

# WOMEN AND GIRLS WITH DISABILITIES:

NEEDS OF SURVIVORS OF GENDER-BASED VIOLENCE  
AND SERVICES OFFERED TO THEM



MINISTRY OF FOREIGN  
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# **WOMEN AND GIRLS WITH DISABILITIES:**

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## List of Acronyms

CBR	Community-based rehabilitation
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DPOs	Disabled people’s organizations
GBV	Gender-based violence
FGDs	Focus group discussions
MOH	Ministry of Health
MOSD	Ministry of Social Development
MOWA	Ministry of Women’s Affairs
NGOs	Nongovernmental organizations
PCBS	Palestinian Central Bureau of Statistics
UNFPA	United Nations Population Fund
UNRWA	United Nations Work and Relief Agency for Palestine Refugees
WHO	World Health Organization

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## Executive Summary

This study on GBV among women and girls with disabilities was conducted by UNFPA (United Nations Population Fund) with the support of Denmark in the context of the GBV Sub-Cluster Strategy 2018-2020. It was based on a needs analysis and mapping of services offered to women and girls with disabilities aged 15 and older who are survivors of gender-based violence (GBV) in the West Bank and Gaza Strip, particularly in view of the poor protection, care and social services available to women survivors of violence. Its objective was to map the available services; analyze major gaps and challenges related to service delivery; identify roles and responsibilities of stakeholders and service providers, including stakeholder coordination, legislation and policies, capacity, prevention and response services, the referral process and accountability; as well as to make recommendations and propose interventions to address the weaknesses in the protection system for women and girls with disabilities in Palestine.

### Summary of methodology

To achieve the above objectives, the study adopted a comprehensive methodology, which included conducting a desk review of a large number of available research and literature related to violence, disability and gender at the local and international levels, holding eight workshops and focus group discussions (FGDs) with service providers and a sample of targeted women and girls with disabilities, and carrying out a number of individual interviews with several representatives of the public sector, ministries and government institutions and the nongovernmental organizations (NGO) sector, including NGOs concerned with disability, violence and gender issues.

### Main conclusions

With regard to the main conclusions of the study, the following findings and observations can be made:

- Agreement is noticeable between the different stakeholders and in the available literature on violence at the international and local levels, confirming that **women and girls with disabilities are the group most vulnerable to violence** compared with their male peers with disabilities as well as with girls and women without disabilities. While disability may lead to increased violence, violence in turn may cause a new disability or may aggravate an existing disability and increase the severity of one's vulnerability.
- The findings of the study indicated that an increasing proportion of women and girls with disabilities in the Palestinian territory experience **various forms of psychological, social,**

**physical and sexual violence.** They often occur under the authority of a guardian and survivors are deprived of the right to make their own decisions, while experiencing discrimination, exploitation, abuse, isolation and exclusion from their families and the public sphere.

- **Women and girls with most types of disability experience different levels of vulnerability and marginalization** due to a range of complex factors related to the composition of society, the prevailing culture, the structure of service delivery and discrimination on the basis of disability, violence and gender. Their vulnerability is further heightened by their limited awareness, low educational attainment, lack of resources and dependence on others, increasing the likelihood of experiencing higher levels and more severe forms of violence.
- Significant **obstacles and challenges** remain in place, primarily in the form of the weak protection system for women and girls with disabilities; the absence of laws, legislation and public policy that would ensure their access to justice; limited service delivery to survivors of violence; failure to understand and respond to the special needs of women with disabilities survivors of violence; in addition to the fact that this vulnerable group is usually disregarded at the level of national and sectoral plans and overall policy directions in the Palestinian territory.
- While protection mechanisms are weak in the Palestinian territory in general, **Gaza Strip faces more significant challenges** related to women and girls survivors of violence. These include the higher disability rate due to the ongoing siege, the recurrent wars on Gaza and the deteriorating political and economic conditions, which in turn increase the risk of violence for women and girls with disabilities in this region.
- The findings of the study also demonstrated an **apparent lack of ability on part of the survivors of violence to access information, programs and services** from the different agencies and service providers in relation to prevention of violence, protection, recovery and others. In addition, mechanisms for reporting of violence against women with disabilities are ineffective in view of the ineffectual relevant laws and policies, societal barriers, limited public awareness, inadequate engagement of stakeholders in the protection system and the prevailing tendency to underreport all forms and levels of violence.
- Society in general continues to adopt **negative attitudes towards persons with disabilities.** This becomes more prominent when violence against women and girls with disabilities is addressed; responses are usually shaped by stigma, blaming the survivor for the violence and fearing the repercussions of social disgrace. Therefore, community and family constraints make it very difficult for women to report and disclose the violent incident, especially in relation to physical and sexual violence.

- **Services offered to women survivors of violence are generally limited, fragmented, disintegrated and seasonal.** They are concentrated in major urban areas and generally lacking in rural areas and Palestinian camps, and are inadequate to cover the needs for and requirements of protection and care. They fail to consider accessibility needs of the target groups and their specific characteristics, such as geographic distribution, disability type and others. This situation indicates an almost complete absence of appropriate, integrated, comprehensive and sustainable programs and services.
- Similar to the West Bank, **services in Gaza Strip are limited**, fail to take in account the special needs of women with disabilities, are concentrated in certain areas compared to others and are not easily accessible by persons with disabilities. Gaza service providers face an increasing demand by their target groups and lack the capacity to respond to urgent needs due to the prevailing situation in Gaza and the resulting wide range of challenges. Women survivors of violence are usually known to face much more difficulties in accessing services in an environment of enduring conflict.
- Many stakeholders report obvious weaknesses in the capacity of service providers, particularly in terms of scarcity of services and programs targeting women with disabilities survivors of violence, as well as the lack of specific policy and procedures for service delivery to this particular group, poor staff qualification and training, and the lack of basic access requirements, such as the required adaptations and accessibility of public facilities and points of service delivery, which hinders women's and girls' access to the needed services.
- Interventions made by various service providers to ensure protection of women survivors of violence are inadequate in terms of their role and effectiveness. This observation applies to the Directorate of Social Development, which has the formal responsibility for the national social care system, as well as the Family Protection Units in the Civil Police and other legal and judicial bodies. Women survivors of violence frequently have to deal with ineffective laws and legislation and inadequate role of law enforcement and justice institutions in providing them with protection. Often the intervention is limited to conciliation and a routine, non-deterrent procedure, such as taking a pledge from the perpetrator to stop the violence. Consequently, the survivor will return to the same setting and risk being exposed to the same dangers once again. The lack of attention to prevention and post-exposure recovery services contributes to an increasing incidence of violence and heightened severity in general.
- Mechanisms for coordination, networking and information sharing among service providers are weak and the roles and responsibilities of certain stakeholders are unclear, adversely affecting the ability to offer integrated services and undermining referral and sheltering services for survivors of violence. These factors increase the suffering of women with disabilities survivors of violence.

- Clear mechanisms for monitoring, oversight and quality control of service delivery are lacking. There are no policies or procedures in place to develop quality criteria for services offered to this particular group or to assess satisfaction of beneficiaries and their families. Furthermore, there is an absence of oversight procedures to ensure that service providers abide by best practices and that survivors of violence are protected and receive the needed services with dignity, equality and independence.

## **Summary of recommendations and proposed interventions**

The study makes a number of recommendations and proposes actions to enhance the protection and care system in the Palestinian territory by developing a clear national strategy for the protection of women and girls with disabilities survivors of violence, enhancing the relevant laws, public policies and operating procedures, raising the level and quality of service delivery, and taking all required procedures and measures to ensure beneficiaries' access to information, protection programs and services offered by the public and NGO sectors, law enforcement bodies and justice institutions.

The proposed interventions also include enhancing the capacity of beneficiaries and different stakeholders to engage in efforts to combat violence and report the different cases of violence, developing the capacity of staff and working teams to offer disability-friendly services, providing an inclusive and accessible environment in service delivery points and institutions, offering referral and sheltering services to survivors of violence, and organizing community-based campaigns and initiatives to address the root causes of violence against women and persons with disabilities, including gender inequality and discrimination on the basis of disability and gender.

## **SECTION ONE:**

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### **DISABILITY, VIOLENCE AND GENDER AT THE LOCAL AND INTERNATIONAL LEVELS**

## 1.1 Status of disability and violence against women and girls at the international level

Violence against persons with disabilities in general is a widely spread phenomenon. Millions of persons with disabilities worldwide suffer from physical, social, economic, cultural and legal barriers that limit their access to education, healthcare, including sexual and reproductive health, employment, care and protection systems, and put them at a greater risk of living in poverty and make them more vulnerable to violence, including GBV (UNFPA, 2018)<sup>1</sup>.

There are over one billion of persons with some form of impairment or another and 220 million young persons with disabilities worldwide, with 80 per cent living in low to middle income countries. They are more likely to live in poverty and have low education level. According to the World Health Organization (WHO) and the World Bank's World Report on Disability, the disability rate among females worldwide is 19.2 per cent, with the majority living in developing countries<sup>2</sup>.

