



EFRAT



beyond the moment

THE DECISION IS ONLY THE BEGINNING OF THE STORY



dear friends,

On the first morning of Rosh Hashanah we will stand and listen to the story of a woman who wanted a child and could not see how she would ever have one.

Chana's story is our haftarah for a reason. The Gemara teaches that Rosh Hashana is the day on which Sarah, Rachel and Chana were remembered. "Nifkedu"—not thought about, not pitied. The word means attended to, cared for, acted upon.

Rachel had put it more starkly than we would dare to. Give me children, and if not, I am dead. Rashi does not treat that as an exaggeration. One who has no children, he says, is accounted as though dead. Even Yaakov struggled to answer her anguish; the Ramban himself takes issue with his response. But God remembered Rachel, and listened to her, and answered.

That is what we are asking for when we say "*Zachreinu l'Chaim*". Not to be remembered in the abstract. To be remembered by Someone Who listens, and then does something.

This year, some of us heard what that sounds like.

During the war with Iran, Dr. Netanel Wesertil was examining babies in one of the newborn units at Shaare Zedek Hospital in Jerusalem when the siren began. He stopped. In that one room there were nearly fifty infants, some only minutes old. And then he became aware of the sound around him, the wail of the siren mingling with the cries of all those newborn babies. Sivan Rahav-Meir recounts that moment in this issue. Those two sounds, heard together, seemed to carry their own answer: *Am Yisrael Chai*.

Behind those newborns were mothers who nearly did not make it there—not because of the siren, but because a husband lost his job in the first week of fighting; because a doctor delivered a scan result in ninety seconds without sitting down, because a family fell silent exactly when she needed them most.

Thousands of Israeli women reach that point every year. Some feel as Rachel did, certain that their life as they understood it is finished. Again and again, the women who reach EFRAT tell us the same thing: they want the baby. What they cannot see is how they can possibly manage.

Dr. Eli Schussheim *zt"l*, who built EFRAT, had one sentence for this that he would not stop repeating:

"You don't end a life for lack of funds."

He meant that literally. But money is rarely the only wall. There is fear. There is the medical question nobody sat down and answered. There are the people who should have helped but went silent. Take down one wall and leave three standing and you have not helped anybody — so we take down all four.

Dr. Chana Katan, whom you will meet in these pages, says there are two patients in every pregnancy. She is right. But only one of them is sitting in front of us in tears, and she is where we begin. Everything else follows from her.



On Yom Kippur, at the culmination of Aseret Yemei Teshuvah, the Kohen Gadol would enter the Holy of Holies—one man, one moment, once a year—and coming out, he would say a short prayer for the year ahead. It was a national list: Rain in its season. Sustenance. And in that prayer, offered at the holiest moment of the year, was also a request that no woman of Israel should lose the child she was carrying.

The prayer concerned losses beyond human power to prevent. But its presence there tells us something profound: the fate of a Jewish pregnancy was never regarded merely as a private matter. It was a concern of the entire people. And when a pregnancy is in danger for reasons we can address—fear, isolation, financial pressure, unanswered medical questions—we simply cannot look away.

The sum of \$1,800 attends to one mother through her pregnancy and her baby's first two years. The crib, the stroller, the formula and diapers every month — and a social worker who knows her name, a doctor who will sit down

and explain the scan result she was given in ninety seconds, a volunteer from her own city still calling long after the birth.

Over 94,000 children are alive today because, at the moment their mothers needed help, someone made sure it was there. Before this month is out, more than 200 women will call us for the first time, and what we can say to them depends on what is in the account that morning.

There is another thing, and it costs nothing.

We still do not talk about this enough in our communities. Not at the Shabbos table, not in the classroom, often not even between close friends. Sometimes we mistake that silence for discretion. But silence has a cost. It means a frightened woman concludes two things at once—that she is the only one this has ever happened to, and that there is nowhere to turn. She is wrong. But unless someone reaches her, she may never

discover that in time.

So, talk about it. Mention us to your Rav, in your school, to your daughter before she leaves for seminary. That is what the Visitors Center you will read about in this issue was built to do — send people back out able to say something useful. You will almost never learn where your one sentence landed. It only has to reach a person sitting beside somebody in trouble.

On Rosh Hashanah it is written. On Yom Kippur it is sealed. Between them stand ten days, and the machzor names what averts the severity of the decree: *teshuvah*, *tefillah* and *tzedakah*. Those three matter all year, but during these days they become the language in which we plead for life. And as we ask God for life ourselves, there is another question before us: what are we prepared to do for the life of someone else?

Somewhere in Israel this week there is a woman who is certain she has no way through. She is wrong. But unless someone reaches her, she may never discover that in time.

Be the reason somebody reaches her.

Ktiva v'chatima tova. May you and your family be written and sealed in the Book of Life.

Nir Salomon
Executive Director, EFRAT



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Two Patients, One Future

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TOVA POINT

or obstetrician-gynecologist Dr. Chana Katan, EFRAT's work rests on a medical truth that is too easily overlooked: every pregnancy involves two patients.

It was an exceptionally hot afternoon in Tzalfon, a small community near Beit Shemesh.

The fan in the Clalit clinic turned lazily, doing little to relieve the oppressive heat. Dr. Chana Katan, then a young family physician, was heavily pregnant herself. Her twin daughters were barely more than a year old, and she was working between her training in pediatrics and her specialization in obstetrics and gynecology.

Into the room came a young woman accompanied by the clinic nurse. She was agitated, raising her voice and stamping her feet. A pregnancy test taken moments earlier had come back positive. For the woman, the result was not good news. Her family was already struggling. Housing costs weighed heavily on them, and her husband had recently lost his job. Another child seemed impossible.

Dr. Katan tried to calm her, but she was young and unsure what practical help she could offer. Then the nurse made a suggestion. "Doctor, have you ever heard of Dr. Schussheim? I'll get you his number."

Dr. Katan called him.

Dr. Eli Schussheim listened to the woman and responded in the firm, confident voice that would become so familiar to Katan over the years.

"You should know that I have never met a mother who regretted the birth of her child," he told her. "We will help you."

And he did. He promised financial assistance and made certain that it arrived. The young woman ultimately decided to continue the pregnancy.

Months later, Dr. Schussheim was invited to serve as sandak at the baby's brit milah. He came deeply moved.

For Dr. Katan, the episode was an early lesson in what EFRAT could accomplish. The woman had not needed someone to minimize her fears. She needed help with the very real circumstances that had made another child seem impossible.

A Life Built Around Women and Families

Today, Dr. Katan is a highly respected obstetrician-gynecologist whose work spans fertility, pregnancy, childbirth and women's health through the different stages of life.

Her influence extends well beyond the clinic. Dr. Katan is a sought-after speaker who lectures widely on women's health, family and Jewish life. She has authored ten books and created online courses addressing different stages

of a woman's life, bringing her medical knowledge and perspective to audiences far beyond her own patients.

