مركز العالم العربي للبحوث والتنمية
Arab World for Research & Development

Quality Research … Matters

Japan Platform (JPF)

Health Sector Needs Assessment in Gaza Strip

Final Report

2021

Contents

Acronyms

AWRAD	Arab World for Research and Development (AWRAD)
CBOs	Community Based Organizations
FGDs	Focus group discussions
GMR	Great March of Return
KIIs	Key informant interviews
MHPSS	Mental Health and Psychosocial Support Services
MOE	Ministry of Education
MOH	Ministry of Health
MoSD	Ministry of Social Development
NGOs	Non-governmental organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCBS	Palestinian Central Bureau of Statistics
PMRS	Palestinian Medical Relief Society
PTSD	Post-Traumatic Stress Disorder
PwDs	People with Disabilities
TPM	Third Party Monitoring
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

List of graphs

Introduction and context

Introduction

Japan Platform (JPF) is an international aid organization that was created in Tokyo in 2000. JPF supports emergency projects in 47 countries and committed to provide humanitarian assistance to those in need. JPF has been working in Gaza since 2014; undertaking multi-year health care and nutrition projects.

JPF is keen on strengthening its own capabilities, and those of its partners, to design and implement effective and targeted health – focused interventions. As such, JPF contracted the Arab World for Research and Development (AWRAD) to conduct a Health Sector Needs Assessment project that aims to provide JPF with a clear understanding of the health situation in the Gaza Strip and the main changes/updates that took place within the past two years since the first assessment was conducted in the beginning of the year 2020. Specifically, the Needs Assessment serves the following inter-related purposes:

1. Providing an overall need assessment of health conditions, needs, and priorities of Palestinians in the Gaza Strip based on data collected from communities and households that were not directly targeted by JPF funded projects.
2. Providing reference data for comparison with the monitoring results of JPF funded projects (where possible).
3. Providing a list of gaps, opportunities and recommendation for future interventions in similar fields among Palestinians in Gaza Strip.

Country context and sector overview

Country context

The estimated population of Palestine was approximately 4,850,000 people in 2018, according to the Palestinian Central Bureau of Statistics (PCBS), with roughly 3 million in the West Bank and 2 million in the Gaza Strip. The Hebron Governorate is the most populous, containing 15% of the total population, with the Gaza Governorate in a close second with 13.6%. The population of Palestine is relatively young, with nearly 4 in 10 Palestinians (38.7%) being under the age of 15.[1]

The majority of the primary health care (PHC) centers belong to the Palestinian Ministry of Health (MoH). MoH PHC centers make up 64% of the 732 PCC centers across the West Bank and Gaza, and PCC centers from NGOs make up the next 25%. UNRWA runs 65 of the PHC, making up 9% of the sector. In 2018 the MoH counted 82 hospitals across Palestine, 52 of which are located in the West Bank and Jerusalem, constituting 63.4% of the hospitals. The distribution of hospital beds (including in psychiatric and neurological hospitals) is only slightly higher in the West Bank, with one bed for every 750 people compared to Gaza's one bed per 760 people. As much as 53.8% of these beds are administered by the Ministry of Health in 27 hospitals.[2]

The top three causes of death in Palestine in 2018 were non-communicable diseases. The leading cause was cardiovascular disease, which accounted for 31.5% of all deaths. The second leading cause of death was cancer at 15.4%, and cerebrovascular diseases (stroke) accounted for 13.0%. Among women, the most common type of cancer was breast cancer, while lung cancer was the most common for men. There was a difference in

[1] Palestinian Health Information Center (2019). "Health Annual Report: Palestine 2018." p. 93 http://healthclusteropt.org/admin/file_manager/uploads/files/1/Health%20Annual%20Report%20Palestine%202018.pdf
[2] Ibid.

maternal mortality rate (MMR) between the West Bank and Gaza. The MMR in the West Bank was 14.8 per 100,000 live births, while the rate was notably higher in Gaza at 19.1 per 100,000 live births.[3]

An estimated 2.1 million people are in need of humanitarian assistance interventions across the oPt, of whom 64% or 1.3 million are in Gaza.[4] Within Gaza, almost 20 per cent of the population requires humanitarian interventions for sexual, reproductive, maternal, neonatal and child health and nutrition services; one out of six of Gaza's adult population requires treatment for non-communicable diseases (NCDs); ten per cent suffer from severe mental health disorders; and twenty per cent of pregnant women in the poorest communities are undernourished. Infrastructure, human resources, and the referral system remains only partially functional after 14 years of blockade, inadequate to cope with the growing needs.[5]

Health sector in Gaza Strip

Within the Gaza Strip, there are key providers that form the health system – the first and main of which lies within the Palestinian Authority (ministries of health and military medical services). The second provider is the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which in accordance with its mandate provides services to Palestinian refugees. Seeing that Gaza's population is estimated to be around 70% refugees, UNRWA only provides primary health services, while civil society organizations provide primary, secondary, and third-level healthcare services. Third are a private sector service providers consisting of specialized centers, pharmacies, laboratories, and small hospitals that primarily provide tertiary services, but the private sector is generally weak due to the economic situation shaped by poverty and unemployment.[6] Fourth are the NGOs (Palestinian and international) that provide a various set of health services. There are around 80 non-governmental healthcare centers, which offer a wide range of preventive, curative, and rehabilitative services. They are widely engaged in health education, outreach programs, and mobile clinics. Out of the 80 centers, 18 provide primary services, while the rest provide advanced and more specialized services.[7]

By and large, the health services in the Gaza Strip are affected by three factors: The first is the Israeli occupation, siege and several wars imposed on the Strip. The second is the Palestinian political division since 2007, which negatively impacts the provision of health services due to the existence of two ministries/authorities, one in Ramallah and one in Gaza, whose relations often conflict. The third factor is the decline in funding (whether for public/government or civil facilities) due to the global economic crisis, the political division, and the presence of Hamas in Gaza.[8]

The Israeli occupation has the primary responsibility for violations of the human right to health in the GS. Israel carries out hostile and aggressive actions on the GS by targeting the medical personnel, medical facilities, and ambulances. All infrastructure of the health sector is affected by the occupation due to the lack of equipment, and the targeting of civilian health facilities as hospitals and clinics. The blockage over Gaza has had a tremendous impact on access to medical supplies and equipment. Medications and medical supplies are always at shortage. For instance, cancer drugs constitute a burden on the MoH, where in 2019, the MoH reported that only 25 types out of 65 cancer drugs are in stock, which in turn disturbs the treatment journey of 8000 cancer patients in the strip. Moreover, kidney dialysis patients, ophthalmology departments, and mental health

[3] Ibid.
[4] UNOCHA (2021). HUMANITARIAN Response Plan 2022.
[5] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf
[6] Rosa Luxemburg (2021). Glimpses of Hope? An Interview on Access to Health in Gaza. https://www.rosalux.ps/?p=3935
[7] PCHR (2021). Social Determinants of Health in Gaza Strip. https://www.pchrgaza.org/en/wp-content/uploads/2021/03/Health-Determinants-EnglishWeb-1.pdf
[8] Rosa Luxemburg (2021). Glimpses of Hope? An Interview on Access to Health in Gaza. https://www.rosalux.ps/?p=3935

patients further complicate the situation. The Israeli occupation restricts the entry of medical materials and equipment under the pretext of dual-use.

Israel obstructs patients' treatment outside the GS, which is subject to massive extortion of patients and their companions.

Another alarming consequence is that health professionals lack access to special education programs, workshops, and professional training outside Gaza, which negatively affects their medical skills and knowledge and leaves them unable to follow and track the medical innovation. This reduces the quality of health services provided to Gaza residents. What intensifies the situation, is that the demand for health services is on increasing trend both because of the population density, rapid growth, and the continued escalation and conflict that left many Palestinians in need of long and complicated treatment and follow up.

The Palestinian authorities also bear part of the responsibilities, for instance, there is a gap between the salaries of health workers in the West Bank and Gaza Strip, where West Bank employees receive higher salaries. Moreover, the PA's budget and expenditure on military services exceeds the health sector.

The above, combined with a limited and decreasing fund to the health sector, contributes to maintaining and worsening of the situation, while filling some gaps in service provision, but overall the health facilities are poorly equipped and lacking basic medical supplies, and suffer from major service provision gaps.Years of socioeconomic decline, conflict and closure have left the health sector across the Gaza Strip lacking adequate physical infrastructure and training opportunities. Facilities are overstretched, and service is frequently interrupted by power cuts. These challenges further threaten the health of the population, which is already at increasing risk.

Covid-19 and the War of May 2021

At a time where medical staff exerted all efforts to curb the pandemic due to the growing numbers of persons infected with the virus and its new variants in Palestine, 2021 started with a strong wave of pandemic outbreak in the West Bank in February succeeded by another wave in the Gaza Strip in April, imposing additional pressure on the already fragile health system that requires additional efforts from the medical staff in terms of the healthcare services provided to the public. The healthcare system in Gaza faced the Covid-19 pandemic with limited capabilities and health facilities that have suffered at different periods shortage of medical supplies, including the Covid-19 testing kits, ventilators, diagnostic devices, personal preventive equipment for the protection of the medical staff, medicines, and medical supplies necessary to combat covid-19.

As of April 2022; a total of 249,565 confirmed cases of Covid-19 and 1,987 deaths were officially recorded by the Palestinian Ministry of Health. Moreover, 47% of Gaza Strip's population is vaccinated (at least once) and 35% are fully vaccinated.[9]; The Israeli occupation deepened the crisis of the health sector in combating the Covid-19 pandemic as the occupation procrastinated the entry of medical supplies such as the PCR equipment and kits, ventilators, and x-ray machines. The Israeli occupation also caused the vaccines that the Ministry of Health (MOH) supplied to the Gaza Strip to expire after delaying their entry into the Gaza Strip.[10]

The Israeli military attack in May 2021 was an additional burden to the already-challenged health sector in Gaza as detailed above.. According to UNOCHA; the May escalation resulted in 261 Palestinians killed, over

[9] Palestinian Ministry of Health (2022). Covid-19 in Palestine. https://corona.ps/
[10] PCHR. 2021. International Day of Epidemic Preparedness, Gaza Embraces to Face Omicron Variant with Frail Health Sector. https://pchrgaza.org/en/international-day-of-epidemic-preparedness-gaza-embraces-to-face-omicron-variant-with-frail-health-sector/

2,200 injured, and up to US$380 million in physical damage to core infrastructure assets, including buildings, health, educational and WASH facilities, in addition to $190 million in economic losses. Moreover, some 33 health facilities in Gaza sustained damage during the May escalation, placing additional pressure on Gaza's health system, already overwhelmed by chronic drug shortages and inadequate equipment, which is struggling to meet the needs of those injured during the escalation.[11].

After the end of the aggression, the health system was severely affected as Israel closed the crossings for over two and half months, thus restricting patient movement and the entry of medications, medical supplies and some equipment.[12] The May 2021 military offensive aggravated the deterioration of the health system and increased its burdens due to the arrival of thousands of persons injured in the Israeli attacks at the hospitals, thereby affecting the health services provided to the public, including those infected with the Covid-19. Additionally, Israeli bombarding of the building adjacent to the MOH central laboratory caused it to stop operations, particularly PCR tests. This reflected negatively on efforts to contain the spread of the virus, especially as more than 100,000 Palestinians were displaced from their homes due to the intense bombing on residential areas, as they had to go to crowded shelter center.[13]

Limitations of the report

Although the needs assessment aimed to provide an overall picture of the health sector's key challenges and issues; it was however designed in a way to provide insights and recommendations that specifically target JPF and the partner organizations and inform their current and future programming and interventions. Accordingly; we designed the tools of the assessment (in close cooperation with JPF and partner organizations) with a focus on the health conditions and needs of specific groups (i.e., people with disabilities, children and mothers) as these are their current target groups within and ongoing, recent and possibly upcoming projects.

The tools of the assessment included questions and queries on other health conditions and issues which can help in providing context and further insights, as well as help JPF and the partner organizations to explore other areas that they might consider expanding/shifting into.

One limitation of the current design of the assessment is the small numbers that can be reached within the total sample size who fit into a specific group (e.g., people with mental health disorders, people with disabilities). For instance, the current assessment reached a total of 31 respondents who reported having a person with disability in their household. As a percentage; this is 8% of the total sample and is in line with national percentages of PWDs in Palestine. However, for analysis purposes, it is difficult to draw conclusions and generalize them using such a small sample of 31.

However, in order to compensate for this limitation; we included qualitative tools within the design of the assessment (i.e., KIIs, FGDs and desk review) which are essential in validating and complementing the quantitative results. The overall conclusions and recommendations of the assessment take into account data and feedback from all tools.

Research Methodology

The research team undertook a desk review of the relevant JPF documents and materials in an effort to gain greater context of its projects. This allowed the team to customize the research tools, improving the targeting

[11] UNOCHA (2021). HUMANITARIAN Response Plan 2022.
[12] Rosa Luxemburg (2021). Glimpses of Hope? An Interview on Access to Health in Gaza. https://www.rosalux.ps/?p=3935
[13] PCHR. 2021. International Day of Epidemic Preparedness, Gaza Embraces to Face Omicron Variant with Frail Health Sector. https://pchrgaza.org/en/international-day-of-epidemic-preparedness-gaza-embraces-to-face-omicron-variant-with-frail-health-sector/

and relevance of questions and indicators. In order to achieve the above objectives, we collected data and information using the following methods:

- Quantitative survey questionnaire
- Focus Group Discussions (FGDs)
- Key Informant Interviews (KIIs)

We have developed a survey questionnaire and FGD and KII Guidelines. The questions and guidelines for each of these data collection tools were designed under a unified thematic framework, which included themes, indicators and sub-indicators. Each was individually operationalized for the respective tools. Moreover, the data collection tools were based on JPFs program goals.

The Survey questionnaire

The survey included 385 households in 15 communities distributed across all districts in the Gaza Strip and fieldwork was conducted in the period from 18 – 25 October 2021. Our sample size was calculated using a confidence interval of 95% which yields a ±5% margin of error in any population size. In order to provide JPF with data that can be used for comparison with the evaluation results of the CCP and PWJ projects; the survey was conducted in the same locations/ areas that were targeted by these two projects. The following table presents the districts and communities targeted:

District	Community
Gaza - North	Madinat Ezahra
	Beit Hanun
	Beit Lahiya
	Jabalya
Gaza District	Gaza city
	Shujaya
Gaza - Middle	Az Zawayda
	Al Bureij Camp
	Dier Al-Balah
	An Nuseirat
Khan Yunis District	Khan Yunis
	Khuza'a
	Al Qarara
	A'basan al Kabira
Rafah District	Rafah

AWRAD team selected a sample of households based on the latest and most up to date (June, 2019 or January 2020) locality maps. Our sample was a **systematic representative sample** of the households according to the following steps:

- ✓ Community: Each community was divided into sampling units, with clear boundaries and with almost equal number of households.
- ✓ Enumeration Area Secondary Sampling Unit: Each statistical division wass divided into blocks, utilizing existing maps detailing neighborhoods, streets and housing units. An enumeration area is a geographic area that is defined on the ground. The boundaries are clearly defined (roads, streets, footpaths, walls, administrative boundaries). An enumeration area can be part of a large sampling unit.

- ✓ The boundaries of each enumeration area are shown on the maps taking the following into consideration:
  - The enumeration area includes at least 100 housing units;
  - Each enumeration area is surrounded by natural demarcations, such as roads, mountains, and space, to ease recognition on the ground;
  - Each enumeration area is given an independent serial number.
  - Field researchers, in coordination with supervisors, then choose the exact household to be approached by the field researcher through a systematic sampling approach (as below).
- Ultimate Sample Point: These households are selected according to a sampling interval obtained through the division of the desired number of households by the total number of households.
- To ensure that the choice of access point in the community is the same as the entry point in each Primary Sampling Unit (PSU), all field teams employ the following mechanisms and tools:
  - ✓ When the team arrives at the first PSU, it begins at a point northeast;
  - ✓ When the team arrives at the second PSU, it begins at a point northwest;
  - ✓ When the team arrives at the third PSU, it begins at a point southwest
  - ✓ When the team arrives at the fourth PSU, it begins at a point southeast;
  - ✓ After a team selects a starting point, this determines the path for all surveys conducted in that given PSU;
  - ✓ The team always counts households clockwise, from right to left;
  - ✓ Multi-story buildings are treated as one home in the process of data collection;
  - ✓ In the first building surveyed, a household on the first floor is selected;
  - ✓ In the second building surveyed, a household on the second floor is selected. Repeating the same procedure in the third, fourth and so on.

A team of researchers was deployed in each targeted area. The team was comprised of data collection experts with years of experience in field research and within projects in similar fields (e.g., Health, children, people with disabilities, etc.). To maintain the quality of data, the supervisors checked the performance of all of the data collectors thoroughly throughout the assignment. The supervisors also kept an Interviewer Progress Sheet on each data collector. Data was entered and uploaded using by our experienced data entry teams in an SPSS data file. Our core team then reviewed the data collected and ran data verification tests to ensure that all data has been collected accurately and according to plans.

Focus Group Discussions

Due to the Coronavirus situation and limitations on fieldwork activities, AWRAD team utilized the same FGDs conducted for the evaluation of CCP's two projects to ask participants about their assessment of the overall health conditions in Gaza Strip. The FGDs were with the following groups:

- Parents of children with disabilities who were beneficiaries of the project
- PWDs beneficiaries of the project
- Specialized teams (e.g., therapists) in the field of disability
- Mothers who benefited from prenatal and postnatal services
- Parents who benefited from awareness sessions
- Local voluntary groups supporting mothers' health
- Specialized teams in the field of mother and child health

Key Informant Interviews (KIIs)

Moreover, we conducted eight (8) interviews with the following relevant stakeholders:

- A representative of Ministry of Social Development in Gaza Strip
- A representative of the Health Sector Working Group

- A representative of an international health organization – the World Health Organization (WHO)
- A representative of a Palestinian health organization – Palestinian Medical Relief Society (PMRS)
- Representatives of local CBOs active in disability– National Society for Rehabilitation and Al-Amal Society for Rehabilitation in Rafah
- A representative of a local CBO active in child health and nutrition in Gaza – NECC
- A representative of UNICEF in relation to health in Gaza

Data analysis and reporting

Data collected through the survey were analyzed using SPSS. Analysis included identifying relationships between variables to capture the salience of variables. Moreover, we used frequency analysis to present the quantitative findings as well as average analysis for some results.

We used the average score to analyze and report the results of assessment and satisfaction levels (e.g., Respondents' assessment of various healthcare services). We asked the respondents in the survey to assess their satisfaction using a scale of (answer options):

(1) Unsatisfactory,
(2) Somewhat unsatisfactory,
(3) Somewhat satisfactory and
(4) Satisfactory.

The average satisfaction/assessment level is a score that varies between 1-4, and is helpful to indicate the room for improvement – the difference between maximum score of 4 and the actual score, which would help project teams assess where they can introduce future improvements or define focus areas for future projects.

We synthesised the findings from the various data collection tools to determine key findings and conclusions to inform the future planning of JFP's future interventions.

