

**Disability under Siege: A Review of the Grey Literature on
Disability in the
Occupied Palestinian Territory (oPt)**

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This is the second report we present as part of the ‘Disability under Siege’ research project. The project is led by Dr. Dina Kiwan from the University of Birmingham, and includes partners from the Gaza Strip, Jordan, Lebanon, and Birmingham and other UK university personnel and regional partners who joined the project at different stages. The report is divided into sections which begin with a general introduction from the international literature. The rest of the report is devoted to summarizing the available grey literature from the occupied Palestinian territory (oPt) with a focus on education, gender, the representation of disability in arts and culture, as well as existing policies related to PWDs; and identifies the main institutions working with PWDs in the oPt which are central to our project Disability under Siege.

Abbreviations

BASR	Bethlehem Arab Society for Rehabilitation
CBR	Community Based Rehabilitation
DPOs	Disabled Persons' Organizations
CRPD	Convention on the Rights of Persons with Disabilities
CWDs	Children with disability/disabilities
EfA	Education for All
ESDP	Education Sector Development Plan
UNICEF	United Nations' Children Fund
ICHR	Independent Commission of Human Rights
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
GMR	Great March of Return
GS	Gaza Strip
GUPD	General Union of People with Disabilities
HICs	High-income countries
LICs	Low-income countries
LMICs	Low and middle income countries
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOHESR	Ministry of Higher Education and Scientific Research
MOL	Ministry of Labour
MOSD	Ministry of Social Development
NAD	Norwegian Association of the Disabled
NGOs	Non-Governmental Organizations
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PLO	Palestine Liberation Organization
PWDs	Persons with disability/disabilities
TVET	Technical and Vocational Education and Training
GUPD	General Union of Persons with Disability
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WB	West Bank
WHO	World Health Organization

Disability in an International Context

This introduction provides an overview of the international literature on disability and generally depicts how disability has been understood and perceived over time globally with a focus on education, gender, the representation of disability in arts and culture and PWD related policies which are central to our project Disability under Siege.

Introduction

Prevalence and Causes

Disability is a global phenomenon. According to the World Disability Report, more than one billion people live with some type of disability. It is expected that almost everyone will be disabled either temporarily or permanently at some point in life. Disability rates are also increasing universally; it is anticipated that the prevalence of disability will surge due to the rise of aging populations and the greater risk of disability among older people. There is also a worldwide increase in chronic health conditions including cardiovascular disease, hypertension, diabetes mellitus, cancer, and mental health disorders, which are linked to disability.

There are several factors contributing to the prevalence of disability worldwide. Ageing populations, chronic health conditions along with environmental and socio-economic factors are associated with disability (1). The cycle of poverty and disability (2) and living in conflict areas are also major elements to be considered. In addition, road traffic accidents and occupational injury are also causes of disability worldwide. However, data regarding disability due to these factors are limited. Based on the World Report on Disability, it is estimated that 20 to 50 million people are injured due to road traffic crashes each year. Road traffic injuries account for 1.7% of all years lived with disability (1).

Congenital defects or anomalies are also important causes of disability, especially in low and middle income countries (LMICs) (3). Based on the 2017 Global Burden of Disease study among countries with a low socio-demographic index, congenital defects are the fifth leading cause of death and disability. About 7.9 million children are born with a congenital defect and about 3.3 million children less than five years of age die from such defects. It is estimated that the 3.2 million who live could have a long-term disability (4). Violence and conflict account for 1.4% of

all years lived with disability. Conflict increases and exacerbates disability by causing trauma and injuries (1). However, the literature on conflict-related disabilities is limited, as few countries keep a census documenting political violence-related disability. One rare example is the census in El Salvador during the mid-1990s which reported that 12,401 persons were war-disabled. Of those, 82% were soldiers and the remaining 18% were civilians (5).

In terms of prevalence, approximately 15% of the global population lives with some type of disability, although 2-4% experience significant difficulties in functioning. Based on the 2004 World Health Survey and the 2004 Global Burden of Disease results, at least 15.6% (785 million) and at most 19.4% (975 million) of persons aged 15 years and older, have a disability worldwide. Of these, not all experience very significant difficulty in functioning or severe disability. However, a considerable amount is estimated to have severe disability. About 2.2% of the global population based on the World Health Survey has important functioning problems while the Global Burden of Disease data indicated that 3.8% of the population had severe disability. Variations in results between the two studies reflect the different measurement approaches used for data collection. As for the global childhood disability prevalence, which was only measured by the Global Burden of Disease study, it showed that about 5.1% (95 million) children aged 0-14 years live with a disability, of which 0.7% (13 million) has a severe disability (1). Childhood disability prevalence is not exact, as reliable data is a major limitation and varies enormously from one country to the next due to differing data collection methods (6).

Women are more likely to experience disability compared to men as the prevalence rate among women is 19% in comparison to the 12% rate among men (1). However, these proportions should be examined with caution as there are different types of disability measurements, which means that results may not be comparable. It is necessary to point out that, in conflict areas, men are more likely to be injured than women (7). Thus, such injuries are more likely to cause or exacerbate disability. Among children with disabilities (CWDs), prevalence rates are similar between girls and boys (1). However, country-specific estimates have noted that boys generally have higher disability rates than girls. Based on the United Nations' 2015 Global Status Report on Disability and Development report, in the United States, 8% of boys had a disability whereas 5% of girls had a disability. Comparably, in the United Kingdom, 9% of boys were reported as

having disability compared to 6% of girls; in Australia, 10% of boys and 6% of girls had a disability; in New Zealand, 13% of boys and 9% of girls had a disability (8). Disability is greater in LMICs than in high-income countries (HICs) (9). It is estimated that 80% of Persons with Disability (PWDs) in the world live in the rural areas of LMICs (10). In low-income countries (LICs), prevalence rates vary from a low of 3% to a high 16% rate (11). In LMICs, women with disabilities make up more than half of the prevalence rate of PWDs (12).

Stigma

Negative attitudes and representation regarding disability have historically predominated (1). Ancient Greek philosophers including Plato regarded disability as destructive to the ideal state. Additionally, Aristotle advised parents not to raise PWDs as they should be isolated from the public (13). Thus, people with visible disabilities were inhibited from learning, becoming self-sufficient or marrying as this was seen as weakening the state (14). Such negative attitudes and imagery are prevalent today and differ from understanding disability as environmental barriers (1) that result in stigmatization and prejudice (15). PWDs with certain types of disabilities are more likely to be affected by such attitudes and perceptions. For instance, it is well-documented that PWDs with mental and/or intellectual disabilities are the most stigmatized and face the highest forms of discrimination. Stigmatization can have exacerbating effects on PWDs, leading to low active participation and low self-esteem and influences all social life and access to services. The first step often cited to accessibility and inclusivity of PWDs is removing such debilitating attitudes (1).

Disability and Education

Education is recognized as indispensable to personal welfare, economic employment and national advancement and active societal participation (6). Despite this, it is well-documented that PWDs have been excluded from education and CWDs are among the most excluded and marginalized groups of children in attaining education (16).

Education has been described as an “enabling right” which allows those who receive educational opportunities to be more likely to fulfill other human rights (17). The link between disability and low educational participation for both CWDs and adults with disability is stronger than the low

educational participation of other factors such as gender, rural residence and differing economic status CWDs are excluded early in their lives (4) Hence, CWDs are less likely to enroll in school compared to children without disabilities (18). A World Bank data analysis which surveyed 11 households from 9 countries revealed that the difference in primary school (aged 6-11 years) enrollment of CWDs in comparison to children without disabilities varies from 15 % in Mozambique to 59% in Indonesia. In Indonesia, about 90% of children without disabilities are enrolled in school, whereas almost 30% of CWDs are in school. At the secondary school level (aged 12-17 years), enrollment of CWDs in comparison to children without disabilities varies from 15% in Cambodia to 58% in Indonesia (19). This gap is particularly noticeable in countries where the school enrollment rate is high or the out-of-school rate is low. For example, in Nepal, only 6% of school-age children are out of school. However, of these 6% out-of-school children, a massive 85% are CWDs (18). School enrollment rate gaps are evident; as CWDs are more likely to never attend school in comparison to children without disabilities. According to data analysis of 37 countries, the United Nations Educational, Scientific, and Cultural Organization ((UNESCO)-Institute for Statistics report that a mean of 87% of persons without disabilities (aged 15-29 years) have attended school in comparison to 77% of PWDs (6)

Such education disparities are found in both HICs and LMICs and among all age groups (1). However, exclusion from education in LMICs is far more notable. It is estimated that 40% of children with disabilities are out-of-school at the primary level and 55% of children at secondary level in LICs and LMICs. The completion rate of education is also a revealing indicator regarding the exclusion of CWDs from educational opportunities in both primary and secondary school levels (6) Data from the 2004 World Health Survey which included 51 countries showed that respondents with a disability have much lower rates of completing primary school and a total average of fewer years of education than respondents without a disability (1). Due to lower rates of finishing primary school, CWDs are also more likely to not complete secondary schooling. At the secondary school level, the completion rate in the countries listed above was 36% for CWDs versus 53% for children without disabilities (6). Even when CWDs are enrolled in primary and secondary school, the drop-out rate among CWDs is higher than children without disabilities (16). Also, the average number of years of education for CWDs overall is less than the average number of years for children without children without disabilities (20). This trend is

evident in older populations. Based on the analysis of 22 countries, UNESCO-Institute for Statistics notes that PWDs (aged 25 years and older) have a mean of 4.8 year years of education in comparison to persons without disabilities (aged 25 years and older) who have an average of 7 years of education (6).

