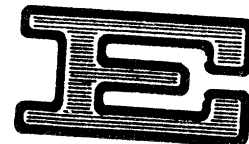




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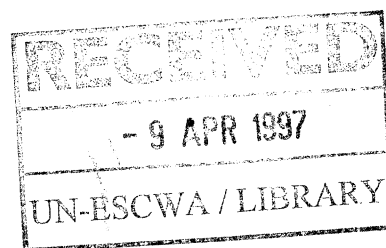


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**DISABLED PERSONS IN THE WEST BANK
AND GAZA STRIP**

by

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* The views expressed in this study are those of the author and do not necessarily reflect those of the Economic and Social Commission for Western Asia.

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I. AVAILABLE STATISTICS ON DISABLED PERSONS UNDER ISRAELI OCCUPATION

A. Introduction

Social work in its early stages preceded the emergence of the governmental institutions in the world that were later commissioned to guide and co-ordinate support for personal and voluntary collective efforts to cope with the continuous development of society. The burden on Palestinian citizens has increased as the occupation conditions have forced national institutions to take the initiative and attempt to identify the problems faced by society and the best means to solve them.

The occupation authorities have striven to prevent these institutions from making use of statistics which depend on digital data as a sound base for knowledge. Therefore, it should be pointed out in the beginning that the existing statistical data are generally insufficient and are mainly related to the services provided by voluntary charitable associations and exclude institutions linked to the occupation authorities.

Interest in disabled persons started in 1979 when the issues of physical and mental disability were discussed at the final session of the First Palestinian Social Conference for Disabled Persons. In 1981 the Second Palestinian Social Conference was convened following the United Nations resolution to declare 1981 as the International Year of Disabled Persons. This was the first time serious studies were conducted in this field. The studies submitted to the 1981 Conference are the most important scientific evidence of disability in the West Bank and Gaza Strip.

B. Statistics and classification of disabled persons

It is necessary here to distinguish between disabled persons before and after the intifada. The study starts by giving a picture of the conditions of disabled persons from the beginning of the Israeli occupation. Then it deals with the types of disability as a result of the intifada.

1. Disability before the intifada

The field study prepared by Thiab Ali Ayoush, head of the Social Sciences Department at Bethlehem University in 1981 for submission to the Second Palestinian Social Conference for Disabled Persons is regarded as the first scientific document on this subject.

Ayoush stated that one of the main objectives of his study was to identify the institutions for the care of disabled persons and compare their past with their present, to forecast future prospects and assess their vocational rehabilitation services in particular and other services in general as well as measuring the extent of care in comparison with the estimated volume of the problem by world standards. The study tried to answer some questions related to disabled persons, particularly the following:

- Rate of disabled persons for whom rehabilitation institutions or services were provided;

- Extent of effectiveness of rehabilitation services provided to them compared with those provided abroad in solving physical, psychological, economic and social problems;

- Extent of the success of these institutions in achieving the objectives of social care for disabled persons in accordance with modern trends in social care.

The study excluded the city of Al-Quds (Jerusalem) as well as governmental institutions for disabled persons owing to difficulty in obtaining official data without official permission of the Israeli occupation authorities.

The research plan involved making several visits to the institutions which care for disabled persons in the West Bank and Gaza Strip to examine their experiences closely and listen to the views of officials, workers and beneficiaries of the programmes. The interview method was adopted as a means to gather information; two types of research forms were used, one for institutions and the second for the beneficiaries themselves.

Following is a summary of the findings of the study on the disabled persons themselves in 1981.

As regards the distribution of services there were 13 centres for the mentally retarded and those with mental and psychological disorders and epilepsy in all provinces. These centres served 17,000 clients of whom only 220, mainly from Bethlehem and Jericho, were accommodated as in-patients.

There were nine centres for the blind in five provinces, with about 321 beneficiaries. Their capacity was slightly greater than the number of beneficiaries and these centres had more than 80 male and female employees.

There were four centres for the deaf and dumb in four provinces with about 150 cases, 93 of which were accommodated as in-patients. About 30 male and female employees served at these centres and the capacity was about 180 cases.

The study pointed out that the distribution of the disabled at the provincial centres by type of disability showed the share of Jenin was about 24 per 10,000, Tulkarm was 34 per 10,000, Nablus was about 20 per 10,000 and Ramalla was 58 per 10,000. The highest rate was that of Bethlehem (about 97 per cent). Hebron's share was 23 per 10,000 and the rate in the Gaza Strip centres was 1.12 per cent.

The study gave the percentage of those who were in rehabilitation centres by each category of disability, in comparison with their estimated number in the West Bank and Gaza Strip: the estimated number of disabled persons by world standards was 2,500 blind persons if the population of the West Bank and Gaza Strip was considered to be 1,125,000. The rate of persons enrolled in

disability centres did not exceed 13 per cent while only 152 cases of deaf and mute persons out of the estimated 500 cases were in rehabilitation centres, i.e. 30 per cent, which is higher than the percentage of those in centres for the physically disabled and paralysed (not exceeding 23 per cent). Their estimated number was 3,375 cases, of which only 751 were in rehabilitation centres.

Out of the estimated 22,500 persons with mental and psychological impairments, 15,886 persons were in rehabilitation centres; this figure represented 71 per cent, the highest for those joining rehabilitation institutions for all categories. Only 10 per cent were in centres for the epileptic, or 552 out of the estimated 5,625 cases.

