Disability in Gaza: policy, barriers to inclusion and a mapping of interventions

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Query: a) Please provide a brief overview of the key barriers for people with disabilities in Gaza (in terms of access to basic services, employment opportunities, and social inclusion/participation).

b) Please provide a brief overview of the Palestinian Authority's normative/policy framework around disability. Are there mechanism/plans in place to monitor progress towards the full realisation of the UN convention on the Rights of Persons with Disabilities?

c) Please map existing interventions (both disability specific and inclusive programmes – priority sectors are health, education, economic development) in Gaza to support people with physical and mental disabilities. What are the most significant gaps?

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1. Overview

People with disabilities in Gaza experience multiple institutional, attitudinal, environmental, and informational barriers in exercising their rights. The protracted conflict and resulting damage to infrastructure and the economy, severe pressure on services, coupled with negative cultural attitudes towards disability in the Occupied Palestinian Territories (OPT), mean people with disabilities face multiple and severe barriers to access to public services, employment and social inclusion (UNICEF, 2017). The increased barriers in accessing services as a result of the geopolitical situation has reportedly led to disabled people's medical conditions worsening in recent years (expert input).

Conflict, poverty and disability are tightly interlinked in Gaza, with dire living conditions for the general population as a result of the conflict and blockade compounded for people with disabilities, including through limited access to basic services such as health, education, water and sanitation and electricity (Home Office, 2019). Recent waves of violence including in 2009, 2012 and 2014, have seen large numbers of Palestinians being killed or seriously injured, often resulting in long-term disability (UNOCHA, 2015). According to a report on the 2014 conflict, 10% of the 11,231

Palestinians affected (including 3,540 women and 3,436 children) experienced injuries resulting in life-lasting disabilities (UNOCHA, 2015).

Approximately 7% of the population of Gaza are estimated to have some form of impairment. Results from the 2017 Population, Housing and Establishments Census show that 6.8% of Gaza's inhabitants reported having a difficulty or disability[1] (including 7.6% of men and 6% of women), supporting a 2011 population-based disability survey which found a prevalence of 6.9% using the Washington Group Questions[2] (including 1.5% prevalence for children[3] aged 0-17, and a slightly higher prevalence for boys than girls) (PCBS, 2018; PCBS, 2011). According to the 2011 survey, mobility-related impairments were most prevalent (defined as difficulty walking or climbing steps), followed by sight (difficulty seeing even when wearing glasses), hearing (difficulty hearing even when using a hearing aid) and learning impairments (difficulties communicating, remembering or conducting basic self-care) (PCBS, 2011). High prevalence of consanguineous marriage[4] and pollution is related to high rates of disability in Gaza. (ODI, 2016). Mental health-related disabilities were found to be surprisingly low at 0.7% of the population in Gaza, however it is likely this is a significant underestimate (PCBS, 2011). For example, in 2017 UNOCHA estimated that almost a quarter of all children in Gaza were in need of psychosocial support as a result of conflict-related trauma (UNOCHA, 2017).

This report presents key findings from a practical 'know-how' query, which included a rapid review of key literature as well as a small set of key informant interviews (KIIs) to help fill gaps and supplement online evidence. This query is based on a rapid review of the available literature to provide a brief overview of the barriers people with disabilities face in Gaza in terms of access to basic services, jobs and social inclusion/participation (Section 2), and the policy framework in Gaza in relation to the rights of people with disabilities(Section 3). The main body of this query comprises a mapping of existing interventions for people with disabilities in Gaza (see spreadsheet annex attached) and an analysis of the trends and gaps in programming (Section 4). It is important to note that this query is based on a rapid search for information plus four key informant interviews with disability inclusion experts working in Gaza, totalling 4.5 days researcher time. It is therefore not a comprehensive mapping of all disability-specific and inclusive programmes and some information may be out of date.

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[1] As defined in the Washington Group Questions, ie. respondents report 'no difficulty" to "a lot of difficulty" or "can not do at all" to a series of questions asking about difficulty seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, or communication (please note it is not clear which set of questions were used and therefore whether questions included mental health).

