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UNICEF State of Palestine Situation Assessment

SUMMARY REPORT: ACCESS TO ESSENTIAL SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH DISABILITIES IN THE GAZA STRIP AND THE WEST BANK, INCLUDING EAST JERUSALEM

September 2026

UNICEF provides children with hearing loss in the Gaza Strip with hearing aids that help them communicate, reconnect with and actively participate in their families and communities.

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This summary report draws on the situation assessment commissioned by UNICEF and conducted by Arab World for Research and Development (AWRAD) on access to essential services for children and young people with disabilities in the Gaza Strip and the West Bank, including East Jerusalem, State of Palestine. The report draws on qualitative evidence from children and young people with disabilities, caregivers, service providers, civil society actors, and institutional stakeholders across the Gaza Strip and the West Bank, including East Jerusalem and is intended to inform dialogue among government institutions, United Nations agencies, and disability actors on inclusive service delivery, system reform, and recovery priorities. *This summary report presents the principal findings and strategic implications of the full situation assessment and is intended for policy dialogue, planning, and advocacy.*

Findings should be interpreted considering the rapidly evolving humanitarian context in the Gaza Strip and the policy context in the West Bank, including East Jerusalem.

Executive Summary

Children and young people with disabilities in the State of Palestine face a profound crisis in access to essential services, driven by conflict, displacement, poverty, fragmented governance, and longstanding gaps in inclusive service delivery. Drawing on evidence from both duty-bearer systems and the lived realities of children with disabilities, caregivers, service providers, and civil society actors, **the assessment shows that exclusion is rooted not only in shortages of services, but in the failure of systems to function as connected and accountable pathways.**

In the Gaza Strip, the October 2023 war has transformed pre-existing exclusion into near-total disruption of education, health, rehabilitation, protection, and WASH services for many children with disabilities. In the West Bank, including East Jerusalem, services remain comparatively more established, yet they continue to be uneven, weakly coordinated, and inaccessible for many children living in marginalised or restricted areas.

KEY TAKEAWAY

The assessment demonstrates that the central challenge lies not only in the shortage of services, but also in the failure of systems to function as connected, accessible, and accountable pathways. Families, particularly primary caregivers of children with disabilities, are left to compensate for gaps in identification, referral, transport, affordability, follow-up, and continuity of care.

Across both contexts, legal and policy commitments have yet to translate into consistent implementation. Fragmented and non-interoperable data systems limit the visibility of children with disabilities and weaken planning, coordination, and accountability. **The findings point to an urgent need for integrated, disability-inclusive approaches that restore service continuity in the Gaza Strip while strengthening implementation, financing, and oversight in the West Bank, including East Jerusalem.**

Children in Deir al-Balah celebrate the International Day of Persons with Disabilities — sharing joy, hope and the dream of a future where every child in Gaza can grow, learn and thrive.

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1 Introduction and Analytical Framework

Children and young people with disabilities in the State of Palestine **face layered vulnerabilities shaped by conflict, occupation, economic instability and barriers to inclusion**. These challenges have intensified since the escalation of conflict in the Gaza Strip in October 2023, disrupting essential services, damaging infrastructure, displacing families, and generating substantial new rehabilitation and support needs.

While disability inclusion has received increasing policy attention through the 1999 Disability Law, Palestine's accession to the Convention on the Rights of Persons with Disabilities (CRPD), and ongoing legislative reform efforts, implementation remains uneven, under-resourced, and weakly monitored. As a result, many children continue to experience barriers to education, health care, rehabilitation, assistive technologies, protection services, and meaningful participation in community life.

Recent evidence highlights the scale of current need. A child-focused assessment conducted by UNICEF in Gaza found that **18 per cent of children aged 5–17 experience at least one functional difficulty**. These trends have significantly increased demand for disability-inclusive services across education, health, rehabilitation, protection, social protection, and WASH.

Disability data systems remain fragmented and incomplete. Different national and sectoral datasets use varying definitions, methodologies, and reporting systems, limiting comparability and creating gaps in coverage. Children under five years of age, children with developmental and communication difficulties, children in East Jerusalem, and children outside formal service systems remain particularly underrepresented. These limitations affect planning, resource allocation, service delivery, and accountability across sectors.

