Psychological support and Rehabilitation: gaps and needs

A scoping study to map existing interventions and to identify needs and gaps in service provided to injured people in Gaza strip
Acknowledgements

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Director of PMRS –Gaza
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<th>Description</th>
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<tbody>
<tr>
<td>ALPC</td>
<td>Artificial limb polio Center</td>
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<tr>
<td>ACS</td>
<td>Assalama Charitable Society</td>
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<td>AAH</td>
<td>Ahli Arab Hospital</td>
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<td>CBOs</td>
<td>Community Based Organizations</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CMH</td>
<td>Community Mental Health Center</td>
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<td>DWWT</td>
<td>Doctors World-Wide – Turkey</td>
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<td>ED</td>
<td>Emergency Departments</td>
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<td>EGH</td>
<td>European Gaza Hospital</td>
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<td>EMTs</td>
<td>Emergency Medical Teams</td>
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<td>GCMHP</td>
<td>Gaza Community Mental Health Program</td>
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<td>GHQ-12</td>
<td>General Health Questionnaire-12</td>
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<td>GMR</td>
<td>Great March of Return</td>
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<tr>
<td>HI</td>
<td>Humanity and Inclusion</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>INGOs</td>
<td>International Non-Governmental Organization</td>
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<td>JRS</td>
<td>Jabalia rehabilitation Society</td>
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<td>LL</td>
<td>Lower Limb</td>
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<td>MH</td>
<td>Mental Health</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>Acronym</td>
<td>Full Name</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MOSA</td>
<td>Ministry of Social Affairs</td>
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<td>MDM</td>
<td>Medecins du Monde France</td>
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<td>MSF</td>
<td>Medecins sans Frontieres</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>NSR</td>
<td>National Society for Rehabilitation</td>
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<td>OT</td>
<td>Occupational Therapy</td>
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<td>PACF</td>
<td>Palestinian Avenir for Childhood Foundation</td>
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<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
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<td>PCRF</td>
<td>Palestine Children’s Relief Fund</td>
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<td>PFA</td>
<td>Psychosocial First Aid</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>Physicians for Human Rights</td>
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<td>PMRS</td>
<td>Palestinian Medical Relief Society</td>
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<td>PRCS</td>
<td>Palestinian Red Crescent Society</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<td>PTSD</td>
<td>Post-traumatic Stress Disorders</td>
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<td>PT</td>
<td>Physiotherapy</td>
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<td>SPHP</td>
<td>Society of Physically Handicapped People</td>
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<td>PwD</td>
<td>People with Disabilities</td>
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<td>TSPs</td>
<td>Trauma Stabilization Points</td>
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<td>UHCC</td>
<td>Union of Health Care Committees</td>
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<td>UHWC</td>
<td>Union of Health Work Committees</td>
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<td>UL</td>
<td>Upper limb</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNRWA</td>
<td>United Nations Relief and Works Agency</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

Introduction

From the start of the Great March of Return (GMR) on March 30, 2018 to Jan 31, 2019, 261 people have been killed, and 27,942 people injured; 13,174 were treated and discharged from the Trauma Stabilization Points (TSPs), while the remaining 14,768 casualties were transferred to MoH and NGO hospitals. Attacks against healthcare remain a major concern in the occupied Palestinian territory. Three health workers have been killed and 628 injured, and 96 ambulances have been damaged, (WHO, Jan 31, 2019).

Study Methods

The main purpose of the study is to assess CBOs, NGOs, and public service capacity and mapping of the existing services. The objectives of the study are to identify the existing mental health, psychological first aid, physiotherapy and rehabilitation services and interventions currently available in Gaza Strip; locations of operation, targeting criteria, type and sustainability of services available, needs assessment data from these actors where available, locate intervention gaps, and provide recommendations.

The data source depends on desk review, published documents, organization websites, and key informants' interviews. The purpose of the interviews was to test out the key messages emerging from the document analysis, to fill gaps where no published material available. Data were collected and spreadsheet was designed to include all active and intervening organizations. It also identifies the type of interventions, areas of interventions, and number of casualties. Also, qualitative data was analysed to identify the needs and extract recommendations.

Mapping the Implementing Organizations

Palestinian MoH is the main provider of the primary and secondary healthcare in Gaza Strip. MoH established five Trauma Stabilize Points (TSPs), and ambulance services to transport the casualties to the hospitals. Palestinian Medical Relief Society (PMRS) has provided first aid at trauma points and jointly with Palestine Red Crescent Society (PRCS) transport injured victims by ambulances from point of injury to TSPs. PMRS has also mobilized three outreach Multi-Disciplinary Teams (MDTs) in Gaza, Khan Younis and the North governorate. Ahli Arab Hospital (AAH) conducted surgical operations, and provided post-operative care. Union of Health Care Committee (UHCC) runs two medical centers in Gaza city and Khan Younis, and small clinics in North Gaza and Rafah; they also run (MDTs). Baitona for community Development is currently running MDTs in North governorate. Palestinian Avenir for Childhood Foundation (PACF) intervenes in Gaza governorate and runs two outreach MDTs.
National Society for Rehabilitation (NSR) is present in Gaza, and has branches in Middle area, Khan Younis, and Rafah governorates. NSR has four outreach MDTs in Middle and Khan Younis governorates. El Amal Rehabilitation Society was created to serve people with disabilities in Rafah; they have two MDTs. Society of Physically Handicapped People (SPHP) runs six outreach MDTs, three in Gaza and three in Rafah. Gaza Community Mental Health Program (GCMHP) provides mental health and psychosocial support at primary, secondary and tertiary levels all over Gaza Strip. They provide training programs. Al-Salama Charitable Society (ACS) provides comprehensive rehabilitation services to the wounded in Gaza Strip from the moment of the injury. They have three healthcare centers in North Gaza, Gaza, and Khan Younis governorates, however they intervene in all Gaza Strip. Jabalia Rehabilitation Society (JRS) only provides limited number of assistive devices for injured people. Caritas operates Gaza health center and MDTs. Dar Essalam Hospital runs MDTs; it conducts surgeries and provides post-operative care. Haifa Charity Hospital staff and ambulances provide first aid and transport cases to the medical points. The hospital also provides post-operative care and consultations. Palestinian Red Crescent Society (PRCs) offers a wide range of services. Union of Health Work Committee (UHWC) provides first aid, at their medical points in Rafah and the Middle area. Al Awda hospital provides emergency services at their emergency department.

WHO replenishes stocks of urgently-needed trauma medicines in Gaza, and provides hands-on training for health staff working in frontline TSPs. WHO has established a dedicated Trauma Working group. UNRWA has provided postoperative consultations, offering treatment, review and wound dressing. International Committee of the Red Cross (ICRC) supports Gaza hospitals. They opened a fully equipped 50-bed capacity surgical ward at Shifa Hospital. Doctors World-Wide–Turkey (DWWWT) provides comprehensive rehabilitation services to wounded people and disabled people. Physicians for Human Rights (PHRs) procured and delivered orthopedic sets for knee replacement and prosthetic knees. Humanity and Inclusion (HI) and its local partners have set up 12 mobile MDTs teams. HI visits injured individuals at their homes. MDM provides medical and psychological assistance to injured people of March of Return, support to victims of burns and trauma in Gaza Strip. Medecins du Monde France (MDM) provides Medical and psychological assistant to injured people from GMR, and support victims of burns and trauma in Gaza Strip. MDM equipped 5 MoH healthcare facilities for emergency situations and helps them to better coordinate their activities. Palestine Children’s Relief Fund (PCRF) created sustainable solutions to ongoing regional health challenges by training local doctors and providing crucial healthcare infrastructure to local hospitals.
Referral Mechanism

Critically injured patients are carried away from the point of injury to Trauma Stabilization Points (TSPs) by PRCS and PMRS ambulance services. At TSPs, patients are either treated and discharged or treated and referred to hospitals. Five MoH TSPs and 5 PRCS TSPs were established along Gaza Strip, only minutes away from the frontline. TSPs perform 2 main functions to reduce the burden on referral hospitals: the first, triage, treatment and discharge of patients with minor injuries; the second, triage, stabilization and referral of critical patients with life-threatening or limb-threatening injuries.

Multi-disciplinary teams (MDTs) conduct home visits. They usually refer patients to the medical center of the same organization for post-operative consultations. In certain cases the patients will be referred to secondary care, to MoH hospitals, NGOs hospitals and/or ICRC, MSF if injured patients need further surgical interventions.

Organizations who only have paramedics refer the patients to MoH and other NGOs for post-operative consultation or surgical interventions. Referral criteria depend on the level of intervening organization. Usually weapon wounded victims from the GMR are in need of secondary surgical intervention as:

- Wound debridement; re-debridement including dressing change under anesthesia, and extraction of foreign body
- External fixator revision
- Injuries requiring elective amputations or stump revisions, and grafting, pedicle flaps
- Soft tissues contractures affecting the limb function
- Patients in need of additional surgical and orthopedic interventions aiming to preserve the limb function only (to stop the wound infection) such as infected non-union

Study Findings

Gaps in Service Provision

- The study indicates unclear centralized database of casualties, and defect in feedback mechanism.
- The majority of MDTs of home visits do not usually include physician to assess patients’ condition.
- There is usually an emergency preparedness plan, but there is a delay in implementation.
Psychological support and Rehabilitation: gaps and needs

- Shortage in drugs and disposable are 42% and 23% at zero stock respectively.
- There is some shortage of assistive devices and spare parts.
- Imports of materials to Gaza is restricted.
- There are shortages in ambulance services for providing first aid and transportation.
- Disabled people used to receive services are nowadays neglected.
- No updated guidelines for physiotherapy practices. Physiotherapy equipment are old, some are broken, and spare parts are unavailable. It needs maintenance.
- There is a defect in well-organized occupational therapy services.
- There is no national guideline for PSS intervention. Gaps in development of modified PSS protocol to deal with injured people with disabilities since they are vulnerable to addiction, aggression, and loss of their jobs. Low quality of long-term psychological services provision.

The Urgent Needs
- Gaza is in a bad need of centralized database of casualties, categorized by severity level. Even though health cluster is currently preparing online tool to enable organizations report their activities.
- Updated contingency plans and rehabilitation plans.
- Gaza is in need of ambulances, equipment, surgeons with different subspecialties.
- Trained nurses in tissue viability for post-operative care.
- Establishment of osteomyelitis treatment center.
- Higher rates of disability indicate a greater potential need for rehabilitation and rehabilitation specialists.
- Based on the increased number of disabled people, there is a need of home adaptation; and need of high-quality prosthetics which involve the use of artificial limbs.
- Need of psychiatrists to manage psychotic cases (depression, schizophrenia, bipolar disorders, and others).

Service Barriers
Some patients are hesitant to seek healthcare, afraid to be exposed to amputation. Patients have poor expectations: some of wounds need to be operated on stages; it takes a long time, so lack of patients' trust makes them insist on being referred. The caseload of injured is so enormous and hospital staff busy to communicate properly with patients; this situation adversely affects the patients' psychological state and their negative reactions. The patients are rotating everywhere to have a comprehensive service.