Adult literacy is a crucial outcome of education (16). In the UNESCO-Institute for Statistic analysis of 36 countries, PWDs (aged 15 years and older) had lower literacy rates than persons without disability. For example, in Iran, PWDs have a literacy rate of 49% compared with the 80% rate for persons without disability. In Vietnam, the literacy rate of persons without disability is a large 94%, whereas PWDs have a literacy rate of 59% (6). This exclusion from educational opportunities, including informal education opportunities such as internships ultimately reduces employment opportunities, which eventually causes poverty in the long-term which has deteriorating effects on both the individual (19) and national level (16). Education is essential to PWDs, as it promotes more equal opportunity with regard to attaining rights and increases understanding regarding their rights (17).

Disability and Gender

Disability has a gender effect: worldwide, more PWDs are women compared to men: one in five PWDs are women compared to one in eight among men. Women are also more likely to become disabled throughout their lives, due to the higher life expectancy rate among women (12). Other contributing factors include that women are more likely to work in severe labor conditions, less likely to receive proper healthcare services, and are more likely to experience gender-based violence (21). Both men and women with disabilities face discrimination, marginalization, and exclusion due to stigma produced by society (12). However, women with disabilities face several forms of discrimination associated with their disability and gender in most aspects of life (22). This discrimination between women with disabilities and men with disabilities is similar to the discrimination between women and men without disabilities, due to the roles traditionally assigned to women and men (23). This discrimination includes girls and women with disabilities facing cultural, institutional, and legal barriers to education, employment and paid work, health care, and housing. Thus, women with disabilities are likely to face poverty more than men with disabilities and women without disabilities. Women and girls with disabilities are denied their

human rights including their right to education, marriage and reproduction, and access to health services (12) and are exposed to this double form of discrimination. When people are deprived from their fundamental rights including their right to education, they become vulnerable to violence and deprivation (24).

Disability and Representation in Art and Popular Culture

Disability is and has always been a part of the human condition (1). Despite this, a negative image of disability is universally depicted. Garland-Thomson declares that “Disability – similar to race and gender – is a system of representation that marks bodies as subordinate, rather than an essential property of bodies that supposedly have something wrong with them”. Here it is necessary to define representation, as representation is “saturating of the material world with meaning”. Disability representation arises from “images and narratives” in various forms, not limited to popular culture, art and literature (25). However, the literature on disability is limited which makes it difficult to clearly discuss perceptions and representation of PWDs (14).

It is acknowledged that popular culture such as film, TV, advertising and news images impacts perceptions and delivers many of the cultural representations of disability worldwide. In 1991, a poll assessed the attitudes of Americans’ toward disability after the ratification of the 1990 Americans with Disabilities Act. The poll revealed that the Americans surveyed were less likely to feel uneasy around PWDs after watching fictional television and film productions about them. These Americans used mass media to shape views regarding disability. Hence, it is necessary to highlight the influence of representation in popular culture in constructing attitudes (26). A secondary analysis of survey data drawn from 1,257 adults interviewed for the National Organization on Disability showed that individuals exposed to positive television and film images tended to have greater positive perceptions and attitudes towards people with disabilities (27). This finding suggested that adults who viewed positive portrayals of people with disabilities tended to develop positive stereotypes towards PWDs.

Despite this influence of popular culture on attitudes, PWDs have had little influence in their portrayal. Paul Hunt, a PWD and writer, classified ten stereotypes that the media use to portray PWDs. These are as follows: “The disabled person as pitiable or pathetic”, “An object of

curiosity or violence”, “sinister or evil”, “the super cripple”, “as atmosphere”, “laughable”, “his/her own worst enemy”, “as a burden”, “as non-sexual” and “being unable to participate in daily life (15). Yet, negative attitudes are considered the largest barrier to inclusion and active society participation (28).

In general, PWDs are largely invisible in popular culture due to under-representation and when represented, the portrayals are often inaccurate and stereotypical as classified by Hunt. However, women with disabilities are even more invisible in popular culture and are marginalized due to the double discrimination they face. This may stem from the historical western culture, as the female biology has been considered as a form of disability. For example, Aristotle specified that women were “mutilated males” (25). In 1991, Morris wrote about the lack of portrayal of women with disabilities in contemporary British culture. The marginalization of women with disabilities was evident as they were portrayed as peripheral figures, occupying only specific roles (29). In the United States, four out of five images of wheelchair users on television, which is the most common display of impairment, were found to be men (30) not women. Thus, while globally women are more likely to be disabled than men, the double discrimination that women with disabilities face is reflected in under-representation and when represented, such representations are often inaccurate and stereotypical.

Educational Policies in the International Context

The right to education was recognized as a fundamental human right since the release of the 1948 Universal Declaration of Human Rights, which proclaims in Article 26 that “Everyone has the right to education”(31). Global initiatives and legal instruments have further expanded on the rights-based approach to education. In 1960, the first international Convention that elaborated on the right to education while promoting equal opportunity for all was the UNESCO Convention against Discrimination in Education. The Convention stressed that “discrimination in education is a violation of rights” (32). The International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly in 1966 thoroughly covers the right to education in Article 13 (33).

The right to education for PWDs has been asserted in international frameworks. The “Education for All” (EFA) initiative developed from the 1990 World Declaration on Education for All was adopted by the World Conference for Meeting Basic Learning Needs. This universal movement provided guides for governments, international organizations and educators in designing and implementing policies to improve basic educational services. As stated in Article 1, the initiative declared that “Every person- child, youth and adult- shall benefit from educational opportunities designed to meet their basic learning needs” (34). The Standard Rules on Equalization of Opportunities for Persons with Disabilities in 1993 demonstrated a “strong political commitment to equalization of opportunities for education for PWDs” (35).

The two frameworks explicitly emphasize the rights-based approach to education for CWDs. The Convention on the Rights of the Child, adopted by the United Nations in 1989, protects the right to education as a right of the child in Articles 28-29. The Convention specifically focuses on the education of CWDs in Article 24. Article 24 declares that “States Parties shall ensure an inclusive education system at all levels” and called for child-centered, quality education in learner-friendly classrooms (36). The Salamanca Statement and Framework for Action on Special Needs Education, adopted at the World Conference on Special Needs Education in 1994, listed the challenges faced by CWDs and promoted integrative settings and equal opportunity for children, youth and adults with disabilities (37). The Dakar Framework for Action followed, as this Framework, adopted by the World Education Forum in 2000, elaborated on the vision of the EFA by “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children and ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality” (38).

The Millennium Development Goals (MDGS) were derived from the United Nations Millennium Declaration in 2000. It was specified in the second Millennium Development Goal (MDG 2) that “By 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.” The third Millennium Development Goal (MDG 3) which promoted gender equality intended to “eliminate gender disparity in primary and secondary education, preferably

by 2005, and in all levels of education no later than 2015”(39). Yet, despite such indicators in the rights-based approach to education, the EfA and the MDGs have been criticized for their vagueness regarding inclusive education for vulnerable groups including PWDs (40).

The Convention on the Rights of Persons with Disabilities (CRPD) is often lauded by the international community because it established out specific Articles committed to women and girls with disabilities. Gender equality is documented as a general principle, to be taken into account in the implementation of each Article of the Convention. The CRPD also includes a separate article on women with disabilities, Article 6. This article recognizes that women and girls with disabilities are subjected to multiple forms of discrimination and establishes that States Parties should take all suitable actions to ensure their full development, advancement and empowerment. The CRPD further requires that State parties should put in place effective legislation and policies with a focus on women with disabilities to protect them from exploitation, violence and abuse (Article 16, paragraph 5) (41).

The Occupied Palestinian Territory (oPt): A Review of the Grey Literature

Prevalence

Before the First Palestinian Uprising (Intifada) of 1988-1993, disability was largely neglected and stigmatized, where a biomedical and charitable approach was used to address the issues and needs of PWDs, instead of an approach based on human rights. However, the First Intifada increased the attention to and visibility of PWDs at large because of injury by Israeli army violence, and resulting disablement of those injures. Over a period of 21 months, at least 40,000 were estimated to have been injured by Israeli army violence, mainly young adults and children. Data reveals that around 25,000 people in the WB were wounded by the Israeli army during the first year of the First Intifada alone. An examination of 2,500 hospital records in 1989 revealed that around 19% of the injured (472 cases) suffered from disability in the WB. At the time, the GS could not be reached because of the siege imposed on the GS by the Israeli military (42). This is when PWDs began to become visible to society at large, with those disabled by Israeli army violence regarded as political heroes. The perception of disability was transformed from being seen as shameful and stigmatized by others to being associated with integrity, heroism and pride of family members and people from the community (43). While positive attitudes towards disability have developed since the First Intifada, charity-based outlooks, customs and patronizing expressions continue to dominate in the oPt (44). During the First Intifada, Palestinians were prohibited from carrying out censuses. Thus, they turned to conducting what was then called pocket studies in several types of communities in the WB and GS to estimate disability prevalence. The prevalence then ranged from 1.9% to about 4.5% of the total populations in each of the communities studied in the north, center, and south WB and GS.

