health problems	the most common health problems are: diarrhea, fever, common cold, vomiting. The most common chronic diseases are diabetes and hypertension.	hypertension, diabetes, and heart diseases.	water pollution diarrhea, respiratory tract infections diabetes, and hypertension	Infectious diseases, anemia, and liver cirrhosis are the most common health problems in the village. Diabetes, hypertension, and heart diseases are the most common chronic diseases.	diarrhea, gastro intestinal problems, and cancers diabetes, hypertension and heart problems	anemia, thalassemia, infectious problems like amebiasis, malignancies, and kidney problems. The most common chronic diseases: diabetes, hypertension, and heart diseases.
Disabilities	36 cases mostly articulation (dysarthria) and hearing disabilities. The others are mostly mental, locomotor disabilities and learning difficulties.	11, mostly locomotor, hearing, and articulation worms, fever, cough, anemia, and diarrhea	214 disabled	131 disabled mostly Down's syndrome, mental, and locomotor disabilities.	76 cases most of them are mental and locomotor disabilities.	107 cases mostly mental and locomotor

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
Maternal deaths within the last two years	No	One due to bleeding	One due to closure of the village, she could not reach hospital	No	No	No
Environmental problems	Sheep rearing Improper waste disposal and disposing the Taboon wastes in the garbage bins nothing is being done but the Reheya community is requesting to have a special car for garbage collecting or else waste materials will stay in place for 15 days with awful smell, and flies	Pollution and smells of factories, industrial enterprises, cars, waste, and septic tanks To solve the problem, some houses were connected to the waste disposal network. One maternal death occurred in the last two years due to bleeding	Not having a sewage system, and the passing stream of a sewage trail near the village 2. The garbage disposal services 3. Water pollution	1. Waste incineration 2. Water pollution due to septic tanks. 3. The separation wall and its effects	septic tanks are found near water wells which may cause absorption and pollution of the water wells	1. Demona nuclear center, causing malignancies 2. The septic tanks, no waste disposing network. 3. Water shortages 4. No sites to dispose human and solid wastes 5. No butchery for animal slaughtering
Nurses	0	10	1	20	44	35
Midwives	0	2	0	3	2	5
Health workers	0	3	0	8	2	6
GPs	0	5	1	5	6	25
Pediatrician		1	0	0	0	3

Annex 1: Community Indicators in Hebron districts

Community Indicators	Rihia	Hawooze	Ruq'a	Ithna	Al Samou	Al Thaheriya
Gynecologists	0	2	0	0	0	4
Economic structure	No economic enterprises	Zaghal factory Tile factories Shoe factories Concrete factories	Stone enterprise 2. Plastic agricultural houses 3. Sheep rearing 4. Tile factories 5. Shoe factory	1. Poultry farms 2. Electricity gathering factory 3. Olive pressing 4. Tile factory	Mahjar Stones manufacturing Plant. Meat processing factory	1. Brothers corporation for solar heating 2. Abu Allan corporation for food supplements 3. Rula corporation for children's clothes 4. Harhash Tile factory 5. Wahab stone factory

Annex 2: Community indicators in Jenin district

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
Population	15000	6559	9225	7321	14782	9597	3273
Electricity	available	available	available	available	available	available	available
Water supply	available	Not available	available	available	available	Not available	Not available
Source of WS	partially from Palestinian Water Authority, Arrabeh wells, Saadeh wells		not indicated	not indicated	the artesian well of the municipality		
Telephone network	available	available	available	available	available	available	available
Sewage system	partially available with septic tanks	septic tanks	septic tanks	septic tanks	septic tanks	septic tanks	septic tanks
Boys schools	4	6	3	2	5	3	1
Girls schools	3	3	4	2	4	2	1
Coeducational schools	1	0	0	0	0	2	0
Classes	108	65	75	65	123	82	32
Students	3807	2050	3061	2161	4341	2969	960
MOH	General Medicine, vaccination, lab, MCH programs, dental services, diabetic, ENT, Orthopedic	General Medicine, vaccination, Child Health programs	General Medicine, vaccination, lab, MCH programs	General Medicine, vaccination, and women’s health	General Medicine, vaccination, lab, MCH programs, dental services, pharmacy, and	vaccination, general medicine, pediatrics, lab, MCH, a diabetologist once a week, school health	General Medicine, vaccination

