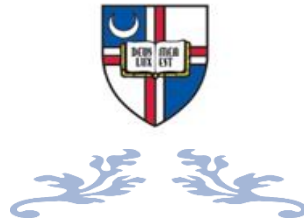


THE BUSCH SCHOOL

THE CATHOLIC UNIVERSITY OF AMERICA



Impact Evaluation on Maternal Health Program, Holy Family Hospital, Bethlehem, Palestine

APPLIED RESEARCH PROJECT



Nouf Altuwajri

Integral Economic Development Management
The Catholic University of America
Advisor: Dr. Maria Sophia Aguirre

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Executive Summary

This Applied Research Project (ARP) presents the design and baseline results of an impact evaluation conducted on Holy Family Hospital (HFH) Maternal Health Program in Bethlehem, Palestine. It also includes its mobile clinic, and the comparative hospital Palestine Red Crescent Society Hospital in Hebron.

Holy Family Hospital is a run by the order of Malta. The main focus of the hospital and the Order of Malta is to provide high quality services to pregnant mothers and women over 45 years old in Palestine. Holy family hospital (HFH) is one of the main hospitals in Bethlehem providing neo-, pre- and post- natal care and health services for Palestinian women and their babies. Through their maternal and prenatal care, it meets a need in the West Bank. In doing so, they contribute to the development of human capital in the region.

Palestine, with 4.6 million populations is characterized by recession economy, high unemployment rate, war conditions, and Israeli military occupation. All of these factors have a negative effect on the health provision in Palestine. In carrying out the comparative study design and baseline analysis, we used an integral approach as proposed in Aguirre (2013). The approach evaluates more than the usual immediate effects, what in this case would amount the measuring maternal health outcomes. The integral approach also evaluates the impact of the intervention on the quality of life of those benefiting from the program, and on their communities. To do so, it assesses the impact of the intervention on the quality of life of those benefiting from the program as well as the way they live out their social and civic responsibility. Data were collected from November 2016 through March 2017. A total sample of 1,545 women was included in the sample.

This ARP presents baseline findings of data collected through surveys from three groups of subjects: women served, one relative, and medical personnel from both hospitals. The final and complete results will be provided after the post data collection is completed and experiments have been run and subsequently analyzed.

Three students worked in the design and baseline analysis: Allyssa Aclan, Ashwaq Alsu hail, and myself. Although we collaborated in all its different aspects of the design and baseline data collection, I present here the analysis that I carried out.

I. Introduction

The State of Palestine is located in the Middle East. It is divided into sixteen administrative divisions. It has two major separate areas: the West Bank and the Gaza Strip. The West Bank is more than 15 times larger than the Gaza Strip. About 4.8 million people are living on both sides. 2.9 million of them live in the West Bank.

World Bank 2017 reports that the lack of peace and reconciliation on the political horizon has created an unsustainable economic situation in the West Bank and Gaza Strip. Increasing political unrest and the growth of external and internal disturbances has a direct impact on the Palestinian economy. "Palestinian economy recently ranks low among world economies, and it is highly susceptible to instability, despite the availability of human and natural resources and the high productivity of Palestinian society and individuals. It is classified by the World Bank as a lower-middle-income country. The main drivers of the weakness and instability of the Palestinian economy are political, security, and economic". (Chronicle, Middle East and South Africa, 2016). Also, the World Bank report that GDP growth rate of the Palestinian economy in 2017 is projected at 3.5%: 2.7% in the West Bank and 5.5% in Gaza, but the country suffers from high unemployment rate (27%), which suggests an aid-driven growth rather than productivity growth. The Israel-Palestinian conflict also affects the Palestinian women. Millions of women have been displaced since 1948's Arab-Israeli War. The conflict affects Palestinian women's physical, psychological, health, education, and economic security (Mediterranean, 2015). WHO (2011), reports that most of the Palestinian women marry young and teenage pregnancies are at high risk. Moreover, consanguineous marriages are extremely common in almost half of all marriages in Gaza Strip and the West Bank, which bring additional health risks.

Palestine has 80 hospitals. The majority of them are located in the West Bank region, where there are 50 hospitals and 3,502 beds (Palestinian Central Bureau Statistics, 2014).

Palestine suffers from Israeli occupation and violation of Palestinian health rights. The combination of Israeli imposed checkpoints throughout the West Bank and the separation wall built around cities and villages makes difficult access to the provision of maternal health. Research on the relevance of human capital to the economic growth is vast and varied. Among these, some studies have highlighted the relevance of health, and more specifically maternal health to ensure the increase of human capital. This is so because the mother's health has an effect on the other members of the family, especially newborns.

The World Health Organization (WHO) defines maternal health as “the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience in most cases and reduce maternal morbidity and mortality in other cases” (WHO, Maternal Health). UCSF (2001) reports that “extending the coverage of crucial health services to the world's poor could save millions of lives each year, reduce poverty, spur economic development and promote global security.” World Bank (2012) finds that the improvement of maternal health has increased the nutritional status of children and lowered incidence of illness, thus broadening individual, family, and social benefits.

“The major causes of maternal mortality in developing countries are hypertension and heavy bleeding after childbirth, which are responsible for 18 and 35 percent and obstetric deaths. In a combination with infections, obstructed labor, and Insafe abortions, these five complications account for 80 percent of maternal death's” (WHO, 2012). “Mortality rate among children under

the age of five, which stands at 21 per 1,000 live births in the West Bank and it raises in the Gaza Strip, where violence is more regular, to 26.8 per 1,000 live births. The infant mortality rate is 18.9 per 1,000 live births. Perhaps the most important cause of these high numbers is malnutrition. As a result, the percentage of children under the age of five who suffer from moderate to severe stunting is 11.5 per cent in the West Bank and 10.4 per cent in the Gaza Strip” (CHRONICLE of the Middle East and North Africa, 2016). Bethlehem faces a hard-economic condition. It has a high unemployment rate, no social security, and no medical insurance. As previously mentioned, road closures, curfews, security checkpoints, and other daily stressors of life in occupied territory are making the public health issues worse. Refugee communities and remote villages are seriously impacted by these factors.

Albeit in Palestine maternal health is better than in other developing countries, efforts continue in the West Bank to improve its accessibility. Holy Family Hospital (HFH) in Bethlehem is one of these efforts. HFH in Bethlehem specializes in maternity and neonatal critical care serving poor and at-risk women, infants, and children throughout the West Bank. The hospital’s mission is to provide quality care for women and infants, without regard to religion or national origins. In 2016, HFH reached over than 70.000 delivery mark since 1990. The hospital also runs an over 45 women clinics as well as a mobile clinic that goes to desert and refugee’s area to provide treatment for women and children. HFH is a referral hospital for neonatal critical care in Palestine and in West Jerusalem.

In this Apply Research Project (ARP) we present the design of the impact evaluation of this initiative. The evaluation has been designed as a comparative study between HFH and Palestinian Red Crescent Society Hospital (PRCS) in Hebron. Specifically, we design the instruments so to evaluate the short and long-term impact of the maternal health as well as of the

pre- and post- natal care provided by both hospitals on the mothers, their babies, their family, and in their communities. Three students worked in the design and baseline analysis: Allyssa Aclan, Ashwaq Alshail, and myself. Although we collaborated in all its different aspects of the design and baseline data collection, I present here the analysis that I carried out.

Together with the presentation of the design of the tool for the evaluation, this ARP will also present some of the baseline findings.

The document is organized as follows: Section II presents the research framework used to support the necessity of the intervention. The program to be evaluated and locations are presented in Section III. Section IV discusses the population served by the program and the sample designed. A review of the literature follows. Section VI presents data collection instruments and structure of the evaluation. Data collection methods used are explained in Section VII. The following section presents methodology planned for data analysis. Finally, Section IX presents the conclusion.

II. Research Framework

The World Bank (2012) presents evidence in support of the casual relationship between maternal and child health and “its instrumental importance as an input into the accumulation of human capital, which in turn is a determining factor of economic growth”. Adda and Bollo (2014) study showed that countries with high mortality rates and low life expectancy rates have negatively affected economic growth processes. Furthermore, Abdo and Jarrar (2011) highlight the need for quality maternal health in MENA countries’. HFHB, through their maternal and prenatal care, meets these real needs in the West Bank. In doing so, they contribute to the development of human capital in the region.

In carrying out the comparative studied being proposed, we will use an integral approach as proposed in Aguirre (2013). The approach evaluates more than the usual immediate effects, what in this case would amount the measuring maternal health outcomes. The integral approach also evaluates the impact of the intervention on the quality of life of those benefiting from the program, and on their communities. To do so, it assesses the impact of the intervention on the quality of life of those benefiting from the program as well as the way they live out their social and civic responsibility.

The approach innovatively utilizes market research techniques and 360 methodologies to capture the interpersonal effects of any human interaction, while meeting the standards required for rigorous econometric analysis. It also resorts to behavioral and experimental economics to run experiments with a framework that does not require assuming a self-utility maximizing economic agent. Rather, measurements are developed and the experiments conducted with a holistic view of the economic agent in mind. Thus, the variables designed normally seek to capture proactive behavior instead of the monetary incentive-response model typically used in experimental economics. Thus far, this approach has proven to be enriching and promising in the quest to improve the way we understand, and therefore carry out economic development. It is also a good fit for the design, implementation, and evaluation of programs that embody a bottom-up piecemeal approach to economic development intervention.

An important consequence of framing evaluations in this way is that measures developed and applied for this assessment, always seek to achieve a proactive behavior born the agent's recognition of his/her dignity as well as that of the others. This alternative behavior is rooted not in the assumption of selfish economic reasons, but rather in an understanding of a rationality, which takes the consequence of the social nature of man for human behavior seriously.

III. Program to Be Evaluated and Location

History of the Hospital

Holy Family Hospital is located in Bethlehem in the West Bank region in Palestine. It was established in 1885 with 80 beds. In 1985, the hospital closed because of the political and economic situation of the Israel – Arab conflict. The hospital has re-open in 1990 with 28 maternity bed. In addition, the hospital introduced mobile clinic in 1995. The mission of the clinics is to reach the very poor people and the Judean desert. It provides the only available medical care for high-risk pregnancies. The hospital has developed into the primary maternity referral center for the Bethlehem District. With a growing reputation for high-quality care, women are coming long distances, mainly from the Hebron as well as South of Bethlehem and, more recently, from east of Jerusalem villages.

The hospital provides six services. The Gynecological department, the Neonatal department, the Outreach clinic, the Outpatient department, the Paramedical services, and the General Services.

The Outreach clinic was reintroduced in 1995. The purpose of mobile clinics is to reach women living in rural villages and scattered communities. HFH welcomes women and infants with no regard to their religion or national background. The hospital mission is to provide the best, maternal care in the region.

Team Composition

The hospital runs by 140 highly qualified and well-trained employees. It includes 11 consultant doctors, 10 resident doctors, 68 midwives and nurses, 11 paramedical staff, and 40 administration staff and support staff.

Most of the equipment HFH has been acquired through governments or non-governments organizations' special donations. offered by special donations from the government or non-government organizations. According to the hospital, patients are asked to pay what they can afford. This is determined by the overview and help of a social worker. The Holy Family Hospital Foundation by Order of Malta members in the US in 2000. This foundation is committed to secure long-term sustainable for HFH and its growing service.

IV. Population Served by the Program and Sample Design

The Holy Family Hospital in Bethlehem serves an annual average of 57,000 outpatient women in the West Bank region. HFH provides two-time frames for admissions into the services. First, Morning admissions, which are opened to all woman in the region. There is a small subsidized fee, women who are admitted on the morning sessions will be asked to pay 50% of the cost of their treatment. Second, the afternoon admissions deliver services to private patient. The services provided in the afternoon clinic are the same as the ones in the morning and are provided by the same health professionals as in the morning session. The only difference is that for the afternoon services, patents are asked to pay 90% of the cost. The deliveries population served in the past five years is presented in Table 1. As one can see, the number of deliveries has steadily increased over these years.

Table 1
Deliveries Population Served in HFH
(2012-2016)

	2012	2013	2014	2015	2016
Total Deliveries	3,166	3,184	3,312	3,568	3,653

Source: HFH Reported Statistics, 2016.

The sample for this study has been drawn from the population of inpatient and outpatient women who receive maternal care, pre-and post-natal care, as well as diabetic treatment. In addition, the mobile clinic and over 45 clinic patients were also included in the sample. Table 2 presents the population served in other than delivery clinical services in 2016.

Table 2
Out Patient Population Served in 2016

	Ob/gyn consultation	Ped consultation	Hearing screening	Diabetic consultation	Mammography	Over 45 good women clinics	Cardiology	Admission Ob/GYN
TOTAL	12,741	2,578	3,507	860	188	1,026	623	4,976

Source: HFH Reported Statistics, 2016.

As already explained, the treatment group is composed of women being treated at Holy Family Hospital (HFH) while the Comparison Group are women treated at Red Cross Hospital (RCH). Both hospitals provide health services for women and their babies.

A proportional sample distribution was used to determine the sample size and sample designed. Equation 1 shows the sample size estimation.

$$n = [Z_{\alpha/2}^2 P (1 - P)]/E^2 \quad (1)$$

Where $Z_{\alpha/2}^2$ is the ordinal value for a 95% confidence interval, P is the proportion of treated women, and E is 5% margin of error. The required sample size is 370. We augmented the required sample size by a factor of 5 to acquire volume. To this was added a 20% clustering effect and a 30% collection error. The total estimated sample is 2,839, 50% of this sample was assigned to each hospital. Table 3 presents the sample estimation as well as the sample distributed across the different services provided.

Table 3
Sample Size Estimated and Proportional Distribution

	Estimate	Adjustment for volume	HFH	Mobile Clinic (MC)	PRCS
Proportional Population Distribution			60%	10%	30%
Sample size(n)	370	1,850			
Cluster	0.2	2,220			
Error	0.3	2,886	1,731	289	866
Relatives			1,731	289	866
Medical Personal			100%	100%	100%

The surveys were designed in English and translated into Arabic, with the exception of the survey distributed to Doctors and for the medical records. Both of these were deployed in English. All surveys were translated by two persons to reduce errors to acceptable levels (5%) and validated by medical personnel, management staff, and women in the respective hospitals before deployment.

1,545 women, or 53% of the estimated sample, compose the baseline after cleaning up of the data. Thus, the sample meets the requirements for significance in terms of size. However, 64.2% of the samples collected are women treated by HFH, 18.3% are treated by MC, and 17.4% are treated by PRCS. Therefore, in the baseline sample, there is an overrepresentation of HFH and MC. Table 4 presents the distribution of the baseline data collected.

Table 4
Collected Sample Distribution by Hospital and Subjects Surveyed

	Holy Family Hospital (HFH)	Holy Family Hospital Mobile Clinics (MC)	Palestine Red Crescent Society (PRCS)	Total
Women	992	286	269	1,545
Husbands	31	6	34	71
Mothers	65	8	11	84
Other Relatives	57	16	6	79
Medical Staff	27	NA	14	31

An important condition to carry out an impact evaluation of the two hospitals is the comparability between treatment and control groups (HFH and PRCS), as it ensures proper and effective analysis. Table 5 reports the results of the comparability analysis for women and their husbands.

With the exception of few indicators: household income and water source; no other characteristics report statistical significant difference for the women served by the hospitals. Patients, on average, are young (24-28 years old), have a college/university degree, proceed from monogamous marriages, have between 1 and 4 children, are Muslim, live near at school for their children, have access to electricity, do not receive financial assistance from the government or from their religious institution, and work full-time at home. PRCS women report higher income, living in apartments instead of houses, and draw water from wells instead of city water pipes. Men, on average, report similar characteristics than their spouses with the exception of education (PRCS report only achieving a high school education instead of college), and employment (PRCS husbands work in the informal sector while HFH holds jobs in the formal sector). Overall, based on demographics' characteristics, we find the patients served by the two hospitals and their husbands are statistically comparable.

