

Challenges in Accessing Services in Area C



By Alice Repessé

The Palestinian populations of the West Bank that live in Area C and in the Bedouin communities are isolated and surrounded by military roadblocks. The consequent restricted access to essential and quality primary health care services prevents these Palestinians from fully enjoying their right to health. The Palestinian Authority faces significant obstacles in delivering social services or enforcing existing legislation partially as a result of the prevailing unstable political situation and financial constraints. In addition to the situation of general insecurity and ongoing violence and its consequences, numerous other factors impede access to health services, including movement restrictions on health staff, patients, and medical commodities, restrictions on constructing and rehabilitating health facilities, the continued restrictions on importing medical supplies, equipment, and spare parts, the limited and costly transportation, and the threat of forced displacement. People with disabilities are among the most vulnerable and their needs among the most critical. Service providers are unable to address all the specific needs of people with disabilities, and mainstream services fail to include people with disabilities.

The concept of disability can be understood in various ways. Historically, it has been regarded from a medical or charity perspective. Today, a third approach, the social model of disability, is endorsed and promoted by international institutions and gaining more ground. Three converging references – The International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization (WHO), the Canadian disability model known as the Disability Creation Process (DCP), and the United Nations Convention on the Rights of



Session with a Bethlehem Arab Society for Rehabilitation (BASR) occupational therapist, Hebron.

Persons with Disabilities (UNCPRD) – provide a shared, common vision and understanding of disability and add clarity to the notions of impairment, disability, and disabling situations. Handicap International follows the definitions and standards outlined in the Canadian model that considers disability not as a characteristic of the person but as the result of interaction between the person and his/her environment. The reduction of situations of disability implies that action should be taken on both personal and environmental factors. Disability is

The UN Convention on the Rights of Persons with Disabilities states in its first article: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

A situational analysis has found that people in Area C are an especially vulnerable population.

- Comprehensive rehabilitation centers are rare or nonexistent.
- Health-care-center staff lack the skills to deal with people with disabilities.
- There is an insufficient number of community-based-rehabilitation workers.
- Attacks on the population by Israeli forces and settlers result in physical and/or psychological harm.
- The situation of poverty renders the cost of treatment unaffordable.
- The lack of awareness concerning disability and rights in the family and community leads to ignorance, isolation, and stigma.
- People with disabilities themselves lack awareness about their rights.
- Information about available services is sorely lacking.
- There is a need for accessible infrastructure and appropriately adapted services.

therefore not only the concern of medical services: it needs to be inscribed more broadly within multi-sector dynamics and addressed by all development sectors (education, employment, health, social protection, and others) with a cross-cutting approach.



Awareness-raising workshop held by a Palestinian Medical Relief Society (PMRS) team in Tubas.

According to the 2011 Palestinian Central Bureau of Statistics' disability survey, the main causes of disability in Palestine are diseases.¹ Indeed, non-communicable diseases, such as cardiovascular disease, hypertension, and diabetes, are rapidly increasing in the West Bank, together with risk factors for disabilities among the Palestinian population living in Area C and in the Bedouin communities. Therefore it is vital to raise awareness among people with disabilities, their families, caregivers, and communities about prevention of diseases that can lead to disability, and to educate them on the management of some diseases to prevent further physical deterioration.

Within the context of difficult humanitarian circumstances, people with disabilities are among the most isolated and may face extra challenges

if their special needs are not met. They face mobility obstacles in their daily environment – due to the widespread inaccessibility of homes, public offices, health care centers, and school facilities – which prevent them from accessing the basic services they need and in turn perpetuates the vicious cycle of disability and poverty. Consequently, this requires environmental adaptations that facilitate the social inclusion of people with disabilities and mitigate their daily challenges. Combined with outreach services implemented with local partners, such adaptations are the only solution for this vulnerable segment of the population that enables them to access not only public services but also specialized rehabilitation services that provide, for example, assistive and mobility devices and disposable medical

supplies, and to improve the current information and referral mechanisms.

