

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

IN THE CITY OF SALFIT
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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 Salfit, 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, Salfit 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 Salfit 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, questionnaires, 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 Salfit included the following:

- **Questionnaires:** Surveys were completed with 58 households that have family members with disabilities, and 58 persons with disabilities themselves, to identify their current situation and needs. Additionally, surveys were filled out with 53 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 Salfit.
- **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 City

The city of Salfit, situated in the West Bank on a hilltop, at an elevation of approximately 570 meters above sea level, is considered an important center of the Salfit Governorate. Its history extends back to the Canaanite era, when it was known as “Sal Fit”, a name that carries multiple meanings across different languages.

Its population is estimated at over 15,000 residents, according to Salfit Municipality estimates, and it relies heavily on agriculture. The area is particularly known for the cultivation of olives, almonds, figs, and grapes.

The old city, which still preserves its traditional architectural character of arches and vaulted structures, stands as a living testimony to the city’s long history shaped by successive civilizations, including the Romans and Muslims, who contributed to its development across the ages. The city overlooks Wadi Ein Al-Matwi to the west and Wadi Al-Sha’er to the east, giving it a strategic location that connects it to surrounding areas.

In terms of archaeological landmarks, Salfit contains numerous historical sites and ruins such as Khirbet ‘Ads, Khirbet Jalal Al-Din, and Kifl Haris, which feature shrines and relics that reflect the city’s deep heritage. In addition, the remains of stone olive presses point to a long history of agriculture and local production.

Electricity: The electricity network covers all neighborhoods, and Salfit Municipality operates a solar power station for electricity generation.

Water: The water network covers 100% of housing units in the city of Salfit, the Khirbet Qais suburb, and the village of Farha, with a total length of approximately 100 km. Supply is continuous (24/7), with a per capita share of 110 liters per day.

Sewage: The sewage network covers 85% of residential units in the city of Salfit, with wastewater treated at the treatment plant.

Solid Waste: Waste collection services are provided on a regular basis in the city, covering approximately 98% of the geographic area.

Roads and Transportation: Salfit has an internal road network of 85 km, of which 55–60 km are paved, while 10–20 km of paved roads are in poor condition. The city is also connected to neighboring villages and cities through roads totaling 30 km, including 10 km paved, 18 km paved but in poor condition, and 2 km unpaved.

2.2 Socioeconomic Characteristics of families of Persons with Disabilities

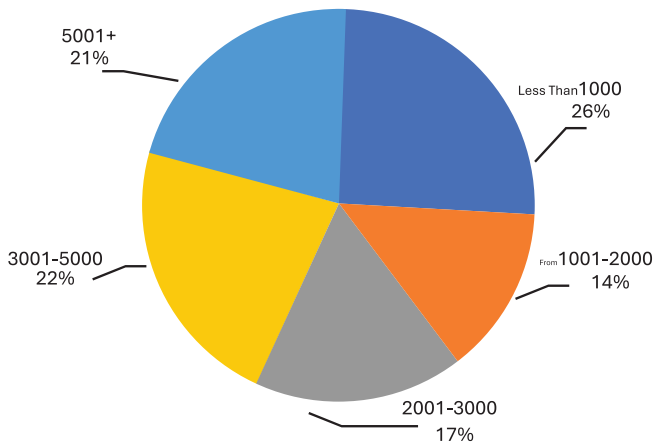
Household Size and Members with Disabilities: The average household size of families with persons with disabilities in Salfit is about 6.4 members, compared to an average household size of 4.7 members in the West Bank in 2022 (Palestinian Central Bureau of Statistics).

The findings also show that around 84% of the surveyed household heads are persons with disabilities. Moreover, 76.8% of households include one person with a disability, 19.6% include two persons with disabilities, and 3.6% include three or more.

The types of disabilities varied, with 38.3% of persons with disabilities reporting difficulties in mobility and use of hands, 6.7% having hearing difficulties, and around 5% having visual difficulties. In addition, 50% had multiple disabilities, combining more than one type such as mobility, sensory, and intellectual disabilities.

About %22 of the surveyed households of persons with disabilities reported having at least one person with a disability who is unemployed, while %10 of these households reported having two or more persons with disabilities who are unemployed.

Economic Situation and Income Levels: Field findings indicate that the monthly income of approximately 26% of surveyed families of persons with disabilities in the city does not exceed 1,000 NIS, while about 14% have a monthly income of no more than 2,000 NIS, placing these families below the poverty line of 2,470 NIS per month. In contrast, the monthly income of around 21% of families of persons with disabilities exceeds 5,000 NIS.



