

Policy Paper on:

**Envisioning the Future of Persons with Disabilities
in the Recovery Phase in the Gaza Strip**



Envisioning the Future of Persons with Disabilities in the Recovery Phase in the Gaza Strip

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Executive Summary

This study presents a strategic vision for the future of persons with disabilities in the Gaza Strip within the pathways of recovery and reconstruction, in the context of an unprecedentedly complex and catastrophic humanitarian reality resulting from the October 2023 war. The war has brought about a structural shift in the demographic profile of disability. According to estimates by the World Health Organization, approximately 25 per cent of all injuries, exceeding 41,844 cases, are severe and life-altering injuries requiring long-term rehabilitation. This places society before the challenge of a structural surge in demand for specialized services at a time when 94 per cent of the health system has collapsed and key rehabilitation centres, such as Al Wafa Hospital and Hamad Hospital, have ceased operations entirely.

The study reveals an organic interlinkage between sectoral gaps. The impact of destruction has extended beyond the medical sphere to disrupt the education of approximately 608,000 students, including more than 21,000 students with disabilities, in a context where 95 per cent of schools have been damaged. The paper highlights that temporary solutions, such as tent-based learning spaces or digital platforms, have reproduced patterns of exclusion due to the absence of universal accessibility standards and reasonable accommodation. This is particularly critical given that 83 per cent of persons with disabilities lost their assistive devices during displacement, rendering both physical and educational access to learning nearly impossible. This occurs alongside a hostile built environment marked by the destruction of 70 per cent of buildings and the widespread presence of debris, transforming the urban landscape into a barrier to independence and safe mobility, while exacerbating social isolation and cumulative psychological distress.

At the economic and social levels, the study analyses the comprehensive erosion of household resilience. The economy has contracted by 83 per cent, and unemployment has reached 80 per cent, rendering the cost of disability an exhausting burden on households that are increasingly prioritizing expensive medical needs over other basic necessities. The paper critically examines the current social protection model, which relies on the household as the primary unit of targeting, thereby excluding independent or unmarried persons with disabilities. It calls for comprehensive legislative reform, including amendments to labour law and the enforcement of the 5 per cent employment quota in line with the significant increase in the number of persons injured. Attention is given to women with disabilities, who face intersecting forms of discrimination due to the collapse of justice systems and the loss of official documentation, depriving them of rights related to custody, inheritance, and guardianship.

Based on this in-depth diagnosis, the paper proposes an integrated strategic framework for recovery grounded in the “Build Back Better” approach. This process does not aim to restore the pre-existing situation, but rather to restructure systems to be more equitable and inclusive. The framework requires the institutionalization of governance through a dedicated coordination mechanism under a higher administrative committee, as well as the adoption of the Washington Group Questions within data systems to ensure needs-based targeting. The recommendations underscore the importance of integrating rehabilitation services into primary health care, updating the national building code to make universal accessibility a mandatory requirement, and ensuring the transition of persons with disabilities from recipients of humanitarian assistance to active partners in shaping their own futures and contributing to the reconstruction of their communities.

General Humanitarian Context

The Gaza Strip has witnessed, since 7 October 2023, a devastating war that has generated an unprecedented humanitarian crisis, compounded by prolonged blockade conditions and recurrent

military escalations. The war has resulted in the killing of more than 72,655 people and the injury of approximately 180,387 others, 70 per cent of whom are women and children¹. It has also triggered massive waves of displacement affecting most of the population. This catastrophe has been accompanied by extensive destruction of critical infrastructure and the near-total collapse of protection systems and essential services, leading to a sharp escalation in humanitarian needs across all sectors.

The war has also led to a significant increase in the number of persons with disabilities. According to the Palestinian Central Bureau of Statistics on the International Day of Persons with Disabilities in 2023, the number of persons with disabilities in Palestine was estimated at approximately 115,000, representing 2.1 per cent of the population. This includes around 59,000 persons in the West Bank, representing 1.8 per cent of the population, and approximately 58,000 persons in the Gaza Strip, representing 2.6 per cent². These figures have increased substantially in Gaza in recent months due to the sharp rise in injuries during the ongoing mass violence.

According to the World Health Organization report on estimating rehabilitation needs for injuries in the Gaza Strip, 25 per cent of injuries, approximately 41,844 cases, are severe and life-altering, requiring long-term rehabilitation. This increase in the number of persons with disabilities has been accompanied by a near-total collapse of rehabilitation infrastructure and services.

With the ceasefire agreement coming into effect in October 2025, an urgent need has emerged for comprehensive response planning that addresses the needs of the entire population, including the rights and needs of persons with disabilities. Although the current context remains within the scope of emergency response, integrating disability inclusion into all future recovery and reconstruction efforts is an urgent necessity to avoid reproducing patterns of exclusion and marginalization that persons with disabilities have historically faced.

In this regard, the development of responses grounded in principles of equity and human rights, and the meaningful participation of persons with disabilities as active stakeholders in all phases of planning and recovery, is essential. This approach is reinforced by United Nations Security Council Resolution 2475 (2019), which calls upon Member States to ensure the protection and full and equal participation of persons with disabilities in situations of armed conflict and in peacebuilding processes³. It is further supported by Article 26 of the Convention on the Rights of Persons with Disabilities, which emphasizes the provision of community-based rehabilitation and reintegration services to enable full inclusion in society following crises⁴. This commitment also aligns with the pledge contained in paragraph 4 of the 2030⁵ Agenda for Sustainable Development, which affirms the international community's commitment to leave no one behind, including persons with disabilities, as one of the groups most at risk of marginalization in contexts of crisis and recovery.

Accordingly, this study aims to provide a comprehensive vision for the future of persons with disabilities in the recovery and reconstruction phase in the Gaza Strip. It highlights the key challenges currently facing persons with disabilities and presents recommendations based on international standards, including the Convention on the Rights of Persons with Disabilities, and lessons learned from relevant experiences. It further calls for a genuine partnership with persons with disabilities themselves, recognizing them as active agents in rebuilding their society rather than passive recipients of assistance.

¹ Palestinian Central Bureau of Statistics (PCBS). Last updated 17 January 2026. <https://www.pcbs.gov.ps/Defaultar.aspx>

² Palestinian Central Bureau of Statistics (PCBS). Press release on the International Day of Persons with Disabilities. 03 December 2023 . <https://www.pcbs.gov.ps/postar.aspx?tabID=512&lang=ar&ItemID=4647&mid=3915&wverson=Staging>

³ United Nations Security Council Resolution 2475 (2019). [https://docs.un.org/ar/S/RES/2475\(2019\)](https://docs.un.org/ar/S/RES/2475(2019))

⁴ United Nations Convention on the Rights of Persons with Disabilities – Article 26: Habilitation and Rehabilitation <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

⁵ United Nations High Commissioner for Refugees (UNHCR). 21 October 2015. <https://www.refworld.org/legal/resolution/unga/2015/en/111816>

Reality and Challenges of the Inclusion of Persons with Disabilities in the Recovery Context in the Gaza Strip

Persons with disabilities in the Gaza Strip face a set of complex and intersecting challenges that have been exacerbated by years of recurrent humanitarian crises and the subsequent deterioration of infrastructure and essential services. Recent developments have further intensified pressure on health and social systems, directly affecting the ability of persons with disabilities to access essential services, including health care, rehabilitation, psychosocial support, education, food security, and social protection.

Several factors have contributed to deepening the vulnerability of persons with disabilities, including limited resources, increasing institutional strain, and persistent barriers related to physical and environmental accessibility. These constraints have a direct impact on their opportunities to participate in economic and social life and increase the risk of social exclusion, particularly among the most vulnerable groups, including women, children, and older persons with disabilities.

Within the recovery phase, additional challenges emerge in relation to the capacity of service systems to respond to the growing needs of persons with disabilities, considering the extensive damage to infrastructure and the pressure on both human and financial resources. This is further compounded by the limited systematic integration of disability inclusion within some recovery and reconstruction plans and programmes.

Disability in Humanitarian and Post-Conflict Contexts

International evidence indicates that armed conflicts and humanitarian crises contribute directly and indirectly to increased rates of disability within affected societies. In such contexts, disability results from direct physical injuries, deterioration of health services, disruption of rehabilitation services, as well as long-term psychological and social impacts associated with exposure to trauma, violence, displacement, and loss of livelihoods.

Evidence further shows that humanitarian crises not only increase the number of persons with disabilities but also deepen their existing vulnerabilities. In the context of weakened or collapsed health and social systems, access to essential services such as primary health care, rehabilitation services, psychosocial support, education, and social protection becomes significantly more constrained. Risks of social exclusion, violence, and exploitation also increase, particularly among women, girls, and children with disabilities.

Humanitarian reports indicate that emergency response systems are often designed and implemented without adequate consideration of the needs of persons with disabilities, whether in terms of physical accessibility to facilities and services, the availability of accessible information, or their meaningful participation in planning and decision-making processes. As a result, persons with disabilities remain among the most marginalized groups during the early stages of humanitarian response⁶.

These challenges persist, in varying forms, during post-conflict phases. Recovery and reconstruction processes require substantial investment in infrastructure and essential services; however, failure to integrate a disability perspective at these stages may lead to the long-term reproduction of exclusionary patterns. The literature indicates that neglecting the needs of persons with disabilities in reconstruction efforts results in the creation of inaccessible environments and non-inclusive service systems, thereby limiting their economic and social participation in the post-crisis period.

⁶ Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019). <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

Studies further emphasize that the inclusion of persons with disabilities in recovery processes should not be limited to the provision of specialized services. Rather, their needs and rights must be mainstreamed across all sectors of humanitarian and development work, including health, education, housing, social protection, and employment. This approach is essential to ensuring a comprehensive, equitable, and sustainable humanitarian response that strengthens the capacity of societies to recover and rebuild in a more inclusive manner⁷.

Persons with Disabilities in Recovery and Reconstruction Pathways

International reports indicate that the recovery and reconstruction phase represents a critical opportunity to address inequalities that have been exacerbated during periods of conflict and humanitarian crises. In this context, contemporary humanitarian and development approaches emphasize the importance of adopting inclusive recovery models that ensure the meaningful inclusion of the most marginalized groups, including persons with disabilities, across all stages of planning, implementation, and monitoring. The report of the United Nations Special Rapporteur on the rights of persons with disabilities highlights the importance of their participation in peacebuilding and reconstruction processes, noting that the absence of their voices undermines the effectiveness and sustainability of recovery efforts⁸.

