

COMMUNITY-BASED INCLUSIVE DEVELOPMENT
A PARTICIPATORY DIAGNOSTIC STUDY ON THE RIGHTS
AND NEEDS OF PERSONS WITH DISABILITIES

IN THE TOWN OF IDHNA
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QADER for Community Development bears sole responsibility for the content of this study, which does not necessarily reflect the views of CBM Global Disability Inclusion or BMZ.



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1. Overview of the Study and the Methodology

Objectives and Significance of the Study

This study aims to provide a participatory diagnosis of the reality and needs of persons with disabilities in Idhna, through engaging the local community in analyzing challenges and identifying relevant opportunities. This approach stems from a firm belief in the pivotal role that local communities can play in driving development efforts, ensuring that persons with disabilities are engaged as active contributors across all aspects of life, and preventing their marginalization or exclusion.

The study also seeks to enhance coordination and strengthen linkages among governmental organizations, the municipality, development organizations, community-based organizations, volunteer and civic initiatives, and the private sector. This is to develop more inclusive and effective responses to the needs of persons with disabilities. The study supports the inclusion of persons with disabilities into community services and activities, based on the human rights principles set forth in the Convention on the Rights of Persons with Disabilities (CRPD), particularly in the areas of education, health, employment, social protection, and community participation.

Furthermore, the study aspires to reinforce community partnerships in shaping local policies and programs, building a knowledge base grounded in local realities to inform decision-making and guide development interventions that align with the rights and needs of marginalized groups in general, and persons with disabilities in particular. The findings of this study are expected to form a strategic framework for partnership between QADER for Community Development, Idhna Municipality, local organizations, and the community accountability team in the town. This partnership will contribute to implementing direct interventions and activities that aim to bridge existing gaps in the enjoyment of rights and to strengthen the active participation of persons with disabilities.

QADER will also facilitate networking and coordination between Idhna Municipality, local initiatives and organizations, as well as governmental, civil society, and international development actors. This will promote joint action on agreed priorities and mainstream inclusion across all areas of life.

Methodology:

The study follows a participatory approach that combines field research with secondary data analysis to provide a comprehensive understanding of the situation of persons with disabilities in the targeted communities. This approach is guided by rights-based and developmental standards that ensure the inclusion of disability issues while taking into account social, economic, and political factors affecting access to basic services and rights.

To ensure data quality and accuracy, a series of methodological steps were implemented starting with capacity building and training. QADER formed inclusive youth accountability teams in the targeted areas and trained them on various topics including field research tools, the rights of persons with disabilities, inclusion requirements, advocacy, and community accountability.

The methodology of the study relied on diverse data sources, including:

Primary data: collected through direct interviews, focus group discussions, and community meetings.

Secondary data: obtained from official reports, national statistics, the local strategic plan, and data from the Palestinian Central Bureau of Statistics—particularly disability-related data for the targeted towns—along with updated information from the Ministry of Education regarding schools in the targeted areas.

The process of collecting primary data in the town of Idhna included the following:

- **Questionnaires:** Surveys were completed with 92 households that have family members with disabilities, and 92 persons with disabilities themselves, to identify their current situation and needs. Additionally, surveys were filled out with 165 community members to explore their attitudes and perceptions toward persons with disabilities and their rights.
- **Interviews:** Interviews were conducted with representatives of local institutions, including municipalities, community-based organizations, kindergartens, and public and private health institutions, to assess the inclusiveness of the services provided.
- **Focus groups:** Three focus group discussions were organized, involving 22 participants, including persons with disabilities (children, adults, and women), their families, and representatives of local and educational institutions in Idhna.
- **Community meetings:** A community meeting was held to review preliminary data. It brought together representatives from various sectors to discuss the findings, verify their accuracy, and identify local priorities based on field data. The meeting also aimed to agree on possible interventions to enhance the inclusion of persons with disabilities and ensure their access to rights across different sectors. Participants included representatives of local authorities, persons with disabilities and their families, and representatives of local institutions.

2 Context

2.1 Overview of the Town

Idhna is a Palestinian town situated in the southern West Bank, approximately 13 kilometers west of Hebron city and about one kilometer east of the Green Line. According to estimates by the Palestinian Central Bureau of Statistics for the year 2024, the population of the town is estimated at 32,000 people. Agriculture is one of the primary sources of income for the population. The total land area of the town is 21,526 dunums (approximately 21.5 km²), of which 2,809 dunums are classified as built-up areas. The town is divided into northern and southern parts, separated by Wadi al-Faraj.

Electricity: The electricity network covers about 95% of the buildings in the town. However, some neighborhoods experience frequent outages due to malfunctions or issues with transformers.

Water Supply: The water network serves approximately 80% of the town. Residents in elevated or more remote neighborhoods face difficulties in receiving water consistently.

Sewage: The town lacks a sewage network and relies entirely (100%) on cesspits, which are emptied periodically.

Waste Management: Waste collection services are provided regularly and cover around 90% of the geographic area of the town.

Roads and Transportation: Idhna has an internal road network totaling 130 kilometers, of which 80 kilometers are paved. However, 20 kilometers of the paved roads are in poor condition, and 30 kilometers remain unpaved. The town is connected to neighboring villages through roads that stretch 87 kilometers, including 51 kilometers that are paved. Of the remaining, 14 kilometers are in poor condition and 22 kilometers are unpaved. As for transportation, public transport services are available but are limited to routes connecting the town to the city center. Transportation relies on 25 informal vehicles in addition to 12 officially licensed public vehicles.

2.2 Socioeconomic Characteristics of Families of Persons with Disabilities

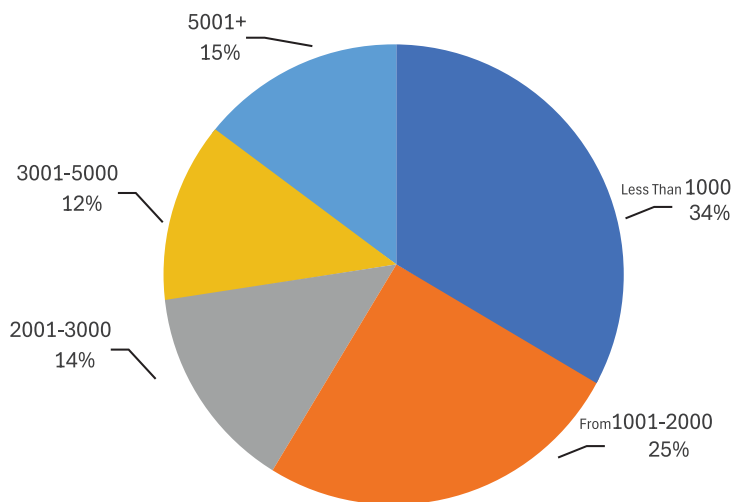
Household Size and Members with Disabilities: In Idhna, the average household size for families with persons with disabilities is approximately 5.9 members, compared to the [average household size in the West Bank, which was about 4.7 members in 2022 \(according to the Palestinian Central Bureau of Statistics\)](#).