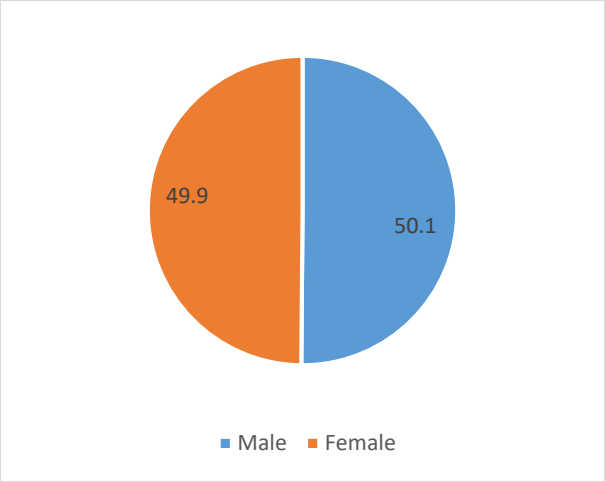
KEY FINDINGS

Characteristics of the Sample (total sample = 385)

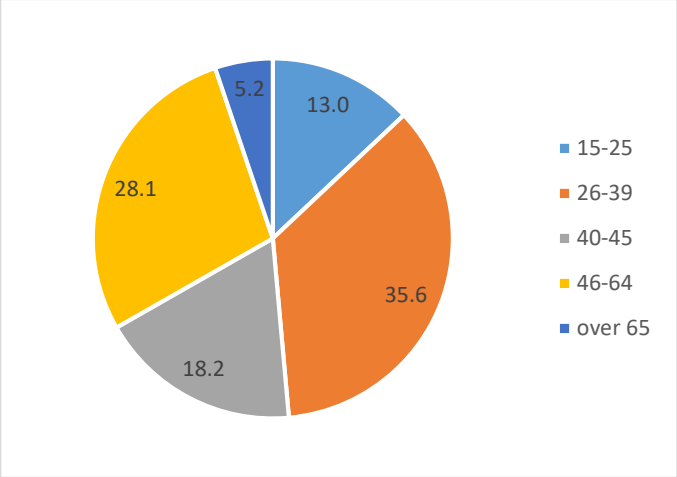
Gender and age of respondents

The graphs below show that the 49.9% of the respondents were males and almost the same proportion 50.1% were females. The vast majority of respondents were within the age groups of 26-39 (35.6%) and 46-64 (28.1%).

Graph 47: Gender of Respondents

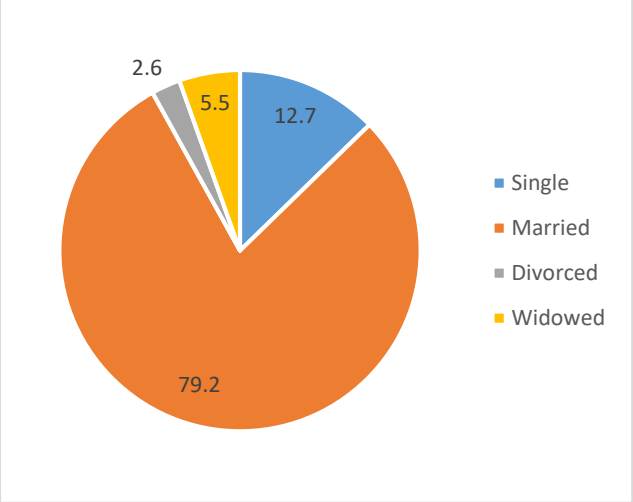


Graph 48:Age of Respondents

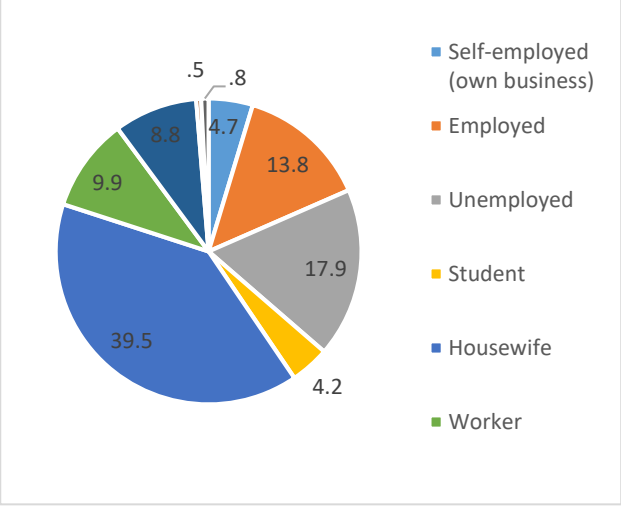


As for the marital status and employment of the respondents, as the vast (79.2%) majority of them are married and are home care-takers (39.5%). Others are either divorced or widowed or single.

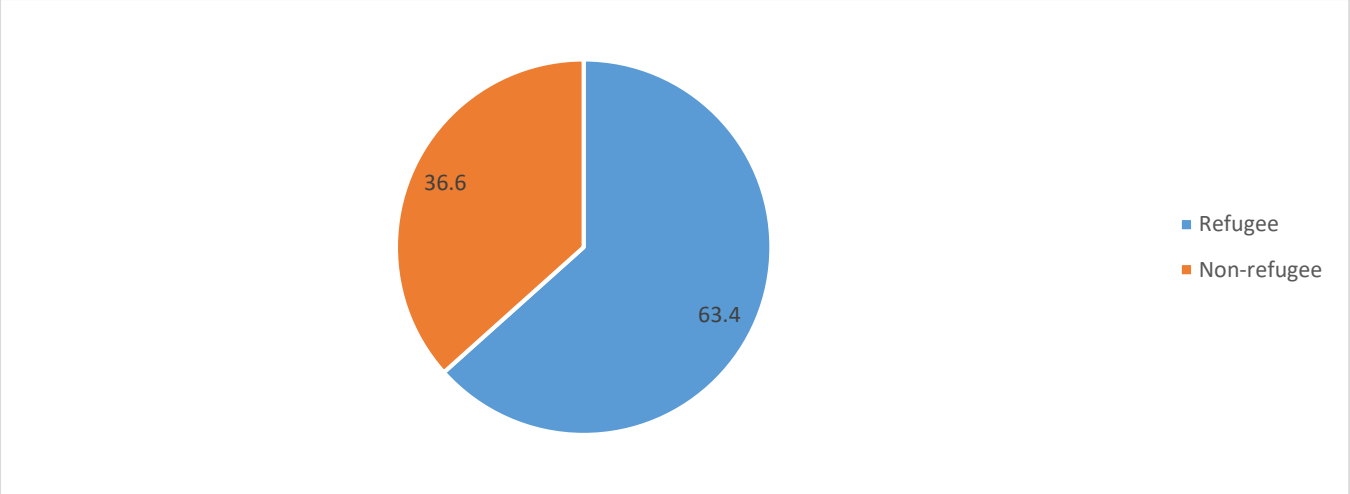
Graph 49: Marital Status of Respondents



Graph 50: Occupation of Respondent

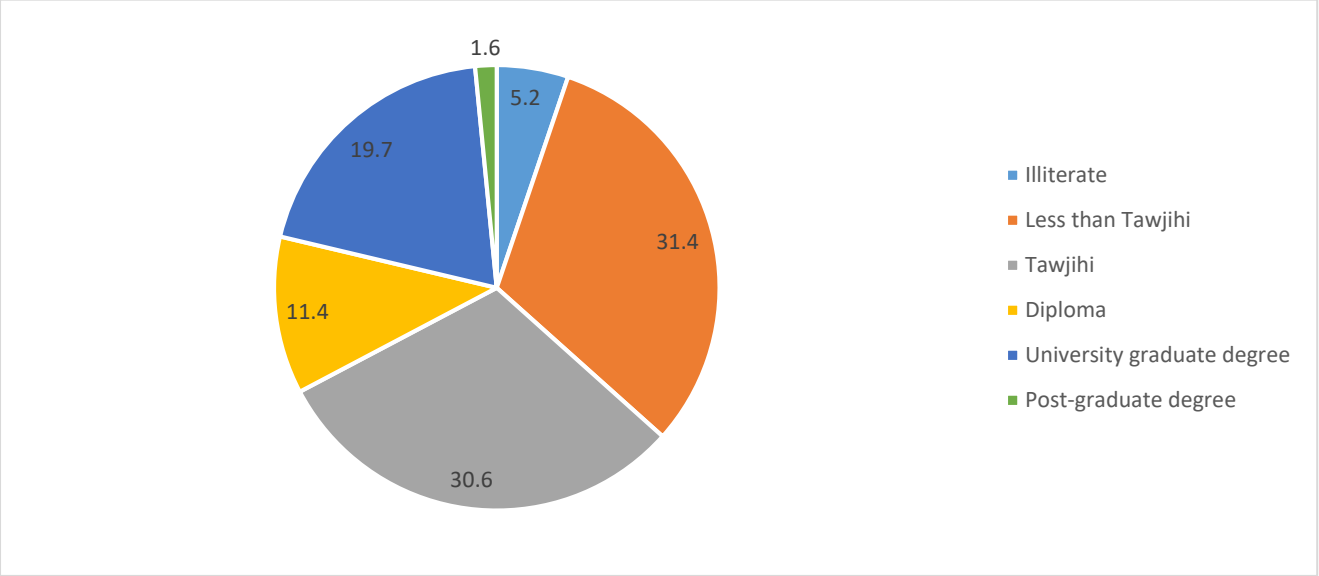


Graph 51:Refugee status



Moreover; 63.4% of the respondents were refugees, and the average family size is 5.71 members.

Graph 52:Educational Attainment (Highest level attained)

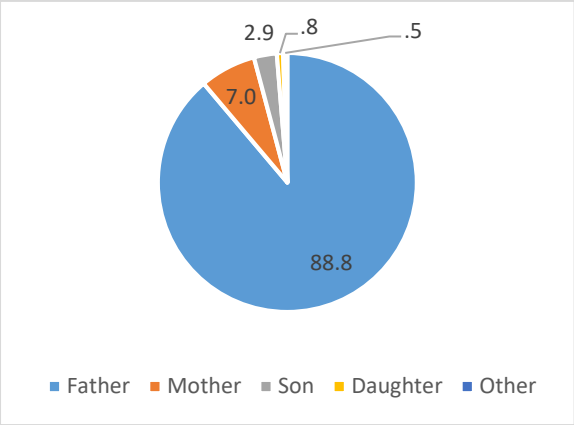


Based on the quantitative survey, the majority of surveyed 31.4% respondents reported that they completed less than 12 years of education (Tawjihi)[14], and 30.6% completed 12 years.

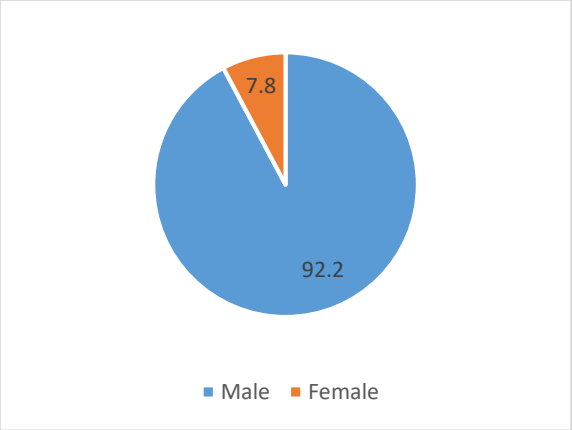
[14] Tawjihi is the General Secondary Education Certificate Examination in Palestine and is the last stage of school education.

The graphs below show that the 88.8% of respondents reported that fathers are the head of the family, in addition 92.2% reported that the head of the family is male.

Graph 53:The head of the family



Graph 54:Gender of the head of household

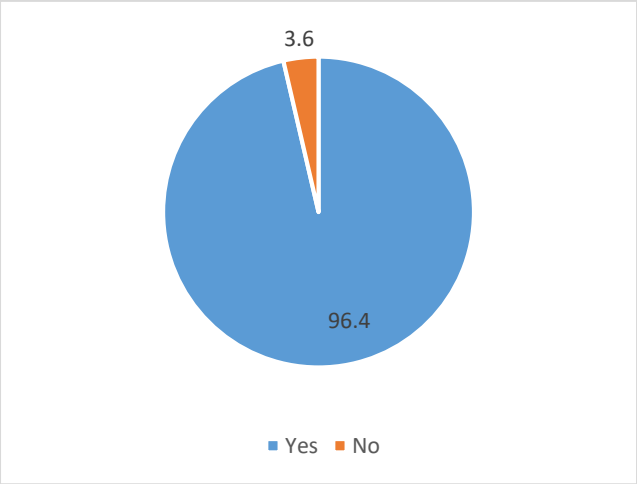


Overall Health Conditions

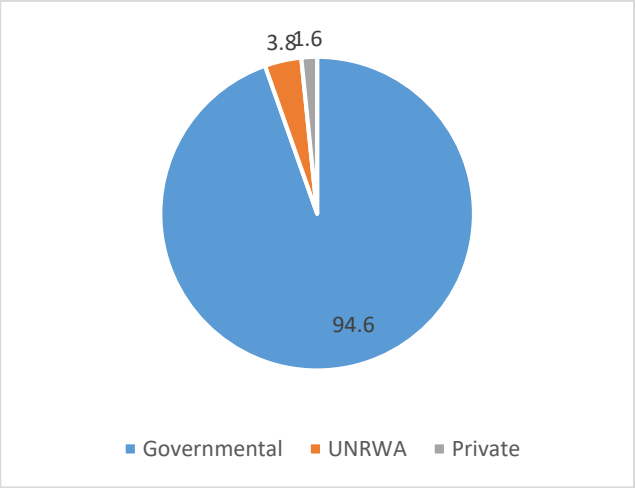
Health Insurance and Expenditure

Based on the results of the quantitative survey, the majority (96.4%) of surveyed respondents reported having a valid health insurance, with mostly governmental (94.6%) health insurance policy, followed by UNRWA (3.8%) and a small percentage (1.6%) having private health insurance, as the following graphs illustrate:

Graph 55: Availability of health insurance



Graph 56:Type of health insurance



Moreover, the average amount that respondents spend on health related expenses on a monthly basis was **175 NIS**. This has increased by 19 NIS since this study was conducted in 2020.

Health Insurance[15]

Currently, the mandatory health insurance system (government insurance) deducts part of the salary of government employees (both PA and Hamas) to cover their health insurance. Five percent of the monthly basic salary of government sector employees shall be deducted with a minimum of 40 shekels (approximately 13 USD) and a maximum of 75 shekels (approximately 24 USD).[16] The government also covers the insurance of workers for a small fee. Those registered in the Ministry of Social Affairs and receive welfare support, are covered by the government health insurance for free. Specific cases, like those injured during the first and second intifadas, the GMOR, and other casualties due to Israeli aggressions, are also covered. Furthermore, special patients of thalassemia, cancer, and kidney dialysis are eligible for free healthcare – even if they do not have health insurance and regardless of class. These regulations have been in place since 2000, but it has become noticeable in Gaza that not all treatments were being granted due to lack of medications and tests, and because of the overall weakness in regulating the health sector. Also, some of the required services (such as a CT or MRI) could be unavailable, broken, or put on a long waiting list, thus requiring patients to resort to civil society services.

Although patients should only pay a symbolic contribution for health insurance services, yet it has been noticed in the past few years that the amount of these contributions in the Gaza Strip has increased, largely affecting those relying on welfare or with limited income. The fact that not everyone can afford this amount, which should be covered by insurance, further violates the right to health access. Moreover,

[15] Rosa Luxemburg (2021). Glimpses of Hope? An Interview on Access to Health in Gaza. https://www.rosalux.ps/?p=3935
[16] Al Muqtafi. Cabinet resolution NO. (113). 2004 https://bit.ly/38EE6iU

people with disabilities (PWD) being a significant part of the society, should – by law – receive free services from the MOH, yet they have not been receiving the required rehabilitation services in the last few years. A recent Memorandum of Understanding was brought forth between the ministry of social affairs and the ministry of health to ensure that PWD will receive the needed services.

According to UNOCHA OPT's humanitarian needs assessment for the year 2020, a key symptom of the degrading health system is that the out-of-pocket healthcare expense as a percentage of overall health expenditure is 46%, that is one of the highest in the region, and which disproportionally impacts the poorest households.[17]

Overall assessment of health services

Respondents were asked to assess the primary, secondary and tertiary health services[18] in terms of the following criteria:

- Availability of the health services
- Quality of the health services
- Affordability of the health services
- Availability of required medicines within the health services

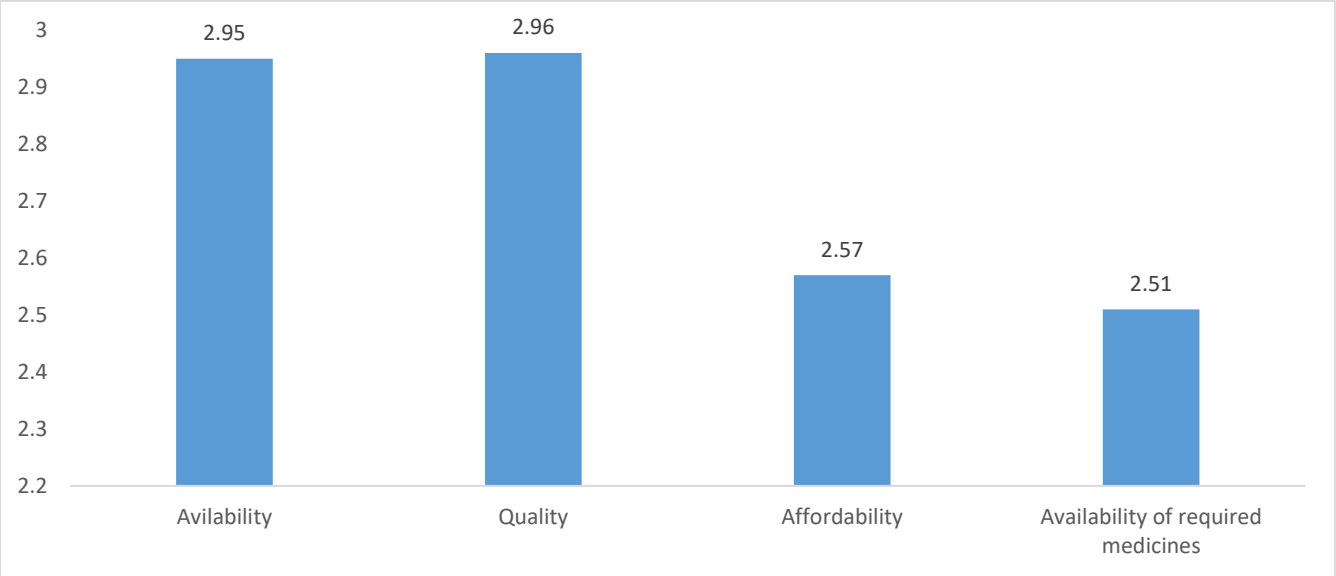
Primary and secondary health services were rated similarly (minor differences) in relation to their availability and the quality of services. However, primary services were slightly better rated in terms of affordability and availability of medicines.

