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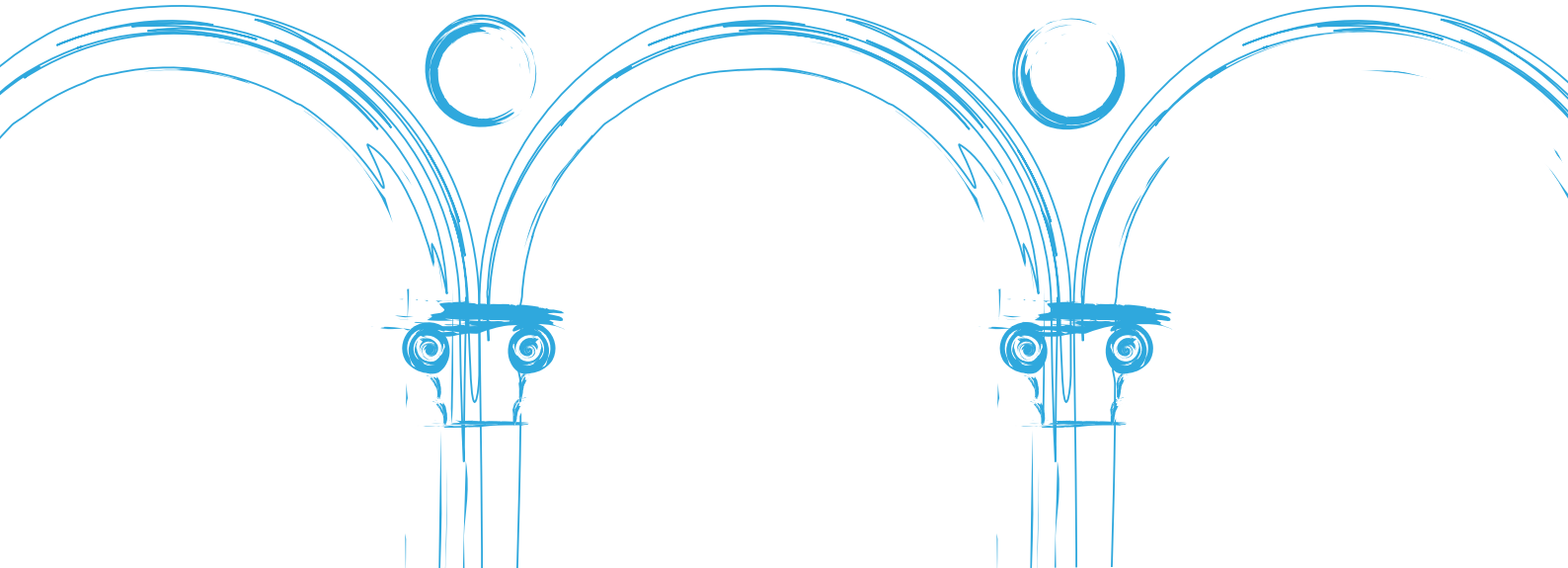

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THE IMPACT OF THE COVID-19 PANDEMIC ON THE PROVISION OF ASSISTIVE TECHNOLOGY IN THE STATE OF PALESTINE

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Overview

Official statistics identify 2–7 per cent of the population in the State of Palestine (SoP) as having a disability. There is limited evidence available regarding levels of access to assistive technologies (AT) by people with disabilities in SoP however, estimates suggest that there are high levels of unmet need. Less than 10 per cent of children with disabilities received assistive devices in the year of one recent survey (1). The SoP has an as-yet underdeveloped system for assistive technology provision, with most devices being provided by NGOs, and weak referral systems by healthcare providers. However, the past five years have seen increasing prioritization of disability-specific services, both by the Palestinian National Authority and by other humanitarian agencies, including UNICEF. The COVID-19 pandemic has had an impact on a range of such services in many countries, but little information is yet available on the impact on AT provision in humanitarian settings such as SoP.

Approach

We first conducted a review of the global literature to understand what is known about the nature and scale of AT provision in humanitarian settings, and best practice in AT delivery. This review identified several knowledge gaps with a key question being whether the paucity of academic literature reflected the scale of provision. The objective of this case study is to explore the impact of the COVID-19 pandemic on the provision of AT in SoP, and how organizations with a role in AT provision have responded to the challenges presented by the pandemic. We conducted a review of the grey literature related to AT provision in SoP and sought interviews with organizations we found to have a documented role in AT provision in order to build on our understanding of the landscape of AT provision in the SoP and the impact of the pandemic. Due to the ongoing pandemic, interviews were conducted remotely. COVID-19 restrictions limited the scope of research (as implementers' projects could not be visited) but may also have led to more informants being accessible to researchers, due to the relative ease of online meetings in comparison to arranging in-person discussions.