Recommendations
- Develop a national protocol in case of any aggression on Gaza.
- Develop national mental health policies and action plans.
- Design small income generating projects for victims with disabilities.
- Develop formalized education opportunities (M.A. and M.Sc.) for rehabilitation medicine and psychiatric medicine.
• Improve communication between TSPs and emergency departments
• Set up outreach teams for home visits accompanied by physicians.
• Patient discharge sheet should be neatly written, informative and comprehensive.
• Support Community Based Rehabilitation Program (CRB)
• Educate family members about general physiotherapy that will be conducted at homes to avoid bed sores, deep vein thrombosis, and improve patient mobility.
• Organize training programs for transportation of traumatized people, for first aid, and for pre-hospital management.
• Clinical guidelines for pre and post-operative physiotherapy management of adults with lower limb amputations.
• Referral for physiotherapy should be completed and include patient’s data, diagnosis, reason for referral, precautions, clear signature of referring doctor.
• Collaborate with mental health field research to establish evidence-based practice.
• Contribute technically to design key standardized documents and tools for mental health and psychosocial support reporting and data collection.

**Background**

Gaza has been subject to block on a land, sea and air. Israel and Egypt imposed the blockade since 2007 (OCHA, 2018), a matter which restricts and largely prevents travel for individuals, and it stifles import and export (OCHA, 2017a). It also cuts off the population from access to basic amenities (OCHA, 2017b), services (OCHA, 2017c) and natural resources (World Bank, 2016). Gaza was subjected to three increasingly military offensives over the last 9 years, the most recent of which occurred in 2014. It caused 2,200 deaths, displaced close to 30% of the population were internally displaced. It also destroyed or heavily damaged over 18,000 homes. More than 50% of the hospitals were damaged and 30% of water and sewage networks were destroyed. Thus it caused a devastating effect on access to urgent healthcare and basic amenities, compounding the trauma caused by over a month of large scale military violence and the destruction of lives, homes and livelihoods.

Since then, the health sector has been struggling to meet increasing needs, with a reduction in the support provided by the Palestinian Authority and the severe shortage of electricity, medication and supplies inhibiting the services they are able to provide. From 30 March 2018, inhabitants of Gaza have been participating in the ‘Great March of Return’, a series of peaceful protests spanning the length of Gaza Strip in front of the ‘no go zone’ (OCHA, 2016). Since then, 227 people have been killed and more than 24,516 others injured, of which 5,884 was by live ammunition. The total number of amputations that have taken place to date is 94 and the number of individuals who are now paralyzed following spinal cord injuries is currently 18. However, there is still a need for improved data on the number of individuals in need of psychological support (WHO, Nov 3, 2018)
During “Great March of Return” demonstrations, for over 11 months, thousands of Palestinians in Gaza Strip practiced their right to protest launching massive rallies at the border with Israel. In these protests, Palestinians have been asking for their rights to be respected, in particular their right to return to their hometowns. The snipers of Israeli security forces are using live ammunition to prevent the demonstrators from approaching the fence at the frontline.

**Study Context**

**Geo-demographic Context:**
Gaza Strip is bordering the Mediterranean Sea, between Egypt and Israel. Gaza Strip border with Israel is 51km, whereas its border with Egypt is 11km. Its area is 360 square kilometres. Gaza Strip population is 1,899,291 (North governorate 368,978, Gaza governorate 652,597, Middle area governorate 273,200, Khan Younis governorate 370,638, and Rafah governorate 233,878). The people younger than 18 years represent 48% and those aged 18 - 29 years represent 23.2% of population (PCBS, 2018a).

**Political Context:**
The political situation impacts on human health, human rights, and social justice. The long-standing siege on Gaza Strip has caused instability and adverse effect on health, with detrimental social and psychological consequences on the population. The organizations concerned with the health issues need support via better cooperation and information sharing, between the different players in their fields to consider quality of service provision. The effect of the political division on besieged Gaza Strip is catastrophic; it exacerbates the already pernicious situation of Gaza Strip. It only keeps people alive because they are not dying. The long-lasting political division deprives the hopes and aspirations of the Palestinian a bright future. People are frustrated, depressed and hopeless. The political split has negatively impacted all aspects of life in Gaza Strip.

**Health Service Context:**
The Palestinian Ministry of Health (MoH) is responsible for governing and regulating the Palestinian health sector to ensure an appropriate use of resources for a sustainable health delivery system. MoH is also responsible for ensuring the necessary laws and regulations, stimulating partnerships with other service providers and sector partners, and managing resources. Health service provision in Gaza is hampered by many pressures such as the siege, the complicated procedures to import medicaments, the drug shortages, the damage of health centres and hospitals, increased number of casualties and patients. In simple words “Great March of Return” injuries require long-term expert medical care. Following the aggressions, medical professionals have been working mainly with survivors.
There are four major service providers: MoH, United Nations Relief and Works Agency (UNRWA), Non-Governmental Organizations (NGOs) International NGOs, and private sector. International organizations play a major role in supporting the sustainability and development of the Palestinian health sector. They jointly work with MoH on setting up bases, standards, and internationally adopted implementation methods. Donors comply with providing financial, logistic, and technical support to the health sector. They also play a major role by advocating the health situation in Palestine, through enhancing international awareness about the Palestinian health situation and the importance of continuous support to promote a sustainable health system.

**Aim and Objectives**

The main purpose of the study is to identify and assess the existing community, community-based organizations (CBOs), Non-governmental organizations (NGOs), and public service capacity to address the physiotherapy, occupational therapy, and psychological support needs of individuals caused by recent and current military violence. There is a necessity of an assessment of the current psychological, physiotherapy, and occupational health needs; and mapping of the existing services and interventions as well.

The objectives of the study are to; A. Identify and verify the existing mental health, psychological first aid, physiotherapy and rehabilitation services and interventions currently available in Gaza Strip. B. Locations of operation, targeting criteria, type and sustainability of services available, including needs assessment data from these actors where available. C. Locate intervention gaps, and provide recommendations of the target groups to be supported and services required.

**Study Methods and Approach**

The study was conducted in two stages. Stage 1: Desk based. It consisted of a document analysis, together with online searches of organizational websites. Stage 2: Key informant interviews. The purpose of the interviews was to test out the key messages emerging from the document analysis, to fill gaps where no published material was available, to allow a range of views to be heard, to capture a selection of current ideas and actions which relate in some way to healthcare and its improvement, and to identify possible options and approaches which merit further investigation. Desk review research to identify actors currently working in this sector.
Key Informants Interviews

Key informants were contacted by phone or by email to schedule the interviews. The interviewer introduced a brief introduction about injuries and services of “Great March of Return”. The interviewer explained the objective of the study and its significance in determining the situation of health service provision, gaps and needs. This includes how the data will be used and the time commitment to complete the interview. Once the interviewee agreed to participate, face to face interviews were scheduled depending on interviewer and interviewee availability. Each interview lasted for a range of 45-60 minutes. The informants were thanked for their time and participation. The interviewer prepared a memo after each interview to summarize the first thoughts, the impressions, and the general comments on the interview. The interviews focused on discussing interventions, assessments, needs of Palestinians in Gaza Strip regarding the “Great March of Return injured people”.

Data were collected and a spreadsheet was designed to include all active and intervening organizations in “Great March of Return” injured people; the types of interventions, areas of interventions, and numbers of casualties were calculated. Also, qualitative data was analysed to identify the needs and extract recommendations.

Study Obstacles

Procrastination: Some organizations did not give full information or they did not give any response at all despite frequent requests.

Pathway of Traumatized Patients

The trauma pathway approach ensures that quality and adequate medical care is provided to every injured person from the point where injury took place to rehabilitation and re-integration in the society. WHO is working across the trauma pathway to ensure that people with conflict-related injuries have access to lifesaving medical care.

1. Pre Trauma Stabilization Points

PMRS and Palestinian Red Crescent Society (PRCS) Emergency Medical Teams (EMT) transport the traumatized individuals from the point of injury usually at the frontline to Trauma Stabilization Points (TSPs).
2. **Trauma Stabilization Points (TSPs)**  
The MoH and PRCS 10 trauma stabilization points (TSPs), supported by WHO, have helped to substantially reduce the burden on the overloaded hospitals (WHO, December 25, 2018). EMTs transport injured people to the TSPs, located near the point of injury. At the TSPs, set up throughout critical zones in Gaza, initial patient triage is conducted, wounded patients receive life-saving care close to the point of injury. Almost 50% of the injured patients are treated at the TSPs and immediately discharged while seriously injured patients are transferred to higher levels of care (WHO, December 17, 2018).

3. **Secondary Hospital**  
EMTs transport injured people to secondary care at hospitals, which is located further away from the frontline, providing life and limb-saving surgery and emergency care, and transfer more complex patients to tertiary facilities (referral hospital) (WHO, December 17, 2018).

4. **Tertiary Referral Hospital**  
EMTs transport injured people to tertiary hospitals to provide life and limb-saving surgery, emergency care, coordinate post-op, and rehabilitation care with different providers (WHO, December 17, 2018).

5. **Rehabilitation and Reintegration**  
The majority of the interviewed organizations provide multi-disciplinary rehabilitation care and coordinate post-op and rehabilitation care with different providers (WHO, December 17, 2018).

### Cumulative Injured and Dead People

From 30 March until 17 December, 2018, 250 people have been killed. The total number injured was 26,039 including 12,199 were treated at the TSPs and immediately discharged. The remaining 13,840 casualties were stabilized and transferred for treatment at the emergency departments of MoH and NGOs hospitals. Out of the total 13,840 referred to emergency departments at hospitals, 6,174 cases were live ammunition gunshot injuries. This makes 45% of the total casualties arriving at the hospitals. From the total of 6,174 live ammunition gunshot injuries, 5,366 are limb gunshot injuries (87%) (WHO, December 17, 2018), (Figure 1).
Mapping the Current Capacity of the Organizations

Palestinian Ministry of Health, Non-Governmental Organizations, United Nations and other International NGOs contribute to conducting surgical operations, and to providing post-operative care, psychosocial support, physiotherapy, assistive devices, and first aid kits for injured people of peaceful ‘Great March of Return’.

Figure 1: Trauma Analysis

Source: WHO, December 17, 2018
Palestinian MoH

Palestinian MoH is the umbrella of primary and secondary healthcare. MoH is the main provider of secondary healthcare services in the Gaza, set up 5 frontline trauma stabilization points (TSPs), ambulance services and transportation of patients from TSPs to hospitals and referral of casualties between hospitals, and post-operative and rehabilitation care (Health Cluster, 2018).

The great majority of surgical operations, constructive surgeries are conducted at MoH hospitals. There are 12 physiotherapy centers (9 at hospitals and 3 at PHC) run by MoH, the patients who need physiotherapy are usually referred from the orthopedic surgeon or the neurologist (Source: interview with director of physiotherapy Unit, MoH). The MoH runs a psychiatric hospital and six community Mental Health Centers (CMHC), 2 in Gaza and one in each of the other governorates. They provide specialized mental health services (Source: interview with director of developing department, mental health directorate, MoH).