The “Build Back Better” approach is based on the principle of reconstructing infrastructure and services more inclusively and sustainably, ensuring accessibility for all, including persons with disabilities. Evidence indicates that neglecting the needs of this group during reconstruction processes leads to the entrenchment of pre-existing exclusionary patterns and limits their opportunities for economic and social participation⁹.

International reports further emphasize the importance of mainstreaming the disability perspective across key sectors of the recovery phase, including health systems, education systems, social protection programmes, housing and urban reconstruction plans, as well as economic empowerment and livelihoods programmes. This approach is essential to ensuring that recovery and reconstruction processes are inclusive, equitable, and responsive to the needs of all segments of society¹⁰.

In contexts characterized by widespread destruction of infrastructure and essential services, such as the Gaza Strip, integrating the disability perspective at the early stages of recovery and reconstruction planning becomes particularly critical. This approach helps reduce future costs associated with retrofitting facilities and services and enhances the capacity of communities to recover more sustainably and inclusively.

Common Challenges in the Inclusion of Disability in Recovery Pathways in Conflict-Affected Contexts

International reports indicate that the inclusion of disability in recovery and reconstruction processes continues to face a set of recurrent challenges across many conflict-affected and humanitarian contexts, despite notable progress in the development of international policies and frameworks supporting inclusive approaches. Global assessments highlight a persistent gap between policy commitments to disability inclusion and their actual implementation within recovery and reconstruction programmes.

⁷ United Nations Disability Inclusion Strategy <https://www.un.org/en/content/disabilitystrategy/>

⁸ United Nations – Peacebuilding and Inclusion of Persons with Disabilities: Report of the Special Rapporteur on the Rights of Persons with Disabilities. 13 July 2023. <https://www.ohchr.org/en/documents/thematic-reports/a78174-peacebuilding-and-inclusion-persons-disabilities-report-special>

⁹ World Bank and Global Facility for Disaster Reduction and Recovery (GFDRR). Disability-Inclusive Disaster Recovery: Guidance Note <https://documents1.worldbank.org/curated/en/559111587448620405/pdf/Disability-Inclusive-Disaster-Recovery-Guidance-Note.pdf>

¹⁰ United Nations Development Programme (UNDP). Advancing Disability Inclusion in Post-Crisis Recovery. 3 December 2023 <https://www.undp.org/geneva/blog/advancing-disability-inclusion-post-crisis-recovery>

One of the main challenges is the limited availability of disability-disaggregated data, which constrains the ability of decision makers and implementing actors to design recovery programmes that respond to the actual needs of persons with disabilities. International assessments also indicate that disability inclusion is still, in some contexts, implemented through separate programmes or isolated interventions, rather than being systematically mainstreamed as a cross-cutting component across all recovery sectors, including health, education, housing, and livelihoods¹¹.

Additional challenges relate to the insufficient participation of persons with disabilities and their representative organizations in planning and decision-making processes. This often results in the design of programmes and services that do not reflect their actual needs and priorities. Evidence shows that the absence of meaningful participation of persons with disabilities reduces the effectiveness and sustainability of recovery interventions and limits their ability to achieve inclusive and equitable outcomes¹².

In many humanitarian settings, post-conflict responses tend to prioritize short-term emergency needs, such as the rapid restoration of essential services, without sufficient investment in building inclusive and sustainable systems that ensure the long-term inclusion of persons with disabilities. This approach contributes to the persistence of inclusion gaps during recovery phases and limits the prospects for comprehensive and sustainable societal recovery¹³.

Reports further emphasize that addressing these challenges requires an integrated approach that systematically mainstreams disability across all stages of planning, implementation, and monitoring. It also requires strengthening data systems, expanding the participation of organizations of persons with disabilities, and ensuring adequate allocation of resources to support inclusive recovery and reconstruction programmes¹⁴.

Recent Trends in Disability Inclusion Policies in Recovery Contexts

Recent trends in humanitarian and development practice demonstrate a growing shift from treating disability as a standalone sectoral issue to recognizing it as a cross-cutting concern that must be systematically integrated into planning, implementation, and monitoring across all recovery pathways, including health, education, housing, protection, and livelihoods. This shift is increasingly reflected in more robust accountability frameworks within the United Nations system, most notably the United Nations Disability Inclusion Strategy (UNDIS), alongside its periodic reporting mechanisms that assess progress at the level of United Nations entities and country teams¹⁵.

Another key feature of these emerging trends is the strengthening of measurement and accountability mechanisms through the development of more systematic tools to track disability inclusion within humanitarian and development programmes. These tools include indicators and classification systems designed to assess the extent to which disability is integrated into programme design and implementation. Such approaches contribute to improving programme quality, directing funding towards more inclusive interventions, and reducing tokenistic forms of inclusion that do not translate into actual access to services and opportunities for persons with disabilities¹⁶.

Improving the quality of disability-disaggregated data also represents a central trend in contemporary policy approaches, as it is considered a foundational requirement for inclusive recovery planning. In

¹¹ World Bank and Global Facility for Disaster Reduction and Recovery (GFDRR). Disability-Inclusive Disaster Recovery: Guidance Note . <https://documents1.worldbank.org/curated/en/559111587448620405/pdf/Disability-Inclusive-Disaster-Recovery-Guidance-Note.pdf>

¹² United Nations Disability Inclusion Strategy. <https://www.un.org/en/content/disabilitystrategy/>

¹³ World Bank and Global Facility for Disaster Reduction and Recovery (GFDRR). Disability-Inclusive Disaster Recovery: Guidance Note . <https://documents1.worldbank.org/curated/en/559111587448620405/pdf/Disability-Inclusive-Disaster-Recovery-Guidance-Note.pdf>

¹⁴ Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019). <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

¹⁵ Disability Inclusion in the United Nations System . https://www.un.org/sites/un2.un.org/files/undis_report2024-en.pdf

¹⁶ Disability Inclusion Markers 2022. UN Women <https://www.unwomen.org/en/digital-library/publications/2022/01/brief-disability-inclusion-markers>

this regard, the Washington Group Questions have become a widely adopted standard tool for disability data classification in humanitarian settings, helping to ensure more accurate and comparable data. International statistical frameworks, including those of the United Nations statistical system, recommend the use of the Washington Group Short Set for classification and comparative purposes¹⁷.

At the operational level, there is an increasing adoption of inclusion standards that can be translated into practical actions across the programme cycle, including needs assessment, design, implementation, monitoring, and community feedback mechanisms. The Inter-Agency Standing Committee (IASC) Guidelines (2019) serve as a key reference point in this regard, as they link disability inclusion to sector-specific response requirements¹⁸. Similarly, the humanitarian inclusion standards developed within the Sphere framework and the ADCAP initiative provide practical guidance focused on safe and equitable access, participation, feedback mechanisms, coordination, and capacity strengthening of frontline workers¹⁹.

In addition, strengthening the meaningful participation of persons with disabilities and their representative organizations in the design, implementation, and monitoring of recovery programmes is increasingly recognized as a core principle of contemporary policy. This participation is not framed as symbolic consultation but as an integral component of governance and community ownership. United Nations human rights reports, including the report of the Special Rapporteur on the rights of persons with disabilities, emphasize that their inclusion in post-conflict processes enhances decision-making quality, improves sustainability, and reduces the risk of exclusion in reconstruction efforts²⁰.

Current policy directions increasingly focus on integrating disability inclusion into systems reform and long-term institution building, rather than limiting it to short-term project-based interventions. This is reflected in two interlinked priorities: first, strengthening rehabilitation services and integrating them within health systems as part of universal health coverage, in line with the World Health Organization “Rehabilitation 2030” initiative; and second, promoting disability inclusion in economic empowerment and decent work strategies through institutional frameworks such as the International Labour Organization Strategy (2024–2027), which links inclusion policies to measurable indicators and outcomes²¹.

International trends in disability inclusion policies highlight the importance of systematically integrating a disability perspective across all stages of recovery and reconstruction, particularly in contexts affected by protracted conflict and humanitarian crises. These approaches emphasize that ensuring equitable access to services, promoting the meaningful participation of persons with disabilities, and strengthening data systems and inclusive planning are essential components of achieving sustainable and inclusive recovery.

In light of these global developments, there is a clear need to analyse the situation of persons with disabilities in the Gaza Strip within the current complex humanitarian context, as well as the structural challenges that continue to affect their inclusion in recovery and reconstruction processes at the present stage.

¹⁷ Washington Group on Disability Statistics <https://www.washingtongroup-disability.com/>

¹⁸ Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019) <https://interagencystandingcommittee.org>

¹⁹ Sphere Standards – Humanitarian Inclusion Standards <https://spherestandards.org/ar/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>

²⁰ United Nations – Peacebuilding and Inclusion of Persons with Disabilities: Report of the Special Rapporteur on the Rights of Persons with Disabilities. 13 July 2023. <https://www.ohchr.org/en/documents/thematic-reports/a78174-peacebuilding-and-inclusion-persons-disabilities-report-special>

²¹ International Labour Organization (ILO). ILO Disability Inclusion Strategy (2024–2027) <https://www.ilo.org/publications/ilo-disability-inclusion-strategy-2024-2027>

Methodology

This study adopted a descriptive analytical approach to provide a comprehensive understanding of the future of persons with disabilities in the Gaza Strip. The methodology relied on the following data collection tools:

- **Focus group discussions:** Two focus group discussions were conducted with the participation of 23 persons with disabilities of both genders²². The discussions explored the direct challenges experienced during the war and displacement, particularly in relation to access to assistance, health services, and the physical and environmental context.
- **Expert and key informant interviews:** Interviews were conducted with practitioners in rehabilitation, physiotherapy, and case management, including rehabilitation specialists, rehabilitation unit managers, and psychosocial support supervisors. These interviews aimed to document technical gaps in sectoral response mechanisms.
- **Analysis of international and national reports:** An in-depth review was conducted of reports issued by international and United Nations agencies, including the World Health Organization, the United Nations Office for the Coordination of Humanitarian Affairs, and the Palestinian Central Bureau of Statistics. This review focused on documenting injury estimates and the extent of infrastructure destruction.
- **Use of international reference frameworks:** The study applied key global frameworks, including the United Nations Disability Inclusion Strategy (UNDIS), the Inter-Agency Standing Committee (IASC) Guidelines, and the Sphere Standards, to ensure alignment of recommendations with international professional standards in humanitarian response.
- **Washington Group Questions:** The Washington Group Questions were used as a standardized academic tool to ensure accurate disability-disaggregated data classification and to avoid reliance on imprecise estimates that may contribute to the exclusion of persons with disabilities from recovery planning processes.

