An-Najah National University

Faculty of Graduate Studies

Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A cross sectional study

By

Batool Abukhadir

Supervisor

Dr. Hamzeh Al Zabadi

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This Thesis was Defended Successfully on 16/7/2019 and approved by:

Defense Committee Members	**Signature**
1- Dr. Hamzeh AL Zabadi / Supervisor	**.....**
2- Dr. Mosab Amoudi / External Examiner	**.....**
3- Dr. Mariam Al- Tell / Internal Examiner	**.....**

Dedication

Every challenging work needs self-efforts as well as guidance of elders especially those who are close to our heart my humble effort I dedicate to my sweet and loving

Father and Mother

Whose affection, love, encouragement and prayers of day and night make me able to get such success and honor

Husband

Who are hard working and have utmost respect

My Brothers and Sisters

Whom I believe embodies all things creative and beautiful my child

Who always turn the saddest moments to the funniest happiest ones, thank you for sharing everything with me and for your friendship Renad Shraim, and all my friends.

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الإقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A cross sectional study

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وأن هذه الرسالة ككل، أو أي جزء منها لم يقدم لنيل أية درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى .

Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's name: **اسم الطالب:**

Signature: **التوقيع:**

Date: **التاريخ:**

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List of Abbreviations

CBR	Community Based Rehabilitation
CI	Confidence Interval
IRB	International Review Board
ICF	International Classification of Functioning
ILO	International Labour Organization
NGOs	Non-Government Organization Sectors
NSPH	National Strategic Plan for Health
NDRP	National Disability and Rehabilitation Policy
OT	Occupational Therapy
PHI	Popular Health Insurance
PT	Physical Therapy
P&O	Prosthesis and Orthotics
SPSS	Statistical Package for Social Sciences
UN	United Nation
UNRWA	United Nations Relief and Work Agency
UNESCO	United Nations Educational, Sciences and Cultural Organization
VR	Vocational Rehabilitation
WHO	World Health Organization

Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A cross sectional study

By
Batool Abukhadir
Supervisor
Dr. Hamzeh Al Zabadi

Abstract

Background

Effective policy, strategies and planning realization is essential in achieving rehabilitation system at the national level. The providers of rehabilitation services, must be know the factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank to improve and develop the rehabilitation system at the national level that meets the needs of the patients.

Objectives: To determine the factors that affects the implementation of rehabilitation policy, strategies and planning in the Northern districts of the West Bank.

Methods: A cross sectional study (Nablus, Jenin, Tubas, Tulkarm, Qalqiliya, and Salfit,) of the West Bank in Palestine. The study population Consisted of (85) providers who represented the institutions providing rehabilitation services in the northern districts of the West Bank.

Exploratory descriptive design utilizing a structured questionnaire designed by the researcher and reviewed by 3 advisors with a research background

was utilized. The questionnaire consisted of (15) sections, and parts: The first section was related to socio demographic variables. Sections two was related to the most common types of rehabilitation services. The other sections was related to the level of factors influencing the implementation of rehabilitation policy, strategies and planning covered these topics, quality and quantity of rehabilitation services, size of rehabilitation services, financial matters, human resources, administrative system, patient- referring system, national policies and rehabilitation policies, legislation, laws, and rehabilitation system, the most serious problems facing the development of rehabilitation services, the top priority rehabilitation needs, the most suggestions that appropriate and necessary for the develop rehabilitation policies, and the most appropriate and needed to improve the quality of rehabilitation services.

Analysis: Data was collected through face-to-face interviews. The analysis of the data revealed that the private sector provides (50.6%) of the total rehabilitation services in the northern West Bank, (69.4%) of the rehabilitation centers are located in cities.

- A physiotherapy service is the most rehabilitation service provided in the north districts (87.1%).

- Quality of rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good quality (93.4%).

- The size of rehabilitation services should be distributed according the needs (90.6%).

- The budget for rehabilitation services should be part of the regular budgets of relevant ministries (89.6%).

- Policies, laws and plans are relevant to the Palestinian reality (51.8%).

- Cooperation and coordination between institutions is essential to improve rehabilitation (90.2%).

- The rehabilitation policy should be comprehensive and Nation-wide (94.2%).

- Distribution of rehabilitation centers in Palestine is just and appropriate (43.8%).

- Rehabilitation system factor came in the first rank with very high mean of response (4.34).

- The top priority to develop rehabilitation services is re-evaluating the rehabilitation system where the mean of response was (4.06).

Conclusion: The connection between factor (5) (Administrative system), factor (3) (Financial matters) and factor (8) (Legislation and laws) was the third main factor contributing to explain (82.6 %) of factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank.

Chapter One
Introduction

Introduction

Rehabilitation becomes increasingly important as access to health care improves and greater numbers of people survive injury and illness. This study aims to examine the important factors influencing the implementation of rehabilitation policy, strategies and planning in the Northern districts of the West Bank, Palestine. This will provide better information to the decision makers, planners, providers to formulating and develop rehabilitation policy and strategic plans to meet the patients' need.

Background

Rehabilitation is the key to optimizing functioning and healthy life expectancy, and it is essential to provide rehabilitation services to meet the changing needs of the patients. Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. Rehabilitation becomes increasingly important as access to health care improves and greater numbers of people survive injury and illness [1].

Rehabilitation can define the capacity to provide rehabilitation in many parts of the world fails to meet existing needs. Several studies from southern Africa show that as few as 26% of people receive the rehabilitation they need, this is reflective of the situation in many low- and middle-income countries [2]. Our country need to undertake a systematic

process of situation assessment, planning, implementation and evaluation. Rehabilitation needs to be integrated into national health plans and budgets, moving towards the goal of universal health coverage. There is a notably shortage of systems-level rehabilitation research and mainly research from low-income countries is scarce, in particular regarding policy and planning to identify facilitators and barriers for accessing rehabilitation policy on the national level, and enable a standardized measures of rehabilitation impact [3].

Despite the growing need for rehabilitation, there is lack of awareness about its role and the magnitude of unmet needs. This poses a substantial challenge to development of the rehabilitations sector [4]. Therefore, an urgent need to advocate, develop and improve the rehabilitation policy, strategy plans, laws, quality and quantity of rehabilitation services to meet the needs of people. Users, providers and civil society have a particularly important role to play in strengthening rehabilitation advocacy.

A. Statement of problem

Many studies suggested that adequate utilization of rehabilitation services affects the health status of the disabled. The utilization of rehabilitation policy, strategy plans, advocacy, legislation and laws can be affected by several factors. Although there are several studies focusing on rehabilitation worldwide, yet relatively very few were conducted in Palestine. Policy, strategies, planning and advocacy in the north districts of the West Bank of Palestine. There are a several factors that affect on rehabilitation policy,

strategy plans, advocacy, legislation and laws which affect negatively on the rehabilitation services. There is a negative relationship between Institutional influencing the implementation of rehabilitation policy, strategies, planning, legislation and laws in the North Districts of the West Bank, Palestine. Circumstances in which, strategic planning, failure is most likely because the decision maker and providers did not distinguish between strategic planning and strategic thinking. The statement of problems going to answer the question what is the level and main factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the north districts of the West Bank of Palestine.

B. Significance of the study

Rehabilitation policy formulation in developing countries is complex due to several factors as political, socioeconomic, and cultural those affect negatively the rehabilitation policy, strategy plans, legislation, laws and advocacy. During a complex political situation, rehabilitation systems are often severely compromised, and health policy formulation is disrupted. Palestinian authority does not have the capacity to monitor the rehabilitation services and guide the various activities. There is also a difficulty to implement laws due to the Israel occupation. It is suggested that this lack of coordination and policy vision lead to inefficient use of limited human and financial resources, and results in less effective rehabilitation services. In order to alleviate these problems, numerous authors have suggested supporting the rehabilitation policy formulation process and the creation of rehabilitation policy frameworks. This can be

done via aid coordination mechanisms such as sector wide approaches, performance-based partnership agreements, and consolidated appeals processes to be implemented locally and on the national level. There is a need for more operational research and piloting of approaches that will help in the formulation and implementation of rehabilitation policy.

Many studies suggested that adequate utilization of rehabilitation services affects the health status of the disabled [5]. The utilization of rehabilitation policy, strategy plans, advocacy, legislation and laws can be affected by several factors [6]. Although there are several studies focusing on disabilities and rehabilitation worldwide, yet relatively very few were conducted in Palestine. The importance of this work stems from the fact that it considers the principles of providing rehabilitation services as a basic human right for all citizens. Results of this study will help policy makers as we rehabilitation providers to develop, formulate policy, strategy plans, legislation, and laws to the improve quality and quantity of care given to the patients in order to meet their needs and achieve satisfaction.

The study Goal

- To improve and develop the rehabilitation system at the national level through determines the factors that affect the implementation of rehabilitation policy, strategies and planning in the Northern districts of the West Bank.

C. Purpose and Objective

Study objectives

General objective:

- To determine the factors that affects the implementation of rehabilitation policy, strategies and planning in the Northern districts of the West Bank.

Specific objectives:

- To understand the importance and impact of policy and legislation on rehabilitation at local and national level.

- To determine the factors that restricts the development of rehabilitation system planning, strategies on the national level.

- To examine the effectiveness of the strategies, planning, legislation, advocacy, quality, quantity, referral system according to different patterns of rehabilitation system.

- To determine if rehabilitation system meets the patients needs.

- To determine the top priority in the rehabilitation system to implement the rehabilitation policy on the national level.

Chapter Two
Literature Review

Review of relevant theoretical literature

Rehabilitation has many definitions, although in general it is “described as being an active, dynamic, continuing process concerned with physical, social and psychological aspects”, “which aims to improve an individual’s health status and quality of life by minimizing the consequences of disease” [7]. Rehabilitation is central to a health system addressing the needs of its population. As stated in the Declaration of Alma Ata, rehabilitation services is an essential component of primary health care aiming to address the main health issues in the community importantly as advocated by the community based rehabilitation [8].

Rehabilitation is a comprehensive, interdisciplinary and bio psychosocial process aimed at enabling people with conditions that impact on health and function to reach and maintain their physical, sensory, intellectual, psychological and social abilities in order to live a meaningful life. Rehabilitation, when delivered at its best, provides people with the tools they need to attain maximal health, function, independence and self determination [9].

Rehabilitation has long lacked a unifying conceptual framework [10]. The International Classification of Functioning, Disability and Health (ICF) provide a framework that can be used for all aspects of rehabilitation, (In all cases rehabilitation should help to empower a person with a

disability [11]. Rehabilitation measures target body functions and structures, activities and participation, environmental factors, and personal factors to a person achieving and maintaining optimal functioning in interaction with their environment, using the following broad outcomes, prevention of the loss of function, slowing the rate of loss of function, improvement or restoration of function, compensation for lost function, and maintenance of current function [12]. Rehabilitation medicine is concerned with improving functioning through the diagnosis and treatment of health conditions, reducing impairments, and preventing or treating complications [13].

Rehabilitation services are today influenced by growing medical and social knowledge and by global trends in integrated care. An expanded conceptualization of objectives in services has developed rehabilitation to encompass social perspectives such as quality of life, human rights, and equal opportunities for people with disabilities. Along with this development, political strategies of health costs, allocation of benefits and effectiveness affect the organization services [14].

Rehabilitation is often related to the complex phenomenon of disability, reflecting the interaction between individual and society[15]. Rehabilitation is conceptualized as a catalyst of social process directed towards social in addition to physical and mental conditions [16]. The need for rehabilitation services, the type and quality of measures provided, and estimates of unmet need do not exist. Data on rehabilitation services are often incomplete and fragmented. When data are available, comparability is hampered by

differences in definitions, classifications of measures and personnel, populations under study, measurement methods, indicators, and data sources – for example, individuals with disabilities, service providers, or program managers may experience needs and demands differently [17].

Rehabilitation services must start from the needs of persons with the health conditions experiencing disability and should be implemented within health systems. The implementation of rehabilitation services in the health systems should be planned and realized according to the Word Health Organizations 6 constituents of health systems (health services delivery, health workforce, health information systems, essential medicine, financing and leadership and governance) [18].

Rehabilitation services are often located too far from where a person with a disability lives [19]. Major rehabilitation centers are usually located in urban areas; even basic therapeutic services often are not available in rural areas [20]. The use of information, communication, and related technologies for rehabilitation is an emerging resource that can enhance the capacity and accessibility of rehabilitation measures by providing interventions remotely [21].

Some aspects of rehabilitation have benefited from significant research, but others have received little attention. Validated research on specific rehabilitation interventions and programs for people with disabilities – including medical, therapeutic, assistive, and community-based rehabilitation is limited [22]. Rehabilitation lacks randomized controlled

trials widely recognized as the most rigorous method of testing interventions efficacy [23].

Responding to the Global Disability Action Plan (GDAP), (2014-2021) of the World Health Organization (WHO), the implementation of measures that are designed to meet the rights of persons with disabilities is high priority for all the member states of the United Nation. In order to develop national implementation plans, methods and tools are needed for the analysis of rehabilitation needs and existing policies, services and workforce [24].

The rehabilitation management system was initially developed to allow for more effective and reliable analysis of the quality of rehabilitation services in low resource counties. Its draws on international standers, consensus and evidence and it is made of a set of scorecards that are used to monitor key components of management and support service planning. The overall purpose of the rehabilitation management system is to assist rehabilitation services providers in effective and strategic management of their services in order to provide the highest quality care in the most sustainable manner [25, 26].

Prevalence data on health conditions associated with disability can provide information to assess rehabilitation needs [27]. Restrictions that may benefit from various rehabilitation measures can help measure the need for services and may be useful for setting appropriate priorities for rehabilitation [28].

Policy analysis is an established discipline in the industrialized world, yet its application to developing counties has been limited. The health sector in particular appear to have been neglected, because there is a well recognized crisis in health systems and prescriptions abound of what health policy reforms countries should introduce. Policy failure has been a concern for social scientists during the past four decades, yet there are no clear answers as to why certain policies are not put into practice as intended. Ineffective policy implementation in the health sector may result in poor services with consequences affecting the population's wellbeing [29].

The scope and scale of political and economic change in the late 1990s has been dramatic, and has led to significant political and economic policy reform which also influenced sectors such as health, and rehabilitation, also the changing political economy had repercussions for health policy and facilitated the idea of reforming the health sector. Most rehabilitation policy analysis focuses on the policy process. The policies that are formulated and their implementation are fore grounded in the perceptions that are informed by people's constructions about disability and people with disabilities [30].

Reforming policies, laws, and delivery systems of 2005 global survey of the implementation of the non binding, United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities found that in 48 of 114 (42%) countries that responded to the survey, rehabilitation policies were not adopted, in 57 (50%) countries, legislation on

rehabilitation for people with disabilities was not passed, in 46 (40%) countries rehabilitation programs were not established [31].

There is an influence of cultural factors on disability and rehabilitation, especially during the implementation of rehabilitation programs. Yet rehabilitation planners give little respect to these factors during policy development and planning, risking failure of their projects. Decentralization of rehabilitation services into the community and integration of disabled persons into their society, calls for closer interactions with cultural factors. Hence rehabilitation policies require a greater understanding of the 'needs' of the community, which are in many instances biased by the traditional practices in that community [32].

