



Terms of Reference

Rehabilitation Taskforce

1. Background

On the 30th April 2018, WHO established the Gaza Trauma Working Group (TWG), which includes the following actors: MoH, ICRC, MSF (OCP/OCB), PMRS, UNRWA, PRCS (Palestinian Red Crescent Society), Medical Aid for Palestinians-UK (MAP-UK), Palestinian Children's Relief Fund (PCRF), Union of Health Workers Committee (UHWC), Humanity & Inclusion (HI), and Turkey Doctors Worldwide. The objective of the TWG is to enhance the trauma pathway through improving coordination, establish minimum standards of care, and enhance data management. The TWG gathered many rehabilitation actors who respond to the rehabilitation needs of trauma cases after being discharged from MoH hospitals. However, many gaps and challenges were identified by rehabilitation actors including: duplication of services, with beneficiaries seeking services from multiple service providers limited information and data sharing, poor referral mechanisms and lack of unified protocols of intervention.

In order to ensure better quality of rehabilitation services and response to the identified gaps, a taskforce was established based on a Health Cluster's request to harmonize the rehabilitation services to trauma cases and ensure quality of service provision.

2. Objectives

2.1 General Objective

The main objective of the Rehabilitation Taskforce is to improve the quality of physical and functional rehabilitation service provision directed to trauma cases.

2.2 Specific Objectives

1. Enhance coordination and referral mechanisms among the rehabilitation actors to respond to trauma cases to minimize as much as possible duplication at the service provision level;
2. Identify gaps, needs and agree on priority area(s) in the rehabilitation directed to Trauma cases and oversee their implementation through a response plan;
3. Develop and follow unified standards of rehabilitation intervention across the trauma cases;
4. Ensure consistent, accurate data collection and sharing.

3. Key Tasks

3.1 Coordination:

- Ensure harmonization between the rehabilitation actors through regular meeting (see section 5 “Administrative issues”, information sharing and mutual referrals).
- Mapping of services to analyze the geographical coverage of rehabilitation services and fill the gaps (4Ws matrix).

3.2 Data management, assessment, planning and reporting:

- Support in coordinating needs assessment processes with relevant rehabilitation partners to identify needs and priorities;
- Provide appropriate analysis of data submitted by relevant rehabilitation partners and follow-up with them to assure quality of services and minimizing duplication of services;
- Share with TWG the updates the RTF work
- Support the Health Cluster in developing trauma input (including contributions on physical rehabilitation needs) for the HNO (Humanitarian Needs Overview), HRP (Humanitarian Response Plan) and other planning documents.

3.3 Capacity building

- Prioritize the protocols of intervention to be developed and/ or updated based on the available data and experience of the members.
- Consolidate standards and best practices fitting with the context of Gaza and promote its adoption/implementation by members of the taskforce.
- Coordinate and facilitate the implementation of trainings to rehabilitation professionals on the developed protocols to ensure good quality of rehabilitation services.

3.4 Advocacy

- Advocate to the Health Cluster for primary gaps in trauma care services to be considered within donor’s priorities.
- Issue factsheets about the situation of rehabilitation services to trauma cases, gaps and needs.

4. General guidelines on the rehabilitation taskforce membership and dynamics

The taskforce will be managed through the following general guidance:

- i. All participants of the introductory meeting organized on 12th August 2020 are considered automatic members, unless they express the opposite.
- ii. New members (civil society, national and international organization, governmental bodies, etc.) who are involved in physical and functional rehabilitation are welcome to join the rehabilitation taskforce

- iii. Humanity & Inclusion (HI) will facilitate the taskforce meetings (taking note, circulating etc.) for the first six months (one year if the RTF is renewed). After that, a system of co-chairmanship rotation will be put in place among members.
- iv. The chair will be Humanity & Inclusion (HI) and co-chair to be chosen by the taskforce.
- v. Members can be requested or can request to make ad-hoc special presentation during the taskforce meetings.
- vi. All meetings will be conducted at HI office, unless unforeseen circumstances. In such case HI will arrange a different location.

4.1 Principles

The taskforce is independent and it is built based on spirit of purposeful collaboration, voluntary membership from physical and functional rehabilitation actors, and all members have equal weight in decision-making.

4.2 Language

English will be the language used in meetings, reporting, data collection tools and advocacy sheets.

5. Administrative Issues

The task force will be managed under the following general rules:

- I. Half of the members must be present in order to hold meetings of the taskforce;
- II. The taskforce should meet at least once a month every first Thursday of the month with a defined agenda. Ad-hoc meetings can be called from the co-chair when needed upon request of any member;
- III. All taskforce meeting minutes will be shared with each member;
- IV. the 4Ws matrix will be updated every month for the needed information;
- V. An action plan will be shared every month and will be updated every meeting.

5.1 Accountability to the health cluster

- ☐ Rehabilitation Taskforce is directly accountable to the Trauma Working Group Coordinator for its performance in applying the key tasks above-mentioned;
- ☐ The Chair will refer to the Health Cluster Coordinator Coordination Team for clearance of its products before sharing it with taskforce members.

6. Duration

The ToR is valid till 6 months from now, HI will support the taskforce activities (meetings, working sessions, training, implementing the agreed action plan etc.) until December 2020 and beyond upon funds availability. Activities identified beyond 2020, members should agree to continue its implementation using their available resources.

The specific support of HI to the Taskforce’s activities does not give HI more weight on decision making compared to other members, in respect of the collective defined Taskforce objectives and dynamics.

Signature of members:

<i>Organization/ Agency</i>	<i>Representative</i>	<i>Signature</i>
MoH-PRU	Alia Al Qeshawi	
PMRS	Bassam Zaqout	
GCMH	Qusai Abu Ouda	
ICRC	Ahmad Mousa	
MSF-OCP	Abdulhamid Qaradaia	
MSF-OCB	Ola Ziara	
DWG/NSR	Jamal Al Rozzi	
HI	Bahaa’ Abu Batnain	
MAP-UK	Ali Abu Ibaid	
UNRWA	Ibtesam Saqer	
ALPC	Mohammed Dwaima	
AL Salama Charitable Society	Mohammad Dwaima	
AL Wafaa; Hospital for Medical Rehabilitation	Saeb AL Za’aneen	