Terminology

- **Disability:** This study adopts the definition of disability as set out in the Convention on the Rights of Persons with Disabilities, which conceptualizes disability as the result of the interaction between individuals and environmental barriers. Accordingly, within the recovery context, disability is understood as a structural issue that necessitates the removal of institutional and environmental barriers through reconstruction policies.
- **Disability inclusion:** Drawing on the United Nations Disability Inclusion Strategy (2019), disability inclusion is understood as a systematic process of integrating the rights and needs of persons with disabilities into policies, programmes, budgets, and monitoring mechanisms. In the context of this paper, it refers to the integration of a disability perspective into recovery and reconstruction planning at the systems level, ensuring equitable access and outcomes.
- **Recovery:** Recovery refers to the transition from emergency response to the rebuilding of systems and institutions in a manner that enhances resilience and reduces future risks, in line with post-conflict frameworks developed by the United Nations Development Programme. In this study, recovery is understood as an opportunity to restructure systems more inclusively and equitably, rather than merely restoring the pre-existing situation.
- **Reconstruction:** Reconstruction refers to the process of rebuilding infrastructure, institutions, and services damaged because of conflict, in accordance with post-conflict reconstruction frameworks developed by the World Bank. This paper emphasizes that reconstruction should

²² For more information, see the annexes.

be implemented in line with universal accessibility and inclusive design standards to prevent the reproduction of previous barriers.

- **Reasonable accommodation:** In accordance with Article 2 of the Convention on the Rights of Persons with Disabilities, reasonable accommodation refers to necessary and appropriate modifications and adjustments that do not impose a disproportionate or undue burden, to ensure that persons with disabilities can enjoy their rights on an equal basis with others. In the recovery context, this includes physical, administrative, and procedural adjustments required to ensure effective access to services.

The State of the Health System and Rehabilitation Services in the Gaza Strip Following the War

The health system in the Gaza Strip has experienced a near-total collapse because of the devastating war that began in October 2023, leading to an unprecedented deterioration in its capacity to meet basic medical needs, particularly those of persons with disabilities. Before the war, the Gaza Strip had 36 hospitals and 132 primary health care centres. However, most of these facilities have ceased functioning due to direct destruction or the disruption of essential supplies, including electricity, fuel, and medical commodities²³.

Reports issued by the World Health Organization have documented this rapid collapse, indicating that at least 94 per cent of hospitals in the Gaza Strip have been damaged or destroyed. Their repeated suspension of operations, whether due to direct attacks, evacuation orders, or shortages of resources, has resulted in a severe reduction in the capacity to deliver life-saving care, as well as subsequent surgical and rehabilitation services²⁴. In addition, approximately 75 per cent of primary health care centres had ceased operations by September 2024²⁵, contributing to the breakdown of internal hospital systems and the closure of critical service facilities.

Within this deteriorating context, a significant shift has emerged in health needs, marked by a sharp increase in injuries resulting in permanent or long-term disabilities. According to estimates by the World Health Organization, approximately 25 per cent of those injured, amounting to around 41,844 cases as of September 2025, have sustained life-altering injuries requiring long-term rehabilitation. These include amputations, spinal cord and brain injuries, and severe burns²⁶. This indicates that the health system is not only under emergency pressure but is also facing a structural surge in demand for specialized rehabilitation services.

Testimonies from professionals working in rehabilitation and case management further confirm that this shift in health needs is clearly reflected in field realities. There has been a growing number of individuals who have lost limbs or sustained severe injuries requiring long-term rehabilitation. Practitioners also report that many persons with disabilities have lost their assistive devices during displacement or because of bombardment, significantly increasing barriers to mobility and access to available health and rehabilitation services.

This gap has been further exacerbated by the destruction of specialized rehabilitation facilities, most notably Al Wafa Rehabilitation Hospital and Hamad Prosthetics Hospital, which were the only dedicated rehabilitation centres in the Gaza Strip. Their complete shutdown has deprived thousands of injured individuals of access to early and continuous rehabilitation pathways²⁷. Estimates further

²³ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Situation Update 221 <https://www.unocha.org>

²⁴ World Health Organization (WHO). WHO warns that the health system is on the brink of collapse as hostilities intensify in Gaza. 22 May 2025. <https://www.who.int/news/item/22-05-2025-health-system-at-breaking-point-as-hostilities-further-intensify--who-warns>

²⁵ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Situation Update 221 <https://www.unocha.org>

²⁶ World Health Organization (WHO). September 2025. Estimating Trauma Rehabilitation Needs in Gaza. .

<https://cdn.who.int/media/docs/default-source/hq-who/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>

²⁷ Humanitarian Situation Update No. 257 | Gaza Strip. <https://www.ochaopt.org/ar/content/humanitarian-situation-update-257-gaza-strip>

indicate that by late 2024²⁸, fewer than one-third of pre-existing rehabilitation facilities remained partially operational, without full functional capacity, due to electricity outages and critical shortages of essential equipment required for physical therapy and rehabilitation services.

The collapse has not been limited to infrastructure but has also affected the health workforce itself. Data from the United Nations Office for the Coordination of Humanitarian Affairs, based on figures from the Ministry of Health in Gaza, indicate that 1,722 health workers had been killed as of 5 September 2025²⁹. The impact has also extended to the specialized rehabilitation workforce. Prior to the war, the Gaza Strip had approximately 1,300 physiotherapists and 400 occupational therapists; however, a significant number have been displaced, and at least 42 rehabilitation professionals had been killed by September 2024, further widening the gap between needs and response capacity³⁰.

The suffering of injured individuals, particularly amputees and persons with disabilities, has been compounded by the absence of specialized care and the denial of access to treatment outside Gaza due to ongoing restrictions on exit permits. As noted by the Director-General of the World Health Organization in February 2026, approximately 18,500 patients in Gaza require specialized medical care that is not available within the Strip, while access to permits for medical referral remains severely constrained³¹.

The impact of this collapse is particularly severe among the most vulnerable groups, including women, children, and older persons with disabilities. Reports indicate that 87 per cent of women with disabilities are unable to access menstrual health supplies, and many have been forced to give birth without medical support³². It is also estimated that the Gaza Strip currently has the highest number of child amputees in the world, with at least ten children losing a limb each day because of bombardment³³. Older persons with disabilities face additional risks due to the loss of assistive devices and the absence of medical care. These findings underscore that the health system, in its current state, lacks the capacity to respond adequately to the scale and complexity of rehabilitation needs in the aftermath of the war.

Gaps in Disability Inclusion in the Health Sector During the Recovery Phase

Despite the gradual transition from emergency response to early recovery following the ceasefire, available evidence indicates the persistence of structural gaps in integrating a disability perspective within the health response. The partial reactivation of some facilities and the limited provision of medical equipment and supplies have not necessarily translated into the development of a health system capable of addressing the complex and long-term needs of persons with disabilities.

Findings from focus group discussions with persons with disabilities indicate that the distribution of assistive devices, such as wheelchairs and crutches, is not consistently based on systematic individual assessments of functional needs. In many cases, this has resulted in the provision of devices that are not suited to the nature of the disability or the stage of rehabilitation. As one participant noted, “The wheelchair I received does not suit my condition, but it is the only option available.” Practitioners working with persons with disabilities also emphasized that the lack of meaningful participation of this group in the design of health programmes can lead to the provision of services and assistive devices that do not align with their actual needs or rehabilitation trajectories.

²⁸ World Health Organization (WHO). September 2025. Estimating Trauma Rehabilitation Needs in Gaza.

<https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>

²⁹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA). 17 September 2025. Gaza Reported Impact Snapshot.

https://www.ochaopt.org/sites/default/files/Gaza_Reported_Impact_Snapshot_17_September_2025.pdf

³⁰ World Health Organization (WHO). September 2025. Estimating Trauma Rehabilitation Needs in

Gaza <https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>

³¹ United Nations. UN Geneva press briefing. <https://www.ungeneva.org/en/news-media/press-briefing/2026/02/un-geneva-press-briefing#:~:text=Lindmeier%20said%20that%20the%20previous.more%20had%20to%20be%20done>.

³² United Nations. 15 August 2025 <https://www.ohchr.org/en/meeting-summaries/2025/08/percentage-persons-disabilities-gaza-has-increased-because-excessive-use>

³³ United Nations. 25 June 2024 <https://news.un.org/ar/story/2024/06/1132041>

Participants further highlighted gaps in the continuity of care, particularly with regard to the availability of essential daily medical supplies required for managing chronic conditions and preventing complications, including catheterization supplies, wound care materials, and certain specialized medications. Current response models continue to prioritize short-term emergency interventions, with limited integration of rehabilitation services into comprehensive health planning as a core and ongoing service rather than a complementary intervention.

Testimonies from professionals in case management and rehabilitation indicate that many persons with disabilities continue to face challenges in maintaining consistent treatment and rehabilitation pathways. This is largely due to the multiplicity of service providers and the absence of effective coordination mechanisms among health and humanitarian actors, which further complicates access to specialized services.

Additional administrative barriers persist in accessing medical referrals and continuing specialized treatment, particularly in light of the loss of medical documentation during displacement or requirements for updated reports that are difficult to obtain under current conditions. This reflects weak integration of health information systems and the absence of flexible mechanisms to address the loss of records, disproportionately affecting persons with disabilities who depend on continuous medical follow-up.

Available data also point to the limited inclusion of organizations of persons with disabilities in health response planning, as well as weak accountability mechanisms regarding the quality and supply chains of assistive devices. Furthermore, the lack of disability-disaggregated data constrains evidence-based planning and equitable resource allocation.

Considering the above, it is evident that the challenge in the post-ceasefire phase extends beyond the reopening of health facilities or the provision of minimum services. It lies in the absence of a systematic approach to integrating rehabilitation services and the needs of persons with disabilities within recovery-oriented health planning.

Accordingly, any serious effort to rebuild the health system must move beyond crisis management towards restructuring services based on actual needs. This includes integrating rehabilitation into the essential package of health services, developing mechanisms for long-term case follow-up, ensuring the quality and sustainability of assistive device supply chains, and simplifying referral procedures. Without such a structural shift, health recovery will remain partial and insufficient to absorb the significant increase in the number of persons with disabilities in the aftermath of the war.