With the signing of the Oslo Accords between the Palestine Liberation Organization and Israel in 1993, selected spheres were handed over to the Palestinian Authority (8), although the oPt continues to be under the military occupation and control of Israel to this day. Thus, the Palestinian Central Bureau of Statistics (PCBS) as well as various other ministries were established, though with limited power and sovereignty over land, water and other resources, borders and economy. In collaboration with the Ministry of Social Development (MOSD), PCBS

released the results of the first national survey on disabilities in December 2011. The survey aimed to measure the prevalence of disability and types of disability, PWD participation in education, the workforce and public activities; and identify PWDs needs and current gaps within the current service provision system. The survey was a cross-sectional household survey representative of the population; consisting of 15,572 households (10,422 households from the WB counting Palestinian East Jerusalem and 5,150 households from the GS). The survey questionnaire used was based on the Short Set on Functioning adopted by the Washington Group (WG) for Disability Statistics developed for national censuses (45).

The six questions in the Short Set on Functioning include: difficulties in seeing even while wearing glasses; in hearing even while using a hearing aid; in walking or climbing steps; in remembering or concentrating; in performing self-care activities such as washing all over or dressing; and in communicating using the mother tongue, which includes understanding or being understood by others. The responses range from no difficulty, some difficulty, a lot of difficulty and cannot do at all (46). However, the 2011 Disability Survey questionnaire excluded the sixth question regarding “self-care”(47) and instead incorporated two questions: one regarding mental health disabilities and the other relating to learning disabilities adopted from Washington Group. Two questionnaires were developed for two different age groups: one for children (aged 0-17 years) and the other for adults (aged 18 years and older) (45).

Despite incorporating most of the Washington Group questions into the 2011 PCBS survey questionnaire, limitations of this survey include inconsistencies in data collection and in the definition of disability (1). For example, the PCBS survey’s main results are based on the “narrow definition” of disability with responses which include “a lot of difficulty” or “cannot at all” which is usually used in censuses but cannot be used to identify specific needs. A discrepancy also exists because of using the WG questions for children 0-5 years, which the WG clearly notes as inappropriate for this age group. This underestimates the childhood disability prevalence, bearing in mind that child development transitions are a challenge to approximating disability among children, particularly in children with development and psychosocial disabilities (48). In addition, only 5 of the Washington Group questions were used-instead of all six questions- despite the PCBS report stating that all questions were incorporated (45).While

using the Washington Group questions would allow for international comparability (1), excluding the “self-care” question limits the possibility of comparability.

Education among Persons with Disabilities in the oPt

The educational sector in the oPt consists of both formal and non-formal education. Formal education is composed of pre-school education, basic education, secondary education, and higher education. According to the Educational Development Strategy Plan of 2017-2022, non-formal education is defined as “any educational activity organized outside the frame of schools” (49).

Education Service Providers

The three main formal education providers of the oPt are the Palestinian Authority, the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), and the private sector. The Palestinian Authority ministries which lead and supervise the educational sector in the oPt are: the Ministry of Education (MOE) and the Ministry of Higher Education and Scientific Research (MOHESR) (previously referred to as the Ministry of Higher Education), although in the past there was one ministry overseeing education. In terms of general education, the MOE oversees primary and secondary schools, and is responsible for managing around 68.1% of Palestinian students (and around 73.3% of schools in the oPt: 79% in the WB and 54.9% in the GS. East Jerusalem is not counted as it is under Israeli jurisdiction) (49). UNRWA manages about 24.1% of students (50) and 12.11% of schools, as it delivers educational services in schools founded for Palestinian refugees of the 1948 and 1967 Israeli wars (49). UNRWA runs 8% of schools in the WB and about 50% in GS. The private sector accounts for approximately almost 8.85% (50) of students and 14.6% of all schools (49). Higher education is mainly directed by MOHESR which includes colleges, polytechnic post-graduate schools and universities. Community and Private Higher Education Institutions also partake in managing certain universities and private colleges.

Similarly, the non-formal education providers are composed of ministries, the private sector and international organizations. The ministries involved in the non-formal education sector included the MOHESR, the Ministry of Labor (MOL), and MOSD (49). MOHESR delivers a parallel education program to dropouts that have accomplished 5 to 6 years of basic education. This

program is a continuous education program in higher education institutions and literacy and adult education programs delivered to those over 15 years of age with low literacy. MOHESR also provides vocational training programs in rehabilitation centers for children ages 12-18 (50). The MOL offers a vocational training center in which enrollment lasts for one to two years. In addition to the ministries, the private sector operates cultural centers which deliver continuing education in higher education institutions. In addition, international non-governmental organizations (NGOs) offer and supervise some education centers as well (49). Such centers are granted licenses by the MOE (50). It is worth mentioning here that nurseries, kindergartens and pre-school education is provided by either the private sector or selected private schools, although the MOE has recently begun a pilot which included operating about 100 pre-school centers in selected areas.¹

Inclusive Education

Inclusive education is defined as “education that does not exclude any student irrespective of difficulty, disability, gender or color, while taking into consideration individual differences and responding to individual needs” (49). Inclusive education policy has been introduced since 1997 in public schools supervised under the General Directorate of Special Education and states that all types of disabilities have been included (44). In 2015, Inclusive Education Policy was released which tackled the lack of procedures to implement the goals of the 1997 Inclusive Education Policy. By adopting a twin-track approach, which joins systemic changes with individualized support, the 2015 Policy attempted to eliminate environmental, attitudinal and resource barriers faced by CWDs (40). According to the MOE, inclusive education mainly consists of resource rooms and resource centers. Almost 200 inclusive education resource rooms were established out of 1,800 public schools. Their purpose is to evaluate slow learners or children with intellectual disabilities from grades 1 to 4 and strengthen them accordingly in the areas of reading, writing, mathematics, and daily life skills, in addition to their original classes.

There are three inclusive education resources centers in the oPt: one in the GS, and two in the WB (Ramallah and South Hebron) (48). The aim of the resource centers is to support the integration of CWDs in mainstream public schools. The centers contain a multidisciplinary team

¹ Information obtained from interviewing those in charge of this program

composed of a social worker, speech therapist, physiotherapist, and special education specialist. The resource center in Ramallah covers about 25 schools with around 100 students per year.

In addition to resource centers, MOEHE supports special schools for CWDs as it acknowledges that complete inclusion of CWD in public schools may not be applicable in the short and medium term. Hence, MOEHE backs 15 NGO special schools which are intended for children with intellectual disabilities and visual and hearing disabilities. Moreover, MOSD operates two schools for children with visual disabilities in the West Bank (48).

The MOE has partnered with nine UN agencies to establish the Education for All (EfA) Package in 2014 for the oPt which emphasizes inclusive and child-friendly education. However, enrollment rates continue to be low and drop-out rates and illiteracy rates are high. MOE has increased the availability and choice of technical course opportunities for PWDs by teaming up with MOSD's Technical and Vocational Education and Training (TVET) Department. Under its TVET initiatives, the MOSD operates 12 rehabilitation centers that aim at including dropouts, slow learners, and so-called "social cases". However, it is unclear to what extent PWDs benefit from such interventions (44).

UNRWA states that inclusive education is the essential component of its Education Reform (2011). According to the UNRWA 2019 Disability Inclusion Report, a long-term disability inclusion project directed at addressing the protection and needs of UNRWA students that have been injured in the Great March of Return (GMR) of March 2018 in the GS. At the WB UNRWA Field Office, students with severe vision impairments and students with dyslexia received iPads with software that allows them to listen to their textbooks in audio formats according to their needs (70). In 2013, Inclusive Education Policy was adopted in UNRWA schools. Yet, it is unclear how many CWDs are enrolled in these schools. The education staff was trained in a 14 month training program (48).

Exclusion of PWDs

The education sector in the oPt lists its first goal in the Education Development Strategy Plan (EDSP) for 2017-2022 as "Ensuring safe, inclusive, and equitable access to quality education at all levels of the system". Despite this goal, many PWDs in the oPt continue to be excluded and

denied this essential right (49). According to the PCBS 2011 results, there were 1.5% CWDs (aged 0-17) in the oPt (45). The United Nation's Children Fund Out-of-School-Children report, which analyzed the 2011 PCBS data, revealed that CWDs in are the most excluded children in education (51). Education indicators such as enrollment, out-of-school, drop-out and completion rates, along with adult literacy, reveal poor educational outcomes for CWDs and PWDs in the oPt.