Findings

The restrictions imposed by the SoP to curb the spread of COVID-19 have consequently restricted access to many services, including to rehabilitation and AT provision. Some planned and operational rehabilitation and AT-provision services have been paused or delayed. Beyond the closure or reduction of services due to their inaccessibility (as a result of mobility restrictions), the pandemic has had further negative impacts on programming processes; for example, the procurement of assistive devices. A key concern of some providers is the possible or actual diversion of organizational funds from rehabilitation services to the emergency pandemic response. More positively, we found examples of rehabilitation programmes experimenting and adapting to pandemic restrictions by identifying and taking forward remote-delivery approaches.

Goal

Lessons can be learnt from the pandemic regarding the ways of effectively and efficiently delivering remote AT services in humanitarian settings. Innovative remote provision approaches could improve and expand the reach of AT services beyond the duration of the pandemic response. The pandemic also offers lessons on the feasibility of online mechanisms for programme coordination and decision-making that include people with disabilities. However,

providers should be aware of risks to the quality of provision associated with replacing in-person delivery with remote services. The expansion of remote services beyond pandemic restrictions must be based on evidence of which households have access to services such as the internet and must be tailored to the context. Offering alternative ways of accessing information, such as SMS or by utilizing community-based rehabilitation services, may be more accessible alternatives.

A recent survey has pointed out the detrimental impact of the pandemic on household income (2), and a previous survey has shown that some 22 per cent of assistive devices for children are paid for out-of-pocket (3). The pandemic may therefore have a negative impact on AT access, which may not be visible in the immediate aftermath of the health crisis. Agencies should prioritize AT services for the most vulnerable and protect such resources from diversion in the case of future crises. Organizations must frame AT provision as an essential service, as opposed to an 'extra' service or a charitable offer, in order for the State of Palestine to meet its commitments to the Convention on the Rights of Persons with Disabilities (CRPD).

Audience

Organizations with a responsibility for the humanitarian response and AT provision, including the government, donors, multilateral agencies, NGOs and civil society.

State of Palestine: The impact of the COVID-19 pandemic on AT for children with disabilities

Summary of case study findings

- A recent study provides a valuable aggregation of the impacts of the pandemic on AT provision and use across the globe (30). In this study we aim to add to this literature by offering an example, in the form of a case study, of the impacts on AT services in the particularly low-resourced, humanitarian setting of the SoP.
- The SoP has an as-yet-underdeveloped system for AT provision, with the majority of assistive devices being provided by NGOs and with weak referral systems to these services by healthcare providers. However, in the past five years there has been increasing prioritization of disability-specific services by both the Palestinian National Authority and by other humanitarian agencies, including UNICEF. This focus has led to efforts to strengthen systems of provision, as well as the legal framework informing available provision.
- The restrictions imposed by the SoP to curb the spread of COVID-19 have consequently restricted access to many services, including rehabilitation and AT provision services. Some planned and operational rehabilitation and AT-provision services have been paused or delayed.
- Beyond the closure or reduction of services due to their inaccessibility (as a result of mobility restrictions), the pandemic has also had negative impacts on programming processes; for example, the procurement of assistive devices.
- A key concern of providers was the possible or actual diversion of organizational funds from rehabilitation services to the emergency pandemic response. Protecting programme budgets was considered a challenge.
- Even when AT services were reopened after pandemic restrictions were lifted, access from users may have remained low. This could be due to people with disabilities and their families being afraid of the risks of infections associated with traveling to access services. It may also be related to out-of-pocket costs becoming unaffordable as a result of the economic crisis, which may have been exacerbated by the pandemic.
- We found examples of rehabilitation programmes adapting to pandemic restrictions by identifying and taking forward remote-delivery approaches.
- Respondents did not discuss possible increases in new impairments or need for rehabilitation services resulting from the pandemic, although there has been global evidence suggesting this may be an outcome.
- Lessons can be learnt from the pandemic regarding ways of effectively and efficiently delivering remote services which can be expanded to ‘build back’ AT services better and in ways that can reach more of the Palestinian population. However, providers should be aware of the likely risks to the quality of delivery associated with replacing in-person provision with remote services.
- This case study identifies the need for organizations providing AT to frame this provision as an essential service and a priority, as opposed to an ‘extra’ service. Such efforts are likely to be supported by the revision of the Palestinian Disability Law to take a rights-based approach to disability.