Non-Governmental Organizations (NGOs)

NGOs involved in the management of injured people of “Great March of Return” include Palestinian Medical Relief Society (PMRS), Ahli Arab Hospital (AAH), Dar Essalm hospital, Haifa Charity Hospital, Union of Health Care Committee (UHCC), Baitona for Community Development, Palestinian Avenue for Childhood Foundation (PACF), National Society for Rehabilitation (NSR), EL-Amal Rehabilitation Society, Society of Physically Handicapped People (SPHP), Assalama Charitable Society (ACS), Jabalia Rehabilitation Society (JRS), Caritas Jerusalem – Gaza center, Palestine Red Crescent Society (PRCS), and Union of Health Work Committees (UHWC), and Gaza Community Mental Health Program (GCMHP)

Palestinian Medical Relief Society (PMRS)

PMRS is a non-profit grassroots community-based Palestinian health organization. It is one of the largest health NGOs in Palestine. It was founded in 1979 by a group of Palestinian medical doctors and health professionals seeking to supplement the inadequate health infrastructure caused throughout years of occupation. PMRS emphasizes prevention, education, commuity participation, and the empowerment of people. PMRS seeks to improve the overall physical, mental, and social wellbeing of all Palestinians, regardless of racial, political, social, economic status, religion or gender (PMRS, 2018).

PMRS paramedical professionals provide first aid support to 66 cases, including 21 gunshot injuries. Since the start of the protests, PMRS has provided first aid (at trauma points) to 4,710 patients. PMRS has also mobilized three outreach teams in Gaza, Khan Younis and the North governorate. The teams provided post-operative care to 867, out of which, 195 are still receiving post-operative care and 331 have received assistive devices (WHO, November 18, 2018).
In depth interview was held with the projects coordinator of PMRS who stated that PMRS is running three healthcare centers in Gaza, North, and Khan Younis governorates. As a component of an emergency response, PMRS is implementing a psychological support and rehabilitation project for individuals in Gaza Strip affected by military violence against “Great March of Return”. PMRS staff are broad by experience in dealing with traumatized people by providing first aid and home care during various emergency situation in 2008, 2012, and 2014 war on Gaza Strip. During emergency situation and as a result of increased number of casualties, a gap has emerged in healthcare service, where PMRS intervene. PMRS runs three Multidisciplinary Teams (MDTs) for home visit. Each team of which consist of a nurse, social worker, psychologist, and physiotherapist. These teams are working in governorates of Gaza, North Gaza, and Khan Younis. However, a specialized medical staff that include physicians, vascular surgeon, orthopedic surgeons, neurologists, physiotherapists, psychologists, occupational therapists are available in the three centers of PMRS. Moreover, PMRS provide assistive devices (wheelchairs, walker, and axillary and elbow crutches) and make home adaptation for 25 people with disabilities. PMRS and Palestinian Red Crescent Society (PRCS) Emergency Medical Teams (EMTs) transport injured victims by ambulances from point of injury to trauma stabilization points. All injured individuals from the “Great March of Return” are eligible to be treated by PMRS medical and paramedical teams.

First Aid teams at the frontline: the PMRS is present at the frontline with 62 first aid team (53 males and 9 females) workers to provide first aid treatment to the injured.

Ambulance service: The PMRS ambulance assists the injured at the borders through transporting them to TSPs or to hospitals. The PMRS has mobilized five outreach teams in all five governorates, to conduct post-operative care, including wound dressing and physiotherapy services. PMRS is running one mobile clinic (KII and OCHA, June 2018). They also provide assistive devices, dressing kits, and drugs. The PMRS health centers are providing advanced wound dressing including minor surgeries. The PMRS runs three PHC centers and one NCD center. The PMRS also runs two community based centers for rehabilitation of people with disability and two centers for physiotherapy.
Ahli Arab Hospital (AAH)
AAH in Gaza city was founded in 1882 by Christian Missionary Society. AAH is now an institution of the Episcopal Diocese in Jerusalem. AAH provides free medical missions to the poor, specialized free clinics for chronically diseased people, and free care for burn injuries and underweight or malnourished children.

AAH is one of the important service providers for injured people of “Great March of Return”. They are implementing a project titled “Safe and Secure Trauma and Non-trauma Management of Gaza Vulnerable People”. Since April 1st, 2018, they have been conducting surgical operations, orthopaedic surgeries, plastic surgeries, post-operative care, and physiotherapy. They refer patients in need of assistive devices for PMRS (Interview with AAH medical director).

Dar Essalam Hospital
Interview with director of nursing at Dar Essalam hospital in Khan Youn is governorate revealed that, their team work consist of physician, general surgeon, orthopedic surgeon and nurses. They deliver first aid kits at TSPs, and they offer ambulance services. Hospital is equipped with advanced lab and radiological department with CT scan. And the hospital is also equipped with EMG. They are targeting all injured people of “Great March of Return” who get access to the hospital. The surgeons conduct surgeries, constructive surgeries, post-surgical consultation, post-operative care, and wound management. Dar Essalam hospital started work early on April, 2018.

Before starting the implementation, they provide training for their team in basic life support, advance life support, IPC, and pre and post-operative care. Specifically, they conduct different surgeries including plastic, orthopedic, and peripheral nerve surgeries. They do imaging and nerve conduction studies for patients in need. They follow up with the victims until their wounds are completely healed. The provide drugs and antibiotics for patients in need.

Haifa Charity Hospital
Staff and ambulances of the hospital have provided first aid to 76 injured patients in the field and transported 23 cases to the medical points in Malaka area, east of Gaza city. The hospital also provided 276 post-operative consultations, including provision of medication, consumables, laboratory and x-ray services, and wound dressing (WHO, December 3, 2018).
Union of Health Care Committee (UHCC)

UHCC aims at upgrading the social and health situation for the Palestinian society. It focuses on marginalized areas; its center of attention goes to those less fortunate in society particularly women, children, students, and workers. UHCC circulates its programs throughout Palestine so as to guarantee the equality of offering medical services to people everywhere. UHCC’s different health facilities, activities, and programs are performed in cooperation with local society’s institutions and partnerships with friendly foreign organizations (UHCC, 2019).

Interview with UHCC program manager was conducted to reveal that they run two main medical centers in Gaza and Khan Younis, and other small clinics in North Gaza and in Rafah. At their main medical centers, there are different medical and surgical specialties. They also provide post-operative care, PSS and physiotherapy at their main centers and home visits.

Baitona for Community Development

Baitona is a non-profit, non-governmental organization founded to develop and empower Palestinian families and community in Gaza Strip and mainly in North Gaza governorate. Baitona runs a wide range of programs including community empowerment programs, education and rehabilitation programs, and emergency intervention programs. Baitona is a strategic partner of the Humanity and Inclusion (HI) organization since 2011. Beitona staff provides rehabilitation services for people with disabilities (PwD) and for the community seniors. They have a broad experience in implementation of rehabilitation, physiotherapy, and occupational therapy.

Currently, Beitona implements a project titled: Addressing an Urgent Injury Care and Rehabilitation Needs of the Causalities of Border Clashes “March of Return” in Gaza Strip. They are targeting causalities of border clashes of “Great March of Return”. Beitona Intervenes to provide post-operative care, physiotherapy, occupational therapy and PSS for injured people of “Great March of Return” started on May 29, 2018 and continues to the current day. Beitona staff depends on secondary data from MoH to assess the situation and design their intervention. To respond to the current emergency situation, Beitona recruited two MDTs, with each team consists of a nurse, a physiotherapist, an occupational therapist, a psychologist, and a social worker for home visits. Wounded people are advised to attend Baitona center for further advanced rehabilitation services after their wounds are healed. The implementing teams had received training before starting their work besides their previous experience. Beitona staff has identified all injured people who are in need of home adaptation.
Beitona is connected to a network of more than 25 Community Based Organizations (CBOs) and NGOs. They offer training program for caregivers to enhance their capabilities with home based care for injured people. They offer a peer to peer training. They also distribute first aid kits (Interview KI).

**Palestinian Avenir for Childhood Foundation (PACF)**

PACF is an NGO founded in January 1995 to serve physically disabled children mainly with cerebral palsy. Special education department concerns with development of children’s mental abilities while therapeutic program provides them with physiotherapy services to prevent complications and develop their motor abilities. Implementing a profound and multidisciplinary concept of rehabilitation, PACF seeks to help deprived and marginalized Palestinian children (PACF, 2018).

Currently, PACF is an implementing local partner of HI. They intervene in the area of Gaza governorate and run two outreach MDTs. Each team consist of a nurse, a psychologist, a physiotherapist, an occupational therapist, and a social worker to provide therapeutic and rehabilitation services for traumatized people of “Great March of Return”. The project was started on May 23, 2018. It addresses urgent injury care and rehabilitation needs of casualties of frontline clashes in Gaza. PACF is a partner with 45 CBOs partners. They depend on secondary data from the HI for field assessment. They did training for the outreach team before starting work and targeting all injured by of Gaza residents (Interview with PACF emergency project coordinator).

**National Society for Rehabilitation (NSR)**

The National Society for Rehabilitation (NSR) - Gaza Strip founded in 1990. NSR was registered as a charitable organization. NSR vision is integration of people with disabilities in local community under principle of equality and social justice. NSR cooperates with individuals and decision makers to meet the needs of people with disabilities to be independent. NSR works on Community Based Rehabilitation (CBR) Matrix which consists of five components: Health, education, empowerment, societal, and livelihood. NSR main center is located in Gaza. There are branches in the governorates of Middle, Khan Younis, and Rafah (NSR, 2018).

During the interview, the director of NSR mentioned that NSR is an implementing partner of HI, started to intervene on May 25, 2018. They are targeting “Great March of Return” injured people in Middle and Khan Younis governorates. NSR recruited four MDTs, each team composed of a nurse, a physiotherapist, an occupational therapist, a psychologist, and social worker. They intervene in Middle and Khan Younis governorates in home visits.
EL-Amal Rehabilitation Society
El Amal Rehabilitation Society was created to serve people with disabilities in Rafah, focusing on services for deaf people. El Amal has expanded its services to include programs directed towards non-deaf children.

In depth interview with the director indicated that El Amal Rehabilitation Society is an HI partners; they implement a project titled “Addressing Urgent Injury Care and Rehabilitation of the Casualties of Border Clashes “March of Return Gaza”. The overall objective of the society is to rehabilitate injured by performing physiotherapy, occupational therapy, and post-operative care. The society offers an outreach team service and a center based work. Their MDT consist of two physiotherapists, two occupational therapists, two psychologists, two nurses, one social worker, and one coordinator. The project targeting injured people of March of Return started on November 11, 2018 and will be extended to June, 2019. Only Rafah governorate is the field of their intervention. The KI stated that their paramedics had received training before the project’s implementation.

Society of Physically Handicapped People (SPHP)
It is a non-governmental, non-profit charitable society. It is the only society specialized in providing psychosocial, social, medical, educational, vocational and recreational services free of charge to all wounded and physically disabled in Gaza Strip. The Society provides services to more than 7500 wounded and disabled people (SPHP, 2018).