The PCBS 2011 survey findings show that 37.6% PWDs aged 15 years and older were never enrolled in schools (42.2 % in GS and 35.5% in the WB). A 2013 study by Zaqout and Abu-Hamad regarding PWDs for all age groups in the GS indicated that 31.5% had never attended school (48). According to School-to-Work Transition Surveys in 2013 by the International Labor Organization which used an adaption of the Short Set of Washington Group questions, the proportion of PWDs aged 15 years -29 years in the oPt that ever attended school was 1.6%; 2.1% for males and 1.1.% for females. In 2015, the School-to-Work Transition Surveys show that there was a slight increase as 1.9% of PWDs aged 15 years -29 years ever attended school; 2.1% for males and 1.6% for females (6).

Enrollment rates gaps and out-of-school rates are substantial and data are not uniform. The PCBS's Population, Housing and Establishments Census of 2017 data reveals that the percentage of CWDs aged 6-17 not enrolled in education was 24% (22% in WB, and 27% in GS) (52).Based on the UNICEF analysis of the 2011 PCBS data and their results in the Country Report on Out-of-School, which classified CWDs as those who have "a lot of trouble" implementing certain activities or who "cannot at all", 30.2% of CWDs aged 10-15 years were not enrolled versus 2.3% of children without a disability in the same age group. In the GS, 32.3% of CWDs aged 10-15 were out-of-school in comparison to 28.2% of CWDs in the WB of the same age group (51). According to the MOE's My Right to Education: Unprivileged Groups paper in 2012, which was presented in partnership with UNICEF in the Back to School Workshop, 60% of the CWDs were not enrolled in education (18). Based on PCBS Census data in 2013, only 6% of PWDs over the age of 15 were currently enrolled in school (44). According to the administrative data in EDSP of 2014-2019, the 2012-2013 academic year, the number of students reached 9,057: 5,702 students in the WB and 3,805 students in GS. It is important to note that number of students with

disabilities enrolled in public schools in the WB did not reach 1% (0.96 %) during this academic year (50).

The percentage of students with disabilities enrolled in public preschools in 2015 was 1%, 0.65% in public basic schools (grades 1-9) in the WB, and 0.72% in the public secondary schools (grades 11-12). Vocational 11th grade education does not include any students with disabilities. There is no data available on non-formal education or higher education enrollment rates (49). In the 2016-2017 academic year, 5,350 students with disabilities were enrolled in public schools in the WB (49) 2,591 males and 2,759 females (50). CWDs with certain disabilities were more likely to be enrolled in school in comparison to others. According to the administrative data from the MOE, the total number of students with disabilities enrolled in public schools in 2009-2010 was 4,896, with students with speech disability as the largest portion enrolled (1,578), following visual disabilities (1,018), mobility disability (984), hearing disability (762), and students with mild mental disabilities with the least portion enrolled (554) in the WB. This pattern remained as seen in the 2012-2013 data in which the number of students with speech disability dominated (1,786), following visual disabilities (1,426), mobility disability (1,076), hearing disability (864), and students with mild mental disabilities were the least enrolled (5,702) (50). UNICEF's Every Child Counts 2016 report which combined MOSD and non-governmental organizations (NGO) beneficiary lists notes that 57.6% of CWDs with multiple disabilities in their sample of 851 CWDs were not enrolled in school (48). Based on the UNICEF Country Report on Out-of-School, about 9.4% of children with a single disability are out-of-school, versus the 54.8% of children with multiple disabilities who are out-of-school (51).

Drop-out rates among PWDs in the oPt are also discouraging. The data reveals that 33.8 % of PWDs over the age of 15 were enrolled and dropped out, and more than a fifth of the PWDs 18 years and over dropped out of school "due to their disabilities" in the oPt with 23.2% in the WB and 19.4% in GS with 21.7% males and 22.9% females completion rates: 6% of while 22.7% had enrolled and graduated from school (50). The oPt has one of the lowest illiteracy rates in the world; in 2018 the rate was 2.8% for persons over the age of 15 (3.0% in the WB and 2.4% in the GS) (18). However, the illiteracy rate of PWDs in the oPt is of concern. The oPt had one of the largest gaps in literacy rates between PWDs and persons without disabilities among the 36

lower- middle income countries recorded in the 2018 United Nations Flagship Report (6). The PCBS 2011 Disability Survey reports that the illiteracy rate of PWDs over the age of 15 is 53.1%: 51.5% in the WB and 56.3% in the GS.

CWDs who are currently enrolled in schools continue to need certain adaptations to ensure inclusive and accessible education. Based on the PCBS 2011 Disability Survey, transportation, school buildings, classroom, and toilet adaptations are necessary for children aged 6-17 currently enrolled in school, depending on the type of disability (45). Moreover, barriers include untrained teachers, lack of support to teachers, and lack of equipment and technology needed to support the inclusion of CWDs in schools.

Disability and Gender in the oPt

While according to the narrow definition of disability and in contrast to global prevalence, males (2.7%) in the oPt have a higher rate of disability than females (2.5%) in 2011(45) females with disabilities are less likely than males with disabilities to actively participate in all aspects of life including in education, labor force, marriage and reproduction, access to services, and are less recognized, if at all, at the policy level. Often, there is an invisibility of Palestinian women and girls with disabilities which further exacerbates their marginalization and isolation (24) which heightens the double discrimination that they face. In an unpublished study by Awdeh and alHajj Ali at Birzeit University, a woman with disabilities expressed this double discrimination as follows: “able-bodied men are on top of the social ladder, followed by able-bodied women, disabled men, and right at the bottom you will find disabled women. The worst thing you can be is a woman with disability!” The results of this study also show that while the Intifadas (popular uprisings against occupation of 1989-1993 and 2000-2004) had increased public awareness towards PWDs, as those who became PWDs due to the Israeli violence were celebrated, such positive connotations were reserved for male PWDs; female PWDs were not viewed within the same heroic lens (22).A case study from a Palestinian blind university teacher and psychologist clarified how the Intifada focused on young men who were “cut down in their prime, forced to live out their lives in wheelchairs and unable to assume their expected social roles” and CWD who had war-related impairments. However, she emphasized that the negative perception of women with disabilities remained (53).

Overall, Palestinian women with disabilities are more restricted to their homes in comparison to Palestinian men with disabilities (43) as they are considered a cause of shame (24). Hence, they are contained within the private sphere rather than allowed roles in the public sphere (43). This has several implications, as women and girls with disabilities are excluded from educational, employment and social opportunities which push them to depend on others. This also means that they are less exposed to communal and political violence, yet are more likely to be victims of domestic violence. The type of disability also adds layers to the existing double burden that women and girls with disabilities face: those with mental disabilities are entirely secluded from society out of the fear of becoming victims of sexual abuse, where these women and girls become another source of shame.

In terms of education, the main priority is to educate males with disabilities rather than females with disabilities, as part of the gender discrimination rooted in society in general (24). This is evident from the data. In every education indicator, girls with disabilities are worse off than boys with disabilities. For instance, based on the UNICEF Country Report on Out-of-School, the out-of-school rates of girls with disabilities is 28.5% and they are more likely to be out-of-school compared to boys with disabilities at 18.3% in the oPt. This pattern is seen in CWDs aged 10-15 years: 36.6% of girls with disabilities are not enrolled in school compared to 26.3% of boys with disabilities (51).

Gender bias exists towards women and women with disability in the labor force as well. Women face extended exclusion (44). In 2013, a national examination on the right of PWDs to suitable work with a sample of 1,420 PWDs was completed by the Independent Commission for Human Rights, a Palestinian national organization that upholds the rights of Palestinian citizens (ICHR). The results revealed that participation of women with disabilities' in the labor market reached only 17%. This percentage is lower in the GS than in the WB. The percentage of women who do not work at all among women who participated in the survey was 73%. Thus, the study indicated that women with disabilities face obstacles in employment along with low wages, and discriminatory attitudes, among other factors (54). The 2016 World Bank results from 14 focus-group discussions with 152 participants showed that vocational training programs and centers

operated by the government and NGOs are not customized for women with disabilities in terms of skills and accessibility as all available centers are found within the main cities. This further excludes Palestinian women with disabilities from achieving economic independence (44).

At the policy level, an ICHR 2018 report on oPt's implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) indicated that the oPt failed to include policies to guarantee that women with disabilities benefit from the equality principle as mentioned in the CEDAW (55). International NGO annual reports are generally more inclusive of Palestinian women and girls with disabilities in their policies compared to national organizational groups. For instance, UNRWA has adopted its Disability Policy in 2010 and updated its Disability Guidelines which recognizes the double discrimination faced by women and girls with disabilities (56). Diakonia and Norwegian Association of the Disabled (NAD) shed light on the double discrimination faced by women and girls in their 2009 Evaluation Rehabilitation Program in the oPt, Jordan and Lebanon Report. The organization also emphasizes the World Health Organization's Community Based Rehabilitation (CBR) guidelines with regard to its CBR partners in oPt (57). This invisibility is evident in the oPt, as Ministry annual reports, reform policies, and even data collected regarding PWDs almost always address persons or CWDs without specifying girls and women with disabilities. Overall, it can be inferred that women and girls are not made a priority for action in in the oPt.