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

Monthly Household Expenditure: The average monthly expenditure of the surveyed households of persons with disabilities in the city of Salfit is about 3,800 NIS, compared to an average monthly expenditure of 5,800 NIS for households in the West Bank, with an average household size of 5.2 members in 2017 (Palestinian Central Bureau of Statistics). This gap is attributed to the lower average income of households of persons with disabilities compared to their monthly expenditure. The average monthly spending on health and treatment amounts to around 500 NIS, of which 200 NIS is specifically allocated for persons with disabilities. The average monthly expenditure on food for households of persons with disabilities is about 2,000 NIS.

2.3 Organizations in the City of Salfit

In addition to the Salfit Municipality, the city includes governmental, civil-society, and private organizations operating across multiple sectors, including social and economic empowerment, educational and health services, as well as community and sports development. Within the framework of the study, visits were conducted to **10** different organizations in the city of Salfit to examine the reality of their services and their roles in supporting the targeted groups.

Salfit Municipality is considered one of the oldest Palestinian municipalities, with the first municipal council in Salfit established in 1882. The elected Municipal Council consists of 15 members and is chaired by Mr. Abdul Karim Zubeidi, who was elected President of the Palestinian Association of Local Authorities. The Municipality serves as the principal institution and driving force behind the development and advancement of the city of Salfit. It places particular emphasis on the city's affairs, reflecting the strong cohesion between the residents and their elected council, which together with the city's organizations, strives to sustain and strengthen services and alleviate the hardships faced by the population.

Salfit Municipality received the highest evaluation for the quality of service delivery at the national level in Palestine, based on a study conducted by the World Bank in **2017**. It also achieved the highest national classification awarded by the Municipal Development and Lending Fund in **2022**, receiving an **A++** rating.

Over the decades, the Municipality has been affected by the difficult political conditions that have persisted to this day. Despite these challenges, it has continued to develop at a rapid pace. This progress has been reflected in the city of Salfit, which has witnessed a qualitative shift in growth, improved service delivery, and enhanced infrastructure. The Municipality employs **85** staff members, **12%** of whom are persons with disabilities.

The Municipality provides a range of services aimed at improving the living conditions of persons with disabilities and strengthening their inclusion. This is carried out through a specialized staff member (a rehabilitation officer) who conducts home visits to persons with disabilities and their families to assess their needs and refer them to appropriate services, such as kindergartens and schools, vocational training institutes, and other relevant entities,

or to support them in accessing employment opportunities. The officer also raises families' awareness of the rights of persons with disabilities and facilitates referrals and coordination with relevant governmental and civil-society organizations to meet their needs.

In addition, a social committee composed of Municipal Council members provides financial and in-kind support, including food parcels, to vulnerable families, including households that include persons with disabilities. The Municipality also offers additional services, such as covering electricity and water bills for some families of persons with disabilities and issuing free licenses to persons with disabilities with a disability rate exceeding **25%**. Furthermore, sidewalks in front of the homes of persons with disabilities have been modified, and accessibility measures have been implemented in schools to ensure safe and easy access. The Municipality also organizes free activities for persons with disabilities, including

recreational activities, awareness sessions, and summer camps, with the aim of promoting their inclusion in the community. Medical days have also been organized in cooperation with local organizations, such as the Red Crescent, to provide free healthcare services.

In the field of education, the Municipality supports children with disabilities by providing shadow teachers and assistant teachers to support them in classrooms. Despite financial constraints, the Municipality continues to allocate financial contributions to ensure the continuity of these services.

Regarding the preparation of the strategic plan, persons with disabilities and their families actively participated in the various stages of its development, and their needs and issues were incorporated as priorities within the strategic plan.

Salfit Sports Club was officially established in 1994, while its actual activities began in 1974. The club operates under the Higher Council for Youth and Sports and is registered with the Ministry of Interior. It aims to provide sports and cultural services to all segments of society, with a particular focus on youth and children across communities in Salfit Governorate.

The club has 120 members in its General Assembly (40 females and 80 males), including 3 persons with disabilities. Its Administrative Board consists of 9 members, including 3 females and 1 person with a disability. The most recent elections were held in 2022. The club relies on 21 volunteers, 11 of whom are female.

The club offers a range of sports activities, including football, basketball, and tennis, in addition to educational activities for school students. Persons with disabilities participate mainly in the club's cultural and educational activities, while their participation in sports activities remains limited due to inadequate environmental accessibility. Despite this, the club seeks to provide an accessible environment for persons with disabilities when implementing its activities.

