REHABILITATION NEED ASSESSMENT REPORT

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1 LIST OF ACRONYMS

AD	Assistive Devices
HI	Humanity & Inclusion
IPC	Infection, Prevention and Control
MD	Multidisciplinary
MEAL	Monitoring, Evaluation, Accountability and Learning
INGO	International Non-Governmental Organisation
OT	Occupational Therapy
P&O	Prosthetics and Orthotics
PSS	Psychosocial Support
PT	Physical Therapy
PCBS	Palestinian Central Bureau of Statistics
RTF	Rehabilitation Task Force
WD	Wound Dressing

2 EXECUTIVE SUMMARY

The need assessment exercise was conducted in December 2021 with beneficiaries from HI and partners database who were targeted in the different projects; rehabilitation, education, emergency preparedness, construction and livelihood. The purpose of the need assessment exercise was to identify the need for rehabilitation services for the Gaza population, which will guide HI to develop the future action and approach of rehabilitation service provision and feeding Palestine Rehabilitation Strategy. Information was collected via a detailed questionnaire administered through phone calls and home visits from a total population of **682 participants** (406 Male and 276 Females), representing ~1.3% of the people with disabilities of the Gaza Strip (PCBS, 2017). Participants were asked to identify the priority for rehabilitation services based on their needs; the barriers faced to access rehabilitation services, evaluate the availability and accessibility of rehabilitation services, and suggest solutions to overcome the obstacles of access to rehabilitation services.

The most significant findings were as follows:

- **23%** of participants prioritised MHPSS services based on their needs, while home adaptation was less prioritised with **8%.**
- **Only 17% reported receiving rehabilitation services, while 83% didn't.**
- **61%** of participants don't know about the available rehabilitation services in their locality/ governorate.
- **62.75%** of participants agreed that the rehabilitation services respond to the needs of **children with developmental delays**.
- **63.04%** of participants agreed that the rehabilitation services respond to the needs of **people with cognitive and intellectual disabilities**.
- **64.51%** of participants agreed that the rehabilitation services respond to the needs of the **elderly with disabilities.**
- **51.32%** of the participants agreed that they could access comprehensive rehabilitation services **through a home-based program "outreach**".
- **56.45%** of the participants agreed that they could access comprehensive rehabilitation services through a **centre-based program.**
- **55.27%** of surveyed respondents agreed that rehabilitation services provided respond to the needs of **children with developmental delays**.
- **57.03%** agreed that the rehabilitation services respond to the needs of **people with cognitive and intellectual disabilities**
- **53.66%** agreed that the rehabilitation services respond to the needs of older people **with disabilities**.
- **62.17%** of participants agreed that persons with disabilities have equal access to the **MHPSS sessions** compared to the general population.
- **62.18%** of participants agreed that persons with disabilities have equal access to **physiotherapy sessions** compared to the general population.
- **61.88%** of participants agreed that persons with disabilities have equal access to **occupational therapy** sessions compared to the general population.
- **64.81%** of participants agreed that persons with disabilities have equal access to **speech therapy** sessions compared to the general population.
- **58%** of participants reported participating or their caregivers in the rehabilitation process. Regarding **gender participation** in the rehabilitation service provision, almost **73.17%** of respondents' caregivers are females (mothers and wives).
- **59%** of participants reported that service providers don't share information regarding other rehabilitation services available with them at the time of discharge.
- **66%** of participants disagreed that they **received proper referrals** as per their needs from the service providers.
- **49.27%** of respondents reported that rehabilitation services are **accessible.**

- **18.91%** of respondents reported that service providers offer **sustainable** rehabilitation services, which respond to long term rehabilitation needs.

In conclusion, persons with disabilities in Gaza Strip have limited access to rehabilitation services due to **attitudinal, physical, communication and organisational** barriers faced in the community, which decrease their functional independence and limits their participation and inclusion in the community. While, at the level of access to rehabilitation services, **availability, acceptance, sustainability, accessibility, and quality** are all challenging to reach. It requires collaborative efforts from the key actors in rehabilitation, including persons with disabilities, service providers, and authorities. In addition to ongoing need assessments to prioritise intervention and ensure an effective response to the needs.

To ensure efficient and effective rehabilitation intervention in future projects, the HI team and surveyed persons with disabilities recommended the following to overcome accessibility, attitudinal, communication and organisational barriers that limit the access of people with disabilities to services.

- Support coordination mechanisms among rehabilitation actors and other mainstream service providers to activate referral and respond to the needs of people with disabilities,
- Strengthen the capacity of Local NGOs to provide sustainable rehabilitation services through ongoing capacity building for the different departments and strengthening the organisation policies and procedures,
- Support OPDs to advocate for the integration of MHPSS and adoption of a multidisciplinary approach in health service provision and conduct awareness campaigns for the community on the right of people with disabilities to access rehabilitation services,
- Support the accessibility of rehabilitation centres to ensure better access for people with disabilities to services,
- Enhance gender participation in the rehabilitation service provision with more roles for male caregivers,
- Building capacity of local shops for maintenance of assistive devices, and
- Adopt multisectoral projects to have a more significant impact on the lives of people with disabilities, like projects supporting livelihood and rehabilitation for most vulnerable people with disabilities.

3 INTRODUCTION

3.1 THE BRIEF OVERVIEW OF THE PROJECT

"Basic Access to Everyone"- B-SAFE project aims to address the basic needs of the most vulnerable households affected by the Covid-19 pandemic. The project is part of this global strategy; yet adapted to the context of the crisis in oPt. The project is implemented in partnership with a local partner responsible for identifying households (HHs) affected by the socio-economic consequences of the crisis and last escalation in Gaza May 2021 and those facing significant challenges in accessing basic needs. The identified vulnerable HHs were supported to access basic needs. This included access to 1) means to protect themselves against the virus through the distribution of Infection, Prevention, and Control (IPC) kits (masks, gloves and hygienic products, hydro-alcoholic soap). 2) Food through e-vouchers.