Disability Representation in Art and Popular Culture in the oPt

Several disability studies focus on representation of people with physical impairments in literary fiction, advertisements, and television. However, most of this literature examines the misrepresentation of PWDs in western culture. There is a noteworthy knowledge gap regarding the portrayal of PWDs in non-western societies (58).

In Arabic literature, the Palestinian writer Ghassan Kanafani's novella *Rijal fi al-Shams* (Men in the Sun; 1962) introduces the character of Shafiq. She is described as a "deformed women" and a "burden" on society due to having her leg amputated "from the top of the thigh," Shafiq has an insignificant role in in the novella reflected by this minimal role and seen an extension of female disability and representation in the region (59). Representation of PWDs is not limited to

popular culture and art. School textbooks and curricula are also influential sources of representation. They may provide support that may be useful to the inclusion movement or may further perpetuate negative stereotypes towards PWDs. A study conducted in 2009 inspected how Palestinian textbooks approached PWDs (60) concluded that PWDs were rarely portrayed and when represented, they were depicted as dependents on those without disabilities (61).

This significant knowledge and research gap is evident in the oPt with little documentation from the Palestinian cultural or arts scene. However, several local and international bodies have partnered with civil society organizations to introduce projects combining arts and disability. For example, the British Council in the oPt developed three long term projects, merging disability and art, to emphasize barriers that PWDs face and promote inclusion and equality values. The projects are “Animation for the Deaf”, “Using Art Therapeutically” and “Dance and Disability”. Animation for the Deaf partnership is with the Palestinian Red Crescent Society’s Total Communication School in 2012, and consists of teaching a group of CWDs in the art of old-style stop-motion animation. The CWDs with hearing impairments created story-telling films using their own sign language, instead of depending on alternatives for oral speech including subtitles. The goal of this project training was to develop creative confidence and social skills. Using Art Therapeutically, released in February 2013, is a capacity- building project, composed of a team of sixteen animators and psycho-social workers from the Bethlehem Arab Society for Rehabilitation (BASR). These psycho-social workers attended three phases of intensive training conducted by TUTUBI, a UK based organization, in which relates art for therapeutic purposes. “Dance and Disability” was an initiative that resulted from a demanding two-week dance project by Candoco Dance Company in oPt. This initiative is a short contemporary dance segment was produced and performed by a group of deaf and hearing youth during Ramallah Contemporary Dance Festival 2013 (62).

In 2019, the British NGO, Medical Aid for Palestinians partnered with the Palestinian Circus School to support the inclusion and active participation in society of children, including children with intellectual disabilities. The Circus School brings circus skills to more than 300 children in the WB. Ten of the skilled children, including five with intellectual disabilities, performed at a

school in Birzeit town, showcasing their traditional Palestinian dance and circus moves (63). We have found very little else related to PWDs and the arts and popular culture.

Policies in the oPt Context

There have been a number of legislative and policy approaches that oPt has taken to ensure the rights of PWDs and improve accessibility. The Palestinian Disability Law No.4 issued in 1999, provides PWDs with the right to education, health care, housing, travel, work, and the right to contribute in cultural life and sport. It emphasizes equal opportunity for PWDs and prohibits discrimination (64). The law specifies that MOSD is the governmental body accountable for ensuring such obligations. However, this law is often criticized as having a vague and ineffective framework (48) and little implementation (44). The PA cites financial limitations as the main barrier to implementation. In 2004, MOSD adopted executive bylaws for the implementation of this law (48) which have yet to be implemented in full (more on this in our next report on the legal aspects).

The Palestinian Basic Law of 2003, amended in 2005, states in Article 9 that “Palestinians shall be equal before the law and the judiciary, without distinction based upon race, sex, color, religion, political views or disability.” Providing education services to PWDs are addressed in Article 22 along with the “families of martyrs, prisoners of war and the injured” (65). The Palestinian Child Law, 2004, establishes the base to protect the child’s right and dignity and education. Article 41 confirms access to regular schools for CWDs as they have the right to be educated in the same educational settings as children without disabilities. The law also emphasizes the state’s responsibility to “care” for “children with special needs” in education and vocational training. Article 8 states that education is necessary so as to expand autonomy and active participation in society. However, it also calls upon the provision of special classes, schools or centers for children with “exceptional cases of disability”, a term which is not legally defined. The law stipulates that such segregated settings need to be connected to regular educational settings, near to and accessible to the child’s home, offer all types and levels of education to respond to learners’ needs; and use staff who are qualified to work with CWDs. However this law does not include the CRPD responsibility to “ensure an inclusive education system at all levels” (40).

The National Strategic Framework for Disability, adopted in 2012, focuses on the disability sector within the region as a unified mechanism to tackle the process of change and prioritize disability as a development issue (66). This framework is based on the CRPD. It calls upon various government ministries to prioritize disability issues in their planning and programs and aims to avoid disintegration and duplication (44). This document was a collaborative effort under the directive of the MOSD and the contribution of Disabled Persons' Organizations (DPOs) and aid organizations involved in the disability sector. Five strategic issues are addressed: policies, rights, poverty, directions, and access. Key policy directions of the strategy include the 'provision of all basic and vital services for the PWDs as a right to enjoy a decent living and creating "inclusive and adjusted communities enhance the participation of the PWDs". This national framework exclusively addresses women and girls with disabilities in regards to marginalization within the disability terrain (24).

The Ministry of Education and Higher Education Development Strategy Plan of 2017-2022 shows commitment to Target 4 of Education, from the 2030 Sustainable Development Goals by the United Nations. It is necessary to note that Target 4.a states that "education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all." This updated strategy plan is an expanded version of EDSP III of 2014-2019. While the previous strategy plan encompassed objectives relating to students with special education needs, it specified the need for a more comprehensive policy regarding inclusive education for CWDs (66). In the most recent report, CWDs are recognized in the first five of the six programs: pre-school, basic education, secondary education, vocational education, non-formal education and governance and administration. CWDs and students with disabilities are addressed as needing to be taken into consideration in terms of number of enrollment, particularly in private pre-schools, vocational training and TVET programs, inclusive and accessible infrastructure, resources including classrooms mainly in marginalized areas, play programs in pre-school and basic education, and awarding students with disabilities specialized diplomas within public schools. It is necessary to note that gender disparities are addressed within this policy report (49). However, the specification of girls with disabilities is not addressed.

A 2019 Draft Disability Law is currently being discussed and debated, with such discussions interrupted by the COVID-19 pandemic. In the meanwhile, at the time of writing this report, PWDs and their supporters are still conducting a sit in at the Palestinian legislative Council which began in November 3 2020, and calling for free and comprehensive health care for PWDs and their families.

Those who work in Disability in the oPt

In the oPt, the governmental, civil society and international sectors work in the disability terrain at varying levels. A list of the main organizations working in the disability terrain can be found in Appendix A. The governmental is responsible for planning, drafting and implementing laws and policies. This governmental sector, led by MOSD, supervises the activities of coordination committees within the disability field. It has established the Higher Council for the Affairs of Persons with Disabilities and the National Committee for the Disability Card directed by MOSD. The National Committee for the Disability Card is a group of governmental members that are responsible for several tasks related to the Disability Card; which is a card that entitles a collection of services for PWDs. Such tasks include providing a proposal for an administrative regulation of the Disability Card, organizing the efforts associated with the services provided in the Disability Card, developing strategies with PWDs, setting and monitoring budgets to fulfil the Disability Card, and presenting a procedures directory to assert the implementation of the Card's targets. While the governmental sector has made strides, there are several limitations which include lack of resources, unqualified staff, and similarity of roles among different organizations, lack of research studies, restrictions in renovating infrastructure to become accessible, and the formation of ineffective programs.

The civil society sector consists of primary service organizations, grassroots organizations of the PWDs and human rights organizations. This sector provides health and educational services, including rehabilitation services, occupational therapy and physiotherapy, and psychological and social counseling. The primary service organizations consist of qualified staff and data records, and are able to access marginalized areas and have solid network with international and governmental organizations. Yet, they lack resources, depend on foreign funding, suffer from limitations in coordination and at times, duplication of service provision, resulting in fragmented

efforts. The PWD grassroots organizations represent PWDs, raise awareness, collect data and may work in the human rights field as well. The human rights organizations review the laws, raise awareness and provide legal consultations. The grassroots organizations focus on the social and gender issues and concentrate their efforts on providing employment to PWDs. The international sector's work consists of research and data collection, provision of funding to the civil society and governmental sectors, and the provision of support in medical, health, educational and functional fields. Adopting the human rights approach, these organizations have plenty of resources and multiple affiliations with specialized staff. Thus, they play a key role in providing financial and technical support to the governmental and private sector. (24).

Gaps in Literature

There are several gaps in the literature. To begin with, knowledge gaps are evident in the area of robust and continuous production of data on PWDs, as there are no updated databases on PWDs which followed the 2017 census, especially CWDs (48). There is also a lack of disaggregated sex and regional (WB and GS) data and research focusing on gender and disability across all sectors, and this hinders the development of effective policies and programs that promote inclusive education and gender equality in all sectors. Research that addresses the needs of women and girls with disabilities is quite limited, which reflects social attitudes in a patriarchal society which discriminates against women, and even more so against women with disabilities. National research targeting women and girls in the oPt largely excludes those with disability.