[2] Please note the survey questions, taken from the Washington Group Questions Extended Set on Functioning, estimated the prevalence of those with vision, hearing, communication, and mobility-related impairments (covering disabilities or difficulties that people with disability face inside or outside homes, and during walking for more than 15 minutes); difficulties remembering or concentrating (including remembering to do something important, people who suffer from lack of memorizing in continuous manner like difficulty remembering where things have been put in the house, as well as difficulty in concentrating on doing things for 10 minutes); learning disabilities including difficulties with intellectual functions due to a condition such as acquired brain injury, Down Syndrome, brain damage at birth, difficulty with interpersonal skills due to any condition such as autistic spectrum disorders, difficulty in learning everyday skills such as reading, writing, using simple tools. Questions include: Do you have difficulty seeing, even if wearing glasses?; Do you have difficulty hearing, even if using a hearing aid? The possible responses for all types of disabilities are:
• No difficulty
• Some difficulty
• A lot of difficulties
• Cannot at all
Mental health-related disabilities were also included (these were not defined in the report though the Washington Group Extended Set of Questions include questions on anxiety and depression - how often respondents feel anxious or depressed, whether respondents are taking medication for these feelings, and how severe these feelings are). For more information on the Washington Group Questions see: http://www.washingtongroup-disability.com/

[3] Please note that children under 12 were not interviewed as part of this survey and data relies on the head of the household reporting disability amongst other household members.

[4] ie. marriage between people who are closely related.

The key piece of legislation outlining the rights of people with disabilities in Gaza is the 1999 No. 4 Law on the Rights of Persons with Disabilities, however this is outdated and Palestinian legal provisions are not all aligned on disability rights. The law is currently being reviewed by the Ministry of Social Development with the support of UNICEF in order to bring it in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The OPT's first state report to the Committee for the Rights of Persons with Disabilities has been in development for the last two years, and is currently still in draft form pending official approval.

The table below summarises the key barriers people with disabilities face in realising their rights in Gaza identified through this query (these are further explained in relation to key sectors and themes in section 2).

The intervention mapping found that although there are many interventions (including both disability mainstreamed and disability-specific interventions) in Gaza, these are mostly health-related and targeted at the individual level rather than addressing attitudinal or institutional barriers. It appears that programmes addressing barriers for those with intellectual and psychosocial disabilities (particularly inclusive interventions) are limited, whilst the extent to which a gender and other aspects of social inclusion have been considered is unclear. **Key gaps identified in programming through this query (both through the mapping and literature review)** include the following:

Table 1: Factors affecting access to basic services, employment and social inclusion of people with disabilities in Gaza

Contextual and intersectional	Environmental	Attitudinal	Institutional
Intersecting and compounding forms of discrimination and disadvantage, including: **Personal factors** including age, gender, disability and health status, education particularly **lack of consideration of the barriers faced by those with intellectual and psychosocial disabilities, women and girls and other marginalised groups** with disabilities **Contextual factors, particularly related to the geopolitical situation in Gaza** meaning significant generalised barriers to access services, infrastructure and jobs compounded for people with disabilities **Poverty is a significant factor** exacerbating barriers for people with	**Lack of accessible infrastructure**, including transport, offices, public buildings, schools **Lack of access to assistive devices** (such as wheelchairs) **Lack of resources** across sectors, including medical supplies and learning materials **High costs** of transport and additional costs for accessing services **Lack of accessible information** on the availability of services **Limited coverage** in remote and marginalised areas	**Stigma and discrimination** by service providers and employers **Stigma and discrimination** by family and community members, for example disapproval of people with disabilities getting married, negative attitudes to people with disabilities' ability to participate socially **Lack of awareness** of disability rights	**Outdated and confusing legislation** **Lack of specialist service providers** **Poor skills and limited training** for service providers and employers/employees **Lack of ministerial oversight** including policies, standard operating procedures and monitoring **Lack of effective monitoring mechanisms** **Limited funding and capacity** to meet demand **Lack of coordination** between agencies **Continuing focus on medical/charity model at the expense of**

disabilities – families struggling with high costs of supporting disabled family members			**inclusion** (this is starting to change in education) **Lack of inclusion of DPOs** in the design, delivery and M&E of policy and programming **Limited DPO capacity** and divisions amongst DPOs **Lack of disaggregated data**

- Interventions supporting systems strengthening
- Inclusive interventions which include those with psychosocial and intellectual disabilities and consider the barriers faced by women and girls and other marginalised groups with disabilities
- Interventions which target barriers at the attitudinal and institutional levels
- Interventions covering remote or marginalised areas, including through outreach and mobile teams
- Interventions addressing transport and general infrastructure
- Additional funding to increase the accessibility, coverage and reach of certain interventions, including community-based rehabilitation (CBR), access to assistive devices etc.
- Disabled People's Organisation (DPO) strengthening initiatives and interventions supporting DPO inclusion in the design, delivery and monitoring and evaluation of policy and programming
- Data and evidence on disability in Gaza, particularly on children with disabilities.