Tertiary health services were assessed less favorably on all criteria except for affordability which was rated better than secondary services. The following graphs provide the detailed assessments of each type of service across the four criteria:

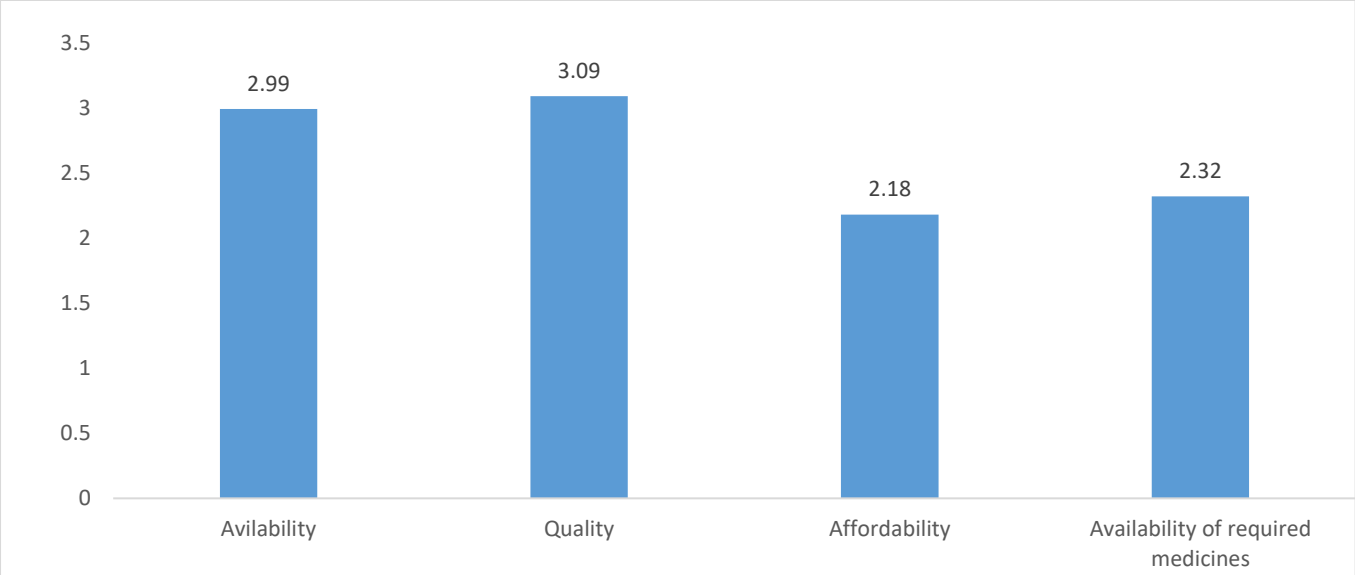
Graph 57: Assessment of primary health services (average)

[17] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf

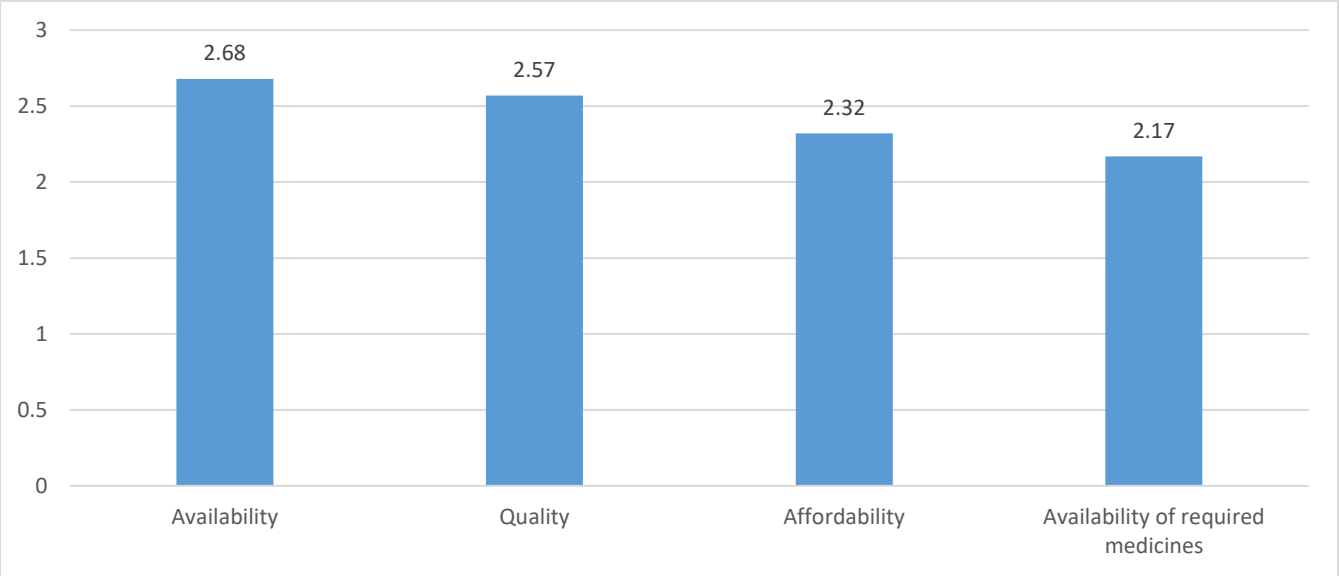
[18] Primary healthcare services are general healthcare services, Secondary healthcare services are the specialized healthcare services, and Tertiary healthcare services are the hospital and advanced specialty healthcare services



Graph 58: Assessment of secondary health services (average)



Graph 59: Assessment of tertiary health services (average)



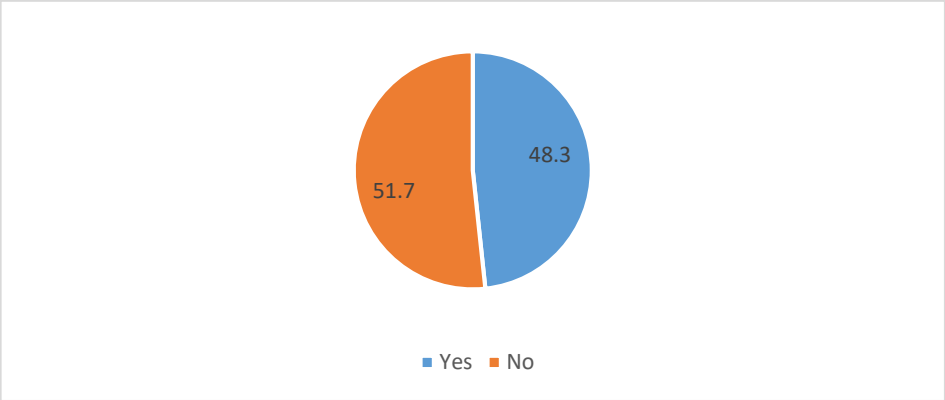
Specific Health Situation

In addition to the general and overall health situation and health services, we asked respondents about the existence of specific health conditions/diseases in their households, the access to health services and treatment for such conditions, and the assessment of these services. The survey covered chronic diseases, mental health illnesses/disorders, disabilities, mother-related health and pre-school child health. The following sub-sections summarize the key findings for each type of health condition.

Chronic diseases

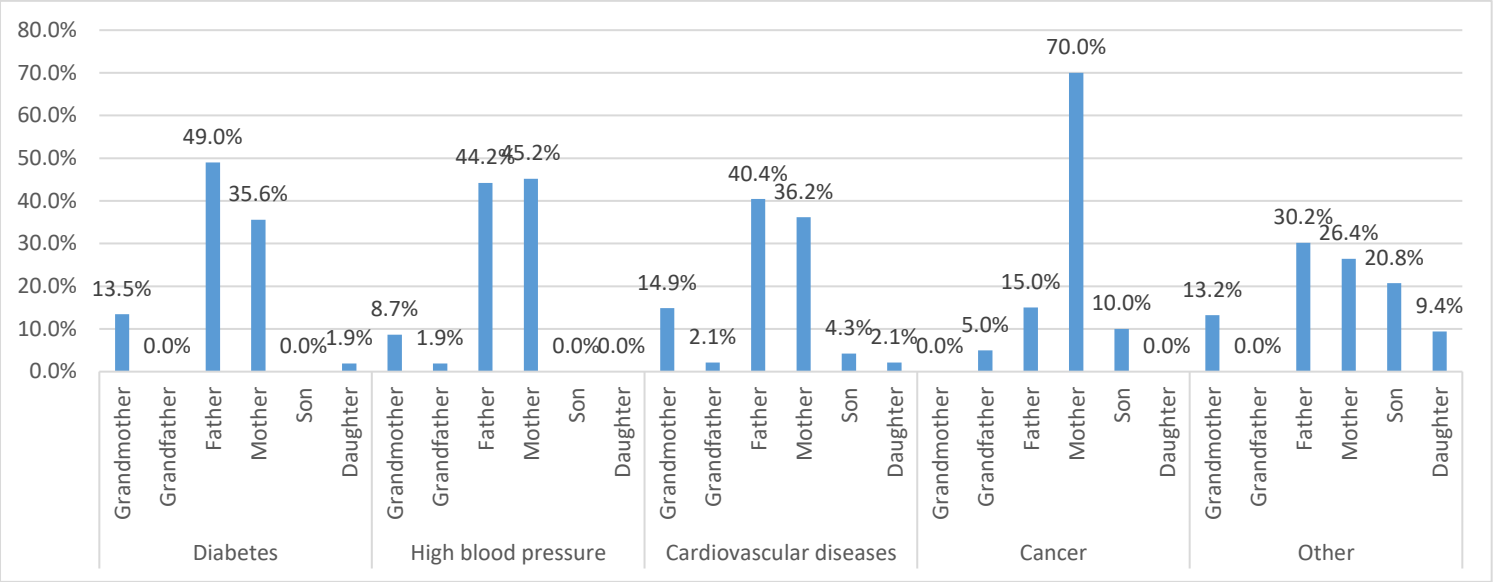
Almost half of the respondents' households (51.7%) had a person with a chronic disease such as Diabetes, High blood pressure and Cardiovascular diseases as shown in the following graph:

Graph 60:Existence of chronic diseases within the households (immediate family member of the respondent)



Of those who reported having an immediate family member who suffers from a chronic disease, mothers and fathers were the most affected members of the households, with fathers suffering the most from diabetes and cardiovascular diseases, and mothers suffering the most from cancer and high blood pressure. The following graph illustrates the distribution of affected family members for each group of chronic diseases:

Graph 61: Distribution of affected family members for each group of chronic diseases



The great majority (96.2%) of people sick with chronic diseases are getting the treatment they need according to respondents, and the small percentage (3.8%) who are not receiving this treatment reported that it was due to the unaffordability to pay for treatment.

This high access to treatment can be attributed to the fact mentioned above regarding health insurance coverage, where the majority of people in Gaza Strip are health insured through the government or UNRWA (the majority (96.4%) of surveyed respondents in our survey reported having a valid health insurance). However, according to several health experts and key informants we talked to as part of this survey, there is a major issue in the consistent availability of treatment for certain chronic diseases, especially cancer.

"The most important issue for people with chronic diseases the constant struggle to access the needed medications. Medicines are always limited and many times not available at all due to the restrictions of the Israeli occupation." Dr A'ied Yaghi - PMRS

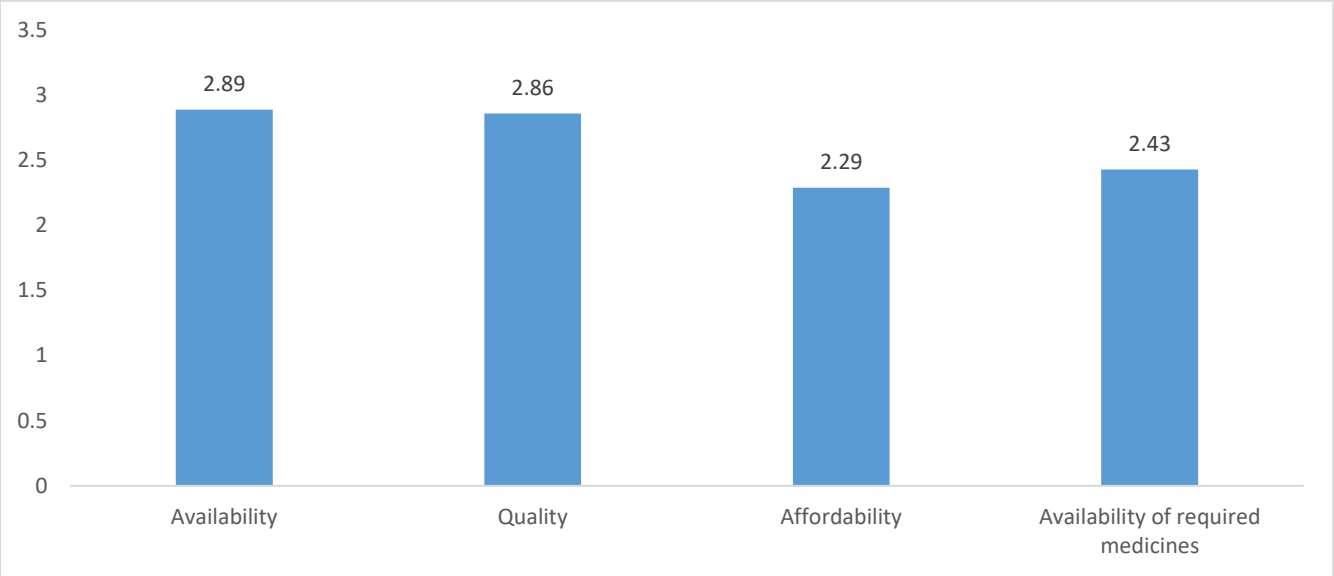
For those who are receiving treatment, affordability of the service was assessed most positively, followed by the availability of needed medications, quality of service and lastly the availability of the services, as illustrated in the following graph:

The Gaza Strip has limited and precarious access to critical medicines. In 2018, the MoH Central Drug Store reported that 46% of drugs on the essential medicine list had less than one month's worth in stock, a figure that had worsened from the year before at 31% in 2017. Moreover, according to UNOCHA OPT's 2020 humanitarian needs assessment; 42% of the items on the essential medicines list were completely out of stock on average in the first half of 2019.

Additionally, drug costs compound the problem: in 2008 the World Bank found that generic medicines cost 6.9 times higher than the international median price ratio, an issue that has not been resolved since, with similar findings for the Ministry of Health drug expenses in 2016.[19]

Graph 62: Assessment of chronic disease health services (average)

[19] WHO (2018) *Right to Health in the occupied Palestinian territory: 2018*. Cairo: WHO Regional Office for the Eastern Mediterranean. http://www.emro.who.int/images/stories/palestine/documents/who_right_to_health_2018_web-final.pdf?ua=1



The average scores reflect a good room for improvement in these areas and especially within the cost issue of these services.

Another issue raised by Dr. A'ied in the last assessment was the recent rise in chronic diseases among youth, which he believes requires special attention and investigation.

Moreover, another room for improvement in relation to chronic diseases according to experts is the limited availability of mental health support for these patients, who often need it and are not able to access such services. This is due to the limited availability of such services as well as the limited awareness of them.

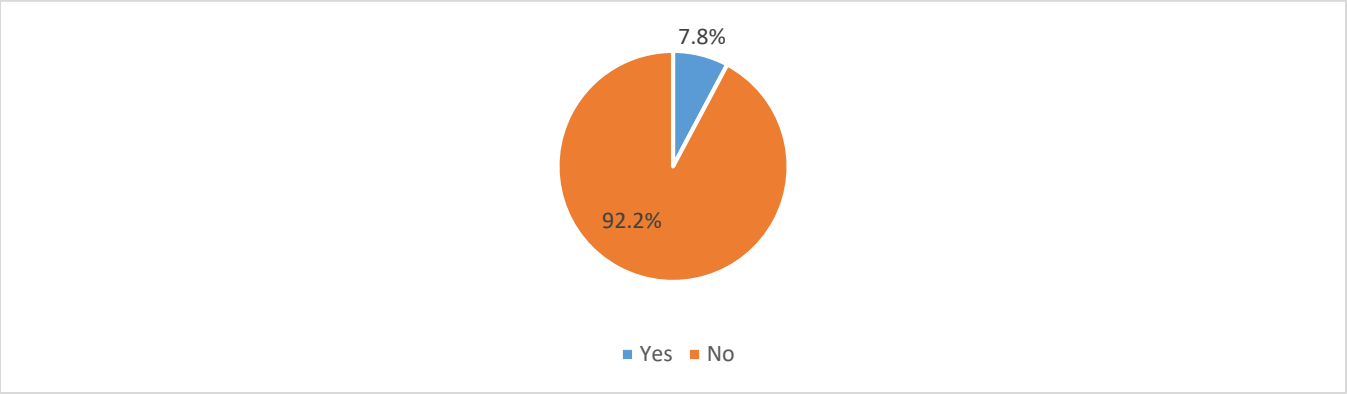
Mental health illnesses/disorders

In terms of mental health illnesses and disorders, 7.8% of respondents reported having at least one person in the household with mental health disorders (an increase of 2.8% from last year's assessment) as shown in the following graph:

More than half (53%) of all children in Gaza and 137,000 caregivers, are in need of various MHPSS services. .[20]

Graph 63: Existence of mental health illnesses/disorders within the households (immediate family member of the respondent)

[20] UNOCHA (2021). HUMANITARIAN RESPONSE PLAN 2022. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf



Of those who reported having an immediate family member who suffers from a mental health illness, fathers were the most affected members of the households in relation to mood and anxiety disorders and other types of illnesses/disorders.

Mothers suffered from mood and anxiety disorders and trauma related disorders but to a lesser degree. Finally, a noticeable percentage of sons and daughters suffer from mood and anxiety disorders, trauma related disorders and other types of illnesses/disorders.

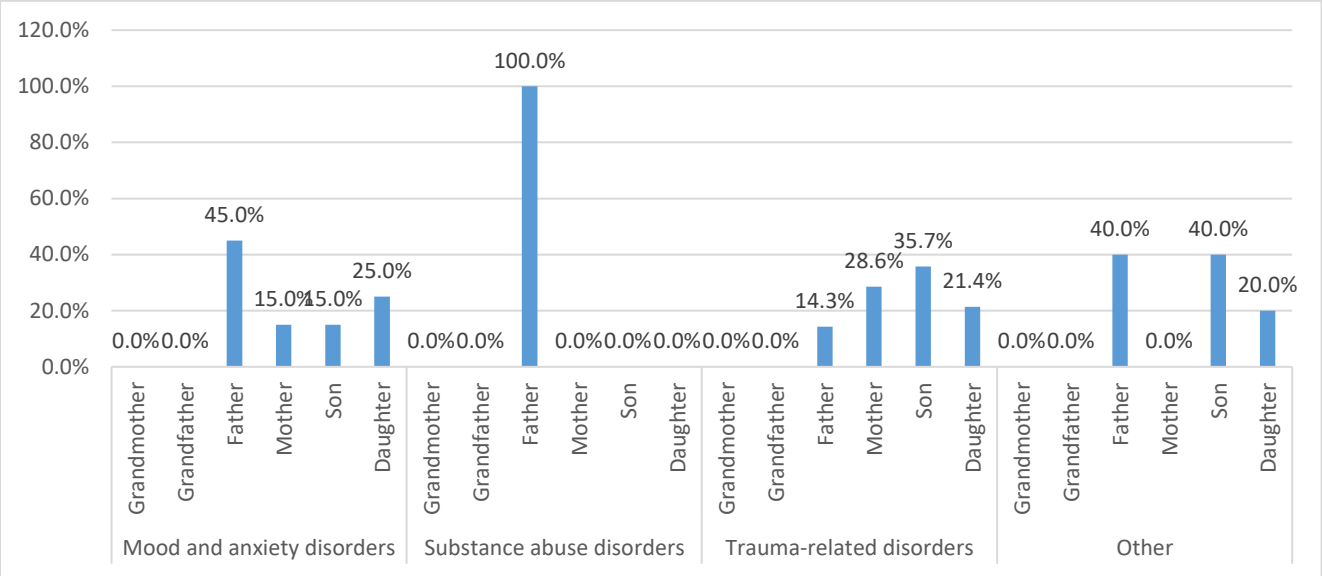
The above percentage of 7.8% is quite low, and could be linked to fears of stigma of reporting cases of mental health disorders. According to several studies; the state of mental health in Gaza is one of critical need. Those suffering from moderate to severe mental health disorders number more than 210,000, making up over 10% of the population.[21] A study of secondary school students in Gaza in 2019 found that 25.5% exhibit signs of partial PTSD and 16.4% suffer from full PTSD while 22.2% suffer with clinical anxiety and 34.1% experience depression.[22]

It is also worth noting that only one respondent out of 385 (0.26%) reported having an immediate family member who suffers from substance abuse disorders. According to a 2017 report by the UN's Office on Drugs and Crime and the World Health Organization; it was found that 1.8% of males 15 and above in the West Bank and Gaza (no differences were noted across the regions) are high-risk drug users (with tramadol being Gaza's top drug)[23]. The low percentage reported in this study could be a result of fear of social stigma and security fears over acknowledging such disorders that are linked to illegal substance abuse.

[21] OCHA (May 2019). "Gaza health sector still struggling to cope with 'Great March of Return' injuries." *Monthly Humanitarian Bulletin | May 2019*. https://www.ochaopt.org/content/gaza-health-sector-still-struggling-cope-great-march-return-injuries

[22] Qeshta H, Hawajri AMA, Thabet AM (2019) The Relationship between War Trauma, PTSD, Anxiety and Depression among Adolescents in the Gaza Strip. Health Sci J Vol.13.No.1:621. DOI: 10.21767/1791-809X.1000621 https://www.hsj.gr/medicine/the-relationship-between-war-trauma-ptsd-anxiety-and-depression-among-adolescents-in-the-gaza-strip.php?aid=24079

[23] United Nations Offce on Drugs and Crime (UNODC). 2017. Estimating the Extent of Illicit Drug Use in Palestine. https://www.unodc.org/documents/middleeastandnorthafrica//Publications/Estimating_the_Extent_of_Illicit_Drug_Use_in_Palestine.pdf



Of the 7.8% who reported having a family member with a mental health disorder; almost half (46.8%) of them are not getting the treatment they need. Of those who are not receiving the needed treatment, reported that it was due to their inability to afford the services, while some reported that it was due to the unavailability of treatment services/medicines in their areas.