Grounded in the Convention on the Rights of the Child (CRC), the CRPD and the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) Theory of Change, this assessment seeks to generate actionable evidence by examining both system-level capacity and the lived experiences of children with disabilities and their caregivers. The assessment:

- Assesses the quality, comparability, and gaps in disability data systems across sectors and administrative levels.
- Analyses barriers to access and continuity of essential services, including education, health and rehabilitation, WASH, protection, and social support.
- Reviews the alignment and effectiveness of legal, policy, and institutional frameworks in fulfilling disability rights obligations.
- Evaluates the accessibility, inclusiveness, and coordination of service delivery and referral systems.
- Captures the lived experiences, risks, and priorities of children with disabilities and their caregivers to inform inclusive recovery, system strengthening, and long-term planning.

2 Methodology and Evidence Base

This assessment applies a rights-based analytical framework aligned with the CRC, CRPD, and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), operationalised through the UNPRPD Theory of Change, which examines disability as an outcome of interactions between individuals and systemic, environmental, and social barriers. The study adopts a qualitative, evidence-driven methodology combining desk review with primary data collection across the Gaza Strip and the West Bank, including East Jerusalem.

The primary evidence base comprises 84 key informant interviews (KII) and 14 focus group discussions involving over 120 participants, complemented by qualitative inputs from adolescents with physical, visual, hearing, and mild intellectual disabilities, as well as their caregivers. The data was collected between November 2025 and February 2026. Respondents included government representatives, service providers, United Nations agencies, NGOs, Organisations of Persons with Disabilities, women-led organisations, frontline workers, caregivers, and community actors. This mixed evidence base captures both system-level perspectives and lived experience, strengthening the analysis of barriers, service pathways, and priority needs.

> The qualitative evidence base included 84 key informant interviews and 14 focus group discussions involving more than 120 participants.

Analytically, the study is structured around a framework that links research questions, objectives, and UNPRPD domains, enabling a systematic examination of disability data systems, access barriers, legal and institutional frameworks, service quality, and lived experiences. This approach ensures that qualitative evidence is directly aligned with the report's analysis and recommendations.

A context-sensitive approach is applied across geographic areas. In the Gaza Strip, the methodology focuses on documenting the effects of large-scale service disruption, infrastructure destruction, and displacement following the October 2023 escalation. In the West Bank, including East Jerusalem, the analysis examines structural and institutional barriers such as fragmented governance, policy implementation gaps, and inequitable service access. **Across all settings, the study identifies common cross-cutting challenges, including fragmented data systems, weak referral pathways, accessibility constraints, and unmet psychosocial needs**.

The full study also incorporated quality assurance, ethics, and analytical safeguards. Data collection tools were reviewed and refined through iterative consultation, ethical approval processes were followed, and informed consent and assent procedures were applied in line with safeguarding requirements. Triangulation across interviews, focus group discussions, and secondary sources strengthened reliability, while the report also acknowledges limitations linked to crisis conditions, access constraints, and the non-statistical character of the qualitative sample.

3 Context

The **legal and institutional context for disability inclusion** in the State of Palestine remains shaped by an older legislative framework, such as Law No. (4) of 1999 on the Rights of Persons with Disabilities and its Cabinet Decision No. 40 of 2004 (executive regulations), which predates accession to the Convention on the Rights of Persons with Disabilities. As a result, important principles such as accessibility, non-discrimination, reasonable accommodation, and participation are not consistently operationalised across sectors. This contributes to **persistent gaps between policy commitments and implementation**, reinforced by weak registries, referral systems, and accountability mechanisms.

Service delivery operates within a fragmented geopolitical and institutional environment marked by overlapping jurisdictions and multiple providers. In the West Bank, including East Jerusalem, coordination, referral pathways, and accountability are complicated by divided governance arrangements and diverse service models. In the Gaza Strip, humanitarian conditions have intensified pre-existing fragmentation, further disrupting referrals and continuity of care. Inconsistent disability definitions and non-interoperable data systems compound these challenges by limiting planning, targeting, and monitoring.

Chronic structural constraints linked to conflict, occupation, and economic instability are compounded by acute humanitarian pressures, particularly in the Gaza Strip since late 2023. **Access to services depends not only on availability, but on whether children and families can move through complete pathways from identification and referral to follow-up and continued support**. These pathways are frequently interrupted, increasing protection risks for children with disabilities, especially in displacement settings where accessibility, privacy, and inclusive services are limited.