2. Barriers for people with disabilities in Gaza

It is important to highlight that access to basic services, jobs and social inclusion/participation is extremely challenging for the general population in Gaza as a result of the conflict, blockade and lack of funding, all of which are exacerbated for people with disabilities (Home Office, 2019; UNDP, 2018).[5] There are a set of generalised barriers facing people with disabilities in accessing services and realising their rights, including inaccessible infrastructure, high costs in accessing transport and services, lack of awareness of services and rights, stigma and discrimination, limited resources and funding, coordination and oversight, as well as limited engagement with DPOs and people with disabilities in the design, delivery and monitoring and evaluation of services and programmes (Humanity & Inclusion, 2019). The barriers people with disabilities face in accessing services, jobs and social inclusion are exacerbated by the extreme poverty that many households with people with disabilities experience. A 2017 survey undertaken by UNICEF found that 40% households with disabled children surveyed in Gaza and the West Bank had monthly incomes around half of the extreme poverty line (UNICEF, 2017).

Access to healthcare and rehabilitation

Access to healthcare and rehabilitation in Gaza is very challenging due to restricted movement in and out of Gaza and a systemic shortage of medicine, staff and supplies (Home Office, 2019; WHO, 2014). Hospitals have also been the targets of attacks by Israeli forces (WHO, 2014). In June 2018, UN experts published a statement claiming healthcare in Gaza was at breaking point, linking the impact of the conflict and the increased burden for the health system in caring for the injured.[6] Reliable

[5] See also: https://www.ochaopt.org/content/gaza-people-disabilities-disproportionately-affected-energy-and-salary-crisis

[6] https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23236&LangID=E

data on disabled people's access to health services in Gaza is not available, however, research indicates high levels of unmet need for assistive devices, prosthetics, orthotics services, functional therapies and mental health services (PCBS, 2011; World Bank, 2016). Recent research by Save the Children in Gaza found 62% children showed signs of depression, and caregivers reported increases in children feeling nervous, difficulty sleeping and wetting the bed (Save the Children, 2019). Key barriers in access to healthcare identified for people with disabilities include:

- **Inaccessible transport and infrastructure;**
- **Scarcity of services and specialist staff,** particularly in mental health and rehabilitation and in remote and marginalised areas. Available services are usually temporary and project-based and there is a lack of mobile clinics, outreach and follow up in rehabilitation services;
- **Lack of training, awareness and skills** amongst services providers, including on disability rights for rehabilitation workers, protection needs and in mental health for primary healthcare providers;
- **Lack of access to assistive devices;**
- **Lack of medical equipment adapted for people with disabilities,** such as examination beds, seats etc.;
- **High costs** of transport to and to access services, including rehabilitation and assistive devices and lack of a system to provide funds to vulnerable people with disabilities to meet these costs;
- **Perceptions about the low quality of care** for children with disabilities;
- **Lack of funding,** particularly for mental health, **resources and delays in payments** by the Palestinian Authority resulting in delayed and patchy services, and decreases in INGO-led programming and capacity to meet demand;
- **Lack of information on the availability of services**;
- **Lack of coordination between agencies, oversight from the Ministry of Health,** including lack of policies and standards for the provision of rehabilitation services and lack of monitoring, and challenges accessing referral mechanisms outside of the public sector;
- **Lack of legislation** supporting deinstitutionalisation of mental healthcare provision and lack of integration of mental healthcare provision into primary healthcare and general hospitals;
- **Lack of attention to disability inclusion** in mental health services;
- **Focus on group counselling and limited individual support for mental health issues;**
- **Lack of service user advocacy** in mental health (World Bank, 2016; Humanity & Inclusion, 2019; Saymah et al., 2015; ODI, 2016; expert interviews).

Despite the 1999 Disability Law stating provision of assistive devices, a 2006 health service directive does not include medical, assistive devices and learning aids on the list of supplies provided by health authorities. A qualitative study undertaken by the World Bank incorporating a mapping and gathering of beneficiary feedback also notes that provision of specialised healthcare services mostly targets people with physical disabilities, whilst people with intellectual and psychosocial disabilities are left behind (World Bank, 2016).