Table 5

Women and Husbands, Means and Test for Comparability

Variable	Group	Women Means	Test of Equality of Distribution Between Treatment and Control	Husband Means	Test of Equality of Distribution Between Treatment and Control
Age	HFH	24-28	No Significant Difference	24-28	No Significant Difference
	PRCS	24-28		24-28	
Education	HFH	University/Collage	No Significant Difference	College	Significant Difference
	PRCS			High school	
Household Income	HFH	2700 – 3,000 ILS	Significant Difference	2,700-3000 ILS	Significant Difference
	PRCS	3,301 – 3,600 ILS		3,301-3,600 ILS	
Marital Status	HFH	Married Monogamous	No Significant Difference	Married Monogamous	No Significant Difference
	PRCS	Married Monogamous		Married Monogamous	
Number of Children	HFH	1-4 Children	No Significant Difference	1-4 Children	No Significant Difference
	PRCS	1-4 Children		1-4 Children	
Religion	HFH	Muslim	No Significant Difference	Muslim	No Significant Difference
	PRCS	Muslim		Muslim	
Living Near a School	HFH	Yes	No Significant Difference	Yes	No Significant Difference
	PRCS	Yes		Yes	
Receiving Financial Assistance from Government or Church	HFH	No	No Significant Difference	No	No Significant Difference
	PRCS	No		No	
Type of Dwelling Unit	HFH	House	Significant Difference	House	No Significant Difference
	PRCS	Apartment		House	
Access to Electricity	HFH	Yes	No Significant Difference	Yes	No Significant Difference
	PRCS	Yes		Yes	
Water Source	HFH	Piped Water	Significant Difference	Piped Water	Significant Difference
	PRCS	Dug Well		Dug Well	
Employment	HFH	No	No Significant Difference	Formal	Significant Difference
	PRCS	No		Informal	

V. Literature Review

“Better health is an important contribution for economic progress, as healthy populations live longer, they will be more productive and that will lead to economic growth” (WHO, 2008). Yet, Millions of women continue to die from pregnancy-related causes every year. Because of this reality, several studies tried to search for the causes of these deaths. Bendavid and Bhattacharya (2014) address funding of health as one of the causes. Specifically, they estimated that an increase in health aid of 4 percent could have a major implication in the decrease of child mortality. They also report that Key health interventions can largely prevent these deaths, but the use is limited in developing countries. Specifically, they found a wide variation in use of maternal health care. The variation was usually framed by contextual issues relating to funding and organization of health care or social and cultural issues. Along the same lines, Kabir (2008) suggests that developing countries should formulate appropriate social sectors policies and programs to increase physician’s availability. TimFus (2010) shows an evidence on mortality trends in Sub-Saharan Africa. The region is characterized by the highest mortality levels in the world. The economic difficulties, the negative effects of structural adjustment programs on social development and on the functioning of the health sector, the spread of AIDS, and the prevalence of internal conflict are reasons for high mortality rate in the region.

Carvalho (2012), using methods from decision sciences and statistics, estimated the health and economic impact of maternal and child health in three different developing countries. It also estimated the costs effectiveness of improved interventions in the same areas of health. Specially, in the case of Afghanistan, he uses a decision-analytic model that simulates the natural history of pregnancy and pregnancy related to complications to assess the expected health outcomes, costs, and cost effectiveness of the strategies to reduce maternal mortality. The outcomes suggest that a

stepwise approach that couples increased family planning with incremental improvements in access to appropriate intrapartum care could prevent 3 out of 4 maternal deaths and would be cost effective. It is not cleared, however, whether the expected decrease found in maternal deaths is due to the decrease of childbirth or to effective improvements of maternal health services. Furthermore, the study does not take into consideration potential long term effects such as aging population.

Bulatao R A, Ross J A, (2000), compared maternal and neonatal health services in 49 developing countries. it uses national ratings provide by 10-25 experts per country on variety of dimensions. Their rating covered both routine and emergency services at health facilities, as well as access to these services for both rural and urban women. They found that in general, programs tend to receive low ratings, but a great variation exists across countries, especially with regard access to services in rural areas. The rating appears to confirm some aspects of the conventional wisdom about the quality of maternal and neonatal services.

Cham, Sundby, et al (2005) describe the relationship between health services, socio-cultural customs, and maternal death in rural Gambia. Their finding suggests that there is an under estimation of the severity of maternal health complications, of the delay in women reaching appropriate medical facilities, of the bad experiences women have with the health care system, of the lack of transportation, and of the delay women faced in receiving appropriate care after reaching the hospital. All of these factors contribute to high mortality rate in Gambia.

Egyptian National Maternal Mortality Study in (2005) found that 77% of deaths are due to direct causes like such as bleeding, while. 20% are due for to undirect indirect causes such as heart disease.

Some other studies focus on the relationship between culture and maternal delivery. One of these studies is Granqvist (1947), who investigate the customs around giving birth in a Palestinians community. Fieldwork was done between 1935-31 among Arabs living in Muhammadan village in Palestine. Albeit an old study, their findings reflect what a woman giving birth in a Palestinian village experiences today. They covered topics pregnancy and babies in village life. They found that births are considered difficult and no men is present when women deliver at home. Midwives are the most important person in birth-giving at birth. However, if a boy is born, the announcement to the father is rapid and gifts are often given to the mother. On the other hand, female births are considered deficient. Today, women often seek medical attention around week 20th to 21st of pregnancy because they want to know the sex of the baby. Midwives still today the main medical delivery assistance.

Other relevant studies for this evaluation have focused on child mortality. Kaldewei (2010) Studied the determinants of infant and under-five mortality in Jordan. The results suggest that an additional effort by reducing smoking, increase birth spacing, and increase the duration of breastfeeding could reduce infant mortality rate.

Hagiwara, Ueyama, et al (2012), examines the effect of the Maternal and Child Health (MCH) handbook on women's knowledge and behavior in the Jericho as well as in Ramallah a Governates in Palestine. They used difference-in-difference regression analysis utilizing a pre-tested knowledge, attitude, and practice survey of women at 24 treatment centers. They found knowledge to that MCH helps women understand the importance of exclusive breastfeeding as well as help them to know how to cope with rupture of membranes risks during pregnancy. This is especially the case with less educated women. They also found that the handbook is an effective tool for communication with these women's husbands and health providers.

Besides the above-mentioned evaluation, we found no other previous impact evaluations in Palestine of maternal health services. However, Aguirre and Cruz (2013), utilizing an integral approach, carried out an impact evaluation of Asopunte in the Highlands of Guatemala that has been very useful in the design of this comparative study.

VI. Data Collection Instrument and Structure of the Evaluation

In addition to three surveys (women, relative, and health care provider), medical record information has been collected for baseline and post. Post data is being clean up at this point. Another student in the evaluation team will present the final evaluation later. The medical records collect key medical components that help measure the quality and appropriateness of healthcare provisions to patients. Offline Qualtrics software was used to administer the surveys. The surveys have information on different health treatment components, as well as the quality of life, living of social and civil responsibility, and demographics.

The survey includes three types of questions. First, binary, yes/no questions. Second, frequency questions such as “how often”. Finally, multiple answer questions where the subject can select more than one answer.

The structure of the surveys begins with an identification section. Other sections collect information on health services, access, quality of services, outcomes, quality of life, social and civic responsibility and finally demographics. A total of seven sections. What follows is a short description of each section with the presentation of relevant baseline findings for each section.

1. Identification

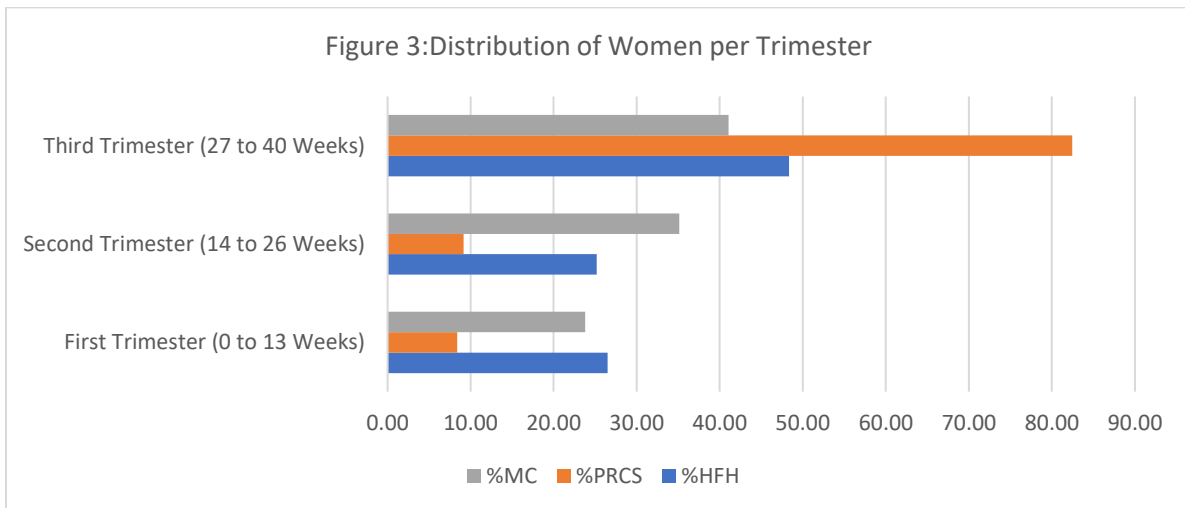
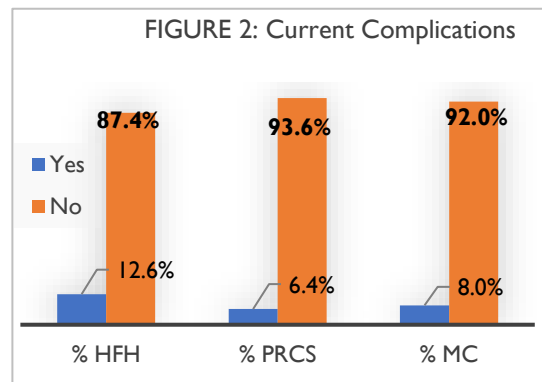
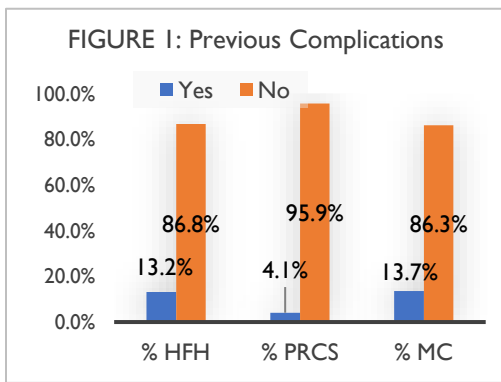
The structure of the surveys includes an identification section to allow for the matching of the different subjects included in the study: women, relative, and medical staff. Identification section contains four levels of identification. These include a person ID, which is used by the women and her relative; the position of the respondent (patient, husband, mother, mother in law, sister, sister wife, doctor, resident doctor, midwife, nurse, technical support and administrative staff), and place of service (HFH, MC, and PRCS).

2. Health Services

This section is divided by type of service the women could receive. Questions collect information regarding the history of previous pregnancy such as the outcome of pregnancies, health complications, and place of delivery. These information helps control for past health history when analyzing current pregnancy outcomes. It also collects information regarding pre-natal care of current pregnancy as well general health conditions that could affect the current pregnancy. Specifically, it collects information on diabetes, thyroid, mammography, cancer checkups, and treatment received at the hospital.

Figure 1 and 2, presents baseline findings for past and current medical complication. Overall the population served in both hospitals are healthy. They report neither past nor current complication. However, HFH report 3 times higher the number of women with past complications than PRCS and twice the number of women with current complications.

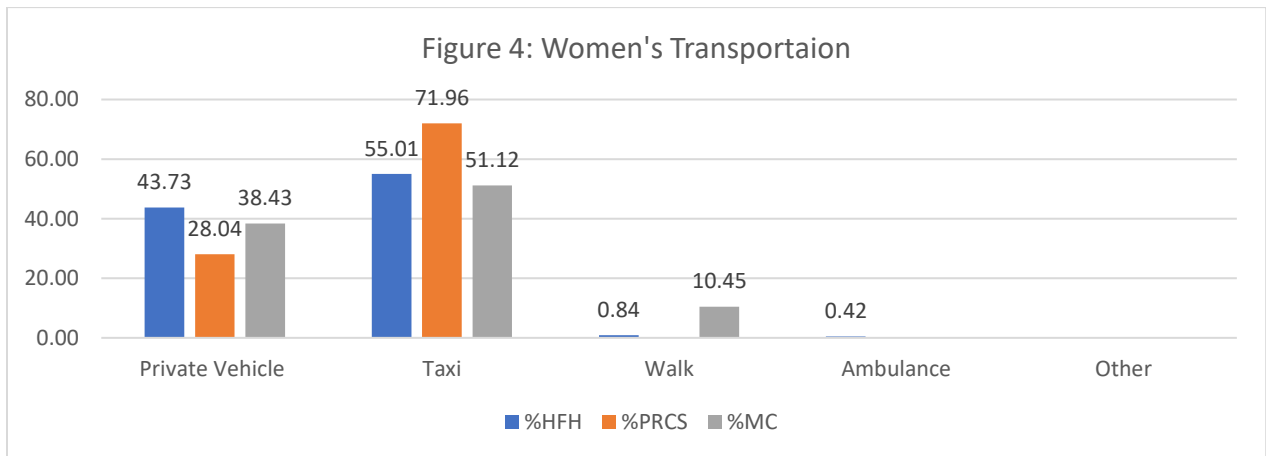
A significant number of women arrive to both hospitals and to the MC in their third trimester, i.e., on time just to deliver their child (PRCS 82%, HFH 48%, and MC 41%). HFH and MC reveal a similar distribution as to the percentage of women being served in the first and second trimester. 25% and 35% of the women report being in their second trimester respectively, while 26% and 24% report being in their first trimester (Figure 3).

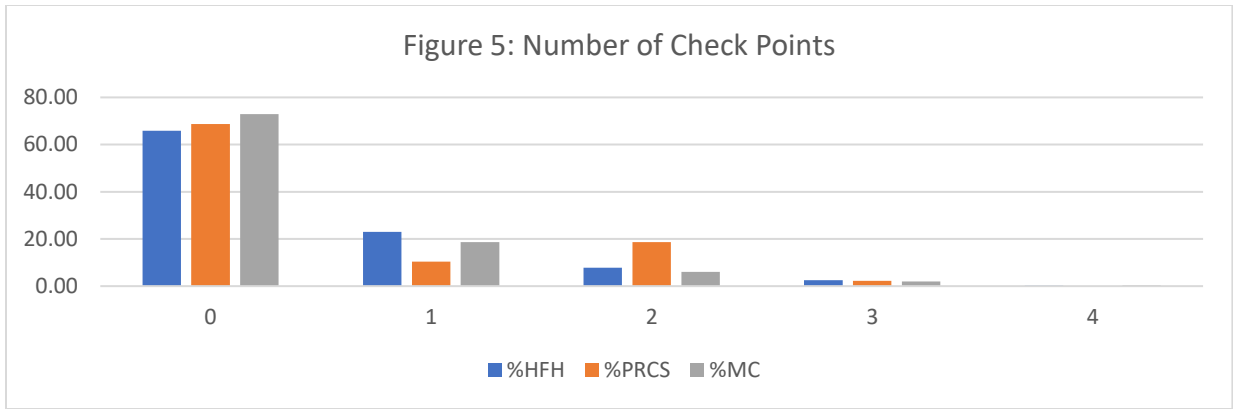


3- Access to Health Services

The goal of this section is to collect information on access to health services, such as type of transportation used to get to and from the hospitals. Because of the political conditions in Palestine, we also collect information about the numbers of checkpoints they pass to get to the hospital, and the distance they travel. Also, this section collects information regarding cost of treatment and mode of payments.