The figures obtained from the questionnaire for the Directory of Institutions and Societies for Disabled Persons in the West Bank and Gaza Strip (table 1) show that the total number of disabled persons receiving assistance in the West Bank for the last year on which data were available was 3,364, classified as follows:

Blind persons	617
Deaf and mute persons	88
Physically disabled persons	2,423
Mentally retarded	121

These figures indicate the number of beneficiaries in only 20 out of the 40 institutions in the West Bank which care for disabled persons, i.e., 50 per cent. They do not indicate the total number of disabled persons and thus it is difficult to make a comparison with the previous numbers unless the number 3,364 represents 50 per cent of the number of beneficiaries. The total number of beneficiaries would be 6,728; the number of beneficiaries at institutions was rising, except for the mentally retarded.

The distribution of using services for various age-groups for both males and females covering 22 categories of disability was as follows:

Boys	1,204
Girls	967
Male adults	703
Female adults	490

The above figures show that families still hide the disability of their daughters out of concern for the family name.

Table 1.

Name of institution	Year established	Affiliation	Address	City	Telephone	Director's name	Field	Beneficiaries	Employment	Consultants	Programme area
Arab Society for the Blind	1932	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	283421	Saber	Deaf	110	29		Financial assistance, Rehabilitation, Education, Employment
National Society for the Blind	1962	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	273535	Al-Jundi	Blind	560			Regular education up to high school, Braille, Social Rehabilitation, Vocational training, Day centre
Welfare Society for the Blind	1965	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	854841	Helena	Blind	25	4		Vocational training, Day centre
Welfare Society for the Blind	1965	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	72912	Sheketh	Blind	20	5		Vocational training, Day centre
Friends of the Blind Society	1937	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	75	Al-Breia	Blind	75	8		Elementary school for blind girls, Teaching weaving
Bani Naeem Charity Society	1974	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	10	Abdullah	Blind	10	8		Regular education, ages 3-12 yrs.
Al-Anfal Society	1983	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	21	Hamidat	Deaf	21	10		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Red Crescent Society	1986	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	34	Yarizah	Deaf	34	5		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Al-Murabitat Charity Society	1960	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	29	Fayezah	Deaf	29	8		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Ha-hol Women's Charity Society	1974	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	14	Abu Zuh	Deaf	14	4		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Red Crescent Society - Social Education School	1925	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	35	Al-Hamdi	Deaf	35	8		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Ariha Women's Charity Society	1977	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	8	Uman	Deaf	8	4		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Renaissance Society for Women - Education and Training Centre for the Mentally Disabled	1925	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	60	Abu Stone	Deaf	60	31		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Arab Society for the Physically Handicapped	1982	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	150	Doha Shahr	Deaf	150	6		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Arab Society for the Physically Handicapped	1981	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	520	Saleh	Deaf	520	32		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Bethlehem Arab Society for Physically Handicapped	1960	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	265	Badia	Deaf	265	9		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Red Crescent Society - Children's Physiotherapy Centre	1978	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	1350	Khalaf	Deaf	1350	8		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care
Princess Basma Association for Disabled Children	1966	Min. Soc. Dev. - Jordan	Min. Soc. Dev. - Jordan	Jordan	100	Edmond	Deaf	100	2		Education, Rehabilitation, Provision of meals, Preschool, Elementary school, Vocational training, Health care

Table 1 (continued)

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Name of institution	Year established	Affiliation	Address	City	Telephone	Director's name	Field	Braille - Clavies	Empl. - Yes.	Consul - tents	Programme		
Society of Girls Rehabilitation Workshops	1979	Min. Soc. Dev.	P.O. Box 727	Bethlehem	742596	Elias Al Rashda	Physical disability	3277	31	2	Vocational centres - Physiotherapy centre - Centre for industry of artificial parts - various projects		
Red Crescent Society Al-Raja' Centre for Special Education	1965		P.O. Box 221	Al-Khalil	962598	Diad Al-Humaili	Blind and mental	230	40		Education, Vocational and social rehabilitation		
Beit Al-Raja' Society	1983		P.O. Box 27	Bethlehem	742325	Glafas David	Blind and mental	58	8		Boarding school for the blind - Centres for the mentally retarded		
Islamic Charity Society	1978	Min. Soc. Dev.	Al-Busra	Al-Busra	95/1900	Abdullah Mutaleb	Blind and Deaf	26	8		Vocational training - Teacher training for the Deaf		
Arab Women's Federation	1976	Min. Soc. Dev.	P.O. Box 119	Bethlehem	742589	Victoria Khalil	Mental	20	3		Special education - School - Financial assistance - Vocational Centre - Food industries - Exhibits		
Red Crescent Society Arab Women's Federation	1966	Min. Soc. Dev.	East area Al-Munira Tulkarem Zah str.	Gabalich Jenin		Said Al-kindi	All kinds of disability	96	5	4	Health education - Kin design - Graduation of illiteracy - Sewing - weaving - Nursing - K.G. Social welfare - Graduation of illiteracy		
Catholic Services for Individual Relief	1960		P.O. Box 19667	Terrusalem	828149 828175	Sister Leone	All kinds of disability	376	5		Home visits - Assistance to appropriate centres - Food industry - Agriculture - training - Health care and social services - Welfare services for physically disabled children home for the elderly		
Al-Hsan Charity Society	1982	Min. Soc. Dev.	P.O. Box 398	Al-Khalil		Abdul-Majed Al-Banash	Multiple disability	68	12				
Social Welfare Charity Society	1986	Soc. Dev.	P.O. Box 212	Nablus		Yousef Rifda	Deaf, Physical and mental ret.				Provision of equipment (chairs, glass hearing aids) special education programme		

