



UNRWA

Case Study

Reports on the West Bank Wall/Barrier

JANUARY 2004

The UNRWA Qalqilya Hospital

West Bank refugees needing hospitalisation are either referred to the UNRWA Qalqilya hospital, or to one of the 11 hospitals with which the Agency has established conventions for the subsidised treatment of its beneficiaries. The hospital in Qalqilya presently counts 62 beds, allocated to the emergency, internal medicine, gynecologic and obstetric, and paediatric yards. In addition, the hospital runs a laboratory where 73,605 tests were performed in 2002.



Seventy percent of Qalqilya population is composed of registered refugees, and therefore entitled to treatment at the hospital. Prior to the *intifada*, the hospital also used to have a large catchment area in the northern West Bank, with a 67.5% bed occupancy rate. Restrictions on movement, curfews, closures and most recently, construction of the separation wall all around the town, have caused a drop to 43.5% of this previous rate. In particular, patients from outside Qalqilya have decreased from 38.6% to 16.7% today. Surgical procedures have decreased from 1,154 to 305 a year, with a consequent (although positive) reduction of the waiting time for surgical patients, from 5-6 months to 1-2 weeks. On the other hand, increasing poverty levels in town have resulted in an increase of non-refugee poor patients from 5.8% to 16.7%. Despite the presence of a PA hospital and a small private hospital in Qalqilya, poor non-refugees can hardly afford to pay health treatment or insurance. Treatment of non-refugees in the UNRWA hospital results from an agreement with the Qalqilya municipality, according to which the hospital will admit non-refugee patients whom the municipality designates as indigent, in exchange for discounted water and electricity bills.

The surrounding of Qalqilya town by the separation wall also affects the livelihoods and performance of hospital health staff, 50% of which reside outside Qalqilya. Regular liaison with the IDF has allowed the hospital management to guarantee relatively easy access of health personnel into town. An increased number of absences among nurses and technicians was recorded in April 2003, but the trend has been completely reverted in the following months, with only one absence recorded in May, and no one in June/July. In addition to night shifts which are a regular feature of hospital work, however, health personnel are not encouraged to leave the town and commute to work, but over the week

end. Therefore maintenance of effective hospital services in Qalqilya happens at the expenses of hospital staff's family life.



The West Bank Wall/Barrier, marked in red, completely surrounds Qalqilya.

The future of the Qalqilya hospital strongly depends on the conditions of access of both patients and health personnel, upon which the Agency can only impact in a marginal way, i.e. finding *ad hoc* solutions or advocating for easing of the restrictions. However, construction of the separation wall only adds to the constraints faced by Palestinians in accessing any service provided in Qalqilya town. In more normal circumstances, coordination with other health providers in town could be considered, for the provision of differentiated and more specialised treatments. However, feasibility of this option would only depend on the financial arrangements governing such system of health care. In the present hospitals in town is hindered not only by movement restrictions, but also economic considerations. Conversely, the structure of the hospital, the high standard of its services, and commitment of its staff

would suggest increasing Agency support to boost its potential in the mid-term. In particular, some specialisations may be added to the service, e.g. a dietician monitoring and taking care of the nutritional status of refugees.