The objective of this case study was to explore the impact of the coronavirus disease (COVID-19) pandemic on the provision of assistive technology (AT) in the State of Palestine (SoP), and how organizations with a role in AT provision have responded to the challenges presented by the pandemic. AT encompasses the systems, products and services that enhance the functioning of people with impairments. These technologies allow people with disabilities to realize their rights.

We conducted this review in the light of a broader literature review examining the barriers to provision of AT in humanitarian settings globally. To accompany this review, we conducted case studies on AT provision in South Sudan and Afghanistan. This case study on AT provision in the SoP does not intend to map all AT provision or explore all the barriers and facilitators of AT but focuses particularly on the impact of a crisis (the global pandemic) on a setting already affected by crisis (the ongoing occupation of Palestine and long-standing conflict between Israel and SoP).

Methodology

The case study approach is a qualitative research methodology that can elicit evidence relevant to decision-making in the areas of both policy and professional practice. This approach involves examining a phenomenon in its context using multiple sources of data in order to build a holistic picture of the phenomenon (4). Case studies are particularly useful for research questions concerned with the 'how' and 'why' of a phenomenon, where the context is central to the phenomenon being studied (5).

We conducted a review of the grey literature related to AT provision in Palestine. We used the websites of organizations which we identified as operational in AT provision in Palestine based on recent reports and mappings – for example, those conducted by SIDA, the World Bank and UNICEF (3)(6)(7) – to find documentation of activities related to the following search terms: “disab*”; “impair*”; “Covid*”; “pandemic”; “ortho”; “prosthe*”; “emergency medic*”; “rehabilit*”; disaster medic*”; “physiotherapy”; “assistive technolog*” “assistive device*”; “assistive product*”; “injur*”. We identified 63 relevant documents.

Key informant interviews are an affordable qualitative approach that draws on the knowledge of experts in a field to gain an understanding of the motives and perspectives of actors involved in a phenomenon. They are a valuable tool in filling knowledge gaps regarding complex behaviours, and can bring to light issues which researchers have not previously considered (8). In this case study, we sought interviews with organizations we found to have a documented role in AT, in order to build on our understanding of the landscape of AT provision in the SoP and the impact of the pandemic. We conducted semi-structured interviews with respondents, using the framework provided in Annex A, and supplemented these with specific additional questions related to the pandemic:

1) What restrictions on your activities have you faced as a result of the pandemic?
2) How have the restrictions and other impacts of the pandemic affected your programmes and activities?
3) Has the pandemic led to any changes in how you operate or plan AT provision?
4) What impacts have the pandemic had on your beneficiaries, and how are you aware of these?
5) What impacts do you envisage the pandemic having on AT provision in the future?

Context

The SoP has been occupied by Israel since 1967 (9). It is made up of the West Bank, which houses some 19 refugee camps, and the Gaza Strip, which has a population of almost 2 million – the majority registered refugees (9) – and one of the most densely populated areas in the world. Since 2008, Gaza has experienced three wars, killing thousands and leaving many with injuries (9). It has among the world's highest rates of unemployment (10), and is highly dependent on international aid (11). Half of Gaza's population are children, who have experienced conflict for most of their lives, severely affecting their lives and opportunities. In 2014, more than 250 schools were damaged or destroyed (9).

The Palestinian National Authority is the governing body of the SoP and has the most access and authority over the West Bank. Since 2007, Hamas has been the de facto governing authority of the Gaza Strip. Israel has blockaded Gaza since 2007, preventing the free movement of people and goods in and out (9). As a result, the majority of the population of Gaza has limited access to basic necessities such as water, food, medicine and electricity (9)(12). Further, the occupation has evicted many Palestinians from their homes and resulted in the demolishment of private and public buildings (10)(12). This has exacerbated the humanitarian crisis and led to high levels of poverty, food insecurity and unemployment (12)(10). It was estimated that some 2.4 million Palestinians would require humanitarian support in 2020 (10)(13).