An interview with SPHP project manager stated that SPHP is an HI, an implementing partner since 2007. They start to implement the project for injured people of “Great March of Return” in May, 2018. They depend on secondary data, and no primary assessment was carried out. They intervene in Gaza and Rafah governorates with six MDTs teams, three in Gaza and three in Rafah. Each team consist of a nurse, a physiotherapist, an occupational therapist, a psychologist, and a social worker. The field of work is home visits and the SPHP centers is in Gaza and Rafah. At the centers, there are three physicians specialized in rehabilitation, a nurse, a physiotherapist, an occupational therapist, and a psychologist. Moreover, the center includes an x-ray department, a laboratory, and a pharmacy. Injured individuals are usually visited at home where PT, OT, PSS performed and patients in need of further care are referred to SPHP centers.
Assalama Charitable Society (ACS)
ACS strengthen the role of disabled and invest their energies and abilities and improve their health, and psychological and vocational status and activate their participation at the field and community level, improve the quality of life of the wounded. ACS provides comprehensive rehabilitation services to the wounded in Gaza Strip from the moment the injury leading to autonomy.

They have provided 237 people with 1,103 multidisciplinary post-operative consultations, including wound dressings, assistive devices, physiotherapy, medicines, disposables and psychosocial support (WHO, December 3, 2018).

Interview with the manager of health department of ACS stated that ACS runs three healthcare centers in governorates of North, Gaza, and Khan Younis, however, they intervene in all Gaza Strip. They recruited six MDTs, each team consist of a physician, a nurse, a physiotherapist, a psychologist, and a social worker. The medical and paramedical capacity of the society include four general practitioners, fifteen nurses, ten physiotherapists, three psychologists, eight social workers, and three pharmacist. They did training in infection prevention and control (IPC), community health, and urinary catheter. They are a member of health cluster connected with national and international network. ACS targeting criteria include all injured people of March of Return. They provide multidisciplinary post-operative consultations, wound dressings, assistive devices, orthotics, physiotherapy, medicines, medical disposables, and providing psychosocial support. They refer to patients for surgical consultation to MoH and ICRC.

Jabalia Rehabilitation Society (JRS)
JRS was founded in Jabalia Refugee Camp in 1991. The main goal of JRS is to educate and rehabilitate people with disabilities at the North Governorate. JRS offers different programs, namely; education program for children with hearing impairment, community based rehabilitation, audiology clinic, and speech and language therapy. JRS is considered the only service provider for hearing aids and screening, speech therapy, physiotherapy and education services for children with hearing impairment in the North Governorate. JRS maintains strong cooperation relations with governmental organizations such as Ministry of Social Affairs, Ministry of Health and Ministry of Education, as well as UNRWA (JRS, 2018).
In an interview with the director of empowerment center at JRS, he mentioned that they are experienced in education program for children with hearing impairment, community based rehabilitation, audiology, and speech and language therapy. Moreover, they provide physiotherapy to children with disabilities. They provide assistive devices to injured people of “Great March of Return”. But they complain from lack of maintenance and spare parts of assistive devices. Their field of work is only in the North governorate. Sometimes, they refer cases to PMRS.

**Caritas Jerusalem – Gaza Center**

In an interview with Caritas administrator, he reported that Caritas Jerusalem operates in the West Bank, Gaza and Jerusalem providing social services, health services, food security, and youth empowerment. Currently in Gaza, they operate Gaza health center and mobile medical team beside social services. They provide mobile medical team project, targeting the injured people of “Great March of Return” at their homes in the five governorates of Gaza Strip. There are two medical teams, each team consist of a surgeon, two nurses, and social two workers. The project was implemented in April 2018 and continue to the present time. Their surgeon evaluates the clinical state of the injured patients, makes dressings, orders lab analysis and provides the needed drugs. In case of complicated cases, they refer the patients to MSF or MoH facilities. In addition, they provide patients with assistive devices when needed. Furthermore, they provide a nutritious high protein food parcels to accelerate healing of injured people.

**Palestine Red Crescent Society (PRCS)**

PRCS is a non-profit humanitarian organization that is part of the International Red Cross and Red Crescent Movement. Gaza branch offers a wide range of services in its emergency medical services’ Center, disaster management unit, primary health care (PHC) services, psychosocial support program, youth and volunteers’ program, and Al Quads hospital (PRCS, 2019).

TSPs are managed by MoH and PRCS. Their treatment and discharge went as follows: MoH TSPs treated and discharged 67% of the casualties. PRCS TSPs treated and discharged 35% of the casualties (WHO, December 3, 2018). Also, PRCS provides transportation between the TSPs and hospitals (Health Cluster, 2018).
Union of Health Work Committees (UHWC)

UHWC teams provided first aid to 71 cases, including 24 gunshot injuries, at their medical points in Rafah and the Middle governorates. In addition, Al Awda hospital provided emergency services for 63 cases at their emergency department, one of which underwent urgent surgical operations (WHO, December 3, 2018).

It is worth mentioning that the specific objectives of the project are to save lives of those injured coming with acute life threatening injuries. It also provides follow-up surgeries to avoid lifelong disabilities besides providing physiotherapy, medication, and disposables needed to conduct the surgical operations.

UHWC signed a memorandum of understanding with Medecins sans Frontieres (MSF) – Belgium for the implementation of the project “Trauma Support Project” aiming at improving the quality of life of people hurt by protest related injuries. UHWC provides and maintains access to vascular, orthopedic and plastic surgery and physical and psychological rehabilitation at Al Awda hospital – largest facility to UHWC in Jabalia – Tal Al Zaatar, northern Gaza Strip (Al Awda Hospital, 2018).

UHWC runs five health centers, Al Quds Health and Community Center in Biet Hanoun, Al Luhiedan Health and Community center in Jabalia refugee camp, Al Awda Specialist Health Center in the North of Gaza city, Al Khayria Health and Community Center in AL Nuseirat refugee camp, and Al Awda Health center in Rafah.

UHWC staff all over Gaza Strip provided First Aid and urgent health services to 1682 injured from the total number of injuries of “Great March of Return of” from March 30th to August 31st. Al Awda Hospital staff provided its urgent health services, they hospitalized services to 625 injured people during the pre-mentioned period. Moreover, paramedic of the hospital provided field services to 284 case on field and TSPs.

In a related context, the medical teams in both Al Awda Health Center in Rafah and Al Khairia Health and Community Centers in Al Nusairat affiliated to UHWC have provided the health field urgent services to injured people near TSPs and near frontline (UHWC, 2018).
Gaza Community Mental Health Program (GCMHP)

GCMHP has carried out emergency outreach to casualties from the “Great March of Return”, maintains its direct clinical career with people suffering severe trauma. It offers training to other organizations as well as its own specialized educational programs.

In an interview with the head of project and fundraising unit, he mentioned that GCMHP was founded in 1990 as a non-profit NGO for mental health and human rights. It is the largest NGO mental health service provider. It operates three Community Mental Health Centers (CMHC); one in Gaza city to provide services to Gaza and North governorates; the second is in Dir Albalah, it provides mental health services for Middle governorate; and the third is located in Khan Younis. It provides mental health services for Khan Younis and Rafah governorates. The program covers a comprehensive mental health services. He added that, they run MDTs (including a psychiatrist, a psychologist, a physiotherapist, an occupational therapist and a social worker). They adopted three strategic goals over three years. Strategic Goal 1; is to improve mental health implemented on the three levels. Primary level is preventive measures and awareness sessions. Secondary level is providing specialized mental health treatment. Tertiary level is providing physiotherapy and occupational therapy. Strategic Goal 2: It supports capacity of professional and other actors to provide appropriate care to injured; the training involves participants from family centers, MoH, UNRWA, Ministry of Social Affairs (MoSA), Ministry of Education (MoE), and professional at kindergartens. Furthermore, GCMHP provides Diploma of mental health, training of undergraduate students and design training modules. In addition, they updated the mental health protocols, practical training of psychologists, and capacity building of the organizations like MoH, CBOs, and NGOs. They also provide training for the law enforcement persons as military medical services about mental health and human rights. Strategic Goal 3: organization development and research center. GCMHP distinguishes itself by its mental health service and the free telephone line and free online mental health services for those who do not have access to the service mainly the violated women, people afraid from social stigma, or people who are scared of security precautions and reasons.
In regard to “Great March of Return”, the head of project and fundraising unit adds that they started intervention for psychologically traumatized patients on May 15, 2018 while they continue in provision of the mental health services for those who already receive the service. They also run a project titled “Victims of Human Rights Violation”. They have five outreach mobile mental health teams, one team for each governorate. Each team consists of male and female psychosocial support personnel trained for home visits to apply first aid psychosocial support. GCMHP runs six mobile stations located at six CBOs partners. The mobile team assesses the patient’s condition and provides Psychosocial First Aid (PFA). They refer patients in need of further intervention to the Mobile stations, if the patient in need of more specialized care, then they refer him/her to CMHC.

They made 1797 home visits for injured patients, they conducted PSS for 5,849 patients and their family members. They referred 867 persons (623 including 397 injured patients to mobile stations, and referred 119 patients to CMHC, and there are 125 on waiting list). There are 222 people including 172 injured patients received drugs. The referred cases suffer Post-traumatic Stress Disorders (PTSD), depressive disorders, anxiety, and other neurotic disorders. More or less 14.8% of people who received PSS have been referred to mobile stations and CMHC, 34% of injured people have been referred to mobile stations and CMHC, and 57% of amputated patients have been referred to mobile stations and CMHC.

**United Nations and International NGOs**

They are: World Health Organization (WHO), United Nations Relief and Works Agency (UNRWA), Medical Aid for Palestinians (MAP- UK), International Committee of Red Cross (ICRC), Doctors Worldwide - Turkey (DWWT), Physicians for Human Rights (PHR), Humanity and Inclusion (HI), Médecins Sans Frontières (MSF) “Doctors without Borders”, Medicine du Monde (MDM) France
World Health Organization (WHO)

WHO replenishes stocks of urgently-needed trauma medicines in Gaza, and provides hands-on training for health staff working in frontline trauma stabilization points (TSPs). They delivered life-saving medicines and medical supplies to treat more than 100,000 people in hospitals and TSPs. Thus, WHO fill critical gaps as supplies rapidly deplete as a result of increasing numbers of casualties injured in ongoing demonstrations within the context of “Great March of Return”. In coordination with the MoH and PRCS, WHO supported the capacity-building of more than 60 health workers in 10 TSPs on emergency management of casualties at the TSPs and emergency rooms. WHO has founded a dedicated Trauma Working Group with active participation from key partners delivering trauma care. Different trauma sub-groups, focus on reconstructive surgery and rehabilitation, bring together expertise and knowledge that will ensures quality emergency and trauma care for all injured (WHO, September 13, 2018). WHO conducted a clinical coaching mission to Trauma Stabilization Point in Malaka, Gaza. This was part of WHO’s broader activities in upgrading the TSP capacity across Gaza Strip (WHO, December 3, 2018).

Interview with Gaza Health Sub-cluster Coordinator stated that the first responders at the trauma point from MoH, PMRS, UHEC, and PRCS transported injured people to TSPs. WHO provided training for first responders. Almost 50% of patients with simple injuries are treated and discharged whereas the other half are referred to MoH hospitals, Al Awda hospital, and Al Quds hospital. The major injuries are usually referred to MoH hospitals. There is a template referral form from TSPs to emergency departments at hospitals. The MoH operate the major surgeries and refer the minor and moderate surgeries to Al Quds, Al Awda, and Ahli Arab hospitals.