The policy further foresees the need for the establishment of a multidisciplinary assessment team. The policy defines rehabilitation as a means to help people with disabilities to fully participate s members of society; it becomes clear that the focus of rehabilitation is not society but people with disabilities [33].

Policy responses should emphasize early intervention and use of rehabilitation to enable people with a broad range of health conditions to improve or maintain their level of functioning, with a specific focus on ensuring participation and inclusion, such as continuing to work Services should be provided as close as possible to communities where people live, including in rural areas [34]. Development, implementation, and monitoring of policy and laws should include users rehabilitation

professionals must be aware of the policies and programs given the role of rehabilitation in keeping people with disabilities participating in society [35, 36]. The national government is responsible for the formulation of policies and legislation for rehabilitation, equalization of opportunities and the social and economic inclusion of people with disabilities, also many counties have found that a national level coordinating body is necessary to ensure the multi sectoral collaboration needed for an effective rehabilitation policy, strategic planning, and services [37].

Many countries have good legislation and related policies on rehabilitation, but the implementation of these policies, and the development and delivery of regional and local rehabilitation services, have lagged. The major systemic barrier was lack of strategic Planning [38].

Governments should develop, implement, and monitor policies, regulatory, mechanisms, and standards for rehabilitation services, as well as promoting equal access to those services, Service providers should provide the highest quality of rehabilitation services, other stakeholders (users, professional organizations etc.) should increase awareness, participate in policy development, and monitor implementation the rehabilitation policy [39].

Many recent articles in rehabilitation journals have presented strategies and guidelines for rehabilitation practitioners to expand their assessment and intervention repertoires [40]. Presented several communication strategies for rehabilitation counselors to use with persons with severe disabilities to facilitate their self determination in rehabilitation.

Lack of agency responsible to administer, coordinate, and monitor services. In some countries all rehabilitation is integrated in health care and financed under the national health system [41, 42]. A study of rehabilitation medicine related to physical impairments in five central and eastern European countries suggested that the lack of strategic planning for services had resulted in an uneven distribution of service capacity and infrastructure [43]. Inadequate health information systems and communication strategies can contribute to low rates of participation in rehabilitation. Poor communication results in ineffective coordination of responsibilities among providers [44].

The barriers to rehabilitation service provision can be overcome through a series of actions, including: reforming policies, laws, and delivery systems, including development or revision of national rehabilitation plans; developing funding mechanisms to address barriers related to financing of rehabilitation; increasing human resources for rehabilitation, including training and retention of rehabilitation personnel; expanding and decentralizing service delivery; expanding research programs, including improving information and access to good practice guidelines [45].

An efficient rehabilitation plan requires a common understanding the barriers of health system to rehabilitation services requires comprehensive management that first should be familiar with all of providers, policy makers, and other beneficiaries. It is also necessary for policy makers to consider rehabilitation services as a main part of the health plan [46].

The cost of rehabilitation can be a barrier for people with disabilities in high-income as well as low-income countries. Even where funding from governments, insurers, or NGOs is available, it may not cover enough of the costs to make rehabilitation affordable [47].

Govender stated the major structural barriers to health are usually legislative, policy, or regulative measures that hinder the practice of good health [48].

Building capacity within a decentralized health system following the development of policy is a complex process, which is dependent on effective planning and strategy formulation. The policy of decentralization and therefore the development of district services was ultimately not a positive experience for rehabilitation mangers due to poor management and leadership, lack of adequately defined centralized functions and poor institutional capacity [49]. Confusing priorities and problems with implementation of decentralization policies define the border health care environment [50]. Lack of resources and health infrastructure, Limited resources and health infrastructure in developing countries, and in rural and remote communities in developed countries, can reduce access to rehabilitation and quality of services [41].

Creating or amending national plans on rehabilitation, and establishing infrastructure and capacity to implement the plan are critical to improving access to rehabilitation. Plans should be based on analysis of the current situation, consider the main aspects of rehabilitation provision, leadership,

financing, information, service delivery, products and technologies, and the rehabilitation workforce [51].

A report of 29 African countries found that many lack coordination and collaboration among the different sectors and ministries involved in disability and rehabilitation [42].

Absence of engagement with people with disabilities, the study of 114 countries did not consult with disabled people's organizations in 51 countries, and did not consult with families of persons with disabilities about design, implementation, and evaluation of rehabilitation programs in 57 of the study countries [31].

Lack of financial resources for assistive technologies is a significant barrier for many disabled [52]. Policy actions require a budget matching the scope and priorities of the plan. The budget for rehabilitation services should be part of the regular budgets of relevant ministries notably health, and should consider ongoing needs. Ideally, the budget line for rehabilitation services would be separated to identify and monitor spending. Financing strategies can improve the provision, access, and coverage of rehabilitation services, particularly in low-income and middle-income countries [53]. Creating or amending national plans on rehabilitation, and establishing infrastructure and capacity to implement the plan are critical to improving access to rehabilitation. Plans should be based on analysis of the current situation, consider the main aspects of rehabilitation provision leadership, financing, information, service delivery, products and technologies, and the

rehabilitation workforce and define priorities based on local need [51]. Recently, relying on its own model of the 6 basic components of the health system, the WHO has described in detail the policy, financial, service, human resource, technological and informational barriers to scaling up rehabilitation services worldwide overcoming these obstacles will not be easy, especially in low- and medium-income countries; in some settings, only small, incremental changes to healthcare systems facilitating the scaling up of rehabilitation services may be feasible [24, 54].

The United Nation (UN) identified health as a basic human right, but, unfortunately, the evidence shows that people with disabilities often have lower levels of health than the general population. This can be associated with problems in access to the services and programs [55]. Demand for rehabilitation is growing; the capacity to provide rehabilitation in many parts of the world fails to meet existing needs. Several studies from southern Africa show that as few as 26% of people receive the rehabilitation they need. The evidence suggests that this figure is reflective of the situation in many low- and middle-income countries, although there are few robust national studies of unmet rehabilitation needs in other countries, effectively meet the rehabilitation needs of their populations, countries need to undertake a systematic process of situation assessment, planning, implementation and evaluation [56]. To effectively meet the rehabilitation needs of their populations, countries need to undertake a systematic process of situation assessment, planning, implementation and evaluation. Rehabilitation needs to be integrated into national health plans

and budgets, moving towards the goal of universal health coverage. Implementation of an effective rehabilitation system requires, strong effective coordination mechanisms with other relevant sectors, adequate allocated funding for rehabilitation services, efficient service delivery models, including referral systems across the different levels of the health system and between community and hospital-based services [57].

Developed countries such as Australia, Canada, and the United States report shortages of rehabilitation personnel in rural and remote areas. Many developing countries do not have educational programs for rehabilitation professionals. According to the 2005 global survey of 114 countries, 37 had not taken action to train rehabilitation personnel and 56 had not updated medical knowledge of health-care providers on disability [58].

A study of rehabilitation medicine related to strategic planning in the Eastern European countries suggested that the lack of Strategic planning for services had resulted in an uneven distribution of service capacity and infrastructure [43].

Development, implementation, and monitoring of policy and laws should include users and Rehabilitation professionals who must be aware of the policies and programs and should understand the role of rehabilitation in keeping people with disabilities participating in society [35].

Many countries have good legislation and related policies on rehabilitation, but the implementation of these policies, and the development and delivery of regional and local rehabilitation services, have lagged [43]. Lack of

agency responsible to administer, coordinate, and monitor services. In some countries all rehabilitation is integrated in health care and financed under the national health system [9]. A report of 29 African countries found that many lack coordination and collaboration among the different sectors and ministries involved in disability and rehabilitation, and 4 of the 29 countries did not have a lead ministry [42].

Coordination is required to ensure the continuity of care when more than one provider is involved in rehabilitation. The aim of coordinated rehabilitation is to improve functional outcomes and reduce costs. Evidence has shown that the provision of coordinated, multidisciplinary rehabilitation services can be effective and efficient [60].

Complex referral systems can limit access. Where access to rehabilitation services is controlled by doctors [61]. Medical rules or attitudes of primary physicians can obstruct individuals with disabilities from obtaining services [62]. People are sometimes not referred, or inappropriately referred, or unnecessary medical consultations may increase their costs [63]. This is particularly relevant to people with complex needs requiring multiple rehabilitation measures. Successful implementation of the plan depends on establishing or strengthening mechanisms for intersectional collaboration. An interministerial committee or agency for rehabilitation can coordinate across organizations. For example, a Disability Action Council with representatives from the government, NGOs, and training programs was established in Cambodia in 1997, to support coordination and cooperation across rehabilitation providers, decrease duplication and improve

distribution of services and referral systems, and promote joint ventures in training [64]. Developing funding mechanisms for rehabilitation, the cost of rehabilitation can be a barrier for people with disabilities in high-income as well as low-income countries. Even where funding from governments, insurers, or NGOs is available, it may not cover enough of the costs to make rehabilitation affordable [47]. If they have limited finances and inadequate public health coverage, access to rehabilitation may also be limited; compromising activity and participation in society increasing human resources for rehabilitation Global information about the rehabilitation workforce is inadequate. In many countries national planning and review of human resources for health do not refer to rehabilitation [51].

Many countries, developing and developed, report inadequate, unstable, or nonexistent supplies [65] and unequal geographic distribution of, rehabilitation professionals [66]. Developed countries such as Australia, Canada, and the United States report shortages of rehabilitation personnel in rural and remote areas [58].

Physiotherapy services are the ones most often available, often in small hospitals [67]. A recent comprehensive survey of rehabilitation in Ghana identified no rehabilitation doctor or occupational therapist in the country, and only a few prosthetics, orthotics, and physical therapists, resulting in very limited access to therapy and assistive technologies [68]. Services such as speech pathology are nearly absent in many countries [67].

Expanding and decentralizing service delivery Rehabilitation services are often located too far from where a person with a disability lives [69]. Major rehabilitation centers are usually located in urban areas; even basic therapeutic services often are not available in rural areas [70].

In Thailand a study in two rural districts building capacity for CBR used group meetings for people with disabilities, their families, and community members to manage rehabilitation problems collaboratively, Training for rehabilitation personnel should include an overview of relevant national and international legislation that promotes client-centered approaches and shared decision-making between people with disabilities, professionals and study the society needs [71]. Information to guide good practice is essential for building capacity, strengthening rehabilitation systems, and producing cost-effective services and better outcomes [72].

Research in West Bank and Gaza Strip

The numbers of studies conducted in Palestine on rehabilitation are very limited. In February 1996, the Ministry of Health established a new department for medical rehabilitation and physiotherapy in Nablus and Gaza city. The tasks of this department included services at the level of hospitals and primary health care. The department also participates in planning, organizing and carrying out services in Palestine. It also participates in promoting human resource and training programs aiming at developing and sustaining human resources and vocational development in the field of rehabilitation and disabilities. Finally, this department conducts field visits to rehabilitation and physiotherapy institutions for cooperation and coordination of services at the national level [73]. There are no national

rehabilitation plan drafts in the Palestinian society to meet the needs of disabled people. It must be clarified that the draft national policy, plan is only an approach to rehabilitation. National policy, strategies and plan of action for disability and rehabilitation currently being implemented by countries around the word [74].

A retrospective study conducted on the West Bank district with focus on the formulation of a rehabilitation policy for disabilities in the West Bank, found that 57 institutions were actively providing services to the physically and mentally disabled and those suffering from sensory disabilities. Around 61% were located in the central region of the West Bank (Bethlehem, Jerusalem, Ramallah, and Jericho), 28% in the North (Nablus, Qalqiliya, Jenin, and Tulkarm) and (7%) in the South [75].

Another study population consisted of (43) providers who represented the institutions providing rehabilitation services. The data revealed that the majority of providers of rehabilitation services were young less than 35 years (58.1%). There is duplication in providing services by different institutions, while some services are nonexistent such as Occupational therapy. The results indicated weak administrative; In general the majority of providers suggested that the rehabilitation policy and services should be comprehensive and nationwide. There should be social assimilation of the disabled in their society and, studying of the factors that affect policy-making in the field of rehabilitation and to support rehabilitation institutions [76].

Chapter Three
Methodology

Material and Methods

Factors influencing the implementation of Rehabilitation policy, strategies, and planning in the Northern Districts of the West Bank was gathered through face to face interviews using a previously developed questionnaire in all rehabilitation centers. The key respondents were all providers from the rehabilitation centers who specifically responsible for implementation. Identifying responses relevant in the main questions will be raised by the study.

A. Study design

A cross sectional study design was used through a structured questionnaire in a face to face interviewing to describe the factors influencing the implementation of rehabilitation policy, strategies, planning in the Northern districts of the West Bank. The face-to-face technique was used to assure that all administrative, providers of rehabilitation services with different service levels are included and to achieve high response rate.

B. Study settings, population and sample size

The study covered all operating rehabilitation centers [Government, Private, United Nations Relief and Works Agency **(**UNRWA), and Non-Government Organization Sectors (NGOS)] at the primary, secondary, and tertiary levels in the Northern districts of the West Bank. The study

population consisted of (85) providers who represented the institutions providing rehabilitation services. All the officials or representative of these institutions and centers responsible for these centers and institutions from different disciplines participated in the study such as physicians, physical therapy (PT) specialist, occupational therapy (OT) specialist, speech therapy specialist, vocational rehabilitation (VR), prosthesis and orthotics (P&O), psychosocial rehabilitation, disabilities sports, medical rehabilitation, and community based rehabilitation (CBR) in the Northern districts of the West Bank. The sample size represents all health sectors working in the field of rehabilitation, which is (85) centers and institutions. This sample represents the same entire study population (Comprehensive census).

C. Hypothesis:

1- The factors affects rehabilitation affects negatively on the implementation of rehabilitation policy, strategies, planning, legislation and law in the North Districts of the West Bank, Palestine.

2- The factors affects rehabilitation affects positively on the implementation of rehabilitation policy, strategies, planning, legislation and law in the North Districts of the West Bank, Palestine.

D. Inclusion Criteria

- All providers of rehabilitation services, specialty chairman of the institution, head of the department, and employees.

E. Exclusion Criteria:

- All providers practice in the rehabilitation fields without license.
- All students practice in the rehabilitation fields.
- The researcher excluded all providers who refuse to participate in this study.

F. Data collection procedure

For the purpose of conducting the face-to-face interview, the researcher was used a designed semi-structured questionnaire. The questionnaire was adopted from the literature [4, 5, 43, 76]. One main section of the questionnaire that included different questions were sometimes adopted from different literature to build that section which was able to assess the target objective pointed in the study. For example, some sections were built in the questionnaire to assess the size of services, quality of services, manpower, financial and administrative system and referral system. Some questions fall under the rehabilitation policy, strategy plans, laws, quality and quantity of rehabilitation services, and legislation, so we selected these related questions from the different literature stated above to measure these targeted objectives. The same procedure was followed from the literature until we cover all items related to this study.