Disability in the State of Palestine

Official statistics suggest that between 2–7 per cent of the population of Gaza live with an impairment, depending on the definitions of disabilities used (7)(14). The most recent estimates used by the Palestinian National Authority (PNA) are of a disability prevalence rate of 5.8 per cent (15). A 2011 survey identified mobility impairments as being the most common, followed by visual, hearing and cognitive impairments (14); a 2017 census similarly indicated that visual and mobility issues were the most common (15). A 2017 estimate implied that almost a quarter of children in Gaza needed psychosocial support, suggesting that psychosocial disabilities may be very high (14). One study suggests that more than 250,000 children in Palestine live with some form of intellectual or psychosocial disability (10)(13). The majority of people with a disability live in urban centres (75 per cent), and 12 per cent live in refugee camps (15).

One study reported that at least 900 people, of whom a third were children, had acquired a severely disabling impairment during a recent conflict – 100 of those had a limb amputated (16). Injuries with a more temporary impact on functioning are likely to be much higher; for example, since 2018, at least 35,000 people have been injured in 'Great March of Return' protests at the border between Gaza and Israel, 8,300 of those children (12). These protests have led to an increase in the numbers of persons with disabilities (10). Children living in the Gaza Strip are particularly likely to be affected by the occupation and conflict and to acquire impairments leading to disabilities (17).

Risks to vulnerable groups, including children, have grown in recent years, as evidenced by increases in school dropouts, child labour and child marriage (13)(10). The Palestinian Education Cluster estimates that 403,000 children in Palestine need emergency education assistance, and that 18,000 of these children have a disability (10). A study in 2014 found that over a third of Palestinian 15-year-olds with a disability had never enrolled in school, and another third had

dropped out of school (7). The PNA reported that in 2017, 27 per cent of children with disabilities between the ages of 6 and 17 were not enrolled in education (15). Children with disabilities are reported to be more vulnerable to exposure to assault and abuse (15).

The PNA has signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The Ministry of Social Development (MoSD) is responsible for fulfilling the commitments of the Disability Law. There is evidence that the PNA aims to strongly prioritize disability issues (though it may have very limited resources for direct implementation of services). This prioritization is reflected in a number of documents:

- The Social Development Sector Strategy 2021–2023 discusses the needs and vulnerabilities of people with disabilities throughout, including in relation to the impact of the pandemic on their needs. This document provides analysis of the barriers to education and other services for children with disabilities and identifies steps that must be taken to tackle such inequalities. The strategy also includes indicators to measure progress on the provision of AT: "number of persons with disability who were provided technical aids", "number of persons with disability who received services in specialised centres", and "number of persons with disability who received homecare services". The 2019 baseline for the provision of technical aids was 651 (15).
- The inclusion of disability-related goals in a number of other sectoral strategies to date, including the Ministry of Education and Higher Education's strategic plan, and the National Health Strategy (3).
- The PNA is in the process of amending the Law on the Rights of Persons with Disability. This has been supported by UNICEF and the draft is to be signed shortly. This law will move the classification of disability away from a medical model and towards rights-based models which focus on functionality.

Although the West Bank and Gaza are governed by the same frameworks with regards to disability-related provision, there are likely to be differences in the services available to children with disabilities in each territory (6).

Provision of assistive technology in Palestine

A 2016 UNICEF/ODI/MoSD report on the needs of children with disabilities in the SoP has been highly influential in both informing and instigating programmes and reforms to improve systems for the provision of services to which people with disabilities have a right (3). This case study draws on that report for context.

There is limited evidence available regarding levels of access to AT by people with disabilities. However, estimates suggest that there are high levels of unmet need for assistive devices, including prosthetics and orthotics (1). One study of households found that 45.3 per cent reported that it was very difficult to access assistive devices (3). Less than 10 per cent of children with disabilities received assistive devices in the year of the survey (1). Children with cognitive impairments reported facing the greatest difficulties in accessing the services they needed (1).

The Disability Law of 1999 aims to safeguard the right of people with disabilities to access health services, including assistive devices. The PNA covers 25 per cent of the cost of these (1). However, a 2006 regulation of this law excluded assistive devices from the list of products

provided as standard through national health services (1). All people with disabilities are eligible for free government health insurance (3). One assessment suggests that despite this regulation of the law, prosthetics and other assistive devices can be provided by national mechanisms through health insurance, but eligibility criteria are unclear and there are long waiting lists for access (18). Another study states that in reality, over 90 per cent of assistive products and rehabilitation services are provided outside the public system and outsourced to NGOs (1). This study found 55 NGOs providing rehabilitation services in the West Bank, and 33 in Gaza (1).