To complement the response, the project supported the sustainability of the Rehabilitation Task Force (RTF) to enhance the access of persons with disabilities or injuries to health services, including rehabilitation through the coordination efforts led by HI in the RTF, in addition to the capacity building activities of rehabilitation professionals to ensure respect of minimum standards in rehabilitation service provision. These rehabilitation activities are implemented in line with HI Rehabilitation Strategy developed in 2018 and updated in 2021 based on the context changes in the last three years in Gaza. i.e. (COVID-19 and May 2021 escalation).

For these context changes that affected the continuity of rehabilitation projects in Gaza and changed the modality of rehabilitation service provision, a need assessment for the Gaza community and people with disabilities was highly needed to guide HI intervention in future actions.

4 SURVEY OBJECTIVES AND METHODOLOGY

4.1 OBJECTIVES

The need assessment exercise aimed to:

- Determine the rehabilitation needs of vulnerable populations of the Gaza Strip,
- Inform rehabilitation intervention overall plan and approaches in Gaza Strip, and
- Feed into HI Palestine Rehabilitation Strategy.

4.2 METHODOLOGY

Sampling methodology: A stratified random sampling from a total population of 48,140 persons with disabilities distributed into the following strata (governorates); North Gaza (NG), Gaza (GA), Deir Al-Balah, Khan Yunis (KH), and Rafah (RA) were identified to be surveyed. The sample identification process was done using a sample calculator website with a confidence level of 90% and an acceptable error margin of 7%. 682 persons with disability were selected out of the 48,140 persons with disabilities distributed across Gaza Strip. This sample size represents ~1.5% of the population.

The chart below shows the demographics of the sample reached:

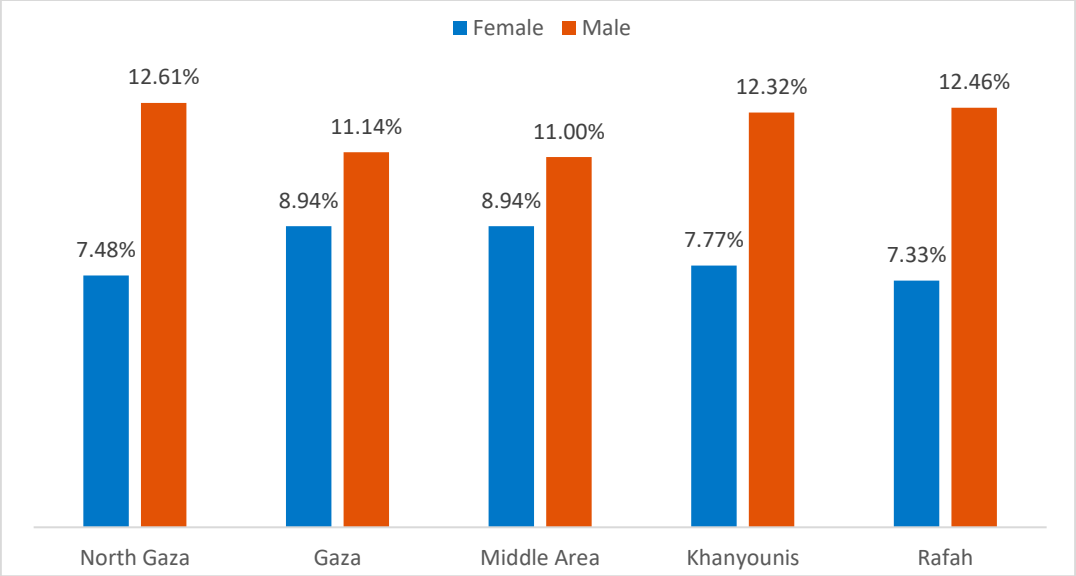

Figure 1 characteristics of the sampled participants via governorate and gender

1. **Data collection methodology:** A questionnaire was developed by the joint effort of the MEAL, project and Technical Unit, then translated into Arabic. The questionnaire was programmed into the SurveyCTO webform/application and used by the data collectors to record data while interviewing the survey participants using tablets/computers. The interviews were conducted via trained community volunteers with rehabilitation backgrounds over the phone and face to face with some participants having difficulties communicating through the phone. The community volunteers were supported by the Country Information Management Officer and the Project Technical Manager. Each interview took around 40 minutes to complete.
2. **Data collection tool:** The method used for the data collection was quantitative through Rehabilitation Need Assessment Survey Questionnaire (Annex 1). This questionnaire is a detailed data collection tool covering participants' demographic data, functional difficulties, rehabilitation needs, barriers to accessing rehabilitation services, and recommendations to improve rehabilitation services access.
3. **Enumerators/Data collectors training:** 8 community volunteers with rehabilitation backgrounds trained under another action supported by BMZ were selected and received two days of extensive training by the project technical manager and Information Management Officer on disability, safeguarding policies, data collection tools, interviewing skills and piloting calls.
4. **Data management and reporting:** The data has been collected by the trained community volunteers through the SurveyCTO Online-Offline mode; each volunteer interviewed, on average, 176 participants and uploaded their data on the SurveyCTO. After finishing the data collection phase, data was extracted into Excel and cleaned and analysed by the Information Management Officer according to the objectives of the exercise.
5. **Ethical consideration and informed consent:** All 682 survey participants provided verbal consent to the data collectors after explaining the purpose of the survey. Moreover, the data was uploaded on SurveyCTO and limited access to authorised HI staff to ensure data protection and confidentiality.