Women and girls with disabilities encounter persisting challenges due to discrimination, marginalization, social exclusion, stigmatization and routine failure to ensure their social inclusion and effective participation in public life. They live in more stringent social hardship, compared to men with disabilities and women without disabilities. This observation raises questions as to the capacity to offer appropriate services and design programs and interventions to make sure that millions of persons with disabilities can realize their rights and have access to education, healthcare, rehabilitation services, employment, leisure activities and full social inclusion alongside their peers without disabilities. Within the same context, there is a sort of agreement between the different stakeholders and many international reports and literature on violence, indicating that women and girls with disabilities are more vulnerable to violence compared to women in general. This is corroborated by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol, which recognizes in its Preamble (17) "that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation"<sup>3</sup>.

The World Report on Disability indicated that population groups at the greatest risk are the poorest groups in society in addition to elderly people and women. The report called upon for creating enabling environments, enhancing rehabilitation and support services, and ensuring

<sup>1</sup> Young Persons with Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights, UNFPA, July 2018.

<sup>2</sup> United Nations Department of Economic and Social Affairs (UNDESA), Fact Sheet: Youth with Disabilities 1-2, <https://social.un.org/youthyear/docs/Fact%20sheet%20youth%20with%20disabilities.pdf>.

<sup>3</sup> Convention on the Rights of Persons with Disabilities, art. 1, G.A. Res. 61/106, U.N. Doc. A/ RES/61/106 (Dec. 13, 2006)

adequate social protection for those social groups at a large scale<sup>4</sup>. The 2030 Sustainable Development Agenda also called upon all states to recognize the rights of persons with disabilities on equal grounds with their peers and seek to end violence against all girls and women, including women with disabilities. Goal 10 in particular seeks to reduce inequalities and empower and promote the social, economic and political inclusion of all, irrespective of age, sex or disability<sup>5</sup>.

Persons with disabilities, particularly women and girls, have difficulty accessing sexual and reproductive health services due to several factors, including the stereotyping of persons with disabilities either as persons with strong sexual desires or persons without sexual needs. Other factors include limited awareness of the sexual and reproductive health rights of this particular group, inadequate training and poor interventions seeking to provide them with such services, and physical and cultural barriers, such as stigma, poverty, and isolation within institutions and homes. These factors may increase the exposure of women with disabilities to sexual abuse and sexually-transmitted infections, prevent them from accessing essential health services or expose them to forced healthcare practices or medical procedures, such as forced sterilization, abortion and involuntary use of contraceptives<sup>6</sup>.

## **1.2 Status of disability and violence against women and girls in the Palestinian territory**

In 2017, the disability rate in Palestine was estimated at 5.8 per cent of the total population. There were 92,710 persons with disabilities, 44,570 in the West Bank and 48,140 in Gaza Strip<sup>7</sup>. Furthermore, according to data issued by the Palestinian Central Bureau of Statistics (PCBS)<sup>8</sup>, around 5.4 per cent of females in Palestine had at least one impairment in 2017. There has been an increase in disability rate over the past ten years in Palestine, both for males and females: the overall rate increased from 4.7 per cent in 2007 to 5.8 per cent in 2017.

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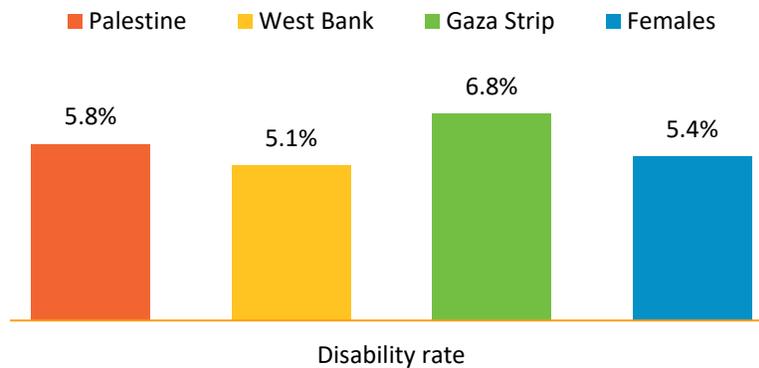
<sup>4</sup> World Health Organization and the World Bank, World Report on Disability, 2011.

<sup>5</sup> See <https://www.un.org/sustainabledevelopment/inequality>.

<sup>6</sup> Op cit.

<sup>7</sup> Palestinian Central Bureau of Statistics, Population, Housing and Establishments Census 2017.

<sup>8</sup> Palestinian Central Bureau of Statistics, The International Day of Persons with Disabilities on December 3rd, 2018.

**Figure 1: Disability rates in Palestine**

Source: PCBS, Population, Housing and Establishments Census 2017

### Higher disability rate in Gaza Strip

The situation in Gaza Strip is more challenging compared to the West Bank, with disability rate reaching 6.8 per cent in Gaza in 2017, against 5.1 per cent in the West Bank<sup>9</sup>. Furthermore, the Gaza Strip faces specific challenges stemming from the ongoing siege, deteriorating political and economic conditions and the effect of three consecutive wars on Gaza during the last decade, causing a noticeable increase in the rate of disabilities related to the Israeli occupation, which is estimated at 6 per cent in Gaza, compared to 5 per cent in the West Bank. According to data issued by the health sector in Gaza Strip, 1,134 persons who were injured in the 2014 war developed at least one disability. This number accounts for around 10 per cent of a total of 11,232 persons injured in the war<sup>10</sup>. Moreover, around 25,702 persons were injured during the Return Marches in Gaza Strip, which started on 30 March 2018<sup>11</sup>.

Findings of the most recent survey conducted by the PCBS on GBV<sup>12</sup> in 2011 indicate that around 37 per cent of ever married women have been exposed to at least one form of violence by their husbands, 29.9 per cent in the West Bank compared to 51.1 per cent in Gaza Strip. Partners in the GBV Sub Cluster, Palestine, have documented more than 32,000 GBV cases in 2017 in both the West Bank and Gaza, with 80 per cent of cases affecting women. The data revealed that

<sup>9</sup> Op Cit.

<sup>10</sup> According to data issued by the Ministry of Health, out of the total 11,232 persons injured in the 2014 war on Gaza Strip, 1,134 persons are expected to develop at least one disability, accounting for around 10 per cent of the total. See: <http://www.pCBS.gov.ps/postar.aspx?lang=ar&ItemID=1270>.

<sup>11</sup> Ministry of Health – Gaza Strip, Report on the Israeli Aggressions against Participants in the Peaceful Return Marches during the Period 30/03-08/12/2018.

<sup>12</sup> A new survey on violence in the Palestinian society is being currently prepared by the PCBS and the findings are expected to be out within the next three months of 2019.

around 45 per cent of violence survivors were subjected to psychological abuse, 25 per cent to physical abuse, seven per cent to forced marriage, four per cent to sexual abuse and one per cent to rape<sup>13</sup>.

Data on violence against women and girls with disabilities are largely lacking, making it difficult to assess the prevalence of this violence, its forms, levels and determinants, such as what types of disability are more subjected to violence, who the perpetrators are, in which geographic locations, among others. Nevertheless, the different stakeholders agree that violence against women with disabilities is more prevalent, compared to violence against males and females without disabilities.

### Violence against women with disabilities in Gaza Strip

The situation in Gaza Strip is more challenging internally, due to the political divide, the imposed siege, the recurrent wars and Israeli aggressions, the elevated poverty and unemployment rates and the significant economic decline. Poverty rate stands at around 53 per cent of the population, with abject poverty affecting around 33 per cent (PCBS, 2017), directly contributing to food insecurity of many households and undermining the livelihoods of families and individuals.

This dire situation is accompanied by a clear deterioration of public services in the health, education and other sectors, particularly in view of the chronic crisis situations, including regular power cuts for long hours, water contamination, nonpayment of salaries, and the almost continuous closure of Rafah Crossing and Gaza's other outlets. These conditions have had manifest negative effects on family relations, particularly affecting the most marginalized and vulnerable groups like women, children and persons with disabilities. Within this context, women in Gaza Strip certainly face more challenging realities compared to their peers in the West Bank. In fact, all the above mentioned indicators on disability and violence appear to be higher in Gaza Strip. It is also likely that the current rate of violence against women will prove to be higher than what was reported in the 2011 survey on violence, which was 51.1 per cent in Gaza Strip. The 2017 report of the Special Rapporteur on violence against women highlighted that the economic situation, the level of unemployment and the pressure of the occupation have a greater impact on the lives of women with disabilities and children in Gaza, making them more vulnerable to domestic violence due to the constant pressure felt by the blockade and the recurring cycles of conflict.

<sup>13</sup> Report on key issues and concerns, achievements, and challenges. GBV Sub Cluster Palestine, January- June 2017.

### 1.3 Relevant definitions and concepts<sup>14</sup>

**Impairment/disability:** Persons with long term physical, mental, intellectual, or sensory difficulties, combined with barriers, attitudes and environments that prevent them from effectively participating in their society at an equal basis with others.

**Intellectual disability:** Limitation or lack of a range of intellectual functions, such as reasoning, problem solving and learning, accompanied by limitation or lack of the adaptive behavior that would cover a set of daily social skills. Intellectual disability is part of the developmental functional disparities and differences. Examples are Down Syndrome and cerebral palsy.

**Persons with disabilities<sup>15</sup>:** Those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

**Discrimination on the basis of disability:** Exclusion, elimination, marginalization or restriction on the basis of sensory, physical, intellectual or mental disparities and differences aimed at or leading to deprivation, termination or limitation of the full and effective realization, enjoyment or practice of the basic rights and freedoms in all civil, social, economic, cultural and other fields. It also includes deprivation of reasonable accommodations and additional measures and adaptations.