The findings also revealed that approximately 43.5% of the heads of households surveyed are themselves persons with disabilities. Furthermore, 73.9% of the surveyed households include one member with a disability, while 15.2% of the families have two members with disabilities, and 10.9% include three or more members with disabilities.

The types of disabilities varied among the individuals surveyed. About 52.5% of persons with disabilities reported difficulties with mobility or using their hands. Individuals with hearing disabilities represented 14% of the total, while 18% experienced visual disabilities. In addition, 14% of the individuals had multiple disabilities, meaning they live with more than one type of disability—such as a combination of physical, sensory, and intellectual disabilities.

Approximately 74.2% of the surveyed families of persons with disabilities indicated that they have at least one family member with a disability who is unemployed. Additionally, 16% of these families reported having two or more persons with disabilities who are currently unemployed.

Economic Status and Income Levels:The field data indicated that 34% of the families of persons with disabilities in Idhna have a monthly income that does not exceed 1,000 shekels. Another 25% reported a monthly income that does not exceed 2,000 shekels, placing these families below the poverty line, which is estimated at 2,470 shekels per month. Only 15.2% of these families reported a monthly income of more than 5,000 shekels



“Relative distribution of the income of households of persons with disabilities by different income categories – Shekel.”

Monthly Household Expenditure: The average monthly expenditure for households of persons with disabilities in Idhna was found to be approximately 2,182 shekels. **This figure stands in contrast to the average monthly expenditure of households in the West Bank, which was about 5,800 shekels in 2017 for a family of approximately 5.2 members, based on data from the Palestinian Central Bureau of Statistics.** The significant gap in expenditure is largely due to the limited income of families that include persons with disabilities. On average, families reported spending about 580 shekels per month on health and medical care, with around 400 shekels specifically allocated for the needs of persons with disabilities. The average monthly spending on food for these households was approximately 1,580 shekels.

2.3 Organizations in the town of Idhna

In addition to the municipality, Idhna town includes a number of institutions working in various fields, including social and economic empowerment, educational and health services, and community development. These include:

Idhna Municipality: The Municipality of Idhna provides a wide range of services that contribute to the city's development and the well-being of its residents. Its main objectives are to achieve sustainable development, improve infrastructure, and provide a suitable living environment for all members of the community, including persons with disabilities. The municipality employs a total of 74 staff members, of whom 11 are persons with disabilities. The municipal council consists of 13 members, including 2 women, with no representation of persons with disabilities. The municipality gives special attention to persons with disabilities, aiming to provide them with an enabling environment. Its services include the adaptation of roads, sidewalks, and public facilities to be accessible, in addition to operating the Idhna Community Center, which specializes in supporting persons with disabilities.

Persons with disabilities participated in the preparation of the town's strategic plan, accounting for more than 7% of the total participants. The plan includes several projects that aim to make infrastructure accessible to meet the needs of persons with disabilities, provide social support, and implement educational and training programs.

Idhna Municipal Community Center: This community center provides comprehensive services for persons with disabilities in Idhna and neighboring areas such as Tarquimiya, Beit Awwa, Deir Samit, and Al-Koum. It mainly targets children with disabilities aged 3–15 years, in addition to offering some services to individuals of other age groups. Since its establishment in 2012 under the supervision of Idhna Municipality, with core funding from QADER for Community Development and the Italian Government, the center has become a key provider of rehabilitation, health, and educational support for persons with disabilities. It relies on institutional partnerships that contribute to the sustainability of its services, such as the Ministry of Social Development, which covers part of its costs through a servicepurchase mechanism.

The center offers an integrated range of services, including medical rehabilitation (physiotherapy and occupational therapy sessions), speech and hearing support, and special education aimed at developing the academic and social skills of children with disabilities. It also provides the MOVE program for children with severe motor disabilities, as well as psychological support services for children and their families, which include individual and group counseling sessions conducted in cooperation with schools and the local community. Additionally, the center provides assistive devices such as wheelchairs, prosthetic limbs, and hearing aids, as well as medical referrals coordinated with specialized doctors and medical institutions such as the Red Crescent and Medical Relief Society. The center also organizes awareness campaigns and workshops for families and the community to promote understanding of disability issues and the rights of persons with disabilities.

Ihdna Women's Club: Established in 2001 under the Rural Women's Development Association, the club aims to empower women and enhance their social and economic roles. It has 170 members in its general assembly, including 5 women with disabilities, while its administrative board consists of 7 members, none of whom are women with disabilities. The club is entirely volunteer-based and targets women and children through diverse programs in the social, economic, cultural, and health fields. Although the club does not implement specialized programs for persons with disabilities, they participate in ongoing activities according to their abilities and interests.

Al-Nabi Saleh Charity Kitchen: Established in 2024, the kitchen has applied for official registration, but the file remains pending with the relevant authorities, delaying the licensing process. The founders aim to establish a permanent facility for preparing and distributing food to needy families in Ihdna and nearby villages, focusing on supporting families with limited or no income.

Al-Amal for Childhood and Development Association: Established in 2003 and registered with the Ministry of Culture, the association aims to promote community development, focusing on supporting children and women and enhancing their social and cultural capacities.

The association targets children, women, and youth from the local community. Its administrative board consists of 7 members (4 women and 3 men) with no members with disabilities, while its general assembly includes 13 members (2 women). The administrative and general assemblies were the same in its founding phase.

Ihdna Sports Club: Established in 1992 and registered with the Ministry of Interior, the club aims to build a generation of athletes capable of active participation in various sports, primarily targeting youth. Its general assembly has 350 members (300 males and 50 females) and no members with disabilities. The administrative board consists of 11 male members. The club's activities focus mainly on sports and do not include programs specifically directed toward persons with disabilities.

Ihdna Zakat Committee: Founded in 2015 and affiliated with the Ministry of Awqaf and

Religious Affairs, the committee's primary goal is to support the poor, needy, and orphans in Idhna. The administrative board consists of 7 members (6 men) and no members with disabilities.

The committee's work is funded through zakat and donations and provides both in-kind and cash assistance, including specific support for persons with disabilities and their families. Its services include economic empowerment programs, home adaptations, and the provision of assistive devices.

Charitable Association for Orphan Care: Established in 2005 and registered with the Ministry of Interior, the association aims to support families and orphaned children by providing material and in-kind assistance. Its general assembly has 54 members (24 women and 30 men), while the administrative board includes 9 members (1 woman) with no members with disabilities.

The association employs 16 staff members (15 women and 1 man), none of whom are persons with disabilities. It does not provide direct programs or services for persons with disabilities.