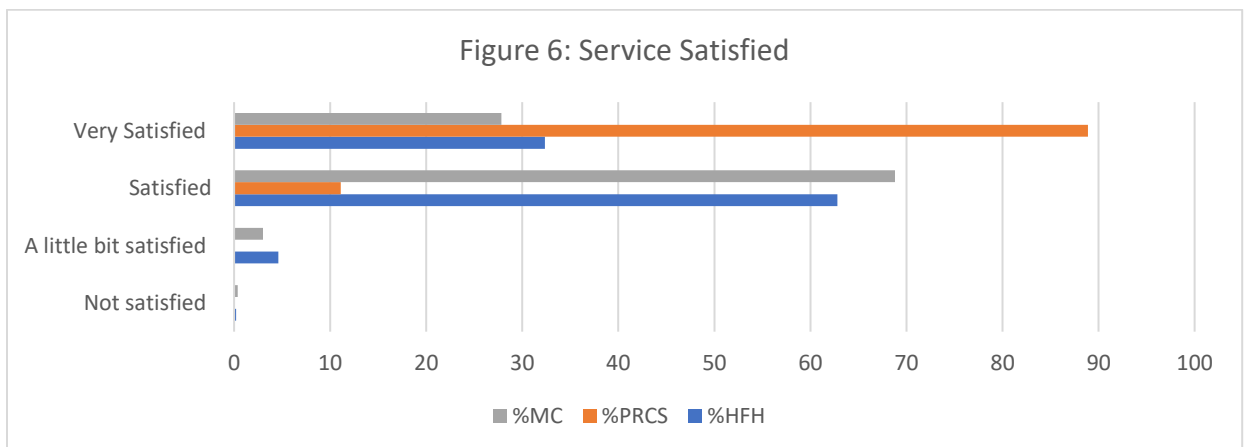
Baseline collected indicates that 55 percent of women in HFH use taxis to reach the hospital, 44 percent use their own car and, 1 percent walks to the hospital. For the case of PRCS, 72 percent of the women use taxis while 28 percent use their own cars (Figure 4). More than 60 percent of the women do not encounter checking points while commuting to the hospital while the remaining 40% typically has to cross one or two checking point (Figure 5).





4- Quality of service

The fourth part of the women and relatives survey collects information regarding the type and quality of the services provided by hospitals. For example, questions collect information about the attention they received when they reach the hospital, waiting time, and the degree of satisfaction with the service received. Figure 6 present baseline women responses regarding service satisfaction. 63 percent of women in HFH hospital were satisfied with the service received, while 89 percent of women in PRCS were very satisfied with the service they received.



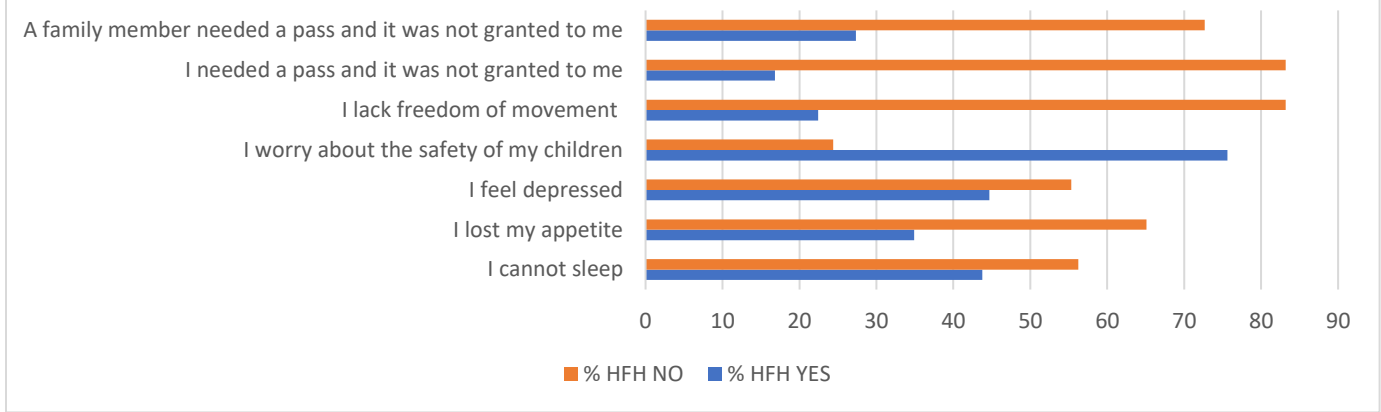
5- Outcomes

The outcomes section in the survey collects data on the short and the long-term impact of the maternal health program. Moreover, respondents were asked about the effects of the services and the training programs provided for maternal health and child care, changes in child and mother health, and level of communication with family member.

6- Quality of Life, Social Responsibility and Civic Engagement

In this section of the survey, questions are designed to determine the long-term effect of the program and collect data on the quality of life, civic and social responsibility. Women and relatives were asked questions to capture quality of life measured in both relational factors and personal care. The former includes time spend with family member and friends, exercise, health, etc., while the later includes factors associated with personal care such as health, leisure, etc. Social responsibility is captured by their engagement in their community, volunteer activities and help provided to family members, etc. Civic responsibility is captured by their civic engagement. In this section, we also include measures of social ills. For example, Figure 7, capture some measures of lack of security as well as of the consequences that could follow as a consequence of experiencing insecurity over an extended period of time. Majority of women in HFH are worry about the safety of their children (76%), report having to go through check points, and lack freedom of movement. They also report feeling depressed, having lost their appetite, and a having problem sleeping.

Figure 7: Experience the Following Currently (HFH)

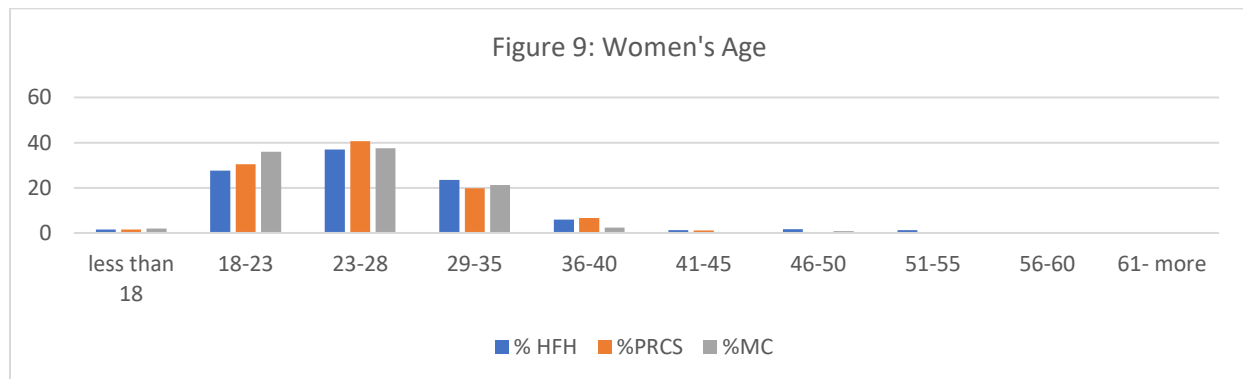


7- Demographics

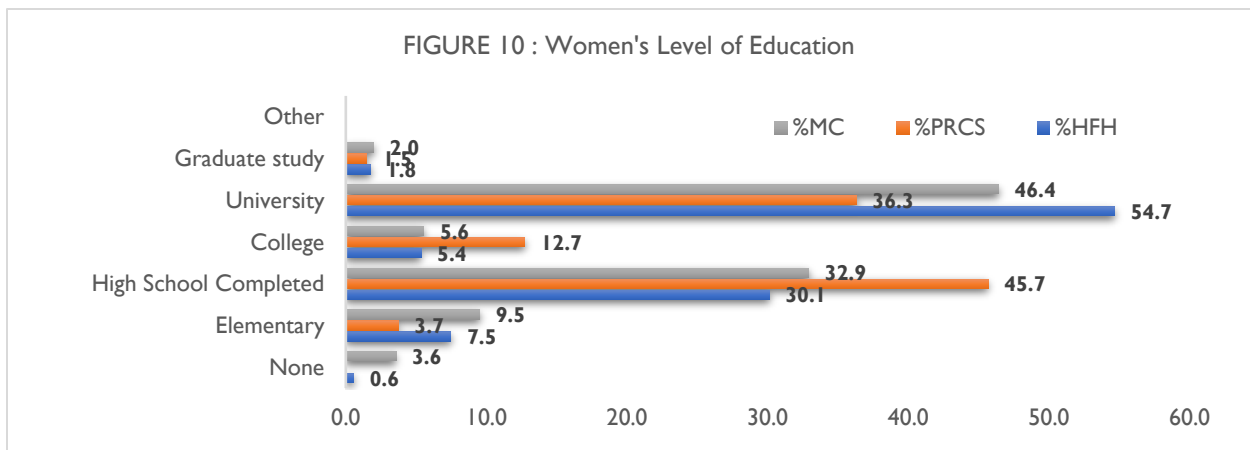
The last part of the survey present respondent’s demographics characteristics by capturing their gender, age, marital status, religion, education level, number of children, household income and access to water and electricity. The following are some of women, husband, and mother demographics.

Approximately 30% of the women served are between 18-23 years old, while 40% of them are between 24-28 years old (figure 9), indicating a fairly young mother’s population. Yet there is a low presence of teenage pregnancy (less than 2% or a total of 14 young pregnant women).

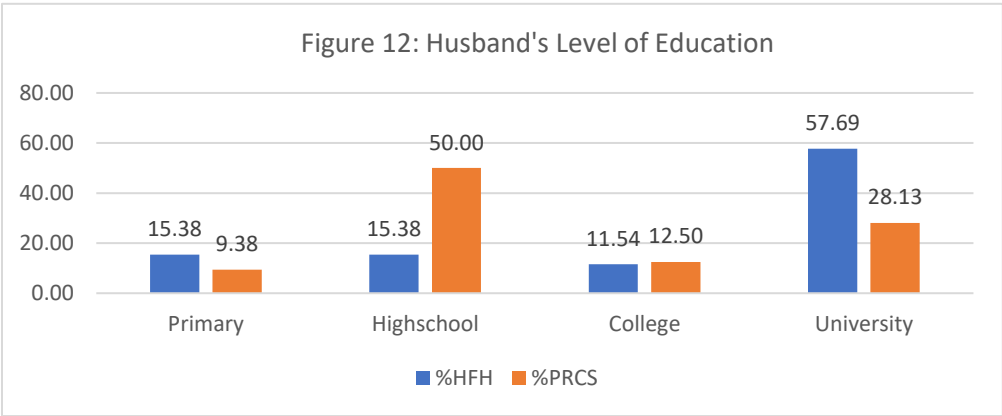
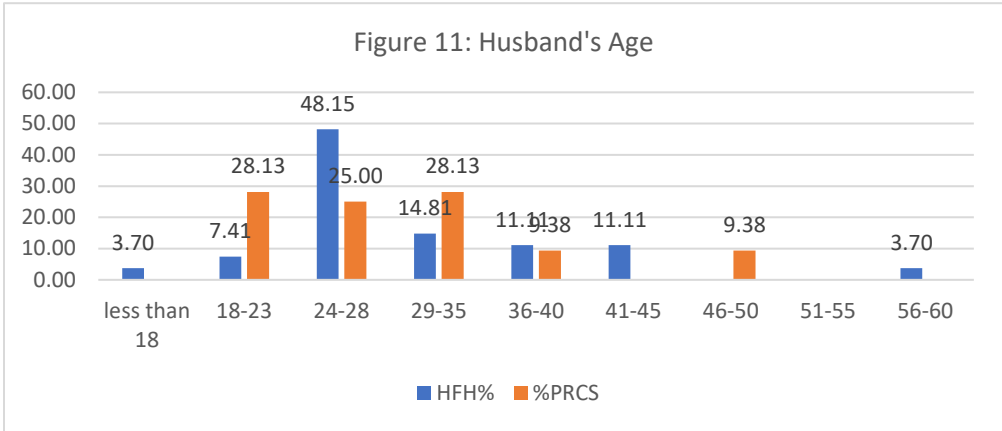
Figure 9: Women's Age



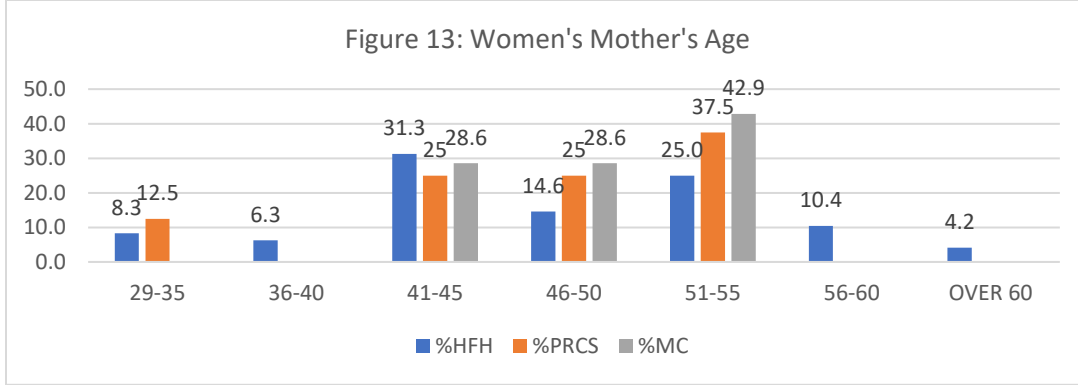
In addition, women served typically do not work outside their homes, over 90% of PRCS and MC, and 84% of the women served in HFH report being unemployed outside their home. They are, however, well-educated, with almost 50% in each hospital reporting holding university degrees. Less than 10% did not complete, or even attended high school (figure 10). The findings regarding unemployment, might reflect the labor situation in Palestine and/or the choice made by Palestinian women.



Surveys were administered to the relatives of the women served while visiting the hospital. When asked who accompany them during their visits to the hospital more than 50% report their husbands escorts them to the visits. Figure 11 and 12 show the husband’s age and level of education. Majority of the husband are in age between 24-28. For the level of education, 57percent from HFH are university and 50 percent from PRCS are having high school degree. Husbands’ employment status differs between hospitals. It is reflective of the economic conditions in their respective cities. Among HFH husbands, 63% report working in the formal sector while 81% of the husbands in PRCS report working in the informal sector.



A good portion of the women served report that if it is not the husbands that accompany them to their hospital visits, are their mothers. The majority of them are in the age between 41-55. Also, 43 percent of them are having high school as the highest level of education. (figure, 13). Almost identical to their daughters, the majority of the mothers' report being unemployed, as they work full-time home.



VII. Data Collection Methods and Justification for Choosing Them

To collect the data, we used three surveys (women being treated, relative and medical personnel) as well as medical records. All were designed and distributed using Qualtrics, both on line and off-line using tables. Given the wide spread access to cellular and internet in Palestine, using tablets for data collection did not constitute a challenge for the population served by the hospitals while diminished the probability of data collection errors.

VIII. Methodology Planned for Data Analysis

Multiple regression analysis will be used to analyze the data collected. The general estimation model used for this study is:

$$Y_i = \beta_0 + \beta_1 T_i + \beta_2 X_i + \beta_3 C_i + \varepsilon$$

Where Y_i is the impact of the intervention or variable of interest for a given individual i , T is the assignment variable (assigning an individual to either the treatment or control group (=1 or 0 respectively)), X encompasses other explanatory variables of importance that we wish to analyze, C_i encompasses all control variables (to mitigate omitted variable bias), and ε_i is the error term.