**Gender:** Refers to acquired social differences between men and women and is based on socially ascribed differences between males and females according to differences in the culture and social heritage.

**Violence against women:** Behavior or act targeted against women, in any physical, psychological, sexual or verbal form, leading to causing physical, psychological or sexual harm or suffering, whether occurring in public or in private life.

**Battered woman:** Any woman subjected to violence, who is 18 years old or above or under the age of 18, provided she is married.

**Survivor:** A survivor is a person who has experienced gender-based violence. The terms ‘victim’ and ‘survivor’ can be used interchangeably. ‘Victim’ is a term often used in the legal and medical sectors. ‘Survivor’ is the term generally preferred in the psychological and social support sectors because it implies resiliency.

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<sup>14</sup> National Strategy to Combat Violence 2011-2019.

<sup>15</sup> Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, 13 December 2006.

**Domestic violence:** Any act or failure to act by a household member against another member in the household for the purpose of causing physical, sexual or psychological abuse, or the threat of such abuse, or generate fear. It also includes deprivation of basic rights such as shelter, food, drink, clothing, education, freedom of movement, self-determination and personal safety.

**Physical violence:** Any abuse directed at one's body causing physical and psychological harm and suffering.

**Sexual violence:** The use of coerced sexual behavior through threat, lure, intimidation, use of physical power or sexual advances, whether by means of facial expressions, verbal expressions or gestures.

**Psychological violence:** Any act aiming to intimidate, repress and undermine one's self-confidence, taking the form of threats, intimidation, assault, locking up in the house, control or any other act aimed at deprivation of rights.

**Verbal violence:** The use of phrases and words that undermine one's dignity, damage their self-confidence and cause a feeling of humiliation.

**Sexual harassment:** A form of sexual violence which relates to sexual behaviors, either verbal or physical, or in the form of advances intended to offend or intimidate.

**Economic violence:** Includes preventing a woman from controlling her own resources, forcing her to work, appropriating her properties and preventing her from working or making decisions on financial issues related to her rights.

**Rape:** A crime of sexual violence and a criminal act, where the victim is coerced to have sex without consent and abused physically and psychologically.

**Protection:** Providing personal security and physical, sexual and psychological safety to those affected, making use of all required laws, procedures, orders and measures.

**Service providers:** Refer to any party offering support such as health, legal/policing or social services to battered women or survivors of violence.

## SECTION TWO:

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### STUDY METHODOLOGY AND OBJECTIVES

## 1.4 Study methodology

This study was conducted using an analytical research methodology, supported by qualitative findings and integrating a variety of research modalities and tools. The comprehensive and integrated methodology included: (1) a review of all available literature and studies at the international and local levels, in addition to international conventions and treaties related to women and the rights of persons with disabilities, Palestinian laws and legislations related to disability rights, the penal code, operating procedures and internal policy guidance of a number of service providers, as well as a review of certain programs and policies related to disability and violence; (2) holding eight sessions with a sample of service providers and target groups in the West Bank and Gaza Strip; and (3) holding a number of individual interviews with a sample of decision-makers, official institutions and NGOs providing services in the field of violence and disability in particular.

### FGD sessions with service providers and a sample of the target group

Eight FGD sessions were held in the West Bank and Gaza Strip with a sample of service providers and the target group of girls and women with disabilities, as follows (see Annex 1 for a list of participants in the workshops and sessions with service providers and target groups):

Table 1: FGD sessions with stakeholders (service providers and target groups)

#	Region	Service providers		Target group (females with disabilities)	
		Number of sessions	Number of participants	Number of sessions	Number of participants
1.	West Bank	2	22	3	28
2.	Gaza Strip	1	13	2	17
<b>Total</b>		3	35	5	45

### FGD sessions with service providers and institutions working on violence and disability

Three sessions were held with service providers and decision-makers from official institutions and civil society organizations working in the field of violence and disability in the West Bank and Gaza Strip. Two sessions were held in the West Bank, attended by 22 participants and a third was held in Gaza Strip with the participation of 13 service providers and decision-makers.

Efforts were made to invite representatives from all relevant official institutions and ministries working in the field of disability and violence, in addition to a number of service providers from the NGO sector involved in these fields in the West Bank and Gaza Strip.

### **FGD sessions with target groups of girls and women with disabilities**

Five sessions were held with a sample of the target group of girls and women with disabilities: three sessions in the West Bank and two in Gaza Strip. Each session involved a sample of this group representing different types of disability. Girls and women with mental and intellectual disabilities were represented by a parent or a family member.

The sample was selected to proportionally represent women and girls with disabilities in the age group 15 years and older, covering the different parts of the West Bank: northern, central and southern parts, in addition to Gaza Strip. Importantly, one of the sessions held in Gaza was directed at women and girls with disabilities resulting from the wars on Gaza in order to give consideration to the specific nature of this group in terms of causes of disability, their specific needs and the required services.

### **In-depth interviews with representatives of official institutions and service providers**

This phase consisted of 14 in-depth individual interviews with representatives of official bodies, as well as service providers, community-based organizations and a number of local stakeholders and experts in the field of disability and violence. The purpose was to analyze the realities of violence against women with disabilities, identify roles and responsibilities of service providers, describe service delivery and referral mechanisms for cases of violence and identify weaknesses and gaps in the delivery of services to victims of violence (see Annex 2 for a list of participants in the individual interviews with service providers and stakeholders).

## **1.5 Main objectives of the study**

The following list presents the set of objectives sought to be achieved by this study:

1. Analyze the context of GBV against women and girls with disabilities;
2. Assess services offered to women with disabilities who are victims of GBV;
3. Identify major challenges and gaps in service delivery according to the following criteria: availability of service, accessibility, beneficiary satisfaction, and quality of service delivery);
4. Map service providers and GBV interventions, including: stakeholder coordination, laws and policies, capacity, prevention, response services, the identification, response and referral process, and accountability;
5. Identify major interventions seeking to protect women and girls with disabilities from GBV;
6. Make recommendations and propose interventions to promote prevention, address violence and respond to the needs of women and girls with disabilities who are exposed to the different forms of GBV.

## SECTION THREE:

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### STUDY FINDINGS

The findings of the FGD sessions and in-depth interviews held with service providers and a sample of women with disabilities revealed that women with disabilities are the group most vulnerable to violence, abuse and assault, facing different forms of discrimination, exclusion and exploitation. Violence against this particular group is based on complex factors of disability and gender in particular, which increases their risk and vulnerability compared to women survivors of violence who are without disabilities or compared to males.

Several service providers believe that violence against women and girls with disabilities is more serious and prevalent in the Palestinian society.

While suffering from increased forms of GBV, these women and girls have limited access to services<sup>16</sup> due to a range of reasons associated with social construct and the prevailing cultural structures. These include low public awareness of disability rights in general and reluctance by society and families to accept disability. Persons with disabilities, especially women, are disempowered and vulnerable due to the combined effects of GBV and disability. They have limited awareness and low educational level, lack access to resources and often depend on family members or others for care and support. This observation was confirmed by the sample of females with disabilities participating in the FGD sessions<sup>17</sup>, who referred to a high prevalence of violence particularly affecting women and girls with disabilities, most commonly against those with intellectual disabilities, followed by visual, hearing and physical impairments.

The findings of interviews with stakeholders and service providers in Palestine indicate that an increasing proportion of women and girls with disabilities experience various forms of psychological, social, physical and sexual violence. They often exist under the authority of a guardian, are deprived of the right to make their own decisions, coerced to adopt certain behaviors and experience humiliation, degradation and exploitation at home and in society, in addition to different forms of discrimination, exclusion, exploitation, violence, abuse, isolation, confinement and lack of inclusion in family or public sphere, inevitably leading to increased risk and higher vulnerability to violence, compared to other social groups.

<sup>16</sup> Gender analysis and priority gender needs in the occupied Palestinian territory, 20 December 2017. <https://www.ochaopt.org/content/2018-humanitarian-needs-overview-hno>.

<sup>17</sup> Eight FGD sessions were held with women and girls with disabilities in the West Bank and Gaza Strip as part of the study, involving a random sample from different geographic settings and with different types of disability.

### 3.1 Perceptions of violence according to the sample of service providers and target group

Usually violence is perceived as a psychological, physical or sexual assault or abuse against a victim. Hence the concept of violence against women refers to “any behavior or act targeted against a woman for being a woman, in any physical, psychological, sexual or verbal form, social and economic deprivation, including threats of such acts, coercion or arbitrary deprivation of liberty, direct or indirect, causing physical, psychological, sexual, mental, social or economic harm or suffering, whether occurring in public or in private life.”<sup>18</sup> Several stakeholders and participants in the sample of the target group, therefore, indicated that violence perpetrated against women with disabilities is not limited to the usually known forms but extends to also include many other practices against this particular group that may fall under the categories of direct or indirect violence<sup>19</sup>.

Therefore, this concept should include all practices involving any form of discrimination, exploitation, marginalization and deprivation of rights, in addition to denying access to information, services and public facilities, deprivation of resources and opportunities in any form, and denial of the right to make decisions such as the right to self-determination, employment, marriage, pregnancy, childbearing and other reproductive rights, which are usually denied for females with disabilities. Weakness of the overall protection system, the lack of a supportive legal system for women and girls with disabilities to facilitate their access justice and obstacles preventing them from reporting violence were cited as factors contributing to increased violence in its different forms, leading to a wide range of abuses against these women, including confinement, isolation, forced sterilization, hysterectomy and involuntary abortion of women with intellectual disabilities. Families resort to such acts for reasons related to fear of sexual abuses or to cover up such incidents in an attempt to avoid social disgrace and stigma.