There is a lack of orchestration of the various policies, including those of ministries so that the policies would work in unison towards the goal of PWD integration, and sometimes policies may even contradict each other. High drop-out rates, gender inequalities and low enrollment rates by CWDs in public schools are indicators which show that there is a knowledge gap regarding investigating and understanding why some children are not accessing or staying in education and what can be done to make education more inclusive (44).

Education initiatives, while emphasize the importance of enrollment of CWDs and girls without disabilities, fail to address enrollment of girls with disabilities and children across the disability

spectrum or children with multiple disabilities in schools. Thus, it is apparent that women and girls with disabilities are subject to dual discrimination and exclusion in the oPt.

Finally, the representation of PWDs in the Palestinian arts and cultural sector is almost nonexistent or severely undocumented. Policies that prioritize public awareness programs to target and influence social attitudes towards PWDs are also absent.

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Appendix A: Organizations Working in Disability

Below is a list of the main organizations that work in disability in the occupied Palestinian Territory and a summary of the main characteristics, areas of strength and weakness within each organization. The organizations consist of Palestinian governmental institutions, civil society, and international organizations.² The civil society sector is composed of primary service providing organizations, the persons with disabilities (PWDs) organizations, and human rights organizations.³

Governmental Sector			
Organization Name:	Main traits of the Organization:	Areas of Strength:	Areas of Weakness:
Ministry of Social Development	<p>Head of the rehabilitation sector</p> <p>Provides direct services:</p> <p>relief aids, money shelter services, education, vocational training, moving guidance to the blind, economic empowerment, customs exemption funding tools of services and facilities (adjusting houses)</p> <p>Supervising the national committee for Disability Card.</p> <p>General</p>	<p>The General Directorate for PWDs</p> <p>Have several budgets pertaining PWDs, and launched the Disabled Card program</p> <p>Have several inclusion and disability counselors in the oPt districts.</p> <p>Maintain a specific plan regarding PWDs and manage policies in the development and implementation of programs.</p>	<p>Limited financial and human resources.</p> <p>Poor management and lack of department specialization, including in policies and program development and implementation.</p> <p>Intersecting roles within the ministry and other governmental bodies.</p>

	<p>administration of the PWDs and employees belonging to the general administration in every department.</p>		
<p>Ministry of Education and Higher Education</p>	<p>Member of the National Committee Card</p> <p>Delivers educational services and manages the student with disabilities integration program.</p> <p>Aids schools that are allied with civil society organizations.</p> <p>Provides some educational resources for students with disabilities and counseling.</p>	<p>The General Directorate for Counseling and Special Education</p> <p>Collaborates within the Ministry and between governmental and NGOs that work in the disability terrain.</p> <p>Espoused inclusive education, constructive school classification and support of special education policies.</p> <p>Accountable for overseeing the services provided and the programs developed and implemented within the Ministry. Most projects developed are implemented.</p> <p>Has exemption from school tuition fees from students with disabilities.</p> <p>Developed a special education department which includes experienced inclusive education counselors. There is an emphasis on employing female teachers in resource rooms in schools.</p> <p>Cooperates with the educational guidance program in delivering both</p>	<p>Limited budget, which vastly relies on foreign funding and limited human resources. Lacks specialized special education sources in resource centers in various districts.</p> <p>Limited policies and lacks a general administration for the Special Education department.</p> <p>Few tools to diagnose intellectual abilities.</p>

		<p>social and psychological services to students with disabilities integrated in classrooms.</p> <p>Offers facilities for students with disabilities in General Secondary School Examinations.</p>	
Ministry of Health	Accountable for providing a basket of health services to PWDs.	<p>Developed and implemented programs for PWDs. Such programs include:</p> <p>Estimation of disability rate and examining PWDs carried out by the central and supreme medical committees.</p> <p>Recurring screening of pregnant women for fetal disabilities and post-natal test programs and family planning between pregnancies.</p> <p>Providing health education services with an emphasis on preventative health</p> <p>Delivering eye examinations including eye pressure test</p> <p>Home-visits to elderly and specific cases including PWDs. Monitoring and evaluating patients with mental/intellectual disabilities within mental health centers.</p>	<p>Limited financial and human resources.</p> <p>Insufficient policies and regulations for PWDs.</p> <p>Lack of specialized personnel who can adequately diagnose different types of disabilities</p> <p>Ineffective programs to detect disabilities.</p> <p>Health centers are not inclusive to PWDs.</p>
	Member of the National Committee	Have a career - market information system to provide specific databases	Limited financial and human resources

<p>Ministry of Labor</p>	<p>Card</p> <p>Prepares vocational training staff and oversees workplaces to ensure that standards of vocational safety are adhered.</p>	<p>for employees and the unemployed.</p> <p>Accounts that at least 5% of institutions' staff should be PWDs.</p>	<p>Poor punishment of those not abiding by the 5% PWDs employment rule and limited inspection of institutions.</p> <p>Lacks a social security system.</p>
<p>Ministry of Local Government</p>	<p>Member of the National Committee Card</p> <p>Monitor and evaluates municipalities regarding adjustment issues</p> <p>Guarantees individual compliance with the implementation of technical standards</p> <p>Oversees the provision of facilities and services in public spaces</p>	<p>Has an annual plan for the adaptation of the environment coordinated with Diakonia, Community-based Rehabilitation (CBR) and the Municipality Fund to award the best local panel in regards to solving some adaptation to PWD needs issues.</p>	<p>The members accountable for the environmental adaptation project are not addressing this project on a continual basis</p>
<p>Ministry of Works</p>	<p>Accountable for infrastructure, housing plans, and implementation standards, inclusive of roads, traffic lights and pavements adaptations for PWD needs.</p>	<p>Implemented the 1999 Disability Law</p> <p>Implemented some adaptations in public buildings, roads and house plans.</p>	<p>Limited financial resources.</p> <p>Not much adaptation implementation</p>

<p>Ministry of Communications</p>	<p>Member of the National Committee Card</p> <p>Accountable for the communication, information, postal and technology sector in terms of organization and management</p> <p>Alters communication and information services for PWDs and has created a free mail service for the visually impaired.</p>	<p>Provides free mail services for PWDs</p> <p>Forms technological programs for PWDs to ease daily life activities.</p>	<p>Limited financial resources</p> <p>As a result, limited implementation</p>
<p>Ministry of Information</p>	<p>Member of the National Committee Card.</p> <p>Delivers media services and supports imitative via workshops and events.</p>	<p>Organizes media within the oPt</p>	<p>Limited financial and human resources.</p> <p>Very limited implementation</p>
<p>Ministry of Transportation</p>	<p>Member of the National Committee Card</p> <p>Responsible for adjusting vehicles for PWDs and guaranteeing public space for PWDs vehicles.</p> <p>Accountable for the awareness of driver and customer exemptions.</p>	<p>Assigns parking lots for PWDs in both public and private organizations.</p> <p>Allots certain vehicles to be used by PWDs.</p> <p>Responsible for raising awareness regarding the right of PWDs to use public transportation.</p>	<p>Limited financial and human resources</p> <p>Lack of a capacity to reduce or eliminate public transportation fee for PWDs as they are privately owned.</p> <p>Lack of a driving school and qualified public vehicles for PWDs</p> <p>Failure to collaborate with governmental bodies to assign a parking lot for PWDs.</p>

Civil Sector			
Organization Name:	Main Traits of the Organization:	Areas of Strength:	Areas of Weakness:
The Palestinian Red Crescent Society	<p>Member of the international coalition of Red Crescent and Red Cross Societies</p> <p>Provides rehabilitation services</p> <p>Executes spots and creativity programs including disability sports and art</p>	<p>Supported by Red Crescent and Red Cross Societies</p> <p>Highly experienced and specialized rehabilitation team</p> <p>Implements several programs for PWDs with a focus on career development, provides rehabilitation near areas of residence for symbolic fees.</p>	<p>Relies on foreign funding.</p> <p>Heavily specialization in rehabilitation which results in limited ability to hire and coach staff members.</p> <p>Continues to perpetuate negative attitudes regarding the issues surrounding PWDs</p>
Services Providing Organizations			
CBR in Southern WB managed by the Health Work Committee	<p>A rehabilitation providing organization offers services in the south of WB. Services include physiotherapy, speech therapy, occupational therapy, motor training, mental and diagnostic counseling.</p>	<p>Provides rehabilitation services based on WHO standards.</p> <p>Main source of service provision standards to some organizations including BASR, the Palestinian Red Crescent Society and the Hebron and Health work committee.</p> <p>Organized a database for PWDs in Bethlehem and Hebron.</p> <p>Offers legal representation to PWDs and families in effort to implement policies.</p> <p>Collaborates with the Ministry of Local Government to ensure the needs of PWDs.</p>	<p>Limited financial resources and community-based participation in the structured programs.</p> <p>Lack of communication and collaboration between the organization and the involved Ministries of the Higher Council.</p>
CBR in the central WB	<p>A rehabilitation providing organization that provides direct services to the</p>	<p>Trained staff that includes PWDs who conduct house visits to PWDs.</p> <p>In-process of launching a</p>	<p>Limited financial resources and offer costly services.</p> <p>Absent governmental authority to oversee CBR</p>