2. Disability as a result of the intifada

All published figures indicate a constant increase in the number of disabilities caused by the intifada. According to a table compiled by the Society of Rehabilitation Centres for Girls, the growth rates in the number of disability cases during the intifada were as follows:

	<u>Percentage</u>
1. Beatings and fractures	17 per cent
2. Paralysis	24 per cent
3. Artificial limbs	76 per cent
4. Psychological cases	75 per cent
5. Physiotherapy	64 per cent

Other statistics shows that in 1988 alone there were 5,000 cases, ranging from slight lameness to total paralysis.

A report compiled by Amnesty International on the use of live ammunition by the Israeli army in the occupied territories published in the Al-Bayadir Al-Siyasi review said:

"Israeli troops use fast bullets which penetrate the body but do not leave it. They splinter when they hit the body and can smash the bones and cause serious damage to muscles, internal tissues and organs of the body and when these bullets hit the upper half of the body they usually cause death. If they hit the remaining parts of the body the injury can be very serious and chronic."

Mr. Rashad Al-Madani of Bir Zeit University has said that 16 persons lost an eye as a result of the practices of the occupation authorities from the start of the intifada to 20 October 1988. Fifteen others suffered from considerable deterioration in their sight during the same period. The majority of cases were the result of plastic bullets fired at close range by occupation troops against Palestinians.

Quoting the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) in the Gaza Strip, Al-Madani stated that 8,544 persons were wounded or reported injured there from the start of the intifada to 16 September 1988 in addition to about 477 other cases with unidentified causes. The same sources added that the real number was considerably higher.

Table 2 shows the distribution of the injured by cause and location.

Table 2. The wounded and injured classified by causes and area, up to 16 September 1988

Area	Live bullets	Plastic bullets	Gas	Beating	Total
Jabaliala	144	275	881	1,654	2,954
Al-Shati Refugee Camp	81	99	1,141	647	1,968
Gaza	32	54	90	477	653
Sheikh Radwan	26	11	88	155	280
Al-Shuja'iya	3	7	5	40	55
Beit Hanoun	7	5	17	151	180
Al-Bureij	37	43	60	450	590
Al-Nuseirat	99	17	74	213	403
Deir el-Balah	20	16	38	144	218
Al-Maghazi	29	20	46	94	179
Khan Younis	112	32	119	470	733
Rafah	44	57	60	160	321
Total	634	636	2,619	4,655	8,544

Sources:

1. UNRWA, Gaza.
2. Bar Association in Gaza Strip.
3. Walls for National Culture (A book published in Arabic), Acre 1988.
4. Al-Quds newspaper (in Arabic) (several issues).
5. Al-Bayadir Al-Siyasi review in Arabic (several issues).
6. Several field tours.

Al-Itihad newspaper reported on 15 December 1988 that the number of Palestinians wounded and injured in Gaza from the beginning of the intifada to 27 November 1988 was 11,515 in addition to 461 cases whose causes were not identified. The total number was 11,976 cases, classified in table 3.

Table 3. The wounded and injured classified by cause and area up to 27 November 1988

Area	Live ammunition	Beating	Plastic bullets	Gas	Total
Jabalia	211	2,186	313	111	2,721
Al-Shati	205	821	112	1,275	2412
Gaza	145	153	79	117	1,214
Sheikh Radwan	40	225	11	12	318
Beit Hanoun	26	213	8	21	268
Al-Bureij	45	511	62	126	744
Al-Nuseirat	144	216	28	83	516
Deir el-Balah	56	168	24	73	221
Al-Ghazi	39	116	25	66	246
Khan Younis	111	721	51	173	1,136
Rafah	115	212	77	71	475
Total	1,217	6,387	820	3,091	11,515

Comparing tables 2 and 3, a considerable rise can be noted in the number of casualties (2,971 in two months)

Figures published in Al-Itihad newspaper on 21 April 1989 show that the number of the wounded and injured among the population of the Gaza Strip between 1 December 1988 and 31 March 1989 was 5,824, classified in table 4.

Table 4. The injured classified by cause from 1 December 1988 to 31 March 1989

Causes	Dec. 1988	Jan. 1989	Feb. 1989	March 1989	Total
Bullets	212	281	168	274	935
Plastic bullets	22	151	163	107	443
Beating	864	598	803	1,257	3,522
Gas	154	224	131	212	721
Total	1,379	1,276	1,305	1,864	5,824

Conclusions

- The daily average number of those wounded by bullets and plastic bullets in the Gaza Strip was 10-12 persons.
- The daily average number of those beaten by the occupation troops was 29-30 persons.
- The same newspaper also published a table showing the distribution of those injured by bullets, classified by the location of the injury in the body.