6. **Timeline:**

The data collection process took 17 days, as the volunteers collected the data through phone calls and a few through home visits. The volunteers faced difficulties reaching the survey participants through phone calls as many mobile numbers were closed, not caught or changed. After many failed trials to access some numbers, backup lists were shared with the volunteers to reach the sample. Moreover, the data entry on mobile was challenging for volunteers as they used their mobiles, which were challenging to use, unlike the laptops or tablets, which were not available to the data collectors.

7. **Responses:**

Of the 682 surveyed participants, 40% were females, and 60% were males. The largest age group participating in the survey ranged "between 0 to 17 years," representing 62% of the overall sample. The data was collected from the caregivers of the children who could not respond to the questionnaire.

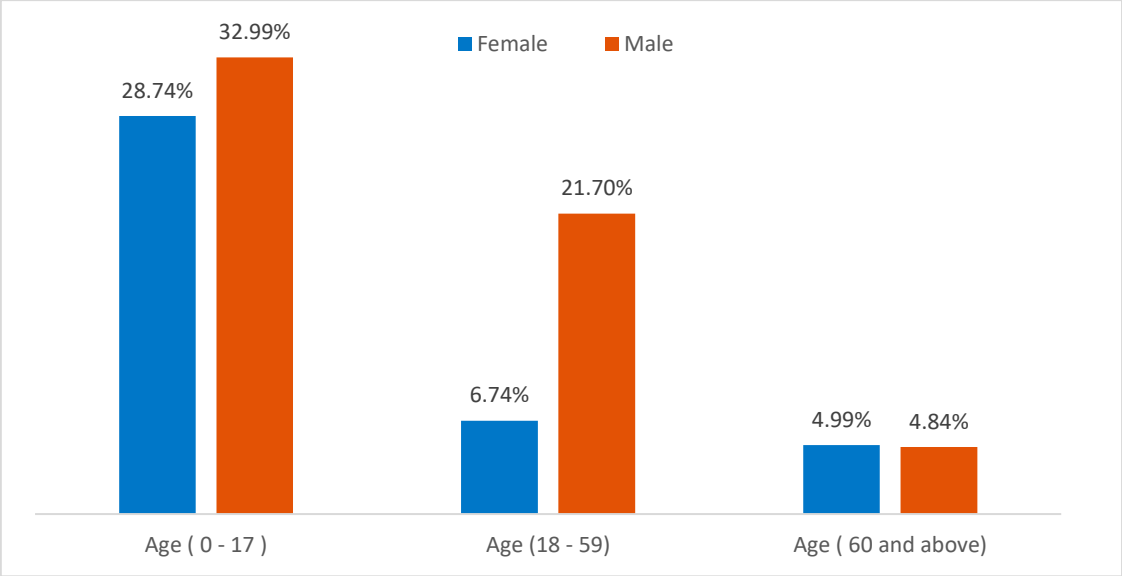

Figure 2 characteristic of the sampled participants per age group and gender

8. **Limitations:**

Limitations faced during data collection were as follows:

- Some contact numbers were unreachable or disconnected; backup lists were provided to replace the unreachable sample considering the same gender, age group and locality. This limitation affected the duration of the data collection process and extended it for at least two weeks.
- Some people changed their residence and have new addresses; those changes were registered to be changed in the project databases.
- It was the first time using the mobile data collection modality; the new experience was challenging for the HI team and the data collectors, especially with the short preparation and training time. Also, data collectors using their mobiles is not advisable. Tablets or Smart Phones need to be allocated for such activities.
- Social norms and negative attitudes towards disability diminished the participation of twelve participants; therefore, they refused to provide their consent once they heard the subject of the assessment.

5 RESULTS

The following information and results are based on the sample size of 682 respondents unless stated otherwise.

5.1 Types of Disabilities

The table below shows the type of disabilities reported by respondents who answered "a lot of difficulties" or "cannot do at all" in the related domain questions of the Washington Group Short Sets (WGQs). The overall percentage is higher than 100% as some respondents presented multiple difficulties. The most increased disability identified among the surveyed sample is self-care with 32.8% out of the total model (682), followed by motor difficulties with 32.4%, and the lowest is hearing disability.

Type of Disability	Total	Percentage
Visual disability	103	15.1%
Hearing disability	88	12.9%
Mobility disability	221	32.4%
Communication disability	141	20.7%
Cognition disability	147	21.6%
Self-care disability	224	32.8%

Table 1: Type of disabilities reported by respondents

5.2 Rehabilitation Services

5.2.1 Need for Rehabilitation services

The surveyed participants were asked to rank the top three rehabilitation services according to their prioritised needs. The services covered multidisciplinary rehabilitation services, including physiotherapy (PT), occupational therapy (OT), speech therapy (ST), mental health and psychosocial support (MHPSS), assistive devices (AD), Prosthetic and orthosis (P&O), family education, home adaptation. In addition to wound dressing and medication, medical services are considered for specific conditions to support effective rehabilitation services. ***91.64% reported needing at least one rehabilitation service, while 8.36% didn't prioritise any service.*** The table below shows the priorities for rehabilitation services according to the needs of the surveyed respondents. MHPSS was identified as the highest priority, followed by speech therapy, and the less prioritised service was home adaptation with 3%.

Service	Priorities according to need
Mental Health and Psychosocial Services (MHPSS)	23%
Speech Therapy (ST)	18%
Prosthesis & Orthosis (P&O)	16%
Medication	13%
Physiotherapy (PT)	10%
Occupational Therapy (OT)	6%
Family Education	6%
Wound dressing (WD)	5%
Home adaptation	3%

Table 2 Prioritized rehabilitation services according to the needs of surveyed participants

5.2.2 Access to Rehabilitation Services

The Surveyed participants were asked if they received any rehabilitation services during data collection; **Only 17% of the respondents reported that they are still accessing rehabilitation services, while 83% don't** (Figure 3). However, 5% of the respondents are accessing multi-disciplinary rehabilitation services, i.e. More than one rehabilitation service.