Participants also denoted the absence of all kinds of rights, including the right to education, employment, care, protection, participation and social inclusion, and the lack of access to information and public facilities. In addition, the absence of appropriate protection and care, such as access to rehabilitation services that are adapted to each type of disability according to its specific needs and care requirements, is considered a form of ongoing violence against this population group. For example, intellectual and severe disabilities require integrated home-based services as these people have difficulty moving and accessing services in the community. In addition to protection services, support should include assistance in personal care, rehabilitation, medical treatment, nursing, psychological counseling and therapy, assistive

<sup>18</sup> National Strategy to Combat Violence 2011-2019. See <https://www.mowa.pna.ps/#34>.

<sup>19</sup> For more details, see Gender-Based Violence Classification Tool, [http://gbvims.com/wp/wp-content/uploads/ClassificationTool\\_Feb20112.pdf](http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf).

products and others<sup>20</sup>. Depriving this particular group from appropriate and integrated services means the full burden of care is left on the family, especially the mother, and the affected persons are very likely to suffer from different forms of neglect, violence, confinement, isolation, denial of reproductive rights and denial of their right to receive care and meet their basic needs, increasing their vulnerability to different forms of heightened violence.

### 3.2 Forms of violence according to the sample of service providers and target group<sup>21</sup>

Stakeholders stressed that all forms of abuse, marginalization and lack of rights, opportunities and services should be considered forms of violence against women with disabilities. The latter population group is exposed to different levels of physical, psychological, sexual and verbal violence and socioeconomic deprivation, as illustrated below:

- **Rape:** Persons with certain types of disability, particularly intellectual disabilities, are exposed to different forms of sexual abuse up to rape. Often the perpetrator is a family member or a person within the close circle around the victim. Participants noted that such cases of rape and abuse are numerous and families try to conceal them to avoid social disgrace and stigma. Family attempts may include forced sterilization of victims and denial of their reproductive rights.
- **Sexual abuse:** Persons with certain types of disability, such as intellectual, visual and physical impairments, are at a greater risk of sexual harassment and abuse. Such risk is heightened because of the victim's need for care and her dependence on a main caretaker, making her vulnerable to different forms of sexual harassment within the family/community. The perpetrator perceives the victim as weak, unable to defend herself and in need for assistance. Usually, the victim suffers from additional strain due to the negative reaction of the family if she reports the violence, because she will be blamed for the incident and will be locked up and deprived of liberty in an attempt by the family to conceal the abuse.
- **Physical abuse:** Many women and girls with disabilities are exposed to physical violence in the form of beating and physical harm. Some participants in the study sample of targeted women reported being beaten by family members in order to prevent certain behaviors or impose others.
- **Forced marriage:** The sample of women with disabilities interviewed confirmed the prevailing negative social perceptions towards their reproductive rights, citing that families and society disapprove the idea of their marriage, childbearing and the like. Sometimes, females with

<sup>20</sup> Ministry of Social Development, Realities and mechanisms to enhance home care programs for persons with severe disabilities (Research team: Nader Said, Waseem Burghal and Rashad Abu Hmeid), July 2018.

<sup>21</sup> Forms of violence listed below are based on international criteria for the classification of violence developed by UNFPA and partners. The GBV Classification Tool is available online at: [http://gbvims.com/wp/wp-content/uploads/ClassificationTool\\_Feb20112.pdf](http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf).

disabilities are subjected to exploitation by being forced to marry without consent and are denied their right to have a say in the matter.

- **Deprivation of resources, opportunities and services:** Participants noted that women and girls with disabilities are largely underprivileged in terms of rights, opportunities and resources, in comparison with other members of society without disabilities. This is evident in different forms of discrimination of rights at the family level, where children without disabilities, particularly males, receive favorable treatment and have better access to education, while girls are deprived of education and denied the opportunity to make decisions, participate in society, find an employment or enjoy their right to inheritance. This situation is aggravated by the failure to enforce the disability law and the absence of the different forms of protection and care. Women with disabilities face obvious discrimination in legal matters such as legal capacity for certain types of disability, determination of eligibility for disability benefits and others. In case of employment, this population group is often exploited in the workplace through discriminatory wages and by assigning to them marginal duties or functions that do not suit their abilities.
- **Psychological/emotional abuse:** Many stakeholders consider this type of abuse the most common form of violence against women with disabilities perpetrated by the family in the form of consistent insults, threats or intimidation. Often females with disabilities face the risk of forced isolation, consistent verbal abuse and unfair comparisons with their siblings and others. Further abuse results from social behaviors, attitudes and cultural construct, such as the perception of inferiority, verbal harassment, abusive remarks and gesticulations, exposing females with disabilities to different forms of direct and indirect verbal and psychological violence. Furthermore, participants also noted mistreatment by some service providers in the form of indecent approach or making negative remarks during service delivery. This observation points to the need to train service providers on how to ensure beneficiaries' dignity.

## **SECTION FOUR:**

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### **STATUS OF SERVICE DELIVERY AND RESPONSE TO THE NEEDS OF WOMEN VICTIMS OF VIOLENCE**

Services offered to women subjected to violence in the Palestinian territory are varied and include health and medical services, psychosocial support, rehabilitation services, occupational therapy, physiotherapy, legal services, community awareness programs, social inclusion and economic empowerment.

Although a large number of official institutions and NGOs offer services to women subjected to violence, such services are still inadequate to cover protection and care needs and requirements. They fail to consider accessibility needs of the target groups or their geographic distribution. While services offered to women victims of violence are generally limited, fragmented, disintegrated, seasonal and concentrated in major urban areas and generally lacking in rural areas and Palestinian camps, services targeting survivors of violence with disabilities in particular are more scarce and limited. This is reflected in the fact that the needs of this population group are absent from the protection system and in service providers' plans. Furthermore, there is a clear shortage in services that are adapted to the nature of each type of disability and their needs for care. Several types of disability, such as intellectual, hearing, visual and other impairments do not receive any appropriate services suited to their particular needs. This situation increases their marginalization and vulnerability and deprives them from accessing prevention, protection and care services that would help them address the risks of violence and reduce its psychosocial impact.

Participants of the sample representing official service providers working in the field of violence pointed out that the present services do not consider the needs of women and girls survivors of violence who have a disability. Service providers in general do not have an adequate level of awareness of disability, its types and the kind of services it requires and they are not aware of the realities, levels and forms of violence experienced by women with disabilities. Moreover, service providers are not provided with policies, operating procedures and protocols for service delivery to this particular group and there are no criteria in place to ensure that service providers abide by quality, competence and ethical standards in offering their services. In addition, the required staff qualification and training programs are absent and service delivery points and facilities are not adapted to ensure full accessibility. Therefore, the offered services are almost totally lacking any consideration of the specific needs of women with disabilities who are survivors of violence and are generally disintegrated and inadequate. Additionally, women and girls survivors of violence generally cannot access such services freely because of social and familial constraints, lack of information and lack of supportive services, such as accessible infrastructure of roads, transport, public facilities and others.

Table 2: Assessment of services available to women survivors of violence  
(According to the sample of service providers and target group)

No	Type of service	Status of offered services	Service providers
1.	Health services	<ul style="list-style-type: none"> <li>▪ Limited, inadequate, concentrated in urban areas at the expense of rural and marginalized areas</li> <li>▪ Lack of adaptations and medical equipment adapted to the needs of persons with disabilities, such as examination beds, special seats, adapted facilities and others</li> <li>▪ Medical staff lacking skills to adapt their behavior and diagnosis procedures to the needs of such cases</li> <li>▪ Lack of appropriate policies and operating procedures for service delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Primary and secondary healthcare centers: 380 clinics and 7 hospitals</li> <li>▪ Healthcare centers run by NGOs and the private sector</li> <li>▪ United Nations Work and Relief Agency for Palestine Refugees (UNRWA) in refugee camps</li> </ul>
2.	Sheltering services	<ul style="list-style-type: none"> <li>▪ Shelters do not accept women with disabilities</li> <li>▪ Shelters are utilized beyond their capacity</li> <li>▪ Lack of physical adaptations and adapted equipment, staff qualification, policies and operating procedures</li> </ul>	<ul style="list-style-type: none"> <li>▪ Four shelters: three in the West Bank and one in Gaza Strip</li> </ul>
3.	Psychosocial counseling and support services	<ul style="list-style-type: none"> <li>▪ Limited, inadequate, concentrated in urban areas at the expense of rural and marginalized areas</li> <li>▪ Do not include clear mechanisms for intervention and service delivery to certain types of disability, such as hearing, intellectual and severe disability</li> <li>▪ Lack of specialized services for this particular group and focus on group counseling and support. Individual counseling is generally limited and hardly available to persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family protection counselors within MOSD district directorates (12 directorates)</li> <li>▪ Specialized NGOs and international organizations</li> <li>▪ UNRWA in refugee camps</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Limited staff capacity in understanding disability, protection needs and service delivery mechanisms and lack of appropriate policies and operating procedures for service delivery to persons with disabilities</li> </ul>	
4.	Legal counseling and support services	<ul style="list-style-type: none"> <li>▪ Very limited and unavailable to most women with disabilities</li> <li>▪ Small number of institutions offer such type of service</li> <li>▪ Limited staff capacity in understanding disability, protection needs and service delivery mechanisms and lack of appropriate policies and operating procedures for service delivery to persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specialized NGOs</li> </ul>
5.	Law enforcement services (the Police)	<ul style="list-style-type: none"> <li>▪ Difficult to access by survivors and lack of effective means to report violence</li> <li>▪ Lack of adaptations and accessible places to receive or provide temporary accommodation to persons with disabilities at risk of violence</li> <li>▪ Limited staff capacity and lack of appropriate policies and operating procedures for service delivery to persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family protection units (11 units)</li> </ul>
6.	Awareness and empowerment services	<ul style="list-style-type: none"> <li>▪ Available to some extent but access to service delivery points is difficult</li> <li>▪ Limited awareness programs related to risks of violence, reporting and access to services</li> <li>▪ Inadequate economic empowerment programs that are not suited to the requirements of people with disabilities and women survivors of violence</li> </ul>	<ul style="list-style-type: none"> <li>▪ NGOs working in the field of disability and violence</li> <li>▪ NGOs offering economic empowerment services</li> </ul>