Access to education

The 2011 disability survey found that **42.2% people with disabilities in Gaza had never enrolled in school** (higher than the figure in the West Bank at 35.5%), **27.1% reported dropping out and that 56.3% were illiterate** (PCBS, 2011). Key barriers to education identified through this query include:

- **inaccessible infrastructure and schools,** accessibility usually only extends to ramps and overlooks barriers for children with other types of impairments (this is particularly the case in Gaza according to the World Bank, 2016)
- **high costs** associated with transport to school, fees for NGO-run schools, assistive devices and other costs for children and families, and lack of a system to reduce or address additional costs faced by children with disabilities and their families

- **lack of resources,** including accessible learning materials, teaching aids, limited inclusive education counsellors, resource rooms, resource centres
- **lack of awareness, skills and training amongst service providers**, including in United Nations Relief and Works Agency (UNRWA) schools and Technical and Vocational Education and Training (TVET) institutions
- **stigma and discrimination** by peers and family members
- **narrow policy and programming**, for example a continuing focus on special education at the expense of inclusion particularly by NGOs, and a focus on small-scale income-generating activities provided by poorly qualified trainers in TVET institutions
- **lack of policy oversight and coordination,** for example lack of common quality standards and a common curriculum, weak articulation of the role of the General Directorate for Special Education, and lack of a clear national regulatory framework leading to inequitable access and fragmentation of services
- **lack of accommodations and exemptions** for children with disabilities in secondary school exams
- **lack of data** on children with disabilities in Gaza
- **lack of specialist provision for children with severe intellectual disabilities** whilst mainstream schools focus on providing access to children with "mild to moderate" disabilities (World Bank, 2016; and UNICEF, 2017).

Access to employment opportunities

The 2011 disability survey found **over 90% people with disabilities in Gaza is not employed and does not want to work** (PCBS, 2011). Key barriers identified include a lack of accessible infrastructure, including transport, offices and accessible toilets, and lack of access to assistive devices (PCBS, 2011). Key barriers identified include:

- **Lack of plans and strategies** to include people with disabilities in the labour market;
- **Contradictory legislation,** for example legislation outlining a quota for 5% civil servant posts to be filled by people with disabilities whilst bylaws state that medical fitness is a requirement for employment (whilst there has been progress in increasing the number of people with disabilities employed by the state these are mainly people with physical disabilities and are typically not employed in leadership positions).
- **Poor coordination between agencies;**
- **Inaccessible infrastructure**, including employment offices which offer information to jobseekers**;**
- **High costs faced by people with disabilities** to access workplace or training opportunities, including transport costs and payment for training;
- **Grants and loans fail to consider additional costs** faced by people with disabilities;
- **Limited vocational training and economic reintegration projects and no attention to the specific barriers women with disabilities face** in accessing these, for example training programmes often require overnight stays near training centres;
- **Negative attitudes and stereotyping in communities**, including by employers;
- **Poor implementation of reasonable accommodation and poor employee skills** to support people with disabilities in the workplace;
- **Limited financial and human resources in employment services**, including insufficient staff numbers, skills and awareness about people with disabilities' rights, lack of outreach;
- **Women with disabilities and those with learning difficulties are disproportionately excluded** from training and work initiatives, including women survivors of gender-based violence (GBV) (Humanity & Inclusion, 2019; World Bank, 2016; expert interviews).

Social inclusion and participation

Other forms of social inclusion and participation are also limited, with people with disabilities often facing difficulties in playing an active role in family and community life, with experiences differing by gender, age and type of impairment (expert input from Ola Abu Alghaib and expert interviewees). It is important to note that research in this area appears to be more limited than in access to services and economic empowerment. The 2011 survey also found 7.7% of people with disabilities avoid performing any activities because of perceived stigma and discrimination and 30.7% people with disabilities in Gaza have never been married (PCBS, 2011). Key barriers include a lack of knowledge amongst families, communities and services, inaccessible infrastructure, poor self-esteem, lack of inclusive strategic plans for social service providers, lack of financial resources amongst DPOs, lack of coordination between agencies, and negative societal attitudes towards disability, including towards disabled people getting married (attitudes appear to differ depending on the cause of the disability, with children with conflict-related disabilities having higher social status) (Humanity & Inclusion, 2019; Nasser et al., 2016; expert input from Ola Abu Alghaib and expert interviewees).