Palestinian Medical Relief Society – Idhna Branch: Established in 1987 as a branch of the central Medical Relief Society in Ramallah, it aims to provide health and social services to the local community in Idhna and surrounding areas. The center serves all population groups and offers most of its medical and psychological services to persons with disabilities free of charge.

The staff consists of 7 employees (2 doctors, 2 nurses, 1 laboratory technician, and 2 pharmacists), and the center operates from 8:00 a.m. to 2:00 p.m.

It provides various medical services, including gynecology and obstetrics, emergency care, hypertension and diabetes treatment, as well as psychosocial support programs, school health screenings, home visits for persons with disabilities and older persons, and assistive devices when available. The center also conducts health education, awareness, and preventive activities.

Palestinian Red Crescent Society Idhna Branch: The Idhna branch of the Red Crescent was established in 1998 to provide health and social services to the local community across several areas, including Tarqumiya, Beit Awwa, Idhna, Deir Samit, and western Dura villages, serving approximately 100,000 beneficiaries.

The branch has 220 members (110 women and 7 persons with disabilities). The administrative board includes 7 male members, one of whom is a person with a disability. The branch employs 30 staff members and works with 120 volunteers, who receive continuous training to enhance their life and leadership skills and improve their capacity to interact effectively with persons with disabilities.

The branch provides first aid and emergency services 24/7, in addition to radiology, laboratory, and specialized clinic services, as well as maternal and child health programs. The community work unit implements programs and activities that promote the inclusion of

persons with disabilities in the community and coordinates with relevant entities to provide assistive devices and medical supplies.

Higher Education Association: Established in 1994, the association is registered with the Cooperative Work Agency. It aims to provide educational and cultural services and to contribute to the development of the local community through a variety of activities, including a primary school, the promotion of public awareness and general culture, as well as educational courses and karate training.

The association's general assembly includes 2,120 male and female members, with no members with disabilities. The association has a permanent headquarters and owns its premises.

Key Challenges and Difficulties Facing Local Organizations in Including Persons with Disabilities:

- **Absence of comprehensive strategic plans for persons with disabilities:** The vast majority of local organizations in the town of Idhna lack comprehensive strategic plans, with no planning or organizationalization of inclusion of persons with disabilities in their programs and services.
- **Lack of representation of persons with disabilities in administrative and public bodies:** Persons with disabilities are absent from the administrative bodies of all local organizations, with very limited representation in public bodies, leading to marginalization of their participation in decision-making processes.
- **Lack of qualified staff to accommodate the needs of persons with disabilities:** Most local organizations in the town (employees, volunteers, general and administrative bodies) have not received any training to interact with persons with disabilities, understand their needs, or be aware of their rights, resulting in failure to respond to their needs or apply an inclusive targeting approach in their interventions and programs.
- **Weak funding and networking:** The lack of financial resources for local organizations and their heavy reliance on external funding to implement their programs and activities pose a major challenge, limiting their ability to respond to the needs of persons with disabilities and include them in their programs and activities, as external funding is usually specific and tied to donor objectives. Additionally, limited partnerships with local and international entities reduce opportunities for additional support to develop organizational capacities.
- **Lack of accessible buildings:** Facilities of local organizations lack accessibility and general design requirements, manifested by the absence of accessible entrances, elevators, wide corridors, and accessible sanitary units. This represents a significant barrier for persons with disabilities to access local organizations, use their facilities, and participate in their programs and activities.

- Absence of universal design and reasonable accommodations in local organizations' programs and activities: The programs and activities implemented by local organizations do not consider universal design requirements and reasonable accommodations to ensure access and participation of persons with disabilities, evident in the lack of accessible transportation, adapted communication materials (such as announcements), and other forms of reasonable accommodations to ensure access and participation.
- Social awareness and prevailing negative attitudes: Negative societal attitudes towards persons with disabilities, accompanied by social stigma, form a major barrier to their inclusion in society. Low awareness among families of persons with disabilities and the local community about the importance of including persons with disabilities in various activities limits their active participation.
- The community center faces challenges affecting the quality and type of services provided to persons with disabilities, including overcrowding due to the current building's inability to accommodate the increasing number of beneficiaries, with more than 60 children on the waiting list, in addition to a shortage of specialists in physical therapy, occupational therapy, speech therapy, special education, and the absence of accessible transportation for persons with disabilities.

3 The Reality of Persons with Disabilities in the Town

3.1 The Right to Access Education

The right to education is one of the fundamental rights guaranteed by national legislation and international agreements for all individuals without discrimination. The amended Palestinian Basic Law (Constitution) explicitly prohibits discrimination based on disability, including the right to education, as stated in Article 9 under the second chapter on constitutional rights and freedoms.

Law No. 4 of 1999 concerning the rights of persons with disabilities reaffirms this right in Article 10 by ensuring equal opportunities for students with disabilities to enroll in educational organizations, including schools and universities. The law obligates the Ministry of Social Development, in coordination with all relevant authorities, to provide the necessary educational diagnosis to determine the nature and degree of disability. It also requires the preparation of appropriate curricula and teaching materials, alongside the provision of accommodations that guarantee an inclusive learning environment.

Furthermore, the law emphasizes the importance of training qualified staff to work with students with disabilities, to empower them to access education at various levels and types, aligned with their needs and promoting their active participation in society.

With the publication of the Convention on the Rights of Persons with Disabilities (CRPD) in the Official Gazette pursuant to Decree Law No. 36 of 2023, these obligations must be based on the provisions of the Convention itself, particularly Article 24 concerning the right to education, grounded in the principle of inclusion. This includes, among other things, a comprehensive and disability-friendly education system that ensures no person with a disability is excluded from education on the basis of their disability, respects individual differences, facilitates learning Braille and sign language, provides teachers with disabilities proficient in these languages, and fulfills other related commitments.

Data from the Palestinian Central Bureau of Statistics for 2017 showed that the illiteracy rate among persons with disabilities aged 10 years and above in the town is about 57%, compared to an illiteracy rate of around 3.6% for the entire Hebron Governorate. The data also indicate that approximately 78% of persons with disabilities in Idhna have never enrolled in education or have enrolled but dropped out.

3.1.1 Early Education

The town of Idhna has nine kindergartens geographically distributed, varying in size and services, catering to children aged 4 to 6 years. The total number of children enrolled in kindergartens is approximately 711, of whom 48% are boys and 52% are girls. The children receive education from 38 female teachers, with an average of about 19 children per teacher. Regarding classrooms, the average number of children per classroom is about 24. Results from interviews with kindergarten management in Idhna indicated that the percentage of children with disabilities enrolled in kindergartens is around 3% of the total number of children.

Additionally, 7.6% of families of persons with disabilities reported having children with disabilities of kindergarten age who are currently not enrolled. The tuition fees in Idhna kindergartens are about 150 shekels per month, with financial exemptions provided to some families of persons with disabilities with limited income.