The Ministry of Health (MoH) aims to provide referral services to NGOs and international agencies who can provide AT, but these referral systems are weak and only cover those under the national health insurance scheme (1). Many patients cover the cost of services privately (3). Patient registers do not function effectively, and the system has not been successful in meeting AT needs (1). The MoH is also working with the Ministry of Social Development (MoSD) and NGOs to secure assistive devices though funding limits provision (1). PNA documents point to a number of factors limiting the provision of specialized services for people with disabilities, including the lack of expert personnel; the centralization of services in cities; the gaps in coverage of some types of disabilities; and populations (15).

The Ministry of Education and Higher Education (MoEHE) also aims to play a role in AT provision with a stated goal of providing devices such as hearing aids, Braille books and wheelchairs for students through referral. However, it is unlikely that this referral system is functioning adequately to meet the needs of children with disabilities (1). Nevertheless, the PNA reports that 63.9 per cent of government schools provide adapted toilets for children with disabilities, and 56.1 per cent have ramps (15).

To meet urgent humanitarian gaps in the national system of AT provision, the Education Cluster is also playing a role and in its 2020–2021 strategy, has committed to supporting schoolchildren through the provision of "assistive devices, appropriate transportation, specialized learning materials or adaptations to school infrastructure, and building capacity of school staff to accommodate for their needs, as well as appropriate referrals in collaboration with relevant clusters." The cluster will measure progress against the indicator of "[number] of children with disabilities benefiting from the adapted education services and assistive devices" (10). The Education Cluster aims to collaborate with the Health Cluster to scale up provision of assistive devices for children with disabilities (10).

In 2020 UNESCO published a call for a consultant to develop and conduct a needs assessment in order to identify the number of students requiring assistive devices and inform and strengthen the Education Cannot Wait programme in Palestine. The intention is to create a baseline to track results against agreed AT-related indicators in future programming (19), which may improve the level of data available.

Though this is by no means an exhaustive list, we outline below details of some AT services provided by international organizations:

- UNICEF: Under its Health and Nutrition programming, UNICEF delivers an Early Childhood Development (ECD) programme, launched in 2017 and supported by MoH, MoEHE and MoSD (20). This ECD programme has a focus on children with disabilities and includes early detection of disability and the provision of assistive technologies.

- UNRWA: The United Nations Relief and Works Agency (UNRWA) provides medical rehabilitation services to people with disabilities in both the West Bank and Gaza (3). UNRWA runs a disability programme through Community Based Rehabilitation Centres (CBRCs) and outreach services. Most services are subcontracted to NGOs. In the West Bank, UNRWA provides early detection services for those with disabilities and has six clinics. However, needs outstrip UNRWA's available services; waiting lists are long and UNRWA has sometimes been unable to cover the full cost of assistive devices (1). UNRWA schools aim to be physically accessible (e.g., providing ramps), and aim to form strategic partnerships with NGOs who can provide special education for children with disabilities (1).
- International Committee of the Red Cross (ICRC): ICRC supports the Gaza Artificial Limbs and Polio Centre, which includes prosthetic, orthotic and physiotherapy services. In 2017, ICRC reported providing 58 wheelchairs, 1,830 orthoses, 168 prostheses and 135 walking aids (21).
- Palestinian Red Crescent Society (PRCS): PRCS runs a rehabilitation centre as well as CPR programmes in Gaza providing rehabilitation services.
- Medical Aid for Palestinians (MAP): We did not find evidence of MAP services in the SoP, however MAP delivers rehabilitation services for Palestinian refugees in neighbouring countries, which include AT provision (22).
- Save the Children (StC): StC has partnered with local organizations such as Jabalia Rehabilitation Society to provide rehabilitation services. There is documentation of StC-led provision of assistive devices such as elbow crutches and wheelchairs (23).
- Bethlehem Arab Society for Rehabilitation (BASR): BASR run a community-based rehabilitation programme. In 2017, BASR provided rehabilitation services for 8,659 beneficiaries and dispensed 215 assistive devices including hearing aids, mobility aids, seating devices, visual aids, orthoses and prostheses (24).
- Several rehabilitation centres are run by NGOs in SoP, including the Abu Raya Centre, the Princess Basma Centre and The Arab Association in BeitJala. These have contracts with the MoH for the provision of services (1).
- The MoEHE supports 15 special schools for children with disabilities while the MoSD runs two schools for children with disabilities and provides assistive devices through these institutions (3). NGOs are also running a number of special schools (3).
- A number of other CBR services are managed by NGOs, which cover 45 per cent of communities, although only a small number of people with disabilities are enrolled and served by these programmes (3).