There is also a lack of programming related to the risks of violence, reporting and access to services (UNFPA, forthcoming). Although there is a lack of data on GBV against women with disabilities in Gaza, evidence from elsewhere suggests women with disabilities are at higher risk of experiencing GBV (Dunkle et al., 2018). Other barriers identified include the lack of attention to the **barriers women with disabilities face during emergencies and barriers to women with disabilities accessing gender-based violence (GBV) services** (expert input). For example, the lack of clear strategies to mainstream disability in emergency plans, lack of access to information on services, inaccessible shelters for survivors of GBV (the shelter in Gaza run by the Ministry of Social Affairs (MOSA) apparently does not accept women with disabilities), lack of physical adaptations and adapted equipment, staff skills, policies and operating procedures, lack of privacy for women with disabilities, and a lack of attention to medical needs and menstrual hygiene for women with disabilities. GBV services reportedly fail to consider accessibility barriers, particularly for those with severe and intellectual disabilities, are concentrated in urban areas exacerbating transport-related barriers for women with disabilities (expert input).

DPO capacity and engagement

In addition, **expert insights suggest there are a number of barriers to DPOs efficiency and effectiveness in Gaza.** It was noted in interviews that whilst DPOs have had some success promoting disability rights, there has been limited engagement at the sector level. Barriers to ensuring meaning participation of DPOs in national processes include:

- A lack of technical skills, particularly activists with experience in human rights, public policy, service delivery, networking and advocacy;
- A lack of evidence on disability in Gaza;
- Fragile internal governance and undefined mandates;
- Limited consultation with disabled people;
- Limited coordination, sharing and exchange between DPOs (a common platform for sharing learning does not exist);
- Divisions and issues over perceived legitimacy (in particular, sharing between DPOs in Gaza and the West Bank is restricted) (expert interviews).

According to an undated report from the Palestinian Ministry for Foreign Affairs, the General Union of Disabled Persons (GUDP) which provides leadership for the 15-20 DPOs in the OPT has faced 'faced tremendous organisational challenges because of its membership of the Palestinian Liberation Organisation' (PLO) (Palestinian Ministry for Foreign Affairs, undated; p.11). DPOs largely find themselves overburdened by their role in service provision with fewer resources available for advocacy

or representation. It is also important to note that DPOs in Gaza are on the whole not representative of all people with disabilities, in particular women, youth, people with intellectual impairments and mental health problems are often excluded.

3. Disability in Gaza: the policy framework

The State of Palestine **ratified the UNCRPD (but not the Optional Protocol)** and the UN Convention on the Rights of the Child (UNCRC) in 2014. The key existing piece of legislation which outlines the rights of persons with disabilities in the OPT is the 1999 Law Nº4 on the Rights of Persons with Disabilities. This legislation has not been updated to align with Palestinian commitments on disability following the Palestinian Authority ratification of the UNCRPD and therefore did not comply with international legal frameworks around disability rights. The law does not explicitly reference children and contains only limited provisions on the responsibility and accountability of specific institutions (World Bank, 2016; expert input from Ola Abu Alghaib; Abu Alghaib, undated).

The Ministry of Social Development, with support from UNICEF, is currently reviewing the 1999 Law No. 4 on the Rights of Persons with Disabilities in order to align Palestinian legislation with the UNCRPD. A **second draft will soon be circulated** to get feedback from relevant stakeholders (following on from a first draft in January 2019). This update is intended to bring the legal framework in line with the UNCRPD. The Ministry of Social Development has contracted the Institute of Law at Bir Zeit University with funding from UNICEF to establish the new law. The Ministry formed a committee including DPOs to participate in the development of the new law in January 2017, however DPOs reportedly do not have a clearly defined role in the process (expert input).

The OPT's first state report to the CRPD Committee has been in development over the last two years, however it is currently in draft form pending official approval. The draft report was presented to DPOs and other civil society organisations during a workshop in December 2016 in order to gather feedback and propose amendments. This was followed by an additional round of national consultations in March 2018, however the report has not yet been issued by the Ministry of Foreign Affairs. The expected publication of this report is either in 2019 or early 2020. Insights from experts highlight that there has been significant progress in integrating human rights into Palestinian institutions and funding frameworks (including through the development of a guidance document on integrating human rights into Palestinian National Development plans in 2014), however there has been little attention given to compliance with the UNCRPD (expert inputs, including from Ola Abu Alghaib).