Regarding facilities and infrastructure, there is one restroom for every 22 children in the kindergartens. There are also outdoor playgrounds averaging 120 square meters, most of which are covered with artificial grass and shaded with canopies covering about 40% of the area.

Interviews and field visits to kindergartens in Idhna revealed weaknesses in accessibility and general design requirements in the kindergarten buildings. Most kindergartens lack the necessary accommodations for access and use by children with disabilities, including

not accessible entrances, corridors, sanitary units, absence of elevators, playgrounds, and outdoor play equipment.

Furthermore, most kindergartens lack modern electronic educational equipment that supports early learning. There are no curricula or teaching materials that consider the special needs of children with disabilities, negatively affecting their inclusion in the educational process.

Transportation means used by kindergartens are also not adapted for children with disabilities, which increases the difficulty of their commuting to the kindergartens and participating in educational activities.

Although most female teachers in Idhna kindergartens hold university degrees and have attended training courses in early childhood education, they lack specialized training in dealing with children with disabilities, including their rights and related legislation. Activities offered in kindergartens do not take into account the needs of children with disabilities, as they are often excluded from physical activities without providing appropriate alternatives.

3.1.2 Basic and Secondary Education

3.1.2.1 Key Indicators for Basic and Secondary Education at the Community Level

Students in the town of Idhna receive their education through 30 schools (22 public and 8 private) staffed by 410 teachers. These schools are distributed as follows: 4 secondary schools and 26 primary schools for both boys and girls. The total number of students enrolled in these schools is 8,303 (3,961 boys and 4,342 girls), including 30 students with disabilities (16 boys and 14 girls).

Basic and Secondary Education Indicators in idhna Compared to National Indicators:

General Indicator	Idhna	National-level figures
Number of students per teacher	20.3	19.4
Number of students per counselor	553	200-300
Number of students per class section	29	26.4
Classroom space per student (m ²)	1.4	1.5
Number of students per toilet	43.7	30.1
Number of students per drinking fountain	43.3	32.5
Number of students per sink	50.9	49.7

The table above shows a comparison of education indicators in the town of Idhna with the national averages. The student-to-teacher ratio in Idhna is 20.3, compared to the national average of 19.4. The average class size in Idhna is 29 students per class, versus the national average of 26.4. These figures reflect moderately sized classes and an acceptable academic workload for teachers.

3.1.2.2 School Accessibility in Idhna from the Perspective of Persons with Disabilities.

Most people with disabilities and their families, during the field study and focus groups, reported that the town's schools are not adequately adapted to accommodate students with disabilities. They pointed out limited access to basic and secondary education, whether due to financial costs or physical barriers.

One of the main shortcomings they highlighted was the poor general design of educational facilities in terms of meeting the needs of students with disabilities. The results showed that only two schools—about 7% of the town's schools—lack ramps to facilitate the mobility of students with disabilities. Additionally, general design considerations and accessibility arrangements are absent in school facilities such as libraries, computer and science labs, classrooms, health units, and so on.

Students with disabilities and their families also described the teaching aids, computers, and curricula as unsuitable and not meeting their needs. Regarding resource rooms, there is only one available in the entire town.

Participants in the focus groups also noted a shortage of qualified staff to work with people with disabilities, with around 80% believing there are no teachers trained to handle students with disabilities in schools. Teachers themselves confirmed in these groups that they lack the necessary knowledge and skills to support students with disabilities effectively.

3.1.2.3 Enrollment Rates in Basic and Secondary Education among Students with Disabilities

The presence of the Idhna Municipal Community Center is a positive factor, as it provides important interventions to support the inclusion of children with disabilities in schools. Many students with disabilities have been integrated into the town's schools and are followed up through a variety of rehabilitation services such as physical therapy, speech therapy, and special education services. These services help prepare children with disabilities before their inclusion into schools, enabling them to interact more effectively within the school environment.

The center also works to strengthen collaboration with schools by offering psychological and educational support, as well as training teachers on how to work with children with

disabilities. Additionally, it provides assistive devices and medical supplies that help children move around and participate in school activities. Through these interventions, the center enhances the ability of children with disabilities to adapt to the school environment. Despite these efforts, students with disabilities still face challenges within the school setting. One of the most significant issues is the lack of acceptance by their peers, with 14% of students with disabilities reporting that they feel unaccepted by classmates. Furthermore, 50% of these students reported experiencing bullying or violence from their peers, and sometimes even from teachers. Families of children with disabilities also noted that their children's presence in public schools is often only formal, due to ongoing marginalization and exclusion.

3.1.3 Enrollment in Higher Education

People with disabilities face significant challenges in accessing higher and intermediate education organizations. The field study results showed that only about 3% of the total surveyed individuals with disabilities in the town are currently enrolled in higher or intermediate education.

The main challenges include the lack of accessibility adaptations in the buildings and facilities of higher education organizations, as well as the absence of accessible transportation options in the town to meet the needs of students with disabilities.

Within the university campus, lecture rooms are inadequately equipped to support the interaction of students with disabilities with the educational content, which limits their ability to participate fully. The study also revealed a complete absence of qualified teachers trained to work with students with disabilities, a point emphasized by all the respondents with disabilities. Additionally, the curricula present another challenge as they do not take into account the individual needs of students with disabilities.

3.1.4 Enrollment in Vocational Education and Training

The field study results showed that the enrollment rate of people with disabilities in vocational training is low, mainly due to several challenges. The most significant of these is the lack of information about the mechanisms and procedures for enrollment. The vast majority of surveyed individuals with disabilities have not received adequate awareness and guidance programs regarding admission to both public and private vocational education.

Additionally, people with disabilities and their families considered the absence of nearby vocational training and education organizations a major barrier. The closest public vocational center is located in Hebron, which affects the accessibility for people with disabilities, especially given the lack of suitable transportation options.

On the other hand, most people with disabilities interviewed in the field and focus groups pointed out the poor general design of educational facilities, including the infrastructure of

classrooms, labs, workshops, and so on. They also noted that teaching aids and curricula are not adapted to their needs.

Moreover, there is a clear weakness in the qualification of educational staff, with many vocational education workers lacking the necessary training and experience to meet the needs of people with disabilities.

3.2 The Right to Economic Empowerment and Employment

The right to work and employment is one of the fundamental rights guaranteed by Palestinian legislation. The amended Palestinian Basic Law (the Constitution) explicitly affirms in Article 25 the right of every citizen to work and the regulation of labor relations in a manner that ensures justice for all and provides workers with health and social care. Article 9 prohibits discrimination on the basis of disability absolutely, including the right to work.

Furthermore, Article 10 of the Disability Rights Law No. 4 of 1999 assigns the Ministry of Social Development the responsibility, in coordination with all relevant bodies, to ensure the rights of persons with disabilities in rehabilitation, vocational training, and employment based on the principle of equal opportunities. It also mandates government and nongovernment organizations to employ a minimum of 5% of persons with disabilities among their workforce, make workplaces accessible to their needs, and encourages private organizations to employ them in exchange for tax discounts.