According to OCHA, the current mental health system in Gaza does not have the capacity to deal with the MHPSS need. This is due to a lack of trained mental health staff and poor sector coordination, as well as a shortage of psychotropic drugs due to the Israeli blockade. Furthermore, social factors prevent those in need of MHPSS from seeking help; for example, the use of mental health services by adolescent girls is accompanied by stigma that goes on to hurt their future marriageability.[24]

People with Disabilities

The several wars in Gaza Strip have repeatedly caused a great number of injuries among Gazan citizens, leaving them with various forms of physical disabilities and mental health related disabilities and disorders. This is in addition to the normal percentages of people with physical, mental and cognitive disabilities that are found in societies in general, which leads to a more acute need of Gaza Strip for addressing PwD's needs. According to the Palestinian Central Bureau of Statistics (PCBS), the percentage of PwDs in the West Bank was 1.8% vs. 2.6% in Gaza Strip at the end of 2017[25].

According to the Palestinian Centre for Human Rights (PCHR); there has been a deterioration of the suffering of persons with disabilities which resulted from serious escalation of war crimes committed by Israeli forces against Palestinian civilians and their property in general and persons with disabilities and their families in particular, being the most vulnerable categories in the society. The Israeli authorities' policy to impose the illegal and inhuman closure led to deterioration of the economic and social conditions of the population, unprecedentedly increasing the unemployment and poverty rates and food insecurity among the Palestinian population. As a result, the economic and social conditions of persons with disabilities and their families, have deteriorated due

[24] Ibid.
[25] PCBS, People with Disabilities in Palestine according to area and governorate, 2017. http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/DISBILITY-2018-01A.html

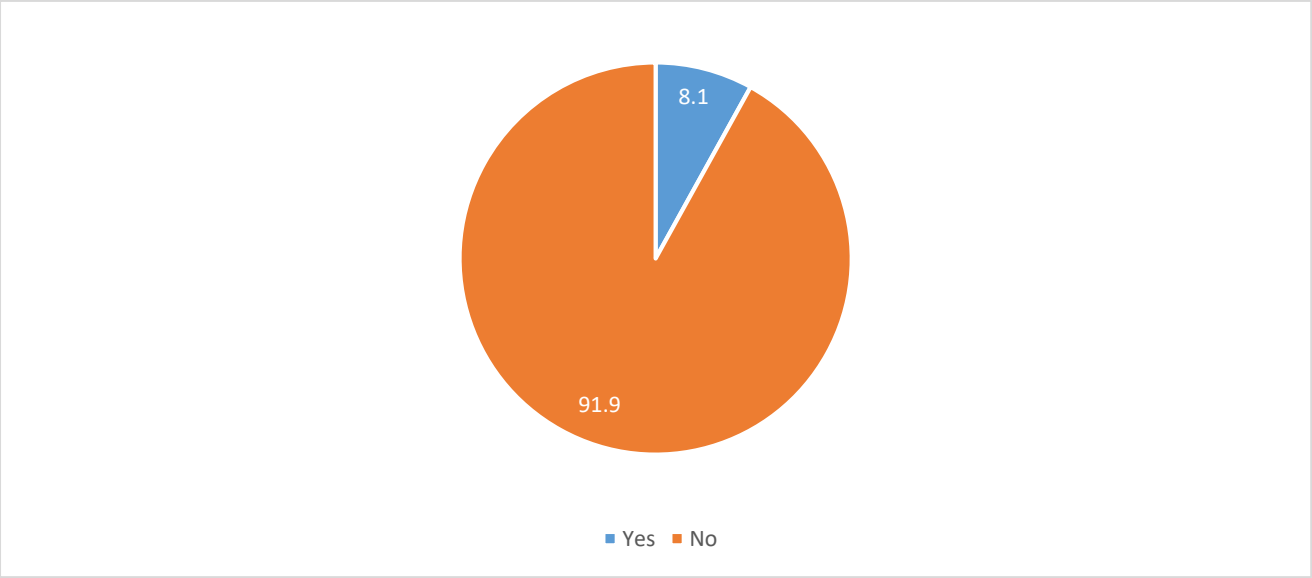
to an extreme shortage in the rehabilitation and social welfare services, health services and education and employment services[26].

Moreover, according to a representative of the Ministry of Social Development (MoSD) in Gaza Strip; up to the year 2021, the MoSD in Gaza Strip has recorded a total number of 55,000 persons with disability on their newly established database, and there are more than 100 local organizations that provide services to PwDs across the Strip. However, the level of current services by the government and non-government organizations is not enough to cover all their needs, and many gaps exist within these services, such as the support needed for assistive devices (which needs constant replacement and technical support), as well as the specialized support within specific types of disabilities and assistance needed. Moreover, although there are several specialized organizations, they are spread across Gaza Strip, limiting the ability to reach them by those who need the services.

In addition, the representative of the MoSD in Gaza Strip also stressed the need for financial support for families to enable them to access these quite expensive services, the need to build the capacity of specialized medical and rehabilitation teams, and most importantly, the need to raise awareness regarding PwDs and enable their inclusion in the society through education, training and employment opportunities.

In our survey, eight (8.1%) of respondents reported having at least one person with disabilities in their household.

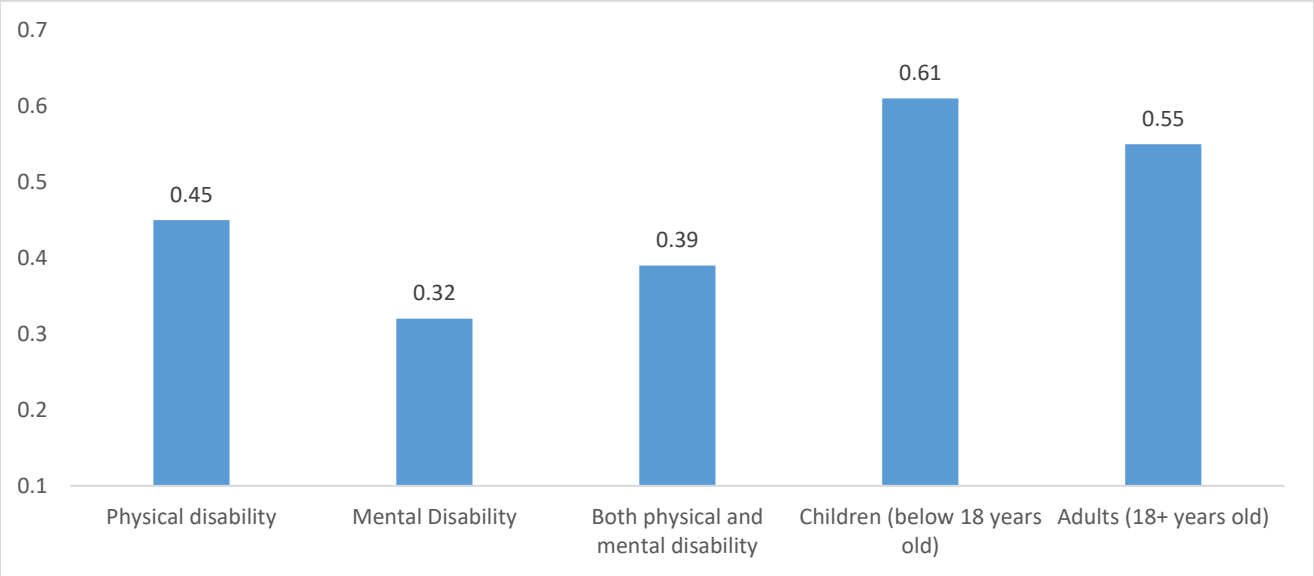
Graph 64: Percentage of respondents having at least one person with disabilities in their household



The majority of people with disabilities were those with a physical disability and most of them were less than 18 years old as illustrated in the following graph:

Graph 65: Average number of household members with disabilities (type of disability and age)

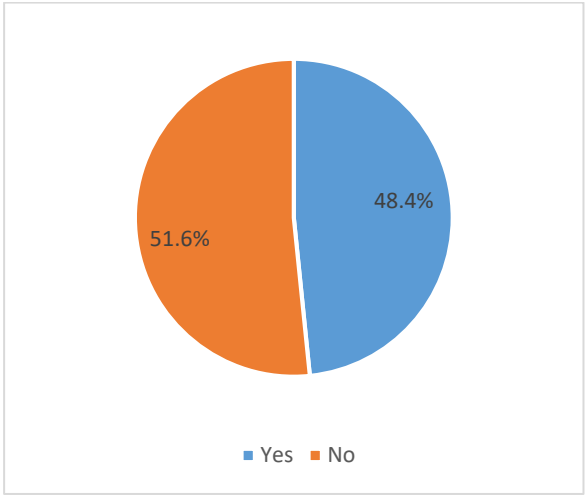
[26] https://www.pchrgaza.org/en/?p=11722



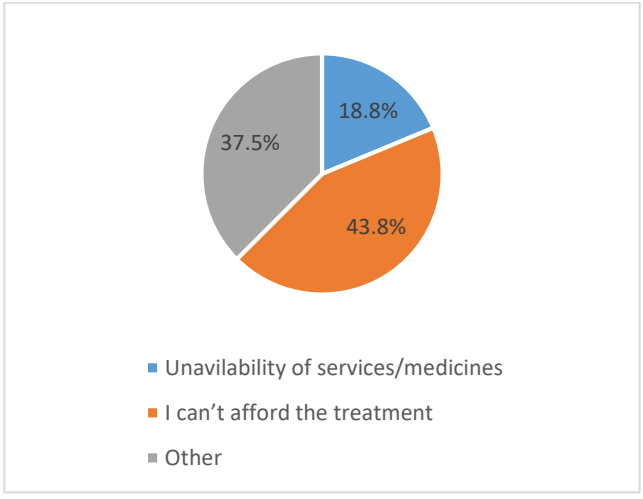
According to respondents; less than half (48.4%) of people with disabilities are getting the needed treatment or rehabilitation services while 51.6% are not. This is a noticeable decrease in the numbers receiving services from last year's assessment (71% reported receiving the services they needed in 2020).

Of those who are not receiving the needed treatment, 18.8% reported that it was due to the unavailability of treatment services/medicines in their areas, 43.8% reported that it was due to their inability to afford the services, while 37.5% reported other reasons (these were primarily that the case did not need the services or there was no hope). The following graphs illustrate these findings:

Graph 66:Receiving PwD health services

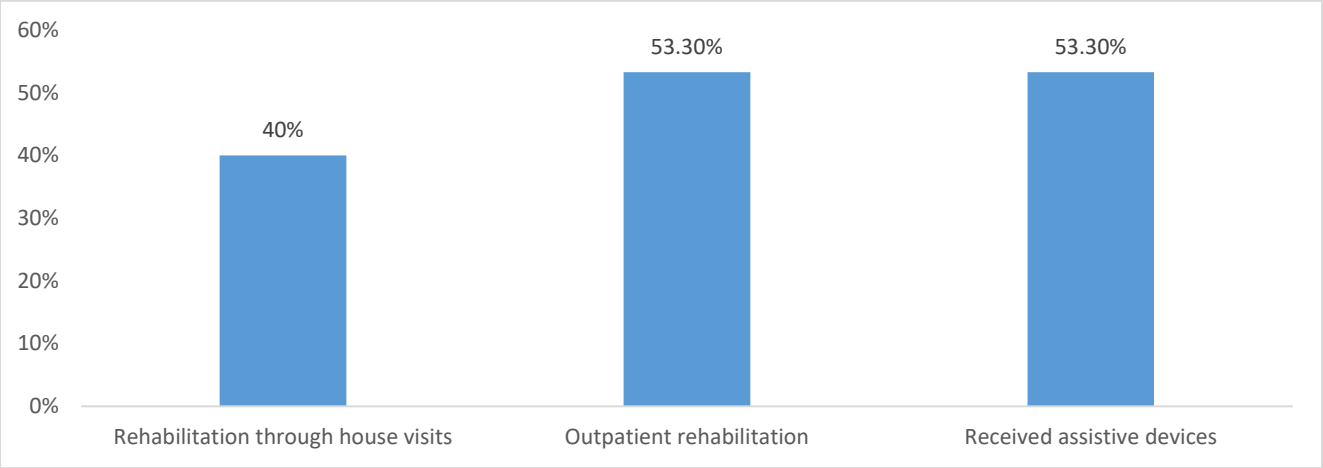


Graph 67:Reasons for not receiving the services



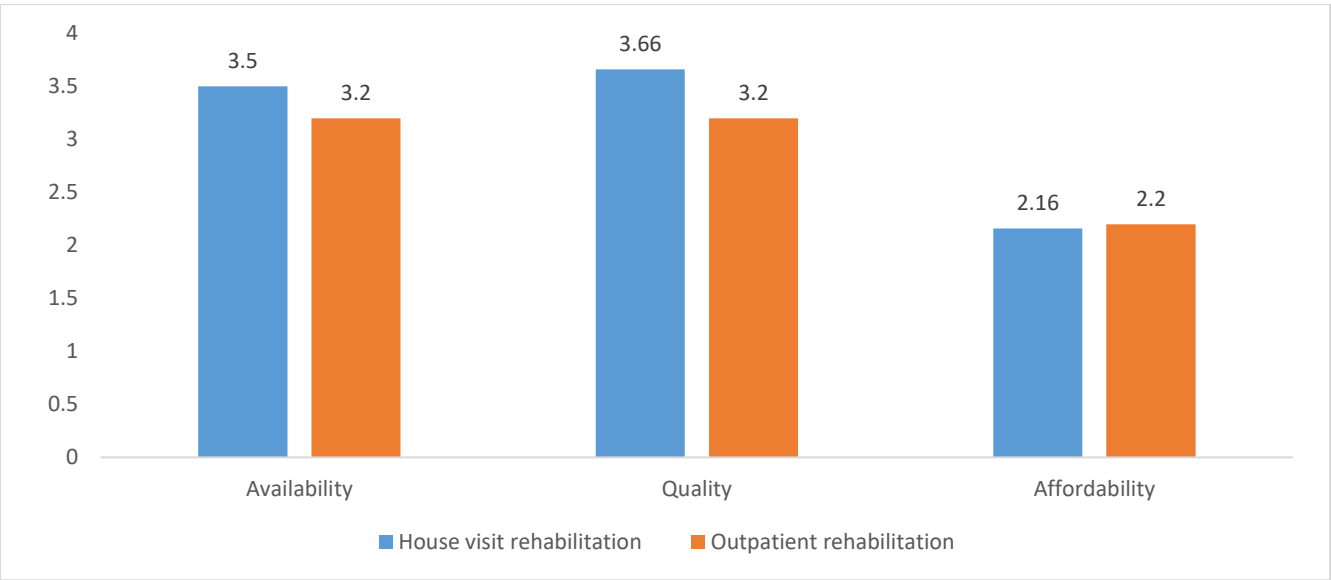
For those who are receiving treatment and rehabilitation services; the majority are receiving outpatient rehabilitation services and assistive devices followed by rehabilitation through house visits as illustrated in the following graph:

Graph 68: Distribution of people with disabilities receiving treatment and rehabilitation services (by type of service)



As for the evaluation of the treatment and rehabilitation services, house visits rehabilitation services were evaluated better than the outpatient rehabilitation services in terms of the two criteria of availability, quality of services. While both services were almost the same in terms of affordability.

Graph 69: Assessment of house visit and outpatient rehabilitation (average)



A small percentage (38.7%) of respondents (people who reported having an immediate family member with a disability) reported themselves or a member of their family having received a training on assistive care/ home rehabilitation for people with disabilities while 61.3% did not. And 66.7% of them are satisfied toward the received training while 33.3% are somewhat satisfied.

Moreover, in terms of engaging people with disabilities, very small percentage of people with disabilities (16.1%) have been part of capacity building programs, job placement/employment programs and social participation events. Also (6.5%) only participated in any job placement/employment or event/activity, and also a small percentage of PWD (19.4%) participated in any social participation event/activity.

In addition to the above findings of the survey, the KIIs and FGDs conducted as part of this study have revealed major weaknesses and areas for improvement in relation to services provided to PwDs. The following are the key points:

- The fact that there is a high reliance on NGOs to provide services to PwDs increases the financial burden on them as they have to afford the services themselves or be part of a funded project. Moreover, it

increases the logistical burden of having to go to these NGOs to receive the services, which are often located in remote areas from PwDs.

- PwDs's needs are very high costs that can't be afforded by marginalized people. In addition to the high cost of rehabilitation services, there is the cost of assistive devices (which regularly need replacement most of the time), as well as the costs of other items such as diapers.
- The nature of needs of PwDs is that they are long term and are rarely met through a limited time intervention or project. Sustainability is crucial for them as improvement heavily relies on continuity of treatment and comprehensiveness of services offered. Accordingly, when PwDs join a project and receive services, then the project ends, their achievements are at risk and their future improvement is not guaranteed.
- MOSD suffers from many shortages and weaknesses that impact its ability to help PwDs. Assistive devices such as hearing aids are in major shortage for instance, among many other examples.
- Mental health of PWDs is not an area that MOSD covers due to lack of funds and scarce resources and NGOs provide some of these services but not enough and not as a standalone service offering most of the time.
- Most projects set very specific criteria for beneficiary selection and this acts as a barrier to including beneficiaries who don't meet these criteria. Excluding these people from such projects usually leaves them with no support as they can't afford it on their own.
- PwDs who went through vocational training and career empowerment programs in the focus groups focused on their frustration with programs that are pre-designed and don't meet their interests or align with the needs of the labor market. Moreover, they believe these programs are useless if they don't lead to them getting employed or supported to begin their own small businesses.
- Finally, according to experts; a limited number of organizations meet with PWDs and design projects according to their needs, as most of them just write the proposals and design the projects in isolation of an actual needs assessment.

Pre-school Child health

Poverty plays a huge role in child and infant health, especially in Gaza. According to UNICEF, around 126,000 children under the age of 5 – 35% of this age group in Palestine – are at risk of not reaching their full developmental potential due to exposure to violence, family and environmental stress, poor nutrition, and poverty.[27] This poverty and poor nutrition is particularly severe in Gaza, where 68% of households are severely or moderately food insecure.[28] Accordingly, the growth of 11% of children younger than 5 years old is considered stunted[29] and approximately 25% of them suffer from anemia.[30] Only 42% of children receive a "minimum diversity diet" according to UNICEF.[31]

The current situation in Gaza has further deteriorated the nutritional status of the most vulnerable children under the age of five. Fewer than 50% of infants are exclusively breastfed, and infant feeding practices are of

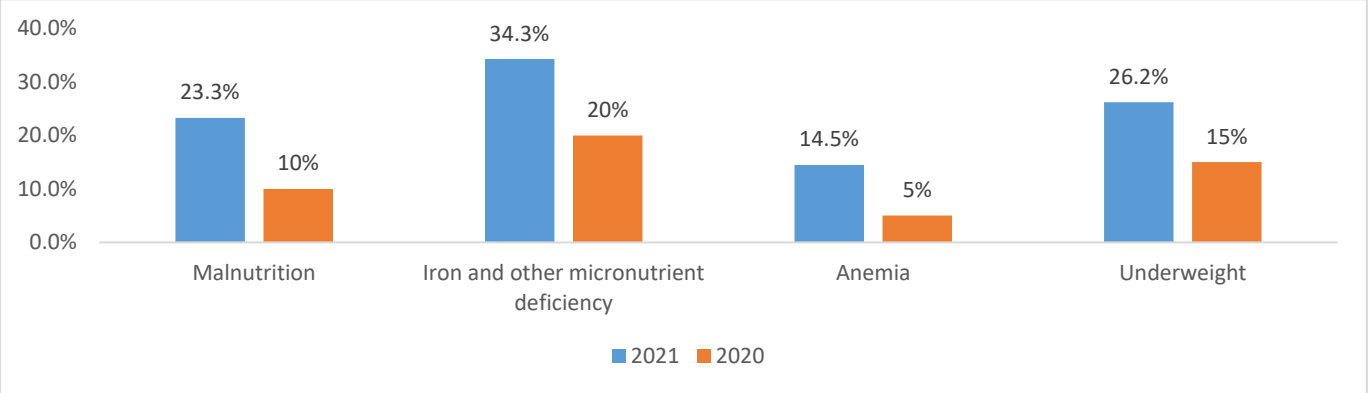
[27] UNICEF (n.d.) "Health and Nutrition." UNICEF State of Palestine. Accessed 13 May 2020. https://www.unicef.org/sop/what-we-do/health-and-nutrition
[28] OCHA (2019) *Humanitarian Needs Overview: 2019*. https://www.ochaopt.org/sites/default/files/humanitarian_needs_overview_2019.pdf
[29] WHO (2018), op. cit.
[30] UNICEF (n.d.), op. cit.
[31] Ibid.

serious concern considering the poor water and sanitation conditions. A total of 210,000 children in Gaza under the age of five suffer from micronutrient deficiencies.[32]

In this survey; 44.7% of the respondents have a pre-school child (under 6 years old) and 93% of them reported that they have breastfed their child/children. Moreover; 89.5% reported that they received a health screening of their child/children to assess their health and nutritional status and early detection of health concerns.