Then there is her own family. She and her husband, Rabbi Yoel Katan of Sha'alvim, raised 13 children. Today, she speaks not only about motherhood but about the pleasure of seeing those children grow into happy, accomplished adults—and about the entirely new pleasure she has discovered in grandmotherhood.

Dr. Katan has never suggested that motherhood requires a woman to abandon a career. She herself pursued demanding medical training while raising a rapidly growing family and went on to build a substantial career as a physician, author, educator and public speaker.

At the same time, she speaks openly about the central place of motherhood in a woman's life. She describes it as a primary calling, while making clear that this does not preclude ambition or professional achievement. What troubles her is the idea that raising children should somehow be seen as time taken away from "the things that really count."

That perspective inevitably enters the examining room.

A frightened woman facing an unexpected pregnancy may be able to see only what lies directly ahead: another mouth to feed, more time away from work, another responsibility she cannot imagine carrying. Katan has spent much of her life seeing what comes later. The fetus on today's ultrasound may one day be the child sitting around the family table, the son or daughter whose accomplishments fill a parent with pride—or eventually the parent of another generation.

None of that makes the woman's immediate difficulties less serious. It simply gives Dr. Katan a longer view.

Finding Her Voice

Dr. Katan's association with EFRAT began more than 35 years ago, when she was still a medical student at Hadassah. She was immersed in demanding studies, caring for a young and growing

family and traveling by hitchhiking even during an advanced pregnancy.

None of this, she recalls with affection, appeared particularly relevant to Dr. Schussheim when he decided that she was needed for an important assignment.

"When he decided something, it was very difficult to refuse him," she says.

He wanted her to appear on a television program about abortion produced by prominent Israeli journalist Ilana Dayan. At the time, Dr. Katan was still a young physician with little media experience, and the prospect was intimidating. Dr. Schussheim prepared her with advice she would carry into countless interviews and public appearances.

"Chana, it does not matter what they ask you," he told her. "You will say what you planned to say."

Then he added: "You came to the studio with a message. You must deliver it. Never forget that."

Dr. Schussheim continued to call on her whenever EFRAT needed a physician's voice—to speak with a woman facing a



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The fetus on today's ultrasound may one day be the child sitting around the family table

difficult decision, write an article, address an audience or appear in the media. Over time, Dr. Katan became accustomed to expressing positions that were not always fashionable and doing so calmly and professionally.

“He taught me to be brave,” she wrote after his death.

By then, of course, the voice itself was unmistakably hers.

The Doctor's Two Patients

At the heart of Dr. Katan's perspective is a basic medical observation: “There are two patients before us: the mother and the fetus,” she says. “How can we simply ignore one of them?”

Modern fetal medicine has made that second patient increasingly visible. Ultrasound allows physicians and parents to observe development at remarkably early stages. Specialists monitor fetal growth, movement and anatomy, and medicine can now even perform procedures aimed at treating a fetus before birth.

This creates, in Dr. Katan's view, a difficult contradiction. An obstetrician may spend the morning carefully monitoring a fetus and considering treatments intended to protect it, then encounter a case

later that day in which the same developing life is discussed only as a problem to be removed.

Dr. Katan does not discount the mother's distress. Her work with EFRAT begins with precisely that distress. A woman may be frightened by debt, unstable housing, unemployment, family pressure, abandonment or the demands of children already at home. She may genuinely see no way forward. However, she maintains, acknowledging those realities does not erase the second patient.

This is where Dr. Katan sees EFRAT playing an important role. The organization asks what is making the pregnancy feel impossible and whether something practical can be done about it.

Formula, diapers, a crib or stroller can sound modest when placed beside a life-changing decision. For a woman calculating how she will feed and care for another baby, though, those things may provide exactly the breathing room she needs.

The Magnifying Glass of Perfection

Dr. Katan is also troubled by a contradiction she sees in contemporary medicine. Society has become increasingly sensitive to the dignity and rights of people with disabilities, while prenatal diagnosis can create pressure to prevent the birth of a child who may not meet accepted standards of health or ability.

Advances in screening and imaging provide invaluable information. But a possible abnormality can also come to dominate the way an entire pregnancy is viewed, even when the eventual severity or impact of a condition remains uncertain.

“We speak constantly about inclusion, acceptance and sensitivity toward disability,” she observes. “Yet we examine the fetus under a magnifying glass, looking for any reason that the child might not fit our image of perfection.”

This is not a rejection of prenatal medicine; Katan has spent her career practicing it. Rather, she argues for some humility about what medicine can and cannot predict.

A diagnosis can describe a

medical condition. It cannot tell parents everything about the child who will be born, the abilities he or she may develop, the relationships that child will form or the place that child may eventually occupy within a family.

Dr. Katan has seen over and over again how different a situation can look once the first shock has passed.

Beyond the Birth

EFRAT's relationship with a woman does not necessarily end once her baby is born. Dr. Schussheim understood that practical support sometimes had to continue into the first months and years of a child's life.

Katan remembers his delight in the babies whose mothers EFRAT had helped. He kept albums filled with their photographs and followed their lives. When single mothers or women without adequate family support were unable to arrange a brit milah, he would frequently arrange the entire event himself—finding the mohel, organizing what was needed and making sure the baby had a proper celebration. Sometimes he served as sandak; often, the point was simply to make sure that the mother did not have to manage everything alone.

For Schussheim, the babies were never statistics. Katan once compared him to a shepherd looking over his flock as he examined the photographs one by one.

“Anyone who never saw Dr. Schussheim gazing at those photographs,” she wrote, “never witnessed true joy.”

Katan knows something about that joy herself. She has spent her career helping women conceive, accompanying them through pregnancy and birth, and watching families grow. At home, she has raised a beautiful family and is now enjoying the next generation.

Perhaps that is why she instinctively looks beyond the crisis of the moment. She sees the woman in front of her and the fetus as a second patient, and she knows how much of their story has yet to be written. ♥



The Space to Decide



I

HADASSAH BAY

Inside EFRAT's high-tech Visitors Center, technology, storytelling and human connection come together to reveal what an unexpected pregnancy can really mean.

Two Sides of the Same Story

Half the girls went upstairs, into a world of flashing lights, life-size screens and the voices of women facing an unexpected pregnancy. The others remained below, filling cardboard boxes with food, formula and baby products for new mothers.

The teenagers, from across the United States and Canada, were visiting EFRAT House as part of NCSY GIVE, the Girls Israel Volunteer Experience. Midway through the visit, the two groups changed places.

Together, the activities told the story of EFRAT from two directions. The immersive Visitors Center brought the girls into the fear and uncertainty of a woman who feels trapped by her circumstances. The warehouse showed them the practical help that can give her another way forward.

Visible through glass walls, the warehouse shelves hold almost everything a new mother might need: baby clothes, food staples, cribs, bathtubs, strollers, formula and more. The volume of

supplies gives visitors an immediate sense of the scale—and the intensely practical nature—of EFRAT's work.

Entering the Experience

The Visitors Center takes groups of up to 20 through a carefully choreographed experience combining film, sound, light and interactive technology.

