



Health Work Committees

**Health Status in Qalqilya from Women's and
Health Providers' Perspective**

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Ramallah 2012

Acknowledgement

Health Work Committees (HWC) would like to express its deep appreciation to all of those who gave their time, participated with their opinions, and provided us with the information needed in order to complete this report and take it out into the light. Firstly, we would like to extend our sincere gratitude to all women who participated in the discussion groups in the city of Qalqiliya, and in the villages of Kufr Lakef, Habla, Jayyous, and Immatin.

Our heartfelt thanks go to the representatives of Governmental, civil and private organizations who welcomed us and provided us with the required information and reports. We also thank those who attended the workshop, discussed the study report and shared their valued notes.

HWC commends the efforts of Ms. Hanan Abu Ghosh, who conducted this research, and appreciates the efforts of Dr. Randa Naser, the research advisor, whose directions and observations impacted on the enrichment of the study. We also extend our gratitude and thanks to the field researcher Ms. Suhair Domani who did not hesitate to work hard to collect data from different institutions, civil or official, and interview women wherever they are.

Mr. Khaled al-Faqeah and Mr. Faraj Abdul Haseeb have contributed in the process of proofreading the Arabic version, and Ms. Nida Yaish undertook the task of proofreading the English version of the report, we present multitude of thanks and appreciation.

Finally, we will not forget our partners (PAZ-CON DIGNIDAD) who we are proud to work with, as they are partners in strengthening the work of our institution in general and this study in particular. This study is the fruit of this cooperation and partnership; to them we extend our greetings and appreciation.

Preface

The secrets of success of programs and services provided to the community lies on their ability to meet the needs of the citizens who use them, and on the approach based on partnership and planning with the community, with all its classes, to promote success and longevity.

From this vision that is adopted by the Health Work Committees since its foundation, which is to work with people and for the people, to hear their point of view and to look into their needs, this study has been prepared to get to know the reality and the needs of a class that constitutes half of the society, namely women, and specifically to this study the women of Qalqilya.

The targeting of the reality and needs of women comes to strengthen the approach taken by our organization to support women and to stand by their side, particularly the poor and marginalized, in order to lift the injustice done to them and empower them.

The motive in the selection of Qalqilya Governorate for the implementation of this study is what this Governorate experience from the systematical targeting by the occupational forces since the Nakba and to this day. Statistics and follow-ups indicate that Qalqilya is the most vulnerable among the Palestinian Governorates.

In relation to the Wall of Separation and Annexation, Qalqilya ghetto is closed completely and cannot be entered and exited except through a gate controlled by the occupation's soldiers. This also applies to a lot of surrounding villages that got isolated between the wall and the 1948 Occupied Territories.

The Wall confiscates tens of thousands of acres of agricultural land, thus denying owners the right to benefit from its returns, which is reflected negatively on the population's lives, including women who have been deprived of movement, and of accessing health services, in addition to the deterioration of their economic and living conditions as well as their families'.

In this context, Qalqilya Governorate is the area where industrial and residential settlements exist. These settlements have launched a silent war on the Governorate by throwing toxic waste on the ground and in the air. This silent war is aggravated by settlers' violence against Palestinian civilians which creates a huge concern that women feel for their sons, husbands, and their families' safety.

In front of each of the above, we hope that the findings and recommendations of this study will contribute in the formation of a state of mobility and effective joint action between all the civil institutions and official actors in the society to work on meeting the needs of the citizens of Qalqilya and particularly women. These actions will promotes resilience, stability, and living with dignity and respect.

Shatha Odeh

General Director of Health Work Committees

Executive summary

Qalqilya, like other Palestinian cities, passed through different and successive eras of colonialism of Palestine, and was probably affected the most. The city was under the Ottoman rule and then the British Mandate, until the Israeli occupation at the end of the 1948 war that resulted in losing large tracts of its fertile farmland. In 1956, Israeli forces launched a great aggression using aircrafts and tanks, which resulted in the martyrdom of more than seventy people.

The 1967 war resulted in the Israeli occupation of the West Bank, Gaza Strip and the Golan Heights, displacing people and destroying Palestinian homes. Vast areas of the territory of the Qalqilya Governorate were confiscated, especially those close to the Palestinian territories occupied in 1948. Many settlements, military camps, and bypass roads on the territory have been established, in addition to converted fertile agricultural land to dump waste of these settlements. Today, the number of settlements and outposts in the Governorate of Qalqilya is 22 and the total area of the Israeli military bases is 27 donum.

After the second intifada, which broke out in 2000, Israel surrounded the city of Qalqilya from all sides with the Expansion and Annexation Wall which isolated and besieged more than one subsidiary village such as the village of Habla, and confined the other villages between the barrier and the Palestinian occupied territories in 1948 such as the villages of Azzun Attmeh. As a result, much of the lands of the Governorate have been confiscated. Qalqilya is ranked number one in the West Bank in terms of exposure to violence from the Israeli occupation by 60% during the period leading up to July 2010.

In 1995, the Palestinian Authority assumed administrative and security powers in the city under the Oslo agreement. Based on the above, this report has been implemented based on interviews and field surveys to gain access to the reality and needs analysis in a scientific manner. The report showed the health situation in the city and the services provided in this sector and the consequences of colonialism and the effects on the providing and receiving health services, and the mechanisms of accessibility to these services from the perspective of service providers and women receiving these services.

The report identified the problems of women's health and priorities from their point of view, the extent of their knowledge about health services in the Governorate, and needs for programs and other services. It also highlighted health programs and services in Qalqilya by interviewing service providers. It also identifies the impacts of the Israeli occupation and the apartheid wall on the health status, especially on women's health from the women's and health providers' point of view. The report highlighted the women's views about the role of the Palestinian Authority and its performance in the health sector in Qalqilya, and the extent of satisfaction of healthcare providers about their role in providing these services.

With regard to data collection, six focus groups have been held, in addition to number of interviews with service providers in all health centers and health institutions in the city, and with women's organizations to identify their views on the issues raised in the report.

Results of the Study

- It was noted that women's view of health, includes psychological, social and physical aspects. These aspects cannot be separated because of the mutual influences of the three aspects on human life.
- Women in the Qalqiliya Governorate suffer from physical illnesses and chronic diseases, as well as psychological distress because of the Israeli occupation, and the direct effects of the Israeli occupation, such as poverty, unemployment, anxiety and constant fear and insecurity about the fate of their children, husbands and families due to the occupation and settlers practices.
- In spite of the suffering experienced by women, the report pointed out the women's ability to adapt and adjust and try to solve the problems they experience, and often succeed in overcoming obstacles, which sometimes can be difficult to overcome and leave its negative effects on women's health physically, psychologically, as well as on the entire family.
- The report's results pointed out the importance of providing health service in an integrated manner, from clinics, general medicine and the presence of specialized clinics and centers for radiology and laboratories, ambulances

and emergency rooms. It is very important to provide an intensive care unit in Qalqiliya area. The report also confirmed the need for these services around the clock in an affordable manner.

- One of the priorities that have been emphasized is the importance of targeting marginalized women such as women with disabilities and the provision of services and programs that respond to their needs.
- It is necessary to provide services and centers for women who are victims of domestic violence in light of the lack of services and existing centers in the Qalqiliya Governorate.
- Targeting women at menopause and providing special programs for them, and giving particular importance to the elderly in terms of direct services and programs.
- Women emphasized the importance of taking into account the respect and appreciation when providing the service with emphasis on the importance of creating psychological centers and clubs.
- According to women, the Palestinian Authority represented by the Ministry of Health bears the responsibilities to meet woman's health needs, as well as NGOs working in this area and the support from the community of institutions operating in this sector.
- Women and health providers pointed out the negative effect of the occupation and the apartheid wall on everyday life. The Israeli occupation and its violations perpetrated against citizens, impede the exercise of daily life because of the lack of access to workplaces, refusing to grant workers permission to work inside the Palestinian territories of 1948, preventing land owners from having access to their land to cultivate and reap the fruit, and continuing the confiscation of land from the indigenous population. This combined, doubles the poverty among women. These violations lead to a set of pressures and mental illness for women and their families.

Recommendations:

The Report came out with a set of recommendations to improve the health situation in the Governorate as follows:

- 1) Health includes physical, psychological, and social aspects, therefore, it is important to take into account all these aspects in providing health services and programs.
- 2) The right to health is a fundamental right for all people regardless of social class or income, therefore the variety of service and its accessibility and targeting all categories, especially marginalized, is a right that cannot be waived, and the responsibility to meet this right is mainly of the Palestinian Authority and other NGOs working in the field.
- 3) The report also recommends the need to strengthen the steadfastness of the target areas affected by the wall, closures, poverty, through the casting of health services in those areas and not to leave them prey to the occupation and colonization.

Introduction:

The report aims to identify the point of view of women and health providers about health status and available health services and draw attention to the consequences of Israeli colonialism on providing and receiving health services in the Governorate of Qalqilya.

To achieve the objectives of this report, data was collected by holding six focus groups, and through interviews conducted with service providers at all health centers and institutions in the city of Qalqilya and with women's organizations to identify their views on issues raised in the report. The report aims to identify the following:

- Health problems suffered by women in the Governorate of Qalqilya and how these problems have been dealt with.

- Women's health priorities.
- Health programs and services existent in the Governorate of Qalqilya, and whether there is a need to provide more programs and services.
- Ways to meet health needs in the Governorate of Qalqilya and determine who is responsible for meeting them from the perspective of women.
- Women's knowledge about health services provided in the Governorate of Qalqilya, and what do they know about Health Work Committees.
- Women's and health providers' opinion on the impact and role of the Palestinian Authority on the health situation in Qalqiliya, focusing on the programs and services provided to women.
- The impact of the Israeli occupation and the separation wall on health in general and on women in particular from the women's and health providers' point of view.
- The extent of satisfaction of service providers with their role.

Importance of the Report:

The importance of this report is that the knowledge obtained will help formulating health policies in the Governorate, taking into consideration the women's point of view, even though the sample is not random.

Methodology:

1. **Analyzing** number of local and international health documents and reports.
2. **Holding six focus groups** in each of the city of Qalqilya and the villages of Azzun, Atmah, Kafr Laqef, Habla, Jayyous and Ammatin. These villages have been selected taking into account the extent of their vulnerability and position relative to the wall of separation of annexation and expansion. Par-

Participants' selection took into account the diversity in the level of education, age, marital status, and career, so groups may contain working women and women who do not work outside the home, in order to provide the opportunity to listen and learn about different views and ideas. Focus groups were held during the months of January and February of 2012.

3.

Participants' Description:

Number of participants: There were 71 participants as followed:

Location	Number of Participants
City of Qalqilya	15
Habla	10
Kafr laqef	10
Jayyous	11
Azzon Alatmeh	15
Ammatin	10
Total	71

Age: participants' age ranged between 13 and 67 years.

Only one participant was 13 years old.

Marital Status:

Marital status	Number of participants
Single	17
Married	52
Engaged	1
Divorced	1
Total	71

Education: Education level of the participants ranged between illiteracy and Masters as followed:

Education level	Number of participants
Illiterate	2
Finished preparatory Education	10
Finished Elementary Education	18
Completed High School	14
Diploma	6
Bachelor's Degree	20
Master's Degree	1
Total	71

Working Status: The number of women and their working status are as followed:

Working Status	Number of participants
Working outside their home	55
Not Working	13
Retired	1
Students	2
Total	71

Number of Children

Number of children of participants ranged from 0-10 children.

Themes of Discussion in the focus groups:

- Women's understanding of the concept of health in general and women's health in particular.
- Health problems and diseases facing women.
- Priorities in the health sector from the women's point of view. How to achieve those priorities? And identify who is responsible for achieving them?

- Women's knowledge of health services and programs offered in the Governorate of Qalqilya and in particular Health Work Committees' services.
 - The impact of the Israeli occupation and the Separation Wall on the health situation, specifically that of women.
 - Identifying women's point of view on the role and performance of the Palestinian Authority and its effects on health conditions in general and women's health in particular.
- 3. Face to face interviews with officials** from health institutions that operate in the Qalqiliya Governorate, including ministries, non-governmental organizations, and women agencies providing services and programs for women. These institutions are:

Health Directorate of Qalqilya, UNRWA's hospital, Dr. Darwish Nazzal hospital, al-Aqsa Hospital for Women and Obstetrics, Martyr Omar al-Qasem hospital in Azzun, Directorate of Social Affairs, Directorate of Agriculture, and Department of Women in the Governorate of Qalqilya, Health Work Committees, Palestinian Medical Relief, Palestinian Red Crescent Society, Relief Charity Society, Jafra Women Center and Qalqilya Zakat Committee.