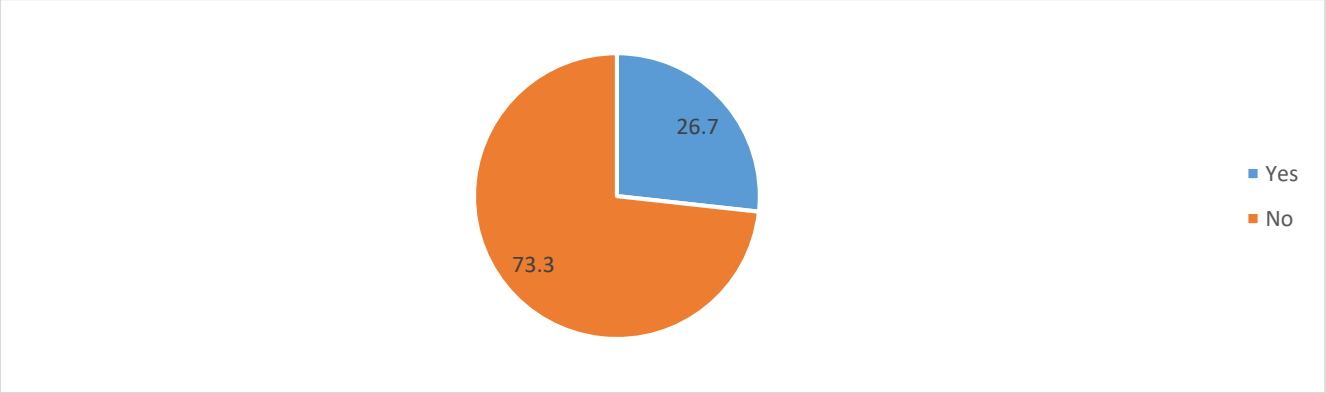
In addition; 44.7% of the respondents who have children (under 6 years old) reported that their children suffered from some sort of nutrition related deficiency. However, an increase in this percentage can be seen across all deficiencies in comparison to last year's assessment as illustrated in the following graph:

Graph 70: Pre-school children's nutrition health (In the past 2 years, did your child/children (under 6 years old) suffer from the following?)



As for awareness and learning; only 26.7% of respondents reported having attended/participated in any child health and nutrition awareness activities during the past two years as illustrated below:

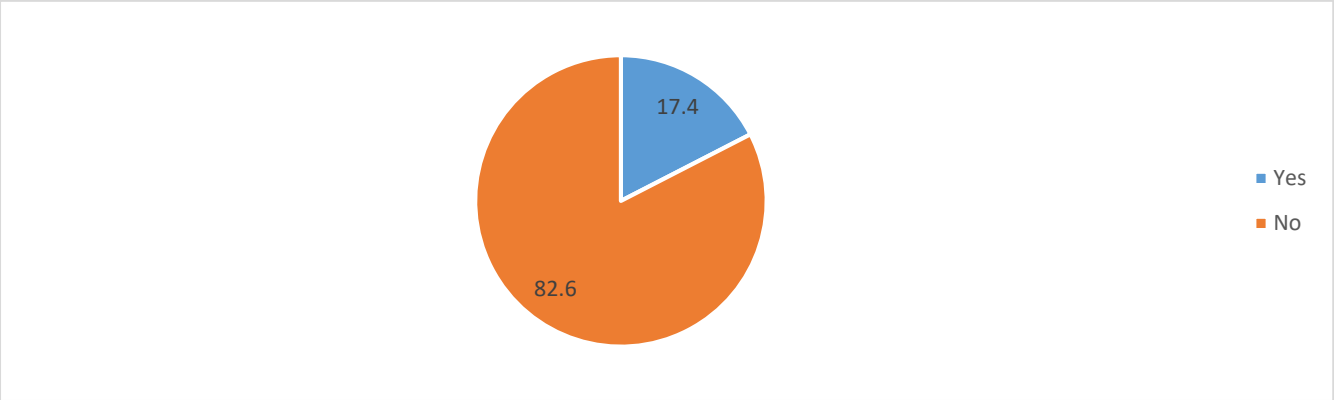
Graph 71: Percentage of respondents who reported having attended/participated in any child health and nutrition awareness activities



Similarly, only 17.4% of respondents reported having received training on child health and nutrition during the past two years as illustrated below:

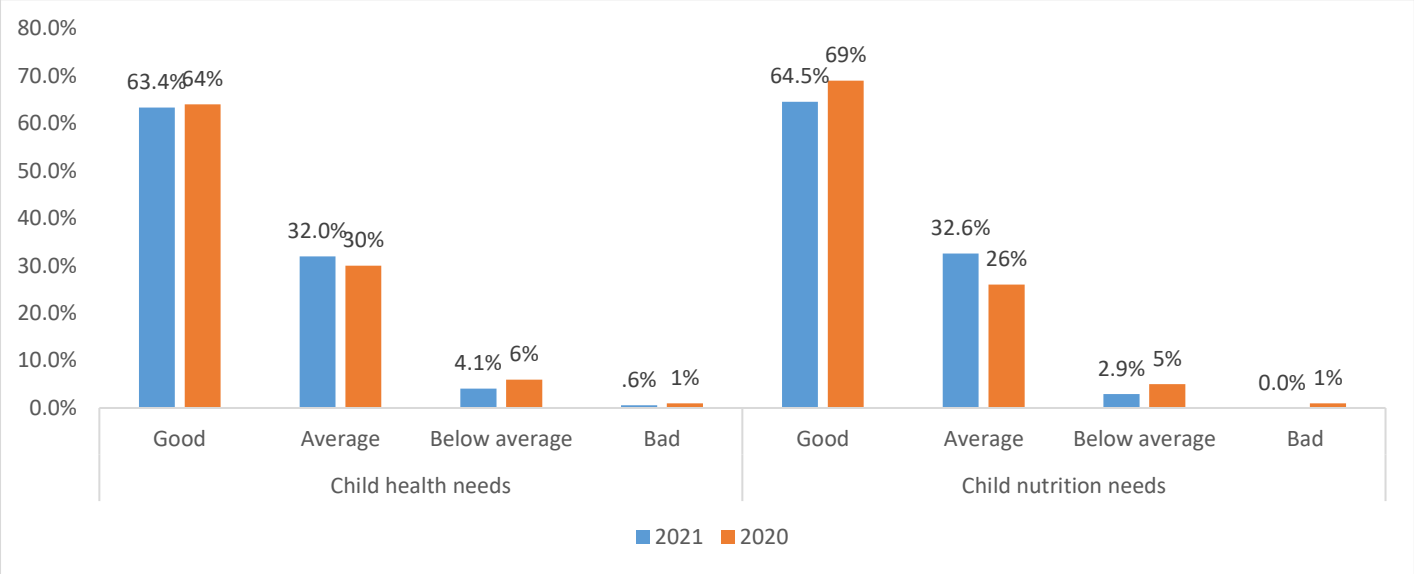
Graph 72: Percentage of respondents who reported having received training on child health and nutrition

[32] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf



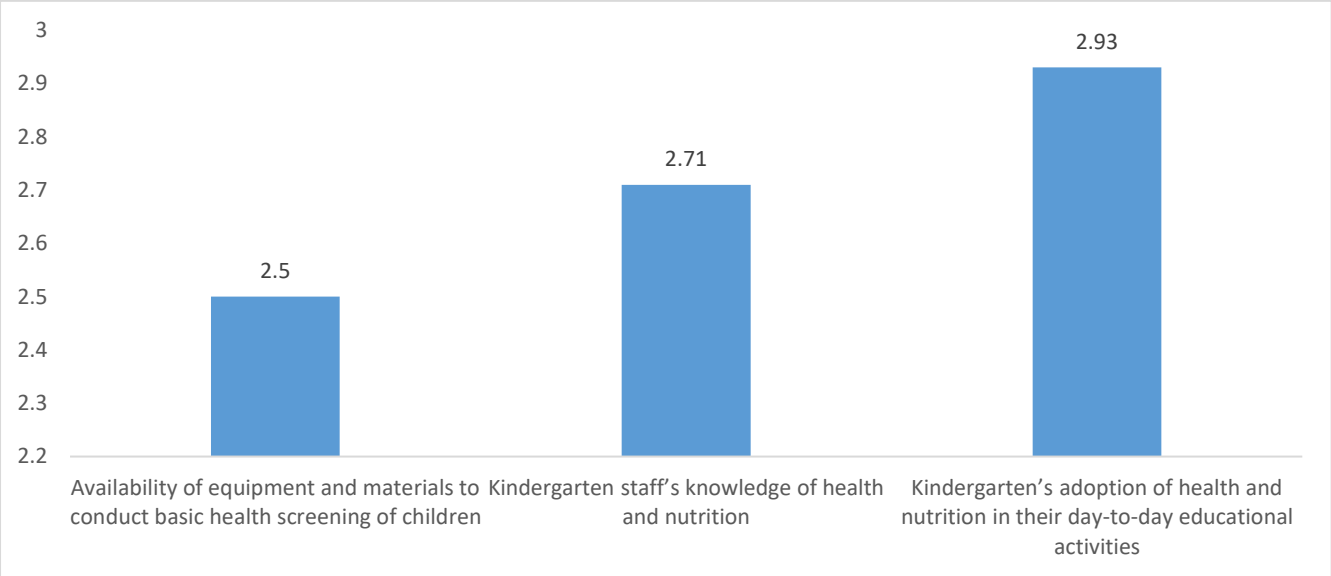
Finally, moderate percentages of respondents reported possessing a good knowledge in relation to child health needs and nutrition needs as illustrated in the following graph:

Graph 73: Self-assessment of knowledge in relation to child health needs and nutrition



The survey shows that 38.4% of respondents have at least one child in kindergartens (KGs), and in terms of their assessment of the KG's abilities in promoting child health and nutrition in the community; the average satisfaction was moderate across three dimensions of assessment as illustrated in the following graph:

Graph 74: Assessment of the KGs' abilities in promoting child health and nutrition in the community (average score)



There is clearly a room for improvement from the point of view of parents regarding KGs' capacities (materials and human capacities) in relation to children's health and nutrition support.

In addition to the above findings of the survey, the KIIs and FGDs conducted as part of this study have revealed additional areas for improvement in relation to services provided to pre-school children. The following are the key points:

- Malnourished children and those who need medicines suffer from the limited medications and its high costs. NGOs try to cover these issues, but projects can't cover all needs.
- Most kindergartens lack the proper awareness and the resources to implement any health programs and activities. They have large numbers of children and are underpaid and understaffed. Staff are also in high need for capacity development.
- There are major infrastructure needs at KGs and schools as well as medical centers such as the needed spaces to conduct the health screening tests, as well as shortages in supplies and equipment to provide these services.
- In addition, there are major human resources needs in terms of numbers of staff needed to cover the large numbers of children throughout the year as well as capacities needed to enable the provision of health services to children in good quality.
- There is a shortage in essential nutrients and supplies for young children such as vitamins.
- The inadequate service provision for early health screening and testing for pre-school children leads to large numbers of children being diagnosed late (e.g., suffering from hearing or speaking problems). This is due to the fact that screenings and tests are mainly performed in the first grade and not earlier or due to low level of quality testing.
- There is a low level of awareness among parents in relation to children's health and nutrition. Empowering mothers is inadequate.
- Very low levels of awareness among mothers about health and nutrition of their children and of their own health while pregnant and breastfeeding.
- Mental health issues for children is an issue as there are many who suffer due to the impact of wars. These health issues are not targeted enough and services through school counsellors are not enough in terms of availability nor quality.

Mother health

Indicators of maternal and child health showcase the deterioration of health seen in Gaza's population due to a combination of factors, including the Israeli occupation and military blockade and the dire economic and

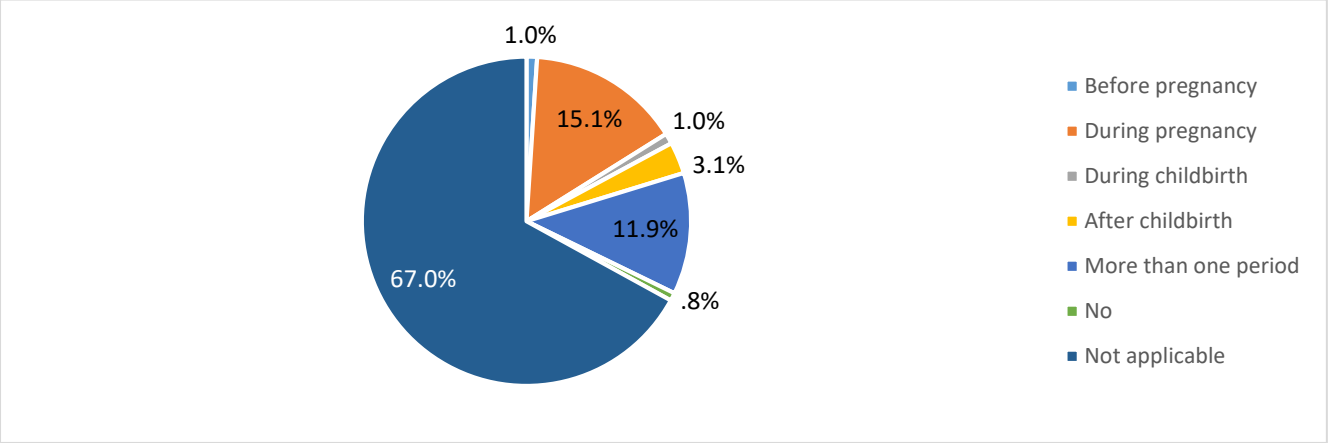
humanitarian emergencies that have stemmed from them. In 2017 infant mortality in Palestine was 6 times that in Israel, at 17.9 per 1,000 live births; child mortality showed a similar discrepancy, with 20.9 of every 1,000 children under the age of 5 dying compared to 3.6 per 1,000 in Israel. Pregnant women face even larger differences: maternal mortality in Palestine was 27 per 100,000 births, 9 times the rate seen in Israel.[33] In the Gaza Strip, in 2019, the Maternal Mortality Rate (MMR) was 30.8 per 100,000 live births compared to 19.1 in 2018, and 10.2 in 2017 (According to MOH's data in 2020). OCHA reported in 2020 that a mother's health is at stake and the increase in maternal mortality is alarming. As it is an indication of weak and fragile maternal services, lack of essential medicines and supplies, lack of maternal education, and lack of access to family planning services.

In fact, UNICEF reports that 25% of Palestinian women are at risk of death during pregnancy and require specialized health care. Compounding the issue, due to its high rate of early marriage, Gaza experiences a high rate of adolescent births: 66 of every 1,000 births are by adolescent girls aged 15-19, which increases risks to maternal health.[34]

Moreover, some 18% of pregnant women and 14% of lactating mothers in the most deprived communities in Gaza are undernourished.[35]

In the survey; almost 100% of eligible respondents (mothers in the household) have previously received a mother's health related services (i.e., prenatal, delivery care and postpartum services). The following graph details the received services:

Graph 75: Receiving mothers' health related services



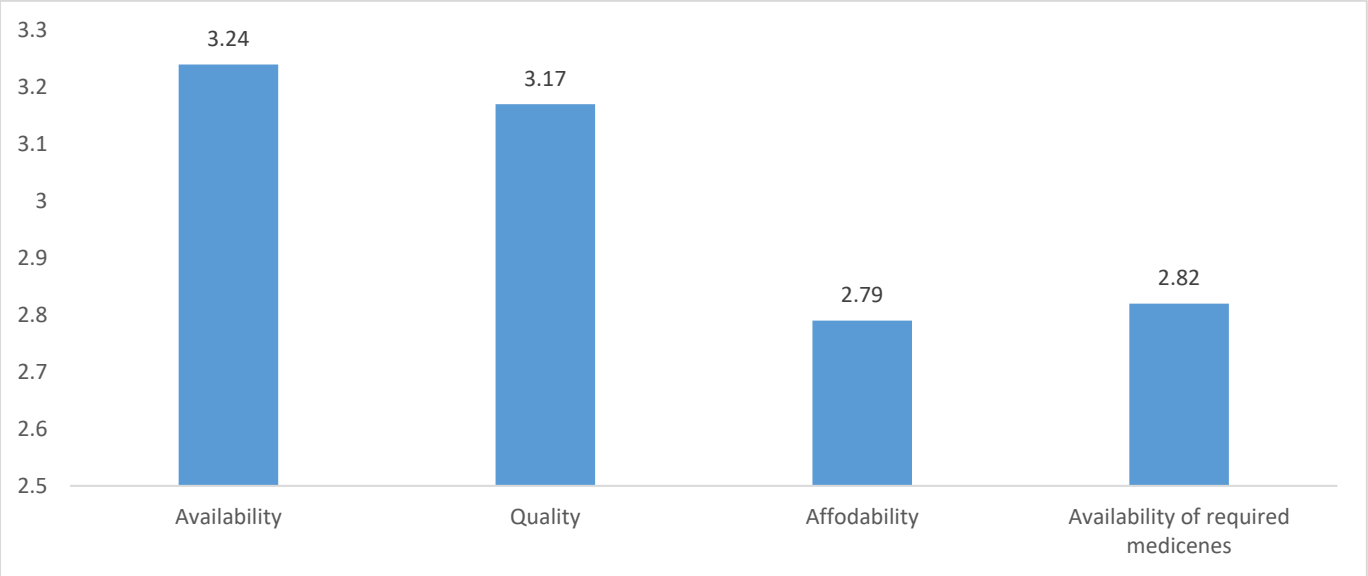
A very small percentage (0.8%) of mothers reported not having received these types of services although they were in a position to benefit from them. Those who received the services, reported a good satisfaction level with the availability and quality of the services, but less so regarding the affordability and availability of required medicine as shown in the following graph:

Graph 76: Assessment of mothers' health related services (average)

[33] WHO (2018) *Right to Health in the occupied Palestinian territory: 2018*. Cairo: WHO Regional Office for the Eastern Mediterranean. http://www.emro.who.int/images/stories/palestine/documents/who_right_to_health_2018_web-final.pdf?ua=1

[34] UNICEF (n.d.) "Health and Nutrition." UNICEF State of Palestine. Accessed 13 May 2020. https://www.unicef.org/sop/what-we-do/health-and-nutrition

[35] UNOCHA (2019). HUMANITARIAN NEEDS OVERVIEW 2020. https://www.ochaopt.org/sites/default/files/hno_2020-final.pdf



Looking at results from last year's assessment; a noticeable improvement in satisfaction levels exists in relation to mother's health services across all dimensions.