The journey begins with hope. Several women look ahead to the arrival of a baby and imagine the future taking shape. Then their circumstances change. A partner withdraws. A family reacts with alarm. Financial pressures become overwhelming. A career appears to be at risk. A medical diagnosis brings fear and uncertainty.

A pregnancy that began as a source of private joy is suddenly surrounded by other people's opinions and demands.

From there, visitors move through a series of changing environments, each revealing another layer of the women's

experiences. In one area, life-size figures appear on upright screens. The women come from a range of religious, cultural and socioeconomic backgrounds, and their

stories are based on real situations encountered by EFRAT.

Among them are a mother already stretched beyond her limits, a young woman facing pressure from

those closest to her, someone struggling financially and another who fears that motherhood will cost her the future she has worked to build.

The visitor chooses which woman to approach and which questions to ask. At the touch of a button, she responds, looking directly at the viewer as she describes her fears, her circumstances and the considerations pulling her in different directions.

The encounter feels intimate and, at times, unsettling. Firm opinions about abortion are easier to maintain when the subject remains abstract. They become more complicated when a woman appears to be looking into your eyes and explaining why every path before her seems to carry a cost.

No written account can fully reproduce the sensation of standing opposite her, deciding which question to press and waiting for her answer.

Creating a Sense of Immediacy

Creating that immediacy demanded a full-scale film production as well as sophisticated programming. Real actresses gave powerful, nuanced performances, with carefully selected sets, costumes and props helping each story feel authentic.

The technological demands were considerable. The screens had to be specially proportioned so that the women appeared at eye level. Multiple films were synchronized across screens of



different sizes, while the interactive questions had to appear and disappear without interrupting the flow of the experience.

AI-assisted dubbing allows the films to be presented in several languages while preserving the actresses' performances and matching their lip movements.

That work rested on a much longer process of research and development. Long before Compugraphic was selected, EFRAT reviewed museums and immersive visitor experiences in Israel and abroad and met with leading creators in the field. The development process with Compugraphic itself continued for well over two years.

The film production and technical installation alone took more than six months. Producer Yaniv Rahav and his team developed scripts and storyboards, built mock-ups, recruited the actresses and crew, completed the filming





and edited the many interconnected scenes.

The technology is impressive, but it never overwhelms the stories. Its purpose is to bring visitors closer to the psychological space in which many women first approach EFRAT: isolated, frightened and unable to hear their own thoughts above the noise around them.

One of the presentation's most affecting passages uses darkness, sound and light to evoke that disorientation. What follows captures the gradual shift from panic and aloneness to the first possibility of support.

Finding Room to Think

When a woman turns to EFRAT, the first task is to understand why she feels that she has no viable way forward.

Every woman arrives with a different combination of circumstances and EFRAT responds to the particular source of the crisis.

For one woman, help may mean food, baby equipment or financial assistance. Another may need information and access to professionals. A volunteer may listen to her fears and help her distinguish her own wishes from the pressure surrounding her. Frequently, several forms of support are needed at once.

The aim is to give her enough security and quiet to consider her circumstances with greater knowledge and freedom.

The Visitors Center does not turn the women into symbols or force their stories toward identical conclusions. Participants eventually learn what happened to them. Each is treated as an individual, and the decisions they make reflect the complexity of their lives.

The Faces Beyond the Crisis

The immersive experience ends with a quietly powerful display showing interchanging framed photographs beneath the title "EFRAT Children." Hundreds of smiling faces look out from the pictures, from babies and toddlers to older children and teenagers.

After the fear and uncertainty explored throughout the presentation, the photographs

offer a glimpse of life beyond the moment of crisis. Each face belongs to a child whose family's story continued.

Assumptions Challenged

The complexity of EFRAT's approach came as a surprise to some of the professionals recruited to create the center.

Rahav and Micki Wolf, CEO of CG Compugraphic, came from the creative and technological world of Tel Aviv, among filmmakers, designers, programmers and multimedia artists whose lives and outlooks were far removed from the circles in which EFRAT usually operates.

Both had extensive experience creating innovative visual installations, but neither knew much about the organization. They admitted openly that their impressions were largely negative. Like many of their colleagues, they associated EFRAT with a hardline ideological campaign against abortion. They assumed it approached vulnerable women with a predetermined answer and pressured them to continue their pregnancies through fear, guilt or religious argument.

These perceptions created difficulties before production had even begun. Some professionals refused outright to take part because of what they believed EFRAT represented. Actresses declined roles rather than have their names associated with the organization. Rahav was challenged, and at times rebuked, by colleagues for accepting the assignment.

Rahav entered the project as a producer who needed to understand the subject he had been asked to portray. Wolf went through a similar process, spending time with EFRAT CEO Chagai Goldschmidt and Executive Director Nir Salomon and asking detailed questions.

Both visited EFRAT House, saw the warehouse filled with food, clothing, formula, cribs and baby equipment, and learned about the

widely varying circumstances that lead women to seek help. The organization they encountered bore little resemblance to the one they had imagined.

Making Choice Possible

They learned that EFRAT's first concern is to understand why a woman feels unable to continue her pregnancy. When a woman is in crisis, a decision may be described as a choice even when the woman herself feels that all other possibilities have disappeared. EFRAT tries to make those possibilities visible again.

For Rahav and Wolf, this understanding shaped the creative direction of the entire project. A conventional advocacy film, with slogans and simple conclusions, would not have reflected what they had seen. The Visitors Center needed to convey the individuality of the women and the conflicting pressures surrounding each decision.

The presentation could not tell visitors what to feel before giving them time to listen. The women had to emerge as recognizable individuals rather than illustrations of a position.

The process also influenced other members of the production team. One person who had been deeply reluctant to participate later acknowledged that EFRAT was unlike the organization he had assumed it to be. Another member of the team remarked that she personally knew women who had received meaningful help from EFRAT.

The center reflects the journey that Rahav and Wolf underwent personally. Visitors are invited to set aside familiar assumptions, listen closely and consider what genuine choice looks like when money, fear, family and relationships all exert pressure at once.

Continuing the Conversation

The NCSY GIVE participants listened intently throughout the presentation, often wiping away tears. Afterward, an EFRAT

representative remained with them to discuss what they had seen.

This guided conversation forms part of every visit and is adapted to the age and background of the group. The teenagers spoke about their previous exposure to the subject of abortion, the assumptions they had brought with them and the questions raised by the women's stories.

The discussion was lively and candid. Some expressed reservations, while others reconsidered ideas they had previously taken for granted. Because the experience can be emotionally powerful, visitors are given time to process it. They can ask questions, voice discomfort and reflect on the situations they have encountered.

EFRAT hopes that the knowledge will remain with them. A young woman who one day faces an unexpected pregnancy—or finds herself supporting a friend—should know that the decision does not have to be made in panic and isolation.