Table 5. Classification of 935 wounded persons by part of body injured

Injury	Number
Head	92
Neck	7
Shoulder and back	34
Abdomen	59
Pelvis	12
Arms and legs	76
Buttocks	6
Nose and face	31
Genitals	5
Multiple parts	13
Total	935

Conclusions

- The majority of injuries were to arms and legs, especially the knee, thigh, foot, forearm and heel (about 72 per cent of total injuries).
- The number of those injured by bullets in the head between 1 December 1988 and 31 March 1989 was 92 or about 9.8 per cent of the total number of those injured by bullets.
- Injuries in the head, neck, back, abdomen, pelvis or genitals are serious and may cause paralysis, death or permanent disability. A review of the distribution of the wounded by bullets (935 persons) by age group (table 6) shows the following:
 - The number of wounded persons aged 15-20 was more than half the total number of the wounded (935), which means that the majority of the wounded were students.
 - The number of wounded children (less than 15 years) (169 wounded children) constituted about 18 per cent of the total number of injured persons (935), which means that the wounded who were less than 21 years old constituted about 72.6 per cent of the total number of the wounded.
 - The overwhelming majority of the wounded were pupils and workers, which would have a strong effect on production.

Table 6. Classification of wounded persons
by age groups

Age group	Number of Wounded	Percentage
1-14	169	18
15-20	510	54.6
21-25	115	12.3
26-30	62	6.6
31	79	8.5
Total	935	100

In a statistical survey of those wounded during Intifada, published in Al-Dustour magazine, Majid Mithim stated that 30,000-40,000 persons were wounded and injured in the first year of the intifada. The total number in the first five months of 1989 was about 10,000 cases.

The above figure may not provide an accurate picture of the number of those wounded or injured since the existing lists cover only 60 per cent of the wounded and the names of numerous other persons were withheld for fear of arrest.

Table 7. Number of injured persons classified by month and cause

Causes	December	February	March	April	May	Total
Bullets	469	318	721	827	1,098	3,433
Plastic bullets	50	55	-	21	36	162
Beating	537	575	990	1,120	1,338	4,560
Rubber bullets	129	138	120	346	219	952
Gas	104	84	113	159	175	635
Total	1,289	1,170	1,933	2,473	2,866	9,742

Conclusions

- The number of wounded and injured persons increased from month to month. The growth rate in May was more than 120 per cent compared with that in December. The number of those shot by bullets rose by more than 130 per cent during the same period.
- The average number of wounded and injured persons was more than 60 a day.
- The average number of persons wounded by bullets and plastic bullets was about two a day.
- The average number of persons beaten up by troops was about 30 a day.
- The average number of persons injured by the effect of tear gas was four a day.

Comparing the 1988 figures with the 1989 figures and reviewing tables 2,3 and 7 the following conclusions can be made:

- Injuries from the start of the intifada to September 1988 were 8,544.
- Injuries from the start of the intifada to November 1988 were 11,515.
- Injuries from 1 January 1988 to 30 May 1989 were 9,742.

The above figures confirm the increase of injuries, most of which lead to permanent disabilities and impairments, according to table 5. Table 8 shows the classification of those wounded by bullets and plastic bullets according to the body part injured in the first five months of 1989.

Table 8. Classification of those wounded by bullets and plastic bullets by part of body injured

Place of injury	January 1989	February 1989	March 1989	April 1989	May 1989	Total
Head	24	33	37	85	111	290
Neck	1	2	8	7	15	33
Chest and back	75	34	111	150	198	568
Abdomen	33	35	67	52	111	298
Pelvis	12	10	34	25	36	117
Arms and legs	241	157	297	299	377	1,371
Eye	99	77	102	159	175	612
Nose and face	22	16	24	33	65	160
Genitals	1	1	3	3	5	13
Multiple parts	11	8	38	35	41	133
Total	519	373	721	848	1,134	3,595

Conclusions

- The rising number of head injuries in particular and upper body injuries in general is noted. The number of such injuries rose from 24 in January 1989 to 111 in May 1989, a growth rate of 362.5 per cent in comparison with the number in January 1989. Head injuries rose from 4.6 per cent of the total in January 1989 to 10 per cent in May 1989. In general head injuries constituted 8.1 per cent of the total injuries in the first five months in 1989.

- Injuries to the head, neck, back, pelvis or genitals are serious and may cause paralysis or permanent disability. The rate of injuries to these parts of the body rose from 26 per cent in January 1989 to 47.7 per cent in May 1989. In general these injuries constituted 41 per cent of the total injuries.

Table 9 shows the distribution of those wounded by bullets and plastic bullets during the same period:

Table 9. Classification by age group of those wounded by bullets and plastic bullets

Age group	Number of wounded	Percentage
1-14	783	21.8
15-20	1882	52.3
21-25	534	14.9
26-30	175	4.9
31-59	178	4.9
60	43	1.2
Total	3,595	100

The above table indicates that the under-21 wounded persons were about 74.1 per cent of the total number of the wounded and they were mainly students and workers, which would certainly affect future production. This is similar to the rate in table 6 for the injuries in previous months which was 72.6 per cent for the same age group.

II. INSTITUTIONS FOR DISABLED PERSONS AND SERVICES PROVIDED TO THEM

Tracing the history of care for disabled persons in the West Bank and Gaza Strip, it can be seen that before 1950 there were only three institutions: two caring for the blind and one for mentally disabled persons. Awareness of the need to care for the disabled started in the 1960s, when more associations were established; their number was 28 in 1981.

Care for disabled persons began when a British lady, aided by a Lebanese teacher, developed an Arabic Braille system to teach the blind in Palestine in 1880. The first home for blind persons was established in Quds in 1890; this was followed by the establishment of another home for male blind persons sponsored by a German commission in 1902.