### Gaza Strip: Challenges to service delivery

According to many service providers in Gaza Strip, service delivery to women and girls with disabilities is directly affected by the specific political, economic and social realities of Gaza in terms of increased rates of violence and disability and the immense pressures on related services resulting from the apparent shortage of health, psychological and legal counseling services. In addition, the humanitarian situation in Gaza obviously affects the ability of women survivors of violence to access the few available services in view of the high demand for services, lack of information and lack of financial means by beneficiaries and their families.

Nevertheless, the findings of in-depth interviews with service providers in the study sample indicate that most women and girls with disabilities are in need for urgent interventions to provide them with protection, rehabilitation, psychosocial, health and legal counseling services among others. Violence rates are likely to increase in Gaza Strip, risking to affect wider segments of women victims of violence.

Similar to the West Bank, services in Gaza Strip are limited, fail to take in account the special needs of women with disabilities, are concentrated in certain areas compared to others and are not easily accessible by women with disabilities who are survivors of violence. Gaza service providers face an increasing demand by their target groups and lack the capacity to respond to urgent and increasing needs due to the prevailing situation in Gaza and the resulting wide range of challenges. In addition, challenges facing service providers in Gaza include poor capacity, inadequate staff qualification, lack of policies and procedures necessary for service delivery and clear deficit in the quality of programs/services available to beneficiaries.

Services offered by official and NGO service providers in the Palestinian territory are affected by the limited availability of resources. Government budgets for the social protection system are very limited and absolutely insufficient to offer the needed services to the poorest and most marginalized groups. There are currently no clear indications that official bodies will increase resource allocation to social services, particularly in view of the political and economic challenges facing the Palestinian Authority. In fact, the program initiated by MOSD in 2017 to purchase rehabilitation services for persons with disabilities was terminated<sup>22</sup>. On the other hand, many service providers in the NGO sector depend on external funding and donor support, which has been recently reduced, adversely affecting overall service delivery. There are indications<sup>23</sup> that the Palestinian economy has been negatively affected by a 38 per cent reduction of donor support in the period 2014-2016, from US \$1.23 billion to US \$757 million.

<sup>22</sup> Interview with the Director of Disability Department, Amin Ennabi, on 24 December 2018.

<sup>23</sup> UNCTAD, Report on UNCTAD Assistance to the Palestinian People: Developments in the Economy of the Occupied Palestinian Territory, September 2017.

Finally, the findings indicate that whenever women with disabilities survivors of GBV manage to access the limited available services, it is mostly unlikely that they will receive the required protection. Some service providers noted that often after violence is reported and the case is already managed by the Police's Family Protection Unit or MOSD directorates, all possible support means would be employed and the survivor would be returned to the abusive setting because no place is available to receive such cases since the available shelters are not adapted to handle most types of disability. Sometimes, the survivor's suffering increases due to ineffective laws and legislations and inability of law enforcement bodies and justice institutions to offer the required protection to women survivors of violence. Therefore, intervention is often limited to conciliation and a routine, non-deterrent procedure, such as taking a pledge from the perpetrator to stop the violence and the victim is returned to the same setting and exposed to a new cycle of violence with unpredictable results.

#### 4.1 Assessment criteria for available services

A set of indicators and criteria are applied below to assess the ability of women and girls with disabilities to access the different health, psychosocial, legal and other services. These include availability of the service, accessibility, beneficiary satisfaction, and quality of service delivery.

Table 3: Assessment criteria for available services

No	Service delivery criteria	Assessment indicators
1.	Availability of the service	<ul style="list-style-type: none"> <li>▪ Most available services do not consider the specific needs of women with disabilities, the specific nature of each disability and protection requirements</li> <li>▪ No services are available to provide sheltering protection for most types of disability</li> <li>▪ Most services are concentrated in urban areas and limited in rural and marginalized areas and camps</li> <li>▪ Many service providers do not have the capacity to cover different geographic locations or offer integrated services to a wide range of beneficiaries due to limited resources</li> <li>▪ Available services are affected by the level of budget allocations by official bodies or funding opportunities for NGO service providers</li> <li>▪ Inadequate information on service providing bodies, kinds of available services, and mechanisms to access them</li> <li>▪ Home care programs are lacking for certain types of disabilities without access to care centers</li> </ul>

2.	Accessibility	<ul style="list-style-type: none"> <li>▪ Most women and girls with disabilities do not have adequate knowledge on the available services and how to access them</li> <li>▪ Persons with certain types of disabilities have very limited mobility due to their impairment and specific needs</li> <li>▪ Costs of services are often unaffordable, in addition to the cost of transport and others</li> <li>▪ Inability to access services in many cases due to family constraints and because of the stigma</li> <li>▪ Most service delivery centers are not adapted to ensure access by survivors of violence</li> <li>▪ Lack of universal design in infrastructure utilities and public transport</li> <li>▪ Limited use of technology and social media by women and girls with disabilities to communicate with service providers</li> </ul>
3.	Beneficiary satisfaction	<ul style="list-style-type: none"> <li>▪ Most women and girls with disabilities in the study sample are dissatisfied with the offered services</li> <li>▪ Many services do not ensure beneficiaries' dignity, independence and equal access</li> <li>▪ Counselors and staff working in the field of violence do not possess the required skills to positively deal with women with disabilities survivors of violence and to offer them the appropriate services with dignity</li> <li>▪ Beneficiaries could be subjected to blame/abuse or harassment during service delivery</li> </ul>
4.	Quality of service delivery	<ul style="list-style-type: none"> <li>▪ Lack of policies and procedures to ensure adherence to certain standards in service delivery</li> <li>▪ Services are not assessed in terms of their quality, responsiveness to actual needs, and adherence to privacy and confidentiality criteria in beneficiaries' interest</li> <li>▪ No monitoring tools or accountability mechanisms are in place to judge service providers' performance</li> </ul>

The provided services should be accessible, integrated and inclusive and should ensure equality, independence and dignity of beneficiaries and adhere to privacy and confidentiality criteria in the beneficiaries' interest.

Finally, there is limited attention to prevention and post-exposure recovery services, violence prevention is an important element in reducing levels of violence against women with disabilities.

Prevention interventions may include several dimensions, such as advocacy to enhance laws and policies; community awareness campaigns addressing the root causes of GBV and aiming to dismantle the prevailing stereotypes and negative practices contributing to violence; and the organization of awareness raising programs targeting women on their right to be free from violence, how to identify violence and possible means to report violence. Other measures include post-exposure recovery, such as initiatives to enhance survivors' economic empowerment and other forms of support to ensure independence of women and persons with disabilities and initiatives to provide support, information and requirements of continuous care for this particular group and their families.

## **4.2 Challenges and gaps in service delivery**

The findings of in-depth interviews with stakeholders from the target group and service providers revealed several key gaps in the provision of protection and care for women and girls with disabilities survivors of violence, as follows:

### **4.2.1 Increased levels of disability-related vulnerability and diverse needs for care**

Disability remains a major cause of vulnerability and marginalization leading to gender-based discrimination due to several complex factors related to social construct and the status of persons with disabilities. Therefore, women and girls with disabilities face higher GBV levels. The different types of severe intellectual, physical, visual and other impairments require the provision of different forms of care and protection according to each disability type. This fact hinders the process of service delivery to this particular group in view of the lack of ability to respond to the different needs according to the nature of each disability and specific requirements for care.

### **4.2.2 Lack of access to information and services**

The findings demonstrate that women with disabilities have limited knowledge of services offered by the different actors and how to access them, which denies them the right to equal access to services. Sessions held with the sample of women with disabilities indicate that most targeted women do not have any knowledge on how to report an incident of violence, who the service providers are and what types of services are available. The 2011 survey on violence in the Palestinian society<sup>24</sup> reports that less than one per cent of respondents said they would seek assistance from a social worker, shelter, civil society organization or the Police in case they were subjected to violence.

<sup>24</sup> See the survey findings on: <http://www.pcbs.gov.ps/Downloads/book1864.pdf>.