An Experience That Stays with You

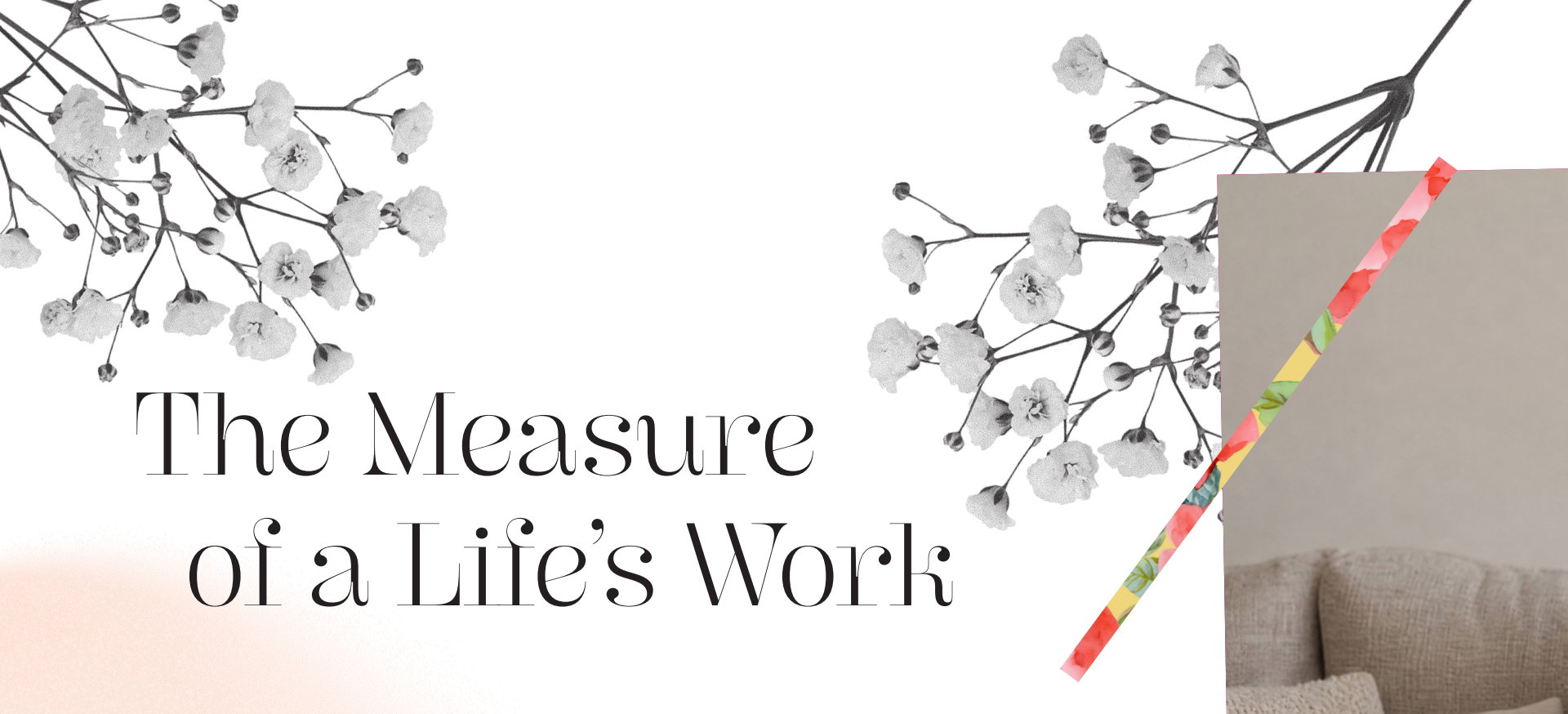
Throughout the five floors of EFRAT House, 50 illuminated display cases contain stories in Hebrew and English. The warehouse below is filled with supplies, while the top floor houses one of the organization's most ambitious storytelling projects.

Yet the impact of the Visitors Center is difficult to convey fully in words. Different visitors will leave with different reactions. Some will be moved by the women's stories. Others may find their assumptions unsettled. Many will leave with questions they did not have when they arrived.

Even this account conveys only a fraction of the experience; its most powerful moments are best left for visitors to discover for themselves.

At its heart is a simple understanding of what a woman may need in a moment of crisis: accurate information, practical assistance, time to breathe and someone prepared to remain beside her until the fear begins to subside.

In that quieter space, she can begin to hear her own voice. ♥



The Measure of a Life's Work

A

JONATHAN ROSENBLUM

mong Orthodox Jews in America, news of a pregnancy will almost always be greeted with excitement and joy. The mother-to-be will find herself surrounded by well-wishers.

But for too many Jewish women in Israel, even many married religious women, news of another mouth to feed can trigger feelings of panic and intense conflict between awareness of the new life developing within her and worries about the future. Oftentimes the pregnant woman feels herself under assault from her spouse or partner, who does not want another child, or herself feels overwhelmed already by her current circumstances.

Each unhappy family is unhappy in its own way, Tolstoy informed us long ago. The audiovisual presentation at the new educational pavilion of EFRAT's central office demonstrates how accurate that observation is. There is no such thing as a stereotypical woman contemplating abortion. Each has her own concerns.

The presentation consists of six women who were helped by EFRAT (played by professional actresses) telling their personal stories. No two are alike. One religious woman relates how she discovered that she was pregnant a month after receiving a get from her husband, an *avreich*. She can expect no help from him, either financially or otherwise, and has no idea how she will be able to

continue working with two young children to raise alone.

Another woman is a professional dancer in her early 40s, whose career requires her to travel widely. Her partner assumes as a matter of course that she will have an abortion. A third woman, from Israel's Ethiopian community, feels that she has finally gotten her marriage on an even keel, after two little girls. Though she and her husband both want another child in the future, she fears that a child at this moment will threaten the stability she has finally achieved in her marriage.

No Two Stories Are Alike

Just as no two women face the same pressures when making the decision whether or not to abort, so too no two need the same kind of assistance in order to balance the messages they are receiving from all around them to abort against their awareness of the life growing within. In almost all cases, financial pressures play a role. More than half of the women seeking EFRAT's services are married, and most of those already have children. Their concerns usually center on whether there is enough money to raise another child. And yet it does not require vast sums to alleviate those concerns. Each woman assisted by EFRAT receives a baby basket upon delivery, consisting of a crib, baby bath, stroller, and a supply of diapers, wipes, and formula. The diapers, wipes and formula keep coming for two years. In cases of

great need, the family may also receive monthly food packages, and in cases of extreme need, even prior to delivery.

In those cases, where the woman is not in a stable, long-term relationship, or her spouse/partner is vehemently opposed to her giving birth, and she therefore faces raising a child alone, what she needs most is a listening ear and a supporting hand. That is where EFRAT's team of 100 trained volunteers, in many cases under the supervision of two trained social workers and two nurses, comes in. Many of the volunteers have themselves had an abortion, which gives them instant credibility with the women who have reached out to EFRAT. They know what she is going through, and can share with her something that she cannot know – the long-term consequences of going through with the abortion.