The questionnaire was divided into fifteen questions (Appendix 1); each question consisted of several items. After building this questionnaire, a pilot testing was conducted where three advisors who had research

background and two qualified rehabilitation professionals evaluated the questionnaire for validity purposes. Pilot testing was conducted before data collection since it was necessary to detect gaps prior to field implementation and to identify the time needed to complete the interview.

The researcher made sure of the validity of the study tool by the arbitrators to conduct the study by display it to a group of experts in the field of rehabilitation. Their views were taken into account in the study tool and appropriate adjustments were made to measure the study tool for which it was placed.

To verify the reliability of the questionnaire, a Cronbach apha coefficient was used. The value of reliability coefficient of the study questionnaire (all factors together) was high (0.90). Therefore, the questionnaire was then judged to be valid and reliable. The resultsshown below separately revealed the reliability coefficient for each factor.

- **Reliability coefficients of the study instrument factors.**

N	Factors	N of items	Cronbach's alpha
1	Quality and quantity of rehabilitation services	21	0.82
2	Size of rehabilitation services	10	0.78
3	Financial matters	18	0.77
4	Human resource	15	0.71
5	Administrative system	15	0.90
6	Patient- referring system	18	0.70
7	National policies and rehabilitation policies	18	0.73
8	Legislation and laws	13	0.97
9	Rehabilitation system	24	0.75
Total score of factors		**142**	**0.90**

A book dated 23 December 2018 from the Faculty of Graduate Studies at An-Najah University was directed to all health sectors to facilitate the researcher's mission to enter all centers and institutions to conduct interviews with representatives of centers and institutions that provide rehabilitation services in all cities, villages and camps in the northern West Bank. The researcher personally conducted interviews from the date of December 24, 2018 to January 31, 2019 at the time of the working hours of the centers and institutions in the morning and afternoon. The objective of the research was explained and each interview took between (30-45) minutes. The names of the centers and institutions, whether in the cities, villages and camps operating in the rehabilitation sector, were taken by colleagues working in the field of rehabilitation, the Federation of the Handicapped, and professional unions responsible for workers in most of the rehabilitation fields and health directorates in each governorate. It was confirmed that the survey was comprehensive from these parties in all locations. The researcher used private transportation to reach these centers and institutions by using the help of some colleagues from different governorates to know the location of some centers, whether in cities, villages and camps to do the interview face to face. The researcher clarified and explained the situation of the person interviewed any misunderstanding or lack of understanding of the English language for some terms or words, knowing that the workers in the rehabilitation sector speak and understand English.

G. Ethical and administrative procedures

The study proposal was approved by the Institutional Review Board (IRB) and the scientific research committee of the Master of Public Health Program as well as the faculty of graduate studies scientific research board council at An-Najah National University.

A formal Letter from the dean of graduate studies at An-Najah National University to ask for official request was submitted for each center requesting the director, or the chief of rehabilitation department (as applicable) to allow the researcher to conduct the study. An explanatory form for every eligible manager or responsible person participating will be clearly given a full explanation about the research, including: the purpose, nature of study, importance of participation in addition to assurance of confidentiality of information and voluntary participation.

H. Statistical analysis

The Statistical Package for Social Sciences software version 16 (SPSS Inc., Chicago, Illinois, USA) was used for data entry and for statistical analyses. Descriptive data analysis was presented as appropriate (as means, percentages, frequency distributions, and ranks). Furthermore, multiple regressions (stepwise regression) was also used as needed.

In order to answer the research questions the parametric statistics Likert scale cut off for a (5) point[77, 78, and 79] was used as follows:

Rate	Verbal Interpretation	Range
1	Very low degree of agreement	1-1.80
2	Low degree of agreement	1.81-2.60
3	Moderate degree of Agreement	2.61-3.40
4	High Agree agreement	3.41-4.20
5	Very high Agree agreement	4.21-5

I. **Strengths**

- No previous studies have study Factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the North Districts of the West Bank, Palestine, and in the Arab counties.

- The main strength of this study was that the researcher through facing many challenges that were experienced or observed closely in the system of rehabilitation services in process of research, while the findings of this study provide a basis for understanding the challenges to the provision of rehabilitation services, policy, strategy, planning in the northern districts.

J. Limitations of the study:

The following were the presumed limitations of the study:

1- The study will be in north districts only and this may not be representative to other places in Palestine.

2- The study will depend on the self-reported symptoms where over and/or under-estimation could occur.

3- Lack of cooperation by some of the services administrators.

4- Lack of recent studies, sources and references in the theoretical framework.

5- A limitation for the purpose of this research was regarded as a factor that was present and contributed to the researcher getting either inadequate information or responses or if otherwise the response given would have been totally different from what the researcher expected.

6- The main limitations of this study were; some respondents refused to be interviewed. This reduced the probability of reaching a more conclusive study.

7-Administrators are busy most of the time during working hours. This requires waiting to meet them face to face to conduct this study.

8- This review has several limitations that need to be taken in to account when considering the results. The definition of affects we adopted may not have captured all of the commonly cited factors that Influencing the Implementation of Rehabilitation Policy, Strategies, Planning and Advocacy.

Chapter Four
Results

A. Data Analysis Procedure:

Data collection was carried out in the period between December 2018-January2019. The population of the study constituted (85) centers. The centers were from governmental centers and clinic, non-government centers, UNRWA centers, and private centers in the northern districts. Face to face interview technique was carried out, (15) questionnaires were completed ensuring 100% response rate as a frame reference. Data was then coded and entered into the computer by the researcher who was helped by a computer technician. The data was double checked through a comparison between the printout and code sheets. No discrepancy was detected.

B. Presentation of Results:

The presentation of data covered the (15) sections and parts of the questionnaire. Part one presents descriptive analysis of the socio-demographic characteristics of subjects. The second part presents descriptive analysis of types of rehabilitation services. The other parts presents descriptive analysis of respondents assessment of rehabilitation services in relation to several aspects of quality and quantity of services, size of services, financial and human resources, administrative system, referral system, national policies, rehabilitation policies to improve rehabilitation services quality , legislation and laws, rehabilitation system,

the most serious problems facing the development of rehabilitation , level of the top priority of rehabilitation, facing the development of rehabilitation, development of rehabilitation policies, and suggestions needed to develop rehabilitation policies. The findings are presented in a tabular form.

Socio- Demographic Variables:

For this part, frequency distributions, percent were developed for each of the descriptive level o variables (Gender, Age, Scientific degree, Experience, Institution, Governorate, and Place).

Sample:

Tables (1): Socio- demographic characteristics of the study sample (n= 85).

Variable	Level of variable	N	Percent %
Gender	Male	49	57.6
	Female	36	42.4
Age	Less than 30 years	14	16.5
	30- 39 years	44	51.8
	40 years and above	27	31.7
Scientific degree	Bachelor and less	75	88.2
	Higher studies	10	11.8
Experience	5 years and less	19	22.4
	6- 10 years	21	24.7
	11- 15 years	26	30.6
	More than 15 years	19	22.4
Institution	Government	15	17.6
	Non government	24	28.2
	UNRWA	3	3.5
	Private	43	50.6
Governorate	Nablus	28	32.9
	Jenin	26	30.6
	Tubas	6	7.1
	Qalqelya	7	8.2
	Tolkarm	12	14.1
	Salfeet	6	7.1
Place	City	59	69.4
	Village	18	21.2
	Camp	8	9.4

According to the, table (1)

** Indicates that (50.6%) of the respondents worked in the private sectors, while only (3.5%) worked in UNRWA sector.

* Shows that the majority of rehabilitation services distributed in Nablus and Jenin governorate (32.9%, 30.6%).

* Shows that the majority of rehabilitation centers distributed in the city (69.4%).

1-Results related to the first question:

What are the most common types of services provided in hospitals, centers and institutions?

To answer to this question, frequencies and percentages were used as shown the results in table (2).

Table (2): Frequencies and percentages for the types of rehabilitation services in the hospital, centers and institutions (n= 85).

N	Type of rehabilitation	Frequency	Percent %
1	Physiotherapy	74	87.1
2	Occupational therapy	29	34.1
3	Speech therapy	20	23.5
4	Vocational rehabilitation	7	8.2
5	Prosthesis and orthotics	18	21.1
6	CBR	8	9.4
7	Counseling rehabilitation	9	10.6
8	Psychological rehabilitation	8	9.4
9	Disability sports	3	3.5

The results shown in table (2) revealed that (87.1%) of the respondents show that physiotherapy is the most common type of rehabilitation services in the hospital, centers and institutions. In contrary, (3.5 %) of respondents show that disability sports is the least common type of rehabilitation services.

1-**Results related to the second question:**

What is the level of Factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the Northern Districts of the West Bank, Palestine?

To answer to this question, means and percentages were calculated for each item and the domain to which it belongs as represented in tables (3, 4, 5, 6, 7, 8, 9, 10, and 11). The results of table (12) represent the summary of results for the second question. Based on the Likert five point scales, means were used to interpret the results as the following:

- (1.80 and below) very low level.

- (1.81- 2.60) low level.
- (2.61- 3.40) moderate level.
- (3.41- 4.20) high level.
- (4.21 and above) very high level.

1- Results of quality and quantity of rehabilitation services factor:

Table (3): Means and percentages for the level of Quality and quantity of rehabilitation services factor (n= 85).

N	Items	Mean*	%	level
1	I am contented with the level of services provided to the patients.	3.91	78.2	High
2	The quality of rehabilitation programs provided at the institution is effective and meets needs of society.	3.53	70.6	High
3	Equipment is sufficient to carry out rehabilitation.	3.34	66.4	Moderate
4	The time assigned for treatment is sufficient.	3.69	73.8	High
5	The quality of the services provided meets beneficiary's needs.	3.68	73.6	High
6	evaluate rehabilitation services provided at he Institution continually	3.80	76	High
7	The beneficiaries evaluate rehabilitation services provided at the institution continually.	3	60	moderate
8	Service is easily ascendible.	4	80	High
9	The relation with patients or beneficiaries is professional.	4.22	84.4	Very high
10	Secrecy is observed when services are provided.	4.46	89.2	Very high
11	Privacy is observed when services are provided	4.29	85.8	high
12	Employees at the institution continually evaluate services.	3.94	78.8	high
13	Supportive leadership, proper planning, education and training improve the quality of rehabilitation service	4.49	89.8	Very high

14	Effective management of resources and processes improve the quality of rehabilitation services	4.44	88.8	Very high
15	Patient involvement and cooperation is needed and affect the quality of rehabilitation services	4.56	91.2	Very high
16	Professionals character and personality affect the quality of rehabilitation services	4.69	93.2	Very high
17	The quality of rehabilitation services mainly depends on practitioners knowledge and technical skills	4.58	91.6	Very high
18	The most important factors influence the quality of my work are my knowledge, expertise	4.61	93.2	Very high
19	A viability of resources affects the quality of rehabilitation services	4.42	88.4	Very high
20	Insufficient infrastructures, resource, and equipment inhabit delivery of rehabilitation services	4.47	89.4	Very high
21	Quality: rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good quality.	4.67	93.4	Very high
Total score		**4.13**	**0.42**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (3) indicated that the level of Quality and quantity of rehabilitation services factor was high, as the mean of response to the total score was (4.13). In addition, the highest response was to item (21) "Quality: rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good quality", as the mean of response on it was very high (4.69). Whereas, the lowest response was to item (7) "The beneficiaries evaluate rehabilitation services provided at the institution continually", as the mean of response on it was moderate (3).

2- Results of size of rehabilitation services factor:

Table (4): Means and percentages for the level of Size of rehabilitation services factor (n= 85).

N	Items	Mean*	%	Level
1	Size of work/tasks of employees is big	3.66	73.2	High
2	Area of site suits size of work	3.27	65.4	Moderate
3	Number of employees at the institution is sufficient	3.12	62.4	Moderate
4	Size of work matches objectives of institutions	3.81	76.2	High
5	There is unjustified duplication in providing services by a different institutions.	3.67	73.4	High
6	It is necessary to increase the institutions capability to host more beneficiaries	4.16	83.2	High
7	The size of rehabilitation services should be distributed according the needs	4.53	90.6	Very high
8	Availability: Functioning public rehabilitation care facilities, goods and services, as well as programmers' in sufficient quantity	3.67	73.4	High
9	Working hours are sufficient for work load	3.61	72.2	High
10	The work load is proportional the a availability and the capacity	3.45	69	High
Total score		**3.70**	**0.51**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (4) revealed that the level of Size of rehabilitation services factor was high, as the mean of response to the total score was (3.70). In addition, the highest response was to item (7) "The size of rehabilitation services should be distributed according the needs", as the mean of response on it was very high (4.53). Whereas, the lowest response was to item (3) "Number of employees at the institution is sufficient", as the mean of response on it was moderate (3.12).

3- Results of financial matters factor:

Table (5): Means and percentages for the level of Financial matters factor (n= 85).

N	Items	Mean*	%	Level
1	The center covers expenses.	3.38	67.6	Moderate
2	Continuity depends on outside support.	3.35	67	Moderate
3	Expenses are higher than income.	3.29	65.8	Moderate
4	Budget is managed effectively.	3.80	76	High
5	Rehabilitation services costs are reasonable.	3.71	74.2	High
6	Public funding targeted at persons with disabilities, with priority given to essential elements of rehabilitation	4.12	82.4	High
7	The authority Reducing tax on the rehabilitation services	4.31	86.2	Very high
8	Improving economies of scale based on established need.	4.20	84	High
9	The cost of rehabilitation can be a barrier for people with disabilities in high-income as well as low-income country	4.40	88	Very high
10	Lack of financial resources for assistive technologies is a significant barrier for many People with disabilities	4.40	88	Very high
11	Policy actions require a budget matching the scope and priorities of the plan rehabilitation services	4.33	86.6	Very high
12	The budget for rehabilitation services should be part of the regular budgets of relevant ministries	4.48	89.6	Very high
13	There is good investment in rehabilitation services	2.88	57.6	Moderate
14	Financing strategies can improve the provision, access, and coverage of rehabilitation services particularly in low-income	3.84	76.8	High
15	Complexity of rehabilitation services High cost / low volume service	3.15	63	Moderate
16	Complexity of rehabilitation services Low cost/high volume services	3.80	76	High
17	The budget is distributed and disbursed in the organization in a good way	3.71	74.2	High
18	There is a financial crisis	3.34	66.8	Moderate
Total score		**3.80**	**0.31**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (5) revealed that the level of Financial matters factor was high, as the mean of response to the total score was (3.80). In addition, the highest response was to item (12) "The budget for rehabilitation services should be part of the regular budgets of relevant ministries", as the mean of response on it was very high (4.48). Whereas, the lowest response was to item (13) "there is good investment in rehabilitation services", as the mean of response on it was moderate (2.88).

4- Results of human resource factor:

Table (6): Means and percentages for the level of human resource factor (n= 85).