The following themes were discussed:

- Identifying the services they provide.
- Identifying the problems women face and complain about.
- Identifying the problems that health providers face while providing their services.
- The impact of the Separation Wall on providing their services and on health conditions in general.

- Identifying health providers' perspective in term of their satisfaction with the services they provide.

Background and foundations of the study:

The World Health Organization's constitution, of 1946, states that "health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity." All international conventions and declarations emphasize this holistic definition.

The right to avail of appropriate health care is an emphasized fundamental human right, whereas Article (25) of the Universal Declaration of Human Rights stressed in a clear and explicit terms the right of everyone for an adequate standard of living which guarantees the health and well-being of individuals and their families, including food, clothing, housing, medical care, necessary social services, and one's right to be secure from misfortunes in the event of unemployment, sickness, disability, widowhood, old age or other circumstances beyond his control, which might deprive individuals of means for subsistence.

The International Covenant on Economic, Cultural and Social Rights emphasized the importance of a person enjoying the highest attainable standard of health and the commitment of States parties to secure this right. Meanwhile Article (12) of the Covenant provides:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - a. The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child.

- b. The improvement of all aspects of environmental and industrial hygiene.
- c. The prevention, treatment and control of epidemic, endemic, occupational and other diseases.
- d. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The Convention on the Elimination of All Forms of Discrimination against Women emphasize in Article 12 the importance that States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care, on the basis of equality between men and women in access to health care services, including services related to family planning. In the second paragraph of the same article, it has been emphasized that States Parties shall ensure to women appropriate services in connection with pregnancy, childbirth and aftermath of childbirth, as well as adequate nutrition during pregnancy and lactation.

Yet another important declaration relating to health is the Almary Declaration in 1978 on primary health care, whereas it supported international recognition of the right to health and stressed the importance of the obligation of States Parties to develop comprehensive systems for primary health care for the betterment of the health of the people, which ensures total coverage of the population. It further emphasizes ensuring that health should encompass promotive, preventive, curative and rehabilitative aspects. Such offered services should be made available to all and be acceptable culturally, socially, and effective at the same time. Emphasis is also made about the importance of community involvement in the development of services to promote self-reliance and reduce dependency. Moreover, planning and working in the health sector must be connected to other development sectors.

Moreover, several international conferences that support the right to health were held, such as the Declaration of Jakarta in 1997, which pointed to a new set of requirements to be added to achieve health, including peace, housing, education, social security and social relations, food, income, empowerment of women, the exis-

tence of a stable ecological system, sustainable use of resources, achievement of social justice and respect for human rights, and most importantly the fight against poverty because it is most dangerous to health.

At the Cairo Conference on Population and Development in 1994, the importance of working to reduce infant mortality, mothers and pregnant women was emphasized, besides ensuring reproductive health services and family planning. Meanwhile, the Fourth Beijing Conference in 1995 called for raising the status of women and guaranteeing their health by empowerment, education and the fight against social heritage which enshrines perception of inferiority of women, besides rejection of violence against them (Woman Center, 2004).

Accordingly it could be argued that international conventions, declarations and conferences are applicable on our Palestinian reality, especially since the amended Palestinian Basic Law 2005, has stated in Article (10/2) that the Palestinian National Authority join regional and international declarations and covenants which protect human rights without delay. Thus it could be argued that health is a fundamental right of individuals and must be provided equitably to all, regardless of their potential physical and class differences. Moreover, the principle of access to quality and convenient health service is an important component of development. Health is also a prerequisite to the existence of social protection. Availing of health services leads to a feeling of security and lack of concern for the continuation of a natural life (Bisan, 2010). In particular, women's health and development constitute the backbone of health care, whereas women's health is affected by the habits, traditions and culture of the community, as well as by formal and informal policies, which in turn affect the behavior of women and their ability to develop.

Moreover, the economic aspect has an important role in affecting women health, as women's work and their economic empowerment prompt them to use resources and available services to maintain their health (Aghabakian and Shaheen, 1998).

Health Reality under Israeli Occupation:

The Israeli occupation of the West Bank and Gaza Strip in 1967 had a devastating impact on all aspects of life for the Palestinians, including health conditions. The Israeli occupation strived to keep health services and institutions as it was before 1967. Moreover, it hindered the development of any plans and programs that could have developed health services and prevented establishment of any civil or charitable agencies (The development of health services in Palestine, www.idsc.gov.ps).

For over four decades, the Palestinian society has suffered from neglect in the health sector and its marginalization, which led to the deterioration of health services. This was demonstrated in the absence of planning and participation, besides the absence of budgets revenues of health insurance fees and service revenues. The period of occupation witnessed a decline in the infrastructure of the health sector, through the lack of a system providing an appropriate environment for the right application of health. Furthermore, there were also gaps in terms of quantity and quality of staff providing health. Slackness suffered by the health sector during the Israeli occupation as well as was dispersion of health services and poor specializing care services in public and private hospitals, besides the low number of participants in the public health insurance program. All of this led to a decline in the level of health for Palestinians.

The Occupation has also shut down several health organizations such as Hospice and the Children Hospital, along with some laboratories following the annexation of Jerusalem to the Israeli Occupation State. It also converted some of closed institutions to headquarters for the army and police in Jerusalem and Ramallah. The occupation also adopted a policy of limiting the number of beds and medical equipment, medicines and the number of health centers in the West Bank, including Jerusalem.

The same has been pursued in the Gaza Strip, as Tel al-Zhour and al-Hamiyat clinics were converted into military quarters. Moreover, more clinics capacities were reduced, including numbers of beds. That period was characterized by soaring costs for medical treatment.

During this period, as the occupation authorities took control of the public sector, which used to be run by the governments of Jordan and Egypt, parties delivering health services mushroomed, while UNRWA was responsible for centers and clinics that served refugees in the West Bank and Gaza. Moreover, more charitable and civic organizations started, at this stage, providing health services to Palestinians under the occupation, along with some health centers run by the private sector.

Since then civil society organizations have strived to bridge the gap and shortage resulted from negligence policies pursued by the occupation regarding the health sector. These organizations organized mass and voluntary campaigns in order to provide health services and became active particularly in marginalized areas, poor communities, like rural areas, and refugee camps (Bisan Center, 2010).

Health Reality under the Palestinian Authority:

Since its establishment in 1994, the Palestinian National Authority was faced with significant challenges relating to provision of a better quality and quantity in health services, as it inherited rickety health sectors, and a worn underdeveloped health system, and still (Bisan Center, 2010).

Since taking over, the Ministry of Health developed its first health plan in 1994. It identified in it the health system, resources and needs. The plan emphasized the need to create fresh health units and sections in order to provide health services, treatment and preventive. Moreover it aimed at repairing health infrastructure and rehabilitating health centers, besides developing human capacities and coordinating among various health providers as well (Bisan Center, 2010).

Later, the ministry drafted a temporary health plan in 1999, whereas the focus in it was on facilitating health services geographically and financially, besides its efficiency, commitment to equality and sustainability in the health services provided.

With the outbreak of the second Intifada in 2000, the burden on the ministry increased, thus it developed a partial health plan to deal with medical emergencies. It also prepared a development plan aimed at human resources and health education 2000, which included a review of higher education programs related to health in Palestinian schools, colleges and universities. Furthermore, the Ministry reviewed the health situation in the Palestinian society and was able to identify its health needs (Bisan Center, 2010).

On the other hand, the Ministry's plan for 2008-2010, identified objectives of the detailed plan for 2010 by "institutionalizing health planning and its transparency, in addition to rationalizing expenditure on health, and improving health quality and developing human resources, besides promoting a health data system and improving infrastructure of health services.

The sub-objectives of the plan were designed to promote health awareness and enhance communication with the public. It also aimed at creating advanced programs to regulate health, providing overall primary care, developing school health programs and therapeutic mental health. It was further designed to effectively control costs of services purchased from outside the Ministry and access to emergency services, besides increasing the percentage of individuals covered by medical insurance. The plan also included development of infrastructure for hospitals by providing sufficient number of human cadres and the development of an effective incentives system to attract talented employees, in addition to initiating preparedness in cases of disasters... etc. (Bisan, 2010).

During the rule of the Palestinian Authority, diversity of health services and primary care providers continued in terms of management and supervision: it is provided by the Ministry of Health, NGOs, the UNRWA, military medical services, the Palestinian Red Crescent and the private sector. The General Directorate of Primary Care at the Ministry of Health plays a significant role in this field.

In comparison between 1994 and 2010, an increase is noted in the number of care centers made available in various Governorates in the country, whereas the number rose from 454 centers in 1994 to 706 centers in 2010, that is, an average increase of 55.5% (Palestinian Health Information Center, 2010).

The Palestinian Ministry of Health sought, among many things, to develop the health of Palestinian women and improve the level of services provided to them. It has struggled since its establishment to uplift women to their best health and development levels by fighting ignorance and disease, which are the main problems facing women. Moreover, improving the level of services provided to Palestinian women, wherever they are, was always a priority, in addition to dissemination of health culture and awareness among women regardless of their age and social positions, as well as supporting women at the health authorities and assisting them in reaching decision-making positions (Palestinian Health Information Center, 2010).

Furthermore, the Ministry of Health adopted a policy aimed at integrating family planning services and women's health with primary health care services as a strategy devoting to women necessary attention after being largely marginalized, as health and social conditions in Palestine were greatly influenced by the status of women health in the community and the ability of women to participate in decision-making (Agabakian and Shaheen, 1998).

Out of the Department of Women Health and Development's belief that health should include various physical, social, mental and psychological aspects and that behavioral, organic and environmental elements constitute essential determinants for health, the Ministry has struggled to provide comprehensive health care for women during one's lifetime, in addition to providing comprehensive and integrated health services, which is capable of enhancing health awareness and prevention of diseases. The Ministry, while doing that, was mindful of the significance of maintaining the dignity and freedom of women and their right shouldering a personal responsibility regarding their health and lives (Department of Health and Women Development, 1999).

Among other tasks and challenges faced by the Ministry, was adopting a set of actions regarding health-related legislation, in terms of health policies, human staff, institutions and health centers. Insofar, provisions relating to health in the Amended Basic Law of 2003 included certain provisions regarding medical experiments and social insurance, the right to a clean environment, besides initiating work on the Health Law and its release in 2004. Furthermore, the Palestinian

Medical Council Act of 2006 was also issued by an initiative made by the Ministry. Furthermore, other laws were issued, such as laws on water and rights of handicapped, as these regulations provided for a legal environment governing the health situation in the Palestinian territories; however it is still in need of more effort and work to be compatible with International health standards. There is also a need to issue executive regulations so that the laws and legislation on the right to health are implemented (Bisan Center, 2010).

The Separation Wall and Health:

There is no doubt that the most devastating effects of the Separation Wall since the beginning of its construction in June 2002, was obstructing the access to 200,000 Palestinian hospitals, doctors, specialists, laboratories and other secondary health services. It is worth mentioning that completion of construction of the Wall will deprive 32.7% of the West Bank villages of free access to the Palestinian health care system, in addition to difficulties to be faced by patients and medical personnel with respect to their access to health care services (Doctors of the World, 2005). No doubt, the Wall has other effects that not only violate the right of access to medical services and treatment, but it has other social effects, whereas people in areas targeted by the wall are suffering from, issues like disintegration of family ties, unemployment, difficulty in exercising daily life and a sense of isolation, especially as some areas are in complete isolation, such as the village of Azzun.

Moreover, the Wall causes psychological effects such as depression, suicidal trends and a feeling of hopelessness. Results of a survey conducted by the Palestinian Counseling Center showed that 52 % of individuals living in targeted areas had thought of ending their lives, 92% had lost all hope for a bright future, while 100% of those questioned said that they felt restless, while 84% said that they feel angry because of circumstances beyond their control (Doctors of the World, 2005).

Qalqilya Governorate and women's reality:

The health conditions are a reflection of economic, social, historical aspects of life. It is also impossible to separate the study of health conditions from the circum-

stances of the Occupation (Gacaman, 1992). Hence this section of the report will review a range of factors that affect health status such as education, economy, employment and settlement. It will also cover available services, such as water, electricity and waste disposal methods. It will further discuss the political impact on the Qalqiliya Governorate, and will highlight the most important indicators and demographic information of the Governorate.