The respondents reported that they were receiving different types of services during the data collection time, at which 34.21% of respondents said that they received MHPSS services, 32.46% were receiving speech therapy, and none were receiving home adaptation and family education. Figure 4 shows the services that the respondents reported still accessing (N=114) were receiving.

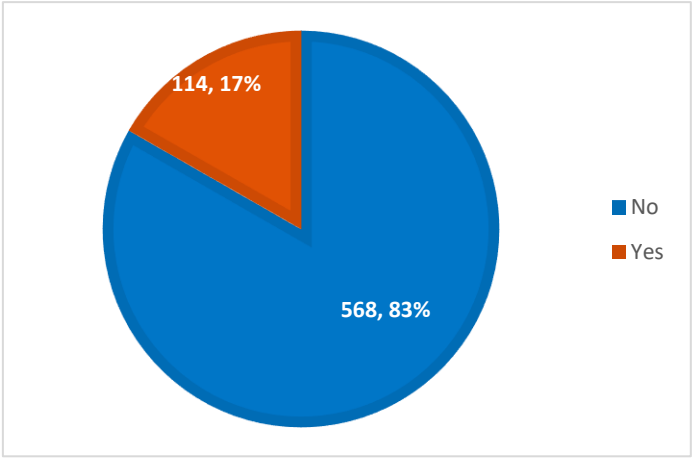

Figure 3 respondents receiving rehabilitation services at the data collection time

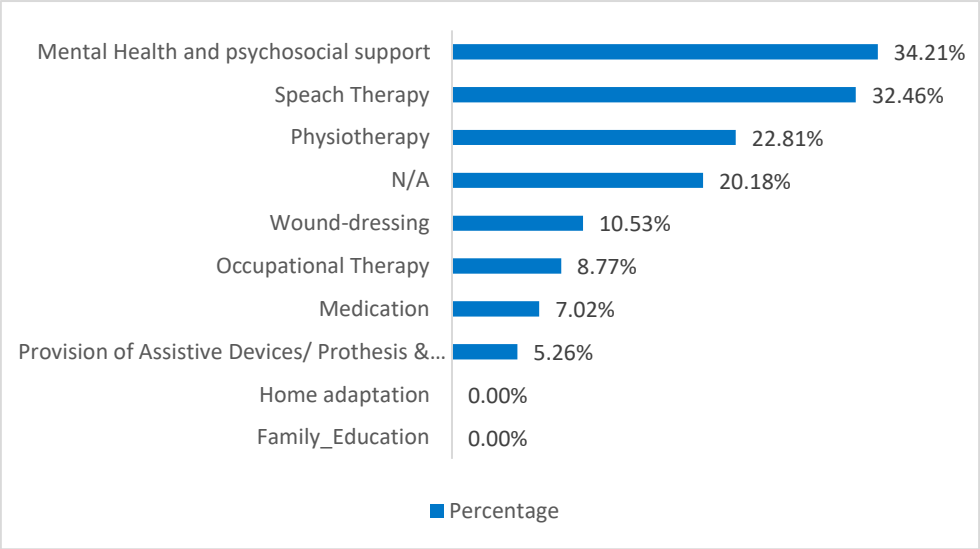

Figure 4 services received by the respondents at the time of data collection.

5.2.1 Quality of Rehabilitation Services

5.2.1.1 Availability of Rehabilitation Services

61% of the surveyed respondents reported that they are not aware of the rehabilitation services provided in their area or governorate (Figure 5). This shows the strong relation/link between the access to information about the existing services to support access to service and timely response to the needs (i.e. X person with spinal cord injury has a functional limitation to move around the area. They do not know that a rehabilitation centre exists in the area. Therefore, they will not access the needed services, resulting in deterioration of

their health condition and functional status). As **83%** of respondents reported that they don't access rehabilitation services during data collection. Therefore, ongoing mapping of existing rehabilitation services is highly needed. The dissemination channels for information about rehabilitation services and tools should be accessible and widely spread to reach the highest number of populations. Community leaders, social media, radio messages, and awareness sessions in the primary health care centres could be community-based workers; all could be good tools to use according to the targeted population and context.

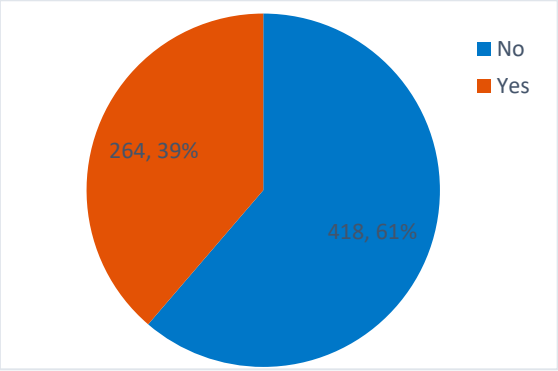

Figure 5 Respondents aware of existing rehabilitation services available in their area

5.2.1.2 Acceptance: Rehabilitation services respond to the needs of different Impairments

55.27% of surveyed respondents agreed that the rehabilitation services provided respond to the needs of **children with developmental delays**, and **57.03%** agreed that the rehabilitation services respond to the needs of **people with cognitive and intellectual disabilities. In comparison, 53.66%** agreed that it responds to the needs of **older people with disabilities**. This indicates that rehabilitation service providers ensure equal access for people with disabilities to existing rehabilitation services regardless of age and disability. However, it raises concerns about the quality of rehabilitation services provided. i.e., the technical capacity of rehabilitation professionals to respond to the varied needs of different target groups, the prioritisation criteria followed by the rehabilitation service providers and the validity of data collection tools (technical assessments) to respond to the diverse needs of people with disabilities.