Marda Association was established in 2004 with the aim of enhancing youth and women's participation in community development through training programs and diverse initiatives. The Administrative Board consists of 9 members (4 females and 5 males), including 1 person with a disability. The association employs 4 staff members (3 females and 1 male).

The association focuses on building the capacities of youth and persons with disabilities across 10 locations in Salfit Governorate, with the aim of empowering them to lead community change and strengthening their social and political awareness.

Salfit Women's Charitable Society was established in 1965 and is registered with the Ministry of Interior. Located in the center of Salfit city, the association primarily targets women and children. It has 76 female members, with no members with disabilities.

The association is managed by an Administrative Board of 11 members and employs 9 staff. Its key activities include orphan care, managing a kindergarten, and operating a wedding hall, through which it seeks to provide cultural and social services to the local community. The association faces significant challenges in ensuring the inclusion of persons with disabilities due to weak infrastructure and limited accessibility of its premises and facilities.

Salfit Agricultural Cooperative Association was established in 2013 and is registered with the Cooperative Work Authority. The association focuses on promoting Palestinian agricultural products and economically empowering women through the investment of natural resources.

The association includes 30 female members, 2 of whom are women with disabilities.

Its Administrative Board consists of 7 members, with no representation of women with disabilities. It employs 5 permanent staff members in addition to 3 contracted employees.

The association targets marginalized women and unemployed graduates, aiming to economically empower them and integrate them into the labor market. Its activities include food processing of local products, such as operating a healthy kitchen, cafeteria services, tomato paste production, and soap production from pure olive oil. The association places particular emphasis on persons with disabilities through programs that empower women with disabilities to work in agriculture and food processing, while ensuring an inclusive environment and equal opportunities across its activities.

Al-Wafaa Association for the Elderly was established in 2008 and provides a range of services to elderly persons in Salfit Governorate. These include residential care services, as well as recreational, religious, and educational activities.

The association's General Assembly consists of 85 members (60 females and 15 males), with no members with disabilities. Its Administrative Board includes 13 members, 5 of whom are female. The association employs 9 staff members.

While the association initially targeted persons aged 60+, it currently serves individuals from younger age groups as well. It mainly targets elderly persons with physical disabilities; however, it faces difficulties in including persons with intellectual disabilities in its activities.

Asayel Charitable Association was established in 2008 and is registered with the Ministry of Interior. The association aims to empower women, school students, and persons with disabilities through educational programs and workshops that enhance economic and social capacities.

The Administrative Structure consists of 9 female members, with no women with disabilities represented in either the General Assembly or Administrative Board. The association relies on 9 volunteers, all of whom are community activists, 7 of whom hold higher education qualifications.

Its core activities include remedial education for women and school students, as well as the implementation of various economic empowerment projects. Key activities include training courses in cooperation with the Directorate of Agriculture, sewing projects, and low-cost educational courses for women. In 2024, the association implemented a project supporting women in remedial education. Its current premises are rented and shared with another entity.

Salfit Women's Club was established in 1995 and operates under the supervision of the Ministry of Women's Affairs, and is registered with the Ministry of Interior. The club aims to empower women of all ages through training and awareness-raising programs across various fields. It also provides activities for children and youth and includes persons with disabilities in some of its activities.

The club has 20 female members in the General Assembly and 9 members in the Administrative Board, including 1 woman with a disability. The club operates on a volunteer basis and includes 20 volunteers. Its activities focus primarily on Salfit city, with occasional outreach to surrounding areas.

Palestinian Red Crescent Society – Salfit is a local health center affiliated with the Palestinian Red Crescent Society, providing integrated health and social services to the local community in Salfit. The center serves all segments of society, with a particular focus on persons with disabilities.

It offers a range of medical services, including orthopedics, dermatology, dentistry, physiotherapy, and regular medical examinations. The center employs approximately 20 qualified staff members, including specialized doctors and nurses, in addition to a group of volunteers who support community activities. Its services cover all 19 localities of Salfit Governorate and include all persons with disabilities in the area.

Despite providing basic rehabilitation and physiotherapy services, the center faces challenges related to limited resources and specialized services, such as disability diagnosis and the provision of specialized transportation. The center also works to raise community awareness about the importance of access to healthcare for persons with disabilities and implements supportive community initiatives, such as celebrating the International Day of Persons with Disabilities. In addition, it implements a home-based enrichment program for 12 children with disabilities, focusing on visual perception and discrimination, self-care, and educational support aimed at school inclusion.

Casa Blanca Center for the Care and Rehabilitation of Persons with Disabilities was established in 1982 as one of the leading governmental institutions providing care and rehabilitation services for persons with disabilities in Salfit. The center operates under the Ministry of Social Development.