A General Directorate for Persons with Disabilities is situated within the Ministry of Social Development and includes divisions for people with disabilities within each of its district offices (Palestinian Ministry for Foreign Affairs, undated). Although up to date information on its current work is limited, at one time this included 2-3 full time staff members with responsibility to support people with disabilities to access services, including rehabilitation, and enjoy their rights (Palestinian Ministry for Foreign Affairs, undated). According to a January 2019 news bulletin from the Palestinian Centre for MOSA's provision of services for people with disabilities in the Gaza Strip is 'very limited,' with the director of the MOSA disability department stating that 'since the Palestinian Division in 2007, the services that persons with disabilities receive have decreased because of the lack of communication and coordination between the two ministries in the West Bank and the Gaza Strip.'[7]

Other relevant legislation and policy frameworks include (in chronological order):

- The **Labour Law No 7 (2000)** outlines a quota of 5% for disabled workers and protects workers with disabilities from discrimination. Employers are required to share data on employees with the Ministry of Labour on a monthly basis (European Training Foundation, 2014).

[7] https://pchrgaza.org/en/?p=11875

- A **2004 bylaw** was issued by the Council of Ministers to enforce provisions outlined in the UNCPRD. This included, among other things, a classification of disability, as well as explanations and clarifications of some of the services mentioned in the law, such as rehabilitation and training centres, and disability cards. Key points of criticism are as follows (Tamimi, 2013)
    - Absence of an effective monitoring system for the implementation of the law;
    - Legal conflict among the regulations: for example, the Disability Law stipulates a 5% employment quota for persons with disabilities, while the Civil Servant Law and government procedures require that employees should be in 'good health';
    - Law and Bylaw fail to designate the bodies that are responsible for the implementation of the provisions; and
    - No consideration of the costs of the implementation of the law, causing dependency on external donor funding in national financial plans and allocations.
- Alongside this 2004 bylaw, a presidential decree established the **Higher Council for Affairs of Persons with Disability** to oversee the implementation of Law No. 4 and other legal provisions on disability, overseen by the Ministry of Social Development, however this only became functional in 2012 (Palestinian Ministry for Foreign Affairs, undated; World Bank, 2016). Its membership initially included representatives from the Ministries of Social Development, Health, Education, and Labour, the Palestinian Red Crescent Society, the society for families of martyrs and injured, the General Union of People with Disabilities (GUPWD), the society for persons with mobility disabilities, Central Committee for Rehabilitation and rehabilitation experts. There have been several reported challenges surrounding the composition, mandate, efficiency and effectiveness of the Council (World Bank, 2016; expert interviews).
- The **Basic Law** was amended in 2005 including the provision in Article 9 for the right of all Palestinians to equality before the law and judiciary 'without distinction based on race, sex, colour, religion, political views, or disability'. Article 22 stipulates that the National Authority shall guarantee persons with disabilities education, health and social insurance (Palestinian Ministry of Foreign Affairs, undated; World Bank, 2016).
- In 2012, the Palestinian Authority adopted the **National Strategic Plan for the Disability Sector** for the Supreme Council of the Affairs of Persons with Disabilities. This was developed by MOSA following consultation with the disability movement; it is designed to align with the UNCRPD and consolidate and unite efforts around disability inclusion in the OPT. It covers five strategic areas: policies, rights, poverty, directions, and access. Implementation has so far been weak according to consultations with the Higher Council on Disability in 2014, particularly due to the volatile security situation and dependence on donors for funding (World Bank, 2016).
- In 2014, **national development plans** came into effect which include provisions for disabled people. These are the
    - **Palestinian National Development Plan 2014-2016** refers to improving the provision of social protection, security and access for persons with disabilities (Palestinian Ministry of Foreign Affairs, undated). It commits itself to providing 'sustainable, high quality, rights-based, social services', and specifically lists persons with disabilities amongst the intended beneficiaries. The **current national policy plan (2017-22)** refers to people with disabilities once under national policy priority 7 (rule of law and social justice) (State of Palestine, 2016).

- The **Education Development Strategic Plan 2014–2019** which includes a policy on inclusive education, professional development in the field of special education, and expanded support to increase the percentage of students with disabilities in public schools. The 2017-22 education sector plan appears to mainstream disability throughout (Ministry of Education, 2017).
- The **National Health Strategy 2014–2016** has a focus on vulnerable groups including persons with disabilities – this has now been replaced by the 2017-2022 strategy which integrates disability into its goals, objectives and M&E (Palestinian Ministry of Foreign Affairs, undated; DFID situational analysis, 2017; Ministry of Health, 2017).

- The **Social Security Law of 2016** extended disability benefits to private sector workers and their families, covering more than 80,000 workers in OPT (including in Gaza) in 2018, with an aim to target over 330,000 workers by 2030, including in Gaza. A national campaign was planned for mid-2018 to raise awareness of the scheme (ILO, 2018).
- In January 2017, the Palestinian Government officially launched the **National Strategy for Early Childhood Development and Intervention** for the years 2017-2022. The strategy seeks to improve early childhood care for children under eight years of age and develop a national system of early detection and interventions for children with disabilities and developmental delays (State of Palestine, 2017).