Other times, what is required is expert medical advice. One such case led Dr. Eli Schussheim to devote himself to EFRAT night and day for close to 45 years, working entirely on a volunteer basis, until his passing. At his clinic, he was stitching up a boy who had fallen and cut himself, when the mother told him, "You know this boy belongs to you as much as to me." She proceeded to explain that when she was pregnant with him she had had a series of x-rays before she knew she was pregnant, and was subsequently told that the baby would likely be born with severe birth defects and that she should



abort the pregnancy. Instead she had gone to Dr. Schussheim, who assured her that her doctor's fears were based on outdated information and she could continue the pregnancy without fear. The result was the perfectly healthy eight-year-old boy whom Dr. Schussheim was now treating.

EFRAT is constantly looking for new ways to make it easier for pregnant mothers to make their decisions about whether to continue the pregnancy free of pressure. Nir Salomon, the executive director, proudly showed me around a brand-new dormitory, with kitchen and sleeping facilities for four mothers who have no place to go during their pregnancy, at EFRAT's new headquarters. Another innovative new program, RISE UP, provides EFRAT mothers with occupational counseling and helps them upgrade their educational status so that they can better help support their families.

Finally, EFRAT recently opened up an American branch. From his interactions with Christian organizations in the United States, Salomon learned that many Jewish women were availing themselves of the Christian services. That led him



bone marrow match for a woman, 55, who would have died but for her. Dr. Schussheim had saved not one life, but two.

The Wider Impact

The 94,000 figure of children saved quoted above is only that of those whose birth was directly assisted by EFRAT. But there is good reason to believe that the indirect impact of EFRAT through its ubiquitous advertising bearing the iconic quote from Dr. Schussheim, “Money is not a reason to terminate a life,” its public education programs, and the word of mouth of the mothers of those 94,000 children has, in turn, led to a dramatic decrease in the abortion rate in Israel.

Since 1988, the rate of applications to hospital abortion committees, which approve nearly 100% of applications, has dropped from 19 per thousand women of childbearing age to just over one-third that number. And the number of abortions per 100 live births in Israel is well under one-half of that in the European Union.

Over twenty years ago, Dr. Schussheim told me that no woman assisted by EFRAT had ever told him that she regretted her decision to give birth. And that remains true today.

Apparently, word has gotten around, thus saving thousands of Jewish babies – each one constituting an entire world, as the Gemara tells us. ♥

to start investigating what services were available from American Jewish organizations for Jewish women contemplating abortion, and he found that Jewish welfare services uniformly offered to help pay for abortions but never presented women with the alternative of giving birth. Thus was EFRAT born in the U.S.

The Lives Behind the Numbers

Over 94,000 Jewish women have been helped by EFRAT over the course of its existence. But one does not fully grasp what that means in human terms until one sees the hundreds of photos of “EFRAT children” that line the walls of the EFRAT offices and reads their stories on the EFRAT website.

More than twenty years ago, I had the opportunity to sit with Dr. Schussheim, and I remarked upon the fact that so many of the children in the photos were obviously religious. He explained that first of all many of the mothers helped by EFRAT come from the religious community. But, in addition, many of the mothers have come to view the children born with the

assistance of EFRAT as nothing less than miraculous, and that has led them back to their Jewish roots.

Sandra, for instance, married young, and had three children before divorcing. At 43, she discovered that she was pregnant again. She was planning to explore the world, and had no interest in undertaking the tasks of motherhood again. But she could not quite shake the experience of hearing a lecture by Dr. Schussheim on the development of the fetus at an Arachim seminar when she was fifteen.

Eventually, she gave birth to a baby boy, but still was not fully reconciled to being the mother of a baby. Her daughter Moriah, however, was enchanted with her new brother. She told her mother, “Ima, you are blessed. Please be grateful! When you are overcome by fear, it prevents you from seeing the good.”

Then, Moriah was murdered at the Nova Festival. And suddenly the child whom Sandra had felt so conflicted about became, in her words, “my light, my strength, the reason I could get up in the morning and continue living after losing Moriah.” “I’m now in a place

where I understand that nothing belongs to us, not our house, not our parnassah, not our very selves. Everything is from Hashem, and whatever He does is for our good.”

On a recent visit to the EFRAT headquarters my eyes were drawn to a photo of three beautiful young soldiers – two girls and a boy. When I asked about them, Nir Salomon shared with me their story, which their mother, Galit, sent to EFRAT to be publicized l’ilui nishmato of Dr. Schussheim. Early in her pregnancy with them, Galit was told that she was pregnant with twins, but that one looked problematic on the ultrasound and should be aborted. Dr. Schussheim, however, counseled waiting. Later, the mother discovered that she was pregnant with triplets, and was advised to remove the smallest of them. Again, Dr. Schussheim told her there was no reason to abort.

Galit gave birth in her 27th week of pregnancy, and the smallest of the triplets weighed only 600 grams. Nearly 22 years later, that 600-gram infant, Naama, was found to be a perfect



The Man Behind the Mission



EFRAT CEO Chagai Goldschmidt offers an intimate portrait of his father-in-law, Dr. Eli Schussheim—a gifted surgeon, public servant, confidant of Torah leaders, devoted family man, and the driving force behind EFRAT.

At

BEN HORODENKER

the beginning of his second year at the University of Buenos Aires, Eli Schussheim learned that all future medical examinations would be held on Saturday mornings. For the eighteen-year-old religious student, the announcement threatened the dream he had pursued since childhood. He would

not write on Shabbos, but without taking the examinations, he could not remain in medical school.

Only one man had the authority to make an exception: the all-powerful dean of the faculty, a distant and intimidating figure who rarely agreed even to meet students. Eli returned to his office day after day until, after repeated refusals, a secretary finally granted him five minutes.

The meeting went badly.

The dean mocked the request. Thousands of students were required to sit the same examination, he told Eli, and many of them were Jewish. The entire system would not be altered for one student's religious principles.

"Take the exam on Saturday, or leave," he said.

Eli understood that his medical career was over.

"If that is your final decision, Professor," he replied, "then with great sorrow, and with no other choice, I will have to end my medical studies. I will not sell my Shabbos for a degree, even though I have dreamed

of becoming a doctor since I was a child."

He turned and walked toward the door. His hand was already on the handle when the dean called him back and told him to return later that afternoon.

When Eli entered the office again, the man facing him had changed.

"You were ready to throw away your future, your talent, and go home—all so you would not betray your faith," the dean told him.

He paused and looked at the young medical student with open admiration.

"You impressed me deeply, Schussheim. A man with such integrity, a man willing to pay such a price for his principles—that is a man I can trust.... You will come here, to my office, on Friday mornings, one day before everyone else. You will receive the exam and sit to write it in the adjoining room under my personal supervision."

Eli felt tears rising in his eyes.

"Thank you, Professor," he whispered. "I promise, I will not disappoint you."

The arrangement did more than allow him to remain in medical school. His examination results were so outstanding that the same dean later invited him, while still a student, to lecture in physiology.