It focuses on improving the quality of life of children with disabilities through integrated programs that include physiotherapy, speech therapy, and rehabilitative education. The center serves male children up to 12 years of age and female children up to 20 years of age, targeting younger age groups in need of continuous support to develop their physical and cognitive skills.

The center employs 20 staff members (18 females and 2 males), with no employees with disabilities.

“This Is My Right” Association was established in 2013 in Salfit Governorate as a non profit association dedicated to supporting children with speech and intellectual disabilities, including Down syndrome, through special education and speech therapy services. The association operates under the supervision of the Ministry of Social Development.

The General Assembly consists of 15 members, most of whom are parents of children with disabilities, while the Administrative Board includes 9 members. The association employs 6 female staff members.

Its activities currently focus on serving children with disabilities and their families, particularly in Salfit and Qarawat Bani Hassan. Services include early intervention, occupational and speech therapy, and awareness-raising activities aimed at promoting the inclusion of children in society. The association also provides financial support to some families to help cover treatment costs and works to raise community awareness through campaigns and competitions targeting schools and the local community, with the aim of improving the lives of children with disabilities and addressing their specific needs.

Key Challenges and Difficulties Facing Local Organizations in the Inclusion of Persons with Disabilities

- **Lack of comprehensive strategic plans for persons with disabilities:** Most local organizations in the city of Salfit lack comprehensive strategic plans, alongside weak institutional planning and institutionalization of the inclusion of persons with disabilities in their programs and services. In contrast, Salfit Municipality involves persons with disabilities at various stages of developing its strategic plans and incorporates their needs within the priorities of the strategic plan.
- **Weak representation of persons with disabilities in administrative and public bodies:** Persons with disabilities are largely absent from the administrative bodies of most local organizations, with limited representation in public bodies, leading to the marginalization of their participation in decision-making processes.
- **Lack of qualified staff to address the needs of persons with disabilities:** Staff in most local organizations in the city (employees, volunteers, general assemblies, and administrative bodies) have not received training on engaging with persons with disabilities, understanding their needs, or being familiar with their rights. This results in failures to respond adequately to their needs or to apply an inclusive targeting approach in interventions and programs.
- **Limited funding and networking:** The shortage of financial resources for local organizations, and their heavy reliance on external funding to implement programs and activities, constitute a major challenge. This limits their ability to respond to the needs of persons with disabilities and include them in programs and activities, as external funding is often restricted and tied to donor priorities. In addition, limited partnerships with local and international actors reduce opportunities to secure additional support for institutional capacity development.
- **Weak infrastructure in many local organizations:** Many local organizations—particularly those operating in older buildings—lack accessibility and universal design requirements, including accessible entrances, elevators, wide corridors, and accessible sanitary units. This poses a significant barrier to the access of persons with disabilities to local organizations, their use of facilities, and their participation in programs and activities.
- **Lack of specialized equipment:** Al-Dar Al-Bayda Center and the “This Is My Right” Association face shortages of essential equipment, such as hearing assessment devices and assistive tools for persons with physical and visual disabilities. This, in turn, limits their capacity to conduct diagnosis and treatment, forcing families to seek external alternatives that may be difficult to access or costly.

- **Shortage of specialized professionals:** Al-Dar Al-Bayda Center and the “This Is My Right” Association face challenges due to the limited number of qualified specialists in areas such as occupational therapy, speech therapy, physiotherapy, and psychosocial support. The center and association rely on a small number of specialists to follow up on a large number of cases, resulting in long waiting periods and reduced opportunities to provide individualized specialized services.
- **Absence of universal design and reasonable accommodation in programs and activities:** Programs and activities implemented by local organizations do not take into account universal design requirements or reasonable accommodation to ensure the access and participation of persons with disabilities. This is reflected in the lack of accessible transportation, accessible communication materials (such as announcements), and other forms of reasonable accommodation to ensure access and participation. Attention is often limited to adapting buildings to facilitate access for persons with physical disabilities only.
- **Community awareness and prevailing negative attitudes:** Negative societal perceptions of persons with disabilities, accompanied by social stigma, constitute a major barrier to their inclusion in society. In addition, low awareness among families of persons with disabilities and the local community regarding the importance of including persons with disabilities in various activities limits their effective participation.