4. Intervention mapping: trends and gaps

This rapid review included a mapping of recent and existing interventions addressing disability inclusion in Gaza. It should be noted this was a rapid mapping and therefore not a systematic mapping and some information may be missing and/or out of date. From the information reviewed online, it was also often not clear whether programmes are currently active or not.[8] In addition, there is a bias towards programmes funded by large bilateral and multilateral donors and implemented by ministries and NGOs, rather than DPOs. Available information on DPO initiatives was limited online, although the helpdesk team did include information provided by expert interviewees on DPO interventions. It is also important to note that the mapping did not involve a review of the *quality* of interventions provided in Gaza, though the review of the literature and expert interviews did include some indication of the quality of some services and other interventions, which are noted below. The mapping has identified 49 interventions in total.[9] These include:

- 15 health (including CBR and mental health) interventions, 12 education interventions, 6 economic development interventions, and 16 interventions in other sectors (primarily around social protection, disability rights, multidisciplinary CBR, humanitarian response and social empowerment)
- Over half of the interventions (30) are disability specific, whilst the remainder were mainstream programmes (notably, all economic development interventions are mainstream, whilst interventions in the health, education and other sectors tended to be disability specific)

In terms of programmatic objectives and themes, in health, the most common interventions relate to CBR and supporting people with physical and sensory impairments (five programmes),

[8] It is therefore suggested that DFID conduct some consultation with key actors in Gaza to supplement this mapping.
[9] Please note it was not possible to verify all information in the table. In particular, it was often not possible to find information on whether a programme is still running or when it ended. There are likely to be some gaps (for example, the World Bank study identified 33 NGOs providing rehabilitation services but did not outline all the interventions) and some other information may be out of date.

following by mental health interventions (three programmes), and programmes targeting systemic barriers to disability inclusion in the health sector (two). **Health interventions are much more likely to be impairment-specific rather than inclusive** and focused at the systemic level, for example support for reconstructive surgery, prosthetics and psychosocial counselling. In April 2019, the first prosthetics hospital and rehabilitation centre in Gaza was opened with support from Qatar.[10] There are several CBR programmes which support people with disabilities with assistive devices, home modifications and other support to remove barriers to their equal participation in society, though the quality and coverage of these is not clear from the mapping. It is also not clear to what extent people with intellectual and psychosocial disabilities are supported through these programmes.

In education, programmes are much more likely to be inclusive and address systemic barriers than in health (though it is not clear to what extent inclusive programmes are sensitive to the barriers faced by children with psychosocial disabilities). Although there are some programmes which directly target children and youth with physical, sensory or psychosocial disabilities – the review did not find any examples of educational interventions explicitly focused on addressing barriers for children with intellectual disabilities. For example, the Education for All Package for Palestine, funded by OPEC and the Arab Gulf Programme for Development implemented by the Ministry of Education in partnership with several UN agencies, focuses on strengthening ministerial capacity on inclusive education, piloting innovation, improving the capacity of child-friendly schools and working with communities to build school-community links.[11] Target groups in education covered early childhood development, primary and secondary school children, as well as a minor focus on higher education and vocational training, however most programmes focus on primary level education. None of the programmes reviewed mentioned barriers faced by girls with disabilities in relation to schooling, for example their increased risk of school-related GBVand abuse (see recent research from the DFID-funded What Works to Prevent Violence Against Women and Girls programme, Dunkle et al., 2018).

In economic development, all identified programmes are mainstream economic empowerment programmes with a specific focus on people with disabilities. All of these programmes tend to focus atthe individual level, particularly job creation, self-employment, cash for work, vocational and work training placements. It is notable that only one of these programmes mentions addressing barriers at the policy level (this is the ILO's Decent Work Programme). None explicitly mention addressing other barriers at the institutional level, for example employers' awareness, attitudes, and stigma and discrimination in the workplace, despite this being a significant problem in Gaza. Target groups tend to include explicit mention of women, youth and people with disabilities though it is not clear whether an intersectional lens is applied to address barriers for women and youth with disabilities.