The confrontation was an early indication of how Eli Schussheim would meet the choices before him. He would pursue excellence without surrendering his faith, build an intensely close family

while shouldering heavy public responsibilities, and move between the operating theater, the Knesset clinic, the homes of leading rabbanim, and, eventually, EFRAT.

Goldschmidt's biography is far more than the history of the organization with which Dr. Schussheim became synonymous. It follows a life of unusual range, rooted in the conviction that when people needed him, he could not stand aside.

An Inheritance of Faith

Goldschmidt opens with the world from which Dr. Schussheim emerged. His parents, Shimshon and Rachel, were Holocaust survivors from Poland and descendants of Belzer chassidim. In Buenos Aires, they struggled to preserve the spiritual inheritance of a European Jewish world that had been destroyed. They accepted hardship rather than work on Shabbos and built a deeply religious home in a city where assimilation was widespread.

The young Eli woke up early to sell newspapers, hauled heavy blocks of ice to local homes, and contributed his earnings to the family. He was also fascinated by the human body. The child who dissected chickens to study their organs would become a gifted surgeon; the boy who sang as a soloist in the great Paso Synagogue retained throughout his life a deep connection to tefillah and Jewish song.

His parents feared that university



Clockwise from top: Chagai Goldschmidt, Harav Tuvia Weiss, and Dr. Eli Schussheim; with Harav Shmuel Eliyahu zt"l.; with Harav Yosef Shalom Elyashiv zt"l.; and with Harav Shlomo Zalman Auerbach zt"l.



Dr. Schussheim could explain medical realities with authority while understanding their halachic and spiritual weight

would draw him away from Yiddishkeit. The opposite occurred. Antisemitism, isolation, and the demands of medical school strengthened an identity already formed at home.

After he married Shoshana, also a child of survivors, a promising future awaited him in Argentina, surrounded by both their families. Yet the young couple chose to make Aliyah to a state still in its infancy. They had no support system in Israel and no guarantee that Eli could rebuild the career he had begun. They boarded an ocean liner and started again.

Living in Israel never became an ordinary fact of life for Dr. Schussheim. At family celebrations, he would become tearful as he thanked Hashem for the privilege. Over time, relatives from both sides followed them.

A Surgeon in a Nation at War

The wartime chapters are among the book's most gripping. Although Dr. Schussheim and Shoshana had already made Aliyah, they returned temporarily to Argentina so that she could give birth near their families and recover with their help.

When the Six-Day War broke

out, Dr. Schussheim left Shoshana and their newborn behind and flew back to Israel to treat the wounded. He worked through punishing days of surgery and improvisation, at times placing himself in real danger.

One quieter scene captures the cost. Returning home after weeks of almost continuous work, he met a neighbor in the darkened stairwell. Exhausted, his clothes creased and carrying the smell of hospital and war, his first question was whether her husband was alive. Only then did she realize that he had not been safely overseas, as she had assumed, but had left his wife and baby to return to a country at war.

The Doctor Everyone Trusted

In Israel, Dr. Schussheim became far more than a successful surgeon. He served as physician to the Knesset, sat on the board of the Jerusalem Institute for the Blind, and chaired the Chief Rabbinate's Interministerial Committee for the Certification and Supervision of Mohalim. In the latter role, he helped establish and enforce the medical and halachic standards governing bris milah in Israel, investigated complaints, and guided mohalim who had failed to follow

the committee's procedures.

Behind the closed door of the Knesset clinic, political power disappeared. Ministers and opposition leaders became anxious patients, and Dr. Schussheim treated them without ideological distinction. He watched the frail Golda Meir seem to revive when she became prime minister and never forgot the effect that purpose could have on health. Years later, when Rabbi Avraham Shapira's family feared that the demands of serving as Chief Rabbi would further undermine his health, Dr. Schussheim urged him to accept the position. He believed that the sense of purpose it would bring might actually strengthen him. Rabbi Shapira went on to serve for ten years.

The book also offers vivid glimpses of Dr. Schussheim the surgeon. One of the most striking concerns a ninety-four-year-old man with a cancerous growth who had been offered either seven hours under general anesthesia or a grueling course of radiation. Dr. Schussheim examined him and proposed a radically simpler solution. The episode, told with understated drama, shows both the confidence of an experienced surgeon and the gentleness with which he approached a frightened patient.

Across the Rabbinic World

Perhaps the clearest measure of the trust Dr. Schussheim inspired was the extraordinary breadth of the rabbinic figures who relied on him. He served as physician and adviser to more than forty leading rabbis and Rebbes, crossing divisions that often define Israeli religious life.

His family's chassidic roots gave special resonance to his relationship with the Belzer Rebbe, whose personal physician he became for decades. The son of survivors from a Belzer family was welcomed with unusual warmth in the reborn

court in Jerusalem. Yet his world extended far beyond Belz. He cared for the Beis Yisrael of Gur, Rabbi Ovadia Yosef, Rabbi Mordechai Eliyahu, Rabbi Yitzchak Kaduri, Rabbi Avraham Shapira of Merkaz Harav, leading figures of the Edah HaChareidis, and major halachic authorities including Rabbi Yosef Shalom Elyashiv.

These were not ceremonial associations. They placed him beside great Torah leaders at moments of pain, uncertainty, and vulnerability. He helped Rabbi Kaduri navigate fasts safely in extreme old age. He remained at the bedside of the Beis Yisrael during his final Shabbos; afterward, the family presented him with the Rebbe's distinctive kippah, which Dr. Schussheim wore each Yom Kippur and at the family Seder.

The stories make clear why leaders from such different worlds trusted him. Dr. Schussheim could explain medical realities with authority while understanding the halachic and spiritual weight of the decisions before them.

The Home at the Center

For all the public activity, the biography never loses sight of the family. Here Goldschmidt's position as son-in-law gives the book particular warmth. He knew the imposing public figure, but also the son, husband, father, and grandfather whose greatest nachas came from the Jewish homes his children built.

Dr. Schussheim honored his parents with exceptional tenderness, keeping them at the center of family life and ensuring that they were fully included even when their limited Hebrew made this difficult. Decades later, at one of his final siyumim, he broke down while speaking of them.

"They gave their very souls so that we would remain Jews," he said.

With Shoshana, he built a home full of Torah, exacting traditions, and exuberant, song-filled festivals. He prepared questions for every child at the Seder, encouraged his grandchildren's Torah learning, paid for tutors and sefarim, and turned the COVID lockdown into weekly family gatherings on Zoom. Family stood at the center of his life.

EFRAT: The Great Convergence

By the time the biography reaches EFRAT, the reader has seen where Dr. Schussheim's approach came from. The organization drew together his reverence for life, his organizational ability, his medical knowledge, and his refusal to leave a person alone in a crisis.

He understood that many women considering abortion were being driven less by ideology than by fear: financial pressure, medical uncertainty, unstable relationships, or the prospect of coping without support. They needed someone to address those fears and offer practical help—financial assistance, baby equipment, medical guidance, emotional support, and the assurance that they would not be abandoned after the birth.