Humanity and Inclusion (HI)

HI local partners have set up 10 mobile MDTs. These teams include rehabilitation professionals, psychologists, and social workers. They visit “Great March of Return” injured individuals at their homes. Actually, there is not enough space in hospitals to take in patients. It also, eases the burden of travel costs. HI’s partners mobile MDTs have provided services such as rehabilitation care, post-operative care, psychosocial support, assistive devices to more than 900 injured patients and will reach hundreds more in the coming weeks. HI also prepared contingency stocks in each governorate, including mobility aids of crutches and wheelchairs, emergency wound management, and kitchen kits, which have reduced waiting times for these resources (HI, 2019).
In partnership with four local organizations (Baitona for community development, PACF, NSR, and EL-Amal Rehabilitation Society), HI has deployed 10 multidisciplinary teams deployed in all the five governorates of Gaza Strip. HI has provided nursing and rehabilitation services for 1,703 injured people with 27,105 multidisciplinary sessions, and distributed 533 assistive devices (WHO, December 3, 2018), and another 3 center-based teams. In addition to nursing for post-operative care and wound dressing for basic and moderate injuries; HI provided a wound dressing kit for injured people upon certain criteria. They provide PSS for individuals, groups and peer to peer PSS sessions.

Care is coordinated by referral to partner organizations, and when necessary to other medical or rehabilitation centers. HI collaborates with Medecins du Monde (MDM) to reinforce the skills of its outreach teams and to standardize the provision of psychosocial support, while coordinating with ICRC to provide ongoing support to patients discharged after amputation. The ICRC provides logistical and monitoring support to facilitate importing for needed materials for the Artificial Limbs Center in Gaza (OCHA, June 2018).

In an interview with the rehabilitation program manager, he stated that they provide training for 250 participants on rehabilitation services before the current crisis erupts. They start intervention at the field on June 2018. They have a well-organized referral system. HI is a coordinating, referral, and training for their partners. First, they did induction meetings, assessment of their tools, situation analysis of the field, and training needs, before starting implementation of the project. They usually hold exchange meetings.

United Nations Relief and Works Agency (UNRWA)

Since 30 March, UNRWA has provided a total of 4,873 postoperative consultations at their 22 primary healthcare clinics (WHO, December 3, 2018).

UNRWA has provided more than 2,530 postoperative consultations at their 22 primary health clinics, offering treatment, review and wound dressing, including care for gunshot injuries and severe cases (OCHA, June 2018). It is a reality that the majority are gunshot injuries, the effects are lasting; rehabilitation is often long, costly and uncertain.
International Committee of the Red Cross (ICRC)
Hospitals, overwhelmed by a series of influxes of injured people, reached the utmost limit of their capacity. Medical staff soon faced uneasy dilemmas: thus, hospitals either discharged patients early or have no space to receive new ones. The burden that hospitals could not handle fell on the shoulders of the families, adding emotional, financial and logistical stress to already harsh lives.
To support Gaza hospitals, the ICRC has opened a fully equipped 50-bed capacity surgical ward in an existing empty building at Shifa Hospital, the largest hospital in Gaza Strip. The 11-member ICRC surgical team works side by side with the local medical team. ICRC estimate THAT there are over 1,300 people with complex, sometimes multiple injuries that will require at least three to five surgeries each. Worse is that the recovery period may take months or even years. They believe that some 400 will remain with temporary or permanent disability (ICRC, 2018).
The patients discharged from the hospital to be followed up at surgical outpatient clinic or referred to other healthcare providers such as MSF, or to other providers as PMRS, HI, UHWC, DWWT, or Essalama Charity Society for wound management.
ICRC surgical team conduct operation of debridement and skin graft at Al Shifa hospital.
It also provides artificial limbs for amputated patients.

Medical Aid for Palestinians (MAP- UK)
They procured 9 drug items estimated to benefit around 2,500 patients. MAP has also procured 2 detergents for infection control (WHO, December 3, 2018).

Teams of surgical specialists visiting Gaza with MAP’s support estimated that some 1,500 people will need up to two years of painful limb reconstruction treatment to recover.
**Doctors Worldwide - Turkey (DWWT)**

In an interview with the projects coordinator of DWWT, he mentioned that the organization was founded in Gaza in March, 2015. DWWT currently implements “Medical Home Service Project in Gaza Strip” aiming to provide a comprehensive rehabilitation services to wounded people and people with disability in Gaza Strip. They run physiotherapy center in Khan Younis governorate. They recruited seven medical teams, each team includes a physician, a nurse, and a physiotherapist, psychosocial support when needed they provide by a psychologist. These MDTs provide surgical consultation, post-operative treatment, PSS and PT services for injured of “Great March of Return” all over Gaza Strip. They started their work immediately after eruption of clashes of “great March of Return”. They offered a unique physical services where the physiotherapist visited injured people at homes with their mobile equipment including TENs, packs and ultrasound. Senior consultants composed of an orthopedic surgeon, a pediatric surgeon, an urologist visited Gaza and conducted 41 complicated operations. They refer patients in need of further consultation to MoH hospitals. Their partner in the implementing areas are ACS.

DWWT conducts an outreach programme that has delivered rehabilitation care to 300 patients, including nursing, physiotherapy and psychological support, medication and assistive devices (OCHA, June 2018). They provided 337 patients with a total of 1,719 multidisciplinary sessions, including nursing, medical examinations, physical therapy and psychosocial support (WHO, December 3, 2018).

**Physicians for Human Rights (PHR)**

They procured and delivered orthopedic sets for knee replacement and prosthetic knees. PHR also delivered one drug item. They deployed a team consists of three surgeons specialized in orthopedics and vascular surgery, and a pediatrician, to Shifa and European Gaza Hospitals (EGH). The team was able to operate on 10 cases, with observation by local doctors, in an effort to improve the capabilities of local doctors (WHO, December 3, 2018).
**Médecins Sans Frontières (MSF) “Doctors without Borders”**

MSF is a private, non-profit international humanitarian organization dedicated to providing medical assistance to populations in crisis, without discrimination and regardless of race, religion, creed or political affiliation. MSF provide medical and psychological assistance to injured people of “Great March of Return”. They support victims of burns and trauma in Gaza Strip. The patients have been exposed to critical events, such as witnessing violence, and deaths of family members, and consequently, they have developed anxiety, stress and sleeping problems. There are three MSF centers, in Gaza City, Khan Younis and Beit Lahia (MSF, 2018).

Based on a preliminary analysis of MSF’s patients in Gaza, they estimate that at least 60% of the total number of injured patients treated by all health providers—a massive 3,520 people will need further surgery, physiotherapy and rehabilitation. A significant proportion of those patients will require some form of reconstructive surgery to properly heal, but untreated infections will prevent that from happening (MSF, 2019a). MSF has over 260 staff working across four hospitals and five post-operative clinics in Gaza, providing dressing changes, physiotherapy, and doing plastic and orthopedic surgery (MSF, 2019b).

**Medecine du Monde (MDM) France**

MDM is an international humanitarian organization providing medical care to the most vulnerable populations affected by war, natural disasters, disease, famine, poverty and exclusion. They also medically support those who do not have access to health care, those who the world is gradually forgetting. MDM acts beyond medical care by giving a voice to vulnerable people all over the world (MDM, 2019a). MDM-F has been working in Gaza for over 16 years. Apart from its medical work, MDM advocates for access to healthcare services and health-related human rights (MDM, 2019b).

MdM-France has been providing support to five MoH primary healthcare centers benefiting 246 patients. Since 30 march, 2018, MdM-France provided postoperative services to 1,581 patients, out of which, 146 patient received healthcare at Al-Aqsa tent and 1,435 patients received healthcare at the PHCs. MdM-France also started psycho-education sessions in Bani Souhaila and Abassan Kabira PHCs; 564 people benefited from the sessions out of a cumulative total of 1,027 patients and caregivers (WHO, December 17, 2018).
In an interview conducted with MDM medical manager, and the person in charge for the implementation of a project titled “Post-op and Trauma Care Project”. He stated that the project duration was from June 1, 2018 to December 31, 2018. Even though the project is over, a nurse is still following up with the project implementation at the targeted areas (Middle and Khan Younis governorates). MDM prepared 5 MoH healthcare facilities for emergency situations and for helping them to better coordinate their activities. By directing injured people of “Great March of Return” to suitable facilities, the load on overburdened hospitals has lessened. Thus, the quality of primary healthcare has somehow improved.

The project settings are at 5 MoH PHC centers (3 centers at Middle governorate and 2 centers at Khan Younis governorate). Nursing staff are given specific training in emergency care. MDM intervention team consisted of six nurses and one physician who had received training by international expert on post-operative care based on recent and updated guidelines. Interventions occurred on three phases. Phase one which is the direct intervention where MDM staff did post-operative care and PSS for injured people at the MoH 5 PHC centers. Phase two was the training phase where training for 61 MoH medical and paramedical professionals. They were 49 nurses and 12 physicians trained on guidelines for 5 days and continued on job training. Phase three was handover the responsibility for the local team under supervision from the side of MDM. The training subjects were triage, dressing of wounds emergency care, care of postoperative complication, infection prevention and control, and referral system. Moreover, MDM provides PSS to injured victims and their companions. MDM deliver autoclaves, antibiotics, analgesics, disposables and consumables for the MoH clinics.

**Palestine Children’s Relief Fund (PCRF)**

For 25 years, the PCRF has providing life-saving medical treatment to thousands of children from around the Middle East. In addition to providing free medical care directly to children, we also create sustainable solutions to ongoing regional health challenges by training local medical doctors and providing crucial healthcare infrastructure to local hospitals (PCRF, 2018).

One example was conducting a first aid training course for 30 medical students at Al-Azhar University -Gaza Medical School. PCRF also deployed a pediatric orthopedic mission to Gaza European Hospital (EGH), as operated on 21 cases. Then, a hand surgery mission to EGH, as operated on 12 cases. Laparoscopic surgery mission and training as operated on 14 cases (WHO, December 3, 2018). December 20, 2018, PCRF distributed hundreds of wheelchairs for injured and handicapped patients in Gaza Strip (PCRF, 2019).
Distribution of Interviewed Acting Organizations by Gaza Governorate

The underlying map screens 13 acting organizations in Gaza. There are 11 in North, 10 in Khan Younis, 10 in Rafah, and 8 in Middle governorate. The number of implementing organizations is appropriate to the population density of each governorate.

Map 1: Distribution of Interviewed Acting Organizations by Gaza Governorates

Source: Modified Map, OCHA, 2019
Provided Services vs. Service Providers

The provided services include first aid at trauma point, advanced trauma management, pre-hospital management, surgeries, constructive surgeries, wound management, post-operative care, IPC, rehabilitation services of physiotherapy, occupational therapy, and psychosocial support). In addition to provision of assistive devices.

Service 1: First Aid at Point of Injury
Service providers: PMRS and PRCS
Providing first aid and transportation by EMTs for injured individuals from the point of injury at frontline to TSP.