N	Items	Mean*	%	Level
1	The institution promotes its work force.	3.56	71.2	High
2	Work force in the institution should be promoted.	4.41	88.2	Very high
3	Work force should be increased.	4.08	81.6	High
4	The institution has a budget for work force promotion.	3.02	60.4	Moderate
5	Training work force is done in accordance with the institution's field of rehabilitation.	3.61	72.2	High
6	The certificates I hold qualify me to work in the field of rehabilitation.	4.41	88.2	Very high
7	Employees at the institution are qualified and have experience in rehabilitation.	4.32	86.4	Very high
8	Regulation in the institution enables employees to involve in progressive education activities.	3.81	76.2	High
9	developing standards in training for different types and levels on rehabilitation	4.08	81.6	High
10	Establish strategies to build training capacity in accord with national rehabilitation plans.	4.14	82.4	High
11	Identify incentives and mechanisms for retaining personnel especially in rural and remote areas.	3.88	77.6	High
12	Improving efficiency by improved coordination in rehabilitation Between levels and across sectors	3.99	78.8	High
13	Education for rehabilitation personnel commonly institutional and urban-based – is not always relevant to the needs of the population	3.84	76.6	High
14	Given the global lack of rehabilitation professionals, mixed or graded levels of training required to increase the provision of essential rehabilitation services	4.15	83	High
15	The feasibility of establishing and sustaining tertiary education, training needs is determined by several factors including political stability, availability of trained educators, availability of financial support, educational standards within the country, and the cost and time for training	4.16	83.2	High
Total score		**3.97**	**0.40**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (6) showed that the level of human resource factor was high, as the mean of response to the total score was (3.97). In addition, the highest response was to item (2, 6) "Work force in the institution should be promoted and the certificates I hold qualify me to work in the field of rehabilitation", as the mean of response on it was very high (4.41). Whereas, the lowest response was to item (4) "The institution has a budget for work force promotion", as the mean of response on it was moderate (3.02).

5- Results of administrative system factor:

Table (7): Means and percentages for the level of administrative system factor (n= 85).

N	Items	Mean*	%	Level
1	My salary meets my needs.	2.61	52.2	Moderate
2	I have a clear job description.	3.41	68.2	High
3	The boss or manager lacks certificates and experience to Qualify him to work in rehabilitation.	4.13	82.6	High
4	Relationship between employees and administrations is good.	4.07	81.4	High
5	There are regulations concerning the quality of rehabilitation services provided.	3.59	71.8	High
6	There is regulation concerning work force promotion.	3.38	67.6	Moderate
7	Administrative regulations and laws are developed and help improve the services provided.	3.44	68.8	High
8	The system of motivation/incentives in the institution is applied	2.89	57.8	Moderate
9	All employees know laws and regulations of the institution.	3.62	72.4	High
10	The Administrative is working in Developing funding mechanisms for rehabilitation	3.14	62.8	Moderate
11	Employee performance is evaluated annually	3.89	77.8	High
12	Rehabilitation services are marketed well	3.66	73.2	High
13	The laws are fully followed and enforced	3.40	68	Moderate
14	Follow-up, review, evaluation and implementation of plans and strategies	3.16	63.2	Moderate
15	Policies, laws and plans are relevant to the Palestinian reality	2.59	51.8	Low
Total score		**3.40**	**0.77**	**moderate**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (7) showed that the level of administrative system factor was moderate, as the mean of response to the total score was (3.40). In addition, the highest response was to item (3) "The boss or manager lacks certificates and experience to Qualify him to work in rehabilitation", as the mean of response on it was high (4.13). Whereas, the lowest response was to item (15) "Policies, laws and plans are relevant to the Palestinian reality", as the mean of response on it was low (2.59).

6- Results of patient- referring system factor:

Table (8): Means and percentages for the level of Patient- referring system factor (n= 85).

N	Items	Mean*	%	Level
1	Patient's-referring system of at the institution is good.	3.38	67.6	Moderate
2	The relationship between the institution and the Other institutions are strong.	3.42	68.4	High
3	There is no interaction between the institution and the Universities and colleges teaching rehabilitation.	3.64	72.8	High
4	The relationship between the institution and the universities and colleges teaching rehabilitation is strong.	3.46	69.2	High
5	Cooperation and coordination between institutions is Essential to improve rehabilitation.	4.51	90.2	Very high
6	There is duplication of activities in the differer institutions.	3.85	77	High
7	Exchanging expertise (between institutions) is active.	3.07	61.4	Moderate
8	It's important to Improve patient experience by ensuring services are available early and that waiting time and are reduced	4.20	84	High
9	cooperation and coordination in service development, this can produce better outcomes, improve compliance with treatment, and increase satisfaction among patients and rehabilitation providers	4.32	86.4	Very high
10	Referral systems are required between different modes of service delivery service provision (primary, secondary, and tertiary care facilities in the rehabilitation field	4.29	85.8	Very high

11	Coordination, and cooperation is required to ensure the continuity of care when more than one providers involved in rehabilitation	4.41	88.2	Very high
12	The aim of coordinated rehabilitation is to improve functional outcomes and reduce costs	4.34	86.8	Very high
13	the provision of coordinated team between rehabilitation services can be effective and efficient to improve services , prevent duplication, and meet the needs patients	4.32	86.2	Very high
14	Using a team work to improve participation in society disabilities has proven cost-effective	4	80	High
15	The use of information, communication, and related technologies for rehabilitation is an emerging resource that can enhance the capacity and accessibility of rehabilitation measures by providing interventions remotely	4.08	81.6	High
16	The need to allow for participation of people with disabilities in decision-making through the process of rehabilitation	4.22	84.4	Very high
17	Support people with disabilities in decision-making.	4.38	87.6	Very high
18	Involve end-users in planning and research, including people with disabilities and rehabilitation , to increase the probability that the rehabilitation policy, strategy plans, laws and will be useful on the national level	4.40	88	Very high
Total score		**3.95**	**0.36**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (8) showed that the level of patient- referring system factor was high, as the mean of response to the total score was (3.95). Also, the highest response was to item (5) “Cooperation and coordination between institutions is Essential to improve rehabilitation”, as the mean of response on it was very high (4.51). Whereas, the lowest response was to item (7) “Exchanging expertise (between institutions) is active”, as the mean of response on it was moderate (3.07).

7-Results of national policies and rehabilitation policies factor:

Table (9): Means and percentages for the level of national policies and rehabilitation policies factor (n= 85).

N	Items	Mean*	%	Level
1	The rehabilitation policy should be comprehensive and Nation-wide.	4.71	94.2	Very high
2	There should be a policy for progressive education in the Field of rehabilitation.	4.58	91.6	Very high
3	Planning and policy-making in the field of Rehabilitation In Palestine is weak.	4.44	88.8	Very high
4	There is a need to involve society and activities role In rehabilitation.	4.52	90.4	Very high
5	Distribution of rehabilitation centers in Palestine is just and appropriate.	2.19	43.8	Low
6	In application of laws and regulations negatively affects rehabilitation services.	4.45	89	Very high
7	I am satisfied with the rehabilitation policies in Palestine	2.31	46.2	Low
8	There is a need to develop the patients'-referring system Nation-wide.	4.46	89.2	Very high
9	The quality of services provided by the institution in the Field of rehabilitation in general is good.	3.71	74.2	High
10	public rehabilitation services should be reviewed and evaluated, with resources reallocated effectively according the needs	4.38	87.6	Very high
11	cooperation and coordination, and prevent duplication will improve strengthening rehabilitation services and formulating rehabilitation policy	4.45	89	Very high
12	Clear demarcation of responsibilities and good coordination among sectors is needed. for this rehabilitation strategy to be effective	4.42	88.4	Very high
13	Evaluate coverage of health insurance ,including criteria for equitable access	4.31	86.2	Very high
14	Training for rehabilitation personnel should include an overview of relevant national health policy and rehabilitation legislation	4.39	87.8	Very high
15	The feasibility of establishing, planning and sustaining tertiary education, training needs is determined by several factors including political stability, availability of trained educators, availability of financial support, educational standards within the country, and the cost and time for training	4.14	82.8	High
16	Obstacles to strengthening research capacity include insufficient rehabilitation researchers,	4.28	85.6	Very high

	inadequate infrastructure to train and mentor researchers, and the absence of partnerships between relevant disciplines and organizations representing persons with disabilities			
17	Its very important to Assess existing policies, systems, services, and regulatory mechanisms, identifying gaps and priorities to improve rehabilitation system	4.38	87.6	Very high
18	Develop or revise national rehabilitation plans, in accord with situation analysis, to maximize functioning within the institution or on the national in a financially sustainable manner	4.29	85.8	Very high
Total score		**4.13**	**0.32**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (9) indicated that the level of national policies in general and rehabilitation policies in particular factor was high, as the mean of response to the total score was (4.13). Also, the highest response was to item (1) "The rehabilitation policy should be comprehensive and Nation-wide", as the mean of response on it was very high (4.71). Whereas, the lowest response was to item (5) "Distribution of rehabilitation centers in Palestine is just and appropriate", as the mean of response on it was low (2.19).

8- Results of Legislation and laws factor:

Table (10): Means and percentages for the level of Legislation and laws factor (n=85).

N	Items	Mean*	%	Level
1	The weakness in implement laws due to Lack of strategic planning.	4.21	84.2	Very high
2	The weakness in implement laws due to Lack of lack of resources and health infrastructure	4.20	84	High
3	The weakness in implement laws due to Lack of Lack of Complex referral systems	4.25	85	Very high
4	The weakness in implement laws due to Lack of responsible to administer, coordinate, and monitor services.	4.21	84.2	Very high
5	The weakness in implement laws due to Lack of rehabilitation information systems and communication strategies	4.14	82.8	High
6	The weakness in implement laws due to Lack of Assess existing policies, systems, services, and regulatory mechanisms, identifying gaps and priorities to improve and apply laws	4.26	83.2	Very high
7	The weakness in implement laws due to Lack of Policy adopted by Non-Governmental Organizations	4.12	82.4	High
8	The weakness in implement laws due to Lack of General legislation applicable to all rehabilitation centers	4.27	85.4	Very high
9	The weakness in implement laws due to Lack of Economic/budgetary factors special legislation to provide protection to persons with disabilities	4.33	86.6	Very high
10	The weakness in implement laws due to Lack of Lack of planning and design-capacity	4.16	83.2	High
11	The weakness in implement laws due to Lack of knowledge, research and information	4.02	80.4	High
12	The weakness in implement laws due Lack of cooperation from other organizations/institutions	4.16	83.2	High
13	The weakness in implement laws due Lack of enforcement mechanisms	4.12	82.2	High
Total score		**4.19**	**0.85**	**High**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (10) indicated that the level of legislation and laws factor was high, as the mean of response to the total score was (4.19). also, the

highest response was to item (9) “The weakness in implement laws due to Lack of Economic/budgetary factors special legislation to provide protection to persons with disabilities”, as the mean of response on it was very high (4.33). Whereas, the lowest response was to item (11) “The weakness in implement laws due to Lack of knowledge, research and information”, as the mean of response on it was high(4.02).

9-Results of rehabilitation system factor:

Table (11): Means and percentages for the level of rehabilitation system factor (n= 85).

N	Items	Mean*	%	Level
1	Insufficient of team working	4.06	81.2	High
2	Insufficient structure of rehabilitation	4.78	95.4	Very high
3	Poor of plan	4.81	96.2	Very high
4	Poor of providers	4.05	81	High
5	Insufficient of monitoring	3.93	78.6	High
6	Attitudes of employees	4.24	84.8	Very high
7	Defect of knowledge in rehabilitation	3.51	70.2	High
8	Defect of skill in rehabilitation	3.49	69.8	High
9	Deficiency in detecting and screening of people with disability	4.45	89	Very high
10	Defect of diagnosis	4.58	91.6	Very high
11	Lack of screening system	4.51	90.2	Very high
12	Defect of rules and policy	4.33	86.6	Very high
13	Shortage of utilization of rehabilitation experts	4.01	80.2	High
14	Defect of coordination and parallel of multiple organizations in rehabilitation	4.66	83.2	Very high
15	Negative attitudes of society	4.78	95.6	Very high
16	Ignoring of culture factors	4.72	94.4	Very high
17	Hardship of environment accessibility	3.95	79	High
18	Transportation hardship	3.93	78.6	High
19	Lack of identification of public of people	3.92	78.4	High
20	Defect of identification of rehabilitation society	4.33	86.6	Very high
21	Lack of identification of policy makers	4.72	94.4	Very high
22	Lack of identification of people with disability and their families	4.84	96.6	Very high
23	Shortage of public budgeting	4.92	98.4	Very high
24	Lack of assurance coverage	4.65	93	Very high
Total score		**4.34**	**0.21**	**Very high**

* Maximum point of response (5) points, % percentage of response.

The results shown in table (11) indicated that the level of rehabilitation system factor was very high, as the mean of response to the total score was (4.34). Also, the highest response was to item (23) "Shortage of public budgeting", as the mean of response on it was very high (4.92). Whereas, the lowest response was to item (8) "Defect of skill in rehabilitation", as the mean of response on it was high (3.49).

10- Summary of results of the second question:

Table (12): Means and percentages for the level of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the Northern Districts of the West Bank, Palestine (n= 85)

N	Factors	Mean	Percent %	Level	Ranking
1	Quality and quantity of rehabilitation services	4.13	82.6	High	3
2	Size of rehabilitation services	3.70	74	High	7
3	Financial matters	3.80	76	High	6
4	Human resource	3.97	79.4	High	4
5	Administrative system	3.40	68	Moderate	8
6	Patient- referring system	3.95	79	High	5
7	National policies and rehabilitation policies	4.13	82.6	High	3
8	Legislation and laws	4.19	83.8	High	2
9	Rehabilitation system	4.34	86.8	Very high	1
Total score of factors		**3.96**	**79.2**	**High**	**-**

* Maximum point of response (5) points.

The results shown in table (12) indicated that the total level of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the Northern Districts of the West Bank, Palestine was high, as the mean of total score for all factors was (3.96). Also, rehabilitation system factor came in the first rank with a very high mean of

response (4.34). Whereas, administrative system factor came in the last rank with a moderate mean of response (3.40).

2-Results related to the third question:

What are the main Factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the Northern Districts of the West Bank, Palestine?

To answer to this question, multiple regressions in its stepwise method were used as shown in the results of tables (12, 13).

Table (13): Descriptive statistics, coefficients of correlation between the factors and the total score of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy (n= 85).

N	Factors	Mean	Standard deviation	R	Sig.
1	Quality and quantity of rehabilitation services	4.13	0.42	0.595	0.000**
2	Size of rehabilitation services	3.70	0.51	0.701	0.000**
3	Financial matters	3.80	0.31	0.520	0.000**
4	Human resource	3.97	0.40	0.762	0.000**
5	Administrative system	3.40	0.77	0.664	0.000**
6	Patient- referring system	3.95	0.36	0.672	0.000**
7	National policies and rehabilitation policies	4.13	0.32	0.520	0.000**
8	Legislation and laws	4.19	0.85	0.306	0.000**
9	Rehabilitation system	4.34	0.21	-0.026	0.812
Total score of factors		**3.96**	**0.25**	**--**	**--**

** Significant correlation at ($p \leq 0.001$); * ($p \leq 0.05$).

The results shown in table (13) revealed that factors (1, 2, 3, 4, 5, 6, 7, 8) were significantly and positively correlated with the total score of factors influencing the implementation of rehabilitation policy, strategies, planning

and advocacy at ($p \leq 0.01$). In contrast no significant correlation was noticed between factor (9) and the total score of factors at ($p \leq 0.05$).