Other barriers include a number of determinants related to the shortage of programs and their failure to respond to the needs of women with disabilities survivors of violence, limited access to services due to social constraints and obstacles related to the structure of service delivery and service providers. In addition, the available services do not take into account the specific nature of disability, age and gender factors and geographic characteristics of beneficiaries, limiting their ability to reach the intended female beneficiaries.

#### **4.2.3 Social constraints and negative culture preventing disclosure of violence**

Society in general deals with persons with disabilities in a negative way. This becomes more evident when dealing with violence against women and girls with disabilities, where the response is usually shaped by stigma, blaming the victim for the violence and fearing the repercussions of social disgrace. Therefore, community and family constraints make it very difficult for women to report and disclose the violent incident, especially in relation to sexual violence<sup>25</sup>.

#### **4.2.4 Lack of a protection system within the existing laws, operating procedures and protocols**

Relevant laws and legislations related to disability and violence do not provide mechanisms for the protection of women survivors of violence. For example, the disability law No 4 of 1999 does not include any explicit provision on requirements for protecting persons with disabilities from violence. Article 10 of the said law refers to all rights that persons with disabilities are entitled to without any explicit or implicit reference to protection. The penal code applicable in the Palestinian territory<sup>26</sup> also does not include any reference to violence that might affect persons with disabilities or any aggravating circumstances for such crimes or misdemeanors. The report of the Special Rapporteur on violence against women addressed the issue of reporting cases of violence against women with disabilities, clearly indicating a pattern of perpetrators' impunity due to the absence of adequate legislations for the protection of women and girls with disabilities<sup>27</sup>.

In addition, women and girls with disabilities are almost totally missing in public policy and interventions addressing violence, either at the level of sectoral plans related to violence, such

<sup>25</sup> Report on the Conference: Promoting reproductive and sexual rights of women with disabilities and protecting them from violence, organized by Health Work Committees, Bethlehem, 10 December 2014.

<sup>26</sup> The penal code No 16 of 1960 is applicable in the West Bank, while the mandate penal code No 74 of 1936 and its amendments are in force in Gaza Strip.

<sup>27</sup> Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to the Occupied Palestinian Territory/State of Palestine, Human Rights Council, Thirty-fifth session, 6-23 June 2017.

as the Strategic Plan to Combat Violence against Women 2011-2019<sup>28</sup> and the National Cross-Sectoral Strategy to Promote Gender Equity and Equality and Women Empowerment 2017-2022, or at the level of the different bylaws and operating protocols for service providers in the field of protection in the Palestinian territory. These documents fail to address the specific nature of violence and protection and care requirements for women and girls with disabilities.

A woman with physical disability who is a survivor of physical violence faced difficulties to get a divorce from her husband during her pregnancy.

She was unable to receive the benefits of MOSD Poverty Reduction Program under the applied criteria because she has not been awarded a divorce decision due to husband's procrastination.

Attempts to coordinate and cooperate between the Community-Based Rehabilitation (CBR) program in the North and Ministry of Health (MOH) and MOSD were unsuccessful to provide the woman with health insurance to give birth in a public hospital because of a requirement that she should have at least 60 per cent impairment. Two years have passed since the woman demanded divorce and she is still dependent on charities.

#### **4.2.5 Limited capacity and resources available to service providers**

This observation is reflected in the absence of policies guiding service providers, inadequate staff qualification and training, lack of adaptations in the facilities and service delivery points, failure to consider the specific needs of beneficiaries in patient uptake and referral procedures, and absence of codes of conduct or specific measures to ensure beneficiaries are not subjected to violence by service providers.

#### **4.2.6 Weak coordination and networking mechanisms between service providers**

The level of coordination, networking, joint action and integrated work is weak and limited. The specific needs of women and girls with disabilities who are survivors of violence are not taken in consideration, increasing their suffering. The apparent lack of integrated programs and services has consequences on several levels, including identification and documentation of cases of violence, referral mechanisms for victims, and provision of the different types of services.

#### **4.2.7 Shortage of information and data on violence against women with disabilities**

<sup>28</sup> The National Plan to Combat Violence referred to disability in only one recommendation requiring an increased penalty in the penal code for parents or any adult inside or outside the family who is found to practice any form of violence against children, especially those with disabilities.

Women with disabilities are excluded from the different surveys and data on violence in Palestine, leading to clear shortage of information and limited data on violence affecting them. This deficit is apparent in documents issued by PCBS, such as the 2011 survey on violence in the Palestinian society, which does not provide any data on this particular group, as well as other datasets and information produced by service providers.

Figure 3: Major challenges and gaps in service delivery to women and girls with disabilities



## **SECTION FIVE:**

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### **KEY ROLES OF DECISION-MAKERS AND A FRAMEWORK OF PROPOSED INTERVENTIONS AND RECOMMENDATIONS**

## 5.1 Roles of partners and providers of GBV-related services

This section addresses the roles of official and NGO service providers, law enforcement bodies and justice institutions involved in the field of violence, in addition to disabled people's organizations (DPOs), both concerned with disability rights and providing services. There is a wide range of stakeholders who have the responsibility to offer services to women with disabilities survivors of violence.

### Shared roles and responsibilities of service providers

There are several responsibilities that key stakeholders should share in order to improve the quality of services offered to women and girls with disabilities, including:

- Coordination, networking and exchange of information
- Provision of inclusive and integrated services
- Referrals for survivors of violence
- Development of policies, operating procedures and codes of conducts related to service delivery
- Enhancing staff capacity to ensure that services adequately respond to the needs of women with disabilities
- Introduction of adaptations to service delivery points and institutions to ensure accessibility
- Monitoring and follow-up to ensure quality and abide by standards of service delivery

Table 4: Roles and responsibilities of service providers to adapt services to the needs of women with disabilities

No	Partners/stakeholders	Key required duties and roles
1.	MOSD	<ul style="list-style-type: none"> <li>• Oversee and follow up cases of violence against women and girls with disabilities (protection umbrella)</li> <li>• Adapt the protection centers (shelters) in terms of policies, procedures and physical environment to accommodate women survivors of violence with all types of disability<sup>29</sup></li> <li>• Develop staff capacity to offer services that respond and give consideration to the needs of women with disabilities</li> <li>• Update quality standards of service delivery to this particular group</li> </ul>

<sup>29</sup> There are three protection centers in the West Bank and one in Gaza Strip but these centers do not accept women and girls with disabilities who are victims of violence because there are no binding policies in place and the shelters are not adapted to the specific needs of these women and girls.

No	Partners/stakeholders	Key required duties and roles
		<ul style="list-style-type: none"> <li>• Receive, follow up and refer cases to the appropriate services as needed</li> <li>• Assess cases of violence in the household and the surrounding environment</li> <li>• Follow up the implementation of intervention and reintegration plans for GBV cases affecting women and girls with disabilities</li> <li>• Offer psychosocial support and counseling and purchase rehabilitation services</li> <li>• Offer health insurance, cash assistance and economic empowerment services to female survivors</li> <li>• Coordinate with official and NGO service providers in MOSD capacity as the protection umbrella</li> <li>• Raise awareness on violence risks, reporting mechanisms and referrals for beneficiaries with disabilities and their families</li> </ul>
2.	Ministry of Women's Affairs (MOWA)	<ul style="list-style-type: none"> <li>• Propose development and amendment of protection laws and policies, including the national referral system, to comply with the needs of women with disabilities</li> <li>• Integrate the needs of care for women with disabilities into relevant national and sectoral plans</li> <li>• Monitor cases of violence, provide related data and include women and girls with disabilities into the Legal Monitor</li> <li>• Train and build the capacity of service providers in service delivery to protect women with disabilities from violence</li> <li>• Oversee the monitoring and follow-up processes to ensure quality services</li> <li>• Receive complaints from women with disabilities survivors of violence and communicate and coordinate with the complaint units in other ministries</li> </ul>
3.	MOH	<ul style="list-style-type: none"> <li>• Develop the capacity of medical staff to offer services that consider and respond to the needs of women with disabilities, ensuring the application of best practices in case management and service delivery</li> <li>• Adapt MOH primary and secondary healthcare centers to the needs of women with disabilities, including physical accessibility, instruments and equipment</li> <li>• Contribute to reporting cases of violence affecting this group</li> </ul>

No	Partners/stakeholders	Key required duties and roles
		<ul style="list-style-type: none"> <li>• Oversee MOH, private and NGO healthcare centers offering health services to women with disabilities to ensure quality standards</li> <li>• Raise awareness and provide health education on GBV, reproductive health and other issues</li> </ul>
4.	Police (family protection and juvenile units)	<ul style="list-style-type: none"> <li>• Offer protection services and immediate response to women with disabilities at risk of or likely to be exposed to domestic violence</li> <li>• Provide the required means to facilitate reporting/access to protection services for women with disabilities</li> <li>• Adapt the family protection units' facilities and provide the necessary equipment to handle persons with the different types of disability</li> <li>• Amend the units' policies and operating procedures to comply with the needs and protection requirements of women with disabilities</li> <li>• Train the police personnel and protection staff on best practices in dealing with and serving persons with disabilities</li> </ul>
5.	NGOs specialized in GBV, including health, psychosocial and legal services, economic empowerment, awareness raising and training	<ul style="list-style-type: none"> <li>• Offer integrated and inclusive services according to the focus area of each NGO and the needs of women with disabilities</li> <li>• Develop appropriate policies, operating procedures and protocols for service delivery to women with disabilities survivors of violence</li> <li>• Develop staff capacity to offer services that consider and respond to the needs of women with disabilities, ensuring the application of best practices in case management and service delivery</li> <li>• Adapt service delivery points and facilities to allow access by beneficiaries (physical accessibility, instruments and equipment)</li> <li>• Refer and receive cases affected by violence between service providers in accordance with case management methodology</li> <li>• Raise awareness on violence risks, reporting mechanisms and referrals for beneficiaries with disabilities and their families</li> </ul>
6.	DPOs, coalitions and supporting social networks (Women's Protection Network, Coordinating	<ul style="list-style-type: none"> <li>• Engage in awareness raising programs for women and girls with disabilities on risks of violence, disability rights and reproductive health issues</li> </ul>