The field study made by Mr. Ayoush on institutions for disabled persons in several provinces in 1981: Jenin, Tulkarm, Nablus, Ramallah, Bethlehem, Jericho, Hebron, and Gaza showed the total number was 28, two in Jenin, Tulkarm, and Nablus, and three in Ramallah, Hebron and Gaza while Bethlehem had 13 centres.

As regards the distribution of various types of services, the study showed that there were 13 centres for the mentally retarded and for persons with mental and psychological disorders and epilepsy throughout the provinces, serving more than 17,000 patients of whom only 220 were accommodated as in-patients.

The study also showed there were nine centres for the blind in five provinces serving 321 patients and supervised by more than 80 employees.

There were also four centres for the deaf and dumb serving about 150 beneficiaries, including 93 in-patients, and supervised by about 30 male and female employees.

Ayoush's study also stated that there were 202 males and 223 females taking care of about 18,000 disabled persons of both sexes. Mr. Ayoush pointed out that there was a big difference between the number of male and female mentally retarded persons and those with mental disorders. He attributes this to the prevailing social attitudes as many families still conceal female disabled persons for reasons relating to their future and to the family name.

The ratio of employees to disabled persons was 1 employee to 41 cases.

Eight years later the number rose from 28 in 1981 to 40 in 1989 grouped as follows:

- 19 societies caring for mentally retarded persons
- 5 societies caring for physically disabled persons
- 4 societies caring for deaf and dumb persons
- 12 societies caring for blind persons

Age groups ranged from 2 to 80. Services were provided mainly within the societies, apart from five societies which provide day-time services only and three societies which provide internal and external services.

Table 10 shows the names of societies, their location, year of establishment, nature of disability cared for and ages of beneficiaries.

Table 10. Societies for disabled persons

Name	Head-quarters	Established	Type of disability	Internal/external	Ages	Telephone	Notes
(1) Al-Raja' Centre	Hebron	1967	Mental retardation	Internal	7-15	962720	Affiliated to Red Crescent, cares for minor retardation in teachable persons
(2) Al-Amal School	Jenin	1974	Mental retardation		6-14	05-623845	
(3) Jeel Al-Amal	Azariah	1975	Mental retardation	Internal	6-16	271775	
(4) Arab Women's Union	Jericho	1978	Mental retardation		6-14	922615	
(5) Women's Revival Society	Ramallah	1972	Mental retardation	Internal and external	4-25	953176	Minor mental retardation
(6) Arab Women Revival	Bethlehem	1983	Mental retardation	External	6-16	742589	Minor mental retardation
(7) Arab Women Revival	Tulkarm	1972	Mental retardation		6-12	053-98378	
(8) Orthodox Charitable Home	Azariah	1983	Mental retardation	Internal	4-14	272800	All ages, mental retardation and several physical retardation provided the patient is immobile
(9) Swedish Institution	Al-Quds	1939	Mental retardation	Internal	3-23	828078	Severe physical and mental retardation and epilepsy
(10) Salfeet Centre for the Mentally Retarded	Tulkarm	1982	Mental retardation	Internal	6-15	6707	Admission through Ministry of Social Development. All degrees of disability without physical disability
(11) Moravian Church for Rehabilitation of Disabled Persons	Ramallah	1981	Mental retardation	Internal	14-20	952151	Girls only, minor retardation
(12) Al-Noor School	Al-Quds	1977	Mental retardation		5-14	288265	

Table 10 (continued)

Name	Head-quarters	Established	Type of disability	Internal/external	Ages	Telephone	Notes
(13) Al-Shams Centre	Gaza	1977	Mental retardation	External	6-20	051-865799	Working in disabled persons' homes
(14) Mother Teresa Nuns	Gaza	1984	Mental retardation		3-12	051-865829	
(15) Yamima	Bethlehem	1986	Mental retardation	Internal and external	3-14		Severe mental retardation without physical disability
(16) Al-Ihsam Home	Hebron	1986	Mental retardation	Internal	2-40		Severe mental retardation without physical disability
(17) Red Crescent	Nablus	1975	Mental retardation	External	6-12	053-72153	Minor mental retardation for teachable persons
(18) Al-Khidhr Centre	Bethlehem	1986	Mental retardation	External	3-10	742617	Minor retardation without physical disability
(19) Siera	Beit Jala		Epilepsy	Internal and external		742597	
(20) Bethlehem Arab Association	Bethlehem	1960	Physical disability	Internal	3-14	742617	Physical disability, minor mental retardation
(21) Vocational Training Centre/Arab Society	Bethlehem	1980	Physical disability	Internal	5-50	742617 748111	
(22) Princess Basma Institution	Al-Quds	1965	Physical disability	Internal	2-15	283058	Physical disability without mental retardation
(23) Artificial Limbs Centre	Bethlehem	1982	Physical disability	External		742976	
(24) Quds Centre for Physical Disabled Persons	Al-Quds	1983	Physical disability			380611 284204	
(25) Afta Institution	Bethlehem	1971	For deaf and dumb persons	Internal	2-16	742568	It is important to admit 2-3 year old children
(26) Hanan School/Jenin Society	Jenin	1975	For deaf and mute persons		4-15	06-523854	

Table 10 (continued)