Responsibility for disability inclusion is shared across government institutions, municipalities, United Nations agencies, NGOs, specialised providers, Organisations of Persons with Disabilities (OPDs), and humanitarian coordination structures. Together, these actors operate within a mixed and often fragmented service delivery ecosystem that affects access, continuity, and accountability across sectors.

Children in Deir al-Balah celebrate the International Day of Persons with Disabilities — sharing joy, hope and the dream of a future where every child in Gaza can grow, learn and thrive.

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4 Current Profile of Disability

The profile of disability among children in the State of Palestine has changed significantly since October 2023, particularly in the Gaza Strip, where conflict-related injuries, displacement and disruption of essential services have increased both disability-related needs and barriers to inclusion. Eighteen per cent of children aged 5-17 in Gaza experience a functional difficulty, with 57 per cent acquiring these difficulties after October 2023. A quarter of surveyed households reported caring for a child with a disability or functional difficulty.[1]

Conflict-related injury is now a defining feature of disability. WHO estimates that more than 5,000 limb amputations have occurred in Gaza since October 2023, with approximately one in five amputees being children.[2]

Meanwhile, children with disabilities remain only partially visible within existing information systems. Disability data are drawn from multiple sources, including census data, MICS, administrative registries and humanitarian assessments, which use different methodologies and are not interoperable. Significant gaps remain for younger children, children with developmental and communication difficulties, children in East Jerusalem, and those outside formal registration and service systems.

Access to services remains a critical concern. Recent evidence from Gaza indicates that fewer than half of children with disabilities participate in any learning activity, reflecting barriers related to insecurity, transportation costs, inaccessible environments and limited assistive technologies.[3] The rehabilitation sector has also been severely affected, with about 62 per cent of rehabilitation facilities in Gaza reported as destroyed or non-functional.[4]

The profile also differs across contexts. In the West Bank, including East Jerusalem, children with disabilities are more visible within formal systems but continue to face affordability barriers, delayed identification and fragmented referral pathways. In Gaza, disability is increasingly shaped by conflict-related injury, displacement, service disruption and humanitarian dependency. Across both contexts, disability intersects with poverty and system fragmentation, resulting in heavy reliance on families to secure access to essential services.

KEY FIGURES

- **18%** of children aged 5-17 in Gaza have a functional difficulty
- **57%** of those difficulties were acquired after October 2023
- **11,000+** children estimated to have sustained life-changing injuries requiring long-term rehabilitation
- **5,000+** limb amputations reported since October 2023, with **1 in 5 amputees a child**
- **62%** of rehabilitation facilities in Gaza damaged or non-functional
- **46%** of children with disabilities participate in any learning activity

[1] UNICEF State of Palestine, *The Gaza Child-Focused Assessment: Insights from Gaza (December 2025-January 2026)*, April 2026.
[2] World Health Organization, *Estimating Trauma Rehabilitation Needs in Gaza*, May 2026 update.
[3] *Gaza Child-Focused Assessment*.
[4] World Bank, European Union and United Nations. 2025. *Gaza and West Bank Interim Rapid Damage and Needs Assessment (IRDNA)*.

5 Legal and Policy Frameworks

The legal framework for disability in the State of Palestine is anchored in the 1999 Disability Law, and its executive bylaws (2004), the Amended Basic Law of 2003, and the Palestinian Child Law of 2004, which recognise disability as a protected status and affirm rights to health, education, rehabilitation, and social protection. However, the framework is not yet fully aligned with CRPD standards, and important gaps remain in definitions, enforceable obligations, and practical implementation mechanisms. Legal provisions often remain broad, with limited clarity on institutional responsibilities, accountability, and enforcement, resulting in weak translation of rights into practice.

Efforts to reform the legal framework have been ongoing but incomplete. A revised disability law developed through stakeholder consultation since 2019 introduces a stronger rights-based approach and clearer roles and accountability provisions, but it has not been formally enacted. Institutional oversight mechanisms, including the Higher Council for Persons with Disabilities, remain constrained by limited authority, resources, and coordination capacity, affecting implementation across sectors.