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
	services.				gynecology services		
UNRWA	No	No	general medicine	No	No	No	general medicine twice a week
Local Charitable	No	maternal home related to PMRS, the charitable Society	No	No	No	No	Not available
Private	General medicine, ophthalmology, dental care, urology.	private health clinics of general medicine, dental services, and child health	private health clinics of general medicine, dental services, and child health	general doctor, pediatrician and dental clinic	General medicine, gynecologists, child health, dental care	GPs, dentists, midwives	clinics of surgeons, and gynecologists
NGOs	midwives, physiotherapy	PMRS	PMRS	PMRS	Al Aqsa health clinic, Al Shefa health clinic, The Palestinians Red crescent Society	Np	Patients Friends Society offers women’s health services

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
For general medicine people go to	MOH clinics, UNRWA, Al Maydan Hospital, Jordan Hospital, military medical medicine, and private doctors	health clinics found in Maythaloun	health clinics in Seilet Al Hartheih especially MOH clinics	Jenin city health care services	MOH	the MOH, and private clinics	Jenin city
For specialized services people go to	Al Rrazi hospital, Al Amal ana Al Shefa` hospitals, and private doctors	Private health clinics in Jenin and Nablus.	Jenin health services	Jenin city health care services	Tubas in addition to other health clinics in Nablus and Jenin city	Jenin and Nablus	Jenin city
In case a hospital is needed people go to	governmental and non governmental hospitals	Governmental and non governmental hospitals in Jenin and Nablus.	governmental and non governmental hospitals in Jenin City	governmental and non governmental hospitals in Jenin City	governmental and non governmental hospitals in Nablus and Jenin city	Jenin hospital, private hospitals	governmental and non governmental hospitals in Jenin city
For women health problems they go to	MOH clinics, UNRWA, Al Razi Hospital, Al Amal hospital, or governmental hospital	clinics in Maythaloun and the maternal home, and private health clinics and hospitals in Jenin	MOH clinics, PMRS health clinics, UNRWA, Al Razi Hospital, Al Amal hospital, or governmental hospital	Jenin city health care services and MOH clinics, and PMRS clinic in Faqu’a	Al Aqsa health clinic, Al Shefa health clinic, The Palestinians Red crescent Society, and MOH clinics	MOH , private services and private services in Jenin	Jenin city health care services and Patients` Friends Society

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
For child health services people go to	private sectors and hospitals	private sectors and hospitals in Jenin city.	PMRS, MOH clinics and hospitals	PMRS clinics, MOH clinics, Jenin city clinics	Al Aqsa health clinic, Al Shefa health clinic, The Palestinians Red crescent Society, and MOH clinics	MOH and private clinics	Jenin city clinics and hospitals
Health problems	Respiratory tract infections diabetes, hypertension and cancer p Disabilities: 64 cases most of them are locomotor disabilities.	Hypertension, diabetes, heart problems Disabilities: 34 cases most of them are locomotor to mental disabilities.	diabetes, and hypertension	diabetes	Environmental pollution, amebiasis, Diarrhea, Leshmaniasis diabetes, hypertension, thalasemia and cancer problems. Disabilities: most of them are locomotor and mental disabilities	insects, water pollution, amebiasis, vaginal infections, the deficiency in health professionals, and the insufficiency of MCH services relative to the population needshypertension, diabetes, malignancies, thalassemia, and asthma Disabilities: 138 cases mostly locomotor	flies in summer with no strict health monitoring, in addition to handicapped children with low birth weights. diabetes hypertensio 55 disabilities mostly locomotor
Maternal deaths within the last two years	No	No	No	No	No	No	No

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
Environmental problems	1- Factories are near residential areas, that people are affected from the air pollution, smokes of wheel burning. 2- Paved roads and trees among homes are not available. 3- Water pollution in summer with flies.	septic tanks are found near water wells which may cause absorption and pollution of the water wells	Water supply collected from rain is not clean, due to disposal of waste materials. Pollution caused 105 case of Leshmaniasis	1- The sewage net work system is not available. 2- The water supply net work system is not available. 3- No strict health monitoring and making tests on water are available, (absence of policies and rules).	1- No sewage system. 2- Water pollution in summer with flies (leshmaniasis).	1. Water pollution 2. Lack of a waste disposing network 3. Rodents 4. Insects 5. Lack of enough garbage bins	1- The sewage net work system is not available. 2- The water supply net work system is not available. 3- No strict health monitoring and testing of water are available, (absence of policies and rules).
Nurses	5	5	5	0	9	10	3
Midwives	0	0	1	0	3	3	1
Health workers	4	4	2	0	3	5	2
GPs	3	3	4	0	12	5	0
Pediatrician	1	1	1	1	0	0	0
Gynecologists	1	1	0	0	1	0	1