Current Status of Inclusive Education Services

The collapsed education system in the Gaza Strip faces an immense challenge in ensuring the inclusion of children with disabilities in the learning process. The education sector has sustained unprecedented destruction, depriving most students, including those with disabilities, of their fundamental right to education. Reports indicate that, before the war, approximately 21,200 students with disabilities were enrolled in private, public, and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) schools. However, the outbreak of hostilities led to a complete suspension of formal schooling³⁴, leaving around 608,000 students without access to education³⁵. By early 2025, no child with a disability was able to access formal education in the absence of inclusive and adequately adapted alternatives³⁶.

³⁴ study on Barriers to Inclusion Standards in the Humanitarian Response in the Occupied Palestinian Territory. Humanity & Inclusion. 2025 .2025 https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf

³⁵ Palestinian Central Bureau of Statistics (PCBS). 13 November 2023 <https://www.pcbs.gov.ps/postar.aspx?lang=ar&ItemID=4629>

³⁶ Study on Barriers to Inclusion Standards in the Humanitarian Response in the Occupied Palestinian Territory. Humanity & Inclusion. 2025 . https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf

The education sector, like other sectors, has been severely affected by widespread destruction, directly undermining physical access to education. Estimates suggest that approximately 95 per cent of schools in the Gaza Strip have been partially or fully damaged due to bombardment. A total of 662 school facilities were directly hit, while 163 schools, universities, and educational institutions were destroyed³⁷. This has rendered the continuation of the education process nearly impossible and disrupted the future of thousands of students, including persons with disabilities, particularly as many of the remaining educational facilities have been repurposed as shelters for displaced populations.

Specialized centres that previously served persons with disabilities have been destroyed, depriving children with disabilities of access to any form of inclusive education. Reports indicate that the war led to the destruction of the Al Noor Centre for the Visually Impaired, operated by the United Nations Relief and Works Agency for Palestine Refugees in the Near East in Gaza, which had provided educational services, academic inclusion, and rehabilitation programmes to approximately 500 children with visual impairments³⁸. In addition, several civil society organizations that delivered education services to children with disabilities have been affected, further reducing the already limited resources that were available before the war.

The destruction of infrastructure leading to schools has further exacerbated barriers to physical access to education. More than 83 per cent of persons with disabilities lost their assistive devices during displacement or as a result of bombardment, significantly limiting their ability to move and access any available learning opportunities³⁹. Practitioners in rehabilitation and case management confirm that the loss of assistive devices has not only affected daily mobility but has also directly undermined access to education. Many children are no longer able to reach temporary learning spaces or participate in available educational activities, particularly in the absence of accessible transportation and inclusive learning environments.

Even before the war, students with disabilities faced multiple pedagogical and systemic barriers, including insufficient training and support for teachers to address diverse learning needs, a lack of adapted learning materials and assistive educational tools, and shortages of specialized staff, particularly special education teachers. The war has significantly exacerbated these gaps. More than 800 teachers and education personnel have been killed, along with approximately 190 scholars, academics, and researchers⁴⁰. In addition, severe restrictions have been imposed on the entry of educational materials, including adapted resources such as Braille materials, further limiting the provision of inclusive education⁴¹.

Gaps in Disability Inclusion in the Education Sector During the Recovery Phase

Despite the launch of temporary education initiatives following the cessation of hostilities, the transition from the suspension of education to its partial resumption has not translated into the effective restoration of the right of children with disabilities to inclusive education. The response has relied primarily on the establishment of temporary learning spaces within displacement shelters, in addition to the introduction of online learning platforms. However, the design of these initiatives has not systematically considered the needs of students with disabilities.

Temporary learning spaces are characterized by severe overcrowding and limited resources, constraining the provision of individualized support for students with disabilities. Learning environments in tents lack minimum standards of physical accessibility and environmental comfort, including adequate lighting, ventilation, and space for movement, thereby limiting the effective

³⁷ Palestinian Centre for Human Rights. 10 September 2025 <https://pchr.org/ar>

³⁸ Office of the United Nations High Commissioner for Human Rights (OHCHR). 15 August 2025. <https://www.ohchr.org/en/meeting-summaries/2025/08/percentage-persons-disabilities-gaza-has-increased-because-excessive-use>

³⁹ Study on Barriers to Inclusion Standards in the Humanitarian Response in the Occupied Palestinian Territory. Humanity & Inclusion. 2025 https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf

⁴⁰ Palestinian Center for Human Rights. 10 September 2025 <https://pchr.org/ar>

⁴¹ UNICEF. After two years of war: Gaza's education system on the brink of collapse. 4 November 2025 . <https://www.unicef.org/sop/stories/after-two-years-war-gazas-education-system-brink-collapse>

participation of children with physical and sensory disabilities. Similarly, digital education has not demonstrated sufficient adaptation to the needs of this group. Online platforms often lack accessible interfaces for students with visual or intellectual disabilities, do not provide sign language services for deaf students, and offer insufficiently adapted learning materials. As a result, exclusion is reproduced within alternative learning environments rather than addressed.

Available evidence also highlights the persistence of structural gaps that predate the war and have since been exacerbated, including limited teacher training in inclusive education approaches, the absence of adapted learning materials, and shortages of specialized personnel in special education⁴². Rehabilitation professionals further note that the lack of specialized staff constitutes an additional barrier to the inclusion of children with disabilities in the education system, as inclusive education requires trained teachers capable of addressing diverse learning needs. In this context, Saher Abu Ma'ala, a physiotherapist and Head of the Rehabilitation Unit, stated that: “Providing rehabilitation services and specialized support for children with disabilities constitutes a fundamental element in enabling them to return to education and to participate effectively in the educational process.”

It is also noteworthy that the Education Cluster has adopted the principles of “Build Back Better,” which entails designing and rehabilitating schools in accordance with accessibility standards, such as the provision of ramps for wheelchair users and adapted sanitation facilities and ensuring that all reconstruction and emergency education plans are inclusive. For example, the plan provides for training teachers and equipping them with rapid courses in inclusive education approaches and psychosocial support, to enable them to respond to the diverse needs of students upon the resumption of schooling. It also establishes standards for monitoring the quality of the educational process, including measuring the level of participation of children with disabilities and their satisfaction with education services⁴³. Nevertheless, the gap between the normative framework and practical implementation remains evident in light of limited resources and operational capacity.

Testimonies from practitioners working in case management programmes indicate that many families with children with disabilities face additional challenges in reintegrating their children into education, particularly in the context of economic pressures and the loss of livelihoods. This often leads some families to prioritize meeting basic living needs over the continuation of education. This reflects the close interlinkage between inclusive education and broader social protection and economic systems in the recovery phase.

These indicators suggest that the challenge in the recovery phase does not lie solely in reopening schools or providing temporary alternatives, but rather in the ability of the education response to transition from a limited emergency model to one that systematically and sustainably incorporates the requirements of inclusive education. In this regard, the Office of the United Nations High Commissioner for Human Rights has emphasized the need for recovery efforts to adopt a human rights-based approach that ensures that no one is left behind⁴⁴.

The Social Protection System for Persons with Disabilities

Before the war, the social protection system in the Gaza Strip involved multiple interventions. The Ministry of Social Development provided regular cash assistance to approximately 108,000 poor households in the West Bank and Gaza under the National Cash Transfer Programme⁴⁵. In addition, the United Nations Relief and Works Agency for Palestine Refugees in the Near East provided social safety

⁴² Study on Barriers to Inclusion Standards in the Humanitarian Response in the Occupied Palestinian Territory. Humanity & Inclusion, 2025. https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf

⁴³ Education Cluster Response Plan – Gaza Strip. January 2024. https://gazaeducationsector.palestine-studies.org/sites/default/files/pdf/public_records/Education%20Cluster%20Response%20Plan-%20Gaza%20Jan%202024_Final_toshare.pdf

⁴⁴ Office of the United Nations High Commissioner for Human Rights (OHCHR), 15.08.2025. <https://www.ohchr.org/en/meeting-summaries/2025/08/percentage-persons-disabilities-gaza-has-increased-because-excessive-use>

⁴⁵ Palestinian Cash Transfer Programme, 10.01.2019. https://www.eeas.europa.eu/node/65554_en

nets for refugees through food and cash assistance, alongside multi-sector humanitarian support programmes implemented by United Nations agencies and civil society organizations to support the most vulnerable households. Within this context, persons with disabilities constituted a key beneficiary group due to high poverty rates among them; before the escalation, the number of persons with disabilities in Gaza was estimated at around 58,000 (2.6 per cent of the population), and this group was already among the poorest and most marginalized even before the crisis⁴⁶.

The war led to a near-total paralysis of the existing social protection system. Government cash transfer programmes were suspended due to restrictions imposed on the entry of funds into the Gaza Strip since the outbreak of the war, rendering banks and exchange mechanisms inoperative⁴⁷. Similarly, UNRWA suspended most of its regular programmes and shifted to emergency response modalities, particularly considering widespread destruction of facilities, the killing of a significant number of its staff, and severe operational constraints.

This was accompanied by the closure of crossings and the prevention of entry of essential goods, including assistive devices classified as “dual-use items.” Many persons with disabilities lost their assistive devices during displacement or because of bombardment, with no possibility of replacement. The cost of essential supplies also increased dramatically, with the price of adult diapers rising from 5 US dollars to 150 US dollars, rendering them largely unaffordable⁴⁸. Field practitioners in case management programmes report that the loss of assistive devices has not only affected mobility, but has also directly constrained access to humanitarian assistance, as many persons with disabilities are no longer able to reach distribution points or wait in long queues for food or cash assistance.

Under these conditions, the ability of persons with disabilities to benefit from social safety nets has significantly deteriorated during and after the war. Repeated displacement, airstrikes, and the destruction of infrastructure have further limited access to services, increasing reliance on families and informal caregivers where available. Specialists working with persons with disabilities indicate that the collapse of social protection systems has led to unprecedented levels of dependency on households. In this context, Darin, Psychosocial Support Supervisor, noted that many families have been forced to assume additional caregiving burdens for their relatives with disabilities in the absence of regular services and assistance, which has had significant psychosocial and social impacts on these households.

