

# Safe motherhood in Palestine

**FACTSHEET** OCTOBER 2013

## Access to maternal and child health services

In Palestine, access to reproductive health (RH) including maternal and child health (MCH) services in remote areas is shaped, to a very large extent, by the current political situation, characterized by on-going conflict, continued area closures, and varying degrees of unrest. The socio-economic levels, lifestyles and women's position in Palestinian society is also a key determinant of demand for and access to RH services. For instance, the poverty rate among females in the Gaza strip is more than twice that of females in West Bank (PCBs, 2011)

With approximately 40 per cent of the Palestinian population being women of

reproductive age and children under 5 years, the Palestinian Family Planning and Protection Association (PFPPA) identified strengthening MCH services for communities living in remote areas as a priority for IPPF Japan Trust Fund (JTF) for HIV and Reproductive Health. To achieve this, PFPPA enhanced the currently offered SRH package for women by integrating MCH services to include antenatal care (ANC) services, HIV testing, STI management and refer clients to the Ministry of Health and other local NGOs as necessary. Community-based childcare and micronutrient programmes were also developed to address the nutritional needs of children.

## Empowering communities to access health service

PFPPA designed the project to improve RH/MCH services and increase knowledge among marginalized people, especially in remote areas of Hebron, Halhoul, Tulkarem and Gaza districts.

One of the key tools PFPPA used during the project to ensure pregnant women had access to the continuum of care is the *Mother and Child Health Hand Book (MCHHB)* in close collaboration with JICA. This tool provides the health care workers with complete health history of the mother and her child to ensure effective and efficient referrals and no loss of client history. Additionally, this handbook also contains health education information about the course of pregnancy, delivery, family planning (FP), childcare, RH and nutrition.

The project also encouraged male participation as being essential to changing behaviours and knowledge within the community and increasing acceptance and uptake of sexual reproductive health and rights (SRHR) services particularly in relation to matters that are traditionally considered "women related issues" in a male dominant society.

Community mobilisation to deliver SRHR messages through a youth voluntary theatre group was popular among the target groups. The theatre performances were designed to increase the knowledge and awareness of the audience and also offered an opportunity to participate in a discussion with the actors and the project staff.



### Palestine

Population: 4,420,549 (2013, PCBS)  
Life expectancy for M/F (years): 71/74 years (MoH Annual Report 2011)  
Total fertility rate: 4.5 (2010) UNICEF  
Under 5 mortality rate (per 1000 live births): 25.1 (2010) UNOCHA

### Project Facts

Organisation: Palestinian Family Planning and Protection Association – PFPPA  
Donor: IPPF Japan Trust Fund Project for HIV and Reproductive Health  
Location: Hebron, Halhoul, Tulkarem and Gaza Districts  
Objective: Improving RH-MCH knowledge and services in target districts  
Period: 2010-2013

### Project Service Statistics

1700 women and 2700 children benefited from the community based child care and micronutrient programs  
4700 men and women were reached through outreach services  
7856 Contraceptive and family planning services provided  
3180 STI services provided  
9207 condoms distributed  
3905 HIV related counselling services provided  
1652 eMTCT counselling services provided  
6088 MCH/ANC/PNC related services provided.

"...to improve RH awareness in our community, it is essential for the men in our village to participate and play a role as they represent at least half of the community."

**A representative from a village council reflecting his thoughts on the project**



## Aisheh's story: How my life was changed

During an outreach awareness session conducted in Deir Al Asal, a poor and marginalized outlying district of Hebron, a female participant asked the PFPPA social worker to visit her friends. She explained the two women were unable to join as they could not leave their 6 little children. The mobile team arranged a visit to meet the two young women, both unemployed and married to the same 26 year old man.

The social worker observed that both women had been mistreated by the husband and one of the women, Aisheh said her son was born premature and hydrocephalic. She also shared her personal experience of having an abortion when she found herself pregnant for the second time, as she was afraid of having another baby with the same abnormalities. The GP who provided her abortion services knew nothing about her history of physical problems and gave her medication without any supervision. Aisheh had severe bleeding but was afraid to go to a gynaecologist for further follow up. The team referred her to the PFPPA service delivery point (SDP) in Hebron to receive family planning counselling and services. They also requested her husband accompany her during the visit and counselled the couple on various SRHR issues including domestic violence. A few months later, the PFPPA team during a follow up visit, found Aisheh to be relaxed and comfortable. Aisheh said she felt empowered with the new information she received on FP options and she and her husband have agreed to use them. Aisheh and her friend became

champions of the JTF project by organising small information sharing sessions for their neighbours at home and inviting PFPPA mobile teams to participate. According to Aisheh, "they must know that there are numerous family planning options available which can make their lives much easier and they can be in control of their bodies. I am now aware of how to take care of myself and protecting my rights (as a woman)... my life has changed".

## What the future holds

As a leading community based SRHR organisation, PFPPA implemented the project in coordination with the local authorities and NGOs. The JTF project benefited from the supportive network of stakeholders including governmental and non-governmental representatives such as the Ministry of Health, MCH National Committee, municipalities, health organizations, village councils, women centres, youth centres, kindergartens and other NGOs who work and partnered with them at the various stages of the project. This collaborated method of work will also enable PFPPA to advocate for uptake of services by other organisations.

Having increased the capacity of PFPPA clinics and outreach to deliver services like preventing mother to child transmission of HIV and STI counselling, these will now be integrated to the standard package of SRH services. Voluntary groups of theatre performers will continue to work in the West Bank on community mobilisation through the newly secured funding to provide comprehensive sexual education for youth.

### Photos

1. Reproductive health session (overleaf).
2. Mother and child health information session.
3. Child health session.

Photos: PFPPA/Miss.Wafaa Abu Hashish/  
Gaza/2010

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### References

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**From  
the People of Japan**

The IPPF Japan Trust Fund for HIV and Reproductive Health was set up by the Government of Japan in 2000, to increase access to HIV and sexual and reproductive health services for women, young people and key populations in developing countries. Since its establishment, it has supported more than 121 projects in 49 countries.