<p>in partnership with Red Crescent Society, Patients Friends Society and Ministry of Local Government</p>	<p>various disabilities and ages in central WB.</p>	<p>filed rehabilitation program that is accessible to marginalized villages.</p> <p>Collaborates with the Ministry of Local Government and local councils.</p> <p>Contributes to the Bethlehem database. Holds a regional committee that includes NGOs and civil organizations.</p>	<p>and lack a national plan</p> <p>Lacks PWDs leadership and participation in programs.</p>
<p>Farah for Rehabilitation in partnership with Palestinian Medical Relief Society (PMRS)</p>	<p>A rehabilitation providing organization that provides prosthetic limbs and assistant devices. The organization is specialized in multiple areas including in autism services and works at the facilitator level.</p>	<p>Delivers rehabilitation, diagnosis and needs assessment along with evaluation of care process plan and is inclusive of the family during this process.</p> <p>Applies assessment tools including the GMfm-Test.</p> <p>Targets the north of the WB to implement services.</p> <p>Established networks within the local community including Princess Basma.</p> <p>Founded a database for service recipients.</p>	<p>Lack of speech therapy services and specialized training.</p> <p>Further improvement of prosthetic limbs and devices is needed.</p>
<p>The Rehabilitation program based on the local community : Nablus, Qalqilia, Salfeet and Tulkarem in partnership with the Palestinian Medical Relief Society and the Red Crescent Society</p>	<p>A rehabilitation organization working in the northern region of the WB since 1995 in association with the PMRS and the Palestinian Red Crescent Society.</p> <p>The rehabilitation program covers more than 44 residential sites, mainly rural areas which encompass nearly 220 thousand people.</p>	<p>Trained and specialized staff and administration.</p> <p>Developing a database for all PWDs participating in the program which target all disabilities and ages in the northern areas of the WB.</p> <p>Programs are inclusive of PWDs families for support.</p> <p>Established a prominent network within the local community (PWDs and their families) and governmental organizations</p>	<p>Limited financial resources and lacks access certain regions which restrict influence.</p> <p>Difficulty in delivering assistive tools or ensuring an inclusive and accessible environment for PWDs.</p> <p>Cites stigmatized attitudes as a barrier for lack of social integration for PWDs.</p>

	<p>The organization provides community work, supports PWDs by delivering continuous education training and vocational skills and ensures the surrounding environmental is accessible.</p> <p>Focuses on preventing disability and early detection by working with primary healthcare initiatives.</p>	<p>and NGOs. Actively participates in local councils.</p>	
<p>The Rehabilitation Program based in the local community: Jenin in partnership with the Palestinian Medical Relief Society and Patients Friends Society</p>	<p>A joint rehabilitation organization with PMRS with Patients Friends society.</p> <p>Focuses on achieving social integration for PWDs, challenging local stigmatizing attitudes, improving quality of life, prevention and early detection of disability and strengthening community work.</p>	<p>Trained and experienced staff.</p> <p>Have set a database for PWDs for region where the program is established.</p> <p>Program tackles disability by offering training and development services with a focus on empowerment.</p>	<p>Relies heavily on foreign funding.</p> <p>Cites that disability is not prioritized within national plans and that the Israeli occupation hinders access of PWDs in enclosed areas.</p>
<p>Bethlehem Arab Society for Rehabilitation (BASR)</p>	<p>A specialized rehabilitation organization which includes physiotherapy, water therapy, occupational therapy, psychological interventions, speech therapy, addresses swallowing</p>	<p>Specialized and experienced staff.</p> <p>Acknowledged internationally as a specialized rehabilitation and medical center.</p> <p>Emphasizes active societal participation of PWDs in job creation by implementing an inclusive approach.</p>	<p>Relies heavily on foreign funding.</p> <p>Cites fragmented disability movement in the oPt, overarching charity and medical approach, absence of rehabilitation specialists, lack policies and</p>

	<p>difficulties and hearing service.</p> <p>Offers cochlea transplant, assistant aids, and radiology and surgery services.</p> <p>Delivers special educational programs at the kindergarten and primary level. Also delivers vocational training program for PWDs.</p> <p>Entertainment and theater programs are also provides for children and PWDs.</p> <p>Member of the advisory council for MOSA.</p> <p>Member of the National Committee for Students with Disabilities- MOEHE.</p> <p>Member of the Palestinian Network for Child Rights.</p>		<p>prioritization of disability development in national plans as great barriers.</p>
<p>Christian Youth Assembly</p>	<p>An organization that offers services in rehabilitation, physiotherapy, occupational therapy, and speech therapy.</p> <p>Provides professional diagnosis, familial counseling, and adjustment of public areas, schools, and homes.</p>	<p>Experienced staff and is accessible to all areas of the WB and East Jerusalem, with a focus on marginalized regions.</p> <p>Strong network connections within the local community and international organizations.</p>	<p>Limited financially and relies heavily on foreign funding.</p> <p>Lack of media tools and continues to perpetuate negative attitudes regarding the issues surrounding PWDs.</p>

<p>Princess Basma Hospital for Children with Disabilities</p>	<p>Regional rehabilitation center.</p> <p>Offers a range of rehabilitation services for children with physical disabilities and autism.</p> <p>Allocated residence for parents of CWDs during treatment.</p> <p>Free services for those CWDs covered by MOH.</p> <p>Delivers inclusive school from pre-school to primary school with 164 out of 500 of CWDs.</p> <p>Offers out-patient clinic for adults with disabilities.</p> <p>Provides training for service providers working with PWDs.</p>	<p>Globally certified.</p> <p>Applies multi-disciplinary rehabilitation model that allows for different therapies including. sensory room and music therapy.</p> <p>Inclusive school acknowledged as international model: prepares CWDs to integrate into public schools.</p> <p>Outreach program with mobile clinics that back for diagnostics and rehabilitation throughout the WB partnering with CBR.</p> <p>Offers rehabilitation training to mothers of CWDs to continue rehabilitation at home.</p>	<p>Capacity restraints: children can only stay for 2–3 weeks at a time.</p> <p>No medical treatment offered.</p> <p>Financial and resource limitations. Thus, only accepts children with autism on the intellectual disability spectrum.</p>
<p>National Society for Rehabilitation</p>	<p>Located in Gaza Strip (GS).</p> <p>Implements the CBR approach for 1,300 PWDs.</p> <p>Serves CWDs through the community and outreach programs.</p> <p>Provides limited</p>	<p>Covered most of the GS except the north of GS and Khan Younis East villages.</p> <p>Well-established CBR programs.</p> <p>Implemented WHO standards to care model.</p> <p>Maintain database of PWDs obtaining services</p>	<p>Depend on foreign funding.</p> <p>Underdeveloped database</p>

	financial support to PWDs and PWD families.		
Al Amal Rehabilitation Society –Rafah	<p>Located in GS.</p> <p>Served about 64,000 children with less than 70 staff members.</p> <p>Provides diagnostic clinic for hearing problems, speech therapy, device aids and outreach programs.</p> <p>Provides pre-school for the children with hearing disabilities</p>	<p>Somewhat experienced staff</p> <p>Emphasis on early intervention.</p> <p>Solid outreach capacity</p>	<p>Limited funding.</p> <p>Limited coordination with sister organizations such as AtFaluna Organization.</p> <p>Must develop staff technical training further.</p> <p>Lacks systemic follow-up model.</p>
Deir Al Balah for Rehabilitation	<p>Located in GS.</p> <p>Serves approximately 300 children with physical disabilities and 180 with hearing disabilities.</p> <p>Provides diagnosis, education services and aid devices</p>	<p>Experienced staff.</p> <p>High disability visibility as PWDs are employed in management.</p> <p>Provided radio-based advocacy programming</p> <p>Delivered psycho-social support activities.</p>	<p>Limited financial resources.</p> <p>Narrow range of services.</p> <p>Lacks systemic follow-up model.</p>
Atfaluna Society for Deaf Children	<p>Located in GS.</p> <p>Specialized in diagnosis and treatment of hearing disabilities. Serves more than 2,500 PWDs annually.</p> <p>Runs pre-school and primary school for 400 children with hearing disabilities</p>	<p>Large and trained staff.</p> <p>Key funding is secured by CBM-Germany.</p> <p>Provides active screening and early intervention.</p> <p>Directs rehabilitation group in the Palestinian NGO network.</p> <p>Strong coordination and referral network.</p>	<p>Narrow range of services.</p> <p>Lacks systemic follow-up model.</p> <p>Lack of computerized services and documentation.</p>