In order to determine the main Factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy, the factors correlated with the total score of factors were determined as (independent) variable and the total score of factors was determined as (dependent variable), which is considered as the first step of multiple regression. Then stepwise multiple regressions were applied as shown in table (14).

Table (14): Multiple regressions summery for determining the main factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy.

Model		Un standardized Coefficients		Standardized Coefficients	T- value	Sig.	R^2
		B	Std. error	Beta			
1	(constant)	2.061	0.178		11.597	0.000**	0.580
	Factor 5	0.478	0.045	0.762	10.713	0.000**	
2	(constant)	1.719	0.145		11.893	0.000**	
	Factor 5+	0.355	0.038	0.566	9.313	0.000**	0.753
	Factor 3	0.224	0.030	0.459	7.555	0.000**	
3	(constant)	1.429	0.132		10.857	0.000**	
	Factor 5+	0.328	0.032	0.523	10.107	0.000**	0.826
	Factor 3+	0.240	0.025	0.490	9.514	0.000**	
	Factor 8	0.081	0.014	0.274	5.850	0.000**	

** Significant level at ($p \leq 0.001$).

The results of stepwise multiple regression shown in table (14) indicated that t-values were statistically significant at ($p \leq 0.001$) for all factors. Furthermore, factor (5) (Administrative system) was the first main Factor influencing the implementation of rehabilitation policy, strategies, planning and advocacy, and it contributed to explain (58%) of it. On the other hand,

the connection between factor (5) (Administrative system) and factor (3) (Financial matters) was the second main factor contributing to explain (75.3 %) of the implementation of rehabilitation policy, strategies, planning and advocacy. Finally, the connection between factor (5) (Administrative system), factor (3) (Financial matters) and factor (8) (Legislation and laws) was the third main factor contributing to explain (82.6 %) of the implementation of rehabilitation policy, strategies, planning and advocacy.

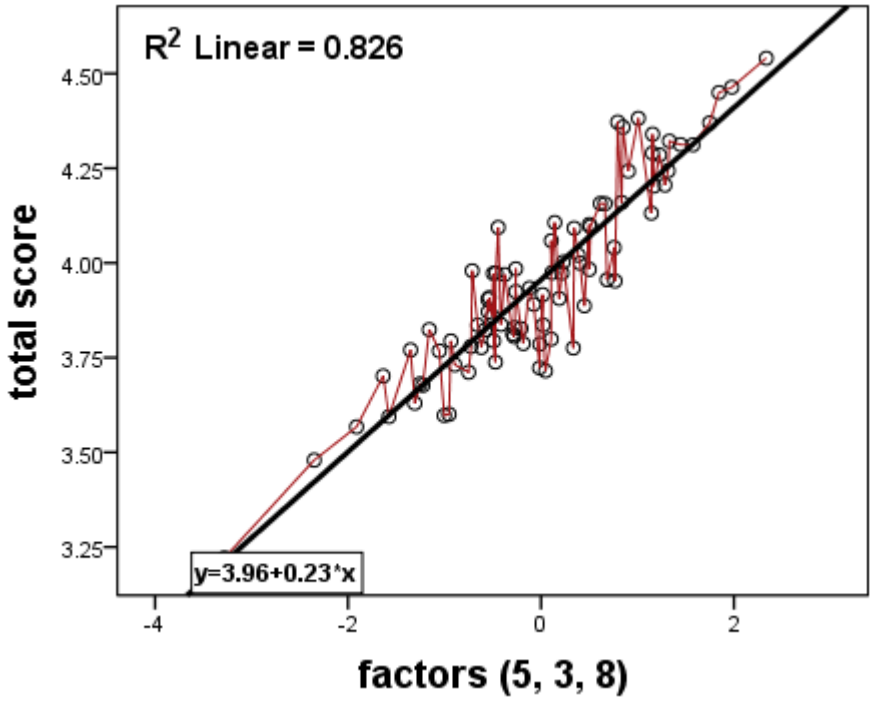

Figure (1): the contribution of factors (5, 3, 8) to explain the implementation of rehabilitation policy, strategies, planning and advocacy in the northern districts of the west bank, Palestine.

3-Results related to the fourth question:

What are the most serious problems facing the development of rehabilitation services?

To answer to this question, the arithmetic mean was used. All items were arranged from the lowest mean which represented the most serious problem and the highest mean representing the least serious problem as.

Shown in table (16).

Table (15): The most serious problems facing the development of rehabilitation services (n= 85).

N	Items	Mean	Ranking
1	Isolating, rather than, assimilating the disabled in the society.	5.61	6
2	**The difficult socio economic conditions**	**3.47**	**The most**
3	Cultural conditions.	5.06	4
4	The difficult Political situation.	3.76	2
5	The restricted number and experience of work force in rehabilitation.	6.70	8
6	Rehabilitation policies are not crystallized.	4.21	3
7	Law is not applied or inapplicable.	6.58	7
8	Mal distribution of rehabilitation services.	5.58	5
9	Duplication of work in the rehabilitation institutions.	6.90	9
10	Poor educational programs in universities and colleges teaching rehabilitation.	7.58	10
11	Not expanding education, training and specialty.	7.87	11
12	Dealing with families of disabled people.	9.20	12
13	**Dealing with patients themselves.**	**10.34**	**The least**
14	Dealing with employees.	10	13

The results shown in table (15) indicated that the most serious problem facing the development of rehabilitation services was related to item (2) "The difficult socio economic conditions", where the mean of response was (3.47). Whereas, the least serious problem facing the development of

rehabilitation services was related to item (13) “Dealing with patients themselves”, where the mean of response was (10.34).

4-Results related to the fifth question:

What are the top priorities needs that develop rehabilitation?

To answer to this question, the arithmetic mean was used. All items were arranged from the lowest mean which represented the top priority and the highest mean representing the least priority as shown in table (16).

Table (16): The top priorities to develop rehabilitation services. (n=85).

N	Items	Mean	Ranking
1	Social assimilation of the disabled in their society	5.46	3
2	Improving quality and quantity of rehabilitation services provided.	5.51	4
3	Increasing expenditure in the field of services provided to the disabled	6.51	9
4	Coordinating and distributing services and improving patient-referring systems.	6.41	8
5	Promoting work force in the field of rehabilitation.	6.83	10
6	Upgrading education the universities and colleges teaching rehabilitation.	5.86	5
7	Expanding education, training, and specialty	6.93	11
8	Keeping up with scientific development and technology in the field of rehabilitation.	7.05	12
9	**Develop information systems and communication strategies**	**7.74**	**The least**
10	Reorganizing and integrating services to make them more efficient	5.99	6
11	**Reevaluation the rehabilitation system**	**4.06**	**The top**
12	Re evaluation the rehabilitation policy, strategy, was planning.	4.88	2
13	Re evaluation the rehabilitation legislation, and laws	6.08	7

The results shown in table (16) indicated that the top priority needed to develop rehabilitation services was related to item (11) "re-evaluation of the rehabilitation system", where the mean of response was (4.06). In contrast, the least priority was related to item (9) "Develop information systems and communication strategies", where the mean of response was (7.74).

5-Results related to the sixth question:

What are the most important suggestions that it deems appropriate and necessary for the development of rehabilitation policies?

To answer to this question, the arithmetic mean was used. All items were arranged from the lowest mean representing the most important suggestion and the highest mean representing the least important suggestion as shown in table (17).

Table (17): The most important suggestions that it deems appropriate and necessary for the development of rehabilitation policies (n= 85).

N	Items	Mean	Ranking
1	**Study the needs of the Palestinian society.**	**2.16**	**The most**
2	Involving the Palestinian society in planning and policy-making in the field of rehabilitation.	3.74	2
3	Re-evaluating rehabilitation services.	3.88	3
4	Studying the factors that affect policy-making in the rehabilitation.	4.61	4
5	Promoting work force in rehabilitation.	6.75	8
6	Developing administrative systems applied.	6.81	9
7	Evaluating and studying the law to check its suitability & applicability.	5.99	6
8	Applying law and legislations.	6.63	7
9	Studying restrictions to planning and policy-making and founding alternatives.	5.24	5
10	**Evaluate coverage of health insurance, including criteria for equitable access**	**8.06**	**The least**
11	Increasing the investment in the rehabilitation domain.	7.36	10
12	Entering the rehabilitation sector in the government budget.	7.86	11

The results shown in table (17) revealed that the most important suggestion that it deems appropriate and necessary for the development of rehabilitation policies was related to item (1) “Study the needs of the Palestinian society.”, where the mean of response was (2.16). In contrary, the least important suggestion was related to item (10) “Evaluate coverage of health insurance, including criteria for equitable access”, where the mean of response was (8.06).

6-Results related to the seventh question:

What do you think is appropriate and needed to improve the quality of rehabilitation services?

To answer to this question, the arithmetic mean was used. All items were arranged from the lowest mean representing the most appropriate and need topic to improve the quality of rehabilitation and the highest mean representing the least topic as shown in table (18).

Table (18): The most appropriate and needed topics to improve the quality of rehabilitation services (n=85).

N	Items	Mean	Ranking
1	Increasing investment in the field of rehabilitation.	7.49	7
2	Developing patient-referring system	8.29	2
3	Developing administrative systems.	9.54	14
4	Promoting and increasing work force	9.86	16
5	Adopting modern technology.	10.56	17
6	Flowing up and controlling rehabilitation services through competent authorities	10.58	18
7	Doing research in the field of rehabilitation.	7.97	9
8	Preventing duplication of activities in the various institutions.	6.31	3
9	proving employee's conditions and applying the system motives.	9.73	15
10	Developing educational programs.	9.06	12
11	Involving the society in the rehabilitation process	5.96	2
12	Distributing rehabilitation services fairly.	6.42	4
13	Governmentally supporting rehabilitation institutions.	7.48	6
14	Creating specialties in the field of rehabilitation.	8.44	11
15	Applying laws/ regulations concerning rehabilitation.	6.76	5
16	**Planning and making policies for rehabilitation nation-wide.**	**5.74**	**The most**
17	Developing a system that is responsive to people's needs.	9.12	13
18	Expanding, and distribute service, and workforce according the needs	7.62	8
19	Increasing the system's financial sustainability in the rehabilitation system.	11.10	19
20	**Increasing accountability and transparency.**	**13.97**	**The least**

The results shown in table (18) indicated that the most appropriate and needed topic to improve the quality of rehabilitation services was related to item (16) "Planning and making policies for rehabilitation nation-wide", where the mean of response was (5.74). Whereas the least appropriate and needed topic to improve the quality of rehabilitation services was related to item (20) "Increasing accountability and transparency", where the mean of response was (13.97).

Chapter Five
Discussion

The results of this descriptive study present information on factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank as perceived by the providers.

A. Background

Habilitation refers to a process aimed at helping disabled people attain, keep or improve skills and functioning for daily living; its services include physical, occupational, and speech-language therapy, various treatments related to pain management, and audiology and other services that are offered in both hospital and outpatient locations [80].

Rehabilitation refers to regaining skills, abilities, or knowledge that may have been lost or compromised as a result of acquiring a disability or due to a change in one's disability or circumstances [81].

Habilitation and rehabilitation: enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social, and vocational ability, and full inclusion and participation in all aspects of life. Without adequate habilitation and rehabilitation services, persons with disabilities may not be able to work, go to school, or participate in culture, sports, or leisure activities [82]. In our study the researcher studied the Factors Influencing the Implementation of Rehabilitation Policy, Strategies

and Planning in the Northern Districts of the West Bank: A cross sectional study.

B. Discussion of the Main Findings:

Analysis of the responses to the questionnaire revealed that the factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank where offered by the providers in all rehabilitation sectors.

(1): The most common types of rehabilitation services provided in hospitals, centers and institutions?

The most common types of rehabilitation services in the northern districts are concerned with Physical therapy (PT), and form about (87.1%) of the total services provided Occupational therapy (34.1%), Speech therapy (23.5%), Prosthesis and orthotics (21.1%). Other services form fewer percentages, for example disability sports (3.5%). The researcher believe that Physiotherapy activities developed rapidly started in Palestine, in the first intifada (uprising) in 1989 [74]. The second intifada in 2000 due to the increasing number of injuries. Professionals, and the community started to understand the PT role in rehabilitating the disabled, and five universities, and two colleges started teaching PT. On the contrary, other services were neglected for a long time such as Occupational therapy and Speech therapy. In the past, occupational therapy services were neglected and non-existent in the northern West Bank [76]. The researcher believe the second Intifada contributed to the opening of the occupational therapy

program at the Arab American University to meet the needs of the disabled. Also An-Najah university also opened a speech therapy program that led to meeting disabled needs in the northern West Bank. PT activities developed rapidly started in Palestine, in the first intifada (uprising) in 1989, due to the increasing number of injuries.

Other rehabilitation services, for example was dropped from the syllabus of Universities may be because the PT services considered the top priority of rehabilitation services in Palestine and because Palestine lacks professionals who can run other rehabilitation academic programs and services.

Lack of sports services for the disabled may also be attributed to lack of knowledge of the providers and community of its importance, lack of finances, and overall shortage of specialized human resources in the northern districts. In addition Human resources consider physiotherapy as the most financially rewarding rehabilitation job in the field.

As for prosthesis, the results revealed that the percentage of prosthesis services is (21.1%). In the past these services are provided outside the northern districts. Engineers or assistants take the measurements, and design equipment in Jerusalem at princess Basma, Bethlehem Arab Society centers, and Abu raya rehabilitation center or in private centers. After the outbreak of the second intifada in 2000, two prosthesis and orthotics centers were opened in Jenin and Qalqiliya to meet the needs of the disabled. Planners and decision-makers should encourage institutions to

provide services and the government should support them. In addition, the numbers of human resource dealing with vocational, speech therapy, especially disability sports should be increased, and services better organized. The results of this study are consistent with the [67]. Physiotherapy services are ones most often available.

(2): The level of Quality and quantity of rehabilitation services.

Results of this study indicated that the level of quality and quantity of rehabilitation services factor was highest, and according to the providers that the Quality rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good quality. The lowest response and according to the providers that the beneficiaries do not evaluate rehabilitation services continually. The results of this study are consistent with the [33]. These results may be explained by the fact that the respondents believe that beneficiaries are unable to evaluate the rehabilitation services, poor team work, weakness in the administrative system in the institution. The feedback from the employees and beneficiaries for evaluating rehabilitation services is necessary to improve the quality and quantity of rehabilitation services to meet the needs of the society. The planners and management should strive towards total quality management.