Across sectors, policies recognise disability inclusion but face major implementation gaps. Early childhood systems lack clear frameworks for identification and intervention, resulting in delayed diagnosis and limited early support. In health, disability-related services are largely delivered through general systems, with partial coverage of rehabilitation and assistive devices and persistent gaps in affordability and continuity. Social protection frameworks provide a basis for assistance, but disability-related costs such as transport, devices, and caregiving are not adequately addressed. Child protection systems rely heavily on NGOs and are not consistently disability-responsive, while WASH policies include accessibility standards, but enforcement remains weak. Education policies are comparatively stronger, but implementation varies widely across locations and institutions.

The findings highlight policy gaps in areas that are often less visible in summary documents. Early childhood development systems remain weak in early identification, screening, and referral, limiting timely support during critical developmental stages. The report also notes that justice-related safeguards and protections for children with disabilities remain underdeveloped in practice, particularly where communication barriers, weak accommodation, and inaccessible complaint or redress mechanisms restrict equal protection and participation.

Service delivery across all sectors is shaped by a fragmented system involving government institutions, NGOs, UN agencies, and private providers. This mixed model reflects broader structural constraints, including political fragmentation, limited public financing, and reliance on external actors. As a result, access to services is uneven across geography and population groups, and continuity of support across sectors remains limited.

The assessment also points to several recurring legal and policy gaps: the framework is not yet fully CRPD aligned; the revised disability law has not been enacted; institutional accountability remains weak; early identification and early intervention systems are underdeveloped; service delivery is fragmented across sectors and actors; social protection does not adequately account for disability-related costs; WASH accessibility standards are weakly enforced; and education policy, while comparatively stronger, is implemented unevenly across locations.

6 Sectoral Service Delivery

Across sectors, a consistent pattern is evident: **although formal mandates and services exist, effective access depends on whether children can navigate the full-service pathway from identification and referral to follow-up and continuity of care**. In the West Bank, including East Jerusalem, policies and institutional arrangements are comparatively more developed. However, systems remain only partially functional and are often fragmented, limiting coherent service delivery. East Jerusalem is reflected where the evidence supports it, mainly as a distinct service and referral geography within the West Bank sections rather than as a fully separate rights-holder sample of comparable depth. In the Gaza Strip, service provision is significantly shaped by systemic disruption, displacement, loss of skilled personnel, and damage to equipment and infrastructure. As a result, continuity of services is weakened, and there is an increased reliance on families to bridge critical gaps in care and support.

6.1. Education

The education sector illustrates particularly clearly how broader inclusion challenges are experienced in practice.

In the West Bank including East Jerusalem, inclusive education policies and structures exist, including special education departments, resource rooms, and school-level focal points. However, access remains uneven due to infrastructure barriers, weak accommodation, limited transport, and inconsistent teacher capacity. Inclusion often depends on individual school readiness and family support rather than a reliable system pathway. Transition pathways are particularly weak, with older children and adolescents facing limited progression into secondary education, vocational opportunities, and broader inclusion, underscoring the need to explicitly target this group in education and cross-sector planning.

In the Gaza Strip, education is largely delivered through emergency arrangements such as temporary learning spaces and provider-led initiatives. Severe disruption, insecurity, damaged infrastructure, and shortages of essential resources, particularly assistive devices, significantly limit participation, leaving the majority of children with disabilities out of school or only intermittently engaged. Additional barriers include the dispersion of children across multiple locations, high transportation costs, lack of accessible routes even for those living nearby, and constraints on alternative learning approaches, as unreliable internet, electricity, and mobile connectivity restrict the feasibility of remote education.

Education perspective

> Her child returned home crying. To comfort him, she told him that he was older and that kindergarten was for younger children... but the real reason was that they refused to enrol him.
>
> - Caregiver of a child with a mobility disability, Gaza Strip

> We currently have almost no schools. About 95% of educational facilities are totally damaged...
>
> - KII, Gaza Strip, humanitarian actor

Main barriers

- Inaccessible infrastructure and lack of accommodations
- Weak referral links between education and other sectors
- Limited assistive devices and transport support
- Disrupted continuity, especially in the Gaza Strip

6.2. Health, Rehabilitation and Assistive Devices

Health and rehabilitation services reveal a marked gap between formal obligations and actual access.