What follows are some examples of models that could be estimated to analysis the different aspects that need to be evaluated.

a. Overall Health

The goal of the medical assistance offered to the women is to ensure they remain healthy throughout the pregnancy so to deliver a healthy baby and attend to their own health. Thus, the first focus of the analysis is to determine the overall health of the mother and the child after delivery. The following model is proposed for this purpose:

$$\begin{aligned} \text{WOMENHEALTH} = & \beta_0 + \beta_1 T + \sum_{i=0}^n \beta_2 \text{PRENATAL} + \beta_3 \text{P COMPLI} + \\ & + \beta_4 \text{PRENAT} \times \text{COMPLI} + \beta_5 \text{TIME} + \beta_6 \text{ACCESS} + \\ & + \beta_7 \text{PRECOMPLI} + \beta_8 \text{TRIMTREAT} + \beta_9 \text{BABYCOMPLI} + \\ & \beta_{10} \text{HUSREL} + \beta_{11} \text{MOTHREL} + \beta_{12} \text{DEMO} + \varepsilon \quad (1) \end{aligned}$$

Where WOMENHEALTH is the dependent variable that measures the overall health of the mother at the time of delivery. An index will be constructed based on standard medical measures collected in the medical records and it is measured in Q.2 in medical records. These include measures of health at time of delivery such as presence of foreseeable complications, pulse, iron etc. T is the assigned variable (1=HFH, 0=PRCS, or 1=MC or 0= PRCS), PRENATAL capture the different medical treatments received by the women at the hospital and it is captured in questions Q.2.1.3 in women survey, COMPLI is a variable that controls for pregnancy complications and it is measured in question Q.2.1.1.16 in women survey, PRENAT x COMPLI controls for the

interaction between the mother having pregnancy complications and the treatments received. One can expect that if the mother presented complications in the pregnancy, she should have received more treatments than otherwise would have been necessary. TIME is the length of treatment received that captured by number of visits and it is captured in question Q.2.6 in medical records, ACCESS is the access to health care system measured by number of check points and it is measured in question Q.3.2 in women survey. PRECOMPLI measures whether a woman has a history of previous pregnancy complications and it is measured in question Q.2.1.1.4 in women survey. TRIMTREAT is a variable that measures in which trimester the women received her first treatment at the hospital and it is measured in question Q.2.1.1.2 in women survey, BABYCOMPLI controls for baby complications in delivery and it is captured in question Q.2.2.2.4 in women survey. HUSREL is a variable that captured the relationship between the husband and the women, and MOTHREL captured the relationship between the women and her mother or mother in law and it is captured in Q.6.4 in women survey. DEMO is the vector of demographic characteristic of the mother as well as those of the husbands or mother or mother in law and it is captured in questions Q.7 in all the surveys.

Similarly, the overall health of the child is also a desired outcome. Therefore, we evaluate the effect of women having received maternal treatment on the child health.

$$\begin{aligned}
 \text{CHILDHEALTH} = & \beta_0 + \beta_1 T + \sum_{i=0}^n \beta_2 \text{PRENATAL}_i + \beta_3 \text{TIME} + \beta_4 \text{COMPLI} + \\
 & \beta_5 \text{TRAINING} + \beta_6 \text{ACCESS} + \beta_7 \text{TAKECARE} + \beta_8 \text{TAKECARE} \times \text{NUMCHIL} + \\
 & \beta_9 \text{PRENAT} \times \text{COMPLI} + \beta_{10} \text{PRECOMPLI} + \beta_{11} \text{TRIMTREAT} + \beta_{12} \text{MOTHERCOMPLI} \\
 & + \beta_{13} \text{HUSREL} + \beta_{14} \text{MOTHREL} + \beta_{15} \text{DEMO} + \epsilon \quad (2)
 \end{aligned}$$

Where CHILDHEALTH is the dependent variable that measures the overall health of the child at birth captured by questions in the medical records that measure the health of the baby, such as weight, length, normal operation of basic organs, etc, and it is measured in question Q.1 in medical records. T is the assigned variable, PRENATAL capture the different medical treatments received by the women at the hospital and it is captured in questions Q.2.1.3 in women survey. TIME is the length of treatment received that captured by number of visits and it is measured in question Q.2.6 in the medical records, COMPLI is a variable that controls for with pregnancy complications and it is captured in question Q2.1.1.16 in women survey, TRAINING is a dummy variable to control for whether or not the mother received training on how to prepare and take care after the baby was born and it is captured in Q.5.1 in women survey. ACCESS is to measure the access to health care system as measure by number of check points and it is measured in question Q.3.2 in women survey. TAKECARE present if the mother is ready to take care of her baby and it is captured in question Q.5.8 in women survey, TAKECARExNUMCHIL controls for the interaction between the mother ready to take care of her children and number of children she already has. PRENAT \times COMPLI controls for the interaction between the mother having pregnancy complications and the treatments received. One can expect that if the mother presented complications in the pregnancy, she should have received more treatments than otherwise would have been necessary. PRECOMPLI measures weather or not mother had complications in her previous pregnancies and it is captured in question Q.2.1.1.4 in women survey. TRIMTREAT is a variable that measures in which trimester the women received her first treatment at the hospital and it is measured in question Q.2.1.1.2 in women survey. HUSREL is a variable that captured the relationship between the husband and the women, and MOTHREL captured the relationship between the women and her mother or mother in law and it is captured in Q.6.4 in women survey.

Finally, DEMO is the vector of demographics of the women as well as those of the husbands or mother or mother in law and it is measured in questions 7 in women and relative survey.

b. Quality

The quality of the service and of the treatment are very important in achieving optimal medical outcomes, thus we propose to evaluate next both the accuracy of the treatment provided to the women and the overall quality of the service.

Equation (3) presents the propose model for the quality of treatment. QUALMEDTRET measures the treatment received by the women at the hospital vis a vis the treatments they should have received given their medical condition and recommended by standard maternal care. In addition to the already define variables such as T, DEMO, NUMVISITS, we include the following:

$$\text{QUALMEDTRET} = \beta_0 + \beta_1 T + \sum_{i=0}^n \beta_2 \text{PRENATAL}_i + \beta_3 \text{TIME} + \beta_4 \text{COMPLI} + \beta_5 \text{PRENAT} \times \text{COMPLI} + \beta_6 \text{DEMO} + \varepsilon \quad (3)$$

Where QUALMEDTRET is the quality of medical treatment and it is captured in question Q.4.8 in women survey. T is the assigned variable, PRENATAL capture the different medical treatments received by the women at the hospital and it is captured in question Q.2.1.3 in women survey. TIME is the length of treatment received that captured by number of visits and it measured in question Q.2.6 in medical records, COMPLI is a variable that controls for with pregnancy complications and it is captured in question Q.2.1.1.16 in women survey. PRENAT x COMPLI controls for the interaction between the mother having pregnancy complications and the treatments

received. DEMO is the vector of demographics of the women as well as those of the husbands or mother or mother in law and it is measured in questions 7 in women and relative surveys.

The following model seeks to evaluate the overall quality of the service experience by the women when attended at the hospitals.

$$\text{QUALTYSERV} = \beta_0 + \beta_1 T + \sum_{i=0}^n \beta_2 \text{PRENATAL}_i + \beta_3 \text{MOTHERHEALTH} + \beta_4 \text{TIME} + \beta_5 \text{HOSRES} + \beta_6 \text{DEMO} \quad (4)$$

Where QUALTYSERV is quality of service is measure as an index constructed based questions on quality such as attention received when the patient first arrived at the hospital, how long she waits before being examined by the health professionals, and if the hospital asks for her feedback to improve the services delivered and it is captured in Q.4 in women survey. PRENATAL capture the different medical treatments received by the women at the hospital and it is captured in Q.2.1.3 in women survey. MOTHERHEALTH is a variable that captures mother health outcome and it is captured in Q.2.1 in medical records, and TIME is the length of treatment received that captured by number of visits and it measured in question Q.2.6 in medical records. HOSRES is the lack of medical resources in the hospital such as medical equipment, lack of more beds and it is measured in Q.4.6 in physician and medical staff survey. DEMO is the vector of demographics of the women as well as those of the husbands or mother or mother in law and it is measured in questions 7 in women and relative surveys.

c. Access

Given the institutional conditions of the country it is important to identify potential obstacles that could impede women access to the hospital. Base on the baseline data collected two potential obstacles are the means of transportation needed to get to the hospital together with who could accompany the women to the hospital, and the hospital cost at the time of delivery. Therefore, we propose the following two models (equation 5 and 6) to identify what collaboration is needed for the women to use the means of transportation needed.

$$\text{TRANSP} = \beta_0 + \beta_1 T + \beta_2 \text{DIST} + \beta_3 \text{HUSACOM} + \beta_4 \text{MOTHERACOM} + \beta_5 \text{HUSJOB} + \beta_6 \text{DEMO} + \varepsilon \quad (5)$$

Where TRANS captures the type of transportation that the women use and it is measured in Q.3.1 in women survey, T is the assigned variable. DIST is a variable that captures the distance from home to hospital and it is captured in Q.3.3 in women survey, HUSACOM is a variable that capture husbands accompany women to hospital and MOTHERACOM is a variable that capture mothers who accompanies women to hospital and it is captured in Q.3.4 in women survey. HUSJOB is a variable for if the husband works or not and it is captured in Q.6.10 in women survey. DEMO is the vector of demographics and it is measured in questions 7 in women and relative surveys.

The number of visits women makes to the hospital could be affected by the cost involved and the availability of the means to afford the cost. To identify these obstacles, we use two different measures: number of visits (NUMVISITS) and a constructed dummy capturing whether or not

women arrived to the hospital only for delivery (EMERDELIV). Other non-financial factors are included in Models (6)

$$\text{NUMVIST or EMERDELIV} = \beta_0 + \beta_1 T_i + \beta_3 \text{INCOM} + \beta_4 \text{COST} + \beta_5 \text{QUALITY} + \beta_6 \text{TRANS} + \beta_7 \text{DISTANCE} + \beta_8 \text{HUSJOB} + \beta_9 \text{OTHERCLINC} + \beta_{10} \text{DEMO} + \varepsilon \quad (6)$$

Where NUMBERVISIT is the dependent variable that capture the number of visits for women to the hospital during her pregnancy and it is captured in Q.2.6 in medical records. T is the assigned variable, INCOM is the level of household income and it is measured in Q.6.11 in women survey. COST is a variable that capture the cost of treatment and it is captured in Q.3.6 in women survey, QUALITY is the quality of service women received and it is measured in Q.4 in women survey. TRANS is the type of transportation the women use to reach the hospital and it is captured in Q.3.1. DISTANCE captured the distance from home to the hospital and it is measured in Q.3.3 in women survey. HUSJOB is for the husband works or not and it is measured in Q.7.10, and OTHERCLINC is a variable that capture if the women have the treatment in another clinic and it is captured in Q30 in medical records. DEMO is the vector of demographics and it is measured in questions 7 in women and relative surveys.

d. Long Term Impact:

To measure the longtime impact, we will estimate four indices. Quality of life, social and civic responsibilities, and social ills.

$$\text{QUALITYINDEX} = \beta_0 + \beta_1 T + \beta_2 \text{NUMCHECK} + \beta_3 \text{DEMO} + \varepsilon \quad (7)$$

Where QUALITYINDEX is an index constructed by principle components to capture the quality of life of the women. Questions looking at leisure time, working time, material conditions, time spent with family among others were utilized to construct the index and it is captured in Q.6.1 in women survey. T is the assigned variable, NUMCHECK is a variable that account for the number of check point and it is captured in Q.3.2 in women survey. DEMO is the vector of demographics and it is measured in questions 7 in women and relative surveys. Table 6 presents the variables to be included in the construction of the index.

Tables 6
Quality of Life

Estimate the frequency with which you perform the following activities each week:

	Never	Sometimes	Frequently	Not Applicable
Spend time with your children				
Spend time with your spouse				
Spend time with your parents				
Spend time with your colleagues				
Spend time with your friends				
Spend time with your neighbors				
Listen to the news on the radio or read the newspaper				
Work				
Activities related to spiritual development (prayer, Mass, service or worship)				
Sports				
Household responsibilities				
Community Service				
Rest (watch TV, reading, listening to music)				

$$SRINDEX = \beta_0 + \beta_1 T + \beta_2 NUMCHECK + \beta_3 DEMO + \varepsilon \quad (8)$$

Where SRINDEX is an index constructed by principle components to capture social responsibility of the women. The questions used from the survey included time spend to help friends, neighbors, family relatives, etc., participation on volunteer activities, relationship with children, among others and it is captured in Q.6.4 in women survey. T is the assigned variable, NUMCHECK is a variable that account for the number of check point. DEMO is the vector of demographics and it is measured in questions 7 in women and relative surveys. Table 7 presents the variables to be included in the construction of the index.

Table 7.
Social Responsibility

Estimate the frequency with which you perform the following activities each week.

	Never	Sometimes	Frequently	Not Applicable
Dedicate time to talk with a child or family member experiencing hardship				
Dedicate time to talk to an employee who is experiencing hardship				
Encourage your daughter or a family member to behave with more delicacy towards friends				
Encourage your children or family members to overcome laziness, carelessness etc.				
Reprimand your children or family members for having bad habits with their friends or authorities				
Overcome laziness, carelessness, etc.				
Remind your children or family members about the respect owed to their parents				
Adjust the way in which you correct your children or a family member because of his/her gender				
Remind your children or family members that they should respect the elderly				

$$\text{CRINDEX} = \beta_0 + \beta_1 T + \beta_2 \text{NUMCHECK} + \beta_3 \text{DEMO} + \epsilon \quad (9)$$

Where CRINDEX is an index constructed by principle components which is used to capture civic responsibility on the part of the women. Questions used to construct the index included: degree of participation in the community, existence of violence issues in the community, protection of children and members of the family from violence, and leadership involvement in the community, among others and it is captured in Q.6.2 in women survey. T is the assigned variable, DEMO is the vector of demographics and it is measured in questions 7 in women and relative survey. Table 9 presents the variables to be included in the construction of the index.

Table 8
Civic Responsibility

Estimate the frequency with which you perform the following activities each week.

	Never	Sometimes	Frequently	Not Applicable
Organize political activities, neighborhood association, neighborhood watch, etc.				
Ask your children or other family members what other solutions can be found to a problem that has arisen in the family or the community				
Respect patriotic symbols in order to set an example to your children or family members				

$$\text{SOCILINDEX} = \beta_0 + \beta_1 T + \beta_2 \text{NUMCHECK} + \beta_3 \text{DEMO} + \epsilon \quad (10)$$

Where SOCILINDEX is an index constructed by principle components which is used to capture social ills in the household. Questions used to construct the index such as participate in activities relate to drugs or alcohol and it is captured in Q.6.1 in women survey. T is the assigned

variable, DEMO is the vector of demographics and it is measured in questions 7 in women and relative survey. Table 9 presents the variables to be included in the construction of the index.

Table 9
Social Ills

Estimate the frequency with which you perform the following activities each week.

	Never	Sometimes	Frequently	Not Acclaimable
Participate in activities related to alcohol				
Participate in activities related to drugs				
Raise your voice to your children or family members				
Physically reprimand your children or family members to correct them				
Witness your husband beating your children or family members				
Raised your voice to your colleagues				
Discover that any of your children or your family members consume or distribute drugs				

IX. Conclusion

HFH in Bethlehem aims at delivering quality maternal health services so to respond to the maternal health needs of Palestinian women. To capture the impact of HFH's maternal health program, an impact evaluation was design and is being conducted. To collect data, three surveys were designed and baseline collected from patients, relatives and medical staff. Also, medical records were collected in two hospitals: HFH and PRCS. Comparative analysis of the samples collected in both hospitals suggest that these groups are statistically comparable.

