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CANADA INTERNATIONAL SCIENTIFIC EXCHANGE PROGRAM (CISEPO)

A Hub and Spoke Model for Women’s Health Based on POCUS and Teleguidance for Novice Community Users

Context

The COVID-19 pandemic presented unprecedented challenges to global health systems and particularly compromised the health of women and girls. In the Palestinian West Bank, essential health, SRH (sexual and reproductive health), and GBV (gender-based violence) services were shut down or dramatically reduced over the pandemic, making timely imaging and diagnostics virtually absent. Those in need of care cannot easily reach services, and the most vulnerable and marginalized individuals and communities have been subject to the intensified strain on the intersecting social forces that have compromised their health and wellbeing.

CISEPO is working in Hebron in Area C and now in Bethlehem in Area A, in areas that do not offer level 4 SRHR care (light blue squares represent level 4 SRHR care). This is a no-man’s land in terms of responsibility for provision of care. There is also no access to SRHR information in this area. The clinics are all run by different providers including civil society and a few by the Ministry of Health. All are underserved and fee based.

The Innovative Solution

Supported by FIT, the Canada International Scientific Exchange Program (CISEPO) tested if novice users (community health workers (CHWs) could be trained to use point of care ultrasound devices (POCUS) and TeleGuidance in remote settings, so that women and girls as well as men and boys in remote communities could experience an immediate improvement in timely access to care in the West Bank. The overall aim was to improve maternal health outcomes, reduce the risk of infant mortality, and increase access to current health information, all leading to improved quality of life for women and girls along with enhanced feelings of self-determination and wellbeing.

Advancing Gender Equality

Overall, this innovation testing project fostered a sense of empowerment among participants and facilitated better access to healthcare for all members of the community, contributing to greater gender equity. Not only did this innovation testing project bring positive change to the lives of women, it also had an impact on families.

- Training women as CHWs and midwives created role models and aspirational trusted figures within the community, helping to address misinformation surrounding women’s health. Respecting cultural context, an all-woman cohort of 20 participated in the CHW training.



COUNTRY	AMOUNT
Israel/Palestine (West Bank Area C)	\$238,500

TESTING PERIOD
12 months
Ended December 2022



GENDER TRANSFORMATIVE (GE3)

THEME: HEALTH AND NUTRITION

- Men were involved as trainers, clinicians, and team members, while ensuring community support through education/community gathering sessions that aimed to shift perceptions and encourage acceptance of the model amongst fathers, husbands, and faith leaders.

Testing Framework

Tested over a 12-month period, the solution used a convergent mixed methods approach that integrated community based participatory action research (CBPAR) via the use of community researchers akin to the “Barefoot Doctors” program in China as a form of empowerment. The testing framework consisted of:

- A validation study looking at concordance to assess POCUS skill acquisition amongst novice users;
- A quantitative survey assessing knowledge, attitudes, and perception related to participant use of POCUS in the community; and
- A series of semi-structured qualitative interviews that were reviewed using grounded theory and an inductive approach to thematic analysis.

Results and Impact

Enabled by a right to health framework, there were 4 comprehensive elements to the project model:

- Building capacity. 20 women were part in the trained CHW cohort, with one leaving for personal reasons).
- Ensuring reach. In all, 19 trained CWs supported 6 sites (3 in the Hebron governate and 3 in the Bethlehem governate).
- Access to imaging. The project baseline was zero (0), in terms of access to level 4 health services, which includes sexual and reproductive health rights (SRHR) and associated imaging and referrals. The FIT pilot shifted this rate from zero to 100 percent access and as a result, CISEPO is working to ensure continuity through legislative approval and comprehensive system integration.
- Empowering communities. This innovation testing resulted in 3,522 patients reached with (as per research ethics) either services or potential to be treated.

Of note:

Community health workers performed 760 Ultrasounds and a representative anonymized sample of 50 ultrasounds was extracted for review to assess quality and feasibility of the model. 100 percent of the cohort achieved or surpassed performance benchmarks at the 3-month post completion testing.

Key Lessons

- Women prefer attending communal gatherings to see a care provider- Care provider visited were adjusted from home visits to a communal location
- Communities were not comfortable with discussion around SRHR- The teaching was modified to focus on health awareness and language within acceptable boundaries of community.
- Due to oversaturation of parachute non-profit international medical providers, these communities expect medication and if not provided with medication then there is disappointment and frustration- The testing team noted the need to set expectations from the outcome. This includes looking for ways to build on efforts to improve access to medicines within, from providers who can be potential partners to both extend reach and improve the offerings of the CISEPO initiative.
- Much traditional health education is done in English, which is a source of frustration for participants who have not had English literacy training and/or education. – While literacy program was not in the scope of this testing, CISEPO ran the entire pilot in Palestinian dialect of Arabic to ease the learning process with both technical skills related to POCUS/teleguidance and facilitation around SRHR education.
- When faced with childcare and other responsibilities, local community members do not want to take the time to read materials. To address this source of participants’ frustration – CISEPO designed all trainings to depend heavily on Hands on Teaching (HOT) as well as visual prompts for learning specific technical skills related to POCUS, with no prior reading required.

PARTNER ORGANIZATION

- UNFPA, Greenland Society for Health Development, Juzoor for Health and Social Development, Project Rozana, Salanga

TARGET PARTICIPANTS

There were 3,522 direct women participants who were directly supported by 20 trained community health workers (Total number of people engaged: 3,542)

FOR MORE INFORMATION

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ABOUT FIT

The Fund for Innovation and Transformation supports Canadian small and medium-sized organizations (SMOs) testing innovative solutions that advance gender equality in the Global South.



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“I knew about ultrasound, but I never imagined I could learn to use it myself and improve the care I provide. The practical training was so helpful, and it didn’t take long for me to feel confident using the device. I also enjoyed the opportunity to learn alongside other community health workers.”

-Asma, Community Health Worker training during the innovation testing