In the West Bank, services exist through a mixed system of public, NGO, and private providers, but are fragmented and often unaffordable. Key barriers include high costs, weak referral completion, lack of follow-up, and limited access to assistive devices and maintenance. East Jerusalem-related pathways also point to stronger specialised capacity in a small number of referral institutions, but access to those institutions is shaped by permits, checkpoints, cost, and the need for accompaniment.

In the Gaza Strip, services are largely delivered through humanitarian mechanisms. Conflict-related injuries, destroyed infrastructure, and shortages of staff, assistive devices and equipment severely limit access. Continuity from emergency care to longer-term rehabilitation is often absent, leaving many children without sustained support.

Service continuity insight

> Frontline workers emphasised that interruption leads to regression and that continuity of rehabilitation, assistive device provision, and follow-up remains central to participation in education and community life.

- Synthesised finding from the full report narrative

Caregiver view

> She described such days as 'wasted days', as they may take five hours or more simply to secure an appointment, not to receive treatment. During this time, her son becomes bored, is unable to move freely, cries continuously, and they often have no money to buy food or water.

- Interview, caregiver with son with hearing impairment, Khan Younis

Main barriers

- Fragmented referral and follow-up systems
- High cost and limited affordability
- Severe shortages of assistive devices and rehabilitation services in the Gaza Strip
- Access restrictions
- Lack of continuity of care pathways

6.3. Child Protection and Mental Health and Psychosocial Support (MHPSS)

Children with disabilities face heightened protection risks, but systems are not consistently disability responsive.

In the West Bank, protection mechanisms exist but are unevenly accessible, with gaps in disability-sensitive referral, communication, and case management. While systems are in place, protection and MHPSS pathways remain inconsistent and not fully adapted to the diverse needs of children with disabilities, particularly those requiring specialized communication or higher levels of support. Caregivers often serve as the primary source of psychosocial support. Evidence further highlights challenges such as stigma and bullying in schools and communities, weak disability-sensitive complaint mechanisms, and the exclusion of women and girls with disabilities from parts of the broader protection response.

In the Gaza Strip, child protection and MHPSS needs are intensified by conflict and displacement, while continuity of care remains weak despite the presence of outreach services. Access is further constrained by overcrowded, inaccessible conditions and exclusion from standard communication channels, particularly for children with disabilities. Evidence also points to a gap between initial contact and sustained support, with many receiving only one-off assistance.

Protection and MHPSS perspective

> "Specialists came and provided psychological support and asked about my needs, but none of my needs were met."
>
> - Adolescent interview, Gaza Strip

Main barriers

- Limited disability-inclusive protection and MHPSS services
- Weak referral and follow-up systems
- High reliance on caregivers
- Barriers to communication, privacy, and accessibility

Sila, 4-year-old plays with her relatives in one of the shelters in Gaza City. Sila, lost her right leg after her house was bombed in Gaza City, she also lost her mother, father and her three sisters, Saba, Farah, and Laila.

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6.4. Social Protection

Social protection systems demonstrate a clear gap between formal entitlements and actual support.

In the West Bank, registration systems, particularly through the Ministry of Social Development, are relatively established, but benefits are often insufficient, irregular, or conditional in ways that exclude vulnerable households. Disability related costs such as transport, devices, and caregiving are not adequately covered.

In the Gaza Strip, social protection is largely delivered through humanitarian assistance, which remains intermittent, often inaccessible, and insufficiently disability sensitive. Registration processes do not consistently lead to assistance, with access further constrained by logistical and communication barriers. Families report significant challenges, including long travel distances, extended waiting times, repeated digital registration attempts without response, and the absence of clear contact points or feedback mechanisms.

Main barriers

- Weak linkage between registration and support
- Inadequate coverage of disability related costs
- Irregular and inaccessible assistance delivery
- Limited case management and follow-up

6.5. WASH

Access to WASH services remains a critical, yet often overlooked, barrier affecting dignity, safety, and caregiving.

In the West Bank including East Jerusalem, challenges include inaccessible sanitation facilities, lack of privacy, and high costs associated with hygiene and continence needs. Adaptations are limited and largely managed at the household level.