Qalqilya is located at the confluence of the western slopes of the Nablus Mountains' range and the eastern edge of the Palestinian coast, at a converging point of civilized metropolitan communities along the Palestinian coast. It is also located in the central region of Palestine and 14 km away from the Mediterranean coast, at an altitude ranging between 60 and 70 meters of the sea level. Qalqilya has gained a special importance because of its location, as it has become a converging point between northern, southern and western Palestinian cities. The Governorate area was 166 km² in 2008, that is, about 2.8 % of the total land area of the West Bank. It encompasses 34 communities (Central Bureau of Palestinian Statistics, 2010).

Qalqilya fell under Ottoman rule until the advent of the British Mandate in the wake of World War I. The residents of Qalqilya participated in resisting the British occupation and Jewish gangs. Meanwhile in the aftermath of the 1948 war and the application of the Armistice Agreement of Rhodes in 1949, Qalqiliya lost a large portion of its fertile agriculture land. In June 1953, an armed clash occurred on the border and the Governorate was subject of an Israeli massacre, whereas Moshe Dayan said at the time: "I plough Qalqilya". In 1956, the Israeli forces launched a heavy attack on Qalqilya, using aircrafts and tanks, resulting in the martyrdom of more than seventy persons (Central Bureau of Palestinian Statistics, 2010).

In the 1967 war, which resulted in the Israeli occupation of the West Bank, Gaza Strip and the Golan Heights, Qalqilya was occupied, its population was displaced, and more than 80% of its homes were blow up. The city was attached to the Tulkarem district in accordance with the British Mandate policy, which attached it in the past with Tulkarem. As a result of this attachment, Qalqiliya remained marginal-

ized in spite of the economic activity of the Governorate (Central Bureau of Palestinian Statistics, 2010).

In 1995, as a result of the Oslo Accords, the Israeli army withdrew from it and it was turned over to the administration of the Palestinian Authority. A new disaster befell Qalqilya in the Second Intifada, when the Israeli Occupation surrounded the city of Qalqilya from all sides by the Separation Wall, isolating and besieging many of its villages, like the village of Habla. Moreover some of its cities fell between the Separation Wall and the 1948-occupied Palestinian territories such as Azzun, hence as a result much of the Governorate lands were confiscated (Saada,2011).

It is worth mentioning that Qalqilya is more subjected, than any other Palestinian city in the West Bank, to violence by the Israeli occupation forces and settlers, according to main results of violence survey in Palestinian society. It was found out that 60% of families were subjected to violence by the Israeli occupation forces and settlers during the period leading up to July 2010; the highest compared with other areas in the West Bank (Central Bureau of Palestinian Statistics, 2011).

Qalqilya Governorate Statistics

Population:

Population of the Governorate of Qalqilya totaled until mid-2010, 97.447 persons, of whom 49.991 were males, while 47.456 were females. The population has seen a significant growth compared to 1997 with a percentage of 42.5%. The percentage of Palestinian refugees living in Qalqilya is 47.0% of the total population in the Governorate, while the percentage of refugees in the West Bank is 27.4% of the total resident population in 2007. Meanwhile, the population density in mid-2009 in the Governorate was 572 persons /km (Central Palestinian Bureau of Statistics, 2010).

Births and Deaths:

Births registered in 2009 in the Governorate of Qalqilya were 2981 live births (1528 males and 1453 female), i.e. 4.8% of the total births in the West Bank, while deaths recorded in the Governorate of the same year were 296 cases, that is, 4.9% of the total deaths in the West Bank, of which 164 were males and 132 females (Central Palestinian Bureau of Statistics, 2010).

Social, Family and Health Status:

- Marriages registered in Islamic courts and in the church during 2009 in the Governorate of Qalqilya, were 823 marriages, while divorces registered in the courts were 158 ones (Central Palestinian Bureau of Statistics, 2010).
- The median age for the first marriage in the Governorate was 25.9 years for males and 20.1 years for females in 2009 (Central Palestinian Bureau of Statistics, 2010).
- The average family size was 5.8 persons in 2006 (Central Palestinian Bureau of Statistics and the Arab League, 2006).
- Percentage of women using family planning method was 63.9% in 2006 (Central Palestinian Bureau of Statistics and the Arab League, 2006).
- Percentage of women who received health care in the Governorate of Qalqilya in the five years preceding the survey, conducted in 2006, amounted to 98.8% (Central Palestinian Bureau of Statistics and the Arab League, 2006).
- Percentage of women who gave birth in health facilities was 88.7% during the five years preceding the survey, which was conducted in 2006, and the percentage of those who did so at home or at another place were 11.3% (Central Palestinian Bureau of Statistics and the Arab League, 2006).

- Percentage of children breastfed, and who were born during the last five years was 97.4% (Central Palestinian Bureau of Statistics, the Arab League, 2006).
- Number of hospitals in 2009 in Qalqiliya Governorate was 3 hospitals, including one public hospital, while the other two were not. Beds totaled 133 beds, i.e. 1.4 beds per 1000 people. Meanwhile, primary health centers, data for 2009 showed that the government oversees 20 clinics and health centers are scattered in the Governorate, while 14 centers were run by non-governmental parties and 3 centers were run by UNRWA (Central Palestinian Bureau of Statistics, 2010).
- Percentage of households connected to the water network was 62.6%, while 31% of homes are supplied with water by wells with extensions. Meanwhile, half the houses in Qalqilya are connected with a public sanitation network, while the other half has an absorbency pit (Central Palestinian Bureau of Statistics and the Arab League, 2010).

Economic Activity:

Agriculture is one of the main occupations residents of Qalqilya indulge in. They plant grains, citrus, vegetables and fruit trees. The Governorate enjoys fertile lands and a good amount of rain fall. However, the Governorate has lost agricultural land as a result of the Rhodes and the calamities that befell it in its recent and contemporary history. Qalqilya residents are interested in industry, and the most important crafts practiced by them were processed food, dairy products, soap and glass (Central Palestinian Bureau of Statistics, 2010).

Manpower:

A labor force survey for 2009 indicated that the rate of participation in the labor force, in the Governorate of Qalqilya, was 43% of the total manpower in the Gov-

ernorate for individuals above 15 years old. The participation rate of women in the labor force is very low compared to men, as it amounted to 16.3% compared to 69.5% for men. The results of the survey also indicate that the rate of unemployment among participants in the labor force stood at 23.4%, while unemployment rate among women participants in the workforce reached 37.2% compared to 20.4% among men (Central Palestinian Bureau of Statistics, 2010).

The Commercial Sector:

According to available information obtained from the Agro-industrial Chamber of Commerce for 2011, there are up to 10,000 workers in the Governorate.

- The number of labor force working in the 1948-occupied Palestinian territories regularly is 1900 workers, including 145 females (Agro-industrial Chamber of Commerce, 2011).

- The city of Qalqilya and its Governorate rely largely on the commercial sector touching up to 40%. The purchasing power in the Governorate is in the form of shoppers from the 1948-occupied Palestinian territories, besides shoppers from surrounding villages and other Governorates. Shoppers from the 1948-occupied Palestinian territories face difficulties at the Al Fimncheh 109 check post leading to Israel, whereas procurements are inspected and destroyed, however this check post had been turned over recently to a private Israeli company, which in turn has the application of constraints and procedures are crazy in terms of personal search flour (Agro-industrial Chamber of Commerce, 2011).

Health Centers and Clinics:

The first clinic opened in Qalqilya was run by the Palestinian Women's Union, which used to provide first aid and immunization against infectious diseases. In 1950, UNRWA took over the supervision of the center and converted it to a hospital in the same year UNRWA was established. This hospital, like the public hospital, lacks an Intensive Care Unit; hence emergency cases are referred to hospitals in Nablus. This hospital provides its almost free medical services to 32,078 UNRWA

card holders in the city of Qalqilya, in addition to the 6659 UNRWA card holders in the villages of Qalqilya, according to census data for 2007. The UNRWA hospital also offers medical services for all Governorates in Northern West Bank as it was the only UNRWA hospital in the area. Qalqilya also houses Darwish Nazzal Emergency Hospital, which was inaugurated in 2000 under the supervision of the Ministry of Health. It only caters emergency cases, as it does not have beds for overnight staying patients. It is a complex of health clinics. It provides emergency services for patients before being transferred to other hospitals. Qalqilya also is the home for al-Aqsa Specialized Hospital, which was opened in 2000, and was developed into a specialized hospital in 2002. Specialists were introduced to provide services and surgeries were conducted in the hospital (Health Care in Qalqilya).

Currently, there are many public and private health institutions in Qalqilya, besides the UNRWA and many health clinics in villages in the Qalqilya Governorate. Health centers in the city of Qalqilya are: The Qalqilya Health Center supervised by Health Work Committees, Medical Relief which is administered by the Palestinian Medical Relief Society, the Directorate of Health of Qalqilya, which is supervised by the Palestinian Ministry of Health, the Committee of Zakat Dispensary, which is run by the Committee of Zakat (Annaya, 2004) and the Red Crescent Society, which was founded in 1994, and provide some health services, such as first aid, some specialized clinics, and a laboratory. The Society also has several ambulances and a mobile clinic (Health Care in Qalqilya).

Garbage, Water and Electricity:

Communities in the Governorate are divided according to authorities supervising the collection of garbage, according to statistics of 2008. Subsequently, the Governorate has 31 communities in which the local authorities collect the garbage from, while 3 communities lack this service. Regarding regularity of garbage collection, it was found that only 3 communities have their waste collected daily, while 28 communities have their waste collected more than once a week. 31 of these communities use a special vehicle for this purpose. As for electricity, there are three

communities without electricity, according to data collected in 2008 (Palestinian Central Bureau of Statistics, 2010).

Education:

According to PCBS 2009, there is a difference between males and females in the level of education. Percentage of males who have completed their university education, bachelors or higher, has reached 12.3%, while the percentage among females and was at a mere 8.9%. However, those who did not complete any phase of education, the percentage among males were 9.1% compared with 17.2% among females. Percentage of illiteracy was 6.0% among individuals aging 15 years and over, divided by 1.6% among males and 10.6% among females. In 2009, percentage of individuals aging 15 years and over who have completed their university education (bachelor degree or higher) had reached 10.7%, while for individuals who did not complete any phase of education, stood at 13.1% (Palestinian Central Bureau of Statistics, 2010).

Settlements in Qalqilya:

Since the Israeli occupation of Palestinian territories in 1967, plans were set to establish [Jewish] settlements. For this purpose large tracts of private land in the Governorate were confiscated, especially those bordering the 1948-occupied Palestinian territories. Many settlements, bypass roads and military camps were constructed. Fertile agricultural land was converted into landfills for these settlements. Moreover Chammron and Kedumim settlements were constructed in the Governorate. Meanwhile there are 22 settlements and settlement outposts with a [Jewish] population of 29,274 settlers. Areas isolated so far by the Separation Wall amount to 6244 acres, settlements' area amount to 177 acres and the total area of Israeli military bases amounts to 27 acres (www.wafainfo.ps).

The settlements presents an environmental and social risk threatening Palestinian land and Palestinians as individuals, as the occupation authorities has devoted some Palestinian lands to become a landfills for settlements and some Israeli cities, such as Netanya and Kfar Saba. Waste dumped monthly in these landfills is 10 thousand tons, posing a great danger and affecting ecological balance in the area. Garbage and wastewater is disposed of randomly, while toxic chemicals are merely

spilled over in Palestinian lands, contaminating groundwater, and polluting Palestinian air with toxic smoke originating from burning wastes of plants and gases emitting from factories. Meanwhile, solid wastes from Israeli settlements endanger the health security of Palestinians, as unrestricted waste disposal by Israeli settlements reduces the size of agricultural land, and help widespread breeding of insects and damage citrus fruits and vegetables crops. For example, the waste water of settlement of Shaarei Tikvah (Gate of hope) makes its way in a valley near manor Salman, causing the pollution of 3 artesian wells and boreholes. Settlements also constitute a barrier to the social networking among various Palestinian communities. They also hinder freedom of movement, as main the entries to many of these communities are close by concrete cubes and barriers, in addition to military checkpoints under the pretext of protecting Israeli settlers (www.wafainfo.ps).