Community Indicators	Jenin city – Eastern area	Maythaloun	Seilet Al Hartheih	Kafr Ra’i	Tubas	Tammoun	Faqu’a
Economic structure	Agriculture only	1- Olive Oil compressing. 2- General and private contracting	1- Olive oil marketing. 2- Trade shops. 3- Contractors. 4- Carpenters and blacksmiths	1- Olive oil pressings. 2- Fodder manufacturing. 3- Swimming pool. 4- Workshop of sewing	The vegetable market center, the building of Tubas trade market.	The local market	Not mentioned

Annex 3: Community profile

Cluster: -----

Name of the community: -----

Local Authority: -----, # of women in the local council: -----

Contact person: -----

1- Population:

Number of total population: -----, Male: ----- Female: -----

Number of children under 5 years old: -----

2- Infrastructural services:

Kind of services	Available	Not available	Source
Electricity			
Water networks			
Telephone networks			
Sewage system			
Type of internal roads			
Type of roads to the community			

3- Education:

	Boys school	Girls school	Mixed School
Total number of schools			
Total number of classes			
Total number of students			

4- Health services structure:

Name of health provider	Main health services offered in the facility
Ministry of health	
UNRWA	
NGOs name:	
Local charitable society:	
Private	
Other health provider	

- Where do people go for general health services: -----
- Where do people go for specialty health services:-----

- Where do people go for hospital care:-----
- Where do women go for women health problems: -----
- Where do women go for antenatal services: -----
- Where do women go for delivery services: -----
- Where do people go for child health services:-----

Health problems:

- What are the main health problems in the community: -----
- What are the chronic diseases prevalent in the community: -----
- What are the main disabilities prevalent in the community; State:

<u>Kind of disability</u>	<u>Number of disabled</u>
-----	-----
-----	-----
-----	-----
-----	-----

- What are the main environmental health problems in the community: -----

- What actions, measures have been taken by the community or any organization to solve the environmental problems: -----

- Was there any maternal death in the community during the last two years: -----
 - o If yes, state the reasons: -----

5- **Health professionals live in the community:**

Specialty	Number of professionals
Staff and practical nurses	
Midwives	
Health workers	
GP	
Pediatrician	
Gynecologists	
Pharmacists	
Physiotherapists	
Other specialists	

6- List of CBOs in the community:

Name of the CBOs	Specialty, main programs

7- **Social structure:**

- What are the main families in the community:

1:-----

2:-----

3:-----

4:-----

- Who are the key persons in the community:

1:-----

2:-----

3:-----

4:-----

8- Economic structure:

- List any main economic enterprise in the community:

1:-----

2:-----

3:-----

4:-----

Community profile (Arabic version)

مشروع صحة المرأة، الطفل، والتغذية مشروع حنان

معلومات التجمع السكاني

التاريخ:-----

أسماء من قاموا بالزيارة:-----

أسماء من تمت مقابلتهم:-----

المنطقة:-----

البلدة:-----

السلطة المحلية:-----

عدد النساء في المجلس المحلي:-----

الشخص الذي يتم الأتصال معه:-----

1. السكان:

العدد الكلي للسكان:-----

ذكور-----

إناث:-----

عدد الأطفال أقل من خمس سنوات:-----

2. خدمات البنية التحتية:

مصدر الخدمة	غير متوفرة	متوفرة	نوع الخدمة
			الكهرباء
			شبكة مياه
			شبكة تلفون
			شبكة الصرف الصحي
			نوع الطرق الداخلية
			نوعية الطرق المؤدية إلى البلدة

3. التعليم:

مدارس ذكور	مدارس اناث	مدارس مختلطة

4. نظام الخدمات الصحية:

اسم مقدم الخدمات الصحية	الخدمات الصحية الرئيسية التي يقدمها
وزارة الصحة (الحكومة)	
الوكالة	
منظمات غير حكومية:	
جمعيات خيرية محلية:	
قطاع خاص	
مقدمي خدمات آخرين	

أين يذهب السكان لخدمات الطب العام:-----

أين يذهب السكان لخدمات الاختصاص:-----

أين يذهب السكان لخدمات في حالة الحاجة إلى المستشفى:-----

أين تذهب النساء للرعاية بالمشاكل المتعلقة بصحة المرأة:-----

أين تذهب النساء لرعاية المرأة الحامل:-----

أين تذهب النساء لخدمات الولادة:-----

أين يذهب السكان لخدمات صحة الطفل:-----

المشاكل الصحية:

ما هي أهم المشاكل الصحية في المنطقة:-----

ما هي الأمراض المزمنة الأكثر انتشارا في البلدة:-----

ما هي الإعاقات الأكثر انتشارا في المنطقة:-----

عدد المعاقين

نوع الإعاقة

ما هي أهم المشاكل البيئية المؤثرة في الصحة في البلدة:-----

ما هي الأعمال، الإجراءات التي تم اتخاذها من قبل المجتمع المحلي أو أي مؤسسة أخرى لحل هذه المشاكل البيئية:-

هل حصلت حالة/ات وفاة أمومة خلال السنتين الماضيتين؟-----

● إذا نعم، ما هو السبب:-----

5. العاملین الصحیین فی المجتمع:

التخصص	العدد
ممرضات	
قابلات	
عاملات صحيات	
أطباء عامين	
أطباء أطفال	
أطباء نسائية وتوليد	
صيادلة	
علاج طبيعي	
غير ذلك	

6. قائمة المؤسسات المجتمعية:

اسم المؤسسة	التخصص، البرامج الرئيسية

7. النظام الاجتماعي:

ما هي العائلات الأساسية في البلدة:

1. -----

2. -----

3. -----

4. -----

من هم الأشخاص المهمين/ المؤثرين في المجتمع:

1. -----

..... 2

..... 3

..... 4

8. البنية الاقتصادية:

عدد أهم المشاريع الاقتصادية في البلدة:

.....1

.....2

.....3

.....4

Annex 4: CBOs Profile

Cluster: -----

Community: -----

Organization Name: -----

Year of establishment: -----

Structure:

Number of the board members: -----male-----female-----

Number of general members: ----- male-----female -----

Contact Information:

Contact Person: -----

Tel: -----

Fax: -----

E-mail: -----

CBOs Capacity Assessment:

<i>Item</i>	<i>Details</i>
What are the programs you are currently implementing in general?	
Do you implement any Community based program (CBA), if yes, what are these programs?	
What are the CM activities that you are implementing?	
Where do you work? In which communities?	
Do you have partners? Who are they? Local NGO, International NGO, Palestinian authority institutions?	
What kind of partnership do you have? Implementing, funding, counseling others	

Who is your main funder	
What are the approaches and methods that you use in implementing of the Community Based Activities (CBA)?	
Do you have plans in general? Do you have specific plan related to CBA or Cm programs?	
Do you usually assess the impact of your program? If yes, who is conducting that? Internal or external?	
What are the tools that had been used for assessment?	
Do you implement any project which targeted women or children; give details.	
General social activities of your CBOs	
How do you assess the relationship with the local community	
What is your relationship with other CBOs	
Do you coordinate with other CBOs in the favor of serving your community	
In general: How do you assess your role in the community	

CBOs Profile (Arabic version)

مشروع صحة المرأة، الطفل، والتغذية
مشروع حنان

معلومات المؤسسات المجتمعية

التاريخ:-----

أسم/اء من قام/وا بالزيارة:-----

أسم/اء من تمت مقابلتهم:-----

المنطقة:-----

البلدة:-----

اسم المؤسسة:-----

سنة التأسيس:-----

النظام الإداري:

عدد أعضاء الهيئة الإدارية:----- ذكور----- إناث-----

عدد أعضاء الهيئة العامة:----- ذكور----- إناث-----

طريقة الأبدال:

اسم الشخص الذي يمكن الأبدال به:-----

التلفون:-----

الفاكس:-----

البريد الإلكتروني:-----

تقييم قدرات المؤسسة المجتمعية:

التفاصيل	البند
	ما هي البرامج التي تنفذها حالياً بشكل عام؟
	هل تنفذ برامج مجتمعية؟ إذا نعم ما هي؟
	ما هي أنشطة التعبئة المجتمعية التي تقوموا بتنفيذها؟
	أين تعمل؟ في أي مجتمعات؟
	هل لديكم شركاء؟ من هم؟ منظمات محلية غير حكومية، منظمات دولية، مؤسسات السلطة الفلسطينية
	ما نوع الشراكة؟ تنفيذ، تمويل، استشارة، غير ذلك.....
	من هو الممول الرئيسي؟
	ما هي الطرق التي تستعملها في تنفيذ الفعاليات المجتمعية؟
	هل لديك خطط عامة؟
	هل لديك خطط خاصة تتعلق بالبرامج المجتمعية؟
	هل تقييم الأثر الذي يتركه برنامجكم؟ إذا نعم من يقوم بذلك؟ هل هو داخلي أو خارجي؟
	ما هي الوسائل التي تم استعمالها في التقييم؟
	هل قمتم بتنفيذ مشروع يستهدف النساء والأطفال؟ أعط تفاصيل
	نشاطات اجتماعية عامة للجمعية؟
	كيف تقييم علاقتك مع المجتمع المحلي؟
	ما هي علاقتكم مع الجمعيات والمؤسسات الأخرى في البلاد؟
	هل تقوموا بالتنسيق مع المؤسسات الأخرى من أجل خدمة المجتمع؟
	بشكل عام: كيف تقييم دورك في المجتمع؟