	Runs vocational training		
Future Palestine	<p>Located in GS.</p> <p>Specialized in cerebral palsy and provides to 150 children daily.</p> <p>Trains 120 university students annually.</p>	<p>Offers early diagnosis and personalized treatment.</p> <p>Prioritizes CWDs and women and girls with disabilities.</p>	<p>Limited financial resources.</p> <p>Mainly serves Gaza City owing to transportation restraints.</p>
Physically Disabled Association	<p>Located in GS.</p> <p>Serves around 12,000 PWDs through outreach services including home visits, and aid devices.</p> <p>Runs a school for 180 children with physical disabilities.</p>	<p>Strong collaboration with MOH and UNRWA and other NGOs.</p> <p>Wide-range of services provided including physical, recreational and health.</p>	<p>Clinics not accessible to PWDs.</p> <p>Lacks systemic follow-up model.</p> <p>Lack of computerized services and documentation.</p>
Al Noor Centre for Visually Impaired Children (UNRWA-directed)	<p>Located in GS.</p> <p>Provides basic education, rehabilitation, psychosocial support, recreation and assistive devices to children in 3 programs: pre-school 18 students, a primary school of 114 students and an integration program of 333 students.</p>	<p>Provides a wide-range of services.</p>	<p>Lacks resources.</p> <p>Teachers lack training particularly when dealing with children with multiple disabilities</p>
Rafi secondary school for children with hearing	<p>Located in GS.</p> <p>Serves 80 girls and 50 boys by</p>	<p>Trained education staff.</p> <p>Covered transportation by MOEHE.</p>	<p>Lack of resources including computers, and smart-boards.</p>

<p>impairments (MOEHE-directed)</p>	<p>adapting the national curriculum to meet the needs of children with hearing disabilities.</p> <p>Active committee to update sign language.</p>	<p>High university enrollment since students take the unified national exams.</p>	
<p>Wafa Rehabilitation Hospital in GS</p>	<p>Located in GS.</p> <p>Provides services to CWDs including in-patient care, education, play and recreation, physiotherapy and occupational therapy.</p> <p>Offers advanced diagnostic services.</p>	<p>Delivers individual case management while emphasizing holistic care.</p>	<p>Serves limited number of CWDs who benefit from such services.</p> <p>Limited financial resources.</p> <p>Poor referral system</p>
<p>School for the blind (charity-based) in Ramallah</p>	<p>Directs residential education for children with visual disabilities.</p> <p>Assists 45 girls and 20 boys between the ages of 5-15.</p>	<p>Free transportation</p> <p>Offers training to parents to provide support their children to become self-sufficient</p>	<p>Limited financial resources.</p> <p>Lack of support from MOEHE for students to excel on national exams.</p> <p>Children must complete secondary school at public schools, which are not prepared to meet their needs.</p> <p>High dropout rates when integrating into public schools due to lack of specialized reinforcement.</p> <p>Lack of community outreach.</p>
<p>Ladies of Selwad Charitable Assembly for Disabled Children</p>	<p>Provides rehabilitation services with intellectual disabilities including Down syndrome,</p>	<p>Large support from local community.</p> <p>Strong coordination with other local coordinators.</p>	<p>Limited capacity for students.</p> <p>Limited financial resources.</p> <p>Minimal sponsorship from MOSD and MOEHE</p>

	<p>muscular atrophy and learning and speech difficulties.</p>	<p>Offers outreach and advocacy programs.</p> <p>Provides training to parents on how to Care for CWDs.</p> <p>Provides community outreach for mothers unable to bring their children to the organization.</p> <p>Collaborates with local social workers.</p> <p>Helps some children integrate into local schools to promote socialization.</p>	
<p>Institute of Childhood, An-Najah University, Nablus</p>	<p>Delivers rehabilitation and educational services to 18 children with different types of intellectual disabilities.</p> <p>Uses case management system to develop personalized procedures for each child.</p> <p>Provides capacity-building training for kindergarten teachers with an emphasis on early diagnosis of CWDs.</p>	<p>Case management system is child-centered.</p> <p>Coordination with other children- based organizations.</p>	<p>Limited relationships with the governmental sector</p> <p>minimal relationships with MOH only</p>

Persons with Disabilities Organizations			
Hope Stars Society for Empowerment of Women with Disabilities	Represents and advocates for PWDs, particularly women with disabilities	<p>Prioritizes and actively supports job creation for women with disabilities.</p> <p>Deals with issues regarding societal awareness, financial independence for women with disabilities at a national level.</p>	Relies on foreign funding and lacks divisions in the governorates
The General Palestinian Union for Persons with Disabilities	<p>Member of the PLO association and has several branches across the region</p> <p>Participates in international and regional forums regarding disability and organized a monitoring board to oversee the union projects.</p> <p>Fair representation of PWDs, particularly women with disabilities.</p>	<p>Established a legal division.</p> <p>Developed an electronic base.</p> <p>Motivated the amendment of the disability rights law. Applies a strategic basis for projects.</p>	<p>Limited financial funds, and human resources</p> <p>and the electronic database are reliant on archives.</p>
Jasmine Charitable Society, Ramallah	Established by families of CWDs, provides rehabilitation and support to difficult cases.	Focus on difficult cases which are not taken up by other organizations.	Limited financial resources.

<p>Qader for Community Development</p>	<p>Working from a rights-based approach, aims to enhance social economic participation of PWDs, promote inclusion of PWDs in the society, prioritize PWDs rights among institutions and works with the governmental sector to enhance the response to meeting PWD needs.</p>	<p>Has accomplished several projects using a rights-based approach.</p> <p>Qualified and experienced.</p>	<p>Limited financial resources.</p>
<p>Association of ASWAT in Support of Persons with Mental Disabilities, Nablus</p>	<p>Aims to develop of persons with mental disabilities and protection rights of persons with mental disabilities.</p>	<p>Provides workshops to raise awareness regarding PWDs rights.</p>	<p>Limited financial resources.</p> <p>Limited outreach.</p>
<p>Al-Nahda Women’s Association</p>	<p>Provides services for the intellectually disabled—including Down syndrome, as well as for children with hearing disabilities.</p> <p>Focus on through language skills, self-care and sensory activities,</p> <p>Runs a vocational section for older CWDs.</p>	<p>Educators are well trained.</p> <p>Older CWDs generate their own income at the center wood-work workshop.</p>	<p>Limited financial resources.</p> <p>Limited capacity for accepting beneficiaries and long waiting-list.</p>

Human Rights Organizations

<p>Independent Commission for Human Rights (ICHR)</p>	<p>Reviews policies and laws and accesses governmental bodies in terms of following international and national agreements.</p> <p>Protects human rights through negotiations, monitoring and evaluation.</p>	<p>Acts as a member of numerous international and regional councils and as an observer member in the Supreme Council for Disability</p> <p>Has experienced team in human rights and is respected by PWDs.</p> <p>The Commission has alliances locally in the WB and GS</p>	<p>Limitations include little specialization of team members in the disability terrain from a cultural and social perspective.</p>
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International Organizations:

<p>Organization Name:</p>	<p>Main Traits of the Organization:</p>	<p>Areas of Strength:</p>	<p>Areas of Weakness:</p>
<p>UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)</p>	<p>Provides infrastructure development, training, technical, medical/ health, educational and direct operational support to Palestinian refugees in both West Bank and Gaza Strip.</p> <p>Funding services also provided.</p> <p>Operates mainly through NGO directed CBR centers and outreach activities.</p>	<p>Internationally based pact Strategically planning and implementation of a disability specialized program</p> <p>Experienced team with diverse resources in health, education, trainings, etc.</p> <p>Delivers rehabilitation services including: assistive devices, home modification services, speech and occupational therapy, physiotherapy in addition to both community- and home-based care.</p> <p>Able to reach partners in local groups and communities.</p>	<p>Limited financially and in terms of human resources while having constant and pressing needs</p>

<p>Diakona/NAD</p>	<p>Diakonia is a developmental organization that works on human rights based projects whereas NAD is an organization that advocates for PWDs. Both organizations share a long-term alliance and often offer financial and technical support on both national and local levels</p>	<p>Accessible and have long-term experience in the disability terrain especially in rehabilitation from a human rights approach</p> <p>Diverse networks and have access to local, regional and international donors.</p> <p>Recognize and respect collaborators' priorities when implementing projects.</p>	<p>Language barrier limits communication with grassroots partners.</p> <p>Imposed political restrictions between WB and GS.</p> <p>Donors also increase requests and orders which can reduce outputs.</p>
<p>Save the Children</p>	<p>Played a major role in in the area of policy for CWDs rights.</p>	<p>Delivered financial and technical support to MOSD in the development of a case-management system for CWDs.</p> <p>Offered technical support for the Inclusive Education Policy development</p> <p>Collaborated with MOH to increase the disability visibility in MOH's public health legislation.</p> <p>Offered technical assistance and training on reporting on the rights of CWDs to ICHR.</p>	<p>Imposed political restrictions between WB and GS.</p> <p>Donors also increase requests and orders which can reduce outputs.</p>

² The National Strategic Plan of the Disability Sector in the Occupied Palestinian Territories. Development Studies Center - Birzeit University. 2012. Retrieved March 2020

³ Every Child Counts: Understanding the Needs and Perspectives of Children with Disabilities in the State of Palestine. United Nations Children's Fund. 2016. Retrieved April 2020.

Note: UNICEF is actively working in the area of disability. However, it does so via the MOSD, MOH and MOE in the main. It provides funds for some change, including supporting the writing of new draft 2019 Law. However, the main problem is financing implementation, which continues to be a main impediment.