Service 2: Triage, First Aid and Life-saving at TSP
Service providers: MoH and PRCS have 10 TSPs supported by WHO
EMTs conduct initial patient triage. Wounded patients receive lifesaving care at TSPs close to point of injury.

Service 3: Transportation of Injured People
Service providers: MoH hospitals, Al Awda hospital, Dar Esalam hospital, Haifa charity hospital, MSF, and ICRC
EMTs transport of injured people to secondary care at hospitals, providing life and limb-saving surgery and emergency care, and transfer more complex patients to tertiary facilities or referral hospital.

Service 4: Surgical Operations
At MoH hospitals are conducted the great majority of surgeries, constructive surgeries and plastic surgeries. NGOs hospitals such as Ahli Arab Hospital, Al Awda hospital, and Dar Essalam hospital conduct surgical operations. ICRC conducts surgical operations at Shifa hospital whereas MSF conduct a surgeries at Al Awda hospital. There is a coordination between MoH and the other implementing partners.

Service 5: Post-operative Care (Dressing)
Service providers: The services are provided at homes or at health centers. MoH hospitals, NGOs hospitals, Dar Essalam hospital, UNRWA PHC centers, PMRS, PACF, NSR, ACS, UHWC, UHCC, ICRC, MSF, MDM, and Caritas health center.
Combat wounds are much more complex because of higher contamination, mostly resulting from the environment where the wound occur. Faster wound healing time or surgical closure is indicated because of painful dressing changes and risk of infection. The most common combat wounds include: gunshot and explosive bullets, head injuries and fractured bones. Almost all interviewed organization provided post-operative care and dressings after patient assessment; patients with severe injuries are referred to MoH or to NGOS hospitals. UNRWA primary healthcare centers and NGOs primary healthcare usually receive injuries discharged from the emergency department. Complicated wounds and fractures receive care. Antibiotics are prescribed for treatment or prevention of infection.

**Service 6: Rehabilitation Services**
At least eight partners deliver rehabilitation services for physical and mental health needs. They are PMRS, SPHP, HI, MDM, ICRC, DWWT, UNRWA, PMRS. They provide multi-disciplinary rehabilitation care and coordinate post-op and rehabilitation care with different providers. The provided services include physiotherapy, occupational therapy, and psychosocial support, assistive devices. The MoH in Gaza coordinates rehabilitation services for patients discharged from hospital via local non-governmental organizations and health cluster partners. Active organizations provide special healthcare services that help a person regain physical, mental, and/or cognitive abilities that have been lost or impaired as a result of injury. The overall aim is the re-integration into society of injured people.

**Service 6A: Physiotherapy (PT)**
Service providers: MoH, UNRWA, PMRS, Beitona, PACF, NSR, SPHP, ACS, AL Amal society, DWWT, AAH, and UHCC.
PT follows postoperative to rehabilitate patients specifically with limb fractures. Manual therapy as therapeutic massage, mobilization, manipulation may provide further relief for patients. Primary physiotherapy usually conducted during home visits, then at organizations’ physiotherapy department. Almost all interviewed organization provided physiotherapy after patient assessment. However, no limb fracture physiotherapy guidelines observed. Home physiotherapy include active movement, weight bearing, ankle pumping, avoidance of DVT, improvement of blood circulation and respiration, avoidance of stiffness, and muscle atrophy, increase range of movement, increase muscle power, and prevent contracture. Also, conducted an awareness of family.
Service 6B: Occupational Therapy (OT)
Service providers: PMRS, Beitona, PACF, NSR, SPHP, ACS, AL Amal society
OT aims to enable people to participate in the activities of everyday life. OT is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities. OT practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability. Almost all interviewed organization provided OT after patient evaluation. Training on crutches use, walking, dressing, bathing, and other daily activities. However, it is not well organized, and no guidelines observed.

Service 6C: Mental Health Psychosocial Support (MHPSS)
Service providers: MoH, UNRWA, GCMHP, PMRS, Beitona, PACF, NSR, Al Amal, SPHP, UHCC, MDM, and DWWT
The violence has already generated widespread mental health and psychosocial consequences with approximately 52,098 people, including 26,049 children, in need of MHPSS responses. This is in addition to the estimated 210,000 already acutely vulnerable suffering from severe or moderate mental health disorders. An increasingly destabilized economy and weakening social fabric in Gaza, with more households resorting to negative coping mechanisms, have also generated complex protection. According to the WHO Mental Health guidelines for understanding the needs of MHPSS, meta-analysis indicates that between 15-20% suffer from mild or moderate mental disorder and 3-4% suffer from severe mental health disorders (OCHA, 2019).

MHPSS is an essential part of rehabilitation, particularly for those who encounter the prospect of long-term disability. MHPSS programs aim to both prevent and treat mental disorders, whilst promoting the psychosocial wellbeing of individuals, families and communities. Although everyone is affected in some way or another by the current violence, there is a wide range of reactions and feelings by each person can have. Many people may feel confused, uncertain, very fearful or anxious, or detached about what is happening. Some people may have mild reactions. This variability in psychological reactions demand different approaches such as psychological first aid, individual counseling and group therapy.
MoH offers specialized mental health services and psychosocial support at six community mental health centers and three hospitals of Indonesian, Naser, and Al Aqsa Martyr. In addition to provide psychosocial support (PSS) in home visits. They provide psychotherapy of Cognitive Behavioral Therapy (CBT), behavioral therapy, and supportive therapy. They provide training for MoH PHC and hospital non-specialized staff mental health gap. MoH runs six mental health teams to visit hospitals for psychological first aid and mental health assessment by assessing Depression, Anxiety, and Stress (DAS). They provide psycho-education, and PSS for injured people and their family members, and to inform them to visit Community Mental Health Centers (CMHC).

UNRWA integrated mental health in primary healthcare, WHO guided the training of integration of MoH in primary healthcare. The primary healthcare providers received training by senior psychologists. Primary psychosocial assessment of traumatized patients use General Health Questionnaire 12 (GHQ-12); it consists of 12 questions. The medical officer refer patients to community mental health centers if the GHQ-12 score of ≥7 and with suicidal thought within the last month or suicidal attempt within the last year; patients with score ≥ 7 without suicidal thoughts receive psycho education, individual counseling, and psychotherapy of social integration, self-guided help, problem solving, and advice aerobic exercises, and UNRWA service prescribe antidepressant drugs. They, as well, conduct group therapy, peer to peer training and caregivers training.

GCMHP provide outreach MHPSS services, run mobile PSS teams. They have community stations, and CMHC. Additionally, they provide training in MHPSS, and run diploma in mental health besides organizational development and MH research center.

**Service 7: Assistive Devices**

Service providers: MoH, PMRS, Beitona, PACF, NSR, El-Amal Rehabilitation society, SPHP, ACS, JRS, Caritas, and Dar Essalam Hospital.

They provide assistive devices as wheelchairs, axillary and elbow crutches, canes, walkers, for people with mobility impairment to increase their independence and improve their participation. Also, they provide toilet chair, and air mattresses to injured people with disabilities. Providing prosthetics for people with limb amputation.

**Service 8: House Adaptations**

There is an extreme shortage in this service. It includes minor adaptations of rails, ramps, over-bath showers, and door entry systems, produced a range of lasting, positive consequences for virtually all recipients: injured will perceive safety and positive effect on their health.
### Table 1: Provided Services Distributed by Traumatized People and Service Providers (interviewed participants)

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Referral System

Transportation of Injured from the Point of Injury to TSPs

The Palestinian MoH, with technical support from WHO and in collaboration with partners, has established trauma stabilization points (TSPs) at the buffer zone of Gaza Strip for urgent response to the large number of casualties as a result of the current violence. Five MoH TSPs and 5 PRCS TSPs were set up along Gaza Strip, only minutes away from the frontline. TSPs perform 2 main functions to reduce the burden on referral hospitals. The first service is triage, treatment and discharge of patients with minor injuries. Second service is triage, stabilization and referral of critical patients with life-threatening or limb-threatening injuries (WHO, 2019). Critically injured patients are taken from the point of injury to TSPs by PRCS and PMRS ambulance services.

Intra-Organizational Referral

Multi-disciplinary teams (MDTs) consist of paramedics of nurses, physiotherapists, occupational therapists, psychologists, and social workers. They conduct home visits. They usually refer patients to the medical center of the same organization for post-operative consultations. These organizations run medical centers as PMRS, SPHP, and ACS. But, in certain cases if patients need further surgical interventions, the patients will be referred to secondary care, to MoH hospitals, NGOs hospitals and/or ICRC, MSF, GCMHP, the five outreach mental health teams provide psychosocial first aid (PFA) during home visits and refer the patients in need of specialized interventions to the mobile stations where psychologists are there; in case of need of more specialized MHPSS, the patients referred to CMHC.

Inter-Organizational Referral

Organizations who have only paramedics refer the patients to MoH and other NGOs for post-operative consultation or surgical interventions. During home visits, PMRS nurse refer patients with complicated wounds to PMRS center for surgical consultation. Then, injured patients in need for surgical intervention are usually referred to ICRC for surgeries of debridement, adjustment of the external fixator and skin graft, and they are referred to MoH for more severe and complicated injuries.
HI is the link in referral between HI partners: Baitona for community development, PACF, NSR, and EL-Amal Rehabilitation Society, and other MoH and NGOs for primary or secondary care. HI and Implementing Partners refer the patients and share information. Referral to ICRC or other PHC centers. In each of these NGOs, there is a focal point person who coordinates referral and receive feedback about the condition of patients.

Through HI, PACF referred cases in need to ICRC, MAP-UK, MSF, Gaza Community Mental Health Program (GCMHP), and to Artificial Limb Polio Center (ALPC). MDM referred 235 patients suffering from Post-Traumatic Stress Disorders (PTSD) and depression to MoH CMHC and 57 to others service providers and private sector. Patients in need of specialized MHPSS are referred to GCMHP.

**Referral Criteria**
Referral criteria depend on the level of intervening organization. Victims wounded by ammunition in “Great March Return” who are in need of secondary surgical intervention include:

- Wound debridement; re-debridement including dressing change under anesthesia, and extraction of foreign body
- External fixator revision
- Injuries requiring elective amputations or stump revisions
- Big soft tissue defects requiring grafting, pedicle flaps
- Soft tissues contractures affecting the limb function
- Patients in need of additional surgical and orthopedic interventions aiming to preserve the limb function only to stop the wound infection such as in infected non-union wounds
- Vascular cases: complication like infection or rupture

**Targeting Criteria**
All governmental and non-governmental organization stated that injured victims of “Great March of Return” are eligible and have the right to receive healthcare services.