5.2.1.3 Participation in the Rehabilitation Process

58% of the respondents reported that they and their caregiver actively participated in the rehabilitation process; Identifying and prioritising their needs, setting the goals, developing the treatment plan and implementing it **(Figure 6)**. Regarding **gender participation** in the rehabilitation service provision, almost **73.17%** of participants' caregivers are females (mothers and wives) **(Figure 7)**.

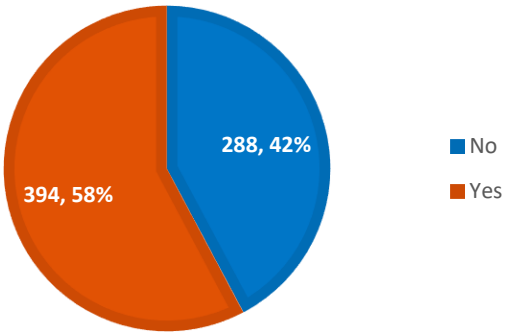

Figure 6: Respondents/caregivers participating in the rehabilitation process

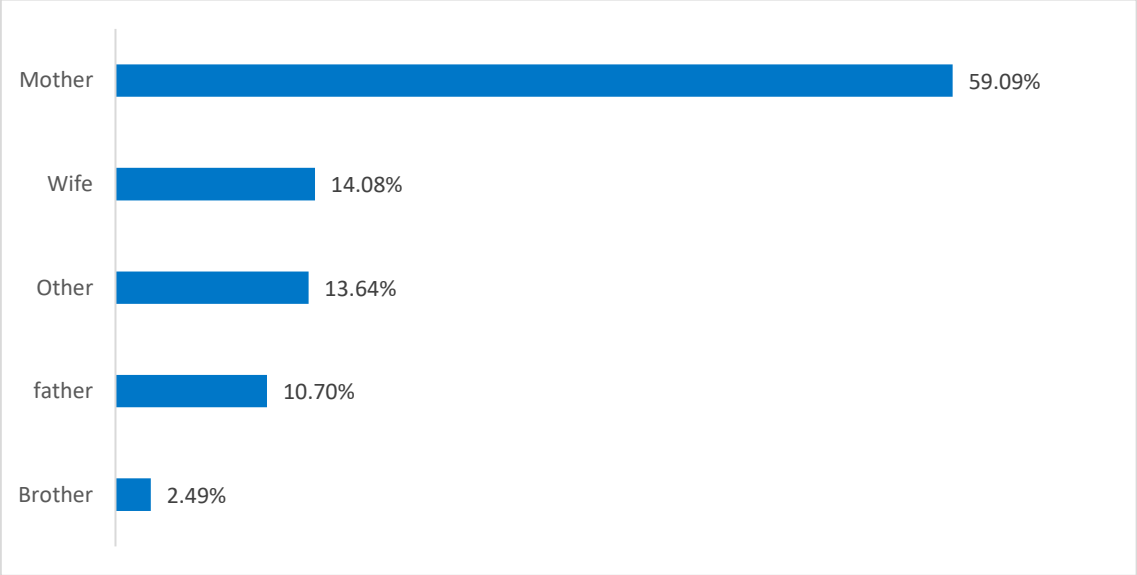

Figure 7 Main caregivers of the surveyed respondents

5.2.1.4 Information Sharing and referral

59% of respondents reported that service providers don't share information with them at the time of discharge regarding other rehabilitation services available **(Figure 8)**. Furthermore, 66% of respondents reported that service providers refer them to other service providers based on their individual needs **(Figure 9)**. This indicates that rehabilitation services are not provided in a complementary and comprehensive manner, consequently limiting the possibility of persons with disabilities continuing the rehabilitation care and leading to deterioration in their physical and functional conditions. As a result, long term rehabilitation projects are required to respond to the chronic needs of people with disabilities.

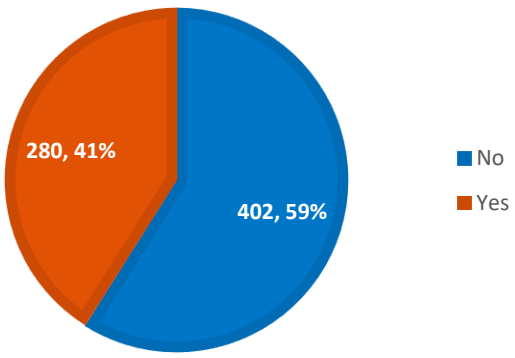

Figure 8 Respondents reported that service providers share information at the time of discharge.

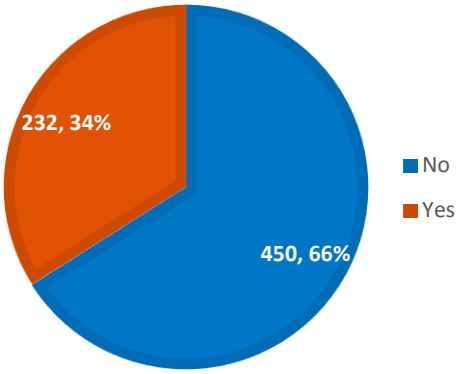

Figure 9 Respondents reported being referred to other service providers based on their needs

5.2.1.5 Accessibility

Only 49.27% of respondents reported that rehabilitation services are accessible **(Figure 10)**.

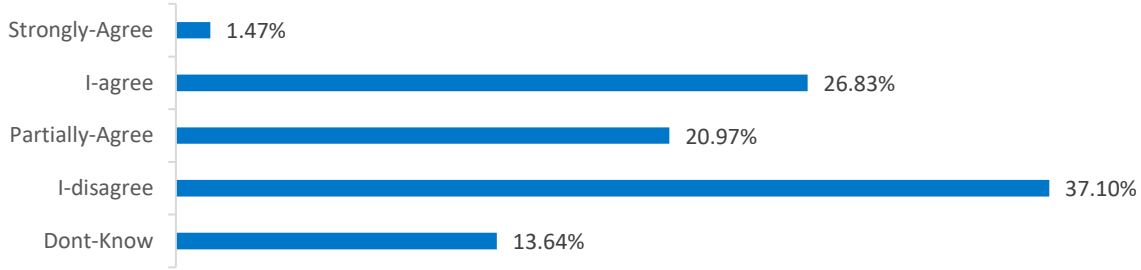

Figure 10 Respondents reported that rehabilitation services are accessible.