The impact of COVID-19 on SoP

In March 2020, the Palestinian Prime Minister declared a state of emergency in response to COVID-19 infections being identified in the SoP. Hamas and the PNA have cooperated closely to manage the pandemic response across the SoP (25). In both the West Bank and Gaza, the PNA and Hamas respectively have put in place movement restrictions and social isolation measures, including the suspension of most educational services (26). In the Gaza Strip, Hamas has taken measures since March 2020 to stop the entry of the virus into the territory; for example, by instituting two-to-three-week quarantines for those entering or crossing from Israel (11).

In the SoP, the pandemic's impacts are exacerbated by a number of factors:

- Given the high population density in Gaza, social distancing is very difficult (27)(11). Though symptoms of the virus in children may be less grave than in adults, children are particularly affected by the socioeconomic impacts. For example, even before the virus, there were few safe spaces for children to play (26). Now, more than 500,000 children are confined to their homes. This makes children more vulnerable to exploitation and abuse as well as to psychological impacts that lead to trauma and anxiety (26).
- Gaza in particular has a weak health infrastructure and faces serious shortages of essential medicines (11)(27). It has only 63 ventilators and 78 ICU beds (27).
- The blockade has prevented the import of medical equipment, including hygiene kits and ventilators (28)(11). Poverty in Palestine means that few can afford even locally manufactured goods to combat the spread of the virus (11). The economic effects of the pandemic are likely to be significant (11), which is likely to further reduce people's access to health services.
- Since the start of the pandemic, Israeli forces have paused the demolition of people's homes (11). However, they have continued to target other buildings for destruction, including temporary health centres (11). This further depletes the capacity of Palestinian authorities to manage the crisis, which compounds the existing humanitarian crisis (11).

UNICEF is lead agency for the coordination of procurement of equipment to combat the spread of the virus (11). The UN system has provided new funding for the COVID-19 response, although there has been some criticism of this offer based on the perception that the majority of this funding has gone to UN agencies and the PNA (as opposed to local NGOs and civil society), and towards a limited range of interventions (29).

The impact of the COVID-19 pandemic on AT and rehabilitation provision

The pandemic has exacerbated the challenges in Palestine of having a disability (9). Even before the pandemic, the Palestinian health system was extremely weak (25)(27). Further, the blockade has caused water shortages, which make hygiene measures to minimize the spread of the virus difficult (27). Nevertheless, a recent survey by the Palestinian Central Bureau of Statistics (PCBS) found that the majority of households needing health services during the lockdown (between March and May 2020) were able to access them (2).

However, studies have identified the additional vulnerabilities of those with disabilities regarding COVID-19 and effects of the pandemic on their access to services (30). The PNA stated that people with disabilities were the group likely to be most affected by the pandemic, and most at risk of the negative effects on services and the economy. This is, in part, due to the barriers they face in independently implementing preventative measures and practising social distancing (15). The PNA also found that many institutions for people with disabilities had not had capacity to care for the majority with shelter needs, highlighted by the pandemic, and there had been a particular gap for those with cognitive impairments (15).

There has been recognition of the pandemic's potential impact on children with disabilities in Palestine. For example, a joint guidance note has been produced by UN Human Rights, the Ministry of Social Development, UNICEF, and Independent Commission for Human Rights emphasizing the need to protect vulnerable children, and particularly those with psychosocial and intellectual disabilities, following the pandemic (31). The PNA has also encouraged

humanitarian institutions to continue provision of services, particularly healthcare services, even within the restrictions necessitated by the pandemic response (25).

Suspension of some programmes for children with disabilities

The pandemic has had a negative impact on the protection sector. Five of UNICEF's 18 child protection partners have stopped their activities and 12 have limited their programming (26). Implementers could not provide services until hygiene safeguards were in place, and home visits were not always an effective means of meeting needs as many families were not willing to allow providers into their homes out of fear of contagion (26).

Implementers working on gender-based violence issues found that the Ministry of Social Development had ceased or paused provision of cash assistance to at least some girls with disabilities during the pandemic (26).