Agricultural Land inside the Wall:

The construction of the Separation Wall years ago concurred with the construction of yellow agricultural gates. The Governorate of Qalqiliya ranked first in terms of the number of such gates, which numbered 22 gates. Six of these gates are in the city of Qalqilya. They are opened at certain hours during the day, allowing the passage of farmers through to their lands, provided they are in possession of passing permits issued by the Israelis, a thing that this does not stop farmers from being searched. Meanwhile, these permits are not issued to all farmers on many different grounds, leading to the damage of many agricultural crops, especially irrigated ones. In addition to that, difficulty in transportation and its costs make a growing season unfeasible for farmers. Hence many abandon their farming lands behind the Wall, while the Israelis use them for a variety of purposes, such as extension and strengthening of the electric networks. The policy of not issuing permits to farmers led damaging seasonal crops, such as olive, guava, citrus and other agricultural products (Agro-industrial Chamber of Commerce, 201).

Artesian Wells:

The city of Qalqilya lies on the largest underground aquifer. There are approximately 72 artesian wells in the Governorate, including 39 wells in the city. The Separation Wall succeeded in isolating 19 artesian wells behind it. These wells had been affected drastically, as the amount of water extracted to irrigate land has decreased due to bulldozing and confiscation of thousands of acres for the construction of the Wall, besides the difficulty of farmers accessing their lands located behind the Wall and their inability to cultivate them, in addition to inability of the wells' operators to reach them due to non-issuance of an entry permit to them during the opening hours of the agriculture gates, as well as due to lack of subjecting these wells to maintenance on regular basis by technicians, leading to their breakdown for long periods of time (Agro-industrial Chamber of Commerce, 2011).

Women's Centers:

There are 13 women associations or women institutions in the Qalqilya Governorate, mostly in the city, while some are scattered around its villages. These are the Association Committees of Palestinian Women, the Jafra Center, Palestinian Union of Women's Action Committees, the Society al-Morabetat Charity in Qalqilya, the Association of Rural Women's Development (saving and credit), Association of Charity in Azzun, Women Club of Kafr Thulth, Women Center of Habla, Association of Rural Women in Immatin, Center of Canaan for Development and Culture in Jinsafut, Association of Women in Kafr Laqef, Association of Rural Women's Development in Jayyous, Center for Sabaya in Prophet Elias. Activities of these institutions vary between vocational training, civic education, skills training and educational activities, such as kindergartens for children, agricultural projects, provision of credit, sewing teaching centers and recreational activities such as summer camps for children, in addition to health activities (Saada, 2011).

Data Processing and Results of Focus Groups:

The First Theme

A - The Concept of Health: Participants in the discussion groups were in agreement that health means a body free from diseases, and that it includes health physically and psychologically. The participants focused on the existence of a relationship and integration between the two. Health also means, from their point of view, comfort and well-being. They also agreed that in order to achieve health, comprehensive health services must be provided, which specializes in physical aspect, besides services that specialize in the psychological aspect. One of the participants said: "a woman's health is very important, because if she was alright physically and psychologically, then this will have in turn an impact on her family" (Spouse and Children).

Yet another participant volunteered: "Women's health is very important because of women reproduction function, thus they are in need of special care and attention, in order to be able to execute their duties towards their children and caring for them, besides their ability to manage the affairs of their homes" ([Reference](#)).

B - Women's Health: Defining women's health, the participants unanimously agree that women health includes both psychological and physical aspects. There was also an emphasis on the significance of the psychological aspect. They stressed that the mental health of women necessarily means absence of depression, fatigue and stress, as any defect or disorder in the mental health of women will definitely affects their physical health. On the other hand, they mentioned that women are more vulnerable to psychological stress in our Palestinian society. They also stressed on the importance of women enjoying good health because of their value and their role in the reproduction process, because they shoulder more responsibilities and burdens in the Palestinian society. Therefore it is essential that women enjoy good health in its universal conception so they are able to dispose of their various roles. Hence the participants agreed that it is essential that women should maintain their physical and psychological health and indulge themselves in leisure as that is reflected positively on other members in her household. The participants also linked women's health with the economic situation, as the latter plays

an important role in either psychological stress or peace of mind, according to them.

The Second Theme:

A - Diseases / Problems Experienced by Women in Qalqilya:

Problems faced by women in the Governorate of Qalqilya as mentioned by the participants in the discussion groups, may be summarized as follows: Physical ailments such as joint pain, cancer, malignant tumors, diabetes, stress, and psychological problems as a result of the occupation and lack of resources. Women also suffer from strokes, infertility, eye diseases, headaches, Thalassemia, breast cancer, rheumatism, colon cancer, osteoporosis, and uterus cancer.

The reason for these problems and mental illnesses suffered by women, according to the participants, is mainly occupation and the Israeli practices violating human rights, such as the presence of gates at the entrances of villages, construction of the Separation Wall and closures that prevent women from reaching health centers and subsequently denying them the right from availing medical services. Moreover, the participants attributed the cause of diseases also to psychological stress experienced by women as a result of poverty, unemployment and the poor economic situation contributed largely by the Israeli occupation. Furthermore, women are also subjected to psychological stress as a result of the constant tension and uncertainty surrounding the future of the family and children and managing their affairs and providing them with various necessities of life, especially their education, besides worrying about lives due to the presence of the Israeli army at the gates or entrances to towns and villages.

Yet other problems experienced by women are problems related to health services, such as the lack of some services like a center to raise awareness about cancer, or centers for people with special needs, or centers for psychological and social support, or the presence of psychologists or health centers to examine glands. Women in villages also complain about unavailability of lady gynecologists. Meanwhile, other problems that were broached repeatedly in the discussion groups were ill-treatment while receiving health services from public institutions. Women suffer as

well, with respect to Qalqilya from their point of view, from social problems such as divorce and polygamy.

Many suffer, whether they were participants in the discussion groups or other women in the Governorate in general, from social constraints that restrict and prevent movement, impeding them from going to their work, or even to socialize, or to stroll inside the village for the purpose of exercising for health needs.

Women in the discussion group emphasized that all problems confronted by Palestinian families are caused by the occupation. Such problems are reflected directly on them because they are responsible for managing various affairs of the family. Hence, poverty, unemployment, closure of gates, practices by the occupation and social constraints, all of these problems means that women pay the biggest share of their price.

B - Diseases Suffered by the Study Sample and How to Confront Them:

Problems mentioned by the women in the discussion groups are physical problems, such as back and legs pains, diabetes, headaches, heart, ulcers, gynecological infections, varicose, short-sightedness, kidney stones, irritable bowel syndrome, infertility, vaginal infections, chronic ovary infections, problems with the knee, dizziness, obesity, breast cancer, diseases of the eye retina, heart, nerves, brain stroke, sinuses, blood pressure and hemorrhoid.

Participants mentioned other social and psychological problems, such as ill-treatment while receiving public services. They also suffer from anxiety and fear over the fate of their children because of the a spouse unemployment, restriction on movement due to customs and traditions of the surrounding social environment, besides problems related to difficulty in receiving medical services and in paying for treatment because of high prices.

Women participating in the discussion groups emphasized the psychological problems they themselves suffer from, such as tension, nervousness, grief, loneliness and acute psychological distress. Sometimes a woman suffers because her husband is suffering from a permanent ailment or a permanent disability, so she has to suffer psychological and economic burdens associated with that. Much of these pressures resulted from the difficult economic situation and unemployment, as it might be in many cases, spouses work in Israel and do not get permits, and are hence unable to

go to their work, subsequently the economic situation of the family worsens, and there will not be enough money to living needs of their household and children.

From the participants' perspective, reasons for psychological distress suffered by them include restrictions imposed by the society limiting their movement. One of them said that she does not leave her house for fear of people talking ill of her. Another participant said that she suffers from psychological stress due to the type of life she has been living for the last 14 years. Meanwhile, another participant pointed out that the reason behind her stress is that her spouse is married to another woman and had left her alone with her children without disposing of his duties towards her and her children.

Yet another set of problems mentioned by participants in the discussion groups is that they are subjected to physical and psychological abuse by the spouse, inability to buy drugs, difficulty in transportation between the village where one lives and the city where they have to avail of medical treatment. Lastly, participants said that lack of recreational places is a real problem facing women.

The Third Theme:

How do women deal with disease or problems suffered by them?

According to the participants when anyone of them suffers from physical ailments, they see physician for treatment and take medicine and pain killers. In some cases, it would be hard to go to a clinic because of their inability to pay for the treatment. In such cases, women resort to herbals and pain killers. Some surf the internet to search up for solutions to their problems. Sometimes they turn for help and ask their parents.

In case that they are exposed to problems and psychological distress, they resort to different ways, including patience, prayers, and sometimes they talk with relative and friends to unwind psychologically and search for solutions. While on other occasions, they merely cry, sleep or ignore the problem. Sometimes they do nothing and adapt with the problems, and in some cases they resort to their immediate or extended family to ask for help.

In the event that they suffered from poverty or unemployment, they try to manage their expenditure to the point of austerity. In many cases, women give priority to

the needs of their family and children over their own needs. In some cases women would go out to find a job or set up a small project in order to manage economic affairs of their family, while in some other cases they seek the assistance of aid societies.

The Fourth Theme:

About Health Priorities and who is Responsible for them:

A - Priorities:

It became evident from answers volunteered by the participants that priorities came naturally as a result of need and shortage. Such priorities revolved around the following:

- Provision of health services, including specialists in various fields, gynecology, eyes diseases, bones, children and psychiatrists.

- The need for the existence of health centers or the provision of around the clock services, day and night, besides an emergency sections in villages where such centers lack such a service.

- Provision of a fire truck and an ambulance. Moreover, the importance of existence of a obstetrics center was stressed for fear of recurrence of child immortality or death of mothers while giving births, in case of military closures, especially for women living in villages.

- Provision of psychological centers and psychosocial support centers in order to release their stress and seek help to solve their problems, besides recreational centers and clubs for women, children, plus fitness centers for women.

- Provision of awareness about women's health, development and empowerment, besides provision of courses for awareness and education in general. Women have

also stressed the need for providing a permanent service for breast and uterus cancers examinations.

- Provision of services and treatment for unable segments of the society.

B - Who is responsible for realizing these priorities?

Responses of participants were as follows:

The Palestinian Authority, mainly the Ministry of Health, Ministry of Labor, the Ministry of Local Government, and the Villages Council, and other institutions that provide health services, such as the Red Crescent, Medical Relief, Health Work Committees, in addition to the local community, support and donations in cooperation with government agencies.

The Fifth Theme:

Knowledge of Health Services in the Governorate, Knowledge of Health Work Committees and Proposals for Additional Programs:

A - Knowledge of Health Services in the Governorate of Qalqilya:

It was clear from responses of the participants that they know of existing services in Qalqilya depending on their frequent visits to these institutions in their own villages and regions of their residency. Participants have mentioned that they know about existing services in terms of diseases treated in these centers. Some of these facilities were named. It was also stated that sometimes the private sector is resorted to as they trust it more than the public sector. Some hospitals in this regard were mentioned, such as Darwish Nazzal Public Hospital, the Al-Aqsa private hospital, the Committee of Zakat, Health Care, Health Work Committees and Medical Relief. In some cases, some of the participants said that they go to the city of Nablus for treatment because of the variety of services offered there and the abundance of specialist doctors, besides the presence of competent centers and laboratories. But it seemed that some of the participants are not satisfied with some of the hospitals, as they were described as not providing good health services, and that their staffs mistreat patients. It is important to say regarding the level of knowledge about the health centers in the Governorate, that there was range in views because

of differences in the economic situation. As for groups that receive medical services in the private sector outside the city of Qalqilya, they knew little about health services offered in the city. Moreover, Participants know well about services rendered in their respective areas; however they do know little about health centers and institutions in other villages and areas.

B - Knowledge of Health Work Committees Foundation:

Answers by participants show that women know about the Health Work Committees, but most of them did not know the foundation's correct name and they call it by the name of the Center director. Participants mentioned the nature of services provided by Health Work Committees and they expressed their comfort and satisfaction with services provided. They also were happy with the treatment of the working staff. One of the participants said: "Services offered by the Committees is perfect and excellent. The staff there is great in their treatment [of patients] and they lack nothing" (Reference). However, there were few among the participants who did not hear about the Committees and services provided by them.

C - What services ought to be added in Qalqilya in general, and at the Health Work Committees in particular?