However, **51.32%** of the surveyed participants agreed that they could access comprehensive rehabilitation services as per their identified needs through **outreach (home visits)** programs **(Figure 11)**. Likewise, **56.45%** agreed they could access it through **centre-based programs (Figure 12)**. This indicates that most of the services provided combine both modalities of service provision to ensure access to people with limited mobility, people living in remote areas and inaccessible building and taking into consideration the chronic economic crisis in Gaza, which decrease the capacity of the population to afford the transportation costs to access rehabilitation centres. On the other hand, **18.91%** of respondents reported that service providers offer **sustainable** rehabilitation services (rehabilitation centres are still active even after the fund ended), which respond to long term rehabilitation needs and are not restricted to the short-term project fund. **(Figure 13)**Thus, most of the rehabilitation services provided by international and non-governmental organisations (I/NGOs) are project-based and don't meet the long-term rehabilitation needs of people with chronic disabilities. In addition, most local NGOs lack the technical capacity to develop sustainability plans to ensure the continuity of rehabilitation services after the end of projects or funds.

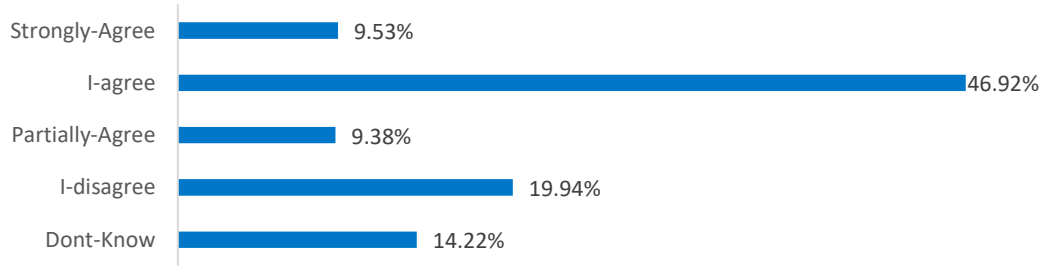

Figure 11 Access to rehabilitation services through outreach programmes

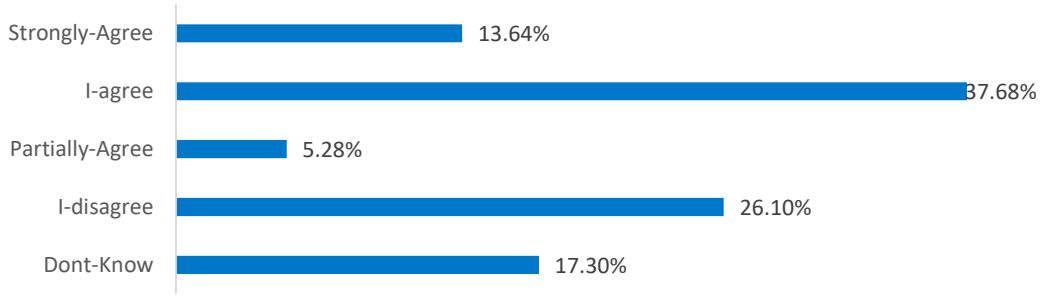

Figure 12 Access to rehabilitation services through centre-based programmes

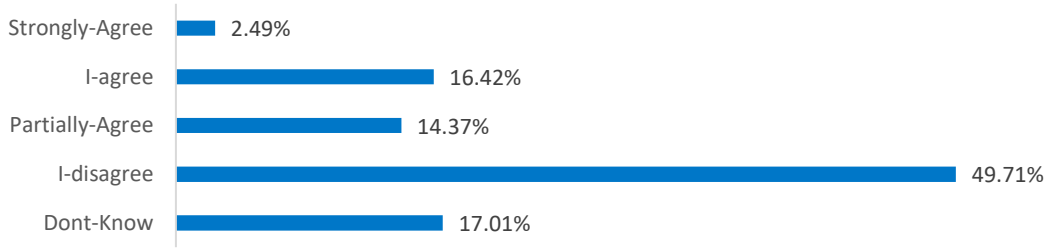

Figure 13 Sustainability of rehabilitation services

5.3 Barriers to Access Rehabilitation services

47.07% of surveyed respondents agreed that persons with disabilities have equal access to the **MHPSS sessions** compared to the general population. Similarly, 45.02% agreed that persons with disabilities have equal access to **physiotherapy sessions**. Furthermore, 44.4% agreed that persons with disabilities have equal access to **occupational therapy sessions**. In comparison, 21.85% agreed that persons with disabilities have equal access to **speech therapy** sessions compared to the general population.