3 The Reality of Persons with Disabilities in the city

3.1 The Right to Access Education

The right to education is one of the fundamental rights guaranteed by national legislation and international conventions for all individuals without discrimination. The Amended Palestinian Basic Law (the Constitution) prohibits discrimination on the basis of disability, including with regard to the right to education, as explicitly stated in Article (9) under Chapter Two on constitutional rights and freedoms. Law No. (4) of 1999 on the Rights of Persons with Disabilities further affirms this right in Article (10) by guaranteeing equal opportunities for students with disabilities to enroll in educational organizations, including schools and universities. The law obliges the Ministry of Social Development, in coordination with all relevant authorities, to provide the necessary educational assessments to determine the type and degree of disability, prepare appropriate curricula and learning materials, and ensure the provision of facilities that guarantee an inclusive learning environment. The law also emphasizes the preparation of qualified staff to work with students with disabilities, to ensure their access to various types and levels of education, in line with their needs and in a way that enhances their active participation in society.

With the publication of the CRPD in the Official Gazette pursuant to Decree-Law No. (36) of 2023, these obligations must now be built upon the provisions of the Convention itself, particularly Article (24) on the right to education, and on the principle of inclusion. This includes, among other requirements, an inclusive and disability-friendly educational system that ensures no person with a disability is excluded from the education system on the basis of disability, takes into account individual differences, facilitates the learning of Braille and sign language, and provides teachers with disabilities who are proficient in these, along with other commitments.

3.1.1 Early Education

The city of Salfit has seven kindergartens that are geographically distributed and vary in size and services, catering to children aged 4–6 years. The total number of children enrolled in these kindergartens is about 680, of whom 47% are boys and 53% are girls. Education is provided by 42 teachers, with an average of 16 children per teacher. The average number of children per classroom is about 24. Interviews with kindergarten administrations in Salfit revealed that children with disabilities represent approximately 4% of the total enrollment.

The Casablanca Center plays a vital role in preparing children with disabilities for inclusion in kindergartens by providing training and support programs that help develop their social and educational skills. The center also follows up on children's progress through continuous monitoring in the kindergarten. In addition, the home enrichment program of the Palestinian Red Crescent supports some children with disabilities and their families through homebased interventions that strengthen educational and social aspects, creating a supportive environment at home. However, many children with disabilities in kindergartens are not reached by these interventions. Around 19% of families of persons with disabilities indicated that they have children of kindergarten age with disabilities who are not currently enrolled.

Data from the Palestinian Central Bureau of Statistics (PCBS) for 2019 showed that the illiteracy rate among persons with disabilities aged 15 years and above in the city is around %33, compared to an illiteracy rate of about %5.4 at the level of Salfit Governorate. PCBS data from 2017 further indicates that around %74 of persons with disabilities in the city of Salfit had either never enrolled in education or had enrolled and then dropped out.

The average tuition fees in Salfit kindergartens are about 150 NIS per month, with financial exemptions granted to some low-income families of persons with disabilities.

In terms of facilities and infrastructure, there is one toilet for every 20 children. Outdoor playgrounds are available with an average area of 180 m², most of which are covered with artificial grass and shaded over about 40% of the space.

Field visits and interviews showed weaknesses in accessibility and universal design standards in the buildings of Salfit's kindergartens. Most kindergartens lack the necessary adaptations for children with disabilities, such as accessible entrances, corridors, sanitary facilities, elevators, and outdoor playgrounds and equipment.

Moreover, most kindergartens lack modern electronic educational equipment that supports early learning. Curricula and teaching materials that accommodate the needs of children with disabilities are not available, negatively affecting their inclusion in the educational process.

Transportation services used by kindergartens are also not accessible for children with disabilities, increasing the difficulty of their mobility and participation in educational activities.

Although most kindergarten teachers in Salfit hold university degrees and have attended training courses in early childhood education, they lack specialized training in working with children with disabilities, including knowledge of their rights and relevant legislation. As a result, activities provided in kindergartens do not adequately address the needs of children with disabilities. For example, they are often excluded from physical activities without being offered suitable 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 city of Salfit receive their education through 13 schools (10 public and 3 private) staffed by 187 teachers. The schools are distributed as follows: three secondary schools, including one vocational school, and seven basic schools for boys and girls. The total number of students in these schools is 3750 (1,950 boys and 1800 girls), including 29 students with disabilities (16 boys and 13 girls).

Indicators of Basic and Secondary Education in the City Compared to National-Level Indicators

General Indicator	Salfit	National-level figures
Number of students per teacher	18.2	19.4
Number of students per counselor	342	200-300
Number of students per class section	29	26.4
Classroom space per student (m ²)	1.6	1.5
Number of students per toilet	36	30.1
Number of students per drinking fountain	32	32.5
Number of students per sink	63	49.7

The table above presents a comparison of education indicators in the city of Salfit with national indicators. The student–teacher ratio in Salfit (18.2) is lower than the national average (19.4), while the average number of students per class is 29, compared to the national average of 26.4. This reflects moderately sized classrooms and an acceptable academic workload for teachers.