Delay of planned services

Some services have not been terminated but have been delayed because delivery agencies reduced capacity as a result of restrictions. One organization explained: "We were supposed to be procuring [assistive devices] by May. After the pandemic we had closure here, so we postponed until July, but then the crisis started again in August."

Facility-based programmes particularly affected

Programmes of AT provision that are based in facilities that children with disabilities must travel to in order to access services are likely to be particularly affected. For example, we spoke with one organization that uses kindergartens as a platform for disability screening and provision of AT. This NGO reported that as kindergartens were entirely shut down due to pandemic restrictions, all AT-related provision through their programming was frozen. Kindergartens are also private and not supported by the PNA so, as it is a service relying on families paying out-of-pocket costs, it has been negatively affected by the pandemic. One NGO told us that 95 per cent of families had taken their children out of kindergarten.

Another provider told us that even when services were open, they were underutilized because families had a fear of leaving the house to seek services as they were concerned about the risk of catching the virus: "A lot of services are centralized and people need to travel from one governorate to another. I would say 25–50 per cent of services were affected, because people were not able to move because of lockdown…[and also] because people had a fear of catching the virus."

Redirecting resources away from AT to pandemic response

Some providers told us that their organizations had redirected human resources and even funding – earmarked for AT programming – towards the pandemic: "Lots of resources went to the COVID response, so our AT intervention was delayed". Funds were redirected for COVID-19-related medical supplies, for example personal protective equipment. One respondent told us that their team had to "push" their office to continue with the procurement of AT supplies not related to the pandemic response. Some organizations described this redirection in terms of

being put under pressure by their organizations and in response, pushing back to protect their existing AT-programming plans.

Another respondent pointed out that this redirection of funding made planning for AT provision difficult: "A lot of funding was diverted to COVID-19 supplies … We still have funding until March 2021 and we are looking for additional funding, but we don't know if we will have it or not and if we will be able to continue".

One respondent explained coordination mechanisms were being used to redirect available resources to the pandemic: "There are changes in the cluster system as a result of the pandemic – all proposals are being affected. Lots of funding and proposals and services at centres are being affected because they are being redirected to COVID."

Remote delivery of services

Many rehabilitation services have been suspended. However, providers such as Humanity and Inclusion (HI) have reported delivering services remotely, with their partners using phone calls to provide people who have impairments with instructions on physiotherapy and wound dressings, accompanied by remote monitoring and training from the implementing team. In an HI report, one person with an impairment explains: "They provide me with the dressing materials and I perform it at home and they monitor any complications" (32).

Similarly, organizations such as Medical Aid to Palestinians (MAP), who deliver services to Palestine refugees in neighbouring countries, have identified new ways to deliver services: "For example, we train parents and provide them with instructions and illustrations so they can conduct exercises with their children at home. They either record the session or provide verbal feedback to the specialists after they have carried out the exercises… As children have not been attending the centre, we have reallocated the transportation budget to buy kits for children including tools that can be used in the home-based sessions" (33).

The overall shift to make mainstream services remotely accessible to the general population may have positive knock-on effects for the inclusion of people with disabilities in those services. One provider of AT told us: "We have noticed increased use of technology [and] funding going towards digitization [generally]. DPOs are calling to make digital programmes accessible to people with disabilities."

However, the same provider cautioned that in regard to specialist services for people with disabilities, remote delivery may be inadequate. For example, one provider told us: "Providing assistive devices usually requires face to face meetings". There is a large body of literature on the importance of devices tailored to the user's body, needs, and setting. There is a risk that remote provision may lead to lower-quality delivery if phone calls and video calls cannot fully replicate the experience of a provider engaging in the details of the user's needs. Further, some with AT needs may experience mental distress without the in-person support of expert rehabilitation staff, when faced with the pressure of managing their impairment alone (32).

One respondent pointed out that organizations have not yet developed ways of conducting remote screening for disabilities, and this restricts the ability of providers to reach all those with needs: "Newly [as a result of the pandemic] organizations are doing home visits. But new cases aren't being identified as no screening is possible". In other words, those with existing

disabilities who are already known to providers may get their AT needs met, but new AT needs are not being identified. If AT providers are to be resilient to public health crises such as the pandemic, they will need to identify effective remote screening approaches.

Some respondents indicated that changes to the provision of services were potentially long-term: "We converted a lot of facility-based interventions to online and hotline-based services. We also started an online parent education service [providing] lots of new virtual or online or video materials, to enable parents to continue working with children at home".