Many of them also faced severe difficulties in fleeing danger areas; some persons with physical disabilities were forced to crawl over rubble or were carried on mattresses to escape. In addition, persons with disabilities were unable to access aid distribution points, as these locations were extremely limited, inaccessible, and unsafe, which deprived them of their right even to food assistance⁴⁹.

Gaps in Disability Inclusion within the Social Protection System in the Recovery Phase

With the ceasefire coming into effect, several United Nations, international, and local organizations began attempting to resume assistance programmes on a partial basis. However, most interventions have been directed at households, without specific targeting of persons with disabilities. Available data indicate that the integration of a disability perspective into coordination mechanisms, funding arrangements, and intervention design remains limited, with disability in many programmes treated as an adjunct issue rather than a guiding principle in response design.

This is reflected in the degree of adaptation of distribution points, complaint mechanisms, and reasonable accommodation arrangements, as well as weak linkages between social protection and other

⁴⁶ Palestinian Central Bureau of Statistics (PCBS).

⁴⁷ “Cash has become a commodity”: The liquidity crisis deepens suffering in Gaza. 17.04.2025 ..<https://www.thenewhumanitarian.org/news-feature/2025/04/17/cash-became-commodity-liquidity-crisis-compounding-suffering-gaza>

⁴⁸ Office of the United Nations High Commissioner for Human Rights (OHCHR). UN experts warn that the attack on Gaza City would be “catastrophic” for persons with disabilities. 16.09.2025.<https://www.ohchr.org/en/press-releases/2025/09/un-experts-warn-gaza-city-offensive-will-be-apocalyptic-persons-disabilities>

⁴⁹ Office of the United Nations High Commissioner for Human Rights (OHCHR). UN experts warn that the attack on Gaza City would be “catastrophic” for persons with disabilities. 16.09.2025.. <https://www.ohchr.org/en/press-releases/2025/09/un-experts-warn-gaza-city-offensive-will-be-apocalyptic-persons-disabilities>

relevant sectors. As a result, many persons with disabilities, particularly those who are unmarried or living alone, have been deprived of the necessary support to meet their needs. One focus group participant stated: “Persons with disabilities who are not married are deprived of assistance because there is no wife.” This reflects reliance on the household model as the primary unit of distribution, without accounting for individual disability-related needs. It also highlights shortcomings in targeting criteria, where the additional cost of disability and individual support requirements are not systematically considered.

Humanitarian actors also indicate that relying on the household as the primary unit for aid distribution can, in some cases, overlook the individual needs of persons with disabilities, particularly those living alone or without a strong family support network. This underscores the need to develop more disability-sensitive targeting mechanisms that consider the additional cost of disability and individual support requirements.

The lack of disability-disaggregated data, particularly for persons who acquired disabilities during the war, has further deepened the marginalization of persons with disabilities. It has negatively affected the ability of implementing agencies to design inclusive programmes and distribute assistance in an equitable manner. The absence of such data represents a major challenge not only in emergency response but also in planning comprehensive recovery and reconstruction strategies, thereby risking the reproduction of exclusion in the future.

In addition, significant gaps remain in actual access to assistance and services. Where distribution points or aid are available, conditions of physical access (distance, overcrowding, security risks, and lack of accessibility) limit access for persons with disabilities and older persons, preventing many from exercising their right to assistance. As participants in focus groups noted: “We were unable to reach aid distribution points because they were not accessible and not safe.”

In a related context, it was reported that some cases were denied medical referrals, claiming treatment was available, while the necessary supplies were not accessible. A parent of one participant stated: “They refused to issue a referral, claiming that treatment was available, while the supplies were not available.” These testimonies reveal a gap between procedural rules and operational reality, and a lack of monitoring and accountability mechanisms to ensure that decisions align with actual needs.

Collectively, these indicators reveal a structural fragility in the social protection system about persons with disabilities. Their exclusion during and after the war is not merely the result of an emergency context but also reflects a cumulative failure of systematic inclusion in policies and programmes, as well as weaknesses in data systems, coordination mechanisms, and targeting approaches. In this context, the recovery phase represents a critical opportunity to reorient the social protection system from a general relief-based model to a comprehensive social protection framework, ensuring that the principle of leaving no one behind is translated into equitable access arrangements, needs-based targeting, and enforceable accountability mechanisms, particularly for the most vulnerable groups.

The Economic Situation of Persons with Disabilities

The economic situation in Gaza after the October 2023 war has witnessed a severe deterioration that has disproportionately affected persons with disabilities. With the sharp contraction of the economy and unemployment reaching extreme levels, employment and income opportunities for households in general have declined, while persons with disabilities face a compounded risk due to their pre-existing exclusion from the labour market and the decline in supporting services for them. UN estimates indicate an 83% contraction of the Gaza economy during 2024⁵⁰, with unemployment rising to 80% and

⁵⁰ Gaza’s economy collapsed by 83% in 2024. 24.11.2025 <https://unctad.org/news/gazas-economy-collapsed-83-2024-pushing-all-23-million-people-poverty>

widespread poverty in the territory⁵¹, meaning a drastic reduction in any regular income opportunities for this group.

Persons with disabilities constituted 2.6% of the population before the war, but the war has left at least 41,000 new disabilities according to World Health Organization estimates, representing a significant expansion in the size of the group requiring economic inclusion and sustainable income support. This reflects a fundamental shift, like the economic challenge, where the issue is no longer about improving opportunities for a limited group, but rather about redesigning economic recovery pathways to accommodate a growing number of persons with disabilities.

Specialists working in rehabilitation and community reintegration indicate that the increase in the number of injuries resulting in permanent disabilities means that economic recovery pathways must include vocational rehabilitation programmes and training in new skills that match the capacities of persons with disabilities. In this context, Saher Abu Ma'ala, a physiotherapist and Head of the Rehabilitation Unit, emphasizes that integrating vocational rehabilitation services into recovery plans is a key step in enabling persons with disabilities to regain their economic independence.

Disability has also been directly associated with an increase in the cost of living for households, including assistive devices, transportation costs, daily care, and medical supplies, in a context characterized by declining purchasing power and rising prices. In this reality, the vulnerability of households that include persons with disabilities has worsened, particularly with the suspension of traditional income sources.

Field practitioners in case management programmes report that many households, including persons with disabilities, were forced during and after the war to reprioritize their economic spending, with disability-related expenses such as medication, medical supplies, or daily care taking precedence over other basic household needs. This has, in many cases, led to the depletion of limited household resources and increased reliance on humanitarian assistance.

Despite the existence of a Palestinian legal framework that stipulates the employment of persons with disabilities at a rate of no less than 5%⁵², the current reality necessitates a review of the legislative and regulatory framework, including labour law, to ensure its alignment with current changes and to strengthen its capacity to protect the rights of persons with disabilities to decent work. This includes effective enforcement measures, expanded reasonable accommodation arrangements, strengthened protection from discrimination, and linking legal obligations to clear implementation and accountability mechanisms within recovery and reconstruction plans, in line with a human rights-based approach and the principle of leaving no one behind.

Gaps in Disability Inclusion in the Economic Sector in the Recovery Phase

The findings reveal that a segment of persons with disabilities relied, before the war, on independent economic activities or self-employment, including handicrafts, online freelance work, or small home-based projects. However, the destruction of workshops and facilities, the loss of tools, and the interruption of electricity and internet services led to the complete cessation of these activities, without any targeted support mechanisms to relaunch them. The findings also indicate that the economic challenge is not limited to job loss but rather extends to the absence of alternative income pathways that consider the specificities of disability. One participant noted that he used to work as a freelancer and owned a carpentry workshop before the war, and did not rely on assistance, but has now become without any source of income: “I was not a beggar, I have experience, and there is no justification for depriving me of a work opportunity.”

⁵¹ Impact of the conflict in the Middle East on the economy. April 2025 .
https://thedocs.worldbank.org/en/doc/0f21311c2ebb0df4bf9b493a8034997c-0280012025/original/82687546-6fc3-46fa-80ba-5ce29d2148bc.pdf?utm_

⁵² Palestinian Disability Law https://media.unesco.org/sites/default/files/webform/r2e002/3f502ff619336d10cf9e69078ddeba5fc6113a61.pdf?utm_

These data show that current support programmes do not provide clear pathways for reintegrating persons with disabilities into economic activity, whether through vocational rehabilitation, provision of alternative production tools, or flexible micro-financing adapted to their capacities. The absence of flexible work arrangements or remote work options further limits their ability to re-enter the labour market in an inaccessible environment and amid destroyed infrastructure. This gap is exacerbated by administrative requirements or eligibility criteria that do not take disability-specific needs into account, including linking some forms of support to marital status or age, which results in the exclusion of groups capable of working but lacking capital or appropriate facilitation.

In addition, the cost of disability itself imposes a financial burden on persons with disabilities and their households in the context of economic collapse. Participants noted that disability-related items, such as assistive devices, diapers, or regular medication, constitute an economic burden beyond the capacity of households in the absence of stable income. One participant also noted that securing safe transportation during displacement was extremely costly in the absence of any facilitation arrangements.

Furthermore, testimonies from interview participants indicate that the loss of income sources affects not only the livelihoods of persons with disabilities but also their sense of independence and personal dignity, particularly for those who were self-reliant before the war. This highlights the need for economic recovery programmes to include clear pathways for economic empowerment, rather than limiting responses to short-term relief assistance.

Accordingly, economic recovery in the context of Gaza is not measured solely by the return of markets or the resumption of productive activities, but by the extent to which it can address the historical exclusion of persons with disabilities from the economy, and prevent its further entrenchment in a phase that is expected to lay the foundation for a more inclusive and equitable economy.

The Mental Health Situation of Persons with Disabilities in the Gaza Strip

The Gaza Strip is experiencing a severe mental health crisis in the aftermath of the war, as the psychosocial support system has nearly collapsed during the conflict. The only psychiatric hospital serving the entire Gaza Strip was also struck by bombardment. The war has further resulted in a significant gap in service provision due to the loss of many specialized personnel, the inability of some to reach their workplaces, and restrictions on the entry of necessary supplies and materials⁵³. In this context of collapse, persons with disabilities are experiencing compounded collective trauma and cumulative psychological stress. In addition, 83% of persons with disabilities lost their assistive devices during displacement or because of bombardment, which has intensified their sense of helplessness, deteriorated their mental health, and increased their social isolation⁵⁴.