3.1.2.2 School Accessibility in Salfit from the Perspective of Persons with Disabilities

Most persons with disabilities and their families who participated in the field study and focus groups reported that schools in the city are not adequately accessible for students with disabilities. They highlighted significant barriers to accessing basic and secondary education, whether due to financial costs or physical obstacles.

Although school buildings are relatively old, most schools in Salfit do include some basic accessibility elements for mobility disabilities, such as adapted entrances, classrooms, and accessible sanitary facilities. However, adaptations for other disabilities, such as visual and hearing disabilities, remain very limited. For example, some adapted books and lenses for students with visual disabilities are provided through the Ministry of Education, but no sign language teachers are available in schools for students with hearing disabilities. Other assistive devices, such as hearing aids and sound amplification systems, are usually provided by families themselves or by supporting organizations.

Students with disabilities and their families also described the teaching materials, computers, and curricula as inadequate and not tailored to their needs. With regard to resource rooms, only two are available in the city’s schools.

Focus group participants further noted a shortage of qualified staff to work with persons with disabilities, with about 80% believing that no teachers in the schools are adequately trained to teach students with disabilities. The teachers themselves confirmed in the focus groups that they lack the necessary knowledge and skills to address the needs of students with disabilities.

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

The presence of the Casablanca Center is considered a positive factor, as it provides important interventions for the inclusion of children with disabilities in schools. Many students with disabilities have been integrated into schools in the city and are being followed up through a variety of rehabilitation services, such as physiotherapy, speech therapy, and special education. These services help prepare children with disabilities before school enrollment to enable them to interact effectively in the school environment.

The center also works to strengthen cooperation with schools by providing psychological and educational support and training teachers on how to work with children with disabilities. In addition, it provides assistive devices and medical supplies that help children move and participate in school activities. Through these interventions, the center enhances the ability of children with disabilities to adapt to the school environment.

The efforts of the municipal specialist are also a vital element in monitoring the educational cases of students with disabilities. She makes regular visits to schools to follow up on students' cases and provide the necessary interventions. These visits include assessing students' academic and social progress and ensuring that curricula and school activities are adapted to meet their specific needs. She also provides individual counseling to families and contributes to networking with other organizations to provide additional services such as psychosocial and educational rehabilitation.

Moreover, the home enrichment program of the Palestinian Red Crescent plays a complementary role in supporting students with disabilities and their families. The program provides home-based interventions that strengthen educational and social aspects, creating a supportive home environment that helps develop students' skills. These interventions are part of a comprehensive plan aimed at empowering students to interact effectively with their social and educational environments.

Despite these efforts, students with disabilities still face challenges in the school environment, most notably weak acceptance by their peers. About 14% of students with disabilities reported feeling unaccepted by classmates, and 30% said they had experienced bullying or violence from peers and, in some cases, even from teachers. Families of persons with disabilities also indicated that their children's presence in public schools is often merely symbolic, given the continued marginalization and exclusion they face.

3.1.3 Enrollment in Higher Education

Persons with disabilities face challenges in accessing higher and intermediate education organizations. Findings from the field study indicated that only about 8.3% of all surveyed persons with disabilities in the city are currently enrolled in higher or intermediate education. The main challenges include the lack of accessibility in the buildings and facilities of higher education organizations, as well as the absence of accessible transportation in the city to meet the needs of students with disabilities.

Inside university campuses, lecture halls are still not adequately equipped to support the interaction of students with disabilities with educational content, which hinders their effective participation. The field study also revealed the absence of qualified teachers to work with students with disabilities, a concern confirmed by all participating persons with disabilities. In addition, curricula pose an extra challenge, as they do not sufficiently take into account the individual needs of students with disabilities.

Nevertheless, all universities in Salfit are accessible in terms of infrastructure, ensuring ease of movement within the campus. For students with visual disabilities, universities provide books in Braille to meet their needs, while adaptations for other disabilities remain very limited.

3.1.4 Enrollment in Vocational Education and Training

Findings from the field study showed that the percentage of persons with disabilities enrolled in vocational training is only 2%. This is due to several challenges, most notably the lack of information about enrollment mechanisms and procedures, as the vast majority of surveyed persons with disabilities had not received appropriate awareness or guidance programs regarding enrollment in public or private vocational education. Another major barrier is the absence of accessible transportation.