His concern for the individual extended to the stewardship of EFRAT itself. He flew economy, stayed with community members, watched every donated shekel, and filled his office with photographs of the children the organization had helped bring into the world. When Jonathan Pollard sent a ten-dollar donation from prison, Dr. Schussheim recognized the human meaning of the gift and answered it with a long, deeply personal letter.

Goldschmidt builds the biography through a wealth of stories, family memories, letters, and firsthand testimony. His closeness to his subject gives him access to the private moments that explain the public man. The book is openly affectionate, but it is most persuasive when admiration emerges through incident: a student standing before a dean, a surgeon examining a frightened patient, a son speaking of his parents, or a grandfather gathering his family around him.

EFRAT may have become Dr. Schussheim's greatest public undertaking, but Goldschmidt's biography shows how much came before it. The mission began in the home of survivors in Buenos Aires, was tested in medical school and war, and found expression in every arena in which he was asked to serve. ♥

Where Are the EFRAT Children Today?

In EFRAT's archives, they are still babies in photographs and names in old files. In real life, they grew up long ago. Today, they are building careers, serving in the IDF, marrying and raising families of their own. They have brought their families years of pride and joy—often in ways their mothers, overwhelmed at the time by an unexpected or frightening pregnancy, could not have imagined.

Dr. Eli Schussheim, EFRAT's legendary founder, used to put it simply: "I never heard a woman regretting that she had her baby."

The lives that unfolded in the years afterward show why he could say those words with such conviction.

Rabbi Yisrael Assayag

Yisrael was his mother's ninth pregnancy. Doctors warned his parents that the baby would have serious abnormalities and would not survive, and his mother began seriously considering an abortion. Her husband did not want her to end the pregnancy, but neither did he want to pressure her.

Yisrael's father was the rabbi of Migdal HaEmek and a distinguished mohel. Through that work, he knew Dr. Schussheim, who for many years headed the national committee responsible for overseeing mohalim on behalf of Israel's Chief Rabbinate and Ministry of Health. He asked the doctor to speak with them.

Dr. Schussheim made it clear that the decision was Yisrael's mother's to make. Then he told her: "If the baby is born healthy, he will be yours. And if he isn't, he will be mine."

The couple decided to continue the pregnancy. Yisrael was born healthy.

He grew up, married and started a family of his own. After the birth of his first child, he went to see Dr. Schussheim, wanting him to meet the next generation.

Today, Rabbi Yisrael Assayag plays a leading role in Migdal HaEmek. No rabbi was appointed to replace his father, and Yisrael remains closely involved with the community.



Keren Or

Chasia's story began about 22 years ago, when she went to the hospital because she was not feeling well and discovered that she was pregnant. It was the last thing she felt able to deal with.

"I wasn't prepared to even hear about a pregnancy then," she recalls. "I was already going through a divorce. My whole world had turned upside down. I had two small children at home, ages three and four."

Money was tight. Chasia was working as a supermarket cashier and could not see how she would manage another child.

"I kept thinking, How am I going to manage? I'm already struggling—how

could I possibly cope with another child?"

At work, she noticed pregnant women paying with shopping vouchers provided by EFRAT and began asking questions. One day, she told one of those women what she was going through. The woman contacted EFRAT on her behalf, and the organization reached out to Chasia that same day.

The volunteer assigned to her stayed in close contact throughout the pregnancy and after the birth. EFRAT also provided the baby equipment she needed and, after the birth, sent diapers, wipes and other basics each month.

Keren Or was born healthy and on time. At age three, she developed

a rare blood disorder that damaged her eyesight, and she grew up with impaired vision.

Today, she is nearly 21 and married to a young man she first met when they were 14. She told him about her condition early on. "He accepted her exactly as she is," Chasia says. "He loves her."

Her husband now serves in the IDF Armored Corps, and Chasia speaks about the young couple with obvious pride.





Clarice and Osher

Clarice had spent years trying to become a mother. By 39, after six unsuccessful rounds of IVF, she had decided to try once more. If the seventh round failed, she would stop.

It didn't. She was pregnant—and thrilled.

Then the doubts began.

Clarice's mother, who came from a very traditional background, was strongly opposed to the idea of her daughter raising a child alone. Under the pressure, Clarice began to have fears of her own. How would she support a baby by herself? How would she work, manage a household and raise a child without a partner—or help from her mother?

Eventually, she made an appointment with a pregnancy-termination committee.

She told a close friend what she was planning. The friend suggested that before doing anything, she speak with Ruti, another friend who worked at EFRAT.

Clarice called, although she did not expect very much. "I thought, What can they really do?"

She came away from the conversation calmer, though still unsure whether EFRAT could actually provide the kind of support they described. During the pregnancy, Ruti, EFRAT's chief social worker and head of its assistance department, and an EFRAT volunteer stayed closely involved, checking in regularly and asking what she needed.

By the time Clarice came home from the hospital, the baby equipment was already waiting: a crib, stroller, bath, changing table, clothes, bottles, pacifiers, sheets and other essentials. Diapers, wipes and formula arrived each month.

But what Clarice remembers most is that they stayed in touch.

"They checked up on me after the baby was born," she says. "They still send me birthday wishes. It really feels like family."

Her son, Osher, is now 17. Next year he will be in 12th grade, and after graduation will enlist in the IDF.

"I was blessed from Heaven with an amazing child," Clarice says. "He has values, he respects his mother, and I raised him with so much love. I am so happy that all those years ago, I listened."

"The greatest gift I ever received was Osher—happiness in every sense of the word."

The Sound of Life

Sivan Rahav-Meir

LAST WINTER, during the war with Iran, Dr. Netanel Wesertil sent me a message from Shaare Zedek Medical Center in Jerusalem.

He was standing in one of the hospital's five newborn units, examining the babies, when the siren began to wail.

He stopped.

Around him were nearly 50 newborns, all born within the previous few days. Some had entered the world only minutes earlier.

And then he heard it.

The siren outside.

The babies crying inside.

The sound of danger mingling with the sound of new life.

There, in a Jerusalem hospital, while war raged outside, dozens of tiny voices were announcing their arrival.

Another child.

And another.

And another.

There could be no clearer answer to the sound of the siren.

Am Yisrael Chai.

Beyond the Birth

F

TOVA POINT

or women who turn to EFRAT in distress, the pregnancy is often only one part of the problem. Today, the organization's support can extend into childcare, employment, housing, counseling, education, and the long road toward financial independence.

Naomi first contacted EFRAT during pregnancy, when she was already

struggling financially and worried about how she would manage with a baby. EFRAT helped her through the pregnancy and birth. But some of the hardest problems came later. When her maternity leave ended, Naomi found a teaching job, but the salary barely covered basic expenses. EFRAT continued with food deliveries and helped her access additional financial assistance. Later, when renovations to her building forced her to move, the unexpected expense threatened the fragile stability she was beginning to build. EFRAT helped again.