Name	Head-quarters	Established	Type of disability	Internal/external	Ages	Telephone	Notes
(27) Amal Society for Women	Hebron	1978	For deaf and mute persons		4-15		
(28) Al-Murabitat Society/Qalqilya	Jenin	1960	For deaf and mute persons		6-14	052-398378	
(29) Salwa Institution Beit Jala for the Blind	Beit Jala	1979	For blind persons		17-55	741373 742016	
(30) Rehabilitation Centre of Disabled Persons	Hebron	1975	For blind persons		6-18	976214	
(31) Al-Shurooq School Al-Quds for Blind Girls	Al-Quds		For blind persons	Internal	3-17	854841	
(32) Al-Noor Centre/ Women Union	Nablus	1962	For blind persons		6-26	053-71804	
(33) Al-Noor Centre for Blind	Beit Jala	1974	For blind persons		20-40	743564	
(34) Blind Persons' Friends Society	Hebron	1975	For blind persons				
(35) Al-Salam Centre for Blind Women	Al-Quds	1983	For blind persons		15-40	850214	
(36) National School	Al-Beerah	1976	For blind persons		3-17	953381	
(37) Bait Al-Raja' for Blind Persons	Bethlehem	1963	For blind persons		3-80	742325	Minor retardation cases and teachable persons admitted
(38) Workshop for Blind Persons	Quds	1968	For blind persons		16-60	814907	
(39) Al-Ala'iya School	Bethlehem	1938	For blind persons		6-21	742421	
(40) Marshat Bani Ta'eem for the Blind	Hebron	1938	For blind persons		18-50	961140	

The Gaza Strip, which has a population of 1 million, suffers considerably from the lack of services for disabled persons. Up to 1975 there was no school for the deaf in the Gaza Strip and no care for mentally retarded persons was provided. In 1975 the Society for the Care of Disabled Children was established and it began by serving 14 boys and girls. Now it serves about 1,500 persons. The society supervises the implementation of several programmes for home care. A special programme is worked out for each disabled person after his conditions are examined. The teacher pays a weekly visit to his home and spends some time with the mother and trains her to care for her disabled child, following up with her the programme to supervise the child. Thirty-three female teachers are involved in these activities supervising 700 families. In addition, there are 140 disabled persons at Al-Shams Centre and 45 disabled persons at Al-Shati Centre.

Finally a co-ordination committee for disability centres in the West Bank and Gaza Strip was formed in 1979 through the Federation of Charitable Societies.

On vocational rehabilitation in the West Bank and Gaza Strip, Ayoush's study points out that only half the centres started rehabilitation schemes, which took the form of remedial employment in most cases. The majority of the existing institutions place vocational rehabilitation at the top of their future objectives. Lack of significant progress in this field was due to a shortage of financial resources, inadequate premises and shortage of technical personnel. All this means that vocational rehabilitation in general is still in its infancy and needs a lot of resources to develop.

The first action in this field was by the Bethlehem Arab Society for Rehabilitation in 1960. The Society started by providing its services to five disabled women (accommodation and food). These services did not expand until 1968, when medical treatment was introduced with some surgical operations and physiotherapy including training and massage. In 1981 the first physiotherapy centre in the West Bank was opened.

An example of inadequate premises is the condition of the National School for the Blind in Al-Beerah where some classes are held in the school corridors because of the shortage of classrooms and where double the capacity of students is accommodated.

To obtain qualified technical personnel, some societies began sending workers in this field to train them in modern methods. One of these societies is the Society for the Care of Disabled Persons in Gaza which sent some students to England to study for a B.A. degree in the teaching of the mentally retarded. The first group returned in 1985 and started to work for the Society.

The Society also co-operated with the University of Calgary in Canada to train professionals specialized in the care of disabled persons. Two groups have graduated and have been awarded a diploma and next year a B.A. course will start in co-operation with the University of Victoria.

In 1981 the Women's Revival Society in the West Bank started in co-operation with the Swedish Institution, to implement a three-year rehabilitation scheme during which several courses were organized for workers in disability centres.

From the replies to the Questionnaire for the Directory of Experts/Resource Persons working in the field of Disability (table 11) it can be concluded that the majority of supervisors of disability centres were diploma-holders in disability, had attended special courses or had studied sociology or psychology at university.

Some institutions in the West Bank and Gaza Strip have made considerable progress in rehabilitation and have helped to solve numerous individuals' problems, but they have not been able to overcome obstacles at the level of society. The situation has worsened.

Table 11. Analysis of responses to the questionnaires to compile a directory of experts/resource persons for the disabled in the West Bank and Gaza Strip