No	Partners/stakeholders	Key required duties and roles
	Committee for Persons with Disabilities, General Union of Persons with Disabilities)	<ul style="list-style-type: none"> <li>• Assist in reporting cases of violence against women with disabilities</li> <li>• Support protection programs and services targeting women with disabilities</li> <li>• Refer cases exposed to violence to the appropriate service providers</li> <li>• Lobby with official bodies and decision-makers to provide protection and services to women victims of violence</li> </ul>
7.	Relevant official bodies (Ministry of Labor, municipalities and local councils, Ministry of Transport)	<p><b>Ministry of Labor:</b></p> <ul style="list-style-type: none"> <li>• Develop policies and procedures to protect women with disabilities in the labor market</li> <li>• Oversee and inspect employment installations to protect women with disabilities from exploitation and abuse</li> <li>• Raise employers' awareness on the rights of women with disabilities</li> </ul> <p><b>Ministry of Local Government:</b></p> <ul style="list-style-type: none"> <li>• Enforce regulations and develop policies to ensure that local councils abide by universal design standards in the different infrastructure facilities</li> </ul> <p><b>Municipalities and local councils:</b></p> <ul style="list-style-type: none"> <li>• Introduce adaptations in the infrastructure (roads, public facilities, parks)</li> <li>• Assist in reporting cases of violence against women with disabilities</li> </ul> <p><b>Ministry of Transport:</b></p> <ul style="list-style-type: none"> <li>• Introduce adaptations in the public transport sector to make sure that women with disabilities can access the different facilities with dignity and independence</li> </ul>

## 5.2 Framework of proposed interventions to protect women with disabilities victims of violence

This section addresses key issues and challenges related to the protection system for women and girls with disabilities exposed to GBV, in addition to key interventions that would respond to their needs. This is envisaged to highlight feasible key intervention strategies at the different levels that should be adopted by relevant stakeholders, including official bodies, international organizations and UN agencies, the NGO sector and the different service providers at the local level.

Table 5: Key issues, challenges and proposed interventions

No	Key issues	Key challenges	Proposed interventions	Responsibility
1.	Inadequate protection system in terms of laws, policies and operating procedures for women with disabilities survivors of violence	<ul style="list-style-type: none"> <li>• Relevant laws and legislations do not consider the protection needs of women survivors of violence</li> <li>• General policies, regulations and procedures do not include any specific reference to the protection needs of women with disabilities</li> <li>• The protection system and services are missing in national and sectoral plans addressing violence and gender</li> <li>• No national codes of conduct or operating procedures are in place to ensure the protection of survivors of violence</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a study on compliance of Palestinian legislations and laws with protection requirements for women with disabilities</li> <li>• Lobby for a review and amendment of relevant applicable laws and legislations to ensure aggravated penalties for violent behaviors and provide for clear mechanisms to protect this particular group, including in the penal code, the disability law, the personal status law, the draft family protection law, among others</li> <li>• Train and sensitize the personnel of family protection units, law enforcement bodies and the judiciary on violence against women with disabilities</li> <li>• Include protection and care requirements into national and sectoral plans addressing violence and gender</li> <li>• Amend the policies, operating procedures, regulations and protocols on reception of cases and service delivery (national referral system, safe homes system, internal operating procedures manuals of institutions, among others)</li> <li>• Develop codes of conduct to ensure maximum protection of beneficiaries and report complaints and abuses by service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Council of Ministers</li> <li>• MOWA</li> <li>• MOSD</li> <li>• Law enforcement bodies and justice institutions</li> <li>• Service providers in the public sector</li> <li>• Service providers in the field of violence and disability</li> </ul>
2.	Weak mechanisms for the prevention, protection and reporting of	<ul style="list-style-type: none"> <li>• Limited interventions for violence prevention</li> <li>• Difficulty reporting violence by women</li> </ul>	<ul style="list-style-type: none"> <li>• Implement inclusive and integrated awareness campaigns focusing on prevention to raise community awareness on the risks of violence against persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• MOSD</li> <li>• Law enforcement bodies and</li> </ul>

No	Key issues	Key challenges	Proposed interventions	Responsibility
	cases of violence against women with disabilities	<p>with disabilities due to social constraints</p> <ul style="list-style-type: none"> <li>• Negative culture and limited community awareness on disability rights</li> <li>• Reluctance of society members to report cases of disability</li> <li>• Weak role of law enforcement bodies and justice institutions</li> <li>• Inadequate engagement of some stakeholders in the protection system</li> <li>• Weak referral services and lack of referral mechanisms and sheltering services for women with disabilities survivors of violence</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness of families of persons with disabilities, especially the types of disability at highest risks of violence</li> <li>• Improve the ability of women and girls survivors of violence to report violence</li> <li>• Activate the role of social protection committees and protection from violence networks</li> <li>• Raise awareness of law enforcement bodies, such as family protection units, on the situation of women with disabilities exposed to violence and improve the mechanisms and procedures of legal protection services</li> <li>• Develop a specific mechanism and procedure to monitor and document violence-related violations of the rights of women with disabilities</li> <li>• Adapt referral mechanisms by service providers to include specific procedures for receiving and serving women with disabilities</li> <li>• Provide a unified national information center, including a safe hotline to receive violence reports and provide information to the target groups</li> <li>• Enhance and adapt safe homes and sheltering services in order to be able to receive cases of women with different types of disability</li> <li>• Activate the role of unions and coalitions concerned with disability and violence to engage in reporting and awareness raising on violence risks, including the General Union of Persons with Disabilities, the Palestinian Coalition of Persons with Disabilities, The Forum to Combat</li> </ul>	<p>justice institutions</p> <ul style="list-style-type: none"> <li>• Service providers in the public sector</li> <li>• Service providers in the field of violence and disability</li> <li>• Protection from violence networks, unions and coalitions concerned with disability and violence</li> </ul>

No	Key issues	Key challenges	Proposed interventions	Responsibility
			<p>Violence against Women, among others</p> <ul style="list-style-type: none"> <li>Enhance the inclusion of other stakeholders in the protection system, including Shari'a courts, Ministry of Education, Ministry of Labor, Ministry of Information, Ministry of Local Government, local councils and others</li> </ul>	
3.	Limited beneficiaries' knowledge on services and ability to access them	<ul style="list-style-type: none"> <li>Most beneficiaries lack knowledge on protection programs, the available services and who provide them</li> <li>The available services do not consider the differences between beneficiaries in terms of type of disability, age, gender and geographic location</li> <li>Beneficiaries do not have adequate information on service delivery</li> <li>Limited access to services by several types of disability due to social constraints</li> <li>Facilities, infrastructure and the public sphere are not adapted to the needs of the different types of disability</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of female beneficiaries with disabilities on service providers and increase their knowledge on how to access protection services</li> <li>Enhance coordination and networking between service providers in programs and service delivery</li> <li>Focus on Gaza Strip and marginalized and remote areas with limited access to service hubs</li> <li>Focus on the poorest families with more than one member with disability</li> <li>Examine the possibility to offer integrated services for women with disabilities survivors of violence through one-stop shop health or community centers to reduce stigmatization</li> <li>Lobby with official bodies and stakeholders to adapt the public environment to the needs of persons with disabilities and improve their access</li> <li>Develop a media and communication strategy to promote protection programs and services available to beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Service providers in the public sector</li> <li>Service providers in the field of violence</li> <li>Unions and coalitions concerned with disability and violence</li> </ul>

No	Key issues	Key challenges	Proposed interventions	Responsibility
4.	Available services are inadequate and not adapted to the needs of beneficiaries	<ul style="list-style-type: none"> <li>• Services are concentrated in some urban centers and limited in rural and marginalized areas and camps</li> <li>• Service delivery is affected by the level of resources available to service providers</li> <li>• Most available services do not consider the specific needs of female beneficiaries with different types of disability, such as intellectual, visual and hearing impairments</li> <li>• Protection services are not available within shelters for any type of disability</li> </ul>	<ul style="list-style-type: none"> <li>• Expand service delivery in terms of level and coverage in a planned, balanced and coordinated way between all service providers</li> <li>• Adapt a range of services to the needs of women with disabilities, including, but not limited to, exemptions from eligibility criteria for the poverty reduction program, health insurance, making certain services free of charge, such as legal counseling, and provision of home-based services for certain types of disability</li> <li>• Lobby with official bodies to allocate budgets and increase financial, human and logistical resources</li> <li>• Offer certain protection services in cooperation with service providers in the field of disability</li> <li>• Include the requirements of prevention, protection and care for women with disabilities into programs and services offered to women survivors of violence</li> <li>• Offer home-based services to certain types of disability, such as intellectual and severe disabilities</li> <li>• Focus on prevention and recovery services in addition to protection to ensure integrated interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Service providers in the public sector</li> <li>• Service providers in the field of violence and disability</li> </ul>
5.	Lack of knowledge and limited availability of data on violence affecting women with disabilities	<ul style="list-style-type: none"> <li>• Lack of data on violence against women with disabilities, its forms and levels</li> <li>• Women with disabilities are missing from surveys and data on violence in Palestine</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a quantitative survey on women with disabilities subjected to violence</li> <li>• Develop more studies and research on violence associated with disability and the needs of victims according to disability type and protection requirements</li> </ul>	<ul style="list-style-type: none"> <li>• MOWA</li> <li>• MOSD</li> <li>• Service providers in the public sector</li> <li>• Service providers in the field of</li> </ul>