Referring to Cabinet Resolution No. 40 of 2004, which issues the executive regulations for Law No. 4 of 1999 on the rights of persons with disabilities, Article 12 stresses that any company or organization that does not employ persons with disabilities according to the required quota (at least 5%) must pay a salary substitute for the disabled person at the minimum wage level into a “special fund for persons with disabilities.” This fund is to be established by a decision from the Minister of Social Development and is designated to provide financial assistance to unemployed persons with disabilities.

Despite the importance of this provision for the economic empowerment of persons with disabilities, and despite all the years that have passed since the approval and enforcement of the executive regulations, this fund has yet to be established, which is contrary to what the executive regulations require.

3.2.1 Economic Participation and Employment

The majority (79.8%) of families of persons with disabilities surveyed in Idhna believe that accessing the labor market is difficult. Meanwhile, 15% of them consider entry into the labor market to be of medium difficulty, due to a variety of challenges that contribute to the low economic participation of persons with disabilities—both males and females.

According to interviews with persons with disabilities, as well as focus groups that included

both employed and unemployed individuals with disabilities, their families, and employers, several challenges were identified that contribute to the low economic participation of persons with disabilities. These challenges are as follows:

Lack of accessible work environments for employing persons with disabilities: Field study results showed that 80% of persons with disabilities in Idhna indicated that organizations (both governmental and private) in the area are not adequately equipped to accommodate and employ persons with disabilities. This stands in violation of the Law on the Rights of Persons with Disabilities and its executive regulations, as well as the obligations following the publication of the Convention on the Rights of Persons with Disabilities in the official gazette under Decree Law No. (36) of 2023.

Discrimination and bias in the workplace: Discrimination and negative bias toward persons with disabilities in the labor market represent one of the most significant barriers they face. According to the data, 85% of respondents confirmed the existence of discrimination against persons with disabilities in work environments. This discrimination manifests in various ways, most notably in the refusal to hire them, the denial of equal opportunities for promotion and training, or the imposition of unjustified restrictions that limit their access to employment. These biases stem from social and cultural factors, such as low awareness of the rights of persons with disabilities and negative stereotypes about their ability to perform tasks efficiently.

Lack of training and educational opportunities for persons with disabilities: Field study results indicated that 57% of persons with disabilities in Idhna had not participated in training sessions or workshops aimed at building their capacities to enter the labor market. This is due to several factors, including a lack of training programs specifically tailored to them, the absence of accessible training environments in terms of infrastructure and tools, and a general lack of awareness among organizations about the importance of including persons with disabilities in training programs. Financial and social challenges, such as weak family support or a lack of suitable opportunities, also play a role.

Support for self-employment projects for persons with disabilities: Only 3% of surveyed persons with disabilities and their families in Idhna reported receiving support to establish income-generating projects or activities. However, most of the previously implemented projects have ceased. This is attributed to several factors, including the lack of prior market needs assessments in the town, leading to the support of projects that do not align with actual demand. In addition, reliance on stereotypical or repetitive projects limits their chances of success due to market saturation. The lack of experience in project management and the beneficiaries' lack of essential skills—such as those needed for sheep or poultry farming—often result in project failure. Furthermore, the depletion of capital without the ability to cover ongoing operational costs, along with limited financial capacity to develop or reinvest profits in the projects to ensure their sustainability, contributes to the collapse of these initiatives.

3.3 The Right to Health

Article (22) of the Amended Basic Law (the Constitution), found under the section on rights and public freedoms, states the following: “1. The law shall regulate social and health insurance services, and pensions for disability and old age. 2. Caring for the families of martyrs and prisoners, as well as the wounded, affected individuals, and persons with disabilities, is a duty regulated by law. The Palestinian National Authority shall guarantee them education, health, and social insurance services.” This constitutional article emphasizes two different levels of obligation. In the first paragraph, the regulation of social and health insurance services, along with disability and old-age pensions, is left to ordinary legislation, meaning the Authority is not required to provide these services for free; instead, they are organized as deemed appropriate by the competent bodies. However, the second paragraph uses clear and decisive language, stating that caring for the families of martyrs, prisoners, the wounded, affected individuals, and persons with disabilities is a “duty” of the Palestinian National Authority and shall be regulated by law. More importantly, the text obliges the Authority to “guarantee” them education, health, and social insurance services. In a constitutional context, the word “guarantee” means full responsibility—i.e., the Authority must directly provide these services free of charge, without requiring beneficiaries to pay. Any law that fails to fulfill this meaning is considered unconstitutional.

Furthermore, the Rights of Persons with Disabilities Law No. (4) of 1999, in Article (10), requires the Ministry of Social Development, in coordination with all relevant entities, to be responsible for “ensuring that persons with disabilities and their families receive the health services included in the government health insurance free of charge.” Despite the fact that the free provision of health insurance services—as well as social insurance and education for persons with disabilities is a constitutional obligation, and despite the clear stipulation in the Rights of Persons with Disabilities Law affirming the right to free health insurance for persons with disabilities and their families, and despite the issuance of the Government Health Insurance Regulation for Persons with Disabilities in 2021 by the Council of Ministers and its publication in the official gazette (the Palestinian Gazette) and entry into force, actual practices still contradict the Basic Law, the Disabilities Law, and the 2021 Health Insurance Regulation regarding the “free health insurance” for persons with disabilities.

3.3.1 Available Health Services

Persons with disabilities in the town of Idhna receive healthcare services through both public and private health centers located within the town. These include the government clinic, which is a second-level facility that provides primary care services, general medicine, pediatric care, and laboratory testing.

In addition, the medical center operated by the Red Crescent offers basic medical services, including general medical checkups, emergency and ambulance services, radiology, and laboratory tests, as well as follow-up care for some chronic illnesses.

The medical center run by the Medical Relief Society provides free services including primary care, emergency care, a gynecology clinic, and chronic disease follow-up. The center also offers diagnostic services for children under the age of five, including measurements of height and weight, cognitive development assessments, hearing screening, and home visits for persons with disabilities. There are also private health clinics and centers available in the town.

Despite the availability of healthcare services in Idhna, several challenges affect the accessibility of these services for persons with disabilities, as reported by them and their families. These challenges include the absence of specialized healthcare services for persons with disabilities, poor accessibility and lack of suitable infrastructure in health facilities, and the shortage of qualified staff trained to work with persons with disabilities. Families also pointed out the lack of early disability detection services, which can result in delayed diagnoses or failure to receive appropriate care. As a result, some individuals are forced to seek services at private centers outside the town, incurring additional costs that many families may not be able to afford.