This is the case, once women served by HFH's mobile clinics are separated. Similar results have been found among relatives and medical personnel across hospitals. A restriction encountered in this first analysis, however, is that the women sampled by PRCS only includes women in their third trimester. This however, is not a bias in the sample, as it is reflective of the population of women served at this hospital.

Most of the women report experiencing healthy pregnancies. Women with complications seem to be more frequent among HFH and MC patients. Overall women seem to report satisfaction with the service received as well as with the professional preparation of the medical personnel.

We find that during the first and secondp trimester, women served by HFH tend to seek appropriate medical attention, but this is not the case for women who are in the third trimester. As this data was meant to capture baseline, the women included in the third trimester were those who arrived at the hospital only for delivery. This group constitutes a critical mass of the women served in both hospitals, however. Thus, the results indicate that many women are not receiving appropriate medical care.

A more complete causality analysis will be carried out once post data collection and the experiments are completed.

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Annex 1: Women Survey

Survey Women– Palestine Malta Project

Thank you for participating in this survey organized by the Integral Economic Development program at the Catholic University of America (CUA) in conjunction with Order of Malta, Holy Family Hospital, Red Crescent Society in Hebron and the Ministry of Health. The goal of this survey is to measure the impact of Maternal Health interventions in Palestine so to improve it. Your collaboration is fundamental for the success of this effort. Be assured that all answers you provide will be kept under strict confidentiality. The survey will take approximately 30 minutes to complete.

I. Identification

1. Code _____ (If you have received another code please use that same code here)

2. Relation

Patient	
Husband	
Mother	
Mother-in-Law	
Sister	
Sister Wife	
Doctor	
Resident Doctor	
Midwife/Nurse	
Technical Support	
Administrative staff	

3. Which Hospital are you currently attending?

Holy Family Hospital Bethlehem	
Palestine Red Crescent Society (Hebron)	
Over 45 Clinic	

4. Mark the practices you are visiting (Mark all that apply):

	Morning (public consultation)	Afternoon (private consultation)
Delivery Admission (First and Second Trimester)		
Emergency Admission for Delivery		
OBGYN Consultation		
Well Being Clinic		

5. Are you currently being treated at another hospital for OBGYN?

Yes	
No	

II. Health Services

1. Delivery Admission/Emergency Admission

1.1 Mother

1. Are you currently pregnant? [If NO, skip to question 3]

Yes	
No	

1. If yes to number 1, is this your first pregnancy? [If NO, skip to question 3]

Yes	
No	

2. What week of your pregnancy are you on?

1		2		3		4		5		6		7		8		9		10
11		12		13		14		15		16		17		18		19		20
21		22		23		24		25		26		27		28		29		30
31		32		33		34		35		36		37		38		39		40

3. How many pregnancies have you had before? *This question will not appear if the woman answered that she is pregnant with her first child*

1		2		3		4		5	
6		7		8		9		10+	

4. Have you had any complications with your previous pregnancy? [If NO, skip to question 7]. *This question will not appear if the woman answered that she is pregnant with her first child*

Yes	
No	

5. If Yes, which of these complications did you have in your previous pregnancy? Mark all that apply. *This question will not appear if the woman answered that she is pregnant with her first child*

	Upon Admission
High Blood Pressure	
Polycystic ovary syndrome	
Diabetes	
Kidney disease	
Autoimmune disease	
Thyroid disease	
Infertility	
Obesity	
HIV/AIDS	
Cesarean	
Delivery complications, including excessive bleeding	
Labor that did not advance	
Infant Genetic Disorder (such as Down Syndrome)	
Multiple gestation	
Gestational diabetes	
Preeclampsia and eclampsia	
Miscarriage	
Premature birth	
Pre-Term Labor	

Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	

6. Due to medical complications you had in your previous pregnancy, did you lose your baby? *This question will not appear if the woman answered that she is pregnant with her first child*

Yes	
No	

7. How many children have you delivered? *This question will not appear if the woman answered that she is pregnant with her first child*

1		2		3		4		5	
6		7		8		9		10 or more	

8. What is/are the age/s of your child/children? *This question will not appear if the woman answered that she is pregnant with her first child*

Child	#1	#2	#3	#4	#5	#6	#7	#8
Not Applicable								
Less than 1-month old								
1-month old								
2-12 months old								
13-24 months old								
25-36 months old								
Between 3 and 6 years old								
Between 7-12 years old								
Between 13-17 years old								
Older than 18 years old								

9. Where did you deliver your previous baby? *This question will not appear if the woman answered that she is pregnant with her first child*

Holy Family Hospital	
Hebron	
At home	
Other (Please specify)	

10. What was the type of delivery of your previous baby? *This question will not appear if the woman answered that she is pregnant with her first child*

Natural	
Forceps	
Vacuum Extractions	
Cesarean Section	
Unknown	

11. Who delivered your previous baby? *This question will not appear if the woman answered that she is pregnant with her first child*

Doctor	
Nurse	
Midwife	
Other (Please specify)	

11. What was the maternal outcome after your previous delivery? *This question will not appear if the woman answered that she is pregnant with her first child*

Referred to another hospital	
Discharged with complications	
Healthy mother	

12. When were you discharged from the Hospital after delivery in your previous pregnancy? *This question will not appear if the woman answered that she is pregnant with her first child*

Same day	
After 24 hours	
After 48 hours	
After 72 hours	

More than 72 hours but less than a week	
After a week	

16. Do you have any complications with your current pregnancy?

Yes	
No	

17. If Yes, to question 16, which of these complications do you suffer in the current pregnancy? Mark all that apply. [If NO, move to section 1.1.2 Child]

High Blood Pressure	
Polycystic ovary syndrome	
Diabetes	
Kidney disease	
Autoimmune disease	
Thyroid disease	
Infertility	
Obesity	
HIV/AIDS	
Cesarean	
Infant Genetic Disorder (such as Down Syndrome)	
Multiple gestation	
Gestational diabetes	
Preeclampsia and eclampsia	
Breech baby	
Premature birth	
Preeclampsia	
Pre-Term Labor	
Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	
Low birth wage	
Excessive bleeding	
Labor that did not advance	

18. Which of these medicines do you take and who helps you pay for them?

	Self	Hospital	Palestinian Authority	Patriarch	Friend
Iron Pills					
Antiretroviral medication					
Supplements					
Tetanus toxoid injections					
Insulin					
Cardiac Medicine					
Thyroid Medicine					

1.2. Child

19. If your previous pregnancy baby was transferred to the Neonatal Intensive Care Unit (NICU) how many nights did you stay in the hospital-? _____ *This question will not appear if the woman answered that she is pregnant with her first child*

20. Why did you stay in the hospital when the baby was transferred to the NICU? Mark all that apply. *This question will not appear if the woman answered that she is pregnant with her first child*

I had to breast feed	
I live far away	
I wanted to be close to my baby	
I could not come to the hospital everyday	
Too many checkpoints to pass to get to the hospital	

21. How much did you pay per day to stay at the hospital while your baby was hospitalized? *This question will not appear if the woman answered that she is pregnant with her first child*

ILS 0	
ILS 0 – 50	
ILS 51 – 100	
ILS 101 – 150	
ILS 151 – 200	

22. What was the previous baby's outcome after the delivery? *This question will not appear if the woman answered that she is pregnant with her first child*

Still birth	
Not survived	
Survived with complications	
Referred to another hospital	
Healthy baby	

1.3 Other Health Related Questions

23. How often do you get a mammography done?

Never	
Once a year	
Every two years	
Every three years	
Every four years	

24. Do you have or you have had lumps found in your breasts?

Yes	
No	

25. Is there a history of cancer in your family or you personally?

	You	Family Member
Yes		
No		

26. Do you smoke?

Yes	
No	
Used to Smoke	

27. Do you suffer from diabetes?

Yes	
No	

28. If yes, what type of diabetes?

Type I	
Type II	
Gestational	

29. Do you take insulin?

Yes	
No	

30. Do you have a history of diabetes in your family?

Yes	
No	

31. Are you being treated for diabetes at the hospital?

Yes	
No	

32. Do you have a thyroid problem?

Yes	
No	

33. Are you receiving treatment for your thyroid at the hospital?

Yes	
No	

34. How long have you been receiving OBYGN services at the hospital for?

1-3 months	
4-6 months	
7-9 months	
10+ months	

35. Have you received OBGYN services at a mobile clinic?

	Holy Family Hospital	Other
Yes		
No		

36. What day did you go to the mobile clinic? Mark all that apply

Monday	
Tuesday	
Wednesday	
Thursday	

2. After Delivery

2.1 Mother

1. Were you and your husband using any method of family planning before this pregnancy?

Yes	
No	

2. Will you and your husband be using any method of family planning after this pregnancy?
[If NO, please go to section 2.2 New Born]

Yes	
No	

3. If Yes, please check all that apply

Female sterilization	
Male sterilization	
IUD	
Injectable	
Implants	
Pill	
Male condom	
Female condom	
Diaphragm/Foam/Jelly	
LAM	

Withdrawal	
Natural Family Planning	
Other	

2.2 New Born

4. Was your baby born with any birth defects? [If NO, go to question 6]

Yes	
No	

5. If yes, indicate which ones. Mark all that apply.

Congenital heart defect	
Congenital deafness	
Clubfoot	
Cleft Palate	
Spina Bifida	
Sickle-Cell Disease	
Undeveloped Limbs	
Down Syndrome	
Fragile X Syndrome	
Phenylketonuria (PKU)	
Ambiguous genitalia	

6. How many weeks into the pregnancy was your child born?

1		2		3		4		5		6		7		8		9		10
11		12		13		14		15		16		17		18		19		20
21		22		23		24		25		26		27		28		29		30
31		32		33		34		35		36		37		38		39		40

7. If your baby was transferred to the NICU how many nights did you stay in the hospital for? _____

8. Why did you stay? Mark all that apply

I had to breast feed	
I live far away	
I wanted to be close to my baby	
I could not come to the hospital everyday	
Too many checkpoints to pass to get to the hospital	

9. How much did you pay per day to stay at the hospital?

ILS 0	
ILS 1 – 50	
ILS 51 – 100	
ILS 101 – 150	
ILS 151 – 200	

10. Has your child achieved developmental milestones in the following areas? (Mark all that apply):

Social and Emotional	
Language and Communication	
Cognitive	
Movement and Physical Development	

11. Does your child need to take medications? [If NO, skip to question 13]

Yes	
No	

12. Who provides the medicines your child needs to take? (Mark all that apply)

Self	Hospital	Palestinian Authority	Patriarch	Friend	Mobile Clinic

13. Does your child have a healthy weight for his/her age?

Yes	
No	

14. Does your child have a healthy height for his/her age?

Yes	
No	

15. Has your child passed the hearing screening test? [If YES, skip to question 17]

Yes	
No	

16. If your response was No to question 15, is he or she being treated for the hearing impairment? [If NO, go to question 17]

Yes	
No	

17. Has your child been tested for diabetes? [If No, go to question 20]

Yes	
No	

18. If your response to question 17 was YES, is he/she diabetic?

Yes	
No	

19. If your response to question 18 was YES, is he/she receiving treatment?

Yes	
No	

20. If your response to question 19 was YES, how long have you child been treated in the hospital since he was born?

Less than a week	
1-2 weeks	
3-4 weeks	
1 month	
2 months	
2+ months	

3. OBGYN Consultation/Well Being Clinic

1. Have you been pregnant before? [If NO, go to question 13]

Yes	
No	

2. If yes, how many pregnancies have you had before?

1		2		3		4		5	
6		7		8		9		10+	

3. Have you had any complications with your previous pregnancy? [If NO, go to question 6]

Yes	
No	

4. If Yes, which of this complications? Mark all that apply.

Miscarriage	
Premature birth	
Preeclampsia	
High Blood Pressure	
Pre-Term Labor	
Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	

5. Due to medical complications have you lost your pregnancy?

Yes	
No	

6. How many children have you delivered? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

1		2		3		4		5	
6		7		8		9		10 or more	

7. What is the age of your child/children? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Child	#1	#2	#3	#4	#5	#6	#7	#8
Not Applicable								
Less than 1-month old								
1-month old								
2-12 months old								
13-24 months old								
25-36 months old								
Between 3 and 6 years old								
Between 7-12 years old								
Between 13-17 years old								
Older than 18 years old								

8. Where did you deliver the previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Holy Family Hospital	
Hebron	
At home	
Other (Please specify)	

9. What was the type of delivery of your previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Natural	
Forceps	
Vacuum Extractions	
Cesarean Section	
Unknown	

10. Who delivered your previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Doctor	
Nurse	
Midwife	

Other (Please specify)	
------------------------	--

11. What was the maternal outcome after your previous delivery? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Referred	
Discharged with complications	
Healthy mother	

12. What was the previous baby' outcome after the delivery? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Still birth	
Not survived	
Survived with complications	
Referred to another hospital	
Healthy baby	

13. How often do you get a mammography done?

Never	
Once a year	
Every two years	
Every three years	
Every four years	

14. Do you have or you have had lumps found in your breasts?

Yes	
No	

15. Is there a history of cancer in your family or you personally?

	You	Family Member
Yes		
No		

16. Do you smoke?

Yes	
-----	--

No	
Used to Smoke	

17. Do you suffer from diabetes? [If NO, skip to question 20]

Yes	
No	

18. If yes, what type of diabetes?

Type I	
Type II	
Gestational	

19. Do you take insulin?

Yes	
No	

20. Do you have a history of diabetes in your family?

Yes	
No	

21. Are you being treated for diabetes at the hospital? *This question will only appear if answered yes to question 17.*

Yes	
No	

22. Do you have a thyroid problem? [If No, skip to question 24]

Yes	
No	

23. Are you receiving treatment for your thyroid at the hospital?

Yes	
No	

24. Have you done the Papsmear Test?

Yes	
No	

25. How long have you been receiving OBYGN services at the hospital for?

1-3 months	
4-6 months	
7-9 months	
10+ months	

26. Have you been treated at a mobile clinic?

Yes	
No	

27. What day did you go for the mobile clinic? Mark all that apply

Monday	
Tuesday	
Wednesday	
Thursday	

28. Do you use any method of family planning? [If NO, go to question 30]

Yes	
No	

29. If Yes, please check all that apply

Female sterilization	
Male sterilization	
IUD	
Injectable	
Implants	
Pill	
Male condom	
Female condom	
Diaphragm/Foam/Jelly	
LAM	

Withdrawal	
Natural Family Planning	
Other	

30. Are you experiencing changes to your reproductive system?

Yes	
No	

31. Has the hospital assisted you in getting informed and understanding the changes you are or will be undergoing?

Yes	
No	

III. Access

1. Which transportation system do you use to come to the hospital? Mark all that apply.

Private Vehicle	
Taxi	
Walk	
Ambulance	
Other (Please specify)	

2. How many checkpoints do you need to pass to come to the hospital from your house?

1	
2	
3	
4	
5+	

3. How many minutes did it take you to get to the hospital?

0-30	
31-60	
61-90	
91-120	
120+	

4. Who accompanies you to the hospital during most of your visits? Mark all that apply.

No one	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister Wife	

5. When you are accompanied, who does the talking with the doctor? Mark all that apply

I do	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

6. How much did your treatment/service cost? ILS_____

7. How much have you paid? ILS_____

8. Where do you get the money to pay for the treatment and/or medicines?

Savings	
Borrowed from family member	
Borrowed from friend	
Borrowed from institution (ex. Banks)	
Shark lender	
Other (Please specify)	

IV. Quality of Services

1. How would you describe the attention you received when you first arrived at the hospital?

Not welcomed at all	
Neutral	
Welcomed	

Very welcomed	
---------------	--

2. On average how long is the wait before being examined by the health professionals?

Less than 15 minutes	
15-20 minutes	
21-30 minutes	
31-60 minutes	
More than 60 minutes	