(3): The level of Size of rehabilitation services factor.

Results of this study revealed that the level of size of rehabilitation services factor was high. The highest response of providers was the size of

rehabilitation services should be distributed according the needs. The responses showed that from the point of view of the provider the number of employees at the institutions is not sufficient yet; the researcher believes that there is a need for human resources to work in the rehabilitation field. The political and socio-economic situation in the Palestinian districts is very bad due to closure imposed by the Israeli occupation, which certainly affect which certainly affect on the economic status. The researcher believes that the government's lack of support for the rehabilitation sector and the impact of external support to the political situation and the free support of non-governmental institutions, which led to the reduction of services and not to increase staff despite the urgent need. The results of this study are consistent with the [64] that the level of size of rehabilitation services was high, and training programs was established in Cambodia to improve distribution of rehabilitation services.

(4): The level of Financial matters factor

Results of this study revealed that the level of financial matters factor was high. The highest response was the budget for rehabilitation services should be part of the regular budgets of relevant ministries. The lowest response was on there is good investment in rehabilitation services. These results may be explained by the fact that the political-economical situation is also a complicating matter. The researcher believes that the reason for not setting a permanent budget for rehabilitation services in the ministries is the absence of the legislative body that adopts and determines the budgets and the nature of spending and this is due to the financial crisis

experienced by the Palestinian Authority. The researcher also believes that the lack of studies and research in the field of rehabilitation and failure to implement rehabilitation policies at the international level makes these services part of the budget of the ministries concerned and this is due to poor planning and weak policies. The poor economic and political situation is an obstacle to good investment in rehabilitation. The providers, the planners, and the decision-makers should draw alternative policies to solve the problem since outside financial support may stop. The government should strongly support rehabilitation institutions. The results of this study are consistent with the [51], [53]. Plans should be based on analysis of the current situation, consider the main aspects of rehabilitation provision leadership, financing, information, service delivery, products and technologies, and the rehabilitation workforce and define priorities based on local need. Also the results of this study are consistent with (Bigelow J et al., 2004). Even where funding from governments, insurers, or NGOs is available, it may not cover enough of the costs to make rehabilitation affordable. If they have limited finances and inadequate public health coverage, access to rehabilitation may also be limited, compromising activity and participation in society.

(5): The level of human resource factor.

Results of this study revealed that the level of human resource factor was high. The highest response was the certificates I hold qualify me to work in the field of rehabilitation, and work force in the institution should be promoted. The lowest response was on the institution has a budget for work

force promotion. The researcher also believes that the work force in the institution should be promoted. The researcher believes that the reason for lack of budget to promote the workforce in institutions because of the difficult economic situation and lack of resources and support for the rehabilitation sector. Thus the planners and decision-makers should develop human resources in general, and give priority to the budget for work force promotion. Also stimulating the workers in the rehabilitation sector to obtain specializations and post graduate studies. The results of this study are consistent with the [61] Complex referral systems can limit access. Where access to rehabilitation services is controlled by doctors, medical rules or attitudes of primary physicians can obstruct individuals with disabilities from obtaining services. Also the results of this study are consistent with the [62]. People are sometimes not referred, or inappropriately referred, or unnecessary medical consultations may increase their costs.

(6): The level of administrative system factor.

Results of this study revealed that the level of administrative system factor was moderate. The highest response was the boss or manager need certificates and experience to qualify him to work in rehabilitation. The lowest response was Policies, laws and plans are relevant to the Palestinian reality. The researcher agree with the result that the boss or manager need certificates and experience to qualify him to work in rehabilitation to develop the administrative system to meet the needs of workers and disabled people. Also believes that laws and plans are not relevant to the

Palestinian reality because the real reason there's still the Israeli occupation is still on the ground. Also because of the difficult political and economic conditions and inappropriate policies, law and plans of the Palestinian reality.

The results of this study are consistent with the [59] lack of agency responsible to administer, coordination and monitor services.

(7): The level of Patient- referring system factor.

Results of this study revealed that the level of patient- referring system factor was high. The highest response was cooperation and coordination between institutions is essential to improve rehabilitation. The lowest response was Exchanging expertise (between institutions) is active. The researcher agree with the result that was cooperation and coordination between institutions is essential to improve rehabilitation services to meet the needs and this can produce better outcomes, improve compliance with treatment, and increase satisfaction among patients and rehabilitation providers. The researcher agrees with the result that lowest response was exchanging expertise between institutions is active, because of many reasons low rates of participation in rehabilitation, poor coordination and cooperation between institutions, and duplication of rehabilitation services delivery in institution and centers. Also the researcher believes that the a weakness in the patients referring system in the institutions, exchanging expertise may reflect the absence of applicable law and order, unclearity of policies, and no control of rehabilitation services through competent

authorities. The providers, the planners, and the decision-makers should build patients referring system nation-wide.

The results of this study are consistent with the [64] successful implementation of the plan depends on establishing or strengthening mechanisms for intersectional collaboration. An inter ministerial committee or agency for rehabilitation can coordinate across organizations.

(8): The level of national policies and rehabilitation policies factor.

Results of this study revealed that the level of national policies in general and rehabilitation policies in particular factor was high. The highest response was the rehabilitation policy should be comprehensive and Nation-wide. The results of this study are consistent with the (Waller S. et al, 1989). The researcher agrees with the result that lowest response was distribution of rehabilitation centers in Palestine is just and appropriate because the result was shown in table (1) the majority of rehabilitation center distributed in the city (69.4%). The results of this study are consistent with the [70]. This means that the results indicate a poor distribution of centers and services in the northern West Bank. The researcher generally agrees with the above results, because of many factors including:

- Planning and policy-making in the field of rehabilitation in Palestine is weak.
- Mal distribution center.

- Inadequate infrastructure.
- There is duplication of work in the rehabilitation institutions.

The results of this study are consistent with the [4]. Therefore, an urgent need to advocate, develop and improve the rehabilitation policy, strategy plans, laws, quality and quantity of rehabilitation services to meet the needs of people. Users, providers and civil society have a particularly important role to play in strengthening rehabilitation advocacy.

(9): The level of Legislation and laws factor.

Results of this study revealed that the level of legislation and laws factor

was high. The highest response was the weakness in implement laws due

to the results of this study are consistent with the lack of economic/budgetary factors special legislation to provide protection to persons with disabilities. The lowest response was the weakness in implement laws due to lack of knowledge, research and information. The researcher agrees with the result the weakness of laws and legislation which negatively affects the implementation of rehabilitation policies and strategies in the northern West Bank. The researcher believes that laws and plans are not relevant to the Palestinian reality because the real reason there's still the Israeli occupation is still on the ground. Also because of the difficult political and economic conditions and inappropriate policies, law and plans of the Palestinian reality, Lack of strategic planning, Lack of resources and health infrastructure.

The results of this study are consistent with the [30]. The scope and scale of political and economic change in the late 1990s has been dramatic, and has led to significant political and economic policy reform which also influenced sectors such as health, and rehabilitation, also the changing political economy had repercussions for health policy and facilitated the idea of reforming the health sector.

(10): level of rehabilitation system factor.

Results of this study revealed that the level of rehabilitation system factor was very high. The highest response was Shortage of public budgeting. The lowest response was defect of skill in rehabilitation. The researcher agrees with the result that rehabilitation system very weak due to different reasons which are related to the result shown in table (12).The researcher believed that lack of financial resources lead to shortage of public budgeting which affect negatively on the rehabilitation system as a whole. The decision-makers must reform rehabilitation policies, develop funding mechanisms and address funding barriers.

The results of this study are consistent with the [53]. The budget for rehabilitation services should be part of the regular budgets of relevant ministries notably health, and should consider ongoing needs. Ideally, the budget line for rehabilitation services would be separated to identify and monitor spending. Financing strategies can improve the provision, access, and coverage of rehabilitation services, particularly in low-income and middle-income countries,

(11): The level of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the Northern Districts of the West Bank, Palestine.

Results of this study indicated that the total level of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy the northern districts of the West Bank, Palestine was high. The mean of total score for all factors was (3.96). Also, rehabilitation system factor came in the first rank with a very high mean of response (4.34). Whereas, Administrative system factor came in the last rank with a moderate mean of response (3.40). The researcher agrees with the result that all factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy in the northern districts of the West Bank, Palestine affect negatively on the rehabilitation system. All these factor are essential for building capacity, strengthening rehabilitation systems, and producing cost-effective services and better outcomes.

The results of this study are consistent with the [57]. Implementation of an effective rehabilitation system requires strong leadership and governance at the ministry of health and effective coordination mechanisms with other relevant sectors.

(12): Coefficients of correlation between the factors and the total score of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy.

The results shown in table (13) revealed that factors (1, 2, 3, 4,5, 6, 7, 8) were significantly and positively correlated with the total score of factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy at ($p \leq 0.01$). In contrast no significant correlation was noticed between factor (9) and the total score of factors at ($p \leq 0.05$).

The results of this study are consistent with [45] the barriers to rehabilitation service provision can be overcome through a series of actions, including: reforming policies, laws, and delivery systems, including development or revision of national rehabilitation plans; developing funding mechanisms to address barriers related to financing of rehabilitation; increasing human resources for rehabilitation.

In order to determine the main Factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy, the factors correlated with the total score of factors were determined as (independent) variable and the total score of factors was determined as (dependent variable), which is considered as the first step of multiple regression. Then stepwise multiple regressions were applied as shown in table (14).

(13): Multiple regressions summery for determining the main factors influencing the implementation of rehabilitation policy, strategies, planning and advocacy.

The results of stepwise multiple regression shown in table (14) indicated that t-values were statistically significant at ($p \leq 0.001$) for all factors. Furthermore, factor (5) (Administrative system) was the first main Factor influencing the implementation of rehabilitation policy, strategies, planning and advocacy, and it contributed to explain (58%) of it. On the other hand, the connection between factor (5) (Administrative system) and factor (3) (Financial matters) was the second main factor contributing to explain (75.3 %) of the implementation of rehabilitation policy, strategies, planning and advocacy. Finally, the connection between factor (5) (Administrative system), factor (3) (Financial matters) and factor (8) (Legislation and laws) was the third main factor contributing to explain (82.6 %) of the implementation of rehabilitation policy, strategies, planning and advocacy.

Although the rehabilitation system was the highest factor and came in first place with a very high response rate, but it is not statistically linked with the total degree, the factor of the administrative system less responsive, but it is the most influential factors and then financial matter and then laws and legislation affecting the implementation of rehabilitation policy, strategies, planning and advocacy, and it contributed to explain. The results of this study are consistent with the [24, 54].

(14): The most serious problems facing the development of rehabilitation services.

The results of this study revealed that the most serious problems facing the development of rehabilitation services was The difficult socio economic condition, then the difficult Political situation . The least serious problem facing the development of rehabilitation services was dealing with patients themselves. The researcher is in agreement with the providers perception especially that the most serious problem, are the difficult socio-economic and political. The instability of the political and economic situation and the lack of participation in society determine of the development of rehabilitation system, and will be a barrier to the implementation of policies, strategies and rehabilitation plans at the national level. The research believe to solve addressing barriers to most serious problem facing the development of rehabilitation services are reforming policies, laws, and delivery systems, including development or revision of national rehabilitation plans; developing funding mechanisms to address barriers related to financing of rehabilitation. Also the researcher believes these issues should to be the responsibility of the health planners as well as the rehabilitation services providers. The researcher believes that these results are consistent with the Palestinian reality in general and rehabilitation in particular a complex matter. The political environment, negatively affects policy making in Palestine due to the separation between the Gaza Strip and West Bank and continuing conflict due to the Israeli occupation. Furthermore the health situation is connected strongly with the

socio- economic and political circumstances. Also the researcher believes the economic factors play a key role in the strategic planning process. They directly affect the planning that leads to success or failure of any program or project. Therefore, the national income, average income per individual, unemployment levels, energy and raw materials, salaries and wages, savings and consuming attitudes and interest rates should be taken into consideration. The absence of the Palestinian community's participation in the process of planning negatively affects the success and the effectiveness of planning and drafting of policies in rehabilitation. The results of this study are consistent with the [30].

(15): The top priorities to develop rehabilitation services.

The results of this study revealed that the the top priority needed to develop rehabilitation services was related to re-evaluation of the rehabilitation system. In contrast, the least priority was related to information systems and communication strategies. The researcher is in agreement with the provider's perception especially that the top priority is to re-evaluation of the rehabilitation system. The researcher believes that there is a pressing and urgent need to re-evaluate the rehabilitation system so that policies and strategies are formulated and implemented and must be the responsibility of health planners and rehabilitation service providers, Public rehabilitation services should be reviewed and evaluated, with resources allocated effectively. The researcher believes through a study of the factors affecting the implementation of policies, strategies and rehabilitation plans. Institutional policies were found to be weak in influencing the strategy.

There is no relationship between institutional policies and implementation. However, this was noted as negligible in the correlation coefficient. In contrast, no significant correlation was observed between the worker rehabilitation system and the overall outcome of the factors. However, the response of rehabilitation service providers is that the highest priority is the reevaluation of the rehabilitation system as seen by the researcher. The results of this study are consistent with the [31].

(16): The most important suggestions that it deems appropriate and necessary for the development of rehabilitation policies.

The results of this study revealed that the most important suggestion that it deems appropriate and necessary for the development of rehabilitation policies was related to Study the needs of the Palestinian society. In contrary, the least important suggestion was related to evaluate coverage of health insurance, including criteria for equitable access. The researcher is in agreement with the provider's perception especially that the most important suggestion to Study the needs of the Palestinian society. The results of this study are consistent with the [51], [71].

(17): The most appropriate and needed topics to improve the quality of rehabilitation services.

The results of this study revealed that the most appropriate and needed topic to improve the quality of rehabilitation services was related to making policies for rehabilitation nation-wide. The least appropriate and needed topic to improve the quality of rehabilitation services was related to

increasing accountability and transparency. The researcher is in agreement with the provider's perception especially that the most important appropriate and needed topic to improve the quality of rehabilitation services was related to making policies for rehabilitation nation-wide. There are no national rehabilitation plan drafts in the Palestinian society to meet the needs of disabled people. It must be clarified that the draft national policy, plan is only an approach to rehabilitation. National policy, strategies and plan of action for disability and rehabilitation currently being implemented by countries around the word [74].

The researcher believes these issues are necessary to improve quality of rehabilitation services, and for future studies. The researcher believes to develop or revise national wide rehabilitation policies and plans, in accord with situation analysis, to maximize functioning within the population in a financially sustainable manner.

C. Conclusion.

This study aimed at describing the factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank in Palestine. Information in this regard was collected, and pointed out important aspects that need to be considered by various rehabilitation care providers in the northern districts and can be summarized as follows:

1-The majority of rehabilitation services are conducted by the private and NGOs sectors. The government should increase all the rehabilitation services, and increase investment in the rehabilitation sector.

2- Quality of rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good quality, the rehabilitation services and centers should be distributed in the northern districts according to the needs.