Sex	Name of expert/resource person	Specialization	Title	Programme area	Personal disability	Place of work	Address	Telephone	Educational background	Previous experience	Consultancies
F	Helena Skeladach	Blind	School director		Blind	Al-Azhar Society for the Blind	Box 19924, Jerusalem	854891	Education for the blind, 1960, England special school, Kuwait	English teacher	
M	Hassan Manasrah	Blind	Rehabilitation Specialist	Special Education, Health Care, Treatment Services for independent living, Elimination of environmental barriers	Blind	Bani Na'am Charity Society	Box 961150, Al-Khalil	961150			
F	Hanan Zaloum	Deaf	Teacher	Special education		Al-Anar Society	Box 335, Al-Khalil		Sociology, Birzeit University		
F	Sumayah Abu Diyah	Deaf	Teacher	Special education, Vocational training		Halkul Women Society		963893	Training courses, Baghdad, Ramallah, Bethlehem		
F	Afifa Najjar	Deaf	Teacher	Special education, Rehabilitation, Health care		Al-Hurabiyat Society	Box 52/940074, Bethlehem		2 yrs. Beirut Arab University - Training courses - Ramallah		Establishment of Centre for the Deaf, the Deaf
M	Akram Okkeh	Physical	Director of the Society	Elimination of environmental barriers, Technical aids and equipment, Services for independent living	Mobility	Arab Society for the Physically Handicapped	Box 51199, Al-Batna		B.A. Commerce and Business Board Administration - Birzeit University		
F	Christina Renno	Physical	Physiotherapist	Physiotherapy treatment for children		Red Cross Society, Nablus	Box 375, Nablus	71846	Diploma in Physiotherapy, Federal Republic of Germany, 1967, Hospital for Rheumatism in Cardiology	Physiotherapist - Hospital for Rheumatism in Cardiology	
M	Ramiz Abdul-Massih	Physical	Social worker	Physiotherapy, Technical aids and equipment, Rehabilitation, Education, Services for independent living		Pinna Association for Disabled Children	Box 19764, Jerusalem	283058	B.A. Sociology, 1983, Social worker - Birzeit Computer and survey specialist - Birzeit, Diploma, at various institutions		
M	Khaled Zamel	Physical	Physiotherapy technician	Health care and prevention, Employment, Rehabilitation, Compensatory financial measures, Transition of aids and equipment, Independent living	Legs	Society for Girls' Rehabilitation Workshops	Box 727, Bethlehem	712696	Applied physiotherapy, 1985 Yugoslavia	Industrial application of artificial parts - artificial parts - Disseldorf, Federal Republic of Germany	Various in the West Bank and Gaza
M	Lutfi Azar	Physical	Technical Supervisor	Health care and prevention, Treatment, Employment, Rehabilitation, Technical aids and equipment, Compensatory financial measures, Services for independent living		Society for Girls' Rehabilitation Workshops	Box 727, Bethlehem	712696	M.A. Manufacturing of Artificial parts and Equipments, 1986, Disseldorf, Federal Republic of Germany		

Table 11 (continued)

Name of expert/ contact person.	Specializa- tion.	Programme area.	Personal disability.	Place of work.	Telephone	Educational background.	Previous experience.	Conclu- sions.
M. Mohamed Tayseer Al-Saeed	Mental rehabilitation + Director of Centre	Education, Rehabilitation Hon. Services for independent living.		Red Cross, Box Cent. Socy, 9211 Al-Rajda, Al-Hall Centre	162598	B.A. Psychology Sociology, 1982 Jordan		Access to the Village Programme Thursdays
F. Khitam Ameerah	Mental rehabilitation	Teacher, Child and mother care family planning + Technical aids services for independent living		Ha Haul, Arcaba Women Charity, Socy	922615	High School		
F. Nayla Rabah	Mental rehabilitation	Executive Education, Rehabilitation Technical aids and equipment Employment, Prevention Services for independent living		Society, Box: In Numan, 1108 Renaissance, Ram- lah	922853	B.A. Sociology Social Work, 1972 Beirut University	Social guidance worker	
H. Bassem Marga	Physical Pedista- trician	Health care and prevention Treatment, Family planning		Al-Hasan, Al-Hall Charity Society		M.D. Pediatrics, 1985, Rome	Doctor, Rehabilit Society	
M. Kais Saad	Blind, Mental rehabilitation	Social Education, Rehabilitation Technical aids and equipment Prevention, Independent living		Beit Al-Box, 127 Raja Socy, Beitken	742325	B.A. Psychology Sociology, 1982 Beirut		
H. Michael Sansur	Physical, Psycho- logical, gist Mental	Prevention, Child care and family planning, Public infor- mation, Technical aids Public Health and equipment		Arab Socy, to Rehabi- tion of the Disabled, Catholic, Services for individual living	Sleikh, 828175 Jarrh, 742617 Box 189, Hix Jerusalem, 26148 CATHOLIC	Ph.D. Clinical Psychology, 1987, England	Psychology Teacher- Univ. Psychologist Child Dev. Centre	Children Village, Ramallah Beitken
F. Nabila Al-Dakkah	Deaf, Physical, of vocational mental net training Centre	Supervisor Rehabilitation, Technical aids and equipment		Beitken Arab Socy, for the Phys- ically handic- apped	Box: 741811 100 Bulwag, 6 str.	B.A. Psychology and Sociology, 1982, Beitken Diploma in Rehabilitation, ST, U.S.A.		The Service Women of Beitken
F. Victoria Kanawati	Speech, Secretary Physical, of the Mental net. Society	Rehabilitation, Technical aids and equipment, Services for independent living, Education, Employment, Care and Prevention, Treatment		Arab Women Federation	Box: 19, 742589 Beitken			

III. DISABILITY TRENDS AND THEIR CLASSIFICATION

Analysis of disability trends means comparing changes in the types of disability in accordance with statistics based on field studies. It has already been pointed out that this type of study is lacking for the occupied territories. However, through the recently published statistics on injuries incurred during the intifada leading to permanent disabilities as well as psychological disorders, anxiety and fear and their effects on the nervous system, a new factor has started to affect the nature of disability. Hardly a day passes without news in the newspapers and radio and TV news bulletins about injuries leading to permanent disabilities. The classification which was common before the intifada was the following:

- Blind persons;
- Deaf and dumb persons;
- Mentally retarded persons;
- Physically disabled persons.