The respondents highlighted the following causes of inequity to access rehabilitation services:

1- Unaffordability of rehabilitation services: 79% of respondents reported that the cost of the service/ session is high compared with the socioeconomic situation of people with disabilities
2- Lack of Quality and sufficiency of rehabilitation services provided: 55% of respondents reported that the number of sessions is not sufficient for the need of people with disabilities
3- Inaccessible rehabilitation centres: 52% of respondents reported that the rehabilitation centres are not accessible for people with disabilities. Equally, they said that the tools are not available or adapted to meet their needs.
4- Discrimination based on disability and negative attitudes: 48% of the respondents believe that they will face discrimination inside the service provision centres based on their disability. In the same way, 31% believe that rehabilitation teams are not sensitised to communicating with people with disabilities.
5- Lack of sustainability: only 18.91% of respondents reported sustainable rehabilitation service providers. (Figure 13)

6 CONCLUSIONS

Most persons with disabilities surveyed don't receive rehabilitation services based on the needs assessment results. They have limited access to rehabilitation services due to attitudinal, physical, communication and organisational barriers faced in the community, which will improve their functional independence and enhance their participation and inclusion in the community. Only 34.21% of beneficiaries have access to MHPSS, 18% to speech therapy, while 16% of beneficiaries who access assistive devices and P&O are highly

needed services by people with disabilities. The low percentage is linked to a lack of multidisciplinary rehabilitation approach in rehabilitation services provision, limited referral to available services in the community and lack of information sharing on the existing services. In addition, unavailability of services in the community as most of the rehabilitation services provided in Gaza are project-based.

MHPSS is highly needed for people with disabilities and their families. They face stigma and discrimination in the community and the sequences of disability in the family, like the continuous need for health and rehabilitation care. MHPSS needs to be integrated within the health and rehabilitation services to relieve the stress of the family and persons with disabilities to enhance their participation in community activities. Equally, speech therapy services are rarely available, either by the private sector or project-based services by local NGOs. They end with an ongoing need for the service primarily for children with developmental delays or adults with neurological disorders, who make up a large proportion of the total number of people with disabilities in Gaza. While assistive devices and P&O services were identified as the third need for people with disabilities, the main challenge remains the lack of maintenance shops and improper tracking of the assistive devices delivered by different rehabilitation actors. At the level of access to rehabilitation services, **availability, acceptance, sustainability, accessibility, and quality** are all challenging. It requires collaborative efforts from the authority, I/NGOs, the private sector and people with disabilities. In addition to ongoing need assessments to ensure an effective response to the population's needs.

7 RECOMMENDATIONS

To ensure efficient and effective rehabilitation intervention in future projects, HI should continue the provision of rehabilitation services to people with disabilities through local partners and at the same time, overcome accessibility, attitudinal, communication and organisational barriers that limit the access of people with disabilities to services. The following actions should be considered to overcome the barriers:

- Support coordination mechanisms among rehabilitation actors and other mainstream service providers to activate referral and respond to the needs of people with disabilities,
- Strengthen the capacity of Local NGOs to provide sustainable rehabilitation services through ongoing capacity building for the different departments and strengthening the organisation's policies and procedures,
- Support OPDs to advocate for the integration of MHPSS and adoption of a multidisciplinary approach in health service provision and conduct awareness campaigns for the community on the right of people with disabilities to access rehabilitation services,
- Support the accessibility of rehabilitation centres to ensure better access for people with disabilities to services,
- Enhance gender participation in the rehabilitation service provision with more roles for male caregivers,
- Building capacity of local shops for maintenance of assistive devices, and
- Adopt multisectoral projects to have a more significant impact on the lives of people with disabilities, like projects supporting livelihood and rehabilitation for most vulnerable people with disabilities.

Finally, it is recommended for future sectorial need assessments to include other data collection methods (quantitative data collection) and extend this effort at the national level to feed the HI rehabilitation strategy for Palestine.

On the other hand, respondents of the survey were asked about their suggestions, opinions and recommendations for the future of rehabilitation services and strategies; the surveyed respondents highlighted the below advice to improve their access to rehabilitation services:

- Rehabilitation service to be delivered through the mobile team to reach people with limited mobility or living in remote areas or inaccessible buildings,
- Cost of the sessions to be calculated based on the socio-economic situation of persons with disabilities,
- Clear mapping for the existing rehabilitation services and disseminated in the community through different media,
- People with disabilities should participate actively in the rehabilitation cycle to identify their needs priorities and share feedback,
- Organizations of people with disabilities (OPDs) to sensitise health professionals and service providers on how to communicate with people with disabilities,
- OPDs to advocate for enforcing the accessibility in the service provision buildings, and
- Tools of rehabilitation professionals to be adapted to the needs of people with disabilities.

8 Annexes

8.1 Rehabilitation Need Assessment Survey

Needs Assessment to identify rehabilitation need of PWDs to rehabilitation services and barriers to access rehabilitation services

Date:

A. General Information:

BNF Code:			DoB		
Sex	Male		Female		
Governorate	NG	GC	MA	KH	RA

B. Difficulties:

VISION VIS_1 Do you have difficulty seeing, even when wearing your glasses]? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused 6. I Don't *know*
HEARING HEAR_1 Do you have difficulty hearing, even when using a hearing aid? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused 6. I Don't *know*
MOBILITY MOB_1 Do you have difficulty walking or climbing steps? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused 6. I Don't *know*
COMMUNICATION COM_1 Using your/their everyday language, do you have difficulty communicating, for example, understanding or being understood? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused 6. I Don't *know*
COGNITION (REMEMBERING) COG_1 Do you have difficulty remembering or concentrating? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused 6. I Don't *know*
SELF CARE SC_1 Do you have difficulty with self-care, such as washing all over or dressing? Would you say… [Read response categories]	1. No difficulty 2. Some difficulty 3. A lot of difficulties 4. Cannot do at all/unable to do 5. Refused