Over the next two years, Naomi completed her studies, moved into a better-paying position with the Ministry of Education, and began a private tutoring business. Eventually, she no longer needed assistance.

Her story says a great deal about the direction EFRAT has taken. The organization is best known for helping women who feel unable to continue a pregnancy because of financial or personal distress. But the circumstances that brought a woman to that point do not

disappear once the baby is born. A lack of money may be connected to a lack of childcare; emotional distress may have roots that require professional help; an unstable home can undermine everything else.

Increasingly, EFRAT's response is shaped around the woman rather than around the pregnancy alone.

When Listening Is Not Enough

Tamar was pregnant and newly remarried when her husband was called away for reserve duty. His absence unexpectedly reopened an old wound. Nine years earlier, her first husband had abandoned her while she was pregnant and penniless.

Her EFRAT volunteer realized that Tamar needed more than a sympathetic ear. After consulting Ruth Tidhar, EFRAT's head social worker, she connected Tamar with EFRAT's psychologist and continued accompanying her throughout the process.

For Leah, the danger was more immediate. During a conversation with her volunteer, she revealed that her partner was threatening her. EFRAT quickly helped direct her to a shelter. What had begun as support surrounding a difficult pregnancy became a matter of protecting the mother herself.

The Women on the Other End of the Phone

Behind these stories is a network





Cintia Beinichis Remeny MSW

of more than 150 trained EFRAT volunteers. They come from widely different backgrounds, and some first encountered EFRAT when they themselves needed help. Years later, they have returned to offer another woman the same kind of support they once received.

Dina Schussheim, EFRAT's volunteer coordinator and a registered nurse and life coach, works with head social worker Ruth Tidhar to match each woman with a volunteer suited to her circumstances, background, and location. The volunteers receive professional training and meet regularly to refresh protocols, discuss challenges, and learn from one another.

But the commitment goes well beyond training. A volunteer may speak with one woman only a handful of times and accompany another through pregnancy, birth, and the upheavals that follow. Some remain in touch for years; a few become lifelong friends.

That continuing relationship also helps EFRAT recognize when a woman needs something beyond emotional support. A volunteer may be the first to realize that what is really needed is a psychologist, a safe place to live, help navigating benefits, or professional guidance. She does not have to solve the problem herself. She has to know the woman well enough to see it.

The Childcare That Saved a Job

Michal was a teacher who gave birth in the middle of the school year. She wanted to return to work, and her position was waiting for her. The problem was daycare.

Without affordable childcare, she could not go back. But staying home could cost her the job and the seniority that would later help her qualify for government daycare subsidies. EFRAT's Rise Up program helped cover her childcare, allowing Michal to return to her classroom and remain in the workforce.

Her case illustrates the thinking behind Rise Up. Led by Cintia Beinichis Remeny, MSW, the department looks for the practical obstacles keeping a mother from becoming financially stable—and then helps her overcome them. That can mean career counseling, information about government benefits and other entitlements, or detailed guidance on obtaining financial assistance for daycare so that a mother can return to work. In other cases, the obstacle may be unfinished education or the lack of professional skills.

Since Rise Up's launch in November 2021, the department has helped close to one thousand

mothers with daycare costs and provided dozens of women with partial scholarships for professional studies.

A New Profession

Rina did not need help finding a job. She already had one, working as a secretary. What she needed was a way to earn more. With support from Rise Up, she trained in accounting and tax advising, opening the door to better-paying work and a very different financial future.

Yael had already begun training for hers. She was in college when lack of tuition money forced her to drop out. EFRAT helped her return and finish her degree; she now works in the field she had chosen.

For women like Rina and Yael, the most useful assistance may not be another monthly payment. It may be the tuition, career counseling, help with a résumé, or professional course that allows them to increase their own income.

The premise is straightforward: a woman who is struggling financially may have plenty of ability and ambition. What she lacks may simply be the opportunity to use them.

When There Is No Home to Go Back To

Other women arrive at EFRAT with more fundamental worries.

Imagine Liat, pregnant and suddenly rejected by her family because of the pregnancy. Before she can think about studies, a career, or daycare, she needs somewhere safe to sleep.

Bayit Cham, EFRAT's Warm Home in Jerusalem, can accommodate up to four women who have lost family support because of an unexpected pregnancy. They can remain through pregnancy and for six months after birth.

The women receive counseling and vocational guidance alongside housing. First comes stability: a safe place to stay and time to work out what happens next. Then the conversation can turn to employment, benefits, childcare, and the practical steps needed to live independently with a baby. ♥

Imapedia

When a Mother Has Questions

A crib solves one problem. Diapers solve another. But once a baby comes home, a new mother can find herself facing questions at every hour of the day—and night.

Picture Yaeli awake at 2:00 a.m., wondering whether her newborn is feeding enough. Miri may be trying to establish a sleep routine for a baby who seems determined never to sleep, while Ilanit is looking for guidance on introducing solid foods. A few years down the road, the questions change: child development, childhood fears, parenting challenges, family relationships, or simply how to keep a household running on a tight budget.

These are the women for whom Imapedia, EFRAT's free online learning platform, was created—mothers looking for practical, reliable guidance as they navigate the many stages and challenges of raising a family.

The Hebrew-language site offers a growing library of courses covering pregnancy and childbirth, breastfeeding, infant and toddler nutrition, pediatric first aid, sleep, child development, parenting, and emotional well-being. Other courses address family relationships, household finances, and practical guidance for women running small businesses.

Because the lessons are online, mothers can access them from home and proceed at their own pace.

Imapedia extends EFRAT's approach in a different direction. Not every mother needs someone to intervene on her behalf. Sometimes what she needs is reliable information that gives her the confidence to handle the next challenge herself.

At present, Imapedia is available only in Hebrew. Plans are underway to translate the platform into English and additional languages, making its resources accessible to a much wider circle of mothers.

The Efrat Journey

FROM CRISIS TO CONFIDENCE



SHE REACHES OUT

- Fear/shame
- uncertainty
- financial pressure

SOMEONE LISTENS

A trained volunteer is matched to her needs, background and circumstances

THE SUPPORT SHE NEEDS

PROFESSIONAL HELP

- Social Worker
- Psychological support
- Referrals

MEDICAL GUIDANCE

Medical information and consultation

SUPPORT THROUGH PREGNANCY

CONTINUING EMOTIONAL SUPPORT

- Phone Calls
- Check-Ins
- A Steady Presence

PRACTICAL SUPPORT

- Baby equipment provided at birth
- Bayit Cham Shelter

BABY ARRIVES. EFRAT STAYS

IMAPEDIA

Knowledge for motherhood

RISE UP

- Entitlements advice
- Vocational training
- Building financial stability

ONGOING SUPPORT

- Monthly baby package
- Food staples

READY TO MOVE FORWARD

Greater stability • knowledge • skills • confidence

BUILDING A STRONGER FUTURE FOR HERSELF AND HER FAMILY

INFO@CRIBEFRAT.ORG / DONATE TEL: 954-953-2858