3. How did the person who first greeted you and filled out the forms talked to you?

Disrespectfully	
Judging	
Neutral	
Respectfully	
Respectfully and Helpful	

4. The nurses and doctors talked to you:

Disrespectfully	
Judging	
Neutral	
Respectfully	
Respectfully and Helpful	

5. How satisfied are you with the service you received?

Not satisfied	
A little bit satisfied	
Satisfied	
Very Satisfied	

6. If you had any questions or concerns, were the doctors and nurses helpful in providing answers?

Yes	
No	

7. During the services, did the doctor and/or nurses care about the service they were providing?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Do the doctors/nurses follow up with you after if you had any concerns or complications in a timely manner?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

9. Is the medical staff knowledgeable enough?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

10. Does the hospital have the necessary resources available?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. Does the hospital ask for your feedback to improve the services delivered to you?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

12. Do they implement the suggestions that you provide?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I do not know	<input type="checkbox"/>

V. Outcomes

1. Did you receive any education/training on you and your baby's health? [If No, go to question 3]

Previous Pregnancy	This Pregnancy

2. Where did you receive the training?

	Holy Family Hospital	Red Crescent Palestine Society	Other
Yes			
No			

3. Have you received a manual to take home? [If No, go to question 6]

	Previous Pregnancy	This Pregnancy
Yes		
No		

4. Who gave you that manual?

Holy Family Hospital	Red Crescent Palestine Society	Other

5. Has the manual been helpful?

Yes	
No	

6. The training/education offered by helped you during your current pregnancy to (Mark all that apply) *This question will not appear if the woman answered YES to question 1.*

Become aware of my needs	
Improve my personal care	
Take care of my children and future children	
Take care of my family health needs	
Plan better for future family	
Improve relationship between husband and myself	

7. How did the training provided by the hospital affect your life? Mark all that apply.

It did not affect me	
It did not affect me or my children	
It provided me with helpful information about the health of my new born child	
It provided me with helpful information about the health of my children	
It has provided me with helpful information about diabetes	
It has provided me with helpful information about my health as a woman (OB/GYN, mammography)	
It provided me with helpful information about hearing	

8. Are you prepared to take care of your child?

Yes	
No	
Not applicable	

9. Has the training/education/information offered by the hospital helped you be prepared to take care of your children?

Yes	
No	
Not applicable	

10. How is your relationship with the other women patient that coincided with you in the hospital?

I have no relationship with other women	
Disrespectful	
Neutral	
Respectful	
Respected and friendly	
Respectful, friendly and supportive	

11. How often do you discuss your medical situation with your husband?

Never	
Sometimes	
Frequently	
Always	

12. With which member of your family do you discuss your medical condition the most?

Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

13. With whom do you share the knowledge you gained at the hospital?

Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

14. Do you follow your doctor's orders?

Yes	
No	
Sometimes	

15. Do you take the medicines as prescribed by the doctors?

Yes	
No	
Sometimes	

VI. Quality of Life, Social Responsibility and Civic Engagement

1. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Spend time with your children					
Spend time with your spouse					
Spend time with your parents					
Spend time with your friends					
Listen to the news on the radio or read the newspaper					
Work outside of the home					
Activities related to spiritual development (prayer, Mass, going to the Mosque, service or worship)					
Engage in sports					
Household responsibilities					
Community Service					
Rest (watch TV, reading, listening to music)					
Participate in activities related to alcohol					
Participate in activities related to drugs					
Raise your voice to your children or family members					
Physically reprimand your children or family members to correct them					

2. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Witness your husband beating your children or family members					
Organize political activities, neighborhood association, neighborhood watch, etc.					
Dedicate time to talk with a child or family member experiencing hardship					
Encourage your children or family members to overcome laziness, carelessness etc.					
Reprimand your children or family members for lacking respect towards their friends or authorities					
Overcome laziness, carelessness, etc.					
Remind your children or family members about the respect owed to their parents					

Encounter your children or your family members consuming or distributing drugs					
Encounter your children's friends or your family members being malnourished					
Adjust the way in which you correct your children or a family member because of his/her sex					
Respect patriotic symbols					

3. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Encourage your children or family members to participate in community activities such as youth clubs, service or civic communities, etc.					
Encourage your children or family members to discover the needs of others					
Encourage your children or family members to be agents of change in their family and/or community					
Encourage your children or family members to actively seek solutions					
Punish your children or a family member for disobeying an order given by you					
Congratulate your children or family members for having done their duties					
Set a good example to your children or family members about respect, understanding, compassion, and/or forgiveness.					
Confront the authorities regarding issues in your community					
Protect your children or members of the family from violence					
Try to get involved in your community to improve it					

4. Evaluate the following relationships

	Not Applicable	No Relationship	Bad	Good	Excellent
Husband					
Children					
Mother					
Father					
Mother-in-law					
Father-in-law					
Friends					
Doctor					
Nurse/midwife					

5. Due to the current situation of conflict do you currently experience the following things

	Yes	No
I cannot sleep		
I lost my appetite		
I feel depressed		
I worry about the safety of my children		
I lack freedom of movement		
I needed a pass and it was not granted to me		
A family member needed a pass and it was not granted to me		

VII. Demographics

1. Gender

Male	
Female	

2. Age

Less than 18	
18-23	
23-28	
29-35	

36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

3. Marital status

Single	
Married Monogamous	
Married Polygamous	
Divorced	
Widow	
Divorced and remarried	

4. Spouse's age

Less than 18	
18-23	
23-28	
29-35	
36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

5. Religion

Christian	
Muslim	
No Religion	

6. Number of children

1		2		3		4		5	
6		7		8		9		10 or more	

7. Highest level of school you completed?

Never been to school	
Elementary school	
High school completed	
Collage	
University	
Graduate study	
Other (Please specify)	

8. Do you work outside the home?

	Paid	Volunteer
Yes		
No		

9. If yes, how many hours per week? _____

10. Is your husband employed?

Yes	
No	

11. Monthly household income (immediate family)

ILS 0
ILS 1-1,200
ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200

ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

12. Do you provide financial assistance to your relatives?

Yes	
No	

13. In the last 12 months have you received financial assistance?

Yes	
No	

1. If you have received financial assistance, how much have you received?

ILS 0
ILS 1-1,200
ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200
ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

14. Does your family receive assistance in cash?

	Yes	No
From the government		
From the Church or a religious organization		
From the UNHCR		

From another international organization		
From a relative in Israel		
From a relative overseas		

15. How many people live in the house

0	
1	
2	
3	
4	
5	
6	
7 and more	

16. Who do you live with? (Please mark all that apply)

Spouse	
Parents	
In-laws	
Children	
Sister Wives	
Stepchildren	
Siblings	
Nephews and Nieces	

17. What kind of dwelling unit does the family live in?

Villa	
House	
Apartment	
Separate room	
Tent	
Marginal	
Other	

18. Do you have continuous access to electricity?

Yes	
No	

19. What is the main source of water for your household?

Piped water	
Dug well	
Water from spring	

20. How often do you have access to water in a week?

A couple hours per day (everyday)	
A couple hours per day every certain days	
A couple of days per week	
Everyday	

21. Do you treat your water?

Yes	
No	

22. Do you have movement restrictions?

Yes	
No	

23. Do you feel safe where you live?

Yes	
No	

34. How long have you lived in the current place? _____

35. If you recently moved (within the last year), please state why you moved

Forced to move	
Security concerns	
Job related	

36. In your house, do you eat together as a family?

Yes	
No	

37. If the answer to the question is yes, how often do you do it?

0-2 times a week	
3 times a week	
5 or more times a week	

38. Is there access to a school for your children close to where you live?

Yes	
No	

Thank you for your collaboration!

Annex 2: Relative Survey

Survey Relative– Palestine Malta Project

Thank you for participating in this survey organized by the Integral Economic Development program at the Catholic University of America (CUA) in conjunction with Order of Malta, Holy Family Hospital, Red Crescent Society in Hebron and the Ministry of Health. The goal of this survey is to measure the impact of Maternal Health interventions in Palestine so to improve it. Your collaboration is fundamental for the success of this effort. Be assured that all answers you provide will be kept under strict confidentiality. The survey will only take approximately 30 minutes to complete.

VI. Identification

7. Code _____ (If you have received another code please use that same code here)

8. Relation to patient

Husband	
Mother	
Mother-in-Law	
Sister	
Sister Wife	
Doctor	
Resident Doctor	
Midwife/Nurse	
Technical Support	
Administrative staff	

9. Which Hospital is your relative currently attending?

Holy Family Hospital Bethlehem	
Palestine Red Crescent Society (Hebron)	
Over 45 Clinic -	

10. Mark the practices your relative is visiting (Mark all that apply):

	Morning (public consultation)	Afternoon (private consultation)
Delivery Admission (First and Second Trimester)		
Emergency Admission for Delivery		
OBGYN Consultation		
Well Being Clinic		

11. Is your relative currently being treated at another hospital?

Yes	
No	

II. Health Services

1. Delivery Admission/Emergency Admission

1.1 Mother

3. Is your relative currently pregnant? [If NO, skip to question 3]

Yes	
No	

13. If yes to number 1, is this her first pregnancy? [If NO, skip to question 3]

Yes	
No	

14. What week of her pregnancy is she on?

1		2		3		4		5		6		7		8		9		10
11		12		13		14		15		16		17		18		19		20
21		22		23		24		25		26		27		28		29		30
31		32		33		34		35		36		37		38		39		40
I do not know																		

15. How many pregnancies has your relative have before? *This question will not appear if the woman answered that her relative is pregnant with her first child*

1		2		3		4		5	
6		7		8		9		10+	

16. Has she had any complications with your previous pregnancy? [If NO, skip to question 7]. *This question will not appear if the woman answered that her relative is pregnant with her first child*

Yes	
No	
I do not know	

17. If Yes, which of these complications did she have in her previous pregnancy? Mark all that apply. *This question will not appear if the woman answered that her relative is pregnant with her first child*

	Upon Admission
I do not know	
High Blood Pressure	
Polycystic ovary syndrome	
Diabetes	
Kidney disease	
Autoimmune disease	
Thyroid disease	
Infertility	
Obesity	
HIV/AIDS	
Cesarean	
Delivery complications, including excessive bleeding	
Labor that did not advance	
Infant Genetic Disorder (such as Down Syndrome)	
Multiple gestation	
Gestational diabetes	

Preeclampsia and eclampsia	
Miscarriage	
Premature birth	
Pre-Term Labor	
Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	

18. Due to medical complications in your relative’s previous pregnancy, did she lose her baby? *This question will not appear if the woman answered that her relative is pregnant with her first child*

Yes	
No	
I do not know	

19. How many children has your relative delivered? *This question will not appear if the woman answered that her relative is pregnant with her first child*

1		2		3		4		5	
6		7		8		9		10 or more	

20. What is/are the age/s of your relative’s child/children? *This question will not appear if the woman answered that she is pregnant with her first child*

Child	#1	#2	#3	#4	#5	#6	#7	#8
Not Applicable								
I do not know								
Less than 1-month old								
1-month old								
2-12 months old								
13-24 months old								
25-36 months old								
Between 3 and 6 years old								
Between 7-12 years old								
Between 13-17 years old								
Older than 18 years old								

21. Where did your relative deliver her previous baby? *This question will not appear if the woman answered that her relative is pregnant with her first child*

Holy Family Hospital	
Hebron	
At home	
Other (Please specify)	
I do not know	

22. What was the type of delivery of your relative's previous baby? *This question will not appear if the woman answered that she her relative pregnant with her first child*

Natural	
Forceps	
Vacuum Extractions	
Cesarean Section	
Unknown	

23. Who delivered your relative's previous baby? *This question will not appear if the woman answered that her relative is pregnant with her first child*

Doctor	
Nurse	
Midwife	
Other (Please specify)	
I do not know	

24. What was the maternal outcome after your relative's previous delivery? *This question will not appear if the woman answered that she is pregnant with her first child*

Referred to another hospital	
Discharged with complications	
Healthy mother	

25. When was your relative discharged from the Hospital after delivery in her previous pregnancy? *This question will not appear if the woman answered that her relative is pregnant with her first child*

Same day	
After 24 hours	

After 48 hours	
After 72 hours	
More than 72 hours but less than a week	
After a week	

16. Does your relative have any complications with her current pregnancy?

Yes	
No	

37. If Yes, to question 16, which of these complications does she suffer from in her current pregnancy? Mark all that apply. [If NO, move to section 1.1.2 Child]

High Blood Pressure	
Polycystic ovary syndrome	
Diabetes	
Kidney disease	
Autoimmune disease	
Thyroid disease	
Infertility	
Obesity	
HIV/AIDS	
Cesarean	
Infant Genetic Disorder (such as Down Syndrome)	
Multiple gestation	
Gestational diabetes	
Preeclampsia and eclampsia	
Breech baby	
Premature birth	
Preeclampsia	
Pre-Term Labor	
Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	
Low birth wage	
Excessive bleeding	
Labor that did not advance	

38. Which of these medicines does your relative take and who helps her pay for them?

	Relative	Hospital	Palestinian Authority	Patriarch	Friend	I do not know
Iron Pills						
Antiretroviral medication						
Supplements						
Tetanus toxoid injections						
Insulin						
Cardiac Medicine						
Thyroid Medicine						

1.2. Child

39. If in your relative's previous pregnancy the baby transferred to the Neonatal Intensive Care Unit (NICU), how many nights did she stay in the hospital-? _____ *This question will not appear if the woman answered that her relative is pregnant with her first child* _____

40. Why did she stay in the hospital when the baby was transferred to the NICU? Mark all that apply. *This question will not appear if the woman answered that her relative is pregnant with her first child*

She had to breast feed	
She lives far away	
She wanted to be close to my baby	
She could not come to the hospital everyday	
Too many checkpoints to pass to get to the hospital	

41. How much did she pay per day to stay at the hospital while her baby was hospitalized? *This question will not appear if the woman answered that her relative is pregnant with her first child*

I do not know	
ILS 0	
ILS 0 – 50	
ILS 51 – 100	
ILS 101 – 150	
ILS 151 – 200	

42. What was the previous baby's outcome after the delivery? *This question will not appear if the woman answered that her relative is pregnant with her first child*

I do not know	
Still birth	
Not survived	
Survived with complications	
Referred to another hospital	
Healthy baby	

1.3 Other Health Related Questions

43. Is there a history of cancer in your relative' family?

Yes	
No	
I do not know	

44. Does your relative smoke?

Yes	
No	
Used to Smoke	
I do not know	

45. Does your relative suffer from diabetes? [If NO, skip to question 30]

Yes	
No	
I do not know	

46. If yes, what type of diabetes?

Type I	
Type II	
Gestational	
I do not know	

47. Does your relative take insulin?

Yes	
No	
I do not know	

48. How long has she been receiving OBYGN services at the hospital for?

1-3 months	
4-6 months	
7-9 months	
10+ months	
I do not know	

49. Has she received OBGYN services at a mobile clinic?

	Holy Family Hospital	Other
Yes		
No		
I do not know		

50. What day does your relative go to the mobile clinic? Mark all that apply

Monday	
Tuesday	
Wednesday	
Thursday	
I do not know	

4. After Delivery

2.1 New Born

21. Was your relative's baby born with any birth defects? [If NO, go to question 6]

Yes	
-----	--

No	
----	--

22. If yes, indicate which ones. Mark all that apply.

Congenital heart defect	
Congenital deafness	
Clubfoot	
Cleft Palate	
Spina Bifida	
Sickle-Cell Disease	
Undeveloped Limbs	
Down Syndrome	
Fragile X Syndrome	
Phenylketonuria (PKU)	
Ambiguous genitalia	

23. How many weeks into the pregnancy was your relative's child born?

1		2		3		4		5		6		7		8		9		10
11		12		13		14		15		16		17		18		19		20
21		22		23		24		25		26		27		28		29		30
31		32		33		34		35		36		37		38		39		40