Because there is a lack of available data at the local, regional, or national level, the Bethlehem Arab Society for Rehabilitation (BASR) and the Palestinian Medical Relief Society (PMRS), with Handicap International's support, are implementing a situation analysis that aims to map and assess the scope of the current situation regarding access to services for people with disabilities in highly marginalized localities of Area C and Bedouin communities in six governorates (Tulkarem, Qalqilya, Bethlehem, Hebron, Tubas, and Jericho) of the West Bank. This situation analysis, already conducted in several communities of Area C, has among its key objectives the task of identifying the obstacles that people with disabilities



Assessment of a new beneficiary carried out by a BASR team in cooperation with a technical officer from Handicap International in Bethlehem.

currently face in the targeted areas. The following main barriers were reported: First, there is a lack of comprehensive and inclusive services, namely: (i) a lack of comprehensive rehabilitation centers in the areas, meaning that there are rehabilitation centers that, for example, offer physiotherapy sessions but not occupational or speech therapy, so a patient has to continually transfer from one center to another to access integral services; (ii) health-care-center staff lack the capacity to deal with people with disabilities. Training in this specialization is needed to increase staff expertise; (iii) understaffing of community-based-rehabilitation workers, which limits their capacity to cover all geographical areas or follow up on all cases. Second, the population is subject to attacks by the Israeli forces, recurrent closures, and settler violence, which result in physical and/or psychological harm that requires increased and special care that is not always available. Third, poverty is frequently a factor when affected individuals consider seeking treatment but cannot afford the cost of such treatment or the associated

cost of transportation. Fourth, there is a lack of awareness concerning disability and disability rights within both the family and the community, which frequently results in a lack of understanding, isolation, and stigma of people with disabilities. Moreover, people with disabilities themselves have little awareness about their rights. In addition, there is a dearth of information about available services. And finally, there is a lack of accessible infrastructure and services, such as roads, transportation, and health care centers, which are able to accommodate those with special needs. All these factors combined leave people with disabilities even more vulnerable in Area C, given their isolation and the lack of response to their specific needs.

As part of a project to improve access for people with disabilities to rehabilitation and health care services in Area C of six governorates in the West Bank, Handicap International, in partnership with the BASR and PMRS, has been providing support to affected individuals.

Mohammedⁱⁱ is a 10-year-old child from a Bedouin community in Jericho

who suffers from hemiplegic cerebral palsy with shortened Achilles tendons. This has affected his gait, balance, and movements, resulting in his inability to go to school. He has engaged in rehabilitation sessions from a multi-disciplinary professional team to improve his balance, walking, stretching, strengthening, and exercising of his Achilles tendons. Family members received training on how to manage his disability and were made more aware of the importance of Mohammed's attendance at school. Mohammed was referred to a hospital where he underwent surgery to lengthen his Achilles tendons. Several months later, Mohammed was able to reintegrate into school.

Ahmed is an 8-year-old boy with Congenital Talipes Equinovarus (more commonly known as clubfoot), who resides in a remote community in Tubas Governorate. He was completely dependent on his mother to dress, bathe, and carry out daily-life activities. Ahmed also followed an intensive rehabilitation program that focused on self-care, independence, and self-confidence. He was prescribed and trained on the use of a Dennis Brown brace and a walker to mitigate the effect of his limitations caused by clubfoot. In coordination with the YMCA, he was provided with an ankle-foot orthosis to facilitate his gait. Further coordination was initiated with the municipality, resulting in the building of ramps and rails in his local school to allow him to enroll. Now Ahmed goes to school every day and shows great enthusiasm and determination in carrying out his daily-life activities with more autonomy.



Session with a BASR occupational therapist, Qalqilia.

This project has so far benefited 584 people with disabilities who have gained increased access to rehabilitation services. But despite concerted humanitarian assistance, the needs remain high. According to OCHA's Vulnerability Profile, nearly 300,000 Palestinians live in 532 communities of Area C. Based on PCBS data, between 9,000 and 21,000 Palestinians with disabilities live in Area C (2.9 percent – narrow definitionⁱⁱⁱ, and 7 percent – broad definition), and are unable to access services.

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ⁱ Other general causes of disability may be injuries/wounds resulting from traffic accidents, explosive remnants of war, or natural disasters; but also malnutrition, congenital diseases, etc.

ⁱⁱ Names have been changed for confidentiality.

ⁱⁱⁱ PCBS's broad definition of disability states that a person with disability suffers from some difficulty, a lot of difficulties, or cannot function at all (an estimated 7 percent in Palestine). Whereas in the narrow definition, a person with disability suffers from a lot of difficulties or cannot function at all. However, these figures are generally viewed to be underestimated since the World Health Organization estimates that between 10 and 15 percent of the world's population has some form of disability, and prevalence rates are generally higher in areas of chronic crisis.