**Study Findings**
The underlying findings indicate service barriers, gaps in service provisions, the urgent needs, sustainability of the current interventions, and recommendations.
Gaps and Shortages in Service Provisions

Gaps in Coordination
- The study indicates that there is unclear centralized database of casualties. This is necessary to allocate caseload of patients to the various partners and to avoid duplication and triplication of service. Coordination with different NGOs is not properly performed; there should be a balance of distribution of cases to reach the extreme benefit from all NGOs service providers.
- There is a defect in feedback mechanism, the referred injured patients sometime do not come back to the referral point but follow other service provider. The study reveals no official coordination between MoH and NGOs apart from coordination conducted by WHO.
- Field work looks competitive, however, it should be complementary among NGOs. When MDT visit patients at home, they find out other organization intervene by transporting the patients to their centers.
- Gaps in immediate interventions due funds delay; the majority of organization start work after 2 months of clashes. In 2019, most of the projects are about to end. How they could continue the services?

Gaps in Human Resources
- MDTs visiting homes do not usually include physician to assess the patients’ condition and order referral. Instead the nurse does that mission!
- A part of SPHP, Al Wafa hospital, PCRC hospital at Khan Younis. There should be a licensed occupational therapist at GCMHP. Based on researcher’s knowledge, no one of the interviewed organizations have physician specialized in rehabilitation.
- There is an extreme shortage in psychiatrists
- Newly graduates lack experience.
- There is usually an emergency plan but delay in funding hinders early implementation
- A continuing salary crisis hurts government employees
Gaps in Materials, Drugs, and Assistive Devices

- Some shortage of assistive devices and the spare parts of wheel chairs, elbow crutches, axillary crutches, canes, walkers, and others.
- Drugs and disposable shortages at MoH facilities are 42% and 23% at zero stock respectively. Excessive consumption of medical supplies and consumables in MoH hospitals result in shortages at PHC centers.
- Import to Gaza of materials required for the production of artificial limbs, including carbon fiber and epoxy resins, is restricted by Israel’s consideration of these materials as dual use items; they could be used also for military purposes.
- Some of consumables are unavailable as colostomy bag for patients with abdominal trauma that need to be changed daily and the patients cannot afford paying for it.

Gaps in Type of Service

Gaps in Trauma Stabilization Points:

- There is a difficulty in communication between TSPs and emergency department at hospitals; it is significant that TSPs personnel inform the staff at emergency departments about the types of patients who are in their way to hospital, so that hospital calls the specialist.
- Shortages in ambulance services for providing first aid and transportation.

Gaps in Rehabilitation Services

- Unfortunately, in Gaza Strip there is about 6.8% of the population already suffered from, at least one difficulty in 2017 (PCBS, 2018); they receive some attention, some care, some support. The current political situation has strongly imposed a large number of new disabled people. This new situation was given the tremendous attention vis-à-vis 6.8% of population.
- Some injured people need long-term rehabilitation services which are beyond the capacity of most acting organizations.
- MoH purchase some rehabilitation services from Al Wafa hospital due to lack of rehabilitation physicians.

Gaps in Physiotherapy:

- No updated guidelines for physiotherapy practices.
- MoH depends mainly on NGOs for physiotherapy services.
- Physiotherapy equipment are old, need renovation at some organizations and spare parts are unavailable!
- Physiotherapy technicians are the authority that determined physiotherapy practice.
- Failure in treating physicians instruction of type of physiotherapy the patients need.
Gaps in Occupational Needs

• There is a defect in well-organized occupational therapy services
• There is a lack of occupational therapy with shortage in professionals including physical therapists, speech therapists, audiologists, nurses, social workers, clinical psychologists and physicians. They are supposed to coordinate their work to achieve great benefit for patients. Meantime, there is a well-structured OT, and presence of licensed occupational therapists at GCMHP.

Gaps in Psychosocial Support

• Unavailable national guidelines for PSS intervention, but GCMHP has an updated guidelines
• Weak development of modified PSS protocol to deal with injured people with disabilities as they are vulnerable to addiction, aggression, add that they lost their jobs.
• Low quality long-term psychological services provision
• Coordination with other NGOs
• No existence of supervision committee

The Urgent Needs

The study reveals that available logistics are limited when compared with the huge needs. Needs are in human resources, financial, and material. Gaza needs are:

• Health cluster online tool for partners’ activities reporting
• Gaza is in a bad need of centralized database of casualties, categorized by severity level. Even though health cluster is currently preparing online tool to enable organizations report their activities.
• Updated contingency plans
• Basic needs of injured people and their families. This includes food, water, clothing, shelter, sanitation, education, and healthcare. Available resources are absolute minimum for long-term physical and psychological well-being.

Need of Human Resources

• Physical medicine and rehabilitation specialists
• Psychiatrists to treat complicated psychological problems and psychotic diseases.
• Surgical subspecialties in constructive surgeries
• Tissue viability nurses for post-operative care of complicated wounds
• Ambulances, equipment, surgeons, and nurses
• IPC gap resources, skills, and knowledge
Post-operative Care
- Post-operative orders are essential. These include antibiotic protocols, intravenous fluid regimes, nursing positions, and physiotherapy instructions. They need for dressing alcohol gel, alcohol 70%, povidone iodine, sterile gauze, gauze roll, antibiotic impregnated Vaseline gauze, plaster roll, sterile gloves, grip bandages, and facemasks.
- Physician should accompany outreach team
- Nurses trained on wound dressing and identification of referral criteria
- Building up more MDTs to encounter for escalating situation
- Replenish drug shortages
- Osteomyelitis treatment center

Rehabilitation Needs
- Greater potential need for rehabilitation.
- National rehabilitation plans.
- Funding mechanisms for rehabilitation.
- Expand education and training programs
- Train existing health-care personnel in rehabilitation
- Many rehabilitation benefits to patients by MDTs.
- National data of the need for rehabilitation services.
- Need to pay attention and continue to provide services to old PwD.

Home and Households
- Home adaptation
- Family training on basic physiotherapy practices.

Prosthetics Need
- High quality prosthetics, use of artificial limbs to enhance the function and lifestyle of people with limb loss. The prosthesis must be a unique combination of appropriate materials, alignments, designs, and constructions to match the individual functional needs.
- Prosthetic training

Physiotherapy Needs
- Physiotherapy need wide coverage and more advanced equipment

Occupational Health Needs
- Occupational therapy teams should include physiotherapist, audiologist, speech therapist, psychologist and to integrate injured people into the work places and communities.
Mental Health and Psychological Support (MHPSS) Needs

- Training in specialized psychological emergency.
- Provision of PSS kits including ball, balloons, flash music, and may be others.
- Trauma psychological center.
- Anti-psychotic drugs.
- Supportive supervision sessions for PFA workers and MH professionals working with victims.
- Outreach activities like home visits were important to reach crisis-affected people and to detect and refer cases to advanced mental health services.
- Maximize the scope of media and awareness raising activities.
- Free telephone counseling service for an easy-access by remote and marginalized individuals.
- Design interventions targeting injured people and victims in addition to their family members and caregivers.
- Formalize the partnerships and cooperation by official agreements or MoUs regarding referrals and coordination works.
- Review the type of psychological interventions provided to victims by specialized or ganizations to ensure providing appropriate care and to maximize benefit.

Service Barriers

Patients’ Perceived Negative Consequences

- On certain occasions, some patients hesitate to seek healthcare. They are scared of exposing to amputation. They look for non-traditional medicine to relief their suffering. Thus, complications are likely to happen and the patients came in late stages.
- Expectations of the patients are poor. Some of wounds need to be operated on stages as it takes long time. So lack of patients’ trust make them insist to be referred even though available surgeons are highly experienced.
Barrier Analysis for Accessibility to Mental Health Services

Widowed women usually experience severe mental health problems due to loss of their husbands. They could not access to health services. Thus, they are exposed to complicated mental health disorders. The factors hinder widows to mental health services are as follows:

- **Social factors:** Women are forbidden to get access to mental health services by their husbands or by their mother’s in law. Also, they are scared of the social stigma.
- **Economic factors:** Women could not pay for transportation.
- **Widowhood factors:** Recently widowed women are obliged to stay at home for more than four months following a teaching of Islamic law Shariaa.

Health Service Providers’ Perspectives

- The caseload of injured is so enormous to engage the hospital staff busy to properly communicate with patients. This situation impacts on the patients’ psychological state and their negative reactions.
- Some of MDTs feel frustrated from long working hours without appropriate pay. This situation lessens commitment and defective cooperation and coordination.
- Improper coordination, monitoring and follow up of patients among different service providers.
- Unavailability of unified post-operative care guidelines to be circulated to all NGOs active actors.
- The scenario of “Great March of Return” is unpredictable. It is undulating, and the situation is escalating a matter which makes planning of the activity difficult. The planners are unable to determine how much the project need of medical and paramedical professionals, materials, and assistive devices.
- The patients rotate everywhere to gain the services. For example, surgical operation conducted at governmental hospitals, post-operative care usually carried out at home or at the NGOs and international NGOs. Shortage of drugs at hospitals push the patients to look for drugs at the NGOs.
- During bombing in remote areas, sociopath people, and harassment, mobile team with draw due to safety reasons.
- Some patients need long-term physiotherapy which is beyond their funding.
Sustainability of the Current Interventions

The sustainability of the current interventions depends mainly on capacity building of organizational local staff, training of injured people with disabilities, and training of family members. The capacity building of staff to inform them about PwD mainstreaming, sensitivity to the specific social and medical needs, and to their rights and effective lobbying and advocacy on their behalf.

MoH, PRCS, and WHO supported the capacity-building of more than 60 health workers in 10 TSPs on emergency management of casualties at the TSPs and emergency rooms. PMRS provided training for extra experience of their MDTs before starting the implementation. Before starting the implementation, Dar Essalam hospital provide training for their team in basic life support, advanced life support, IPC, pre and post-operative care. PACF trained their outreach team before starting the work; they conducted a first aid training course for 30 medical students at Al-Azhar Medical School. Baitona has not only provided training for the implementing staff, but also to these injured people when their wounds healed. The training program for PwD include training of the traumatized individuals and two of their family members. ACS did training of infection prevention and control (IPC), community health, and urinary catheter. This training ensures sustainability since patients become self-dependent and their mental stresses and distresses are minimized. An essential interventions’ sustainability tool is the education and training that mobilizes the community positively and creates permanent changes in behavior.

The biggest dilemma in the current interventions relate to sustainability that it will always require external financial support. Locally sustainable solutions to address the problems will never be possible adequately unless the 12 years Israeli blockade on Gaza is totally uplifted and political division between Palestinian parties is solved. Sustainable solutions are hard to identify. Permanent relief of blockade is an essential humanitarian need; it implements the reconciliation between Palestinian parties on the ground, to constitute the most advisable solution.

Recommendations

Various interviews were held with different organizations. Accordingly, the following recommendations were made to touch upon international community, policies, strategies, and organizations.
Psychological support and Rehabilitation: gaps and needs

Recommendations for the International Community

- Must take actions to protect civilian people in Gaza.
- They must take measure to bring to an end the Israeli occupation of Palestinian territories.
- They must recognize of the rights of Palestinian refugees to return.
- They must call for Israeli authorities to lift their 12 years longstanding suffocating blockade on Gaza.

Recommendations for Policy Makers

- Find upon the political solution and reconcile between different Palestinian political parties.
- Develop a national protocol to tackle with any aggressions on Gaza.
- Establish a central database, network coordination committee for all health services in Gaza Strip. Confidentiality of medical ethics and security reasons.
- MoH is the main umbrella of health services in Gaza. Strengthen the coordination to avoid duplication and to reduce morbidities.
- Develop national mental health policies and action plans essential to sustainability of mental health services and consider target persistent stigma related to mental health.
- Enhance the organization for trauma care services.