Testimonies from practitioners in psychosocial support and case management indicate that the loss of assistive devices affects not only mobility or functional capacity, but also individuals' sense of independence and control over their daily lives. This has, in many cases, led to increased feelings of frustration and social isolation, particularly among those who lost their ability to move independently or rely on themselves after injury.

The crisis is not limited to the decline in the availability of mental health services but also extends to their accessibility and adequacy for persons with disabilities. In many displacement and response settings, reasonable accommodation arrangements are not available to enable safe access to psychosocial support services, whether in terms of the physical environment or appropriate means of communication, including the absence of suitable communication tools for persons with hearing or

⁵³ Humanity & Inclusion, 17.11.2023 <https://www.humanity-inclusion.org.uk/en/rehabilitation-and-mental-health-services-in-gaza-overwhelmed-as-health-system-collapses>

⁵⁴ Study: Barriers to Inclusion Standards in the Humanitarian Response in the Occupied Palestinian Territory. Humanity & Inclusion, 2025. https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf

intellectual disabilities. As a result, many persons with disabilities remain excluded from the already limited psychosocial interventions available⁵⁵.

This gap is directly reflected in the daily lives of persons with disabilities, as feelings of chronic fear, loss of safety, and isolation intensify. At the same time, their ability to cope and participate socially declines. Their opportunities for education, employment, and independence are also affected. In the context of repeated displacement and the loss of routine and services, the likelihood of mental health deterioration increases, particularly among children and adolescents with disabilities who face compounded challenges in expressing psychological distress and seeking appropriate support.

This situation intersects with the immense pressures placed on families and caregivers, who themselves face ongoing psychological and economic strain, thereby weakening their ability to provide stable and long-term support. Consequently, the mental health crisis becomes a factor that exacerbates the social and economic vulnerability of persons with disabilities and their families alike, and limits opportunities for both individual and community recovery.

Practitioners in psychosocial support also indicate that the psychological impact of the crisis is not limited to persons with disabilities themselves but extends to their families and caregivers. In this context, Darin, Psychosocial Support Supervisor, explains that many families caring for persons with disabilities are experiencing continuous psychological stress due to the accumulation of economic and social pressures and the loss of support services, which further complicates the process of psychological recovery within the family.

Gaps in Disability Inclusion in Mental Health Services in the Recovery Phase

Despite the relative improvement in security following the ceasefire, findings indicate that the mental health response remains partial and inconsistent and does not meet the level of accumulated need. Several participants expressed a sense of relative psychological improvement following the cessation of displacement and bombardment. One participant noted that “the psychological situation is calmer after the ceasefire,” while another stated that “psychological comfort came with the sense of safety and not having to move from one place to another.” However, this improvement has remained linked to the reduction of immediate danger, rather than the availability of a structured and sustainable mental health support system.

Participants also indicated that psychosocial support services during the war were almost absent. One participant confirmed that “before the ceasefire, there was no organization asking about us,” reflecting the limited access to psychosocial support at the height of the crisis. Following the truce, some initiatives, such as peer-to-peer support sessions, have emerged; however, these remain limited in scope and insufficient to meet the wide-ranging needs, particularly for persons with disabilities who face additional barriers to access.

An additional gap is evident in the adaptation of mental health services, as interventions continue to focus on general sessions without adequate tailoring to the nature of disability. Persons with sensory or intellectual disabilities, for example, do not always receive appropriate communication tools, which limits the effectiveness of the psychosocial interventions provided to them. Furthermore, some families with more than one member with a disability face compounded psychological pressures without receiving specialized support that takes this cumulative burden into account.

These findings indicate that the mental health response in the recovery phase remains insufficient and is not yet integrated into comprehensive community health planning. The relative improvement in the sense of safety does not substitute for the need for continuous psychosocial support services that are

⁵⁵ Office of the United Nations High Commissioner for Human Rights (OHCHR), 15.08. 2025.. <https://www.ohchr.org/en/meeting-summaries/2025/08/percentage-persons-disabilities-gaza-has-increased-because-excessive-use>

disability-inclusive and that target both individuals and their families, particularly in the context of accumulated trauma and the loss of social and economic stability.

Testimonies from practitioners working with persons with disabilities further indicate that psychosocial support services are often delivered in isolation from other rehabilitation or social protection services, which limits their long-term effectiveness. This reflects the need for a more integrated approach that links psychosocial support with rehabilitation, education, and social protection services within a comprehensive recovery framework that considers the interconnected nature of the needs of persons with disabilities after the war.

The evidence shows that the mental health of persons with disabilities in the post-war context constitutes a structural dimension of recovery, rather than an isolated service issue. The cumulative experiences of displacement, loss of assistive devices, and disruption of social networks generate long-term effects that may hinder the restoration of the capacity to participate effectively in education, employment, and community life. This indicates that the effectiveness of comprehensive recovery is closely linked to the extent to which disability-inclusive mental health and psychosocial support services are integrated into core systems in a manner that ensures accessibility, continuity, and responsiveness to diverse needs. Without such systematic integration, there is a risk that the effects of trauma will evolve into sustained patterns of vulnerability that hinder both individual and community recovery pathways.

Environmental Challenges Faced by Persons with Disabilities

The war has resulted in the destruction of more than 70%⁵⁶ of buildings in the Gaza Strip, in addition to widespread damage to water and sanitation networks, leading to a sharp decline in the availability of safe water. This deterioration has contributed to the creation of an unsafe living environment characterized by the spread of craters, the absence of paved surfaces, and the disruption of sewage systems, thereby increasing public health risks and complicating pathways to community recovery.

Available evidence indicates that environmental degradation has disproportionate effects on persons with disabilities, particularly those with physical and visual impairments. The widespread destruction has undermined their ability to move and access basic services, including shelters, water, and aid distribution points. Furthermore, water, sanitation, and hygiene facilities in many displacement sites remain inaccessible, limiting safe and dignified use and increasing the risk of infection and disease transmission, particularly in conditions of overcrowding and disrupted public sanitation services. The impact of the environmental crisis extends beyond the physical dimension to affect physical safety, psychological stability, and the ability to live independently, especially for individuals who rely on accessible and stable environments to avoid health complications.

Testimonies from practitioners in rehabilitation and case management indicate that the absence of an accessible environment not only affects access to services but also limits the ability of persons with disabilities to carry out basic daily activities, such as accessing water sources or moving within shelters. In many cases, persons with disabilities are forced to restrict their movement or rely entirely on others due to the risks associated with unpaved and unsafe environments.

Gaps in Disability Inclusion in Environmental Recovery

Findings from the focus group discussions indicate that temporary environments and displacement camps remain inaccessible to persons with disabilities, particularly concerning water and sanitation facilities. One participant noted that “the bathrooms in the camps have no infrastructure and are just pits,” making their use impossible or dangerous for persons with physical disabilities. Another participant stated, “The bathroom is not accessible, and what is my fault that it is difficult for me?” clearly expressing a sense of discrimination resulting from the absence of disability-inclusive design.

⁵⁶ (OCHA), 25 January 2025. https://www.ochaopt.org/sites/default/files/Gaza_Reported_Impact_Snapshot_25_June_2025.pdf?utm_

The findings show that unpaved surfaces, along with the spread of craters and rubble, hinder daily movement and increase the risk of falls or injury, especially for those using wheelchairs or crutches. One participant noted that “the ground itself is not accessible,” reflecting how the general environment constitutes a constant barrier to safe mobility.

The lack of privacy and dignity in shelters also constitutes an additional burden, as some participants reported that they are forced to rely entirely on others to meet their basic needs due to the inaccessibility of the environment, which deepens feelings of helplessness and exclusion.

Specialists working in rehabilitation also indicate that neglecting universal accessibility standards in the early stages of reconstruction may lead to the long-term entrenchment of inaccessible environments. In this context, Kamal Mousa, a rehabilitation and physiotherapy specialist, emphasizes that integrating inclusive design standards into reconstruction projects is a fundamental requirement to ensure that persons with disabilities can move and access services independently and safely.

These findings demonstrate that the environmental challenge is not limited to the scale of destruction but rather lies in the absence of the integration of universal accessibility standards in the design of temporary environments and shelter facilities. The lack of accessibility not only produces physical barriers but also reproduces patterns of exclusion and forced dependency and limits the ability of persons with disabilities to fully participate in daily life during the recovery phase.

Women with Disabilities: Complex Legal Challenges

The results of the focus group discussions with women with disabilities reveal a pattern of overlapping legal challenges that intensified during the war, because of the intersection of three main factors: disability, gender, and the collapse of the justice system and formal services.

Issues related to the loss of the breadwinner emerged, along with resulting disputes over alimony, custody, inheritance, and guardianship. Widows and divorced women faced difficulties in proving their rights or accessing legal adjudication bodies. Participants reported being deprived of aid or property by the husband’s relatives or being required to waive legal rights in exchange for divorce or seeing their children. This indicates the absence of effective protection mechanisms for women with disabilities in the context of conflict, particularly in cases of changes in family status.

The loss of official documents (identity cards, medical reports, property papers, disability documentation) also led to disruptions in access to cash assistance, treatment, medical referrals, and even basic banking services. Participants confirmed that the loss of documents is not treated as an emergency requiring alternative procedures, but rather as a direct reason for denial of services, which reveals a regulatory gap in the management of legal verification in emergency contexts.

In addition, patterns of domestic violence and social pressure emerged without the presence of safe pathways for reporting or seeking protection, considering the suspension of courts, limited access to police, and the absence of effective mediation channels during the war. Participants also unanimously indicated a lack of awareness of available complaint mechanisms or where to turn in cases of violations, reflecting weak legal awareness and the absence of accessible reporting channels.

The issue of forced dependency on family members or relatives also emerged as an additional factor limiting the ability of women with disabilities to make independent legal or life decisions, particularly in the context of displacement and the loss of income sources and support services. This dependency increases the likelihood of exposure to pressure or discrimination within the family and limits their ability to claim their legal rights or access available protection pathways.

The findings also revealed compounded difficulties faced by women with disabilities compared to others, particularly in cases of divorce, displacement, and independent living, where family decisions are sometimes governed by social norms rather than legal frameworks, and their right to mobility or

independent decision-making is restricted. These findings indicate that the legal challenges faced by women with disabilities are not only related to weak services but also reveal the absence of a comprehensive protection system that takes intersectional discrimination into account and ensures effective access to justice in contexts of conflict and recovery.