The classification of injuries during the intifada shows that the majority have been cases of physical disability apart from 18 cases of loss of sight. It has been reported that during the first year of the intifada physical disability cases numbered 5,000 ranging between minor lameness and total paralysis. According to a study by the Workshops for Girls Rehabilitation in the West Bank and Gaza Strip the growth rates of disability cases were as follows:

- Beating and breaking bones (new in phenomenon because of the intifada): 17 per cent;
- Paralysis: a 24 per cent rise over the average rate;
- Artificial limbs: a 76 per cent rise over the average rate;
- Psychological cases: a 75 per cent rise over the average rate;
- Physiotherapy: a 64 per cent rise over the average rate.

The Disabled Child Care Society in Gaza has found a growing need for programmes for the care of children up to the age of four to avoid delay in growth because of psychological disturbances resulting from the difficult conditions to which these children are subjected.

IV. SOCIAL AND ECONOMIC CONSEQUENCES

The needs of disabled persons are numerous and varied. They include health, social, educational and professional needs. Comprehensive care for disability cases requires great efforts, high technology and considerable expense. What is more important is that this care requires governmental efforts as well as governmental institutions responsible for all different aspects of care. The situation in the West Bank and Gaza Strip is completely different from that in any other country. The Government is an occupation authority and care for disabled persons does not fall within its responsibilities.

Under this situation voluntary charitable societies have found themselves fully in charge of the disabled. They realize that a disabled person needs long-term efforts and training. In many cases there is a need for continuous special care. There are severe cases in which it is no use to train the disabled person and this leads to a permanent commitment from society to provide financial aid.

Charitable societies are also aware of the need to create the appropriate atmosphere in society to accept with open minds the presence of disabled co-workers in the work force. Indeed, it is necessary to utilize all means in modern life to serve disabled citizens and help them to carry out their full role in society.

Meanwhile societies realize the urgent need for the presence of qualified workers in various fields of specialization for the service of the disabled. However, in the light of such awareness a big question arises as to the ability of charitable societies to shoulder these responsibilities. The Government has been replaced by charitable societies and volunteers, who face tasks too big to be carried out by them. All efforts and individual attempts to help the disabled will remain limited. The major burden is on the family and the disabled person himself. Even a qualified disabled person does not easily find a job because institutions always prefer healthy persons. Thus the situation worsens and the number of disabled persons lacking a responsible authority to solve their problems continues to rise.

Among the social consequences of disability problems are the attitudes towards the disabled. In a study of this issue by Mr. Na'im Abu Al-Homus of Al-Najah University in Nablus, seven negative attitudes towards the disabled person were identified. These are reflected in the following statements:

1. Parents should be less strict with their disabled children than with their other children.
2. Those with a high degree of disability find it difficult to be in harmony with those with a lower degree of disability.
3. Caution should be taken when talking with a disabled person.

4. The majority of disabled persons feel depressed because of their situation.
5. Disabled persons prefer loneliness and introversion.
6. Disabled persons complain more than others.
7. The majority of disabled persons feel they are less efficient than others.

V. GOVERNMENT POLICIES TOWARDS DISABLED PERSONS

Given the absence of authority and the national government, there is a lack of governmental policies drawn up to provide care for the disabled. It is clear that the efforts made are carried out by charitable societies individually. Despite the formation of a central committee for the disabled, resources are still scattered and in need of organization and unification.

VI. RECOMMENDATIONS

The situation has not changed much for the disabled since the above-mentioned Conference held in 1981. On the contrary, the situation has worsened. Therefore, it is useful to cite the recommendations of the Conference, most of which still need to be implemented:

1. A comprehensive survey of all disability cases should be carried out.
2. Programmes should be drawn up to orient citizens, especially in villages, through all available means, including educational and informational institutions and early care should be provided.
3. The establishment of social institutes and special education centres to qualify personnel capable of undertaking the rehabilitation of disabled persons should be encouraged.
4. Students should be sent abroad to specialize in the rehabilitation of disabled persons and get acquainted with experience in other countries taking into account the indigenous conditions and available resources.
5. Conditions of those working for social care institutions should be improved and means provided for their advancement in their fields of work.
6. Training courses should be organized for workers in the field of disability as a first step to establishing a specialized institute for the training of the personnel needed as well as co-operation with the existing expertise.
7. Care should be provided for aged persons and special centres established to accommodate them.
8. Appeals should be made to national institutions to support social schemes by all means available to them.

9. National institutions should be urged to recruit qualified disabled persons for jobs compatible with their vocational and professional specializations and to treat them on an equal footing with healthy employees as regards rights and duties.
10. Disabled persons' issues should be included in educational curricula to promote early awareness of all citizens.
11. Workshops of the disabled should be improved and supermarkets providing all facilities to guarantee marketing the products of disabled workers should be set up and national institutions called on to promote such products.
12. The establishment of psychiatric clinics should be supported and emphasis put on early prevention.
13. National institutions should be called on to provide the necessary means to facilitate the movement of disabled persons in public places and the fees and rates charged for public and private services should be reduced for disabled persons.
14. Arab countries and international organizations concerned should be called on to participate in the implementation of carefully studied plans in all fields of rehabilitation and prevention of disability and there should be direct co-ordination with national institutions.

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