3-Non-participation of beneficiaries in the process of evaluating rehabilitation services consistently affects the quality and quality of rehabilitation services and negatively affects the rehabilitation system and policies.

4-The size of rehabilitation services should be distributed according the needs the budget for rehabilitation services should be part of the regular budgets of relevant ministries, to improve the quality and quantity of services and support and strengthen the work force to make the rehabilitation system successful.

5-Policies, laws and plans must be relevant to the Palestinian reality

6-Collaboration between institutions is necessary to improve rehabilitation services by exchanging the expertise and preventing duplication.

7-The rehabilitation policy should be comprehensive and Nation-wide.

8-The weakness in implement laws due to Lack of Economic/budgetary factors special legislation to provide protection to persons with disabilities.

9-The most serious problem facing the development of rehabilitation services was socio economic conditions.

10-The top priority needed to develop rehabilitation services was re-evaluation of the rehabilitation system.

11- The most important suggestion that it deems appropriate and necessary for the development of rehabilitation policies was related to study the needs of the Palestinian society.

12- Finally, the connection between factor (5) (Administrative system), factor (3) (Financial matters) and factor (8) (Legislation and laws) was the third main factor contributing to explain (82.6 %) of the implementation of rehabilitation policy, strategies, planning and advocacy.

13- The most of the providers believe that the rehabilitation policies should be developed (100%).

D. Over all Recommendation:

1. Recommendation for Socio-Demographic.

- The government should increase all the rehabilitation services, and increase investment in the rehabilitation sector.

The rehabilitation services and centers should be distributed in the northern districts according to the needs.

2. Recommendation for types of rehabilitation services.

- The planner and decision maker should be encouraging the rehabilitation sectors to have new services needed such as (Disability sports, and VR).

3. **Recommendation for improving quality and quantity of Rehabilitation services.**

- The planner and decision maker should be participating the beneficiaries in evaluating of rehabilitation services provided at the institution continually.

4. Recommendation improving the size of rehabilitation services.

- The size of rehabilitation services should be distributed according to the needs.

5. Recommendation for improving the financial matters in the institution.

- The budget for rehabilitation services should be part of the regular budgets of relevant ministries, to improve the quality and quantity of services and support and strengthen the work force to make the rehabilitation system successful.

6. Recommendation for developing and improving the human resource in the institutions

- The planner and decision maker should be putting a budget for Work force promotion.

7. Recommendation for administrative system of rehabilitation services.

- Policies, laws and plans should be relevant to the Palestinian reality.
- The decision-makers should develop the Rehabilitation Services administration nation-wide.

8. Recommendation for patient-referring system, cooperation and Coordination between institutions.

- The planners and decision-makers should develop the patient- referring system nation-wide.
- Cooperation and coordination, and prevent duplication will improving strengthening rehabilitation services and formulating rehabilitation policy.

9. Recommendation for national policies in general and rehabilitation policies.

- The rehabilitation policy should be comprehensive and nation- wide.
- Distribution of rehabilitation services in Palestine should be just, effective and appropriate according to the needs.

10. Legislation and laws factor.

- The Laws and legislations must be appropriate to the Palestinian reality and the factors that prevent the implementation of these laws should be studied and addressed.

11. Rehabilitation system.

- The rehabilitation sector should be part of the general budget.

- The rehabilitation system must be appropriate to the Palestinian reality and the factors that prevent the implementation of these laws should be studied and addressed.

12. The most serious problems facing the development of rehabilitation services.

- The planners, decision makers, and providers should be drawing Alternative policies to meets the difficulty socio-economic and political condition in Palestine.

13. Recommendation for top priority of rehabilitation.

- Work on re-evaluating the rehabilitation system.

- There should be social assimilation of the disabled in Palestinian society.

14. the most important suggestions that it deems appropriate and necessary for the development of rehabilitation policies.

- Study the needs of the Palestinian society.

- Involving the Palestinian society in planning and policy-making in the rehabilitation fields.

- Re-evaluating rehabilitation services.

15. The most appropriate and needed topics to improve the quality of rehabilitation services.

- Must work on planning and policy-making for rehabilitation at the state level.
- Developing patient-referring system.
- Prevent duplication of activities in various institutions.

E. Recommendations for Further Research.

This study was descriptive in nature to collect information regarding the of factors influencing the implementation of rehabilitation policy, strategies and planning in the northern districts of the West Bank.

It serves as base line data for further studies related to the factors influencing the implementation of rehabilitation policy, strategies and planning. Based on this study, it is recommended that the future studies in this area use other variables in addition to those in this study, which would be of great advantage to rehabilitation system. The researcher recommends studying each of the factors of this study separately. Conduct similar study by using the difference between studied factors according to the socio-demographic factors in appendix (1). The population size can be increased in order to cover all West's Bank as well as Palestine as a whole, to allow for the generalizability of the findings. Furthermore, qualitative exploration of the factors influencing the implementation of rehabilitation policy, strategies and planning has not been widely found in the rehabilitation

literature and so it is highly recommended to hold qualitative research to provide a richer view of the Palestinian rehabilitation system.

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Appendix

Appendix 1

The study questionnaire

Date of Interview: ----------

Serial Number: ----------

***Gender*:** () Male () Female

***Age*:** () Less than 30 years () 30-39 years () 40 years and above

Scientific Degree: () Bachelor and Less () Higher Studies

***Experience*:** () 5 years and less () 6-10 yeas () 11-15 years () More than 15 years

Institution/ Center: (1) *Government* (2*) Non Government* (3) *UNRWA* (4) *Private*

Demographic Area:

N	***District***	***City***	***Village***	***camp***
1	*Nablus*			
2	*Jenin*			
3	*Tobus*			
4	*Qalqelya*			
5	*Tolkarm*			
6	*Salfeet*			
7	*Total*			

Q1

What are the most common types of rehabilitation services provided in the hospital, centers, and institutions?

1. Physiotherapy
2. Occupational Therapy
3. Speech Therapy
4. Vocational Rehabilitation
5. Prosthesis, and orthotics
6. CBR
7. Counseling rehabilitation
8. Psychosocial rehabilitation
9. Disability sports

Please answer these questions by putting mark (x) toward your felling:

1- ***Strong Agreement*** **2-** ***Agreement*** **3-** ***Moderate Agreement*** **4-** ***Disagreement*** **5-** ***Strong Disagreement.***

Q2

To what extent do you agree with these statements concerning quality and quantity of rehabilitation services in the institution where you work?

N	Quality and Quantity of rehabilitation services	Strong Agree	Agree	Moderate Agreement	Disagree	Strong Disagree
1	I am contented with the level of services provided to the patients.					
2	The quality of rehabilitation programs provided at the institution is effective and meets needs of society.					
3	Equipment is sufficient to carry out rehabilitation.					
4	The time assigned for treatment is sufficient.					
5	The quality of the services provided meets beneficiary's needs.					
6	I evaluate rehabilitation services provided at the Institution continually					
7	The beneficiaries evaluate rehabilitation services provided at the institution continually.					
8	Service is easily ascendible.					
9	The relation with patients or beneficiaries is professional.					
10	Secrecy is observed when services are provided.					
11	Privacy is observed when services are provided					
12	Employees at the institution continually evaluate services.					
13	Supportive leadership, proper planning, education and training improve the quality of rehabilitation service					
14	Effective management of resources and processes improve the quality of rehabilitation services					
15	Patient involvement and cooperation is needed and affect the quality of rehabilitation services					
16	Professionals character and personality affect the quality of rehabilitation services					
17	The quality of rehabilitation services mainly depends on practitioners knowledge and technical skills					
18	The most important factors influence the quality of my work are my knowledge, expertise					
19	A viability of resources affects the quality of rehabilitation services					
20	Insufficient infrastructures, resource, and equipment inhabit delivery of rehabilitation services					
21	Quality: rehabilitation facilities, goods and services must be scientifically and rehabilitation appropriate and of good .quality					

* Maximum point of response (5) points

Q3

To what extent do you agree with these statements concerning the size of rehabilitation services in the institution where you work?

N	Size of rehabilitation services	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	Size of work/tasks of employees is big					
2	Area of site suits size of work					
3	Number of employees at the institution is sufficient					
4	Size of work matches objectives of institutions					
5	There is unjustified duplication in providing services By a different institutions.					
6	It is necessary to increase the institutions capability to host more beneficiaries					
7	The size of rehabilitation services should be distributed according the needs					
8	Availability: Functioning public rehabilitation care facilities, goods and services, as well as programmers' .in sufficient quantity					
9	Working hours are sufficient for work load					
10	The work load is proportional the a availability and the capacity					

* Maximum point of response (5) points.

Q4

To what extent do you agree with these statements concerning financial matters in the institution where you work?

N	Financial matters	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	The center covers expenses.					
2	Continuity depends on outside support.					
3	Expenses are higher than income.					
4	Budget is managed effectively.					
5	Rehabilitation services costs are reasonable.					
6	Public funding targeted at persons with disabilities, with priority given to essential elements of rehabilitation					
7	The authority Reducing tax on the rehabilitation services					
8	Improving economies of scale based on established need.					
9	The cost of rehabilitation can be a barrier for people with disabilities in high-income as well as low-income country					
10	Lack of financial resources for assistive technologies is a significant barrier for many People with disabilities					
11	Policy actions require a budget matching the scope and priorities of the plan rehabilitation services					
12	The budget for rehabilitation services should be part of the regular budgets of relevant ministries					
13	there is good investment in rehabilitation services					
14	Financing strategies can improve the provision, access, and coverage of rehabilitation services particularly in low-income					
15	Complexity of rehabilitation services High cost / low volume service					
16	Complexity of rehabilitation services Low cost/high volume services					
17	The budget is distributed and disbursed in the organization in a good way					
18	There is a financial crisis					

*Maximum point of response (5) points.

Q5

To w extent do you agree with these statements concerning relationship with human resource in the institution where you?

N	Relationship with manpower	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	The institution promotes its work force.					
2	Work force in the institution should be promoted.					
3	Work force should be increased.					
4	The institution has a budget for work force promotion.					
5	Training work force is done in accordance with the institution's field of rehabilitation.					
6	The certificates I hold qualify me to work in the field of rehabilitation.					
7	Employees at the institution are qualified and have experience in rehabilitation.					
8	Regulation in the institution enables employees to involve in progressive education activities.					
9	developing standards in training for different types and levels on rehabilitation					
10	Establish strategies to build training capacity in accord with national rehabilitation plans.					
11	Identify incentives and mechanisms for retaining personnel especially in rural and remote areas.					
12	Improving efficiency by improved coordination in rehabilitation Between levels and across sectors					
13	commonly institutional – Education for rehabilitation personnel and urban-based – is not always relevant to the needs of the population					
14	Given the global lack of rehabilitation professionals, mixed or graded levels of training required to increase the provision of essential rehabilitation services					
15	The feasibility of establishing and sustaining tertiary education, training needs is determined by several factors including political stability, availability of trained educators, availability of financial support, educational standards within .the country, and the cost and time for training					

- Maximum point of response (5) points.

Q6

To what extent do you agree with these statements concerning relationship with administrative system in the institution where you work?

N	Administrative system	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	My salary meets my needs.					
2	I have a clear job description.					
3	The boss or manager lacks certificates and experience to Qualify him to work in rehabilitation.					
4	Relationship between employees and administrations is good.					
5	There are regulations concerning the quality of Rehabilitation services provided.					
6	There is regulation concerning work force promotion.					
7	Administrative regulations and laws are developed and help improve the services provided.					
8	The system of motivation/incentives in the institution is applied					
9	All employees know laws and regulations of the institution.					
10	the Administrative is working in Developing funding mechanisms for rehabilitation					
11	Employee performance is evaluated annually					
12	Rehabilitation services are marketed well					
13	The laws are fully followed and enforced					
14	Follow-up, review, evaluation and implementation of plans and strategies					
15	Policies, laws and plans are relevant to the Palestinian reality					

- Maximum point of response (5).

Q7

To what extent do you agree with these statement concerning patient-referring system, coordination and cooperation between your institution and other institutions?

N	Patient referring system cooperation and coordination	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	Patient's-referring system of at the institution is good.					
2	The relationship between the institution and the Other institutions are strong.					
3	There is no interaction between the institution and the Universities and colleges teaching rehabilitation.					
4	The relationship between the institution and the universities and colleges teaching rehabilitation is strong.					
5	Cooperation and coordination between institutions is Essential to improve rehabilitation.					
6	here is duplication of activities in the different institutions.					
7	Exchanging expertise (between institutions) is active.					
8	It's important to Improve patient experience by ensuring services are available .early and that waiting time and are reduced					
9	cooperation and coordination in service development, this can produce better outcomes, improve compliance with treatment, and increase satisfaction among patients and rehabilitation providers					
10	Referral systems are required between different modes of service delivery service provision (primary, secondary, and tertiary care facilities in the rehabilitation field					
11	Coordination, and cooperation is required to ensure the continuity of care when more than one providers involved in rehabilitation					
12	The aim of coordinated rehabilitation is to improve functional outcomes and reduce costs					
13	the provision of coordinated team between rehabilitation services can be effective and efficient to improve services , prevent duplication, and meet the needs patients					
14	Using a team work to improve participation in society disabilities has proven cost-effective					
15	The use of information, communication, and related technologies for rehabilitation is an emerging resource that can enhance the capacity and accessibility of rehabilitation measures by providing interventions remotely					
16	The need to allow for participation of people with disabilities – in decision-making through the process of rehabilitation					
17	Support people with disabilities in decision-making.					
18	Involve end-users in planning and research, including people with disabilities and rehabilitation , to increase the probability that the rehabilitation policy, strategy plans, laws and will be useful on the national level					

* Maximum point of response (5).

Q8

To what extent do you agree with the following statements concerning National policies in general and rehabilitation policies in particular?

N	National Policies	Strong Agree	Agree	Moderate Agree	Disagree	Strong Disagree
1	The rehabilitation policy should be comprehensive and Nation-wide.					
2	There should be a policy for progressive education in the Field of rehabilitation.					
3	Planning and policy-making in the field of Rehabilitation In Palestine is weak.					
4	There is a need to involve society and activities role In rehabilitation.					
5	Distribution of rehabilitation centers in Palestine is just and appropriate.					
6	In application of laws and regulations negatively affects rehabilitation services.					
7	I am satisfied with the rehabilitation policies in Palestine					
8	There is a need to develop the patients'-referring system Nation-wide.					
9	The quality of services provided by the institution in the Field of rehabilitation in general is good.					
10	public rehabilitation services should be reviewed and evaluated, with resources reallocated effectively according the needs					
11	cooperation and coordination, and prevent duplication will improve strengthening rehabilitation services and formulating rehabilitation policy					
12	Clear demarcation of responsibilities and good coordination among sectors is needed. for this rehabilitation strategy to be effective					
13	،Evaluate coverage of health insurance .Including criteria for equitable access					
14	Training for rehabilitation personnel should include an overview of relevant national health policy and rehabilitation legislation					
15	The feasibility of establishing, planning and sustaining tertiary education, training needs is determined by several factors including political stability, availability of trained educators, availability of financial support, educational standards within the country, and the cost and time for training					
16	Obstacles to strengthening research capacity include insufficient rehabilitation researchers, inadequate infrastructure to train and mentor researchers, and the absence of partnerships between relevant disciplines and organizations .representing persons with disabilities					
17	Its very important to Assess existing policies, systems, services, and regulatory mechanisms, identifying gaps and priorities to improve .rehabilitation system					
18	Develop or revise national rehabilitation plans, in accord with situation analysis, to maximize functioning within the institution or on the national in a .financially sustainable manner					

- Maximum point of response (5) points.