No	Key issues	Key challenges	Proposed interventions	Responsibility
		<ul style="list-style-type: none"> <li>Poor monitoring and documentation processes for cases of violence associated with disability at the family and community levels, as well as in the workplace and service delivery points</li> </ul>	<ul style="list-style-type: none"> <li>Develop a database to monitor and document cases of violence against women with disabilities</li> <li>Adapt the survey on violence in the Palestinian society, the national antiviolence monitor and other instruments to include monitoring and documentation of cases of violence against women with disabilities</li> </ul>	<p>violence and disability</p> <ul style="list-style-type: none"> <li>Unions and coalitions concerned with disability and violence</li> </ul>
6.	Inadequate capacity of service providers to deal with women with disabilities survivors of violence	<ul style="list-style-type: none"> <li>Limited awareness and experience of service providers in the field of violence and lack of skills to offer services to persons with certain types of disability, such as intellectual impairment</li> <li>Limited awareness of disability service providers on the issue of violence and the protection system</li> <li>Pressure to offer services to women survivors of violence in general, especially official service providers, such as MOSD and MOH</li> <li>Failure to consider the needs of women with disabilities in the design and planning phase of projects, programs and service delivery</li> <li>Lack of clear mechanisms and specific procedures for service delivery that are adapted to the specific</li> </ul>	<ul style="list-style-type: none"> <li>Develop the capacity within MOSD (in its capacity as the protection umbrella for women survivors of violence) and increase the number of women's counselors</li> <li>Raise awareness of service providers in the field of violence on the concept of disability, its types and the specific nature of service delivery to this group</li> <li>Raise awareness of disability service providers on the issue of violence and protection mechanisms (engage them in the referral mechanisms)</li> <li>Hold workshops involving all relevant stakeholders to develop plans responding to the needs of women with disabilities survivors of violence</li> <li>Implement joint programs/services involving the different key service providers</li> <li>Introduce adaptations to service delivery points and facilities in line with the type of service, disability and needs for care</li> <li>Introduce adaptations to safe homes in order to be able to receive women with different types of disability</li> </ul>	<ul style="list-style-type: none"> <li>Service providers in the public sector</li> <li>Service providers in the field of violence and disability</li> </ul>

No	Key issues	Key challenges	Proposed interventions	Responsibility
		<p>needs of this particular beneficiary group</p> <ul style="list-style-type: none"> <li>• The available resources are inadequate to meet the needs</li> <li>• Service delivery points and facilities are not adapted to the needs of women with disabilities</li> </ul>		
7.	Lack of clear mechanisms for monitoring, oversight, quality assessment of service delivery and beneficiaries' satisfaction	<ul style="list-style-type: none"> <li>• Assessment of the quality of service delivery and satisfaction of beneficiaries and their families is not conducted</li> <li>• Lack of policies and procedures that provide standards for service delivery</li> <li>• Tools are not in place to monitor and oversee service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Develop quality control standards for the offered services to ensure they are appropriate, efficient, effective and maintain dignity and independence of female beneficiaries</li> <li>• Develop a supervision and oversight system for service providers to ensure compliance with the standards of service delivery</li> <li>• Measure beneficiaries' satisfaction with the quality of services</li> <li>• Develop a functional complaint system to allow beneficiaries to lodge complaints on breaches made by service providers</li> <li>• Develop procedures and mechanisms to control violence practices in the workplace in order to ensure protection of working women with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• MOWA</li> <li>• MOSD</li> <li>• Service providers in the field of violence and disability</li> </ul>



## FINAL RECOMMENDATIONS

The following is a list of recommendations to improve the protection and care services for women and girls with disabilities exposed to GBV:

- Enhance the protection and care system in the Palestinian territory by developing a clear national strategy to protect women and girls with disabilities victims of GBV.
- Review the relevant laws and public policies to enhance the protection system, while ensuring full inclusion of women with disabilities survivors of violence and providing them with the different care requirements.
- Provide women and girls with disabilities with protection mechanisms by taking measures and developing policies that would prevent/reduce the risks of violence, exploitation or abuse and ensure the provision of integrated and inclusive services to them, as well as improve the level and quality of services by official and NGO service providers.
- Allocate budgets and increase financial, human and logistical resources for the provision and upgrading of services and for supporting care and protection programs for women with disabilities survivors of violence.
- Include the needs of persons with disabilities regarding prevention and protection into relevant national and sectoral plans related to GBV in Palestine.
- Take all measures to ensure access of women with disabilities to information, public facilities, protection programs and services provided by official institutions, NGOs, law enforcement bodies and justice institutions.
- Train and develop the capacity and awareness of all service providers on the needs and requirements of care for women with disabilities to ensure full dignity and independence in service delivery.
- Raise awareness of women and girls with disabilities and their families on the risks of violence and counsel them on the available services and how to ensure their protection, as well as on sexual and reproductive health and rights.
- Encourage more research and studies on violence against women and girls with disabilities to enhance understanding of the issue of violence, its causes and consequences in women's lives; help enhance the quality of programs and services available to women with disabilities survivors of violence; and have better understanding of experiences of women with disabilities.
- Ensure active participation and representation of women and girls with disabilities in institutions and coalitions that seek to provide protection services, in order to allow them to

take part in all decision-making processes, especially in developing legislations, policies and operating procedures related to them.

- Contribute to changing the negative social attitudes towards persons with disabilities to ensure respect for their dignity and status and raise awareness on their potential and inputs in society.
- Lobby with official bodies and decision-makers to increase attention to women with disabilities and allocate resources to activate protection mechanisms in order to include all women survivors of violence, while giving consideration to the specific needs of those with disabilities.
- Focus on the provision of protection programs and services to all groups of women with disabilities, with special attention to types of disability at a greater risk of violence, including intellectual, severe, hearing and visual impairments.
- Focus on Gaza Strip and marginalized and remote areas with limited access to service hubs in the provision of protection mechanisms and different services to beneficiaries.
- Give priority to immediate and integrated interventions to ensure prevention, protection and recovery services to an increasing proportion of women and girls with disabilities in Gaza Strip, where the majority of this group is found according to several stakeholders.
- Focus on the poorest families with more than one member with disability, especially families registered with the MOSD poverty reduction program.
- Carry out periodic evaluation of the quality of service delivery to learn about the views and perceptions of women with disabilities regarding the quality of services, beneficiaries' satisfaction, access to services, service providers' performance, the level of available protection and challenges facing those women and girls.

## **ANNEXES:**

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**ANNEX 1: List of Workshops and Sessions with Service Providers and Target Groups**

**ANNEX 2: List of Individual Interviews with Stakeholders  
(West Bank and Gaza Strip)**

**Annex 1: List of workshops and sessions with service providers and target groups**

Region	Participants	No of sessions	No of participants	Dates
West Bank	Representatives of official bodies and service providers	2	22	First session: 16 December 2018 Second session: 11 February 2019
	Women and girls with disabilities	3	28	Third session: 22 December 2018 Fourth session: 24 December 2018 Fifth session: 29 December 2018
Gaza Strip	Representatives of official bodies and service providers	1	13	First session: 16 December 2018
	Women and girls with disabilities	2	17	Second session: 17 December 2018 Third session: 30 January 2019

**Annex 2: List of individual interviews with stakeholders (West Bank and Gaza Strip)**

Organization	Name/title	Date
MOWA, Ramallah	Ilham Sami, Director of Complaints Unit	6 December 2018
MOSD, Ramallah	Amin Ennabi, Director of Disability Unit Nawal Tamimi, Director of Women's Protection	23 December 2018
Union of Health Work Committees, Ramallah	Hanan Abu Ghosh, Director of Women's Health Programs	20 December 2018
CBR Program, North West Bank	Samar Jawdat, field coordinator	22 December 2018
Palestinian Red Crescent Society, Toubas	Nabil Dweikat, Center's Director / rehabilitation specialist Ibtisam Qannas, social worker	30 December 2018
Higher Council of Persons with Disabilities, Ramallah	Ziad Amro, Council's Coordinator	30 January 2019
-	Layla Atshan, psychosocial specialist	30 January 2019
QADER for Community Development, Bethlehem	Lana Bandak, Director General	2 February 2019
Palestinian Red Crescent Society, Gaza	Mariam Shaqoura, Director of Women's Affairs	2 February 2019
AISHA Association for woman and Child Protection	Reem Frienh, Executive Director	4 February 2019
Medical Relief Society	Mustafa Abed, Director of Rehabilitation Program	4 February 2019