Increased use of digital technology improves inclusion

This use of digital tools has not only had a potentially positive impact on connecting people with disabilities with services, it has also included the voices of people with disabilities in decision-making. For example, a provider told us: "A rare positive effect of the pandemic is advocacy groups' meetings and conferences are being conducted in an accessible way, for example through Zoom or Facebook."

Discussion and recommendations

While some provision of AT was paused or delayed as a result of the lockdown, it is likely many services will re-commence. However, there are a number of impacts related to the delay of AT programming:

- Reinstated services may see reduced usage due to household loss of income (both as a result of the pandemic and the recent economic crisis in Palestine), as well as continued fears, among people with disabilities and their families, of contracting the virus by travelling to a provision centre;
- Programmes may be unable to reach beneficiary targets within programme timeframes;
- Beneficiaries, especially children, are at risk of acquiring secondary impairments if they do not receive the AT they require in a timely way;
- Programmes may have reduced budgets as a result of programme funding being redirected to build-in pandemic-related protections, either within the programme or towards other programmes. This could reduce the number of beneficiaries that programmes are able to reach.

As a result of these risks, providers will need to redouble efforts to reach out to communities and provide services through home visits, community-based rehabilitation systems, or remote, technology-based solutions. Public awareness campaigns regarding the rights of people with disabilities to access services and the services that are available may improve access to the facilities that reopen. As the majority of AT services in the SoP are NGO-delivered, donors who fund these services must be made aware that efforts to rebuild demand and improve accessibility for people with disabilities – who now face additional barriers to service access – are likely to add to costs of delivery.

As in other countries and other sectors, the SoP has seen innovations in the provision of AT as a result of the pandemic. Reports of remotely-delivered services are promising and may offer lessons on how the rehabilitation sector can expand to meet needs after pandemic restrictions on travel have ended. However, there has not yet been an analysis of the extent to which remote

AT and rehabilitation services reached all who needed it, or the efficacy of innovations in rehabilitation programming in response to the pandemic. Providers should assess the quality and impact of remotely delivered AT services to identify opportunities to expand AT services beyond the lifetime of the pandemic restrictions while ensuring any impacts on quality and equity are understood and mitigated against.

While the efforts of NGOs to deliver services remotely through digital systems is commendable, it should be noted that some assessments of such services in other sectors, such as education, have found that remote services were inaccessible to many due to the unavailability of internet. For example, 49 per cent of households with children in the SoP were not able to access online education services as they did not have internet access (2). The expansion of remote services beyond pandemic restrictions must be based on evidence of which households have access to the internet and must be tailored to the context. Offering alternative ways of accessing information, such as SMS, or utilizing CBR services, may be more accessible alternatives.

The pandemic has also offered lessons on the feasibility of more inclusive mechanisms for decision-making that are accessible to people with disabilities. Where before the pandemic many organizations and coordinating bodies may have inadvertently excluded people with mobility or other impairments by only facilitating meetings in person, the pandemic has demonstrated that online meetings – which are likely to be more accessible to many people with disabilities – can be substituted for in-person meetings. Such online meetings should be adopted as standard, even after the pandemic restrictions have ceased, in order to ensure the voices of people with disabilities are heard and that they are directly engaged in decision-making forums.

Some organizations' moves to redirect earmarked AT resources to the pandemic response were perhaps inevitable in the face of such an unprecedented health crisis as COVID-19. It is desirable for humanitarian agencies to shift financing flexibly to where it is most needed in the face of unexpected shocks. The widespread misconception that AT provision is a non-essential health intervention may be a main cause of reallocation of funds away from AT (and disability) as opposed to being the right of people with disabilities – and in some cases, it is life-saving. The AT sector in the SoP was already highly fragmented and weak and the pandemic response may have weakened it further. Agencies should prioritize such services for the most vulnerable and protect such resources from diversion.

A recent PCBS survey pointed out the detrimental impact of the pandemic on household income (2) and, as a previous survey has shown, some 22 per cent of assistive devices for children are paid for out-of-pocket (3). Therefore, the pandemic is likely to have a negative impact on AT access, which may not be visible in the immediate aftermath of the health crisis. There is a strong base of work being carried out in the SoP to strengthen the provision of services for people with disabilities. The pandemic highlights the urgency of recent efforts to strengthen systems for the provision of free-at-point-of-access services, if all people with disabilities are to access the devices they have a right to.

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