In addition to the above findings of the survey, the KIIs and FGDs conducted as part of this study have revealed additional areas for improvement in relation to services provided to pre-school children. The following are the key points:

- Prenatal services are more available and mothers are more aware of and committed to than postnatal services which are not well-established, mothers are not well-aware of and are not committed to following up after giving birth, although there are many complications that might take place. These services were better when they were offered by UNRWA, but now after the government became responsible for them, they are not sufficient.
- A major problem that leads to low quality of services to mothers and children is the health system itself and the lack of proper compensation for medical staff. Staff are underpaid and over-utilized. Insufficient numbers of qualified staff is a major issue. They have to follow up with large numbers which affects the quality of services and their availability.
- Mental health for women is extremely important but services are weak and there is insufficient trained professionals in this field.

According to experts; the field of mothers' health services are better than many other health services in Gaza, with some room for improvement in terms of quality and the availability of certain medicines. However, the main issue in this field is the limited number of newborn incubators.

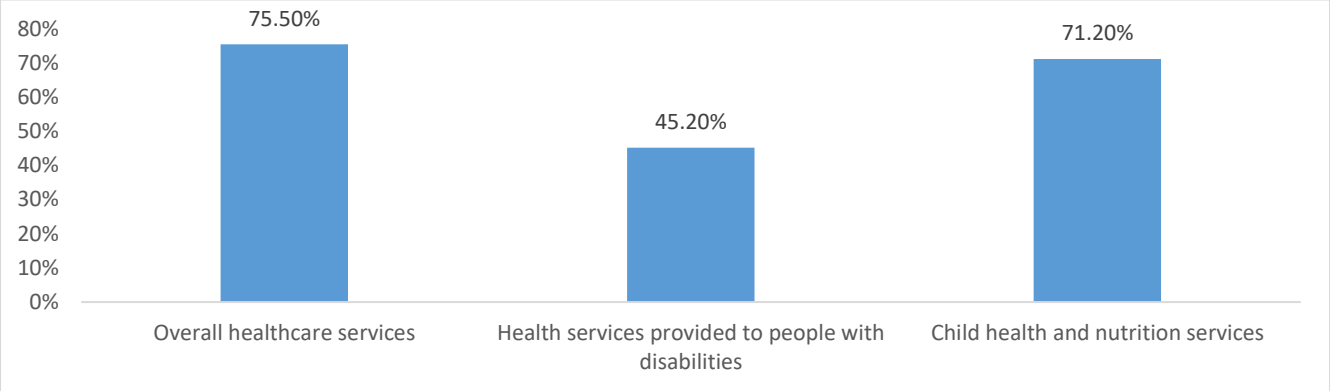
This was also supported by women's testimonies in the focus groups who agreed that they had a good access to services when they needed them. But they did have a problem with the quality of services provided by the government, especially when they compared it to previous UNRWA services which they believe was better. For instance, women mentioned the provision of fortified milk by UNRWA in previous years, which stopped now, and they believe this has a big impact on children's health.

Another identified need is mental health services for women that are limited in availability, but not in quality, according to experts. Most in need are marginalized women and lack of funding for this area and dependency on projects which lack sustainability is a major issue.

Overall Assessment of Access to Health Services

When asked about their assessment of access to health services, respondents had varying degrees of assessment according to the type of services as illustrated in the following graph:

Graph 77:Assessment of access to health services



Again, the access to health services in Gaza Strip is a complex issue, a high percentage report to have access to health services due to wide health insurance coverage, as previously reported. However, the complexity emerges when access to specialized treatment and services is needed.

When the health system in the Gaza Strip cannot provide necessary services, patients are referred to health centers outside – in the West Bank, East Jerusalem, Israel, and occasionally Egypt. Any travel outside the Strip (including to the West Bank or East Jerusalem) requires a permit issued by the Israeli government, which accounts for as much as 70% of all referrals made in Gaza. These permits present a significant barrier against Gazans' access to health. Permits must be submitted 23 working days in advance of the appointment, although there is no limit on processing times by Israeli authorities, leading to sizeable fractions of permits being "delayed," wherein the applicant receives no official approval or denial by the date of the appointment. In 2018, only 61% of patient permit applications were approved; the demographic with the lowest approval rate was men aged 18-40, at 35% approval. A third (32%) of patient applications are for those under 18 years old, 21% are for those under 10 years, and 12% under 5 years. Less than half (48%) of permits for patient companions were approved in 2018.[36] Moreover, the permit system has potential to be used punitively by the Israeli government against Palestinians in Gaza: between 30 March 2018 and 30 April 2019, only 17% of 550 permit applications on behalf of injured GMR protestors were approved, while 26% were denied and 56% were delayed.[37]

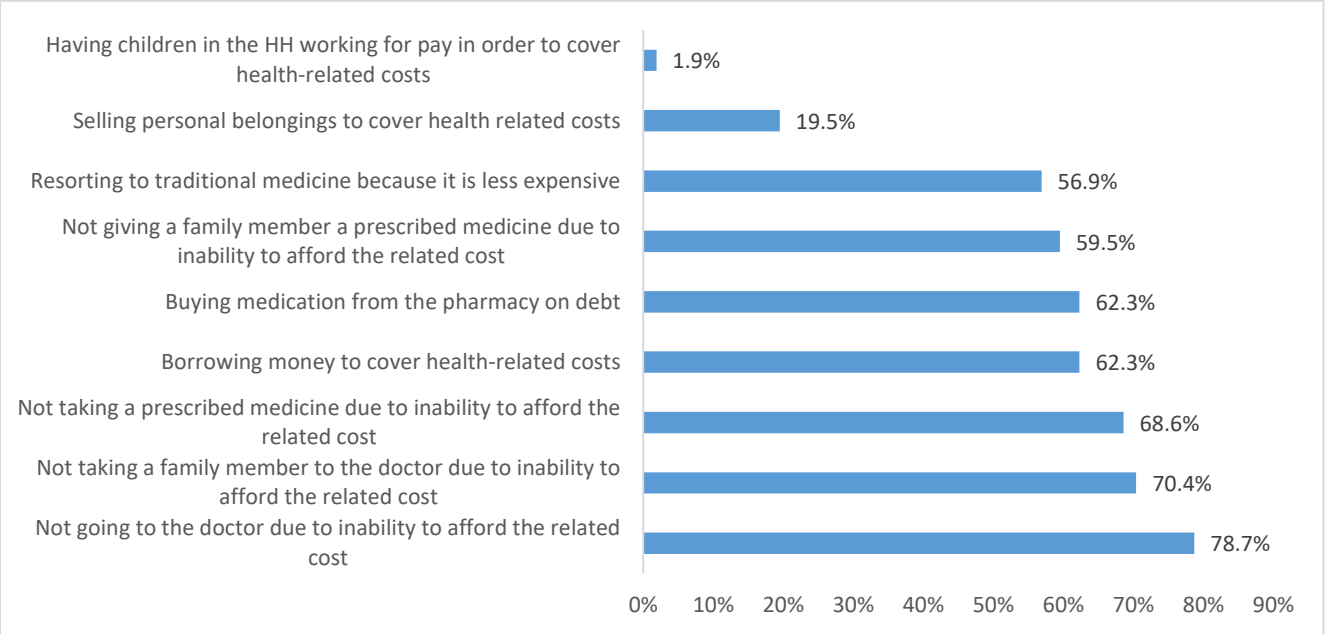
The delay and denial of health permits has measurable negative outcomes on Palestinian's health in Gaza. In a study by WHO, cancer patients – who make up the largest reason for referral out of Gaza (28% of all applications) – that were initially denied or delayed permits were 1.45 times more likely to die than those whose permits were approved without delays.[38]

Coping with Health Costs

Finally, we asked respondents about the measures they have employed in order to cope with health related expenses and the frequency of these coping measures, the following graph illustrates the findings in this regards:

Graph 78: Coping measures with health related costs (frequency of employing the measure "Frequently occasionally")

[36] WHO (2018), op. cit.
[37] OCHA (May 2019), op. cit.
[38] WHO (2018), op. cit.



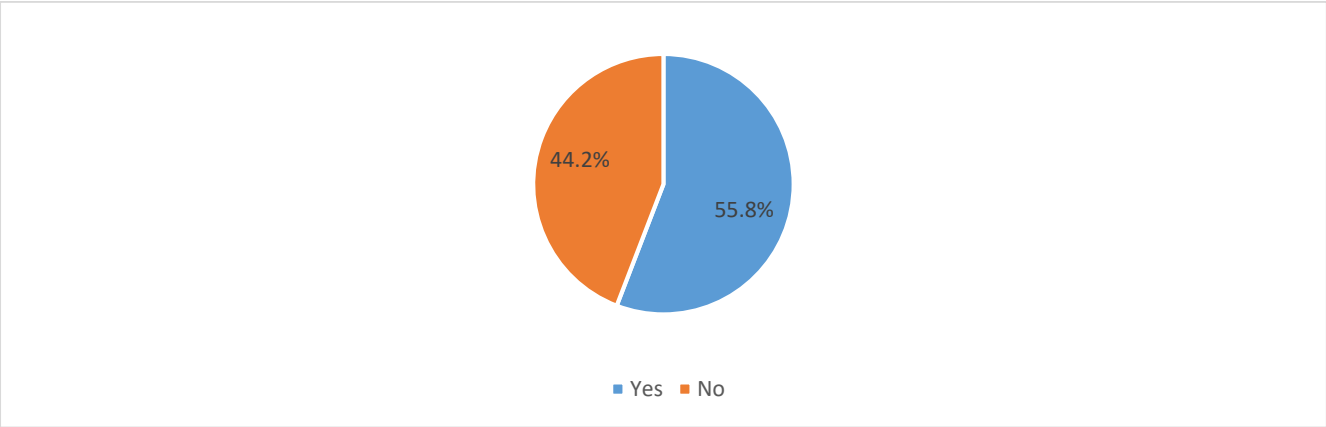
Not going to the doctor or a medical institution due to inability to cover the costs was the main coping measure with 78.7% of respondents reporting having done this frequently (Frequently or occasionally). Followed by (70.4%) not taking a family member to the doctor due to inability to afford the related cost, (68.6%) not taking a prescribed medicine due to inability to afford the related cost, (62.3%) borrowing money to cover health related costs, (62.3%) buying medication from the pharmacy on debt, (59.5%) not giving a family member a prescribed medicine due to inability to afford the related costs and finally (56.9%) restoring to traditional medicine because it is less expensive.

Impact of Covid-19

Individual level impact – Survey's findings

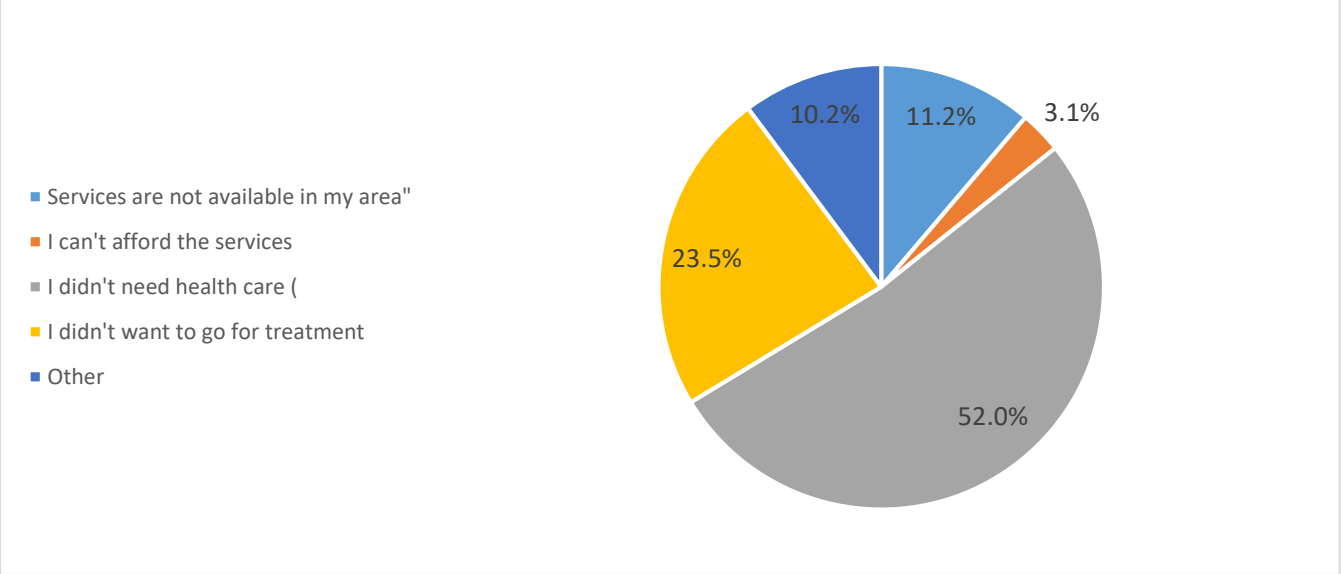
The survey's results show that 55.8% of respondents reported that at least one family member has been infected with the Coronavirus.

Graph 79: Percentage of respondents who reported at least one family member was infected with Coronavirus



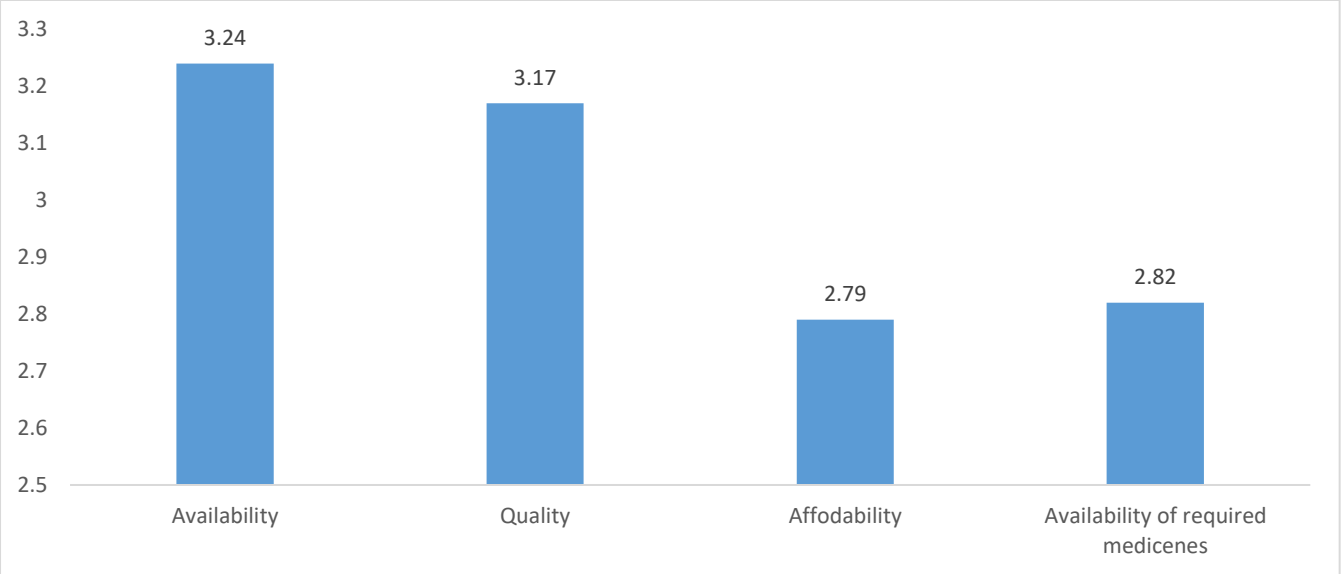
According to respondents; (54.4%) of people infected by Coronavirus received the needed treatment or health care through a specialized health center, while 45.6% did not. Of those who did not receive the needed treatment; 52% reported that they did not need health care as they didn't have symptoms that warranted professional care, 23.5% reported that they didn't want to go for treatment, 11.2% reported that it was due to the unavailability of treatment services in their areas and 3.1% reported that it was due to their inability to afford the services. The following graphs illustrate these findings:

Graph 80: Reasons for not receiving the services



Those who received the services, reported a good satisfaction level with the availability and quality of the services, while less satisfaction for the affordability of the services and availability of required medicines as shown in the following graph:

Graph 81: Assessment of Covid-19 related services (average)



Impact on the health sector

The health sector was already in a crisis and going into an emergency of this sort was a major burden that deepened the already existing issues of availability, quality and affordability of services. According to experts

as well as the people who participated in the focus groups; further ramifications of the Covid-19 crisis were revealed. The following are key findings:

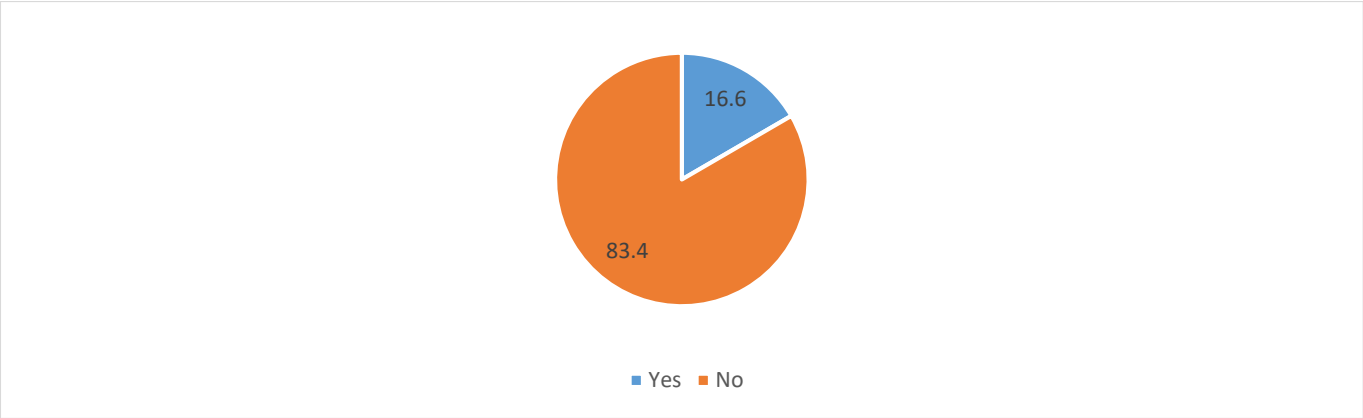
- Funding is now more focused on dealing with Covid-19, which means other sectors are suffering due to decreased funds. As a result, certain services had to be cancelled such as early childhood and early screenings for disabilities.
- The sudden and urgent need to find alternative methods to deliver health services was a big challenge and although in some areas it succeeded, through the use of technology (e.g., online sessions for parents on child nutrition), in other areas it was very difficult to deliver the services while maintaining social distancing the government's regulations in this regards. Of those who were most affected are the PwDs. According to MOSD's representative; they suffered a lot while trying to work with PwDs during Covid-19. The rules to keep social distancing and not being able to reach people mixed with the difficulties of movement they already struggle with left the teams in a very difficult situation.
- The immediate health impact of Covid-19 and the ability to treat the difficult cases and provide the needed care and support especially in the cases of complications.
- All already-existing challenges are compounded due to Covid-19 and people with pre-existing conditions suffer the most. PwDs and people with chronic diseases are struggling due to weaker access to health services and medicines. Not to mention their loss of work if they were impacted by the economic effect of Covid-19 as well.

Impact of May 2021 war in Gaza

The survey shows that 0.5% of participants or any of their family members were injured during the war in May 2021. Seven (7%) reported that at least one family member fell ill during the war (a new illness or a worsening of a health condition such as high blood pressure). The following graphs illustrate these findings:

However, 16.6% of respondents reported that they or their family members suffered from mental health problems during the war as illustrated in the following graph:

Graph 82: Percentage of family member suffered from mental health problems during the war

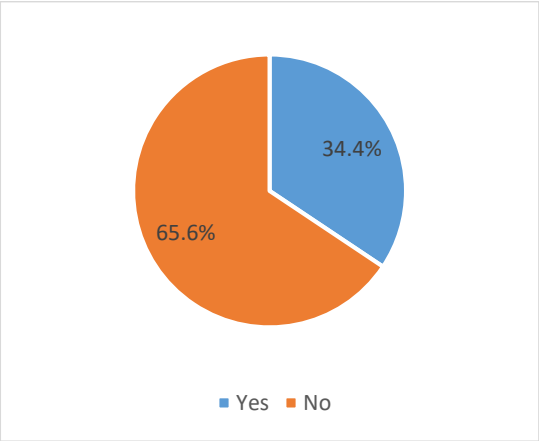


According to respondents; (34.4%) of those who were injured or suffered from an illness as a result of the war were able to obtain the necessary health care through a specialized health center (hospital, doctor's office) while 65.6% did not.