Furthermore, most persons with disabilities who participated in field interviews and focus groups highlighted weaknesses in the universal design of educational facilities, particularly in the infrastructure of classrooms, laboratories, and workshops. They also pointed to the lack of adapted teaching materials and curricula. Added to this is the limited capacity of teaching staff, as many vocational education workers lack the training and expertise necessary to meet the needs of students with disabilities.

3.2 The Right to Economic Empowerment and Employment

The right to work and employment is considered one of the fundamental rights guaranteed under Palestinian legislation. The Amended Palestinian Basic Law (the Constitution) explicitly affirms in Article (25) the right to work for every citizen and the regulation of labor relations in a way that ensures justice for all and provides workers with health and social protection. Article (9) prohibits discrimination on the basis of disability in absolute terms, including with respect to the right to work. Article (10) of the Rights of Persons with Disabilities Law No. (4) of 1999 further stipulates the responsibility of the Ministry of Social Development, in coordination with all relevant entities, to safeguard the rights of persons with disabilities in the fields of rehabilitation, vocational training, and employment, based on the principle of equal opportunities. It also requires governmental and non-governmental organizations to employ no less than 5% of persons with disabilities within their workforce, ensure that workplaces are suitable for their needs, and encourage private organizations to employ them by offering tax incentives.

Furthermore, Cabinet Decision No. (40) of 2004, which issued the executive regulations of Law No. (4) of 1999 on the Rights of Persons with Disabilities, emphasized in Article (12) that any company or organization that does not employ persons with disabilities in accordance with the requirement of the law (a quota of no less than 5%) must pay the equivalent of the minimum wage for the person with a disability into a “Special Fund for Persons with Disabilities.” This fund, to be established by a decision of the Minister of Social Development, was intended to provide financial assistance to unemployed persons with disabilities.

Despite the significance of this provision for the economic empowerment of persons with disabilities, and although many years have passed since the adoption and entry into force of the executive regulations of the law, this fund has not yet been established, in contravention of the requirements of the executive regulations.

3.2.1 Economic Participation and Employment

The majority (87%) of surveyed households of persons with disabilities in Salfit believe that access to the labor market is difficult, while 13.3% consider entry into the labor market to be of medium difficulty. This is due to numerous challenges that hinder the economic participation of persons with disabilities, both men and women.

According to interviews with persons with disabilities, focus groups involving employed and unemployed persons with disabilities and their families, as well as employers, several challenges were identified that contribute to low economic participation among persons with disabilities:

Lack of workplace accessibility for employing persons with disabilities. Field study results showed that 71.7% of persons with disabilities in Salfit indicated that organizations (both public and private) in the area are not accessible or adapted for their employment, in violation of the Rights of Persons with Disabilities Law, its executive regulations, and the obligations stemming from the publication of the CRPD in the Official Gazette under Decree-Law No. (36) of 2023.

Discrimination and bias in workplaces. Discrimination and negative bias against persons with disabilities in the labor market remain major obstacles. According to the data, 93% of respondents affirmed that there is discrimination against persons with disabilities in workplaces. This discrimination manifests in various ways, including refusal to employ them, denial of equal opportunities for promotion and training, or imposing unjustified restrictions that limit their access to jobs. These biases are largely driven by social and cultural factors, such as limited awareness of the rights of persons with disabilities and prevailing negative stereotypes about their ability to perform tasks efficiently.

Lack of training and educational opportunities for persons with disabilities. Field study findings revealed that 82.8% of surveyed persons with disabilities in Salfit had not participated in training sessions or workshops aimed at building their capacities to enter the labor market. This is due to several reasons, including the shortage of training programs tailored to their needs, the absence of accessible training environments in terms of infrastructure and mobility, and the limited awareness among organizations of the importance of including them in training programs. Financial and social challenges, such as weak family support or lack of appropriate opportunities, also play a role.

Support for self-employment projects. About 10% of surveyed persons with disabilities and their families in Salfit reported having received support to establish income-generating projects or activities. However, most of these projects have since ceased operating. This is attributed to several factors, including the absence of prior studies assessing market needs in the city, which led to support for projects not aligned with actual demand, and the reliance on repetitive or typical projects that faced failure due to market saturation. Moreover, weak skills in project management and lack of experience among beneficiaries such as in livestock or poultry farming—often resulted in financial losses. Additional barriers included the depletion of initial capital without the ability to cover ongoing operational costs, as well as limited financial capacity to develop the projects or reinvest profits to ensure their sustainability.

3.3 The Right to Health

Article (22) of the Amended Basic Law (the Constitution), under the section on rights and public freedoms, states the following:

“1. The law shall regulate social and health insurance services and disability and old-age pensions.