Framework for Disability Inclusion in the Recovery and Reconstruction Phase

- **Integrating Disability into the Planning Structure of Recovery**

Gaps in response across different sectors have shown that disability was not systematically incorporated at the stage of designing recovery plans, but was often addressed later as a target group within existing programs. This has led to gaps in targeting, adaptation, and access, despite the presence of ongoing interventions.

Integrating disability into the planning structure requires that this dimension be included from the stage of needs assessment, priority setting, goal formulation, resource allocation, and the development of performance indicators. The absence of early inclusion leads to partial or corrective interventions and weakens the coherence of sectoral plans with the requirements of universal access.

It also requires the definition of clear institutional responsibilities within each sector to ensure the systematic implementation of accessibility and reasonable accommodation standards and linking them to measurable monitoring and evaluation mechanisms. This shift is a fundamental requirement to prevent the reproduction of exclusion gaps during the recovery phase.

- **Disaggregated Data and Information Systems:**

Response gaps have shown that the absence of disability-disaggregated data has limited the accuracy of targeting and weakened needs-based planning. In many interventions, disability was not systematically included in registration systems or sectoral databases, leading to unintended exclusion and difficulties in tracking cases over the medium and long term.

Enhancing inclusive planning requires integrating disability indicators into all administrative and humanitarian registration systems, including initial assessments, aid distribution mechanisms, and sectoral service records. It also requires adopting multidimensional assessment tools that measure functional limitations and support needs, rather than relying solely on general classifications.

In addition, linking databases across different sectors is essential to ensure service continuity and prevent disruption between health, social protection, education, and livelihoods. Data integration enables cumulative case tracking and improves the efficiency of resource allocation. Developing an integrated and disaggregated data system represents a practical step toward improving targeting and the quality of interventions during recovery.

- **Alignment of Sectoral Services within an Integrated Recovery Framework:**

The response phase showed that service provision for persons with disabilities was characterized by clear sectoral fragmentation, with interventions implemented within separate frameworks without systematic mechanisms for coordination, weakening continuity of support, and reducing the cumulative impact of interventions. This was reflected in the disruption of service pathways between health and rehabilitation, social protection, education, and livelihoods.

Inclusive recovery requires reorganizing service delivery within an integrated framework that ensures institutional and operational linkages across sectors. This includes establishing clear referral pathways, standardizing accessibility criteria, and ensuring continuity of services when beneficiaries move between sectors or between response and recovery phases.

This integration also requires incorporating legal support and protection services within integrated service pathways and ensuring effective referral mechanisms between social protection and the justice sector. This includes facilitating access to legal mediation services, judicial support, and protection mechanisms in cases of family disputes or loss of documentation, to prevent disruption in access to justice or leaving cases without institutional follow-up.

It further requires shifting from short-term interventions to sustainable service models managed based on multidimensional needs, preventing duplication, improving resource allocation efficiency, and reducing loss of follow-up for cases with long-term needs. Service integration is an operational condition for effective recovery and for reducing the risk of reproducing gaps that emerged due to fragmented sectoral approaches during the emergency phase.

- **Reforming the Legal and Regulatory Framework to Support the Protection of the Rights of Persons with Disabilities:**

The legal and regulatory framework represents a key pillar for ensuring the sustainability of the proposed transformations in planning, data, and service integration. Despite the existence of legal provisions guaranteeing the rights of persons with disabilities, gaps in implementation and accountability have limited their practical impact, particularly in the areas of employment, protection from discrimination, and accessibility.

The recovery process requires reviewing relevant laws and regulations, including aligning labor law with the post-war economic context, strengthening mechanisms to monitor compliance with the employment quota for persons with disabilities (5%), and ensuring the inclusion of reasonable accommodation within clear regulatory obligations for both public and private entities.

It also requires the development of oversight and procedural arrangements that effectively support rights protection and linking legal obligations to clear implementation mechanisms within recovery and reconstruction plans, ensuring consistency between legal texts and actual practices. Reforming the legal framework is a necessary step to enhance the sustainability of recovery and to ensure that the protection of the rights of persons with disabilities becomes part of the state's regulatory structure, rather than merely a nominal commitment.

- **Strengthening Economic Inclusion of Persons with Disabilities in the Recovery Phase:**

The previous phase showed that persons with disabilities face double economic marginalization, due to the collapse of the labour market and rising unemployment on one hand, and the increasing cost of disability for households on the other. Emergency responses provided limited relief to livelihoods without addressing the structural pathways for sustainable economic inclusion.

Inclusive recovery requires integrating disability into employment and poverty reduction policies by adapting labor programs to the needs of persons with disabilities, ensuring enforcement of employment quotas, and expanding reasonable accommodation arrangements in workplaces.

It also requires developing economic support pathways that account for functional differences, including support for small enterprises, facilitating access to finance, skills rehabilitation, and linking social protection programs with livelihood initiatives, to prevent persons with disabilities from remaining in cycles of long-term dependency on aid. Economic inclusion is a critical component in reducing multidimensional poverty, enhancing independence, and ensuring meaningful participation in reconstruction processes.

- **Monitoring and Accountability Mechanisms to Ensure Disability Inclusion:**

Recovery requires monitoring and accountability mechanisms that ensure the measurement of actual progress in disability inclusion, rather than relying solely on stated commitments. Previous experience

has shown that the absence of clear performance indicators has limited the ability to assess the quality and impact of interventions on persons with disabilities.

This requires the development of measurable performance indicators that reflect the level of disability inclusion across sectors and linking them to implementation plans and budgets. It also necessitates the establishment of accessible and disability-inclusive complaint mechanisms that allow safe and effective access for persons with disabilities, including appropriate communication arrangements and clear follow-up procedures.

In addition, periodic reports based on disaggregated data should be adopted to measure progress toward achieving objectives and should be made transparently available to relevant stakeholders and the public. Regular monitoring is essential for course correction, addressing gaps, and ensuring the sustainability of recovery outcomes.

Considering the sectoral challenges faced by persons with disabilities in the areas of health, education, social protection, economy, and environment, there is a clear need to adopt an integrated framework for disability inclusion in the recovery and reconstruction phase in the Gaza Strip. This framework goes beyond addressing service gaps and aims to restructure policies and systems in a way that ensures inclusiveness and sustainability and prevents the reproduction of exclusion patterns that were exacerbated during the war.

Recommendations:

1. At the level of governance and strategic recovery planning

- **Institutionalizing coordination:** The entities responsible for managing the recovery process should establish a dedicated coordination mechanism that acts as a permanent link between sectoral ministries (health, education, public works, labor) and organizations of persons with disabilities, to ensure alignment of all plans from the stage of needs assessment and resource allocation.
- **Advocacy efforts:** Advocate for international commitments to pressure the occupation to ensure the facilitation of the entry of the needs and requirements of persons with disabilities, including assistive devices, wheelchairs, prosthetics, prosthetic repair supplies, medicines, and equipment, in addition to ensuring freedom of travel abroad to receive treatment.
- **Leadership participation:** Ensure the effective inclusion of persons with disabilities and their organizations (OPDs) in planning, decision-making, and monitoring committees, in line with UN Security Council Resolution 2475⁵⁷.
- **Adoption of universal design:** Require all donors and implementing agencies to incorporate universal access standards and reasonable accommodation in all reconstruction and infrastructure projects from the initial design stage, to avoid future modification costs and prevent the reproduction of exclusion patterns.
- **Civil society organizations:** Promote joint work, coordination, and networking to ensure that issues of persons with disabilities are not treated as a concern limited to service providers and disability-focused organizations, but rather as a general concern for all civil society, international, and UN organizations, in line with the Convention on the Rights of Persons with Disabilities.

2. At the level of developing the health system and rehabilitation services

- **Restoring specialized centers:** Give top priority to reactivating and equipping rehabilitation, physiotherapy, and occupational therapy centers, as well as prosthetics centers, and ensure the

⁵⁷ The United Nations Security Council adopted Resolution 2475 (2019) on 20 June 2019, making it the first landmark resolution to oblige parties to armed conflict to protect persons with disabilities, ensure the provision of basic services for them, guarantee their access to humanitarian assistance without discrimination, and emphasize the inclusion of their needs in relief and recovery programmes.

sustainability of supply chains for assistive devices (wheelchairs, prosthetics, hearing aids, and medical glasses) with high quality.

- **Removing barriers:** Remove all environmental, societal, and knowledge-related barriers that prevent persons with disabilities from enjoying all services based on a rights-based approach, recognizing that disability does not reside in the individual, but in disabling environments, policies, and procedures.
- **Integrating rehabilitation into primary care:** Integrate rehabilitation services into the primary healthcare package to ensure continuous access to support in remote areas and displacement camps.
- **Individual and functional assessment:** Stop the random distribution of assistive devices and adopt systematic individual assessments of functional needs to ensure that assistive devices match the type of disability and stage of rehabilitation.
- **Expanding case management:** Activate case management programs to connect persons with disabilities to health and social services, track long-term care pathways, and prevent interruption of care.

3. At the level of inclusive education and educational transformation

- **Rebuilding inclusive schools:** The Ministry of Education and UNRWA must adhere to physical accessibility standards (ramps, adapted sanitation facilities, lighting) in all reconstructed schools.
- **Developing staff and tools:** Launch national teacher training programs on inclusive education methods and provide adapted educational materials (Braille, sign language, alternative tools) that were lost or prevented from entering during the war.
- **Adapting alternative education:** Ensure that digital platforms and temporary learning spaces in tents are accessible for persons with visual, cognitive, and physical disabilities, and avoid reproducing exclusion in digital systems.

4. At the level of person-centered social protection

- **Individual targeting:** Develop aid distribution mechanisms that treat the “person with a disability” as an independent individual, to ensure access for unmarried persons with disabilities or those living alone.
- **Accounting for the cost of disability:** Adopt targeting criteria that consider the additional costs of disability (adult diapers, regular medication, specialized transportation) within cash and food assistance.
- **Facilitating field access:** Adapt distribution points geographically and environmentally to be safe and accessible, and activate home delivery pathways for cases with limited mobility.