According to participants, there is a variety in services offered in Qalqilya, but the main problem is the receiving health services and the quality of service provided as well. Therefore people prefer to go to private centers. Participants stated that they do not trust free health services. They added that it is necessary to provide health centers with specialists, besides providing the centers with more sophisticated equipment, as most of the services are primitive, according to them. They pointed out to the importance of the presence of psychological centers and social support centers. The participants further discussed in detail Nazzal Hospital case. They said that the hospital does not offer necessary medicine prescribed and that it has to be purchased from private pharmacies. It also does not have needed medical devices or equipment, besides it does not have specialist medical staff, in addition to the lack of medical care and mistreatment by the staff and worker at the hospital. Participants further stressed the importance of having a CT scan machine for screening.

The Sixth Theme:

Impact of Occupation and the Separation Wall on the Health of Women:

According to the participants in the discussion groups the separation Wall and the occupation affect all aspects of life in Qalqilya. Daily details of life of the population are controlled by the Wall. The participants were totally unanimous regarding the negative effects of the Wall. It has affected the economic, education and health situation of the family. They pointed out the correlation of these conditions with each other. The Wall increased the rate of poverty, unemployment and worsened the economic situation, as its construction led to confiscation of large tracts of agricultural land it, thus affecting the livelihood of many families, depriving families that used to depend mainly on agriculture as a source of income of this source as they became unable of reaching their lands.

The Wall, according to them, had drastically affected the economic situation of Palestinian households. There are families whose men are denied, in general, permits to work in the 1948-occupied Palestinian territories, increasing poverty which in turn leads to inability of families to provide needed food and the exposure to various diseases, as there is no financial capacity to receive badly needed health services. The Wall also stops students often from reaching their schools and places of their education, and limits the movement of people. On the other hand, many women, children and young people are subjected to beatings and humiliation directly from the Israeli army and settlers. Many pregnant women suffered from miscarriages after inhaling fumes of tear gas bombs. Moreover, women living next to the Wall live in permanent fear and suffer from anxiety, insomnia, stress and psychological distress because of concerns about the fate of their children, husbands, their work and education, and because of concern due to their movement to and from their villages, besides the constant subjection of all family members to the same psychological pressure, depression, tension and fatigue. Participants reported that diseases like blood pressure, diabetes and heart problems increased due to psychological distress. Furthermore, women reported that unemployment of spouses and their staying at home lead to growing tension between them due to stress and pressures. The women reported that some villages will be totally isolated after the completion of the construction of the Wall.

The Seventh Theme:

Role and Performance of the Palestinian Authority Regarding Health and Health of Women:

Participants in the discussion groups asserted that the Palestinian Authority must play a primary role regarding health and providing services to various categories of the society and to women. However, in spite of this assumption and responsibility expected of it, participants agreed that the Palestinian Authority is still required to do more to fulfill these duties. It was noted that the health sector is not given sufficient attention in Qalqilya, as more attention is given to other cities in the West Bank more than the Governorate of Qalqilya, in terms of projects. Villages are also neglected.

It was pointed out that aid received by the Authority is not being dispensed of properly, or spent in the right field. Subsequently, Authority suffers from poor distribution in priorities, poor management and bias in the provision of services. It was also noted that health services are inadequate, and that existing health centers are not supported properly. Furthermore, the health situation, psychologically and physically, does not receive sufficient attention, especially regarding the health of women. Participants held the Palestinian Authority responsible for not solving the unemployment problem, which in turn will mitigate psychological burden suffered by women. They also see that the National Authority can retain specialist doctors and prevent their migration abroad.

On the other hand, other participants think that the Palestinian Authority is acting within its abilities and potentials. It is doing its best, but the occupation is still a major obstacle to that. One of the participants said that the Authority has an active role in affecting health conditions by allocating a larger budget for the health sector and providing more essential medical specialties, besides it should make more money available to students to pursue these disciplines and to support the private health sector. Another participant said that the health situation is much better since the Palestinian Authority took responsibility of the health sector.

Recommendations by Participants:

Participants in the women discussion groups came out with a set of recommendations for the development of health conditions. Prominent among these:

- Provision of health services, which should include specialist doctors in various fields, such as gynecologists, eyes, orthopedic, children and psychiatrists.
- There should be health centers that provide medical services around the clock, day and night and emergency services in the villages.
- Provision of a fire truck and an ambulance in each village. The need was further stressed for a childbirth center, for fear of recurrence of death of infants or their mothers in case of closures. This last recommendation came out from women participants residing in villages.
- It is important to impart education in the field of women's health, besides development and empowerment of women. Generally education and awareness courses should be held. Participants had pointed out the importance of providing a permanent screening service for breast and uterus.
- There is a need for centers for people with disability and for provision of adequate care for them. Qualified medical staff should be made available, besides keep on monitoring for the existing centers.
- The need for an emergency humanitarian fund for social cases.
- Adoption of development programs for mothers and children, besides providing recreational centers, such as clubs and health centers, better than what is available.
- The need to test water coming from Azzun as they believe it is the cause of cancer spread, and thus it is the government's responsibility to know the truth and uncover the reasons behind the spread of this disease in such a way.
- Activating the role of the Palestinian Authority for the provision of more medical services.
- Providing more monitoring, especially on the public sector.

- Adoption of a larger budget for the health sector and contributing in the provision of essential medical specialties and arranging more money for students to study such disciplines at the cost of the Authority. More specialties should be made available regarding women's health and more support should be extended to the private health sector.
- Proper behavior with patients in government health institutions.

Data Regarding the Interviews:

First Question: What are the services offered by the institutions:

Services provided in the Governorate could be divided based on data collected from the institutions as follows:

- **Emergency services provided by the following institutions:**

Al- Aqsa Specialist Hospital, Darwish Nazzal Hospital, the Red Crescent, and Health Work Committees, and Medical Relief. All of these institutions are located in the city of Qalqilya.

- **General medicine clinics provided by the following institutions:**

Health Directorate of Qalqilya, Al- Aqsa Specialist Hospital, Darwish Nazzal Hospital, the Committee of Zakat, Medical Relief and the Health Work Committees.

- **Specialized Clinics provided by:** Health Directorate of Qalqilya, which has Pediatric clinics, diabetes and dermatology, Martyr Omar Kassim Hospital, Health Work Committees, Medical Relief, al-Aqsa Hospital for Women and Obstetrics, which also has Cardiology, Orthopedic, Obstetrics and gynecology clinics, Darwish Nazzal Hospital and the UNRWA hospital which also has a dental clinic.

- **Women's health Clinics that provide papsmear and breasts examination:** Health Directorate of Qalqilya, UNRWA hospital, Al- Aqsa specialized hospital for Obstetrics and Gynecology, Committee of Zakat, Medical Relief and the Health Work Committees.

- **Health education and awareness regarding issues related to women provided by:** Relief Charity Foundation, Association of Kafr Laqef, the Department of Women and Children, Medical Relief, Health Work Committees and the Jafra Center.
- **Services for women subjected to violence:** Relief Charity Foundation, Directorate of Social Affairs, Department of Women and Children in the Governorate.
- **School Health:** Health Directorate of Qalqilya, Health Work Committees and Medical Relief.
- **Well Baby Clinic:** UNRWA hospital, Health Work Committees, Medical Relief and the Directorate of Health.
- **Financial assistance** provided by: Directorate of Social Affairs.
- **Skills and economic empowerment provided by:** Relief Foundation, Association of Kafr Laqef, which offers productive projects for women, the Directorate of Agriculture, Department of Women and Children in the Governorate and Medical Relief (empowerment to strengthen the self and target housewives and women in places of their work, and women subjected to violence).
- **Services for people with special needs:** Medical Relief, the Committee of Zakat (but not permanently), the Red Crescent (home visits for people with disabilities) and the Relief Charity Foundation.
- **Psychological Health provided by:** UNRWA hospital (guidance services individually and collectively and for women subjected to violence and post-natal depression).

There are other services, which has not been classified. The Red Crescent provides psychological health for adolescents and teenagers in schools. It targets areas close **to the Separation Wall and marginalized women.**

Each hospital and health center includes a pharmacy, a laboratory and X-ray machine. The hospital of Darwish Nazzal has a dialysis section. Ambulances are available at the Red Crescent Hospital, Al-Aqsa Hospital, Darwish Nazzal Hospital **and at Martyr Omar Qasim Hospital.**

There are some significant services offered at the Red Crescent Hospital, such as physical therapy and rehabilitation. There is also a department for volunteers, **besides a special unit for disasters management.**

What distinguishes the Directorate of Health is that, in addition to provision of health services, there is a pharmaceutical inspection, environmental health, and **preventive medicine and immunization services.**

And what distinguishes the Medical Relief is that there are preventive medicine targeting workers at the sewing workshops, whereas tests are offered to workers regarding blood pressure, diabetes and optometry. Workers are also encouraged to undergo breast tests.

Second Question: What are the problems faced by women?

Not all service providers were asked this question, but it was asked to a lady doctor working in the private sector, as cases are referred to the private sector differ sometimes from cases that are attended to by public and civil society health centers.

Problems experienced by women as mentioned by the lady doctor are related to age group:

- 1- Girls during adolescence suffer from diseases related to the menstrual cycle, discomfiture, vaginal infections and ovarian cysts.
- 2- In the first stage of marriage, there are special problems such as infections and wives refraining from having marital relations with their husbands due to misconceptions about the nature of a sexual relationship.
- 3- At menopause stage, women suffer from diseases related to their reproductive system and menopause. They also suffer at this stage from psychological problems attributed to pressures faced by women, particularly those who had no children, and who are looked down at as being useless.
4. Women suffer from chronic diseases such as blood pressure, diabetes, back pain, delayed pregnancies or infertility. There are also cases of breast and cervical cancer. Some women suffer from osteoporosis, blood vessels and heart problems.

5. Other health problems include lack of education and health awareness, especially among women. For example, lack of awareness of the importance of periodic breast and cervical smear examination, which leads to the infection of women without being detected earlier.

Problems Facing Service Provision

Problems faced by service providers may be divided into problems relating to the occupation and the Wall and other problems related to issues of funding and material resources. More problems are related to community culture, besides problems related to the relationship between the Ministry of Health and other health institutions.

Problems relating to the Wall and the occupation: These problems lie in the lack of access to areas beyond the Wall. Sometimes there are hurdles and delay in reaching to patients by working staff health. There is a need to especially target areas close to the Wall in order to provide psychological support and assistance, especially as these areas suffer from psychological problems and pressures.

Problems relating to funding is considered an obstacle to many institutions in implementing their programs, so some institutions cannot provide the service properly because of limited financial resources, which result in a shortage in staff members. It is a known fact that service providers suffer from scarcity in doctors and nurses compared to the number of patients, hence no good quality services could be provided, as is the case in the UNRWA hospital, whereas 450-500 patients report daily to the hospital. It could be safely said that every doctor has to deal daily with 110-115 cases. Moreover, the Department of Health suffer from the same problem, as shortage in medical staff hinders implementation of services, plans and programs developed by the Ministry, as well as due to shortage in financial resources, as there is a shortage of specialist doctors in some centers that were visited. These institutions reported that, due to shortage in material resources, many services could not be completed. The same applies to plans and programs which have not been implemented yet. Shortage in material resources prevents women from supporting women by establishing operational projects for women and their economic empowerment as had happened with the Directorate of Agriculture.

Problems related to the community culture: These problems are related to lack of awareness concerning health culture. In many cases, there is not enough information about good nutrition for women and children. There is also insufficient awareness regarding the importance of giving drugs properly in required quantities. Furthermore, there are some services that are provided but there is no demand for them, despite their importance, as is the case in heart tests provided by Al-Aqsa Hospital at reasonable prices. Breasts tests are also available; however there is no demand for them, despite the availability of devices at the Department of Health that could be used for early detection of breast cancer.

On the other hand, customs and traditions in society is an obstacle at times as far as protecting women from violence. Women's access to institutions to avail protection services is considered a social disgrace. Moreover, women still do not trust institutions active in women protection against violence. In many cases women do not go to seek help. Furthermore, the issue of turning women to protection houses is not easy to accept. There is yet another problem facing other institutions involved in women protection from violence is the need to reintegrate women in society and their readiness to accept this notion.

Problem of civil society health institutions regarding the nature of relationship with the Ministry of Health: sometimes such institutions are treated in terms of competition and not supplementation. Hence the Ministry hinders the work of those institutions. For example, the Ministry does not grant permits to specialized clinics or allow the existence of a pharmacy in a health center, or does not recognize Thalassemia tests prior to marriage, which are conducted by civil society organizations.

The last problem mentioned, is that there is no such network of institutions that care for women and children. There are also no special centers for the care of children, besides the absence of any center that provides services for children with special needs. Moreover, there is no elderly center.

