

A People-Centered Health Movement: Community Health Workers in Aida and Al-Azza Camps

Mission

Collaborating with 1-for-3 and international health professionals, the Lajee Center is unrolling a new health project in Aida and Al-Azza Camps. In its initial phase, this program will utilize community health workers to help address the camps' most common chronic diseases, as well as the psychosocial effects of persistent trauma. With a community-driven agenda, the goal is to maximize wellness and address health barriers via social accompaniment and creative integration with existing health care facilities. Our mission is to facilitate community empowerment, resilience and health with a locally generated and globally proven community health worker model.

Why community health workers?

While UNRWA has plans underway to build a clinic in Aida, there remain numerous health challenges in Aida and Al-Azza. Diabetes and hypertension, which are increasing dramatically in the West Bank, contribute to the major causes of death in Palestine and globally. Hypertension is the leading global modifying risk factor for premature death, and research has demonstrated that utilizing community health workers can dramatically decrease the number of patients with high blood pressure. Community health workers not only help prevent heart attacks, strokes, heart failure, and premature death associated with chronic diseases, but they also contribute to community cohesion and resilience.

The Problem

Healthcare delivery is fractured into poorly connected networks in the occupied Palestinian territory (oPt). Particularly vulnerable are Palestinian refugees. Aida and Al Azza Refugee Camps (~7500 people) are adjacent to Bethlehem, highly population-dense, and comprised of refugees from more than 27 villages. Aida and Al Azza have no dedicated clinic within the camps, and health access has been a longstanding community concern.

Focus group results

In order to develop an effective program that is both community derived and driven, the Lajee Center conducted focus group interviews with refugees in Aida Camp in 2016-2017. Numerous barriers to care were identified, including poverty, transportation difficulties and expense, regular incursions and tear gas in the comp, the lack of a local clinic, medication and procedure costs, and perceived poor quality and inconsiderate treatment. The diseases of heaviest burden noted by participants were very similar to the most common and deadly diseases throughout the West Bank: diabetes, hypertension, heart disease, stroke, cancer, and depression. Residents expressed interest in the idea of community health workers to address some of these illness and barriers to care.

Team members and target group

A community planning team (CPT) was assembled at Lajee in early 2018. This team includes the local medical director, manager and coordinator, and will ultimately incorporate community participation. Six community health workers were hired for the program's initiation. The project

follows a model of social accompaniment, local grassroots activism, and a preferential option for the poor.

Project Design

The project is designed for community health workers to provide social accompaniment, transportation facilitation, medication supervision and supply oversight, basic vital sign and glucose monitoring, psychological first aid, and additional trauma-informed psychosocial counseling, resilience promotion, and supportive referrals to clinical services when appropriate. Community health workers will work in mixed gender pairs based on community preference, and will be supervised by a coordinator, manager, and medical director, who liaise with local clinics and hospitals. Plans are underway for the development of a project-specific mHealth phone app that will be used for monitoring, evaluation, and data collection.

Future Plans

Project participants are advertising broadly to local stakeholders, in order to foster local collaboration and integration of the project into existing health systems. The CPT will develop a training curriculum, and in the project's first phase the project, health workers will be servicing 60 households in the two camps. The project plans to expand based on community need and recommendation, including into maternal-child health, mental health, and emergency response.