Recommendations for Strategic Planning

- Implement recommendations and suggestions raised by Health Cluster.
- Adopt the eight minimum inclusion standards for PwD in humanitarian action.
- Adopt the Inter-Agency Standing Committee (IASC) guidelines on MHPSS in emergency settings with an emphasis on strengthening familial and social supports for the wider community.
- In response to the shortage of psychiatrists, it is recommended to enforce the MHPSS with psychiatrists by having physicians specialized in psychiatry.
- Design small generating projects for the “Great March of Return” injured victims with disabilities.
- Establish osteomyelitis treatment center
- Formalized education opportunities such as M.Sc qualifications to build up the professional expertise of rehabilitation physicians.
- Avoidance of duplication, and IPC; follow up with patients should be conducted with only one organization. This approach is more reasonable.
- To pay attention, care, and some support to PwD who are used to receive the care.
- Organize and distribute the work among organizations as pre-disasters (health education, training, community awareness, and referral system), disaster (first aid, psychological first aid, database, pre-hospital management, and referral) and post-disaster (PT, OT, PSS, Media, Laws).
Recommendations for Active Organizations

TSP
- Improve communication between TSPs and emergency departments at hospitals by radio because mobile phones signals are very weak and interrupted.
- Enhance the ambulance services as the workload is high

Post-operative Care
- Outreach teams of home visits should be accompanied with a physician to properly evaluate the injuries and decide to treat or to refer patients.
- IPC must be intact. The wounds of injured victims are usually contaminated from trauma point. This needs a highly qualified lab equipped with multiple antibiotic discs for culture and sensitivity test.
- Need for protocols on wound managements.
- Training of nurses on tissue viability method of wound management.
- Patient discharge paper should be clear, informative and comprehensive.

Rehabilitation Services
- Physiotherapy and occupational therapy should be prescribed by the specialists and not determined by the physiotherapist. The latter is the technician who perform what the specialist orders.
- Support Community Based Rehabilitation Program (CRB) by fund raising.

Physiotherapy
- Education of family members about general physiotherapy that will be conducted at homes to avoid bed sore, deep vein thrombosis, and improve patient mobility.
- Specific physiotherapy has to be conducted at the health center after the patients’ wounds are cured.
- Set up training programs for transportation of traumatized people, first aid, and pre-hospital management.
- Clinical guidelines for the pre and post-operative physiotherapy management of adults with lower limb amputations.
- The Chartered Society of Physiotherapy (CSP) core standards outline the role of the physiotherapist within an MDT. These standards emphasize the need for physiotherapists to be aware of the roles of other members of the MDT and to have well-defined protocols and channels of referral and communication between members.
• To rehabilitate people who have been amputated. The core MDT may include: specialist physiotherapist, specialist occupational therapist, surgeon, specialist nurse and social worker. Additional MDT members include: diabetic team, dietician, general practitioner, specialist nurses, housing and home adaptation officer, podiatrist, counsellor, psychologist, social services team, social worker, pain control team, wheelchair services, rehabilitation consultant prosthetics, and orthotics and community services.
• When it is possible to choose the level of amputation the physiotherapist should be consulted in the decision making process of the most functional level of amputation for the individual.
• Referral for physiotherapy should be completed and include patients data, diagnosis, goal of referral, precautions, clear signature of referring doctor.

Mental health and Psychosocial Support
• Comprehensive training of national staff, consistent with IASC guidelines, should regularly be refreshed with ongoing supervision.
• Collaborate on mental health field research to establish evidence-based practice
• Technical contributions to design key standardized documents and tools for mental health and psychosocial sup-port reporting and data collection.
• The development of a Mental Health Information System (MHIS) to be implemented at the national level.
• Establish a supervision committee

Home Adaptation
• Home adaptation to enable disabled to be self-dependent.

Recommendations for Interventions based on Geographical Area
Pay more attention and concentrate interventions in North Gaza governorate, as 22.1% of hospital injuries was in North governorate. It comes only next to Gaza governorate 31.9%. The least percentage of 11.2% was in Rafah governorate (MoH, December 2018).
North governorate shares the coastline with Israel where clashes usually occur every week. Also, North governorate borders Israel on the north and east. Thus, possibility of clashes are standing and more injuries are expected.
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Annexes

Annex 1 – Key Informants Interview of MHPSS

A Scoping Study 01 – PMRS – 2018 CA 01
Key Informant Interview (KII)
MHPSS

1. Organization Name: ________________________________
2. Address of the Organization: ____________________________
3. Telephone of Organization: ______________________________
4. KI Name ________________________________ 5. KI gender: 1. Male 2. Female
5. KI Position ________________________________
6. KI Contact Number: ____________________________ Email ____________________________
7. How you describe your capacity to implement PSS related programs?
8. What are the MoH networks for MHPSS
9. When you think of PSS in your community, what comes to mind first?
10. Tell me about the services you provide particularly those pertaining to PSS related issues. Which categories of beneficiaries you serve?
11. Could you tell me about the number of beneficiaries for PSS of March of Return (segregated by gender and age)?
12. When did you start implementation?
13. Did MoH carried out need assessment for MHPSS before implementation
14. Are training program conducted before starting the implementation?
15. What about coordination with other MHPSS service providers?
16. What are the challenges you have faced?
17. What are the obstacles?
18. What are the needs? Staff, materials, logistics?
19. Have MoH a role in supervising & monitoring your own and other service providers in PSS
20. Are there updated guidelines for MHPSS intervention?
21. What are the targeting criteria for each intervention?
22. In your opinion, what is the sustainable component in this intervention?
23. What are the remaining gaps in PSS? What strategies could help and which organizations could contribute?
24. What about the referral system
25. What are your recommendation for decision makers of MoH and for other service providers and for patients?
26. What comments or suggestions would you like to add?
Annex 2 – Key Informants Interview of PT and OT

A Scoping Study 01 – PMRS – 2018 CA 01
Key Informant Interview (KII)
PT and OT

1. Organization Name: ______________________________
2. Address of the Organization: ______________________________
3. Telephone of Organization: ______________________________
4. KI Name: ____________________ 5. KI gender: 1. Male 2. Female
5. KI Position __________________
6. KI Contact Number: ____________________ Email ____________________
7. How you describe your capacity to implement PT and OT related programs?
8. What are the MoH networks for PT and OT
9. When you think of PT and OT in your community, what comes to mind first?
10. Tell me about the services you provide particularly those pertaining to PT and OT related issues. Which categories of beneficiaries you serve?
11. Could you tell me about the number of beneficiaries from PT and OT of March of Return (segregated by gender and age)?
12. When did you start implementation?
13. Did MoH carried out need assessment for PT and OT before implementation
14. Are training program conducted before starting the implementation?
15. What about coordination with other OH and OT service providers?
16. What are the challenges you have faced?
17. What are the obstacles?
18. What are the needs? Staff, materials, logistics?
19. Have MoH a role in supervising and monitoring your own and other service providers in PT and OT?
20. Are there updated guidelines for PT and OT intervention?
21. What are the targeting criteria for each intervention?
22. In your opinion, what is the sustainable component in this intervention?
23. What are the remaining gaps in PT and OT? What strategies could help and which organizations could contribute?
24. What about the referral system?
25. What are your recommendation for decision makers of MoH and for other service providers and for patients?
26. What comments or suggestions would you like to add?
Annex 3 – Key Informants Interview for Organizations

A Scoping Study 01 – PMRS – 2018 CA 01
Key Informant Interview (KII)

1. Organization Name: ____________________________________________

2. Address of the Organization: _________________________________________

3. Telephone of Organization: ___________________________________________

4. KI Name: ____________________________________________ 5. KI gender: 1. Male   2. Female

6. KI Position: ______________________________________________________

7. KI Contact Number: __________________________ Email: ____________________________

8. Project Title: ______________________________________________________

9. Can you tell men in what ways your organization is involved?

10. Can you tell me if your organization conduct need assessment?
11. Organization Intervention Team (...............number of teams)

<table>
<thead>
<tr>
<th>No.</th>
<th>Team</th>
<th>1. Yes</th>
<th>1. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Orthopedic surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Neuro surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Vascular surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Physiotherapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Psychologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Occupation therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Social worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Date of Project Intervention: From __________________ To __________________

13. Are there training programs?
   1. Yes    2. No, if yes what?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
14. Locality of intervention

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. North governorate</td>
<td></td>
</tr>
<tr>
<td>2. Gaza governorate</td>
<td></td>
</tr>
<tr>
<td>3. Middle governorate</td>
<td></td>
</tr>
<tr>
<td>4. Khanyounis governorate</td>
<td></td>
</tr>
<tr>
<td>5. Rafah governorate</td>
<td></td>
</tr>
</tbody>
</table>

15. Objective of Intervention

16. Targeting Criteria
17. **Type of Service Distributed by Traumatized Victims**

<table>
<thead>
<tr>
<th>SN</th>
<th>Service</th>
<th>Traumatized Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>1</td>
<td>Pre-trauma stabilization point</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Post-operative care</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Post-operative consultation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reconstructive surgery</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fixators</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Assistive devices</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>MHPSS</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>

17. What are the names of the most active organizations working here now?  
1. Yes 2. No  
If yes, list the names:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

18. TSP, how many, where, and what they are doing?  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
19. What the type of sustainability services?

20. Setting of Intervention
1. TSPs
2. Hospital
3. PHC
4. Home visits
5. Trauma stabilization points
6. Ambulances
7. Other

21. What areas do the organizations work in now? Type of intervention
1. Dressing
2. Orthopedic
3. Vascular
4. Plastic surgery
5. Physiotherapy
6. MHPSS – psychological first aid
7. Occupational therapy
8. Assistive devices
22. Are there problems in your community because people are not able to get adequate healthcare?
   1. Yes 2. No, if yes, mention

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

23. Are there problems in your service provision because health care professional are unable to provide adequate healthcare?
   1. Yes 2. No, if yes, mention

   Shortage of staff _______________________________________________
   Shortage of materials ___________________________________________
   Shortage of drugs _____________________________________________
   Shortage of assistive devices ___________________________________
   Number of defaulters high _______________________________________
   Staff are not adherent to the protocols ___________________________
   Lack of follow up & monitoring _________________________________
24. What are the immediate needs?

<table>
<thead>
<tr>
<th>No.</th>
<th>Service</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post-operative care</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Post-operative consultation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reconstructive surgery</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Fixators</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Assistive devices</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>MHPSS</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Referral system</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
25. **What is the intervention gap?**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. **Who are your partners**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

27. **What are your expectations**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

28. **Recommendations**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Annex 4 – Details of the Interviewed Key Informants

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gcmhp@gmail.com
A scoping study to map existing interventions and to identify needs and gaps in service provided to injured people in Gaza strip implemented by Palestinian Medical Relief Society and funded by Christian Aid's Gaza Appeal funds

Palestine- Gaza Strip
Feb. 2019