In the Gaza Strip, WASH conditions are significantly more severe due to displacement, damaged infrastructure, and overcrowding. Inaccessible toilets, lack of water, poor lighting, and limited privacy create major risks, particularly for children with disabilities requiring higher levels of support.

WASH perspective

> There is no proper bathroom in the camp. The bathrooms are there but not ready, so I do not use them. I use a bucket, and it is emptied outside.
>
> - Adolescent interview, Gaza Strip

Main barriers

- Inaccessible sanitation and facilities
- Lack of privacy and dignity in both contexts
- Severe infrastructure and service gaps in the Gaza Strip
- Limited disability-inclusive WASH adaptations

6.6. Cross-Sector Implications

Across all sectors, the main challenge is not the absence of services, but the failure of systems to function as connected pathways. Children with disabilities are unable to consistently move between identification, referral, service access, and follow-up, resulting in fragmented and unequal access.

Common cross sector barriers include:

- Weak coordination and referral closure
- Fragmented and non-interoperable systems
- Limited accessibility and assistive support
- High dependence on families to navigate services
- Disrupted continuity, especially in the Gaza Strip

Table 1. Comparative sectoral service patterns in the West Bank, including East Jerusalem, and the Gaza Strip

Sector	West Bank, including East Jerusalem where relevant	The Gaza Strip
 Education	Policy anchors and school architecture exist, but implementation is uneven. Key gaps include teacher preparation, aides and communication support, accessible infrastructure, transport, anti-bullying practice, and weak links between education and rehabilitation or assistive-device pathways.	Continuity is undermined by war, displacement, damaged facilities, staff loss, and emergency delivery conditions. Key gaps are safe access, inclusive temporary learning, adapted materials, assistive devices, and sustained follow-up.
 Health, rehabilitation and assistive devices	Services are more established but fragmented. Key gaps are affordability, referral completion, maintenance and replacement of devices, continuity of care, provider oversight, and uneven specialist staffing.	Emergency coordination exists, but specialist capacity is depleted. Key gaps are continuity from injury care to long-term rehabilitation, prosthetics and wheelchair supply, medicines, repair systems, follow-up, and integrated case management.
 Child protection and MHPSS	Formal mechanisms exist but remain weakly accessible. Key gaps are disability-sensitive complaints and safeguarding, accessible protection services, inclusive community and school-linked MHPSS, and better support for caregivers and girls with disabilities.	Mobile teams and psychological first aid exist, but continuity is weak and specialist staffing is limited. Key gaps are disability-inclusive shelters and safe spaces, sustained follow-up, accessible communication, and stronger links between protection, health, and rehabilitation.
 Social protection and social assistance	Registration exists but often does not translate into meaningful support. Key gaps are disability-responsive transfer design, restrictive eligibility rules, low benefit levels, and stronger outreach, follow-up, and case management.	Humanitarian assistance plays a larger role, but generic delivery excludes many households with disability-related needs. Key gaps are predictable support, accessible registration and distribution, clearer feedback channels, and case follow-up.
 WASH	Key gaps concern accessible toilets, continence support, privacy, dignity, diapers and related supplies, and practical household or facility adaptations that reduce caregiver burden.	Key gaps are acute: accessible and gender-sensitive toilets, lighting, privacy, water access, hygiene and continence materials, communication that reaches children and caregivers with sensory or communication-related disabilities, and routine disability-inclusive retrofits.

7 Service Coordination

Across both contexts, coordination remains a critical weakness in the functioning of disability-inclusive service pathways. In the West Bank including East Jerusalem, coordination structures exist but are often fragmented across ministries, NGOs, municipalities, and service providers, with limited referral closure and weak continuity across sectors. In East Jerusalem-related pathways, these burdens are intensified by movement restrictions and permit cancellations. In the Gaza Strip, humanitarian coordination mechanisms provide important stopgap functions, but service pathways are frequently interrupted by displacement, overload, and system collapse. **Across both settings, families continue to shoulder the burden of connecting services that should operate as integrated pathways**.

