

## Physical and Functional Rehabilitation in the occupied Palestinian territory (West Bank and Gaza)

**“Now I can dress by myself, especially the shoes”. And added “I am lucky that I can walk again; when I felt I wouldn’t,” Ahmad concluded.”**

– Ahmed, a Male child, was injured by live ammunition during the Great March of Return demonstrations in Gaza and received rehabilitation services by Baitona Association for Community Development. - HI partner, Gaza, oPt.<sup>1</sup>

### What is rehabilitation?

The World Health Organization (WHO) defines Rehabilitation as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.” In simple words, rehabilitation helps children, adults, and the elderly with health conditions to be as independent as possible in their daily life activities. It does so through different interventions, including the provision of assistive technologies.

Rehabilitation is the key health strategy for the achievement of Sustainable Development Goal 3 (SDG3), “Ensure healthy lives and promote well-being for all at all ages”. It is, in fact, primarily aimed to optimize functioning, and support those with health conditions to be as independent as possible and to participate in society actively.

**The Rehabilitation 2030 Initiative:**<sup>2</sup> It draws attention to the profound unmet need for rehabilitation worldwide, and highlights the importance of strengthening health systems to provide rehabilitation. The initiative marks a new strategic approach for the global rehabilitation community by emphasizing that:

- Rehabilitation should be available for all the population and through all stages of the life course;
- Efforts to strengthen rehabilitation should be directed towards supporting the health system as a whole and integrating rehabilitation into all levels of health care;
- Rehabilitation is an essential health service and crucial for achieving universal health coverage.

With aging populations; and an increase in the number of people living with chronic disease, rehabilitation is a priority health strategy for the 21<sup>st</sup> century that uniquely contributes to optimizing the functioning of the population.



Figure 1 Abdelaziz, 10 years old child with fracture in left leg due to falling down from high place, receiving a dressing session at one of HI implementing partner’s rehabilitation center in Rafah.

### Situation in oPt

#### How many people need rehabilitation in oPt?

According to the 2022 **Multi sectoral Needs Assessment (MSNA)**, key sectoral findings- Gaza revealed that 21.0% of households interviewed (788 HHs) were assessed to include at least a member of their household having a disability, and 9.3% of households were assessed to have at least one child (age 5 - 17) in the household having a disability. Key sectoral findings-West Bank<sup>3</sup> revealed that 9.7% of households (397 HHs) were assessed to include at least a member of their household having a disability, and 4.0% of households were assessed to have at least one child (age 5 - 17) in the household having a disability. According to the last MSNA (July 2022- oPt), 17.8% of households (846 HHs) reported that a member of their household had experienced difficulties in accessing one or more services (e.g., education, health clinics, etc.) due to mental or physical difficulty.<sup>4</sup>

<sup>1</sup> <https://www.ochaopt.org/content/supporting-rehabilitation-palestinians-injured-gaza-border-demonstrations>

<sup>2</sup> <https://www.who.int/initiatives/rehabilitation-2030>

<sup>3</sup> [Reach Key Sectoral Findings 2022 - West Bank](#)

<sup>4</sup> [Reach Key Sectoral Findings 2022 - Gaza](#)

Verily, this data diverged from the last PCBS report, which counts 93,000 persons with disabilities in Palestine, one-fifth of them are children under the age of 18, representing 2.1% of the total population; 48% in the West Bank and 52% in the Gaza Strip.<sup>5</sup>

Within the context of occupation, Palestinians are constantly exposed to violence, which results in new injuries, permanent disabilities, and mental health disorders related to trauma. Israel killed five times as many Palestinians in 2022 as it killed in the same period in 2021 as indicated in a press release, Euro-Med Human Rights Monitor said on 15 Apr 2022.<sup>6</sup>

In the Gaza Strip, between 5 and 7 August 2022, Israeli forces conducted a military operation called "Breaking Dawn" in multiple locations in Gaza. While hostilities broke down, within the space of 3 days, 49 Palestinians, including 17 children and four women were declared dead, 360 injured, including at least 151 children and 58 women (Gaza Ministry of Health), have been reported injured.<sup>7</sup>

On the other hand, during the May 2021 Gaza escalation, the Ministry of Health in Gaza claimed there were 256 Palestinian casualties. The UN Office for the Coordination of Humanitarian Affairs (OCHA) concluded, "at least 253 Palestinians have been killed, 129 of whom were civilians."