5. At the level of economic inclusion and livelihoods

- **Updating legislation:** Review Palestinian labor law to increase the employment quota for persons with disabilities (currently 5%) in line with the sharp increase in their numbers, and enforce accountability mechanisms for compliance in both public and private sectors.
- **Supporting flexible enterprises:** Establish microfinance programs dedicated to persons with disabilities to relaunch their activities (carpentry, sewing, crafts) and support digital work (freelancing) and home-based work as alternatives that overcome barriers of the destroyed environment.
- **Adapted vocational rehabilitation:** Develop vocational training programs in partnership with the International Labour Organization that correspond to new types of disabilities and meet labor market needs during reconstruction

6. At the level of mental health and environmental recovery

- **Specialized psychosocial support:** Provide specialized psychosocial support services (individual and group) that consider the type of disability and target both persons with disabilities and their families, while training staff in sign language and communication with persons with cognitive disabilities.
- **Adapting shelters and the physical environment:** Immediately adapt WASH (water, sanitation, and hygiene) facilities in camps and remove rubble from key roads to improve safe and independent mobility for persons with visual and physical disabilities.

7. At the level of legal protection and access to justice

- **Legal assistance for women:** Provide accessible legal pathways (through the Ministry of Justice) for women with disabilities to recover lost official documents and protect their rights to inheritance, custody, and alimony that were violated during the war.
- **Complaint mechanisms:** Establish safe and accessible channels to report violence, violations, and discrimination in access to services, ensuring confidentiality and effective follow-up.

8. At the level of data and accountability

- **Disaggregated information systems:** Integrate disability indicators using the Washington Group Questions into all governmental and humanitarian databases to ensure evidence-based and needs-based planning, and to support the design and implementation of inclusive programs and budgets.
- **Database development:** Work on conducting a census of persons with disabilities to provide reliable data for service delivery and access.
- **Accurate identification of needs:** Ensure that interventions are tailored to respond to the diverse challenges faced by persons with disabilities.
- **Performance monitoring:** Develop key performance indicators (KPIs) to measure the level of disability inclusion in each sector, and issue transparent periodic reports accessible to the public and human rights organizations to ensure accountability.
- **Removing barriers to access:** Remove barriers that prevent access to available services, whether physical, psychological, social, policy-related, environmental, health-related, or within protection services.
- **Enhancing participation and responsiveness:** Strengthen participation so that persons with disabilities have an influential voice in planning and implementing emergency response programs, ensuring that these programs adapt to their needs, requirements, and aspirations. This is within six core emergency response standards: protection programs, water, sanitation and hygiene, food security and livelihoods, nutrition interventions, shelter and non-food items, and health interventions. Through examining these areas using a scientific methodology based on data analysis and field practices and providing practical recommendations to include persons with disabilities in all aspects of planning and implementing emergency responses.

Appendices

1) Names of the focus group conducted on 5/3/2026

#	اسم المشارك/ة	المحافظة (من - الي)	الهوية	توقيع المستلم/ة
1	عائبة رياض توصيف	الرواية - الوسط	901619353	كا درة
2	خالد هاشم زكي خلفا	خان يونس	991204266	فلوة
3	أميرة محمد أبو سليم	الوسط - دير بلح	402947402	أحمد
4	هبة محمد أبو رزق	خان يونس/الوسط	800087967	Nete
5	احسان خيسون المنزلي	الوسط	800514853	احسان
6	سحر محمد اللوزي الزغباني	الوسط - دير البلح	700163728	سحر
7	ندى حسام موسى أبو خالد	خان يونس/الوسط	405926355	ندى
8	امان ناهض محمد اعرجا	دير البلح - دير البلح	40660084	امان
9	البحر عوني محمود الذي	دير البلح - دير البلح	407200104	البحر
10	أماني محمد عبد الله البرلم	خان يونس	403291874	أماني
11	سوزان أبو سليم الصائم	خان يونس	413040374	سوزان
12	هدية عثمان المكي	خان يونس	903616548	هدية
13				

#	اسم المشارك/ة	رقم التواصل	توقيع المستلم/ة	مكان النشاط:	اسم النشاط:	تاريخ النشاط:
1	عمر أحمد علي الغزاوي	0587885800				
2	ابراهيم منصور ابراهيم	0595709026				
3	د. سوزين ابودرا	0392086099				
4	زيد محمد احمد ابو عامر	0599711669				
5	ابو عبد الله الحوي	0399988333				
6	محمد محمد الغول	0599535640				
7	دعاء محمد خريزنا ابو زهر	0592395164				
8	هيبة طاهرها نطق	0599624322				
9	لؤي محمد مهدي وهداه	0598280844				
10	هيبة رشيده عبد	0598260932				
11	الاديبه طابا اسكاز	0592576150				
12						

2) Names of In-depth Individual Interviews

No.	Name	Role
1.	Elham Shaheen	Project Coordinator
2.	Hassan Hamad	Head of Case Management Department
3.	Hassan Al-Wawi	Case Manager
4.	Ayman Al-Naami	Psychosocial Counseling Consultant
5.	Saher Abu Maala	Physiotherapist
6.	Shaimaa Al-Qreinawi	Nursing Specialist
7.	Daren Abu Zar	Psychologist
8.	Ayman Awad Allah	Orthopedic Doctor

References

- Palestinian Central Bureau of Statistics (PCBS). Last updated 17.01.2026. <https://www.pcbs.gov.ps/Defaultar.aspx>
- Palestinian Central Bureau of Statistics (PCBS). Press release on the International Day of Persons with Disabilities, 03/12/2023. <https://www.pcbs.gov.ps/postar.aspx?tabID=512&lang=ar&ItemID=4647&mid=3915&wversion=Staging>
- United Nations Security Council Resolution 2475 (2019). [https://docs.un.org/ar/S/RES/2475\(2019\)](https://docs.un.org/ar/S/RES/2475(2019))
- United Nations Human Rights Office. Convention on the Rights of Persons with Disabilities (Article 26: Habilitation and Rehabilitation). <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- UNHCR. 21.10.2015. <https://www.refworld.org/legal/resolution/unga/2015/en/111816>
- Inter-Agency Standing Committee (IASC). Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019). <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>
- United Nations Disability Inclusion Strategy. <https://www.un.org/en/content/disabilitystrategy/>
- UN Human Rights Council. Peacebuilding and Inclusion of Persons with Disabilities Report (2023). <https://www.ohchr.org/en/documents/thematic-reports/a78174-peacebuilding-and-inclusion-persons-disabilities-report-special>
- World Bank & GFDRR. Disability-Inclusive Disaster Recovery Guidance Note. <https://documents1.worldbank.org/curated/en/559111587448620405/pdf/Disability-Inclusive-Disaster-Recovery-Guidance-Note.pdf>
- UNDP. Advancing Disability Inclusion Post-Crisis Recovery (2023). <https://www.undp.org/geneva/blog/advancing-disability-inclusion-post-crisis-recovery>
- United Nations Disability Inclusion Report 2024. https://www.un.org/sites/un2.un.org/files/undis_report2024-en.pdf
- UN Women. Disability Inclusion Markers (2022). <https://www.unwomen.org/en/digital-library/publications/2022/01/brief-disability-inclusion-markers>
- Washington Group on Disability Statistics. <https://www.washingtongroup-disability.com/>
- Sphere Standards. Humanitarian Inclusion Standards. <https://spherestandards.org/ar/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>
- World Health Organization (WHO). Rehabilitation 2030 Initiative. <https://www.who.int/initiatives/rehabilitation-2030>
- International Labour Organization (ILO). Disability Inclusion Strategy 2024–2027. <https://www.ilo.org/publications/ilo-disability-inclusion-strategy-2024-2027>
- UN OCHA. Humanitarian Situation Updates – Gaza Strip. <https://www.unocha.org>
- WHO. Health System at Breaking Point in Gaza (22 May 2025). <https://www.who.int/news/item/22-05-2025-health-system-at-breaking-point-as-hostilities-further-intensify--who-warns>
- WHO. Estimating Trauma Rehabilitation Needs in Gaza (Sept 2025). <https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>
- OCHA. Gaza Humanitarian Snapshot (17 September 2025). https://www.ochaopt.org/sites/default/files/Gaza_Reported_Impact_Snapshot_17_September_2025.pdf
- UN Geneva Press Briefing (Feb 2026). <https://www.ungeneva.org/en/news-media/press-briefing/2026/02/un-geneva-press-briefing>
- OHCHR. Disability in Gaza Increased Due to Use of Force (15.08.2025). <https://www.ohchr.org/en/meeting-summaries/2025/08/percentage-persons-disabilities-gaza-has-increased-because-excessive-use>
- UN News. 25.06.2024. <https://news.un.org/ar/story/2024/06/1132041>
- Humanity & Inclusion. Barriers to Inclusion Study in OPT (2025). https://www.hi.org/sn_uploads/document/HI-Palestine--Barrier-Study-on-Inclusion-Standards-in-the-Humanitarian-Response_1.pdf
- PCBS. 13.11.2023. <https://www.pcbs.gov.ps/postar.aspx?lang=ar&ItemID=4629>
- Palestinian Centre for Human Rights (PCHR). <https://pchrghaza.org/ar>
- UNICEF. Gaza Education System Collapse (2025). <https://www.unicef.org/sop/stories/after-two-years-war-gazas-education-system-brink-collapse>

- Education Cluster Gaza Response Plan (Jan 2024). https://gzaeducationsector.palestine-studies.org/sites/default/files/pdf/public_records/Education%20Cluster%20Response%20Plan-%20Gaza%20Jan%202024_Final_toshare.pdf
- UNCTAD. Gaza Economy Collapse Report (2025). <https://unctad.org/news/gazas-economy-collapsed-83-2024-pushing-all-23-million-people-poverty>
- World Bank. Impact of Conflict on Middle East Economy (2025). <https://thedocs.worldbank.org/en/doc/0f21311c2ebb0df4bf9b493a8034997c-0280012025/original/82687546-6fc3-46fa-80ba-5ce29d2148bc.pdf>
- Palestine Disability Law. <https://media.unesco.org/sites/default/files/webform/r2e002/3f502ff619336d10cf9e69078ddeb5fc6113a61.pdf>
- Humanity & Inclusion. Gaza Health System Collapse Report (2023). <https://www.humanity-inclusion.org.uk/en/rehabilitation-and-mental-health-services-in-gaza-overwhelmed-as-health-system-collapses>
- The New Humanitarian. Gaza Liquidity Crisis (17.04.2025). <https://www.thenewhumanitarian.org/news-feature/2025/04/17/cash-became-commodity-liquidity-crisis-compounding-suffering-gaza>