> "The Ministry cannot mandate referral destinations, as most rehabilitative services are privately funded, and there is no fully funded national referral system."
>
> - KII, West Bank, Ministry of Education

> "Coordination and linkage between institutions require additional protocols... institutional coordination relationships still require higher-level coordination and formal structuring"
>
> - KII, Gaza Strip, Red Crescent

8 Governance, Financing and Accountability

Across both the West Bank including East Jerusalem and the Gaza Strip, the evidence points to a persistent gap between formal obligations and effective governance for children with disabilities. **The assessment shows that disability inclusion is constrained not only by service gaps, but by weaknesses in governance, financing, and accountability**. Mandates are dispersed, regulation is uneven, and disability-related financing remains insufficient to support inclusive implementation at scale. Complaint and accountability mechanisms are present in some sectors, but they are not consistently accessible or effective for children with disabilities and their caregivers. The result is a system in which obligations are recognised, but accountability for outcomes remains weak.

9 Cross-Cutting Issues

The assessment also identifies several cross-cutting issues that shape exclusion across sectors. **These include discriminatory attitudes and stigma, heightened risks for girls and women with disabilities, and the limited participation of children with disabilities, caregivers, and Organisations of Persons with Disabilities in planning and decision-making**. These dynamics affect whether services are trusted, accessible, and responsive, and they reinforce the wider gap between formal inclusion commitments and lived realities.

Women and Girls with Disabilities

> Women are more frequently exposed to violence than men. However, men with disabilities also experience violence. Unfortunately, to this day, there is no protection system for men with disabilities.
>
> - Service provider/protection actor, KII, West Bank

Organisations of Persons with Disabilities

> The participation of persons with disabilities and organisations of persons with disabilities must be ensured from the beginning—in planning, implementation, and throughout all phases of the humanitarian programme cycle.
>
> - Service provider/coordination actor, KII, Gaza Strip

10 Strategic Recommendations

The recommendations call for a shift from fragmented, service-specific responses towards integrated systems that make disability inclusion operational across law, financing, data, service delivery, and accountability. The priority is to ensure that children with disabilities can move through complete pathways of identification, referral, access, follow-up, and sustained support.

At the system level, the assessment identifies four immediate priorities: strengthen CRPD-aligned governance and accountability; establish interoperable disability data and case tracking systems; finance inclusive services and disability-related costs more predictably; and institutionalise coordination across ministries, service providers, and humanitarian actors. These are essential enabling conditions for progress across all sectors.

At the service level, the priority is to restore and strengthen continuous pathways across education, health and rehabilitation, child protection and MHPSS, social protection, and WASH. This includes accessible infrastructure, transport, assistive devices, case management, referral completion, and disability-responsive outreach so that services are not only available in principle, but also accessible and usable in practice.

Context remains critical. **In the Gaza Strip, the immediate priority is to restore minimum continuity of essential services while safeguarding inclusive delivery within humanitarian response and early recovery. In the West Bank, including East Jerusalem, the priority is to close the gap between policy and implementation through stronger systems, oversight, and institutional follow-through**. Across both contexts, children with disabilities, caregivers, and Organisations of Persons with Disabilities should be **meaningfully involved** in planning, implementation, and monitoring.

There are two additional priorities from the findings that are critical for informing key recommendations.

1. The Gaza Strip requires a phased response that restores minimum continuity of essential services in the immediate term while building on existing local capacity for recovery and longer-term system strengthening.

2. The hidden costs of disability for households, including transport, caregiving, medicines, assistive devices, maintenance, and lost income, need to be addressed more directly through inclusive financing and social protection measures.

KEY STRATEGIC PRIORITIES

- Align legal and policy frameworks more fully with CRPD standards and strengthen accountability.
- Build interoperable disability data, referral, and case tracking systems.
- Restore and strengthen end-to-end service pathways across all sectors.
- Institutionalise coordination across government, humanitarian, and civil society actors.
- Finance disability inclusion and disability-related costs more predictably.
- Ensure participation of children with disabilities, caregivers, and OPDs in decision-making.
- Prioritise a phased Gaza Strip response that builds on existing local capacity.
- Reduce the hidden costs of disability for households through more responsive support.

KEY MESSAGES FOR DECISION-MAKERS

- The principal challenge is not only limited services, but disconnected systems that fail to deliver continuity of support.
- Families are absorbing the cost of weak referral, transport, follow-up, and case management functions.
- The Gaza Strip requires urgent restoration of minimum inclusive service continuity, while the West Bank, including East Jerusalem, requires stronger implementation and accountability.

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