On top of the physical trauma, about 54% and 47% of Palestinian boys and girls aged six to 12 years reportedly have **emotional and/or behavioral disorders** across oPt. The overall disease burden for mental illness is estimated to account for about 3% of disability-adjusted life years.<sup>8</sup>

## How many people in need actually access rehabilitation services?

According to the last MSNA (2022), in Gaza, among 89.6% of households that reported healthcare needs in the 3 months prior to data collection, 99.9% of the household with a member with disability reported encountering barriers when trying to access healthcare services. While in West Bank, 62.6% households

reported a member of their household having

healthcare need requiring care – with 95.6 % of these households with members with disability reported a barrier to care.

## What barriers restrict access to rehabilitation services in oPt?<sup>9</sup>

The first barrier to accessing rehabilitation services is the **identification of rehabilitation needs**. Primary health center workers, who have access to the vast majority of the population, lack knowledge on which conditions benefit from rehabilitation interventions and therefore fail to identify and refer people in need of rehabilitation services.<sup>10</sup>

**According to MSNA 2022, in Gaza**, 22.1% of HHs reported that health treatment was not available, and 19.4% reported that medicines were not available. Likewise in West Bank, 13.1% HHs reported that medicine is not available. Those who are eventually referred to rehabilitation have to deal with the scarce **availability of rehabilitation services**. Rehabilitation services in oPt are few and unevenly distributed around the territory. Services are mainly in cities and very low in the rural area in West Bank. Especially in Area C, a system of barriers hinders access to services, by-pass roads, checkpoints, and movements limitation, which renders almost impossible access to qualified and

## Physical and Functional Rehabilitation policies

As a signatory to the **UN Convention on the Rights of Persons with Disabilities (CRPD)**, oPt commits to promoting Habilitation and Rehabilitation (Article 26) for all.<sup>8</sup> The commitment of oPt towards rehabilitation lead the Ministry of Health to include a rehabilitation specific objective, #5, into the Health Sector Strategic Plan for Southern Governorate 2021 – 2025.<sup>8</sup> This include:

1. Enhancing palliative care services
2. Upgrading rehabilitation services for the injured
3. Strengthening health services and rehabilitation for people with disabilities.

More on the global sphere, the Sustainable Development Goal (SDG), target 3.8 - Achieve universal health coverage (**UHC**), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all - sets to achieve universal health coverage by 2030. Which, the **UN Political Declaration** echoes by stating that rehabilitation is part of the universal health coverage. The **Declaration of Astana** also indicate that rehabilitation is part of primary health care (**PHC**).

<sup>5</sup> Report: 20% of Persons with Disabilities in Palestine Are Children. ([prc.org.uk](https://prc.org.uk))

<sup>6</sup> Israel killed five times as many Palestinians in 2022 than it killed in the same period in 2021 [EN/AR] - occupied Palestinian territory | ReliefWeb.

<sup>7</sup> OCHA summary, <https://www.ochaopt.org/content/humanitarian-impact-gaza-escalation-hostilities-immediate-needs-and-funding-requirements-august-2022>

<sup>8</sup> WHO, 1 May 2019 "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan"- Report by the Director-General

<sup>9</sup>Information here were taken from a multitude of sources as part of an internal desk review process from the current rehabilitation project of HI in oPt.

<sup>10</sup> Humanity & Inclusion, observations and lessons learned from past and current projects.

continuum of services, often resulting in secondary complications. According to MSNA 2022, 18.0% of households reported that the distance to the health facility was too far. In addition, only a few assistive products are available free of charge, and their availability usually links to the availability of external funds to support the service provision. In Gaza, where the demand for assistive products increases during emergencies as new injuries arise, and many devices are destroyed or left behind when persons with disabilities have to flee to safer shelters. The lack of maintenance shops for assistive products is another challenge.