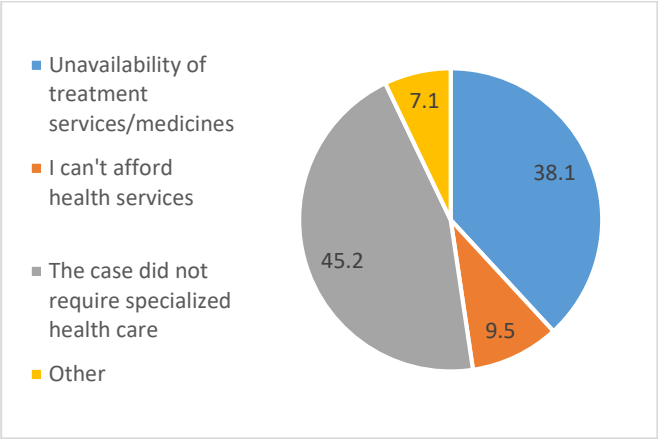
Of those who did not receive the needed treatment; 45.2% reported that they did not need specialized health care, 38.1% reported that it was due to the unavailability of treatment services/medicines in their areas during

the war and 7.1% reported that it was due to their inability to afford the services. The following graphs illustrate these findings:

Graph 83: Receiving health services

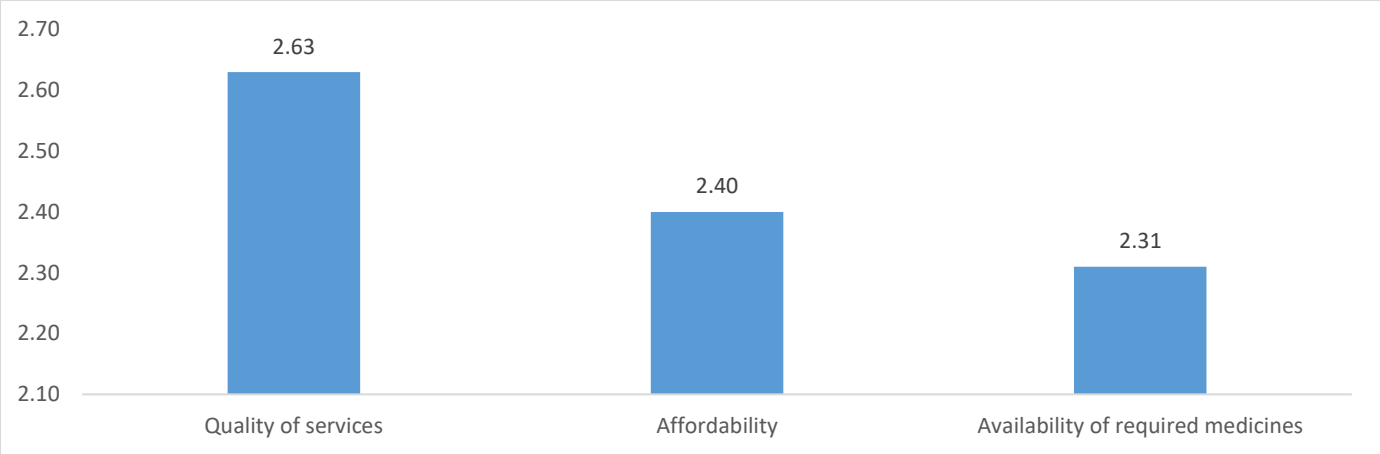


Graph 84:Reasons for not receiving the services



Those who received the services, reported a moderate satisfaction level with the availability of the services, but less so regarding the quality and availability of required medicines as shown in the following graph:

Graph 85: Assessment of Corona virus related services (average)



Moreover, similar to challenges due to Covid-19; the war had a huge impact on the health sector which was already suffering. But mostly, marginalized groups were those who suffer the most. For instance; PwDs were again one of the most impacted groups. According to experts; the war had a huge impact on their ability to reach PwDs and to move them into safe zones. There were shortages in specialized teams as well as the needed resources such as cars to move them. The burden on the family to be able to escape and move the person with disability was huge during the war.

Findings and Recommendations

Overall sector-wide key findings

The sector's physical infrastructure suffers from many issues beginning with insufficient facilities, lack of proper medical equipment for specialized services, extreme shortages in medical supplies and medications. The health sector lacks adequate physical infrastructure. Facilities are overstretched, and service is frequently interrupted by power cuts. These challenges further threaten the health of the population, which is already at increasing risk. The recent war in May 2021 has damaged 30 health facilities and roads leading to health centers. After the end of the aggression, the health system was severely affected as Israel closed the crossings for over two and half months, thus restricting patient movement and the entry of medications, medical supplies and some equipment. Moreover, the health sector's human resources suffer from insufficient numbers to meet the needs of the sector, are in extreme need for capacity development to enhance the quality of services to which they can't access due to the siege and limited funds to support such initiatives, and finally but most importantly, the need to fairly compensate the health staff in order for them to do their jobs. Moreover, a major issue that was recurring in discussions with experts was the lack of proper institutionalization of the health service provision mechanisms within the MOH and in the relationships and coordination mechanisms with other health organizations (e.g., Other ministries such as MOSD, International and national NGOs and other relevant stakeholders). The poor institutional capacities and process structures currently in place have major negative impact on the provision of services to all population segments. Further details follow:

- **Infrastructural issues:** According to key experts and informants, the health sector in Gaza Strip suffers substantially. The following are the main issues mentioned:
  - ✓ Inadequate financial support both to governmental (Ministry of Health and public health institutions) and to non-profit health organizations and CBOs.
    However, Funding is complex, many international organizations including some UN organizations insist on certain criteria that can gear funding towards certain organizations and exclude others (e.g., demanding high numbers of years of experience in the field excludes good newly established organizations). Another issue with donors is targeting areas that are not necessarily the most in need, where they want to implement projects already designed and ready without doing the needed needs assessments and studies.
  - ✓ Weak coordination between relevant organizations and actors in the field, leading in many instances to an overlap in service provision.
  - ✓ The extreme shortage in trained and qualified health staff across all specializations.
  - ✓ Fragile infrastructure (e.g., buildings, equipment, etc.) and inability to upgrade and improve it.
- **Funding:** Donors' funds and projects come in a humanitarian focus and not developmental or institutional and doesn't build infrastructure. It treats current issues with limited sustainability.
- **Access to services:** The access to health services in Gaza Strip is a complex issue, a high percentage report to have access to health services due to wide health insurance coverage, as previously reported, however, the complexity emerges when access to specialized treatment and services is needed.
  When the health system in the Gaza Strip cannot provide necessary services, patients are referred to health centers outside – in the West Bank, East Jerusalem, Israel, and occasionally Egypt. However, many are denied these permits. In July 2021, out of 1,136 patient applications submitted to cross Beit Hanoun/Erez; 839 were approved.
- **Coping with health services costs:** The main measure to cope with the financial burden of health services was "Not going to the doctor or a medical institution due to inability to cover the costs" with 78.7% of respondents reporting having done this frequently. This and the other coping mechanisms - such as not being able to use the required medicine due to the cost and children having to work to pay for health-related costs – are highly likely to have a number of negative consequences on the health and wellbeing of the surveyed respondents and their household members.

Key findings

In addition to the overall issues mentioned above; the following are specific findings of the assessment provided by the quantitative survey as well as validated by the qualitative research:

General

- The majority (96.4%) of surveyed respondents reported having a valid health insurance, with mostly governmental health insurance policy, followed by UNRWA and a small percentage having private health insurance.
- The average amount that respondents spend on health related expenses on a monthly basis was **175 NIS**.

Assessment of health services

- Best rated services were the secondary health services with the availability and the quality. They were followed by primary health services with insignificant differences. Finally, tertiary health services were assessed less favorably on all criteria when compared to the primary and secondary health services.

Chronic diseases

- 51.7% of respondents' households had an immediate family member with a chronic disease such as diabetes, high blood pressure and cardiovascular diseases.
- The great majority (96.2%) of people sick with chronic diseases are getting the treatment they need according to respondents. This high access to treatment can be attributed to the fact mentioned above regarding the widespread health insurance coverage.
- In the assessment of health services for chronic diseases, the average scores reflected the most room for improvement in relation to the cost/affordability of these services
- According to several health experts and key informants, there is a major issue in the consistent availability of treatment for certain chronic diseases, especially cancer.
- Another room for improvement in relation to chronic diseases according to experts is the limited availability of mental health support for these patients, who often need it and are not able to access such services.

Mental health illnesses/disorders

- 7.8% of respondents reported having at least one person in the household with mental health disorders. This percentage is quite low, and could be linked to fears of stigma of reporting cases of mental health disorders.
- One respondent reported having an immediate family member who suffers from substance abuse disorders, which could be a result of fear of social stigma and security fears over acknowledging such disorders that are linked to illegal substance abuse.
- The above percentage of 7.8% is quite low, and could be linked to fears of stigma of reporting cases of mental health disorders.
- According to OCHA's HRP (2022); more than half (53%) of all children in Gaza and 137,000 caregivers, are in need of various MHPSS services.
- The May escalation has further impaired physical and mental wellbeing, with those injured or traumatized requiring follow-up treatment and rehabilitation, putting additional strain on MHPSS.
- Also, the additional pressures generated by the Covid-19 lockdowns, have also generated an increased need for MHPSS, in particular for children and women, who have been exposed to conflict-related or gender-based violence.
- According to several studies; the state of mental health in Gaza is one of critical need. For instance, according to a study by OCHA; those suffering from moderate to severe mental health disorders number more than 210,000, making up over 10% of the population.

- A study of secondary school students in Gaza found that 25.5% exhibit signs of partial PTSD and 16.4% suffer from full PTSD while 22.2% suffer with clinical anxiety and 34.1% experience depression.

People with disabilities

- The several wars in Gaza Strip have repeatedly caused a great number of injuries among Gazan citizens, leaving them with various forms of physical disabilities and mental health related disabilities and disorders. The percentage of PwDs in the West Bank was 1.8% vs. 2.6% in Gaza Strip at the end of 2017.
- Eight percent of respondents reported having at least one person with disabilities in their household. The majority of people with disabilities were those with a physical disability and most of them were less than 18 years old.
- Forty-eight percent of people with disabilities in this assessment are getting the needed treatment or rehabilitation services while 51.6% are not. Of those who are not receiving the needed treatment, 43.8% reported that it was due to their inability to afford the services, 18.8% reported that it was due to the unavailability of treatment services/medicines in their areas, while 37.5% reported other reasons.
- Thirty-nine percent reported themselves or a member of their family having received a training on assistive care/ home rehabilitation for people with disabilities.
- In terms of engaging people with disabilities, very small percentage of people with disabilities (16.1%) have been part of capacity building programs, job placement/employment programs and social participation events. Also (6.5%) only participated in any job placement/employment or event/activity, and also a small percentage of PWD (19.4%) participated in any social participation event/activity.
- The current level of services by the government and non-government organizations is not enough to cover all PwD's needs, and many gaps exist.
- Gaps exist in relation to assistive devices (especially those which needs constant replacement and technical support).
- Although there are several specialized organizations, they are spread across Gaza Strip, limiting the ability to reach them by those who need the services.
- The fact that there is a high reliance on NGOs to provide services to PwDs increases the financial burden on them as they have to afford the services themselves or be part of a funded project. Moreover, it increases the logistical burden of having to go to these NGOs to receive the services, which are often located in remote areas from PwDs.
- PwDs's needs are very high costs that can't be afforded by marginalized people. In addition to the high cost of rehabilitation services, there is the cost of assistive devices (which regularly need replacement most of the time), as well as the costs of other items such as diapers.
- The nature of needs of PwDs is that they are long term and are rarely met through a limited time intervention or project. Sustainability is crucial for them as improvement heavily relies on continuity of treatment and comprehensiveness of services offered. Accordingly, when PwDs join a project and receive services, then the project ends, their achievements are at risk and their future improvement is not guaranteed.
- MOSD suffers from many shortages and weaknesses that impact its ability to help PwDs. Assistive devices such as hearing aids are in major shortage for instance, among many other examples.
- Mental health of PWDs is not an area that MOSD covers due to lack of funds and scarce resources and NGOs provide some of these services but not enough and not as a standalone service offering most of the time.
- Most projects set very specific criteria for beneficiary selection and this acts as a barrier to including beneficiaries who don't meet these criteria. Excluding these people from such projects usually leaves them with no support as they can't afford it on their own.
- PwDs who went through vocational training and career empowerment programs in the focus groups focused on their frustration with programs that are pre-designed and don't meet their interests or align with the needs of the labor market. Moreover, they believe these programs are useless if they don't lead to them getting employed or supported to begin their own small businesses.

- Finally, according to experts; a limited number of organizations meet with PWDs and design projects according to their needs, as most of them just write the proposals and design the projects in isolation of an actual needs assessment.

Child health

- Indicators of maternal and child health showcase the deterioration of health seen in Gaza's population due to a combination of factors, including the Israeli occupation and military blockade and the dire economic and humanitarian emergencies that have stemmed from them.
- According to UNICEF, around 126,000 children under the age of 5 – 35% of this age group in Palestine – are at risk of not reaching their full developmental potential due to exposure to violence, family and environmental stress, poor nutrition, and poverty. Accordingly, the growth of 11% of children younger than 5 years old is considered stunted and approximately 25% of them suffer from anemia. Only 42% of children receive a "minimum diversity diet" according to UNICEF.
- 89.5% of the respondents who have children (under 6 years old) reported that they received a health screening of their child/children to assess their health and nutritional status and early detection of health concerns.
- Almost half (44.7%) of the respondents who have children (under 6 years old) reported that their children suffered from some sort of nutrition related deficiency. There was also an increase in the percentage of children who suffer from the four types of surveyed deficiencies (i.e., malnutrition, iron deficiency, anemia and underweight) in comparison to last year's assessment.
- Only 17.4% of respondents reported having received training on child health and nutrition during the past.
- 26.7% of respondents reported having attended/participated in any child health and nutrition awareness activities during the past two years two years.
- The average satisfaction levels of respondents (parents who have children in KGs) towards the KGs' capacities in adopting and promoting child health and nutrition practices was low.
- Malnourished children and those who need medicines suffer from the limited medications and its high costs. NGOs try to cover these issues, but projects can't cover all needs.
- Most kindergartens lack the proper awareness and the resources to implement any health programs and activities. They have large numbers of children and are underpaid and understaffed. Staff are also in high need for capacity development.
- There are major infrastructure needs at KGs and schools as well as medical centers such as the needed spaces to conduct the health screening tests, as well as shortages in supplies and equipment to provide these services.
- In addition, there are major human resources needs in terms of numbers of staff needed to cover the large numbers of children throughout the year as well as capacities needed to enable the provision of health services to children in good quality.
- There is a shortage in essential nutrients and supplies for young children such as vitamins.
- The inadequate service provision for early health screening and testing for pre-school children leads to large numbers of children being diagnosed late (e.g., suffering from hearing or speaking problems). This is due to the fact that screenings and tests are mainly performed in the first grade and not earlier or due to low level of quality testing.
- There is a low level of awareness among parents in relation to children's health and nutrition. Empowering mothers is inadequate.
- Very low levels of awareness among mothers about health and nutrition of their children and of their own health while pregnant and breastfeeding.
- Mental health issues for children is an issue as there are many who suffer due to the impact of wars. These health issues are not targeted enough and services through school counsellors are not enough in terms of availability nor quality.

Mother health

- In the Gaza Strip, in 2019, the Maternal Mortality Rate (MMR) was 30.8 per 100,000 live births compared to 19.1 in 2018, and 10.2 in 2017 (According to MOH's data in 2020). OCHA reported in 2020 that a mother's health is at stake and the increase in maternal mortality is alarming. As it is an indication of weak and fragile maternal services, lack of essential medicines and supplies, lack of maternal education, and lack of access to family planning services.
- Almost all mothers in the survey have previously received a mother's health related services.
- A very small percentage (0.8%) of mothers reported not having received these types of services although they were in a position to benefit from them.
- Those who received the services, reported a good satisfaction level with the availability and quality of the services, but less so regarding the affordability and availability of required medicine.
- Prenatal services are more available and mothers are more aware of and committed to than postnatal services which are not well-established, mothers are not well-aware of and are not committed to following up after giving birth, although there are many complications that might take place. These services were better when they were offered by UNRWA, but now after the government became responsible for them, they are not sufficient.
- A major problem that leads to low quality of services to mothers and children is the health system itself and the lack of proper compensation for medical staff. Staff are underpaid and over-utilized. Insufficient numbers of qualified staff is a major issue. They have to follow up with large numbers which affects the quality of services and their availability.
- Mental health for women is extremely important but services are weak and there is insufficient trained professionals in this field.

Corona virus

- The survey's results show that 55.8% reported that at least one family member has been infected with Coronavirus, and almost half (54.4%) of them received the needed treatment or health care through a specialized health center.
- Of those who did not receive the needed treatment; 52% reported that they did not need health care as they didn't have symptoms that warranted professional care, 23.5% reported that they didn't want to go for treatment, 11.2% reported that it was due to the unavailability of treatment services in their areas and 3.1% reported that it was due to their inability to afford the services.
- Funding is now more focused on dealing with Covid-19, which means other sectors are suffering due to decreased funds. As a result, certain services had to be cancelled such as early childhood and early screenings for disabilities.
- The sudden and urgent need to find alternative methods to deliver health services was a big challenge and although in some areas it succeeded, through the use of technology (e.g., online sessions for parents on child nutrition), in other areas it was very difficult to deliver the services while maintaining social distancing the government's regulations in this regards. Of those who were most affected are the PwDs. According to MOSD's representative; they suffered a lot while trying to work with PwDs during Covid-19. The rules to keep social distancing and not being able to reach people mixed with the difficulties of movement they already struggle with left the teams in a very difficult situation.
- The immediate health impact of Covid-19 and the ability to treat the difficult cases and provide the needed care and support especially in the cases of complications.
- All already-existing challenges are compounded due to Covid-19 and people with pre-existing conditions suffer the most. PwDs and people with chronic diseases are struggling due to weaker access to health services and medicines. Not to mention their loss of work if they were impacted by the economic effect of Covid-19 as well.

May 2021 war

- 0.5% of participants or any of their family members were injured during the war in May 2021.

- 16.6% of respondents suffered or had a family member who suffered from mental health problems as a result of the war.
- Seven (7%) reported that at least one family member fell ill during the war (a new illness or a worsening of a health condition such as high blood pressure). 34% of those who were injured or suffered from an illness during the war were able to obtain the necessary health care through a specialized health center (hospital, doctor's office) while 65.6% did not.
- Of those who did not receive the needed treatment; 45.2% reported that they did not need specialized health care, 38.1% reported that it was due to the unavailability of treatment services/medicines in their areas during the war and 7.1% reported that it was due to their inability to afford the services.
- The war had a huge impact on the health sector which was already suffering.
- Mostly, marginalized groups were those who suffer the most. For instance; PwDs were again one of the most impacted groups. According to experts; the war had a huge impact on their ability to reach PwDs and to move them into safe zones. There were shortages in specialized teams as well as the needed resources such as cars to move them. The burden on the family to be able to escape and move the person with disability was huge during the war.

Recommendations

According to experts and based on desk review analysis during this assessment; the main root causes of the deteriorating health conditions in Gaza Strip are tracked down to three factors: The first is the Israeli occupation and siege imposed on the area The Israeli occupation's siege and movement restrictions including long lists of forbidden and/or delayed items at the borders including medicines, medical equipment and medical supplies, the denial of patient transmission to other areas to receive the necessary treatment, and the inability of medical staff to leave the Gaza Strip and attend trainings or other capacity development activities. In addition, every war that has taken place since 2008 has had huge impacts on the health infrastructure and human resources, as well as left many (especially children) suffering from mental health disorders. Moreover, the crisis in electricity and water in the Gaza Strip have major indirect impacts on the health sector as well as the health of individuals living there.