The following table shows institutions that were visited and the problems they face. Some institutions did not mention any problems:

Institution Name	Problem
Health Directorate	<ul style="list-style-type: none"> * Shortage in medical staff. * Villagers going to city clinic, affecting drugs and its issuance, as drugs are in limited quantities, especially for chronic diseases.
UNRWA	Shortage in nurses and compared to the number of patients
Al-Aqsa Hospital	<ul style="list-style-type: none"> * Patients not undergoing a thorough examination of the heart and tests, despite the availability of necessary equipment for doing so. * The Ministry of Health treating them as competitors, as it did not allow them to provide mammogram and does not deal with their laboratories for hormones testing; rather it refers the same for testing in Ramallah.
Directorate of Social Affairs	<ul style="list-style-type: none"> * There is no network of institutions caring for women and children. * There are no special centers for child care. * Customs and traditions prevent referring women to protection homes, besides that same culture limits integration of women subjected to violence within the society.
Directorate of Agriculture	<ul style="list-style-type: none"> * Limited financial resources that hinder women's support for the establishment of operational projects for economic empowerment. * Funding for projects targeting farming districts of Qalqilya
Kafr Laqef Association	Occupation and the Wall, besides the presence of [Israeli] settlers near the village and their frequent attacks against the people of the town.
Health Work Committees	<ul style="list-style-type: none"> * The existence of the Wall impedes access to areas adjacent to the Wall to provide medical services and psychological support. * Problems regarding the relationship with the Ministry of Health over granting of licenses to clinics.* Non-recognition of the Ministry of Health of medical reports regarding the absence of Thalassemia before marriage. * The Ministry of Health disallowing setting up of pharmacies by the Health Work Committees. The role of the Ministry of Health is not supportive and supplementary; rather it deals with Committees as a competitor.
Medical Relief	Occupation and the wall.
Red Crescent	<ul style="list-style-type: none"> * Lack of funding * The Wall and the occupation practices that impede the access of patients and medical staff.
Relief Foundation	Funding of planned projects.
Committee of Zakat	Lack of specialist doctors.

The Third Question: What are the priorities?

This section of the report details priorities of each institution. Priorities have been ranked in a table due to their variety, as each institution has its own set of priorities. It seemed during the interviews conducted that health centers' and hospitals' priorities are in fact a reflection of problems faced and needs that they desperate to fulfill.

Priorities of the Directorate of Health:

- Recruiting new qualified staff, and supply them with cars for transportation for medical purposes.
- Substituting old clinics with new ones much like the Eastern Clinic in the city of Qalqilya.

According to the director of the Directorate of Health in Qalqilya, Dr. Mohammed Hashim, meeting these needs is the responsibility of the Ministry of Health. The Ministry is always reminded to recruit sufficient number of staff, but it has not done so yet. One of the reasons for the failure to meet the required, in his view, is the lack of complaints made by the citizens and formation of pressure groups (such as radio programs, newspapers, television, etc.). Such pressure groups are required to advocate and influence the Ministry to meet these demands.

Priorities of the UNRWA Hospital

Youth and adolescents are the most important groups that should be covered by the program for psychological support. However they attend seminars held in small numbers. This is due to the fact that they are not convinced of their need for education, which in turn is due to pattern of thinking of their own.

Priorities of Darwish Nazzal Hospital:

Providing all services needed in the Governorate and developing the quality of service offered and the quality that provide security to the patient. There is a need for an intensive care unit for preemies and adults, in addition neurology and cardiology department, as well as for burns and eyes.

Priorities of Al-Aqsa Hospital:

The most important priority is the collective work with other health service providers, especially in the gynecological and obstetrics services, that is, consolidating the services rather than duplicating it. It is healthier to have a variety of services: Public, UNRWA and private, however there must be a common database that could be accessed through the identification numbers of citizens, for example, instead of a diabetic patient going to an UNRWA clinic and then to a public health center twice to get the same medicine. That would definitely save wasting the staff time and the patient's time and wasting their efforts and efforts of others, and compete with other patients, and instead of going to two different hospitals, besides exhausting physicians.

Such a method enables identifying a patient through his ID card number so that it becomes known that such a patient is going to the UNRWA hospital and that he is getting diabetes medicine and medication there, however, his right of choice should be preserved as where to go. It is believed that many patients in such a case collect drugs for the purpose of "earnings money" and because of fear that the UNRWA clinic, or that the government might stop their services, or face a strike by its employees. This duplication in receiving services is one of the most damaging acts that are being faced by the health services sector. In this regard, the matter could be presented to the Health Committee of the Governorate and the problem of a number of doctors from all sectors could be solved.

Priorities of the Directorate of Social Affairs:

- Increasing financial allocations for target groups to meet more basic needs and provide more provisions relating to the provision of health care for those groups of society. The responsible party for this all is the Ministry of Health.

- Assigning days for conducting free tests, besides requesting the Health Work Committees urgently to provide that, as women are immersed in the affairs of their houses and need someone to encourage them. Such campaigns are capable to urge women; especially that this is a collective action, which usually has more people participating in than being done individually. This is not supposed to be done in the city alone, but will also encourage women living on both sides of the Wall and in remote villages as well. It is worth to note that failure of the women's periodic ex-

amination is due to self motivated negligence. The participants requested that the Health Work Committees has to hold more awareness workshops targeting women on this subject.

- Allocation of days to entertain women who work in the social affairs, which is the responsibility of the Ministry of Social Affairs, which claim that it is suffering from lack in financial resources. Not only that, but also targeting women who are known to bottle things up inside themselves and do not dare to go out of their homes to complain under the pretext of customs and traditions.

Priorities of the Department of Agriculture:

Raise awareness on issues related to health, especially concerning proper nutrition.

Priorities of the Department of Women and Children in the Governorate:

- Providing information on sex education, especially as the Palestinian school's curriculum lacks such education.
- End of early marriages.
- Providing periodic examination of women, instead of going only to see a doctor when they feel pain, as well as the need for spacing pregnancies.
- Arranging awareness lectures constantly related to women.
- Providing free examination campaigns.
- Creating development programs by empowering women economically and culturally by explaining and clarifying emerging issues and changes in concepts.

Priorities of the Health Work Committees Foundation:

- Health education as health education of patients, especially parents of children is very low. This is seen as a problem not related to academic education. There is weakness in imparting health guidance. This is a two-fold problem: the first fold is weak guidance by the staff, and this is the case with staff members at the center of Qalqilya, which is being dealt with, as working staff have been asked to devote more time with the patient or parents to guide him. The second part concerns pa-

tients or their families as their lack of knowledge act as a hurdle in completing treatment. This is what happened in cases reviewed with a mother and it was discovered that the mother was responsible for failure of a treatment.

- Activating field visits which target women after birth.

Priorities of Medical Relief:

- There is a need for what might be called a Code of Ethics of Practice, so as a principle of receiving services on the basis of health rights and citizenship is promoted, ensuring an equality in receiving services and equality in right to full knowledge.

- A need to strengthen programs designed for "women subjected to violence" so as to be supportive and community-based, not based on temporary projects, which do not address in depth and in a vertical and horizontal manner various societal problems. The fault of such programs is that they appear as if they unrelated to reality, and is based on objectives and programs of donors for a certain temporary project which come to an end abruptly without a follow-up to achieve the desired results.

Priorities of the Red Crescent:

- A need for a center that caters for the mentally disabled (males and females) equipped with day services and all equipments and supplies needed. This is what the Red Crescent is striving to achieve soon. However, it needs the required funding for this project. It is an urgent need as such facility is not available in Qalqilya, besides the need to have an elderly home which the Society hopes to achieve.

Priorities of the Rescue Foundation:

- A need for a special women Shelter in Qalqilya, as there is no such home. In case such a house becomes available it will be able to receives cases from outside the city of Qalqilya, as it would not be able to offer protection to a certain woman or girl subjected to violence resident of Qalqilya, because then such a shelter will be the target of harm, arson or sabotage. The more a lady is far away from her parents reach, or the person abusing her, the safer and more secure for her such a place

would be. It should be emphasized that the community in Qalqilya will not accept the existence of such a house in case it sheltered a lady belonging to the city.

- Providing projects aimed at empowering women and providing them with opportunities to attend courses for computer learning, secretary, courses and an open kitchen, sewing workshops and food processing projects, besides finding a place to market their products, however funding is the main impediment to the implementation of such projects.

- The need to establish schools or special centers for people with mental disability and those suffering from Down syndrome, instead of having them roaming the streets.

Priorities of the Jafra Center:

- The need for a health database for health conditions of women in Palestine, and accordingly laws helping women to live safely need to be enacted.

- Providing a program for social security.

Priorities and Recommendations of the Association of Kafr Laqef:

- The existence of an emergency center for the village, as there are no doctors in the village or even a pharmacy, while transportation is difficult. Things become more dangerous if a patient is waiting to be in need of being transferred to the nearest emergency center, which is the city of Qalqilya.

- Every competent doctor avail of his right and opportunity to serve his country, as our country suffers in general from migration of qualified doctors, hence there is a need to preserve them.

- Provision of monitoring of doctors.

- Provision of a hospital that serves a community of villages instead of suffering from going through bypass roads or high cost of transportation, if they have to go to Nablus or Qalqilya.

Priorities of the Zakat Committee:

- Operating the Zakat Committee hospital (it is only built and not in use yet). There is a three stories constructed hospital and ready infrastructure, but it lacks medical equipment and staff.
- Setting up of an autism center, even at the minimum, because this is a serious problem facing parents who have children suffering from this disease.

Qalqilya Services Bureau (UNRWA Affairs):

Conducting family visits for implementing family guidance for refugees, whether in the villages or in the city, and reaching to classes that were not reached earlier, such as the elderly. There had been an initiative to deal with this category, but within neighborhoods, as one elderly woman volunteered to receive elderly women of the same neighborhood at her home, but not in an adequate manner. The psycho-social support program targets as mentioned above, institutions and groups that deal with these institutions, so as to be themselves targeted by the program of psychological support run by the UNRWA, hence the need to expand the target groups in order to reach groups that was not dealt with in the past.

The Effects of the Wall:

The effects of the wall may be summarized from the viewpoint of service providers as follows:

1. Psychological Effects:

The Wall has drastic effects on the freedom of the individual. It is a prejudice against the humanity of man and his freedom of movement, and thus it has serious repercussions. It has its direct impact on women. After its construction, mental illness became more widespread among women. What makes things more difficult is that the culture in the community, its customs and traditions prevent women from seeking psychological treatment. The construction of the Wall has compelled some spouses to stay overnight in Israel for work, and therefore that warranted that they stay away from their families, hence inflicting negative psychological effects, whereas women would feel that they have to shoulder a great burden and pressures as a result of taking responsibility of their households and children in the absence

of the husband. Women have no time for them to take care of themselves or pay attention to their problems and mental health, hence they are always frustrated and are vulnerable to depression.

Women also worry a lot about the future and safety of their children from the effects of the difficult economic situation, besides their anxiety about the presence of settlers and their continued attacks, hence the need that the mental health be given more attention and care by the Ministry of Health and relevant parties concerned with women's health.

Health Effects:

Some practices resulted from the Wall, which was not known earlier such as what is called "injection beyond the wall", as a doctor administer an injection to a patient from behind the "fence" or "barbered wire". Similarly, repeated births occurred at the Wall gates due to delays in reaching the city of Qalqilya, resulting in the exposure of pregnant women to risks of malformed embryos. For example, the gate of Azzun has a screening machine, which constitutes a risk to fetuses and pregnant women. Women would get medical reports proving that they are pregnant to produce to Israeli soldiers to allow them to pass through the gate.

The Wall violates the right to health, in the form of one's right to have access to medical centers, especially patients and medical personnel. In some cases, staff of medical centers could not reach their workplaces, because of the possibility of the presence of an Israeli army vehicle, which might stop them and close the whole city as it's currently being surrounded by a wall and has only one entrance. So in case the entrance was closed, life would come to a hold and provision of medical services will be disrupted. Moreover, it is hard to separate between what is economic and what is healthy, as economic effects have their impact on the health conditions of women, forcing them to seek the help of a physician or a gynecologist at intervals far apart, despite their need for treatment. Women under these circumstances think much about the costs of treatment and transportation. The situation becomes harder in the event that a woman travels from her village to the city and has to pay for her transportation. The presence of the Wall led many spouses to stay overnight in Israel, which means that they might have sexual relations outside marriages to satisfy their desires and needs and may result in transferring some sexually transmitted diseases to their wives.