24. If your relative's baby was transferred to the NICU how many nights did she stay in the hospital for? _____

25. Why did she stay? Mark all that apply

She had to breast feed	
She lives far away	
She wanted to be close to her baby	
She could not come to the hospital everyday	
Too many checkpoints to pass to get to the hospital	

26. How much did she pay per day to stay at the hospital?

I do not know	
ILS 0	
ILS 1 – 50	
ILS 51 – 100	
ILS 101 – 150	
ILS 151 – 200	

27. Has your child achieved developmental milestones in the following areas? (Mark all that apply):

Social and Emotional	
Language and Communication	
Cognitive	
Movement and Physical Development	

28. Does your relative's child need to take medications? [If NO, skip to question 13]

Yes	
No	
I do not know	

29. Who provides the medicines your relative's child needs to take? (Mark all that apply)

Self	Hospital	Palestinian Authority	Patriarch	Friend	Mobile Clinic	I do not know

30. Does your relative's child have a healthy weight for his/her age?

Yes	
No	

31. Does your relative's child have a healthy height for his/her age?

Yes	
No	

32. Has your relative's child passed the hearing screening test? [If YES, skip to question 17]

Yes	
No	
I do not know	

33. If your response was No to question 15, is he or she being treated for the hearing impairment? [If NO, go to question 17]

Yes	
No	
I do not know	

34. Has your relative's child been tested for diabetes? [If No, go to question 20]

Yes	
No	
I do not know	

35. If your response to question 17 was YES, is he/she diabetic?

Yes	
No	
I do not know	

36. If your response to question 18 was YES, is he/she receiving treatment?

Yes	
No	
I do not know	

37. How long have your relative's child been treated in the hospital since he/she was born?

Less than a week	
1-2 weeks	
3-4 weeks	
1 month	
2 months	
2+ months	
I do not know	

3. OBGYN Consultation/Well Being Clinic

32. Has your relative been pregnant before? [If NO, go to question 13]

Yes	
No	

33. If yes, how many pregnancies has your relative had before?

1		2		3		4		5	
6		7		8		9		10+	

34. Has she had any complications with her previous pregnancy? [If NO, go to question 6]

Yes	
No	
I do not know	

35. If Yes, which of this complication? Mark all that apply.

Miscarriage	
Premature birth	
Preeclampsia	
High Blood Pressure	
Pre-Term Labor	
Placenta Previa	
Placenta Abruption	
Ectopic Pregnancy	
I do not know	

36. Due to medical complications has she lost her pregnancy?

Yes	
No	
I do not know	

37. How many children has your relative delivered? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

1		2		3		4		5	
---	--	---	--	---	--	---	--	---	--

6		7		8		9		10 or more	
---	--	---	--	---	--	---	--	------------	--

38. What is the age of your relative's child/children? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Child	#1	#2	#3	#4	#5	#6	#7	#8
I do not know								
Less than 1-month old								
1-month old								
2-12 months old								
13-24 months old								
25-36 months old								
Between 3 and 6 years old								
Between 7-12 years old								
Between 13-17 years old								
Older than 18 years old								

39. Where did your relative deliver the previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Holy Family Hospital	
Hebron	
At home	
Other (Please specify)	
I do not know	

40. What was the type of delivery of your relative's previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Natural	
Forceps	
Vacuum Extractions	
Cesarean Section	
Unknown	

41. Who delivered your relative's previous baby? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Doctor	
Nurse	
Midwife	
Other (Please specify)	
I do not know	

42. What was the maternal outcome after your relative's previous delivery? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Referred	
Discharged with complications	
Healthy mother	

43. What was your relative's previous baby outcome after the delivery? *This question will only appear if the woman answered that she is has been pregnant before (question1)*

Still birth	
Not survived	
Survived with complications	
Referred to another hospital	
Healthy baby	

44. How often does your relative get a mammography done?

Never	
Once a year	
Every two years	
Every three years	
Every four years	
I do not know	

--	--

45. Is there a history of cancer in your relative's family?

Yes	
-----	--

No	
I do not know	

46. Does your relative smoke?

Yes	
No	
Used to Smoke	
I do not know	

47. Does your relative suffer from diabetes? [If NO, skip to question 20]

Yes	
No	
I do not know	

48. If yes, what type of diabetes?

Type I	
Type II	
Gestational	
I do not know	

49. Does your relative take insulin?

Yes	
No	
I do not know	

50. How long has your relative been receiving OBYGN services at the hospital for?

1-3 months	
4-6 months	
7-9 months	
10+ months	
I do not know	

51. Has she been treated at a mobile clinic?

Yes	
No	
I do not know	

52. What day did she go for the mobile clinic? Mark all that apply

Monday	
Tuesday	
Wednesday	
Thursday	
I do not know	

53. Has the hospital assisted her in getting informed and understanding the changes you she is or will be undergoing?

Yes	
No	
I do not know	

III. Access

9. Which transportation system does your relative use to come to the hospital? Mark all that apply.

Private Vehicle	
Taxi	
Walk	
Ambulance	
Other (Please specify)	

10. How many checkpoints does your relative need to pass to come to the hospital from her house?

1	
2	
3	
4	

5+	
----	--

11. How long does it take your relative to get to the hospital?

Minutes	
0-30	
31-60	
61-90	
91-120	
120+	

12. Who typically accompanies your relative to the hospital for the medical visits? (Mark all that apply)

No one	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister Wife	

13. When she is accompanied, who does the talking with the doctor? (Mark all that apply)

I do	
She does	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

14. How much did your relative's treatment/service cost? ILS _____

15. How much has your relative paid? ILS _____

16. Where does your relative get the money to pay for the treatment and/or medicines?

Savings	
Borrowed from family member	

Borrowed from friend	
Borrowed from institution (ex. Banks)	
Shark lender	
Other (Please specify)	

IV. Quality of Services

13. How would you describe the attention your relative received when you first arrived at the hospital?

Not welcomed at all	
Neutral	
Welcomed	
Very welcomed	

14. On average how long is the wait before your relative being examined by the health professionals?

Less than 15 minutes	
15-20 minutes	
21-30 minutes	
31-60 minutes	
More than 60 minutes	

15. How did the person who first greeted your relative and filled out the forms talked to your relative?

Disrespectfully	
Judging	
Neutral	
Respectfully	
Respectfully and Helpful	

16. The nurses and doctors talked to your relative:

Disrespectfully	
Judging	

Neutral	
Respectfully	
Respectfully and Helpful	

17. How satisfied are you with the service your relative received?

Not satisfied	
A little bit satisfied	
Satisfied	
Very Satisfied	

18. If your relative had any questions or concerns, were the doctors and nurses helpful in providing answers?

Yes	
No	

19. During the services, did the doctor and/or nurses care about the service they were providing?

Yes	
No	

20. Do the doctors/nurses follow up with your relative after if she had any concerns or complications?

Yes	
No	
I do not know	

21. Is the medical staff knowledgeable enough?

Yes	
No	

22. Does the hospital have the necessary resources available?

Yes	
No	

23. Does the hospital ask for your feedback to improve the services delivered?

Yes	
No	

24. Do they implement the suggestions that your relative provides?

Yes	
No	
I do not know	

V. Outcomes

16. Did your relative receive any education/training the baby's health? [If No, go to question 3]

Previous Pregnancy	This Pregnancy	I do not know

17. Where did your relative receive the training?

Holy Family Hospital	Red Crescent Palestine Society

18. Has your relative received a manual to take home? [If No, go to question 6]

	Previous Pregnancy	This Pregnancy
Yes		
No		

19. Who gave her that manual?

Holy Family Hospital	Red Crescent Palestine Society

20. Has the manual been helpful?

Yes	
No	
I do not know	

21. The training/education offered by the hospital helped your relative during her current pregnancy to (Mark all that apply) *This question will not appear if the woman answered YES to question 1.*

Become aware of her needs	
Improve her personal care	
Take care of her children and future children	
Take care of her family health needs	
Plan better for future family	
Improve relationship between husband and herself	
I do not know	

22. How did this training provided by the hospital affect your relative's life? Mark all that apply.

It did not affect her	
It did not affect her or her children	
It provided her with helpful information about the health of her new born child	
It provided her with helpful information about the health of her children	
It has provided her with helpful information about diabetes	
It has provided her with helpful information about her health as a woman (OB/GYN, mammography)	
It provided her with helpful information about hearing	

23. Is your relative prepared to take care of her child?

Yes	
No	
Not applicable	
I do not know	

24. Has the training/education/information offered by the hospital helped your relative prepare for the care of her children?

Yes	
No	
Not applicable	
I do not know	

25. How is your relative's relationship with the other women that she meets in the hospital?

She has no relationship with other women	
Disrespectful	
Neutral	
Respectful	
Respected and friendly	
Respectful, friendly and supportive	
I do not know	

26. Does your relative follow her doctor's orders?

Yes	
No	
Sometimes	

27. Does your relative take the medicines as prescribed by the doctors?

Yes	
No	
Sometimes	

28. Does your relative share her medical conditions?

Yes	
No	
Sometimes	

VI. Quality of Life, Social Responsibility and Civic Engagement

6. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Spend time with your children					
Spend time with your spouse					

Spend time with your parents					
Spend time with your friends					
Listen to the news on the radio or read the newspaper					
Work outside of the home					
Activities related to spiritual development (prayer, Mass, going to the Mosque, service or worship)					
Engage in sports					
Household responsibilities					
Community Service					
Rest (watch TV, reading, listening to music)					
Participate in activities related to alcohol					
Participate in activities related to drugs					
Raise your voice to your children or family members					
Physically reprimand your children or family members to correct them					

7. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Organize social activities for relatives or extended family members					
Dedicate time to talk with a child or family member experiencing hardship					
Encourage your children or family members to overcome laziness, carelessness etc.					
Overcome laziness, carelessness, etc.					
Remind your children or family members about the respect owed to their parents					

Respect patriotic symbols					

8. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Encourage your children or family members to participate in community activities such as youth clubs, service or civic communities, etc.					
Encourage your children or family members to discover the needs of others					
Encourage your children or family members to be agents of change in their family and/or community					
Encourage your children or family members to actively seek solutions					
Punish your children or a family member for disobeying an order given by you					
Congratulate your children or family members for having done their duties					
Set a good example to your children or family members about respect, understanding, compassion, and/or forgiveness.					
Worry that in your absence your child will be caught in a violent confrontation					
Protect your children or members of the family from violence					
Try to get involved in your community to improve it					

9. Evaluate the following relationships

	Not Applicable	No Relationship	Bad	Good	Excellent
Husband					
Children					
Mother					
Father					

Mother-in-law					
Father-in-law					
Friends					
Doctor					
Nurse/midwife					

10. Due to the current political situation do you currently experience the following things

	Yes	No
I cannot sleep		
I lost my appetite		
I feel depressed		
I worry about the safety of my children		
I lack freedom of movement		
I needed a pass and it was not granted to me		
A family member needed a pass and it was not granted to me		

VII. Demographics

24. Gender

Male	
Female	

25. Age

Less than 18	
18-23	
23-28	
29-35	
36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

26. Marital status

Single	
Married Monogamous	
Married Polygamous	
Divorced	
Widow	
Divorced and remarried	

27. Spouse's age

Less than 18	
18-23	
23-28	
29-35	
36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

28. Religion

Christian	
Muslim	
No Religion	

29. Number of children

1		2		3		4		5	
6		7		8		9		10 or more	

30. Highest level of school you completed?

Never been to school	
Elementary school	
High school completed	
Collage	
University	
Graduate study	

Other (Please specify)	
------------------------	--

31. Do you work outside the home?

	Paid	Volunteer
Yes		
No		

32. If yes, how many hours per week? _____

33. Is your husband employed?

Yes	
No	

34. Monthly household income (immediate family)

ILS 0
ILS 1-1,200
ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200
ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

35. Do you provide financial assistance to your relatives?

Yes	
No	

36. In the last 12 months have you received financial assistance?

Yes	
No	

2. If you have received financial assistance, how much have you received?

ILS 0
ILS 1-1,200
ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200
ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

37. Does your family receive assistance in cash?

	Yes	No
From the government		
From the Church or a religious organization		
From the UNHCR		
From another international organization		
From a relative in Israel		
From a relative overseas		

38. How many people live in the house

0	
1	
2	
3	
4	

5	
6	
7 and more	

39. Who do you live with? (Please mark all that apply)

Spouse	
Parents	
In-laws	
Children	
Sister Wives	
Stepchildren	
Siblings	
Nephews and Nieces	

40. What kind of dwelling unit does the family live in?

Villa	
House	
Apartment	
Separate room	
Tent	
Marginal	
Other	

41. Do you have continuous access to electricity?

Yes	
No	

42. What is the main source of water for your household?

Piped water	
Dug well	
Water from spring	

43. How often do you have access to water in a week?

A couple hours per day (everyday)	
A couple hours per day every certain days	

A couple of days per week	
Everyday	

44. Do you treat your water?

Yes	
No	

45. Do you have movement restrictions?

Yes	
No	

46. Do you feel safe where you live?

Yes	
No	

34. How long have you lived in the current place? _____

35. If you recently moved (within the last year), please state why you moved

Forced to move	
Security concerns	
Job related	

36. In your house, do you eat together as a family?

Yes	
No	

37. If the answer to the question is yes, how often do you do it?

0-2 times a week	
3 times a week	
5 or more times a week	

38. Is there access to a school for your children close to where you live?

Yes	
No	

Thank you for your collaboration!

Annex 3: Physicians and Directive Team Survey

Survey Physicians and Directive Team

Thank you for participating in this survey organized by the Integral Economic Development program at the Catholic University of America (CUA) in conjunction with Holy Family Hospital, Hebron Public Hospital and the Ministry of Health. The goal of this survey is to measure the impact of Maternal Health interventions in Palestine so to improve it. Your collaboration is fundamental for the success of this effort. Be assured that all answers you provide will be kept under strict confidentiality. The survey will only take 30 minutes to complete.

I. Identification

1. Code _____(if you have received another code please use that same code here)

2. Relation

Patient	
Wife	
Husband	
Mother	
Mother-in-Law	
Sister	
Sister Wife	
Doctor	
Resident Doctor	
Midwife/Nurse	
Technical Support	
Administrative staff	

3. Which Hospital are you currently practicing at?

Holy Family Hospital	
Palestine Red Crescent Society (Hebron)	
Over 45 Clinic -	

4. Mark the practices you provide your services in (Mark all that apply):

	Morning	Afternoon
--	---------	-----------

	(public consultation)	(private consultation)
Delivery Admission (First and Second Trimester)		
Emergency Admission for Delivery		
OBGYN Consultation		
Well Being Clinic		

5. Mark all the hospitals you practice at

Holy Family Hospital	Palestine Red Crescent Society (Hebron)	Other

II. Education

1. Have you completed your medical/technical training? [If your response was YES to question 1, please go to question 3]

Yes	
No	

2. If you have not completed your training, how many years of training do you have left? [Please go to question 4] _____

3. How many years have you been practicing medicine after your specialty training?

Less than 5 years	
5 to 9 years	
10 to 14 years	
15 to 19 years	
20 or more	

4. How many years have you been practicing medicine in this hospital?

1 year	
2 years	
3 years	
4 or 5 years	
6 to 9 years	
10 to 14 years	
15 to 19 years	
20 or more	

5. Did you do your residency or your specialty training at Holy Family Hospital?

Yes	
No	

6. Have you received any additional training from Holy Family Hospital?

Yes	
No	

7. What is your medical degree?

Medical Doctor (MD)	
Doctor of Osteopathic Medicine (DO)	
Bachelor of Medicine Bachelor of Surgery (MBBS)	
Nursing Degree	

8. In which University did you earn your medical degree? _____

9. Are you continuing your education (i.e. taking classes, attending symposia)? If No, go to question 11.

Yes	
No	

10. If yes, where are you continuing your education?

Holy Family Hospital	Palestine Red Crescent Society (Hebron)	Other

11. How would you rate the quality of the medical training your medical staff/colleagues received at the University they attended?