Q9

To what extent do you agree with these statements concerning legislation, and laws in the institution where you work?

N	Laws	Strong Agee	Agree	Moderate Agree	Disagree	Strong disagree
1	The weakness in implement laws due to Lack of strategic planning.					
2	The weakness in implement laws due to Lack of Lack of resources and health infrastructure					
3	The weakness in implement laws due to Lack of Lack of Complex referral systems					
4	The weakness in implement laws due to Lack of responsible to administer, coordinate, and monitor services.					
5	The weakness in implement laws due to Lack of rehabilitation information systems and communication strategies					
6	The weakness in implement laws due to Lack of Assess existing policies, systems, services, and regulatory mechanisms, identifying gaps and priorities to improve and apply laws					
7	The weakness in implement laws due to Lack of Policy adopted by Non-Governmental Organizations					
8	The weakness in implement laws due to Lack of General legislation applicable to all rehabilitation centers					
9	The weakness in implement laws due to Lack of Economic/budgetary factors special legislation to provide protection to persons with disabilities					
10	The weakness in implement laws due to Lack of Lack of planning and design-capacity					
11	The weakness in implement laws due to Lack of knowledge, research and information					
12	The weakness in implement laws due Lack of cooperation from other organizations/institutions					
13	The weakness in implement laws due Lack of enforcement mechanisms					

- Maximum point of response (5) points.

Q10

To what extent do you agree with these statements concerning rehabilitation system in the institution where you work?

N	Rehabilitation system	Strong Agee	Agree	Moderate Agree	Disagree	Strong disagree
1	Insufficient of team working					
2	Insufficient structure of rehabilitation					
3	Poor of plan					
4	Poor of providers					
5	Insufficient of monitoring					
6	Attitudes of employees					
7	Defect of knowledge in rehabilitation					
8	Defect of skill in rehabilitation					
9	Deficiency in detecting and screening of people with disability					
10	Defect of diagnosis					
11	Lack of screening system					
12	Defect of rules and policy					
13	Shortage of utilization of rehabilitation experts					
14	Defect of coordination and parallel of multiple organizations in rehabilitation					
15	Negative attitudes of society					
16	Ignoring of culture factors					
17	Hardship of environment accessibility					
18	Transportation hardship					
19	Lack of identification of public of people					
20	Defect of identification of rehabilitation society					
21	Lack of identification of policy makers					
22	Lack of identification of people with disability and their families					
23	Shortage of public budgeting					
24	Lack of assurance coverage					

- Maximum point of response (5) points.

Q11

What are the most serious problems facing the development of rehabilitation services?

N	**Most serious problems facing the development the rehabilitation services**
	Isolating, rather than, assimilating the disabled in the society
	The difficult socio economic conditions
	Cultural conditions
	The difficult Political situation
	The restricted number and experience of work force in rehabilitation
	Rehabilitation policies are not crystallized
	Law is not applied or inapplicable.
	Mal distribution of rehabilitation services.
	Duplication of work in the rehabilitation institutions.
	Poor educational programs in universities and colleges teaching rehabilitation.
	Not expanding education ,training and specialty
	Dealing with families of disabled people
	Dealing with patients themselves
	Dealing with employees

Q12

What are the top priorities needs that develop rehabilitation?

N	Top Priority
	Social assimilation of the disabled in their society
	Improving quality and quantity of rehabilitation services provided.
	Increasing expenditure in the field of services provided to the disabled
	Coordinating and distributing services and improving patient-referring systems.
	Promoting work force in the field of rehabilitation.
	Upgrading education the universities and colleges teaching rehabilitation.
	Expanding education, training, and specialty
	Keeping up with scientific development and technology in the field of rehabilitation.
	Develop information systems and communication strategies
	Reorganizing and integrating services to make them more efficient
	Reevaluation the rehabilitation system
	Re evaluation the rehabilitation policy, strategy, was planning.
	Re evaluation the rehabilitation legislation, and laws

Q13

Do you believe we should develop rehabilitation policies, strategic plans, legislation, a advocacy and laws in Palestine?

(1) Yes (2) No (3) I don't know.

Q14

What are the most important suggestions that it deems appropriate and necessary for the development of rehabilitation policies?

N	***Most appropriate suggestions needed to develop rehabilitation policies, and strategic plans.***
	Study the needs of the Palestinian society.
	Involving the Palestinian society in planning and policy-making in the field of rehabilitation.
	Re-evaluating rehabilitation services.
	Studying the factors that affect policy-making in the rehabilitation.
	Promoting work force in rehabilitation.
	Developing administrative systems applied.
	Evaluating and studying the law to check its suitability & applicability.
	Applying law and legislations.
	Studying restrictions to planning and policy-making and founding alternatives.
	Evaluate coverage of health insurance, including criteria for equitable access

Q15

What do you think the most appropriate and needed to improve the quality of rehabilitation services?

N	***appropriate and needed to improve rehabilitation services quality***
	Increasing investment in the field of rehabilitation.
	Developing patient-referring system
	Developing administrative systems.
	Promoting and increasing work force
	Adopting modern technology.
	Flowing up and controlling rehabilitation services through competent authorities
	Doing research in the field of rehabilitation.
	Preventing duplication of activities in the various institutions.
	Improving employee's conditions and applying the system of motives.
	Developing educational programs.
	Involving the society in the rehabilitation process
	Distributing rehabilitation services fairly.
	Governmentally supporting rehabilitation institutions.
	Creating specialties in the field of rehabilitation.
	Applying laws/ regulations concerning rehabilitation.
	Planning and making policies for rehabilitation nation-wide
	Developing a system that is responsive to people's needs.
	Expanding, and distribute service, and workforce according the needs
	Increasing the system's financial sustainability in the rehabilitation system.
	Increasing Accountability and transparency

Appendix (2)

IRB Approval

An-Najah
National University
Faculty of medicine
&Health Sciences
Department of Graduate
Studies

جامعة النجاح
الوطنية
كلية الطب وعلوم الصحة
دائرة الدراسات العليا

Approval Letter

Ref: MAS

Study Title:

" Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A cross sectional study"

Submitted by:
Batool Abukhadir

Supervisor:
Dr Hamzeh Al Zabadi

Date Reviewed:
11th November 2018

Date Approved:
13th November 2018

Your Study titled ***"Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A cross sectional study"*** with archived number (18) November was reviewed by An-Najah National University IRB committee and was approved on 13th November 2018

Hasan Fitian, MD
IRB Committee Chairman
An-Najah National University

IRB

نابلس - ص.ب 7 أو 707 || هاتف 14/8/7/4/2342902(09) (970) || فاكسميل 2342910 (09) (970)

Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910 | E-mail : hgs@najah.edu

Appendix (3)

Letter to the ministry of health, general administration of health education to facilitate the task of students in various health sectors.

An-Najah
National University
Faculty of Graduate Studies

جامعة
النجـــاح الوطنية
كلية الدراسات العليا

التاريخ: 2018/12/23

حضرة الدكتورة امل ابو عوض المحترمة

مدير عام التعليم الصحي

وزارة الصحة الفلسطينية

تحية طيبة وبعد ،

الموضوع: تسهيل مهمة الطالبة/بتول أبو خضر ، رقم تسجيل (11750056)
تخصص ماجستير الصحة العامة

الطالبة/ **بتول ابو خضر**، رقم تسجيل 11750056، تخصص ماجستير الصحة العامة، في كلية الدراسات العليا، بصدد إعداد الاطروحة الخاصة بها بعنوان:

(العوامل المؤثرة في تنفيذ سياسة استراتيجيات وتخطيط التأهيل في المناطق الشمالية من الضفة الغربية: دراسة مقطعية)

(Factors Influencing the Implementation of Rehabilitation Policy, Strategies and Planning in the Northern Districts of the West Bank: A Cross Sectional Study)

يرجى من حضرتكم تسهيل مهمتها باجراء دراسة حول مراكز إعادة التأهيل في شمال الضفة الغربية من خلال التالي:

- (وزارة الصحة الفلسطينية (مراكز إعادة التأهيل في المستشفيات العامة).
- نقابة العلاج الطبيعي (مراكز المستشفيات الخاصة والمراكز الخاصة).
- المراكز الأهلية والخاصة.
- وكالة الغوث الدولية.

علماً أن المعلومات سوف تستخدم لاغراض البحث العلمي و لاستكمال مشروع البحث، ولن يتم ذكر اسم أي مركز أو مؤسسة أو مستشفى.

شاكرين لكم حسن تعاونكم

واقبلوا فائق الاحترام

د. علي عبد الحميد
عميد كلية الدراسات العليا

جامعة النجاح الوطنية
كلية الدراسات العليا
نابلس / فلسطين

فلسطين، نابلس، ص.ب 7،707 هاتف:/2345115، 2345114، 2345113 (09)(972)* فاكسميل:2342907(09)(972)
هاتف داخلي (5) 3200 Nablus, P. O. Box (7) *Tel. 972 9 2345113, 2345114, 2345115
* Facsimile 972 92342907 *www.najah.edu - email fgs@najah.edu

جامعة النجاح الوطنية
كلية الدراسات العليا

العوامل المؤثرة في تنفيذ سياسات إعادة التأهيل والاستراتيجيات والتخطيط في المناطق الشمالية من الضفة الغربية: دراسة مقطعية

إعداد
بتول أبوخضر

إشراف
د. حمزة الزبدي

قدمت هذه الأطروحة استكمالاً لمتطلبات الحصول على درجة الماجستير في برنامج الصحة العامة، بكلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس- فلسطين.
2019

العوامل المؤثرة في تنفيذ سياسات إعادة التأهيل والاستراتيجيات والتخطيط في المناطق الشمالية من الضفة الغربية: دراسة مقطعية

إعداد

بتول أبوخضر

إشراف

د. حمزة الزبدي

الملخص

خلفية: تعد السياسات والاستراتيجيات والتخطيط الفعال امرا ضروريا في تحقيق نظام اعادة التاهيل على المستوى الوطني. يجب على مقدمي خدمات التاهيل معرفة العوامل المؤثرة في تنفيذ سياسة اعادة التاهيل والاستراتيجيات والتخطيط في المناطق الشمالية من الضفة الغربية لتحسيين وتطوير نظام اعادة التاهيل على المستوى الوطني لتلبية احتياجات المرضى

الهدف من هذه الدراسة: هو دراسة العوامل المؤثرة في تنفيذ سياسة إعادة التأهيل والاستراتيجيات والتخطيط في المناطق الشمالية من الضفة الغربية: دراسة مقطعية (نابلس وجنين وطوباس وطولكرم وقلقيلية وسلفيت) في الضفة الغربية في فلسطين.

مجتمع الدراسة: تألف مجتمع الدراسة من (85) مقدمي يمثلون المؤسسات التي تقدم خدمات إعادة التأهيل.

اساليب: تم استخدام تصميم وصفي استكشافي باستخدام استبيان منظم صممه الباحث واستعرضه 3 مستشارين لديهم خلفية بحثية. يتكون الاستبيان من (15) قسمًا: كان القسم الأول مرتبطًا بالمتغيرات الديموغرافية الاجتماعية (النوع، العمر، الدرجة العلمية، الخبرة، المؤسسة، المحافظة والمكان). كان القسم الثاني مرتبطًا بأنواع خدمات إعادة التأهيل الأكثر شيوعًا. االاقسام الاخرى كانت مرتبطة بمستوى العوامل التي تؤثر على تنفيذ سياسة إعادة التأهيل واستراتيجياته وتخطيطه هذه الموضوعات، ونوعية وكمية خدمات إعادة التأهيل، وحجم خدمات إعادة التأهيل، والمسائل المالية، والموارد البشرية، والنظام الإداري، ونظام إحالة المرضى، والسياسات الوطنية و سياسات إعادة التأهيل والتشريعات والقوانين ونظام إعادة التأهيل، اهم المشكلات التي تواجه تطوير خدمات

إعادة التأهيل، احتياجات إعادة التأهيل ذات الأولوية، معظم الاقتراحات المناسبة والضرورية لتطوير سياسات إعادة التأهيل، التدابير الأكثر ملاءمة وضرورية لتحسين جودة خدمات إعادة التأهيل، التدابير الأنسب والمطلوبة لتحسين جودة خدمات إعادة التأهيل .

النتائج: تم جمع البيانات من خلال المقابلات وجها لوجه. كشف تحليل البيانات أن يوفر القطاع الخاص (50.6 ٪) من إجمالي خدمات إعادة التأهيل في شمال الضفة الغربية ، (69.4 ٪) من مراكز إعادة التأهيل الموجودة في المدن.

• خدمات العلاج الطبيعي هي أكثر خدمات إعادة التأهيل المقدمة في المناطق الشمالية (87.1٪).

• يجب أن تكون مرافق وسلع وخدمات إعادة التأهيل ملائمة من الناحية العلمية والتأهيلية وذات نوعية جيدة (93.4٪).

• يجب توزيع حجم خدمات إعادة التأهيل حسب الاحتياجات (90.6٪).

• يجب أن تكون ميزانية خدمات إعادة التأهيل جزءًا من الميزانيات العادية للوزارات المعنية (89.6٪).

• السياسات والقوانين والخطط ذات صلة بالواقع الفلسطيني (51.8٪).

• التعاون والتنسيق بين المؤسسات ضروري لتحسين التأهيل (90.2 ٪).

• يجب أن تكون سياسة إعادة التأهيل شاملة وعلى مستوى الوطن (94.2 ٪).

• توزيع مراكز التأهيل في فلسطين عادل ومناسب (43.8٪).

• احتل عامل نظام إعادة التأهيل المرتبة الأولى بمعدل استجابة مرتفع للغاية (4.34).

• الأولوية القصوى لتطوير خدمات إعادة التأهيل هي إعادة تقييم نظام إعادة التأهيل حيث كان متوسط الاستجابة (4.06).

. أهم الاقتراحات التي تراها مناسبة وضرورية لتطوير سياسات إعادة التأهيل هي دراسة احتياجات المجتمع الفلسطيني حيث كان متوسط الاستجابة (2.16).

• يعتقد معظم مقدمي الخدمات أنه ينبغي تطوير سياسات إعادة التأهيل (100 ٪).

الاستنتاج: إن العلاقة بين العامل (5) (النظام الإداري)، والعامل (3) (المسائل المالية) والعامل (8) (التشريعات والقوانين) هي العامل الرئيسي الثالث الذي ساهم في شرح (82.6 ٪) لتنفيذ سياسة اعادة التاهيل والاستراتيجيات والتخطيط .