3.3.2 Health Service Covered under Health Insurance

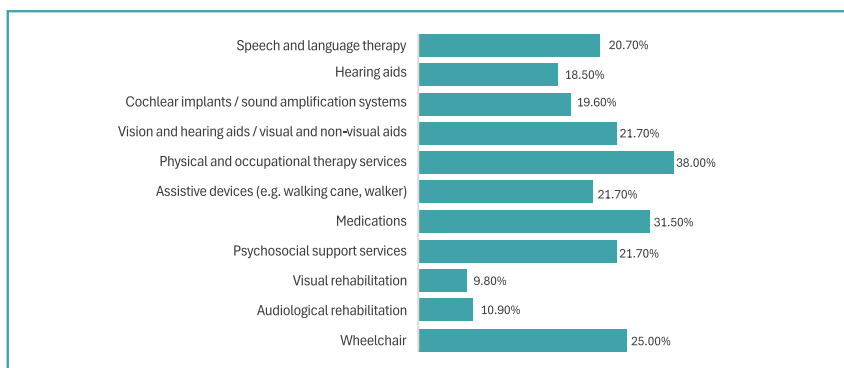
Although 72% of families of persons with disabilities in Idhna have free health insurance, the level of coverage does not meet the healthcare needs of most families. In fact, 42.4% of these families cover medical expenses out of their own pockets, including treatment, medications, nutritional supplements, physical and occupational therapy, as well as transportation costs. This imposes a significant financial burden on families of persons with disabilities, especially those with limited income.

3.3.3 Needs of Persons with Disabilities (Coverage and Accessibility)

Persons with disabilities in Idhna face a clear lack in meeting their basic healthcare needs, which leads them to rely heavily on their own resources or on irregular organizational support. According to the survey, 31.5% of persons with disabilities in Idhna reported needing rehabilitation services (such as physical and occupational therapy), but these services are often paid for out of pocket, as they are not covered by the Ministry of Health's insurance.

Additionally, 83.3% of persons with disabilities in the town expressed a need for psychological and social support services, noting that the limited number of specialized centers and the lack of qualified professionals restrict access to such services. Regarding assistive devices, 25% reported needing wheelchairs, 11% required hearing aids, and 22% needed visual or auditory aids. However, 37% of families of persons with disabilities reported having to pay for these assistive tools out of their own pockets.

Moreover, nearly 38% of persons with disabilities have ongoing needs for medication, which is often not regularly available through the Ministry of Health or not covered by insurance. As a result, they are forced to cover the cost of these medications themselves.



“Distribution of health and rehabilitation needs for people with disabilities in idhna

3.4 The Right to Participation in Cultural and Recreational Activities

The participation of persons with disabilities, especially children, in cultural and recreational activities in the town of Idhna is extremely limited and largely dependent on modest efforts by local organizations. The Rights of Persons with Disabilities Law No. (4) of 1999 affirms the responsibility of the Ministry of Social Development, in coordination with all relevant authorities, to provide opportunities for sports and recreation for persons with disabilities. It also mandates the adaptation of playgrounds, halls, camps, and clubs, as well as support for the participation of persons with disabilities in national and international sports programs. Additionally, the law stipulates a 50% discount on entry fees for persons with disabilities to public cultural and recreational venues.

More than 35% of persons with disabilities confirmed that they feel marginalized by the local community and institutions. This sense of marginalization is reflected in the lack of attention given to their participation in various community activities carried out in the town, as well as in the failure to take the necessary measures to include them in these activities.

Despite this, persons with disabilities and their families emphasized the lack of cultural and recreational programs that are inclusive and designed to involve persons with disabilities in the town. According to the study, only about 5% of persons with disabilities participate in such activities. Furthermore, 67% of respondents reported that local organizations do not consider inclusive design requirements or provide the necessary accessibility arrangements to ensure the participation of persons with disabilities. This includes the lack of accessible transportation, adapted communication materials (such as announcements), and other necessary accommodations to facilitate access and participation. Families of persons with disabilities also indicated that local organizations typically implement accessibility measures only when required by donors.

Additionally, families noted that the poor economic conditions serve as a barrier to accessing and participating in cultural and recreational activities. On the other hand, most local organizations cited the inaccessibility of public facilities and their reliance on external funding as key challenges in including persons with disabilities in cultural and recreational events.

They also pointed to weak community awareness as another factor limiting participation. According to them, many families of persons with disabilities lack awareness about the importance of cultural and recreational activities in promoting the psychological and social well-being of their children. This is compounded by the scarcity and limited reach of awareness programs focused on the cultural and recreational rights of persons with disabilities and their significance.

3.5 The Right to Participation in Political Life

Article (2) of the 1999 Law on the Rights of Persons with Disabilities affirms the right of persons with disabilities to enjoy a free and dignified life and to access various services on an equal basis with other citizens. It guarantees them the same rights and responsibilities, within the limits of their abilities and capacities, and states that disability shall not be a reason to prevent individuals with disabilities from obtaining these rights. Article (3) places a comprehensive obligation on the state to protect the rights of persons with disabilities and facilitate their access to them.

Although the Law on the Rights of Persons with Disabilities does not explicitly mention political rights, they are nonetheless legally guaranteed under the above provisions, which explicitly affirm all rights of persons with disabilities, including political rights by nature. Furthermore, Article (4) of the law addresses the right of persons with disabilities to form their own organizations and associations, which falls under political rights. This means, ultimately, that the political rights of persons with disabilities are guaranteed by law.

Additionally, Decree-Law No. (36) of 2023, which published the Convention on the Rights of Persons with Disabilities (CRPD) in the Official Gazette (Palestinian Gazette), further strengthens the entire framework of disability rights, particularly political rights. Interviews, focus groups, and field research conducted with persons with disabilities, their families, and local organizations revealed various challenges to the political participation of persons with disabilities. These include:

Inaccessible public infrastructure: Persons with disabilities cited the inaccessibility of public facilities, including registration and polling centers, as one of the most prominent challenges in Idhna. 79% of respondents with disabilities reported difficulties in reaching these centers and participating in public

The participation rate of persons with disabilities in political life such as running for office, voting, or attending public meetings did not exceed 26% in the town of Idhna.

meetings and political activities due to the lack of necessary accommodations, such as accessible buildings, transportation, and other facilitative arrangements.

Social perceptions: Negative societal attitudes pose a significant barrier to political participation. The field research showed that half of the persons with disabilities feel that the local community perceives them as incapable of making political decisions.

Tribal and partisan influence: Persons with disabilities and their families noted that tribal and partisan dynamics represent a challenge to their political participation, as such influences play a major role in shaping political orientations and decisions. This makes it difficult for individuals with disabilities who lack strong tribal backing to attain political positions or influence decision-making processes.