Whenever interventions are available, the **quality of the service** is often questionable. oPt has an insufficient number of qualified **human resources** physiotherapists, occupational therapists, and speech therapists, a lack of accredited training programs, and an absence of continuing education requirements. Moreover, rehabilitation professionals still approach assessment and treatment delivery using a purely medical model with low consideration of the beneficiary's functional abilities. The rehabilitation results are often ineffective with the additional barriers of obsolete equipment and outdated treatment methodology, the lack of standards rehabilitation guidance to unify the rehabilitation intervention within emergency and development situations, and duplication of service provision, especially in an emergency that might cause harm for beneficiaries.

**Service affordability** is an additional barrier. According to the last MSNA (2022), *in Gaza, the most commonly reported barrier to care was the cost of services being too high (experienced by 76.8% of households) and 67.2% of the West Bank.* The Ministry of Social Development (MoSD) provides health insurance for people diagnosed by the Ministry of Health (MoH)'s disability committee with a 60% disability. However, it does not give any rehabilitation services. The health insurance coverage is limited to primary and secondary health services -diagnostic and therapeutic, including surgical intervention and medication within MoH stocks. Still, it helps connect people to services offered by NGOs, which provide project-based free services or paid services with symbolic or total fees. This prevents persons with disabilities from affording rehabilitation services, including the transportation fees to reach the rehabilitation centers.

Similarly, the government health insurance - for all the population - covers tertiary care services needed but not available in MoH facilities, provided by non-MoH facilities within and outside the oPt, and covers medical rehabilitation services. Patients are usually discharged after three weeks of stay and continue the rehabilitation (limited to physiotherapy services) in a few UNRWA and MoH primary health care clinics. They receive a limited number of rehabilitation sessions to respond to the significant number of

people in need of rehabilitation in the community, moreover, the clinics don't have proper geographical coverage. This results in an ongoing need for rehabilitation services as the intervention does not positively change the functional independence of persons with disabilities.

The barriers in service delivery reflect different limitations at the system level. Central authorities **lack a realistic understanding of the population's real rehabilitation needs and the system's capacity to answer** such conditions. This lack of information is related to the **absence of systematic data collection** on rehabilitation and its **centralized reporting and analysis**. This lack of reliable central information results in the de-prioritization of rehabilitation efforts and resources compared to other health interventions.

## Recommendations

Building on the analysis before summarized, HI recommends that diverse stakeholders prioritize rehabilitation at different levels of intervention:

### Policy level:

- Enhance the MoH's capacity to answer rehabilitation needs by supporting the creation of a national rehabilitation platform to conduct a Systematic National Rehabilitation Situation Assessment, developing a centralized rehabilitation data collection system, and improving the resource allocation for rehabilitation services across all levels of health care;
- Integrate emergency rehabilitation within the MoH rehabilitation policies and strategies to respond to the needs of trauma patients and people with disabilities during conflicts and escalations;
- Support the ministry to develop a national framework related to procurement and provision of assistive products.

### International Stakeholders level

- Support adoption of World Health Assembly's Resolution on Rehabilitation in 2023;
- Ensure appropriate resources for its full implementation across the oPt.

### Service level:

- Systematically include within the humanitarian response rehabilitation services in post-trauma cases to avoid secondary complications;
- Systematically accompany the humanitarian response in providing psychological support in the events of physical trauma;

- Improve the capacity of health services to identify rehabilitation needs and enhance the quality of rehabilitation services. This can be achieved by: including rehabilitation needs identification modules in the basic training of primary health center staff, providing systematic activities to service staff on right-based and used-based approaches, and creating or strengthening referral systems among all levels of care.
- Bring rehabilitation services closer to the community and make them affordable. This can be achieved by: systematically including rehabilitation services in PHCs, implementing telerehabilitation, and standardizing the price for rehabilitation services across public services.
- Support the MoH to develop standards of rehabilitation guidance to harmonize the rehabilitation services provision and train the rehabilitation professionals on this guidance.
- Develop an emergency trauma response plan to be deployed in hard-to-reach locations in the oPt.
- Support MoH and professional associations to develop competencies, regulations, and licensing requirements for rehabilitation professions.

### **Family & community level:**

- Raise awareness about rehabilitation as an essential health service that contributes to fulfilling the right to health for all.
- Enhance information within communities on the benefits of rehabilitation, and on the available rehabilitation services.
- Train local community members in supporting the deployment of preparedness plans within emergency events (conflicts, protracted clashes, besieged area).