	6. I Don't *know*

C. Access to rehabilitation need

Can you please rank your priority regarding your rehabilitation service's needs? Please rate the top 3.	Q 1
	PT
	OCT
	ST
	AD/ P&O
	Wound dressing
	MHPSS
	Medication
	Home adaptation
	Family education
Do you receive rehabilitation services currently?	Q2
	Yes
	No
If yes, what are the rehabilitation services that you receive currently? (Select multiple)	Q3
	PT
	OCT
	ST
	AD/ P&O
	Wound dressing
	MHPSS
	Medication
	Home adaptation
	Family education
Do you know the rehabilitation services available within your governorate? If yes, how do you know about it? Who is providing you with the services?	Q4
	Yes
	No
In the following question, please indicate your level of agreement to the following statements: The rehabilitation services provided respond to the needs of children with developmental delays Challenges/recommendations:	Q 5
	Strongly Agree
	I agree
	Partially Agree
	I disagree
In the following question, please indicate your level of agreement to the following statements: The rehabilitation services provided respond to the needs of people with cognitive and intellectual disabilities Challenges/recommendations:	Q 6
	Strongly agree
	I agree

	Partially Agree
	I disagree
In the following question, please indicate your level of agreement to the following statements: The rehabilitation services provided respond to the needs of older people. Challenges/recommendations:	Q 7 Strongly Agree I agree Partially Agree I disagree
I can access comprehensive rehabilitation services as per my (my child) identified needs (Occupational Therapy, Physiotherapy, Speech Therapy, Mental health psychological support, home adaptation, P&O, Assistive devices, Medications ...) through a home-based program **"outreach."** Challenges/recommendations:	Q 8 Strongly Agree I agree Partially Agree I disagree
I can access comprehensive rehabilitation services as per my (my child) identified needs (Occupational Therapy, Physiotherapy, Speech Therapy, Mental health psychological support, home adaptation, Assistive devices, Medications ...) through the **centre-based program.** Challenges/recommendations:	Q 9 Strongly Agree I agree Partially Agree
	I disagree
10- Do you agree that persons with disabilities have equal access to MHPSS sessions compared to the general population? **If you disagree, why? (Select multiple)** ❑ Tools are not available or adapted to meet their needs ❑ Persons with disabilities may inhibit to exchange experiences with others ❑ MHPSS staff not trained to deal with persons & children with disabilities ❑ Persons with disabilities cannot overcome and cope with the situation ❑ Persons with disabilities will face discrimination ❑ Persons with disabilities would achieve more in special centres where all is with disabilities ❑ Other: ……	☐ Strongly Agree ☐ I agree ☐ Partially Agree ☐ I disagree
10- Do you agree that persons with disabilities have equal access to physiotherapy services compared to the general population?	Q 10
If you disagree, why? (Select multiple) ❑ Tools are not available or adapted to meet their needs ❑ Rehabilitation centres are not accessible for people with disabilities	☐ Strongly Agree ☐ I agree ☐ Partially Agree ☐ I disagree

❑ Rehabilitation teams are not sensitised on how to communicate with people with disabilities ❑ Persons with disabilities will face discrimination ❑ Number of sessions are not sufficient for the need of people with disabilities ❑ The cost of the service/ session is high compared with the socioeconomic situation of people with disabilities ❑ People with disabilities don't know who is providing the PT services ❑ Other: ……	
11-Do you agree that persons with disabilities have equal access to occupational therapy (OT) services compared to the general population? If you disagree, why? (Select multiple) ❑ Tools are not available or adapted to meet their needs ❑ Rehabilitation centres are not accessible for people with disabilities ❑ Rehabilitation teams are not sensitised on how to communicate with people with disabilities ❑ Persons with disabilities will face discrimination ❑ Number of sessions are not sufficient for the need of people with disabilities ❑ Occupational therapy service is not available ❑ People with disabilities don't know who is providing the OT services ❑ The cost of the service/ session is high compared with the socioeconomic situation of people with disabilities ❑ Other: ……	Q 11 ☐ Strongly Agree ☐ I agree ☐ Partially Agree ☐ I disagree
12-Do you agree that persons with disabilities have equal access to speech therapy (ST) services compared to the general population? **If you disagree, why? (Select multiple)** ❑ Tools are not available or adapted to meet their needs ❑ Rehabilitation centres are not accessible for people with disabilities ❑ Rehabilitation teams are not sensitised on how to communicate with people with disabilities ❑ Persons with disabilities will face discrimination ❑ Number of sessions are not sufficient for the need of people with disabilities	Q 12 ☐ Strongly Agree ☐ I agree ☐ Partially Agree ☐ I disagree

❑ Speech therapy service is not available ❑ People with disabilities don't know who is providing the ST services ❑ The cost of the service/ session is high compared with the socioeconomic situation of people with disabilities. ❑ Other: ……	
Do you and your caregiver actively participate in the rehabilitation process? Identifying and prioritising your needs, setting the goals and developing the treatment plan, implementing the treatment plan, etc.? If not, can you explain the reasons? What do you suggest to improve?	Q 13 Yes No
Who is your primary caretaker, if any?	Q 14 Father Mother Wife Brother Other, please specify
Do service providers share information with you at the time of discharge regarding other rehabilitation services available?	Q 15 Yes No
Do service providers refer you to other service providers in your area based on your individual needs?	Q 16 Yes No
The rehabilitation services are accessible. If you "Partially Agree" or "disagree", please explain why:	Q 17 Strongly Agree I agree Partially Agree I disagree
Do service providers offer sustainable services for your needs? Explain?	Q 18 Strongly Agree I agree Partially Agree I disagree
What do you suggest to overcome the barriers you face in accessing the rehabilitation services? (Select multiple)	Q 19

❑ Tools of rehabilitation professionals to be adapted to the needs of people with disabilities.
❑ Clear mapping for the existing rehabilitation services and disseminated in the community through different media.
❑ OPDs to sensitise health professionals and service providers on how to communicate with people with disabilities.
❑ OPDs to advocate for enforcing the accessibility in the service provision buildings.
❑ Cost of the sessions to be calculated based on the socio-economic situation of persons with disabilities.
❑ Service to be delivered through a mobile team to reach people with limited mobility or living in remote areas or inaccessible buildings.
❑ People with disabilities should participate actively in the rehabilitation cycle
❑ Other: ……