Lack of awareness programs and accessible media: The vast majority of persons with disabilities and their families indicated a lack of accessible media materials, such as brochures in sign language or Braille, which limits their understanding of political rights and how to exercise them. Despite efforts by the Central Elections Commission—such as producing Braille brochures and using sign language in explanatory videos—these efforts remain limited. There is a need for coordinated action between official and non-official bodies, including the media and civil society organizations, to ensure the production of inclusive, accessible, and sustainable awareness and media materials that meet the needs of persons with various types of disabilities, in order to raise awareness of political rights.

3.6 The Right to Social Protection and their Access to Services

The right to social protection is one of the fundamental rights guaranteed by both international and local laws, including Disability Law No. (4) of 1999, which emphasizes the necessity of providing a safe and supportive environment that ensures persons with disabilities have access to care services and protection from all forms of discrimination and exclusion

3.6.1 Access to Social Services

15.2% of families of persons with disabilities surveyed in Idhna reported having received financial or inkind assistance from various agencies—such as the Ministry of Social Development, UNRWA, and local organizations. On average, they received aid about eight times over the past year, with each disbursement amounting to roughly 300 shekels per family.

50% of the families of persons with disabilities surveyed in Idhna face significant difficulty in accessing the services provided by the Ministry of Social Development and other agencies.

Despite this support, persons with disabilities face significant barriers in accessing social services provided by the Ministry of Social Development, UNRWA, and other bodies including cash and inkind aid, health insurance, assistive devices, and customs exemptions.

92% of families cited bureaucratic procedures and administrative complexities—requiring multiple trips and repeated visits to service offices—as a major obstacle, compounded by the inaccessibility of those offices and lack of adapted transportation (a fact confirmed by 91% of persons with disabilities and their families). Complex and onerous eligibility criteria further prevent most persons with disabilities from obtaining these services.

28.6% of the persons with disabilities surveyed reported experiencing violence inside the home.

Moreover, 91% of persons with disabilities pointed out that long, irregular waiting periods for social services pose an additional challenge, especially in the absence of a stable income, since they largely depend on these aids to meet their basic needs.

3.6.2 The Reality of Protection and Community Support for Persons with Disabilities.

The field study revealed that families of persons with disabilities have a limited understanding of their right to protection, access to services, available safeguards, and the mechanisms for reporting violence and abuse. Focus group participants noted the absence of effective protection mechanisms in town.

It is estimated that around 20% of families of persons with disabilities conceal their disabled children out of fear of social stigma.

They reported that persons with disabilities suffer various forms of violence—verbal and physical abuse, neglect, marginalization, exclusion, and discrimination—especially children and women. Genderbased discrimination was seen as most prevalent against girls with disabilities, with families imposing far stricter restrictions on their participation in community activities compared to boys.

Over 70% of persons with disabilities reported **experiencing violence at school**, either from peers or, in some cases, from teachers; boys, in particular, faced higher rates of physical abuse. Teachers and counselors, however, stated that they intervene directly when student violence occurs—especially involving students with disabilities—and refer affected students to one-on-one counseling if there is a psychological impact. Educators also participate in awareness and prevention efforts through classroom activities, school broadcasts, and informational sessions on the dangers of violence. Nonetheless, the vast majority of families believe that teachers lack sufficient training to address incidents of violence against students with disabilities in schools.

3.7 Community Attitudes towards Persons with Disabilities

Field study results indicate that 26.3% of local community members surveyed in Idhna hold negative attitudes toward persons with disabilities, believing that they are a burden on their families and society. In fact, 33% agree that persons with disabilities cannot make a positive contribution to their community, and 32% feel that they cannot rely on themselves to meet their basic needs.

25% of community members feel anxious and fearful about having a person with a disability in their family.

At the same time, 57% of respondents recognize that access to education and free health services is a fundamental right for persons with disabilities, and believe that granting them full rights—including amending existing laws and regulations—would improve their access to all services. Furthermore, 54% think that providing the necessary support for electoral participation (such as making polling stations accessible and supplying appropriate informational materials) would give persons with disabilities a better chance to vote, and 46% agree that they could influence political decisionmaking if they participate in elections. Finally, 42% of community members believe that persons with disabilities are capable of working effectively across various sectors, and 52% feel that offering employment opportunities tailored to their needs would enhance their inclusion in the labor market.

4 Findings

1. Most deprived groups

All persons with disabilities in Idhna face a bundle of barriers that prevent their full participation across sectors, undermine their wellbeing and dignity, and impose psychological, social, and economic burdens on them and their families. These barriers are even more severe for families with more than one member with a disability, large households (over six members), poor families, female-headed households, and those headed by unemployed or elderly individuals. Children of school age, people with intellectual (especially severe or multiple) disabilities or chronic illnesses, jobseeking persons with disabilities, and out-of-school youth are among the most affected.

2. Weak infrastructure services.

Many basic services are either unavailable or inadequate. In summer, the town's piped water supply often fails, forcing families to purchase water tanks. There is no sewage network—residents rely on soak away pits. Roads and sidewalks are poorly built and not accessible to persons with disabilities, and there is no adapted public transport, which both limits their access to services and forces them to pay extra for private taxis.

3. High poverty levels.

Poverty rates among families of persons with disabilities are elevated due to high unemployment (exacerbated by the war on Gaza and halted work inside the Occupied Territories) and large household sizes resulting in high dependency ratios. Few families receive regular cash or in-kind aid from the Ministry of Social Development, UNRWA, or other organizations. Poverty is especially acute for those who require medications not covered by health insurance, whether for a disability or a chronic disease. Consequently, poverty excludes persons with disabilities—particularly children—from essential services (education, health, rehabilitation) and greatly reduces their participation in recreational, cultural, and political activities.

4. Access to quality education.

Although the town has 30 schools, eight kindergartens, and a community center, these resources have not translated into improved preschool or basic education enrollment for children with disabilities. Most remain out of the formal education system, driving up illiteracy and limiting workreadiness. The main causes are the absence of early disability screening, the severe unpreparedness of educational organizations and their staff to accommodate students with disabilities, the lack of specialized teachers in public schools and most kindergartens, and the absence of inschool support services. High transportation costs and difficulties also prevent families from enrolling their children in schools outside the town.

5. Access to higher education and vocational training.

Persons with disabilities face major barriers to entering universities and technical/vocational institutes: inaccessible campus infrastructure, no adapted transport, lecture halls, workshops, and laboratories that are not equipped for their participation, and curricula and teaching staff illprepared to meet their needs.

6. Access to comprehensive health services.

Despite a second-level government clinic and multiple private centers, persons with disabilities cannot reliably access necessary health care. Gaps include the lack of early diagnostic services, frequent drug shortages, exclusion of physical and occupational therapy from health insurance, absence of psychosocial and psychiatric counseling, no vision and hearing rehabilitation services, insufficient assistive devices (especially for hearing disabilities), weak referral systems, and many still uninsured—either government or private—due to low awareness or procedural hurdles.