The construction of the Wall led to the seizure of a lot of land, thus depriving women as wives from working in farms taken away from them and seized to build the Wall on after it had been a source of income for them and self realization and made them feel that they are productive; that they have a presence and an entity, however after being put out of work, they become more prone to psychological problems and stress, headaches, suppression, oppression and poverty, and thus they became more susceptible to diabetes, blood pressure and heart problems.

Economic Effects:

The Separation Wall has a direct impact on the economic situation, thus women became more inclined to give priority for the treatment of their children at the expense of their own health. This has psychological and physical effects on the entity of women. It also led to high rates of unemployment and to the loss of many Palestinian families of their source of livelihood due to the confiscation of agricultural land by Israelis.

Social Effects:

Unemployment increased a lot among husbands, resulting in men staying at home with their wives, which led to increased frictions and problems as a result of tension suffered by unemployed husbands. This in turn resulted in the increase of marital problems that may end up in divorce. This also has its repercussion on their children and on the psyche of a mother and apparently on her relationship with her children and even neighbors.

The occupation also played a role in the dismemberment of families completely, which resulted in deportation cases in which husbands were deported to Gaza.

Many families are only interested that their son is working in Israel and that he brings money to the family, regardless of the habits and conduct that he pick up and acquired there from the Israeli society. Such families are not aware that many of their offspring brings along with him illicit drugs and that they might have learned and acquired dangerous habits to our society.

The occupation and the Wall have their effect in increasing the rate of unemployment, malaise and frustration, which increased the number of people travelling to other parts of the country or migrating abroad to other countries.

Evaluation of Services:

Assessing the Role - Directorate of Health:

Director of the Directorate of Health, Dr. Mohammed Hashim, said that they are satisfied at the Directorate with their achievement in setting up of a clinic in every village in the Governorate of Qalqilya and that there is a very good chance to improve the services offered. However, there are problems that prevent the provision of better services comprehensively, due to shortage in medical staff, a matter that had been conveyed to the Ministry. Nonetheless, the Ministry failed to recruit new doctors in place of those who had retired. However regarding programs, he stated: "We only execute programs developed by the Ministry in accordance with available resources. We do not develop such programs, as the Ministry has its own policies which we follow and carry out. For example, we conduct statistics and they analyze that, and design new policies or programs in its light."

Assessing the Role - Health Work Committees Foundation:

Dr. Basim Hashim considers that the role of Health Work Committees is such a supplementary role of health services provided by the Ministry of Health, and is not a competitive one. The Health Work Committees in its center in Qalqilya contract gynecologists, and the Committees' policies are applied on them, though there are exemptions, depending on the social conditions. Exemptions reach up to 25% of the cost of treatment; however, there are certain cases that get a full exception. Such cases have their files and the Committee knows of them. This is very good, according to him. He further considers the Centre is playing a very good role as far as workshops related to outreach and health education, which is conducted by specialists.

Meanwhile, Dr. Abeer Sartawi from the Health Work Committees said regarding her evaluation of services: "somewhat it is good. We are satisfied with the present services. If a lady comes to us at the health center and needed a specialist, such as

cardiologist, orthopedics, or Urologists, such services are available at the center. We also take into account social situations."

Assessing the Role - Martyr Omar Qasim Hospital:

The hospital services cannot be assessed because it is not in operation. However, as far as emergency services are concerned, specialist clinics, a laboratory and radiology is adequate, especially that the hospital spares the people of the villages from travelling around to get medical treatment. There is much to offer at the hospital in the event that the hospital is licensed.

Assessing the Role - Association of Kafr Laqef:

Ms. Basma Awad said: "We are satisfied with the services and we always strive to offer more. We hope to continue working in this association through the new generation of young women, as it needs support to remain viable in providing services, which it was founded for. It could be argued that we, at the association, have become a reference for women and girls, as any woman that has a request comes to us for consultation or a request, which we strive to achieve within our means."

Assessing the Role - Directorate of Social Affairs:

Director of the Directorate, Mr. Ezzat Mallouh, believes that the Directorate of Social Affairs provides the minimum essential needs of a family. He hopes to increase such services, which he says that he is satisfied with, as their role falls within humanitarian work. Meanwhile, the Head of the Department of Women and Children, Ms. Hala Hashem said that she is satisfied with the provision of services, although there are demands for more support. She also believes that a service matters in dealing with women subjected to violence, as it had saved the lives of many girls and women. It played a big role in providing assistance to them and their families.

Assessing the Role - Directorate of Agriculture:

Chairperson of the Development Division of Rural Women, Saja Nazzal, said that she is satisfied with services provision, but that she feels that there is a lack in number of projects aimed at Qalqilya, although it is one of the affected areas, although one hears of a lot of projects aimed at Tubas, Jordan Valley and Nablus. She aspires that more services are provided on a better level.

Assessing the Role - Darwish Nazzal Hospital:

According to Myasser Mansour, director of the hospital, she is satisfied with the services. However she added that even if they offered all the services, there will always be a need for better services. There will also be a need for greater competence in medical services.

Assessing the Role - Medical Relief:

Dr Mohammed Abboushi, director of Medical Relief, said that the basis for the evaluation of services directed at the public has two factors:

- 1- Quality of services so that it benefit the society.
- 2- The public satisfaction and sense of confidence, so as it should go to a reliable party and be respected by it.

Dr. Abboushi says that he feels that the public is satisfied with dealing with the Medical Relief in the city of Qalqilya, particularly regarding services aimed at women. He believes that women feel satisfied, confident and secure because they deal with a lady gynecologist, nurses and social workers, who make them enjoy their privacy, which fits the culture of the community in the city of Qalqilya.

Assessing the Role - Department of Women and Children in the Governorate:

The Director of the Department, Hanan Ghashash, said that the department role is "a good start and is very important", as the department has legal advisers, consultants and health assistants who meet the needs of the citizens. However, she aspires to reach larger segments of the society. Meanwhile, she is satisfied and hopes to implement more programs.

Discussing Data Related to the Discussion Groups:

It is important to note that ideas and opinions coming out from participants in the six discussion groups, which were held in the Governorate of Qalqilya mainly, reflect the ideas and opinions of the participants and could not be generalized as those of all women of the Governorate, because the sample is not representative. However these views give an idea about the health situation in the Governorate and indicate the general features regarding the issues of women's health in the Governorate.

The First Theme: the concept of women's health, it became evident from responses that the concept of health is compatible to a large extent with the definition of the World Health Organization. Women had defined health in a holistic manner. They also stressed on both physical and psychological aspects and linked them with each other. The participants also broached the subject of well-being. In responses concerning the needs, they demanded the provision of centers and institutions that provide psychological and social services to them. They demanded as well that efforts be made to set up clubs and centers interested in providing welfare for them.

The second theme: which is related to women diseases and problems in Qalqilya and the problems of the group involved in particular, it was evident that problems and diseases suffered by the women involved are the same experienced by other women in the Governorate. These diseases mentioned are chronic ones, such as high blood pressure, heart diseases, diabetes, back pain, blood, gynecological and other physical ailments, which was dealt with in detail earlier in this study. However, problems and psychological distress experienced by women because of the occupation, poverty, unemployment, and problems faced by women were mentioned repeatedly during the discussions. As such could affect directly the psychological health of women as a woman will be the one responsible for caring and managing the affairs of her family, and will have to look out for solutions, causing her a lot of psychological stress.

On the other hand, women in all discussion groups said that fear dominates their lives because of the occupation. They said that they are in constant fear and anxiety

over the fate of their children and husbands because of the unstable situation they live in. Participants also reported that they suffer from psychological stress because of customs and traditions that restrict and limit their movement, trapping them often in their houses. It is important to say that in some groups, the focus was largely on the social and psychological problems, which were discussed more than other physical problems. Also there was a common denominator between all the groups that occupation is the main cause of all problems they suffer from, because occupation leads to poverty and unemployment, and therefore, these two factors lead to poor physical and mental health and a shortage in resources, which directly affects the education of women and children and their treatment. That also affects negatively the psychological condition of a husband who suffers because of unemployment. All these effects are reflected heavily on the health of women being within the customs and traditions followed by our society; a woman is responsible for the management and finding solutions causing her to undergo more pressure.

The Third Theme: Women were asked about the ways they resort to in order to solve their problems: their answers reflected their initiative and strength in most cases. Participants said that they receive treatment in the event of their ability to endure the costs. However, if they could not, they use less costly means by using inexpensive material, such as herbs or analgesics or they ask others with experience or by searching online. Sometimes they relate to patience and endurance to cope with psychological distress they suffer from. On other occasions, they talk to those close to them to unwind or seek psychological assistance. Sometimes they resort to escape from problems by sleeping or crying, and sometimes by prayer and supplication. Some merely adapt with their problems in the absence of other alternatives. This means that the existence of centers for psychological and social support is an urgent necessity. It is important that such centers provide women with skills empowering them at all levels, as it is not only necessary to provide treatment service, but according to a their discussions, centers that strive to strengthen and empower women.

The Fourth Theme Priorities: It was clear that there are no certain priorities. Everything that is unavailable is a priority in itself. All services and programs are needed and there is no one preference in services. Apparently, health rights cannot be divided and a certain service cannot be favored. The discussion groups pointed di-

rectly to the significance of providing all services. It is important that conditions are paved for availing of a certain service. It was stated during the discussions that it is very important to take into account the quality of a certain service, in terms of respect, appreciation and granting the needed time while conducting a test and the importance of a treatment fees which should be appropriate and can be obtained.

In areas that have no specialized clinics, it was demanded that specialized clinics must have gynecologists, psychological, orthopedics and eyes specialists, besides specialized laboratories. Needs that were mentioned repeatedly were the need to have around the clock health service, seven days a week, because in some villages doctors attend to clinics for only few hours and only on certain days which is, in the participants' views, as such is not sufficient. It is very important that health centers are open all the time, especially as some of the villages are far away from the city and their inhabitants cannot reach the city easily because of the transportation high cost and time that that takes.

Good treatment and respect while providing the service was among the priorities mentioned in all groups. Yet another priority mentioned was setting up of psychological and social centers, besides centers and clubs for entertainment. This is in line with what was discussed earlier in the first theme while defining the concept of health.

The Fifth Them: who is responsible for meeting these needs? The participants believed that the Palestinian Authority, especially the Ministry of Health is the responsible authority. They said that non-governmental organizations also have a part of the responsibility to shoulder in providing the service. The participants were aware of the importance of integration of the local community in the service provision, such as the municipal and local councils, besides the financially able people who can provide support and aid, hence it seems from the discussions held that there is a universal understanding of the concept of partnership and the importance of integrating the people of towns and villages in the provision of support in the health sector.

For the point regarding the sixth theme: the extent of women's knowledge of health services offered in the Governorate, it was discovered that women knew about

various health services, and if they needed any service they could merely ask someone to guide them, however does knowing of the presence of a certain service means that one can have access to it? And what does it mean that women know about various available services, when they cannot take advantage of them for various reasons, most notably the poor economic situation as the report has mentioned previously.

Regarding the seventh theme: the women awareness of the Health Work Committees Foundation, women in general reported that they know about the Committees' work in Qalqilya and its services, and that they go there to benefit from its services, however some villages did not know or hear about the Committees. In some of the discussion groups the Committees were referred to by the name of its director and women did not know its proper name. Nonetheless there was a consensus among those who knows the Committees that it offers a very good service and that its staff extend a good treatment to patients who attend its centers and that the service is comprehensive from their point of view.

Regarding services that should be added, the answer of this question intersects with the question on priorities, as the services which are not available on the site were demanded to be provided, besides new emerging problems and diseases that requires the availability of centers and clinics to address them. There was an emphasis on the quality of service and that services should be made available around the clock. The quality of the service should be good while providing them. Moreover there was a call for respect when providing the service.