Interventions in other sectors include multisectoral approaches to CBR, social protection, humanitarian and disability rights programming. There appear to be significant gaps in support for DPOs, interventions addressing the specific barriers women and girls and other marginalised groups with disabilities face (though there is one programme on GBV against women with disabilities run by the DPO Stars of Hope). It is also clear that the existing humanitarian interventions which include work on disability inclusion appear to address barriers for those with physical disabilities, including addressing inaccessible infrastructure, and do not tend to address attitudinal or institutional barriers to disability inclusion. It should however be noted that there are some mental health-related initiatives mapped under health programming. In terms of social protection, the Cash Transfer Project has been successful in targeting people with disabilities, however the World Bank study from 2016 notes beneficiaries state that support is not enough to cover the additional costs associated with disabilities.

[10] https://www.israelhayom.com/2019/04/23/qatar-opens-gaza-artificial-limb-rehab-center-after-delays/
[11] UNESCO website: http://www.unesco.org/new/en/ramallah/about-this-office/single-view/news/the_efa_package_for_palestine_a_partnership_between_the_min/

It is often not explicitly stated in intervention documentation available, which types of whether programmes are targeting people with specific types of impairments, though it does appear that there is a bias towards physical disabilities rather than intellectual and psychosocial (there are psychosocial-specific interventions but it is unclear as to how mental health is integrated across disability and mainstreamed programmes in other areas – with some notable exceptions). In total, **26 interventions directly targeted children and youth with disabilities, whilst only 7 made explicit reference to targeting women (usually this meant women *and* people with disabilities though there are two programmes specifically target women with disabilities).** Other key target groups included service providers and DPOs though it should be noted most programmes stated that their direct beneficiaries were people with disabilities themselves, suggesting more could be done to shift systemic barriers to disability inclusion.

In general, it appears that **few recent and existing programmes are tackling attitudinal barriers such as stigma and discrimination** (with the exception of the education interventions which do have a systemic focus to some extent). Programmes tend to focus on activities targeting barriers at the individual and environmental levels, such as inaccessible infrastructure and lack of access to assistive devices. The extent to which initiatives take a rights-based approach to disability inclusion is also often unclear, however it should be noted that documents do tend to use some inappropriate and non rights-based language, particularly the acronym "PWDs".[12]

Common bilateral donors include the Swiss, Swedish, German, Norwegian, Belgian, Qatari and Canadian agencies, with one or two programmes funded by Saudi Arabia, the UK, France, Luxembourg, Turkey, Italy and Kuwait. **Multilateral donors** include a series of UN agencies including UN Women, the FAO and the ILO, the World Bank, the Arab Gulf Programme for Development, the Arab Fund for Economic and Social Development, European Commission and the Organisation of the Petroleum Exporting Countries (OPEC). Implementers are a mix of Palestinian ministries, UN agencies (UNRWA, UNDP, ILO), INGOs (particularly Humanity & Inclusion and CBM), DPOs and other local organisations.[13]

Key gaps identified in programming through this query (both through the mapping and literature review) include:

- Interventions supporting systems strengthening, including establishing mechanisms for coordination between agencies, ministerial oversight including policies, standard operating procedures across different sectors, and monitoring;
- Inclusive interventions (particularly in health) which include those with psychosocial and intellectual disabilities and consider the barriers faced by women and girls and other marginalised groups with disabilities, including mainstreaming disability in GBV interventions;
- Interventions which target barriers at the attitudinal and institutional levels, including awareness raising on disability rights, work with healthcare providers and ministries, and addressing stigma and discrimination amongst employers and in the workplace (there is more work on the individual and environmental barriers such as addressing inaccessible infrastructure and providing vocational training schemes);

[12] The use of acronyms to describe people with disabilities is seen by many as disrespectful (Disability inclusion Helpdesk training pack developed by Lorraine Wapling).

[13] Providers in health: Primary and secondary healthcare centres: clinics and 7 hospitals run by Ministry of Health; healthcare centres run by NGOs and the private sector; United Nations Work and Relief Agency for Palestine Refugees (UNRWA) in refugee camps. In mental health: Family protection counsellors within MOSD district directorates; Specialised NGOs and international organizations; UNRWA in refugee camps.

- Interventions covering remote or marginalised areas, including through outreach and mobile teams.
- Interventions to improve the accessibility of transport and general infrastructure;
- Additional funding to increase the coverage and reach of certain interventions, including CBR, access to assistive devices etc;
- DPO strengthening initiatives and interventions supporting DPO inclusion in the design, delivery and monitoring and evaluation of policy and programming;
- Data and evidence on disability in Gaza, particularly on children with disabilities, and disaggregated data on service uptake.

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