7. Employment and economic empowerment.

Most young and adult persons with disabilities are out of the labor force because of (a) negative societal attitudes about their abilities—especially toward women and people with intellectual disabilities—and (b) limited opportunities for vocational/technical training and higher education, as well as the inaccessibility of many workplaces. This deepens poverty and raises dependency ratios in their families.

8. Protection from violence and access to psychosocial support.

Harsh living conditions lead to significant psychological and social problems for persons with disabilities and some family members—particularly women—and are accompanied by violence both inside and outside the home. Families lack knowledge of disability rights, available protection measures, and reporting mechanisms, and the town has no effective safeguarding structures. Weak psychosocial, legal, and counseling services exacerbate marginalization, leave incidents of abuse against persons with disabilities unreported, and perpetuate a culture that tolerates violence and bullying of children, women, and persons with disabilities.

9. Participation in cultural, sports, and recreational activities.

Although several local NGOs and municipal bodies work in women's empowerment, charity, sports, and culture, this has not translated into meaningful inclusion of persons with disabilities in these activities. Most persons with disabilities and their families are keen for their children to participate, yet their actual involvement remains minimal. Their role in shaping organizational policies—especially at the municipal level—and in local development strategies is also very limited.

10. Participation in political life.

Political involvement is low due to inaccessible public spaces and voterregistration/polling centers, negative social perceptions, and tribal or partisan influences that hinder persons with disabilities from effective participation. Low awareness of political rights, insufficient outreach programs, and a lack of accessible media materials further depress their engagement in voting and decisionmaking.

11. Community awareness of disability rights.

Overall societal and familial awareness of the rights of persons with disabilities is weak, manifesting in a charity or pitybased approach rather than a rightsbased one. Local culture remains relatively tolerant of excluding or marginalizing persons with disabilities across most sectors, and support, volunteer, and solidarity programs are scarce.

12. Inclusion in local organizations' programs and services.

Many organizations still operate from a relief or charitybased perspective that centers on pity rather than rights, resulting in weak strategic visions and interventions. Longterm, rightsbased policies for sustainable empowerment and service access are absent. Although active local development NGOs and an engaged municipal council provide essential services, these efforts have not tangibly advanced the inclusion or participation of persons with disabilities under a rights framework.

13. Social accountability and policy influence.

Persons with disabilities and their families are affected by the gap between national legislation and the enforcement of disability rights. Weak political will, inadequate oversight and community accountability tools, and limited advocacy capacity prevent decisionmakers from adopting and enforcing policies and laws that fully include persons with disabilities particularly in education, health, employment, and social protection.

5 Recommendations

Based on the findings of the profiling report and the final community workshop held in Idhna to review and discuss the results and agree on priority actions to strengthen inclusion of persons with disabilities, the following priority interventions were identified:

1. Strengthen the Municipality's Role in Disability Inclusion

- Institutionalize the inclusion of persons with disabilities in Idhna's municipal policies and services, and enhance their participation in planning, policymaking, and local development strategies.
- Ensure fair, subsidized access to water and electricity for persons with disabilities and their families—especially poor households—by adopting municipal council resolutions to reduce their utility rates.
- Provide reasonable exemptions from municipal taxes (property, education, waste, etc.) for persons with disabilities and their families, particularly those living below the poverty line.
- Adapt and equip roads, sidewalks, public buildings, health centers, and schools for people with all types of disabilities.
- Foster partnerships between the municipality, local NGOs, international agencies, and privatesector actors to improve existing services and develop new ones—especially psychosocial, sociallegal counseling, vocational training, and incomegenerating activities for persons with disabilities, notably those with intellectual disabilities.

2. Enhance Local Organizations' Capacity to Deliver Specialized, Comprehensive Services

- Strengthen local service providers to offer specialized care—improving physical and occupational therapy, mentalhealth services for severe/intellectual disabilities, special education, and the provision of assistive devices and medical supplies—while clearing the waiting list at the municipal community center.
- Lead communityawareness campaigns on the rights of persons with disabilities, targeting families and the wider public to promote a rightsbased developmental approach.
- Bolster local protection and communitysupport networks by activating referral systems among government entities and community frameworks, easing access to needed services outside the town.
- Work on developing an integrated database for persons with disabilities that includes all relevant data about them and their families. This database should be regularly updated and serve as a reference for planning, interventions, and work with persons with disabilities.
- The database will be managed, developed, and updated by the municipality and local institutions in the town, forming a key reference point for all institutions inside and outside the town.
- Adapt all local organization facilities to ensure full accessibility.

- Guarantee representation of persons with disabilities in the governing bodies of local organizations.
- Build the capacity of local organizations in disability rights, inclusive programming, advocacy, and community accountability.

3. Inclusive Health Services

- Offer rehabilitation and specialized disability services (occupational therapy, physiotherapy, etc.) in Idhna's health centers.
- Simplify procedures for obtaining health insurance cards and medical referrals.
- Expand mental health programs for persons with disabilities and their families.
- Adapt all healthcare facilities in town for full accessibility.

4. Inclusive Education

- Adapt all educational facilities to ensure access for children with disabilities.
- Establish additional resource rooms in schools and upgrade existing ones.
- Train teaching and administrative staff—at schools and kindergartens—on inclusive education practices.
- Modify curricula, teaching methods, and learning materials to guarantee equal opportunities for students with disabilities, including in preschool.
- Run awareness and attitude change programs in schools and kindergartens to foster positive perceptions toward students with disabilities.

5. Inclusive Employment and Economic Empowerment

- Advocate with the municipality and local employers to hire persons with disabilities in roles suited to their abilities, providing the necessary accommodations for them to work effectively.
- Pressure official bodies to enforce the Palestinian Labor Law, which mandates that at least 5% of employees in any organization be persons with disabilities.
- Facilitate equal access to self-employment opportunities to promote economic independence and dignified livelihoods.
- Expand vocational training and capacitybuilding workshops tailored to persons with disabilities to improve their labor market inclusion.
- Develop sustainable entrepreneurial projects based on market needs assessments, creating viable selfemployment models for persons with disabilities.

6. Advocacy and Community Accountability

- Activate community accountability mechanisms to hold the municipality and local organizations responsible for disability inclusion in their budgets, programs, and development plans.
- Organize rightsbased advocacy campaigns demanding that authorities develop and

implement disability-inclusive laws and policies, and ensure participation in planning and decisionmaking.

- Campaign for full implementation of the 2021 government health insurance scheme for persons with disabilities—covering rehabilitation, medications, supplies, and assistive devices—by pressuring the Ministry of Health and relevant agencies.
- Demand enforcement of inclusive education policies through the Ministry of Education covering school design, curriculum adaptation, teacher training, and friendly learning environments.
- Promote access to higher education and vocational training by adapting organizational infrastructure, revising policies, and providing accessible learning materials.
- Empower persons with disabilities and their families as key advocates: build their skills in advocacy, documentation of violations, complaint filing, and participation in community initiatives that monitor organizational performance at the local level.



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