As for the impact of the occupation and the Wall on health, the answer to this question appeared in all other themes of the discussions. Participants addressed the impact of occupation on the daily lives of households. Closure of the territories and roads, waiting for hours, the presence of gates at the entrances of villages, the insult of the occupation of the children and young people, women and men, and beaten on some occasions, all these practices necessarily lead to physical and psychological diseases. On the other hand, the occupation confiscation of the land and stopping farmers and owners of land to reach their lands accessible to cultivate and utilize it, as well as preventing workers from reaching to their workplaces in the 1948 occupied Palestinian territories, all these practices result in poverty, unem-

ployment and poor economic situation, causing physical and psychological illnesses, in addition to stress caused by constant mental anxiety and stress because of the practices of the occupation and settlers. The occupation indeed has apparent and devastating effects on the lives of Palestinians, and of course on women's lives. The effects varied, in addition to health and economic problems mentioned earlier, there are social problems emerging within the community. In the participants' views, the occupation has a direct relation to these problems. For example, after a head of a family staying away from his house and sleeping for days at his workplace causes problems between the couple, and sometimes that is the reason that causes a split between them and eventually lead to their divorce. Moreover a father's absence from his children creates a psychological gap and absence of social interaction with his children. This absence away from a woman makes her bear the responsibility and burdens of her family, and thus she becomes more vulnerable to stress and mental illness.

As for the last theme discussed with the participant women, the role of the Palestinian Authority in the health sector and providing medical and other related services, they felt the Authority has a vital role to play in the health sector, from prevention, to treatment, rehabilitation, provision of programs and services, as well providing for the well-being of the population. The participants believed that meeting all health rights is mainly the responsibility of the Ministry of Health. They believe that the Governorate of Qalqilya is neglected by the Authority as it is not targeted by vital projects compared with other regions in the West Bank, where they think that certain projects are implemented in other cities, though there is no need for such projects. Some of participants tried to justify the situation by saying that the resources of the Authorities are limited and that surrounding circumstances, especially the occupation, do not allow it disposing of its duties towards the population.

What could be inferred from this theme is that it is essential that institutions struggle to pressure the Authority and the Ministry of Health in order to dispose of their duties towards the citizens, in order to realize their rights, as it is their right and not a favor bestowed on them by anyone.

Discussion of interviews with service providers:

By identifying the services relating to women, which are provided in health institutions and centers, it is evident that there are programs related to women's health existed in the area. There are also programs for screening and detecting early breast and cervical cancer, and follow-up of women during pregnancy and childbirth and after birth. However, there are no special programs targeting elderly women. And in case they needed services they will get it through public clinics, and not through programs designed especially for them. There is no special program for this segment of women to meet their needs at this critical stage of life, which is characterized by its own set of problems. And in case there are certain activities targeting this segment, they occur on certain occasions of the year and not on permanent and regular basis.

Among the marginalized groups are girls and women suffering from disabilities, as there are no programs or services exclusively for this category. The institution that provides the service to this category is the Medical Relief, but it is aimed at girls and children with disabilities and not women. Moreover, the Red Crescent, conducts home visits for people with disability in accordance with the "enriching home and school activities", as mentioned by psychologist Fawzia Hijjawi, but such programs are not expected to be permanent in any civil institution, as it depends on funding by the donors. Also the Committee of Zakat has a particular activity for people with disabilities, as provided hearing aid devices and screening of ears, but this activity is not constant. Moreover, the Association of Almorabetat has its house for people with hearing and speech disability that teaches sign language for males and females, and it is a permanent program.

On the other hand, there is a lack of programs designed to women subjected to violence, in terms of providing legal and social service, as the Directorate of Social Affairs do guidance, intervention and referring and follow-up, while Rescue Foundation provides legal and social services for women subjected to violence, but it is the only association and is not enough, especially as it lacks adequate support which could make it offer better and widespread services.

Groups targeted by the Medical Relief Foundation are housewives, as they are provided with specific skills, such as using computers. Such an initiative is significant as this segment is marginalized and does not possess skills in many cases. Also targeting the Medical Relief workers at sewing workshops by examining them is a significant program. This experience could be generalized to include women workers in other sectors, as such women complain of certain diseases related to their career.

There are also health education and raising awareness of issues related to women, but the topics are often related to diseases prevention. However very few institutions target women in social issues and in legal themes and empowerment programs. Moreover, educational programs are meant for women only, even though the Association of Kafr Laqef involve men in some of its educational programs, but men are not included in education programs and raising awareness at the level of the city and neighboring villages. It is necessary to take into account the need to include men in programs dealing with health education and awareness, as mere education of women, without men, creates a gap, unintentionally, by involved institutions. The result could be to the disadvantage of women, as the process of women's awareness and their awareness of their rights and demand to improve their situation may result in negative consequences, hence it is necessary to target men in the awareness programs.

Skills: Reviewing services provided by institutions, it was evident that a variety of skills acquired by girls and women. Some of these skills are traditional ones, while the others are not. The dilemma is that there is no economic support and empowerment for these women to initiate creating economic projects, with the exception of Association of Kafr Laqef and the Agriculture Department of Qalqilya which both provide productive projects for women, such as bees and sheep cooperatives for women and home gardens for men, in order to become self-reliant economically. This eventually contributes to strengthening and empowering of women. It is equally important that there is an opportunity to provide markets for the products, particularly in regard to women learning the pastry industry and handicrafts.

Summarily, services provided to women did not match the definition of universal health of women, which includes psychological state and the state of well-being.

The greater emphasis is on services regarding the physical aspect relating to the health of women. However, there is still a lack in services and programs to strengthen and empower women and their entertainment, especially that there is no such program on the agenda of any of institutions concerned with the health of women, especially women interviewed set this among the priorities they look up to, as they suffer from psychological stress because of drastic conditions they live in. Creating such programs for entertainment and unwinding psychologically can contribute to the alleviation of women who are subjected to all forms of psychological stress, which were mentioned in more detail elsewhere in this study. Merely one event on the one of the international days is effective but is not sufficient to unwind psychologically. It is a fact that pressures of a Palestinian life have various reasons and heavy burdens.

On the other hand, one of the main problems that the participants talked about is the problem of poverty and poor economic conditions. It seemed through programs and services provided that there is a lack in offered services that will hopefully help in enhancing economic empowerment, although some of the institutions provide specific skills for women, in order to help them to set up operational programs for economical self-reliance. However, the dilemma lies in the shortage in funds and material resources to create such operational or training projects which is funded by donor countries and is limited in time and in the number of women targeted. So it seems that the most important priority is to find sources of funding for women in order to contribute to economic empowerment, as women empowerment economically helps them make a decision, and in many cases contribute to the solution of many problems they experience. This might also contribute in helping them avoiding many problems, as was stated during the discussion groups.

Impact of the Wall:

There was a consensus among women in the discussion groups and service providers that the Wall has a very negative impact on all aspects of Palestinian daily life. The construction of the wall is the main cause of poverty, unemployment and poor economic situation, besides the delay or non-arrival of health staff to their workplaces. The Wall has also caused psychological distress. It also constitutes a risk for the lives of pregnant women and newborns. Its construction has resulted in

many women giving births at the check posts, and it still obstruct women's access to receive health services in a timely manner, especially at times of labor. It is also the cause of many family problems between couples, as the husband is compelled to stay away from his family, causing the wife to shoulder the burden of raising the children and managing the home affairs. Such a burden multiplies if the mother is a working woman.

Theme Regarding Satisfaction with Services Provided:

According to what appeared from the satisfaction of institutions with the services they provide, and as the nature of programs and services provided answer and meet the needs of targeted groups, nevertheless they still aspire to achieve more.

Recommendations:

Based on the results of discussions the six groups held in the Governorate of Qalqilya, and also based on interviews with all health providers in the Governorate of Qalqilya, in addition to interviews conducted with other stakeholders involved in providing social services for women, the following are the recommendations:

- 1- Raising budgets allocated to increase the staff working in the health sector, so that the appropriate number is available for the number of patients, besides developing strategies to maintain the qualified and attract specialists.
- 2- Unification of the cost of the services, and that competition should be based among service providers on the quality of service and not on price.
- 3- Building a more positive relationship characterized by more positive complementarities and not by competition among NGOs and the Ministry of Health.
- 4- Campaigning so as having access to health becomes the right of every citizen, regardless of their income.

- 5- There is a need to adopt a universal concept for health when providing services, so it is important to provide social and psychological services and providing recreational centers for women.
- 6- Provision of health centers providing comprehensive services in all villages, while taking into account conditions experienced by the population of the Governorate because of settlements activities.
- 7- Services provided should take into account various needs of women during different stages of her life, so focus should be on directing services for adolescent girls and women at menopause and elderly women.
- 8- Institutions should target women with disabilities within the services and programs offered, as many of the NGOs target children with disabilities, but there is no programs adopting women with disabilities and there is a need to provide a day care center for them.
- 9- A need to provide a center or home for the elderly, which might provide them with health care and attention.
- 10- Targeting areas close to the wall with programs that help its population to unwind psychologically from stress they suffer from.
- 11- Need of an intensive care unit in the larger hospitals in the Governorate.
- 12- Women should benefit from health services equally regardless of their incomes, as women must have access to health service.
- 13- Respect for women and preserving their dignity, which is why sectors involved in health providing services should be trained to gain skills in communication and be reminded of the ethics of their profession.
- 14- Find resources to support women in order to help them set up economic projects to help them cope with the situation of poverty they suffer from.
- 15- Raising awareness in social issues related to women and their rights.

- 16- Health education is still a need. There is a need to include men in these programs and promoting home visits, in order to reach for women and educate them.
- 17- Promotion of services offered by various institutions to the public.
- 18- Promotion of an auditing and monitoring system and promoting a complaint system by beneficiaries, and laying the basis of dealing with it and making it public.

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Documents and Declarations, Covenants and Conventions on Human Rights:

- Convention on the Elimination of All Forms of Discrimination against Women.
- Universal Declaration of Human Rights.
- Almata Declaration.
- The International Covenant on Economic, Social and Cultural Rights.
- The Palestinian Basic Law, 2005.

Table for the Interviews of this Study

Institution	Sector	Person Inter- viewed	Post	Date of In- terview
1. Director- ate of Social Affairs	Public	1. Izzat Mallouh	Director of the Direc- torate	25/1/2012
		2. Hala Hashem	Head of Women Sec- tion and Societies in the Directorate of the Social Affairs	25/1/2012
2. Agricul- ture Direc- torate	Public	Saja Hisham Nazzal	Head of Rural Woman Development	25/1/2012
3. The Gov- ernorate of Qalqilya	Public	Hanan Ghashash	Head of the Woman and Child Directorate	24/1/2012
4. Rescue Association	NGO	Iqbal Mohammad Nazzal	Secretary of the Asso- ciation	19/1/2012
5. UNRWA Hospital	Private/ International	1. Huda Mohammad Dalal	Senior staff nurse	19/1/2012
		2. Rania Abu Ulbah	Social and Psychol- ogy Specialist	
6. Palestin- ian Red Crescent		Faisal Abu Saleh & Fawzia Hijjawi	Qalqilya Branch Di- rector Social and Psychol- ogy Specialist	19/1/2012

7. Medical Relief- Qalqilya Branch	NGO	Dr. Mohammad Al-Abboushi Suhad Shreim	Qalqilya Branch Director Member of Women Initiative Society. She also work at the public relations section at Medical Relief	18/1/2012 11/2/2012)by phone)
8. Health Work Committees	NGO	1. Dr Basim Hashem 2. Huda Dhyab 3. Dr. Abeer Sarttawi	Qalqilya Branch Director Head Nurse Lady gynecologist	18/1/2012 18/1/2012 7/2/2012
9. Jafra Women Center	NGO	Margarrete Al-Rai	Member of Department of Union of Palestinian Women Committees	18/1/2012
10 .UNRWA Social Affairs Bureau (in Qalqilya)	Private/ International	Asma Ahmad "Hamdan Al-Hajj"	Psychologist	21/1/2012

11. Committee of Zakat (in Qalqilya)	NGO (However run by the Endowments Ministry)	1. Khaldoun Al-Hajj hasan 2. Latifa Al-Sous	Management Coordinator Lady gynecologist	21/1/2012
12. Al- Aqsa Specialist Hospital	Private	Zuhair Ashour	Hospital Director	22/1/2012
13. Darwish Nazzal Hospital	Public	Maiser Mansoor	Hospital Director	22/1/2012
14. Qalqilya Public Health Directorate	Public	Dr. Mohammad Hashem	Directorate Director	31/1/2012
15. Association of Kafr Laqef	NGO	Basma Awad	Vice President of the Association	28/1/2012
16. Martyr Omar Qasim Hospital in Azzun	Private	Dr. M Wissam Mustafa al- Shantti	Managing Director	11/2/2012
17. Palestinian Center for Guidance - Azzun		Sana Bleidi	Childhood Protection Program Coordinator	14/2/2012