	Residents	Nurses	Doctors
Poor			
Fair			
Good			
Excellent			

12. Are your fellow doctors/nurses continuing their education (i.e. taking classes, attending symposia)? If no, go to question 14.

Yes	
No	

13. If yes to question 12, where?

Holy Family Hospital	Palestine Red Crescent Society (Hebron)	Other

14. Who in the hospital is in charge of continuous training/education in the hospital? (Mark all that apply)

No one	
Ad hoc personal initiative	
Special office tasked with medical personnel training	
Medical Director	
Area Director	
Senior Specialist	
Board of Directors	

15. In the past three months, how many educational trainings have you been offered at the hospital where you work? _____

16. In the past three months, how many educational trainings have you attended at the hospital where you work? _____

17. How would you rate the overall quality of the trainings received at the hospital?

	Residents	Nurses	Doctors
Poor			
Fair			
Good			
Excellent			

18. Has the training been helpful?

Yes	
No	

1. Why or why not?

Provided me with more information about my specialty	
It allows me to provide a better treated to my patients	
It showed me new techniques	
It meets the educational needs lacking in the territory of Palestine	
It did not provide me with any new information about my specialty	
It did not facilitate me a better treatment option for my patients	
It did not show me new techniques	
It did not meet the educational needs lacking in the territory of Palestine	

III. Access

1. Which transportation system do you use to come to the hospital? Mark all that apply.

Private Vehicle	
-----------------	--

Taxi	
Walk	
Ambulance	
Other (Please specify)	

2. How many checkpoints do you need to pass to come to the hospital from your house?

1	
2	
3	
4	
5	
6	

3. On average, how long does it take you to get to the hospital?

Minutes	
0-30	
31-60	
61-90	
91-120	
120+	

4. Who typically accompanies the patients to the hospital? (Mark all that apply)

No one	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister Wife	

5. When your patients are been accompanied, who typically speaks with you? (Mark all that apply)

The Patient	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister Wife	

6. Are the costs of the treatments affordable for your patients?

	Hospital Costs	Patients Costs	What Patients Actually Pay
--	----------------	----------------	----------------------------

Yes			
No			

IV. Quality of Services

25. How would you describe the attention your patient' receives when she first arrives at the hospital?

Not Welcomed at All	
Neutral	
Welcomed	
Very welcomed	

26. On average how long is the wait for the patient before she is examined by you?

Less than 15 minutes	
15-20 minutes	
21-30 minutes	
31-60 minutes	
More than 60 minutes	

27. How would you evaluate the medical personnel treatment of your patients this past week?

	Doctor	Resident Doctor	Midwife/ Nurse	Technical Support	Administrative staff
Disrespectful					
Judgmental					
Neutral					
Respectful					
Respectful and Helpful					

28. How satisfied are you with the service you provide?

Not Satisfied	
A Little Bit Satisfied	
Satisfied	
Very Satisfied	

29. Does your hospital supply you with adequate resources to treat your patients? [If YES, go to question 7]

Yes	
No	

30. If your hospital does not have the proper resources to treat your patients, what is it lacking?
(Please mark all that apply.)

More Individual patients Rooms	
More Beds	
More Attending Rooms in clinic	
Basic Infrastructure (water, electricity)	
Medical Equipment	
Properly Functioning Equipment	
Antibiotics or Medicines	
Knowledgeable Medical Team (Doctors, Nurses, Residents)	
Collaborative Medical Team	
Adequate Number of Medical Team	
Financial Resources	

31. How much care does your hospital take to maintain a hygienic environment?

No Care	
Very Little Care	
Enough Care	
A Lot of Care	

32. Does your hospital have enough specialties to provide specialty medical care?

Yes	
No	

33. Does your hospital have enough subspecialties to provide specialty medical care?

Yes	
No	

34. How many hours a week do you work?

Less than 40 hours	
40 hours	
45 hours	
50 hours	
More than 50 hours	

35. How many nights of the week are you on-call?

0	
1	
2	
3	
4	
5	
6	
7	

36. Are there coordination efforts or sharing of best practices among hospital staff?

Yes	
No	

37. How would you rate the degrees of collaboration among the hospital staff?

Poor	
Fair	
Good	
Excellent	

38. Are there coordination efforts or sharing of best practices among hospitals in your region?

Yes	
No	

39. How would you rate the degrees of collaboration across hospitals?

Poor	
Fair	
Good	
Excellent	

40. If patients have any questions or concerns, is the medical team helpful in providing timely answers?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

41. While attending patients did the doctor and/or nurses care about the quality of service they were providing?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

42. Do the doctors/nurses follow up with on any concerns or complications the patients present?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

43. Is the medical staff knowledgeable enough?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

44. Does the hospital ask for your feedback from you to improve the services delivered?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

45. Do they implement the suggestions that you provide?

Never	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Frequently	<input type="checkbox"/>
Always	<input type="checkbox"/>
I do not know	<input type="checkbox"/>

46. How successful is your hospital's emergency response system?

Not Effective	<input type="checkbox"/>
Moderately Effective	<input type="checkbox"/>
Very Effective	<input type="checkbox"/>
Extremely Effective	<input type="checkbox"/>

V. Outcomes

29. Did you provide any education/training to the mother regarding the baby's health?

Yes	
No	
Not my role	

30. Have you provided an educational manual to the mothers?

Yes	
No	

31. The education/training offered by the hospital helped the women (Mark all that apply)

I do not know	
Become aware of her women' needs	
Improve her personal care	
Take care of her children and future children	
Take care of her family health needs	
Plan better for future family	
Improve relationship between husband and herself	

32. Do you think the women are prepared to take care of their child?

Yes	
No	
Not applicable	

33. How is your relationship with the women that you treat in the hospital?

I have no relationship with the women	
Disrespectful	
Neutral	
Respectful	
Respectful and friendly	
Respectful, friendly and supportive	

34. How often do your patients discuss their medical situation with their husband?

I do not know	
Never	
Sometimes	
Frequently	
Always	

35. With whom does your patients typically discuss their medical condition? (Mark all that apply)

I do not know	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

36. Who do your patients share the knowledge gained from the trainings/education sessions? (Mark all that apply)

I do not know	
Husband	
Mother	
Sister	
Friend	
Mother-in-law	
Sister wife	

37. Do your patients follow your/the doctor's orders?

Yes	
No	
Sometimes	

38. Do your patients take the medicines as prescribed by you/the doctors?

Yes	
No	
Sometimes	

VI. Quality of Life, Social Responsibility and Civic Engagement

11. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Spend time with your children					
Spend time with your spouse					
Spend time with your parents					
Spend time with your friends					
Listen to the news on the radio or read the newspaper					
Work outside of the home					
Activities related to spiritual development (prayer, Mass, going to the Mosque, service or worship)					
Engage in sports					
Household responsibilities					
Community Service					
Rest (watch TV, reading, listening to music)					
Participate in activities related to alcohol					
Participate in activities related to drugs					
Raise your voice to your children or family members					
Physically reprimand your children or family members to correct them					

12. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Witness your husband beating your children or family members					
Organize political activities, neighborhood association, neighborhood watch, etc.					
Dedicate time to talk with a child or family member experiencing hardship					
Encourage your children or family members to overcome laziness, carelessness etc.					
Reprimand your children or family members for lacking respect towards their friends or authorities					
Overcome laziness, carelessness, etc.					

Remind your children or family members about the respect owed to their parents					
Encounter your children or your family members consuming or distributing drugs					
Encounter your children's friends or your family members being malnourished					
Adjust the way in which you correct your children or a family member because of his/her sex					
Respect patriotic symbols					

13. Estimate the frequency with which you perform the following activities each week.

	Never	Rarely	Sometimes	Often	Not Applicable
Encourage your children or family members to participate in community activities such as youth clubs, service or civic communities, etc.					
Encourage your children or family members to discover the needs of others					
Encourage your children or family members to be agents of change in their family and/or community					
Encourage your children or family members to actively seek solutions					
Punish your children or a family member for disobeying an order given by you					
Congratulate your children or family members for having done their duties					
Set a good example to your children or family members about respect, understanding, compassion, and/or forgiveness.					
Confront the authorities regarding issues in your community					
Protect your children or members of the family from violence					
Try to get involved in your community to improve it					

14. Evaluate the following relationships

	Not Applicable	No Relationship	Bad	Good	Excellent
Husband					
Children					
Mother					
Father					
Mother-in-law					
Father-in-law					
Friends					
Doctor					
Nurse/midwife					

15. Due to the current situation of conflict do you currently experience the following things

	Yes	No
I cannot sleep		
I lost my appetite		
I feel depressed		
I worry about the safety of my children		
I lack freedom of movement		
I needed a pass and it was not granted to me		
A family member needed a pass and it was not granted to me		

VII. Demographics

47. Gender

Male	
Female	

48. Age

Less than 18	
18-23	
23-28	
29-35	
36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

49. Marital status

Single	
Married Monogamous	
Married Polygamous	
Divorced	
Widow	
Divorced and remarried	

50. Spouse's age

Less than 18	
18-23	
23-28	
29-35	
36-40	
41-45	
46 - 50	
51-55	
56-60	
60+	

51. Religion

Christian	
Muslim	

No Religion	

52. Number of children

1		2		3		4		5	
6		7		8		9		10 or more	

53. Highest level of school you completed?

Never been to school	
Elementary school	
High school completed	
Collage	
University	
Graduate study	
Other (Please specify)	

54. Do you work outside the home?

	Paid	Volunteer
Yes		
No		

55. If yes, how many hours per week? _____

56. Is your husband employed?

Yes	
No	

57. Monthly household income (immediate family)

ILS 0
ILS 1-1,200

ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200
ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

58. Do you provide financial assistance to your relatives?

Yes	
No	

59. In the last 12 months have you received financial assistance?

Yes	
No	

3. If you have received financial assistance, how much have you received?

ILS 0
ILS 1-1,200
ILS 1,201 – 1,500
ILS 1,501 – 1,800
ILS 1,801 – 2,100
ILS 2,101 – 2,400
ILS 2,401 – 2,700
ILS 2,701 – 3,000
ILS 3,001 – 3,300
ILS 3,301 – 3,600
ILS 3,601 – 3,900
ILS 3,901 – 4,200

ILS 4,201 – 4,500
ILS 4,501 – 4,800
ILS 4,801 – 5,100
ILS 5,101 or more

60. Does your family receive assistance in cash?

	Yes	No
From the government		
From the Church or a religious organization		
From the UNHCR		
From another international organization		
From a relative in Israel		
From a relative overseas		

61. How many people live in the house

0	
1	
2	
3	
4	
5	
6	
7 and more	

62. Who do you live with? (Please mark all that apply)

Spouse	
Parents	
In-laws	
Children	
Sister Wives	
Stepchildren	
Siblings	
Nephews and Nieces	

63. What kind of dwelling unit does the family live in?

Villa	
-------	--

House	
Apartment	
Separate room	
Tent	
Marginal	
Other	

64. Do you have continuous access to electricity?

Yes	
No	

65. What is the main source of water for your household?

Piped water	
Dug well	
Water from spring	

66. How often do you have access to water in a week?

A couple hours per day (everyday)	
A couple hours per day every certain days	
A couple of days per week	
Everyday	

67. Do you treat your water?

Yes	
No	

68. Do you have movement restrictions?

Yes	
No	

69. Do you feel safe where you live?

Yes	
No	

34. How long have you lived in the current place? _____

35. If you recently moved (within the last year), please state why you moved

Forced to move	
Security concerns	
Job related	

36. In your house, do you eat together as a family?

Yes	
No	

37. If the answer to the question is yes, how often do you do it?

0-2 times a week	
3 times a week	
5 or more times a week	

38. Is there access to a school for your children close to where you live?

Yes	
No	

Thank you for your collaboration!

XI. Annex 4: Medical Record Questionnaire

Medical Record Questionnaire

I. Child (CODE_____) (The same as the mother)

1.

	Yes/No
Infant Mortality	
Avoided NICU	
LBW	

2.

Extended hospital stay after birth?	Yes/No

3. (If yes to 2)

Reason for extended stay after birth or Complications: Check that which is present.

Anemia	
Hyperbilirubenemia and jaundice	
Hypoxic-ischemic encephalopathy (HIE)	
Perinatal asphyxia	
Heart disease (undiagnosed)	
Patent ductus arteriosus	
Ventricular septal defect	
Meningitis	
Sepsis	
Intraventricular hemorrhage	
Renal diseases: polycystic kidney disease	
Respiratory Aspiration pneumonia (meconium or fluid intake)	
Congenital diaphragmatic hernia	
Respiratory Distress Syndrome (RDS)	
Other	

4. Need for re-hospitalization after birth?

	Check which applies.
After 1 day	
After 1 week	
After 2 weeks	
After 3 weeks	
At 1 month of age	

II. Mother

1.

	Upon Admission (Prenatal check)	Admitted for birth	After birth
Height			
Weight			
Overweight			
Normal B/P	Noted		
	Diagnosed		
	Undiagnosed		
Abnormal	Noted		
	Diagnosed		
	Undiagnosed		
Normal Temperature	Noted		
	Diagnosed		
	Undiagnosed		
Abnormal Temperature	Noted		
	Diagnosed		
	Undiagnosed		
Pulse	Noted		
	Diagnosed		
	Undiagnosed		
Abnormal Pulse	Noted		
	Diagnosed		
	Undiagnosed		
Respiration	Noted		
Abnormal Respiration			
	Diagnosed		
	Undiagnosed		
Anemia Test			
HIV Status			
STD Test			
Blood type			

2. Presence of these previous complications?

High blood pressure	
Diabetes	
Obesity	
Gestational diabetes	
Preeclampsia and eclampsia	
Miscarriage	
Placenta Abruption	

Cesarean	
----------	--

3. Current pregnancy complications?

*Indicates direct relationship to hospital care (as in educational measures taken, etc.)

	Upon Admission	Treated (Yes/No)	Upon Discharge
*High Blood Pressure			
Polycystic Ovary Syndrome			
*Diabetes			
*Kidney disease			
Autoimmune disease			
Thyroid disease			
Infertility			
*Obesity			
HIV/AIDS			
Cesarean			
Infant Genetic Disorder			
Multiple Gestation			
*Gestational diabetes			
*Preeclampsia and eclampsia			
*Miscarriage			
Placenta Previa			
Placenta Abruptio			
Ectopic Pregnancy			
Miscarriage			
Fistula			
Other			
No Complications			

4. Current Delivery Complications

	Upon delivery admission	Treated (YES/NO)	Upon discharge
Breech baby			
Premature birth			

*Preeclampsia			
Pre-term labor			
Placenta previa			
Placenta abruption*			
Ectopic pregnancy			
*Low birth weight			
*Excessive bleeding			
Labor that did not advance			
Other			
Normal delivery			

5. Maternal Vaccinations

Vaccine	<i>Administered</i>
<u>Influenza</u>	
Tdap	
Td	
Hepatitis A	
Hepatitis B	
Meningococcal	
Pneumococcal	
<i>HPV</i>	
<i>MMR</i>	
<i>Varicella</i>	

6. Early checkups (First visit)

Determined Blood type (& Rhesus factor)	
Determined hemoglobin, hematocrit levels	
Presence of hepatitis B?	
Presence of rubella?	
Presence of syphilis?	

7. Postpartum Checkup

Postpartum breast check	
Postpartum Depression signs	
Uterine Fundus check	
Rhesus factor vaccine given?	

6. Doctor's Section

Number of visits	
------------------	--

	Female	Male
Doctor's gender Admission (prenatal)		
Admitted for birth		
After birth		