The second is the Palestinian political division since 2007, which negatively impacts the provision of health services due to the existence of two ministries/authorities, whose relations often conflict. The division stands in the way of access to healthcare among Palestinians. Oftentimes, the MOH in Gaza refrains from spending on health services on the premise that this is the responsibility of the MOH in Ramallah, and vice versa. With each government laying the responsibility on the other and stating the lack of funding as another reason, there is a chronic shortage of medications that is between 30 to 50%.

The third factor is the decline in funding (whether for public/government or civil facilities) due to the global economic crisis, the political division, and the presence of Hamas in Gaza.

As explained above and based on the results of the survey as well as the feedback from experts within the healthcare system in Gaza; JPF and other similar organizations should continue to support the healthcare sector in Gaza Strip both financially and technically, and they can consider the following recommendations in terms of their programming:

Sector-wide recommendations

- Advocate to end the blockage on Gaza Strip and ease the transfer of medicine and other health supplies to the Strip. Also, advocate for the ending of the internal political division.
- Support projects and efforts to increase the coordination within the healthcare sector and increase the cooperation between NGOs, INGOs, government institutions and CBOs.
- Support projects that aim to work with and enhance the governmental institutions and models in order to provide comprehensive services and decrease their reliance on NGOs.

- Continue to support the comprehensive model of service provision as opposed to one stand-alone service.
- Support projects that aim to build the capacities of existing medical staff and increase numbers of qualified staff to bridge the gaps.
- Support programs with long term objectives and plans rather than short term projects in order to enhance the sustainability and impact of benefits. The design of programs needs to focus on developmental aspects in addition to immediate humanitarian assistance.

Specific groups of health issues/patients

The health sector's crisis impacts all patients' categories and all health systems. The shortages in staff, in equipment, supplies and the overall weaknesses in the system can only lead to inadequate healthcare across all divisions. However, based on this assessment and data analysis of both quantitative and qualitative data; we noticed the following groups had the most urgent needs[39]:

- People with disabilities across rehabilitation and treatment services as well as integration into workforce and society programs
- Pre-school children's health with focus on nutrition and early detection of illnesses
- Chronic disease patients who suffer from lack of treatment options/medications (e.g., Cancer patients)
- Mental health disorders especially for children

Although mothers' health sector also suffers from the overall crisis; but according to the survey and the KIIs with experts; less emphasis was made in relation to the urgency to support this area, except for awareness raising of mothers and families in this regards. However, majority of mother have access to the needed pre-natal and post-natal services.

People with disabilities

- Based on the gaps identified above in relation to healthcare and service provision to PwDs, the following are key areas to focus on in future programs and projects:
  - ✓ Increase funds to projects targeting PwDs.
  - ✓ Help specialized organizations to open other branches across the strip in order to increase their reach and availability to PwDs.
  - ✓ The provision of assistive devices, especially those that get delayed on the borders due to the political situation, as well as assistive devices and supplies that constantly need replenishment. For instance, one key expert proposed creating a common warehouse of assistive devices that can be used by PWDs benefiting from different organizations, and where beneficiaries/organizations can borrow and return re-usable devices and items.
  - ✓ The provision of capacity building and training to professional staff in order to increase the numbers of qualitied rehabilitation and occupational therapy specialists in Gaza Strip.
  - ✓ Provision of support to the families of PwDs. Support can include capacity building (such as training them on taking care of the person with disability), financial support, house-related support (such as making the houses more responsive to the needs of the person with disability), psychosocial support to deal with the mental burden, and awareness-raising support to inform them of the rights of PwDs.
  - ✓ A focus need to be given to women with disabilities as they are usually neglected in comparison to men based on experts' opinions.
  - ✓ Increase the support to projects with focus on integrating PwDs in the communities and in the market place and provide them with economic empowerment.

[39] These groups are only based on the targeted groups in this assessment (i.e., chronic diseases, pre-school children health, people with disabilities, mother health and services, mental health illnesses and Coronavirus impact) which do not cover all patients/diseases/health issues across Gaza Strip

- ✓ Increase support to projects focusing on community awareness regarding PwDs and their rights.
- ✓ To support projects/programs that aim to work with and enhance the civil society organizations and relevant governmental institutions in-charge of service provision to PWDs (e.g., MOSD) in order to provide comprehensive services and decrease their reliance on NGOs and ultimately improve sustainability of impact.

Pre-school children

- Based on the gaps identified above in relation to the health of children (especially pre-school children); the following are key areas to focus on in future programs and projects:
  - ✓ Increase funds to projects targeting the health and nutrition of pre-school children.
  - ✓ Continue to support the projects focusing on malnutrition, and continue to adopt a comprehensive approach to these services working with parents, communities and KGs both on technical aspects as well as on awareness-raising and capacity building.
  - ✓ Identify, seek out and support specific segments of children who are not usually targeted by projects and interventions. An example is children Thalassemia, diabetic children or children with other rare or genetic diseases who need support.
  - ✓ Provide support to children with mental health issues. Support can be focused on education (i.e., special education), specific nutrition systems, social integration and community awareness-raising towards them.
  - ✓ The support and screening of health issues for children should be better institutionalized in the government including creating a file for each child since they first enter schools or kindergartens and following up on them as part of a national strategy and plan.

People with chronic diseases

- Support projects that aim to facilitate and increase the availability of treatment and medicine for patients of chronic diseases, especially those who are facing problems accessing the needed treatment, such as cancer patients.
- Advocate on behalf of patients with chronic diseases to end the issue of denying them access to treatment outside of Gaza Strip.
- Young people with chronic diseases are another segment that needs attention and targeting.

Mental health

- Support projects that target mental health in general in Gaza Strip and that aim to increase the capacity of the mental healthcare sector in particular (i.e., increasing the number of service providers).
- Support projects that aim to build the capacities of mental health staff.
- Support projects and efforts to increase the coordination within the mental health sector.
- Help close the gap in the availability of psychotropic drugs.
- Help raise awareness on mental health and fights the stigma attached to these disorders.
- Support projects that tackle the issue of substance abuse and the resulting disorders.

Mother health

- Support projects that target the health of women in general and mothers in particular. Moreover, according to experts, special attention should be given to several segments of women who are neglected and forgotten within the health sector, such as menopausal women and women with disabilities. These women need special healthcare services and awareness.
- Support projects that aim to raise awareness of women's health issues, such as breast cancer for example.
- Support projects that target the mental health of women.

Annex A: Research Tools

Survey Questionnaire

Section I: General and background information

Respondent details			
Sex:			
Male		Female	
Age group:			
15-25	25-40	40-65	Greater than 65
Marital Status:			
Single	Married	Divorced	Widowed
Refugee status:			
Refugee		Non-refugee	
Highest level of education completed:			
Illiterate	Less than Tawjihi	Tawjihi	
Diploma	University graduate degree	Post-graduate degree	
Occupation:			
Self-employed (own business)	Employed	Unemployed	
Student	Housewife	Other, please specify: _____	
If employed, which sector?			
Governmental	Private	Non-profit	Other, please specify: _____
Respondent's Relationship with the household head:			
Self	Husband	Mother	Daughter
Wife	Father	Son	Other, please specify: _____

Household details			
Who is the head of the household?			
Father	Mother	Son	Daughter
Other, please specify: _____			
Sex of Household Head			
Male		Female	
Family size (# of family members living in the household)			
Male: _____	Female: _____	Total: _____	
Less than 5 years: _____	5-15 years: _____	15-25: _____	
25-40: _____	40-65: _____	Greater than 65: _____	
Highest level of education completed for the Household Head:			
Illiterate	Less than Tawjihi	Tawjihi	
Diploma	University graduate degree	Post-graduate degree	
Average monthly income of the HH from all sources including work, rent, and assistance (NIS)			
_____			
During the past 5 years, what is the # of births in the family/HH??			
_____			
During the past 5 years, what is the # of deaths in the family?			
_____			

Section II: Overall Health Conditions

Health Insurance and Expenditure			
Do you have health insurance?			
Yes		No	
What is the type of health insurance policy?			
Governmental	UNRWA	Private	
What is the monthly amount you spend on health related expenses other than the amount covered by your health insurance?			
------ NIS			
Overall health situation of the HH members			
In general, how do you assess your own health condition?			
Good	Average	Less than average	Bad
How many members of the HH smoke cigarettes or Argileh?			
_____			
What is the monthly amount the HH spends on smoking cigarettes or Argileh?			
------ NIS			

Overall assessment of health services				
Please assess the following types of healthcare services in your community/area:				
Primary healthcare services (general healthcare services)				
Availability of primary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of primary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of primary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines within the primary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Secondary healthcare services (specialized healthcare services)				
Availability of secondary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of secondary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of secondary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines within the secondary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Tertiary healthcare services (Hospital and advanced specialty healthcare services)				
Availability of tertiary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of tertiary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of tertiary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines within the tertiary healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Section III: Specific Health Situation

Chronic diseases

Do you have immediate family members who have the following health conditions?						
Diabetes	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
High blood pressure	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Cardiovascular diseases	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Cancer	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Other (please mention): _____	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___

Is/are the person/s with the health condition being treated for it?		
Yes	No	

If no, please state the reason:		
Treatment services/medicines are not available in my area	I can't afford the treatment	Other, please specify: _____

If yes; please assess the following:				
Availability of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Mental health illnesses/disorders

Do you have immediate family members who have the following health conditions?						
Mood and anxiety disorders	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Substance abuse disorders	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Trauma-related disorders	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___
Other (please mention): _____	Grandmother	Grandfather	Father	Mother	Son ___	Daughter ___

Is/are the person/s with the health condition being treated for it?		
Yes	No	

If no, please state the reason:		
Treatment services/medicines are not available in my area	I can't afford the treatment	Other, please specify: _____

If yes; please assess the following:				
Availability of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of treatment and health services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

People with Disabilities				
What is the # of people with disabilities within the household?				
Physical disability	_____			
Mental disability	_____			
Both physical and mental disability	_____			
Children (below 18 years old)	_____			
Adults (18+ years old)	_____			
Is/are the person/s with the disability being treated for it or receiving the needed rehabilitation services?				
Yes	No			
If no, please state the reason:				
Services/medicines are not available in my area	I can't afford the services	Other, please specify: _____		
If yes, please indicate the type of service:				
Rehabilitation through house visits	Yes	No		
Outpatient rehabilitation	Yes	No		
Received assistive devices	Yes	No		
Please assess the following for house visit rehabilitation:				
Availability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Please assess the following for outpatient rehabilitation:				
Availability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Have you or another member of the HH received a training on assistive care/ home rehabilitation?				
Yes	No			
If yes, please assess the training:				
Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory	
Has the person with disability ever participated in any capacity building event/activity? (e.g., vocational training)?				
Yes	No			
Has the person with disability ever participated in any job placement/employment event/activity?				
Yes	No			
Has the person with disability ever participated in any social participation event/activity? (e.g., networking event)?				
Yes	No			

Mother health				
This section is to be answered by a mother in the HH				
In the past 2 years, did you receive prenatal, delivery care or postpartum healthcare? (select all that applies)				
Prenatal	Delivery care	Postpartum	No	Not applicable (Not pregnant/haven't been pregnant in the past 2 years)
If no, please state the reason:				

Relevant healthcare services are not available in my area	I can't afford the services	Other, please specify: _____		
If you received prenatal services; please assess the following:				
Availability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
If you received delivery care services; please assess the following:				
Availability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
If you received postpartum services; please assess the following:				
Availability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of required medicines	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Pre-school Child health

This section is to be answered by a mother in the HH			
Do you have pre-school children (under 6 years old)?			
Yes	No		
If yes, did you breastfeed your child/children?			
Yes	No		
If yes, did you get a basic health screening of your child/children (under 6 years old)? (health screening to assess their health and nutritional status and early detection of health concerns)			
Yes	No		
If no, please state the reason:			
Relevant healthcare services are not available in my area	I can't afford the services	Other, please specify: _____	
In the past 2 years, did your child/children (under 6 years old) suffer from the following?			
Malnutrition		Yes	No
Iron and other micronutrient deficiency		Yes	No
Anemia		Yes	No
Underweight		Yes	No
In the past 2 years, did your child/children (under 6 years old) visit a health or medical facility for diagnosis or treatment services?			
Yes	No		
If no, please state the reason:			

Relevant healthcare services are not available in my area	I can't afford the services	Other, please specify: _____
Did you attend/participate in any child health and nutrition awareness activities during the past two years?		
Yes	No	
Did you receive any training on child health and nutrition during the past two years?		
Yes	No	

How do you assess your knowledge in relation to the following:				
Child health needs	Good	Average	Below average	Bad
Child nutrition needs	Good	Average	Below average	Bad

Do you have a child/children in the kindergartens?				
Yes	No			
If yes; please assess the kindergarten's ability in terms of promoting the health and nutrition of children in the community:				
Availability of equipment and materials to conduct basic health screening of children	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Kindergarten staff's knowledge of health and nutrition	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Kindergarten's adoption of health and nutrition in their day-to-day educational activities	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Section IV: Overall Assessment of Access to Health Services

Please assess your access to the following types of health services in your community/area:				
Overall healthcare services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Health services provided to people with disabilities	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Child health and nutrition services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Please indicate whether your access to the following types of health services has improved, declined or stayed the same over the past two years:			
Overall healthcare services	Improved	Declined	Stayed the same
Health services provided to people with disabilities	Improved	Declined	Stayed the same
Child health and nutrition services	Improved	Declined	Stayed the same

Section V: Coping with Health Costs

Please indicate how often do you experience the following (to be completed by the HH)				
Not going to the doctor due to inability to afford the related cost	1. Frequently	2. Occasionally	3. Rarely	4. Never
Not taking a family member to the doctor due to inability to afford the related cost	1. Frequently	2. Occasionally	3. Rarely	4. Never
Not taking a prescribed medicine due to inability to afford the related cost	1. Frequently	2. Occasionally	3. Rarely	4. Never

Not giving a family member a prescribed medicine due to inability to afford the related cost	1. Frequently	2. Occasionally	3. Rarely	4. Never
Borrowing money to cover health-related costs	1. Frequently	2. Occasionally	3. Rarely	4. Never
Buying medication from the pharmacy on debt	1. Frequently	2. Occasionally	3. Rarely	4. Never
Selling personal belongings to cover health related costs	1. Frequently	2. Occasionally	3. Rarely	4. Never
Having children in the HH working for pay in order to cover health-related costs	1. Frequently	2. Occasionally	3. Rarely	4. Never
Resorting to traditional medicine because it is less expensive	1. Frequently	2. Occasionally	3. Rarely	4. Never

Section VI: Covid-19

Did any member in your family catch the Coronavirus?				
Yes	No			
If yes, who was infected?				
Mother	Father	Son/daughter: (number: __)	Grandmother	Grandfather
If yes, did the infected person receive a specialized care through a clinic/hospital?				
Yes	No			
If no, please explain the reason:				
Specialized care is not available in my area	Could not afford the cost		Did not need specialized care	Other
If yes, please assess the received services in terms of quality, cost and availability of medications:				
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of needed medications	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Who received the Covid-19 vaccination in the family?				
Father	Yes	No		
Mother	Yes	No		
Son/daughter	Yes	No		
Grandmother	Yes	No		
Grandfather	Yes	No		
For those who did not receive the vaccination, please indicate the reason:				
Vaccination is not available in our area	Could not afford the cost	Only high risk members got vaccinated	Don't believe in vaccination	Other

Section VII: May 2021 war

Were any members in your family directly injured (physically) during the war?	
Yes	No
Did any members in your family become ill during the period of the war?	
Yes	No
Did any members in your family suffer from mental/emotional illness during the war?	

Yes		No		
If the answer is yes to any of the above questions, was the member able to receive the needed healthcare services through a specialized clinic/hospital?				
Yes		No		
If not, please indicate the reason:				
Specialized care is not available in my area	Could not afford the cost	Did not need specialized care	Other	
If yes, please assess the received services in terms of quality, cost and availability of medications:				
Quality of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Affordability of services	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory
Availability of needed medications	Satisfactory	Somewhat satisfactory	Somewhat unsatisfactory	Unsatisfactory

Focus Group and KII Guidelines

This section covers all health sector assessment themes and were customized according to each FGD/KII target group/representative

Overall assessment of health services

- How would you assess the following types of healthcare services in your communities (in terms of availability, quality, affordability and availability of required services)?
  - ✓ Primary healthcare services
  - ✓ Secondary healthcare services
  - ✓ Tertiary healthcare services

Chronic diseases

- Do people in your families and communities who suffer from chronic diseases (e.g., Diabetes, high blood pressure, cardiovascular diseases, cancer) receive the needed treatment for these diseases? To what extent is the treatment available for them? To what extent is the needed medicines available?
- How do you assess the quality of treatment for these diseases?
- How do you assess the affordability of treatment for these diseases for people in your families/communities?

Mental health illnesses/disorders

- Do people in your families and communities who suffer from mental health illnesses/disorders (e.g., Mood and anxiety disorders, Substance abuse disorders, Trauma-related disorders, etc.) receive the needed treatment for these diseases? To what extent is the treatment available for them? To what extent is the needed medicines available?
- How do you assess the quality of treatment for these diseases?
- How do you assess the affordability of treatment for these diseases for people in your families/communities?

People with disabilities

- Do people in your families and communities who suffer from disabilities (e.g., physical disability, mental disability, etc.) receive the needed treatment and rehabilitation services? To what extent are these services available? (e.g., rehabilitation through house visits, outpatient rehabilitation and healthcare, etc.).
- To what extent are assistive devices available for people with disabilities in your families/communities?
- How do you assess the quality of treatment and rehabilitation services for people with disabilities in your families/communities?
- How do you assess the affordability of treatment and rehabilitation services for people with disabilities in your families/communities?
- How do you assess the capacities of medical staff and social workers who are involved in treatment and rehabilitation services for people with disabilities in your communities?
- How do you assess the social engagement services for people with disabilities in your communities? (e.g., capacity building activities, job placement/employment activities, social participation events, etc.)?
- How do you assess the mental health services for people with disabilities in your communities? (i.e., availability, quality, affordability, etc.)

Mother health

- Do mothers in your families/communities receive prenatal, delivery care or postpartum healthcare? To what extent are these services available? (e.g., prenatal, delivery care, postpartum, etc.)? If not, why?
- How do you assess the quality of mother healthcare services in your communities?
- How do you assess the affordability of mother healthcare services in your communities?

Pre-school children health

- In your opinion, is malnutrition an issue for pre-school children in your families/communities (e.g., malnutrition, anemia, underweight, iron and other nutrient deficiencies, etc.)? To what extent is it common?
- Do pre-school children in your families/communities receive basic health screenings (to assess health and nutrition status and early detection of health concerns)? To what extent are these services available? If not, why?
- How do you assess the quality of these services in your communities?
- How do you assess the affordability of these services in your communities?
- How do you assess parents' knowledge in relation to child nutrition and health needs? Please provide examples.
- How do you assess kindergarten's knowledge in relation to child nutrition and health needs? Please provide examples.

General assessment and recommendations

- What do you think are the major issues in the health sector in Gaza Strip for vulnerable people in general and for the following groups in particular?
  - ✓ People with disabilities
  - ✓ Children
  - ✓ Women (especially mothers)
  - ✓ People with chronic diseases
  - ✓ People with mental health problems
  - ✓ Other groups?
- What are the key issues and obstacles facing local community healthcare providers? How do you assess their capacities? How can these be improved? Please provide examples.

- How do you assess the role of donors and international organizations? Why? How can their role better contribute to improving Gaza's health situation?
- How do you assess the role of the Ministry of Health in Gaza? Why? How can it be improved? Please provide examples.
- What recommendations do you have to contribute to resolving these issues, and who should be responsible to implement them (i.e., donors, government and ministries, local CBOs, etc.)?