إمكانات الهيئة الإدارية:

الاسم	المؤهلات	مجال العمل	التدريب الذي تلقاه	الاحتياجات التدريبية

Annex 5: Women Focus group guiding questions

- What are the main problems facing pregnant women?
What are the major causes of these problems?
What are the major sicknesses experienced by children less than five years in the community?
What do you do to prevent health problems facing pregnant women?
What do you do to prevent health problem facing children under five?
What efforts have been made by health providers to prevent and manage these problems?
Are these efforts sufficient?
What else do you wish to see towards solving/managing these problems?
What resources do you have as a community to support MCHN services?
What is the community role in improving MCHN services?

Arabic version:

تقييم الاحتياجات:

1. ما هي المشاكل الرئيسية التي تواجه النساء الحوامل؟
2. ما هي الأسباب الرئيسية لهذه المشاكل؟
3. ما هي الأمراض الرئيسية التي يصاب بها الأطفال أقل من خمس سنوات في المجتمع المحلي؟

تقييم مستوى الوعي والفهم للمشاكل:

1. ما الذي تعمله لمنع المشاكل التي تواجه النساء الحوامل؟
2. ما الذي تعمله لمنع المشاكل الصحية التي تواجه الأطفال أقل من خمس سنوات؟
3. ما هي الجهود/المحاولات/المساعي التي قام بها مقدمي الخدمات الصحية لمنع ومعالجة هذه المشاكل؟
4. في رأيك، هل هذه المحاولات كافية.
5. هل لديك مقترحات أخرى لما يمكن عمله من أجل حل هذه المشاكل؟

المشاركة المبرمجة:

1. ما هي الإمكانيات التي تتوفر لدى مجتمعكم المحلي لدعم خدمات صحة المرأة والطفل؟
2. ما هو دور المجتمع المحلي في تحسين خدمات صحة المرأة والطفل؟

Annex 6: Community leader's focus group guiding questions

Who are the key individuals or groups in your community who can influence the identified MCHN problems?

In what ways do they influence the community?

What impact have they had?

Do these individuals and groups network and communicate with each other? how?

What function/role do they provide in terms of promoting maternal and child health?

How effective have they been?

Which donors or funding agencies support your community today? And historically?

What are the main projects that have been implemented by donors historically?

What projects are donors implementing in your community today?

Arabic version:

الفئة المستهدفة:

القياديين في المجموعات الشبابية، النسائية، وأشخاص فعالين في المجتمع (نساء أو رجال) ممن لهم أو كان لهم دور في مشاريع ممولّة أو ممن استفادوا من هذه المشاريع

التنظيم:

1. من هم الأشخاص المهمين أو المجموعات في البلدة والذين لهم أثر أو يمكن أن يكون لهم أثر في حل المشاكل التي تم التعرف عليها في صحة المرأة والطفل؟
2. ما هي الطرق التي بواسطتها يستطيع هؤلاء الأشخاص التأثير في المجتمع؟
3. ما هو الأثر الذي تركه هؤلاء الأشخاص؟
4. هل يتصل هؤلاء الأشخاص ببعضهم البعض ويعملوا ويتعاونوا مع بعضهم البعض؟ كيف؟

المشاركة:

لكل شخص أو مجموعة تم التعرف عليه، ما هو الدور/الوظيفة التي يقدمونها لتعزيز وترقية صحة المرأة والطفل؟

ما مدى فاعليتهم ونجاحهم؟

الأنصال:

1. من هم الممولين أو الوكالات التي تدعم مجتمع مجتمكم؟ حالياً وتاريخياً؟
2. ما هي المشاريع الرئيسية التي تم تنفيذها من قبل الممولين سابقاً؟
3. ما هي المشاريع التي يتم تنفيذها حالياً في البلدة؟