2. The care of the families of martyrs, prisoners, the wounded, the affected, and persons with disabilities is a duty, regulated by law, and the National Authority shall guarantee them education, social insurance, and health services.”

This constitutional provision (Article 22) affirms two different levels of commitment. In the first paragraph, the regulation of social and health insurance and disability and old-age pensions is left to ordinary legislation, meaning that the authority is not obligated to provide these services free of charge, but rather to regulate them by law as deemed appropriate by the competent authorities. The second paragraph, however, is expressed in clear and decisive terms, stating that the care of the families of martyrs, prisoners, the wounded, the affected, and persons with disabilities is a “duty” of the Palestinian National Authority, regulated by law. Most importantly, the text obliges the Authority to “guarantee” them education, social insurance, and health services, which means that the Authority is directly responsible for providing these services free of charge, not merely referring to them in law. In the constitutional context, the word “guarantee” implies full assurance, meaning that the state bears direct responsibility for providing these services without requiring beneficiaries to pay for them. Any law that fails to uphold this meaning would be in violation of the Constitution.

The Rights of Persons with Disabilities Law No. (4) of 1999, in Article (10), further stipulates that the Ministry of Social Development, in coordination with all relevant parties, is responsible for “ensuring that the health services covered under the government health insurance scheme are provided free of charge to persons with disabilities and their families.”

Despite the fact that the right to free health insurance services like social insurance and education for persons with disabilities is guaranteed under the binding provisions of the Basic Law (the Constitution), and despite the Rights of Persons with Disabilities Law explicitly affirming the free provision of health insurance services to 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, published in the Official Gazette (the Palestinian Gazette) and put into effect, actual practices remain inconsistent with the Basic Law, the law, and the 2021 Health Insurance Regulation regarding the “free health insurance” of persons with disabilities.

3.3.1 Available Health Services

The Salfit Directorate of Health provides healthcare services to the residents of Salfit Governorate through several departments, including general medicine, psychological counseling, laboratories, maternal and child health, and dentistry. These services are offered within a three-story building equipped with an elevator and ramps to facilitate accessibility for persons with disabilities.

In addition to the medical committee that conducts disability assessments and determines the degree of disability based on available examinations, the absence of detailed evaluations for different types of disabilities sometimes necessitates referring cases to external centers for further diagnosis. Services are generally limited to diagnosis and basic care, with no rehabilitation services available. In terms of psychological support, counseling is provided within the scope of psychological guidance and occupational rehabilitation, but the facility lacks specialized staff trained to work with persons with disabilities. While the building is centrally located and physically accessible, persons with severe physical disabilities still face challenges due to the lack of adapted transportation, limiting their full access to services. Medication distribution is subject to the Ministry of Health’s available resources, and there is a notable shortage in providing assistive devices, compelling some patients to seek them in Nablus or through supporting organizations such as the YMCA and the Red Crescent. Several other centers in Salfit also provide healthcare services. These include the Palestinian Red Crescent Center and the Palestinian Medical Relief Center, in addition to private clinics and centers. The Red Crescent Center offers comprehensive rehabilitation services for children with disabilities, including primary healthcare, psychological services, and community care delivered by volunteers. However, the center faces challenges due to the absence of specialized diagnostic protocols to determine the type and degree of disability, along with the lack of accessible transportation for persons with disabilities to reach the facility.

The Medical Relief clinic in Salfit primarily serves villages south of Nablus and the village of Yasuf. For the city of Salfit, it only provides certain medications in coordination with the clinic, typically on a one-time basis, particularly when families are unable to secure the medicine themselves.

Meanwhile, the Palestinian Medical Relief Center provides integrated services that include rehabilitation and physiotherapy for children with disabilities, as well as regular medical check-ups and cooperation with specialized health teams. Despite these services, the center suffers from a shortage of some essential medical specialties, such as neurologists, which hinders the delivery of specialized care. The center also offers awareness programs and psychosocial support for persons with disabilities and their families, and contributes to providing assistive devices such as medical equipment and adaptive tools.

In addition, private clinics and health centers are available in the area, offering various medical services. Nevertheless, persons with disabilities and their families highlighted several challenges affecting access to healthcare in the city. These include the absence of specialized health services tailored to persons with disabilities, weak accessibility across health facilities in general, and the lack of qualified staff capable of addressing their needs. Families also noted the absence of early detection services for disabilities, which often results in delayed diagnoses or lack of appropriate care. Consequently, some are forced to seek services in private centers outside the city, imposing additional financial burdens that not all families are able to cover.

3.3.2 Health Services covered under Health Insurance

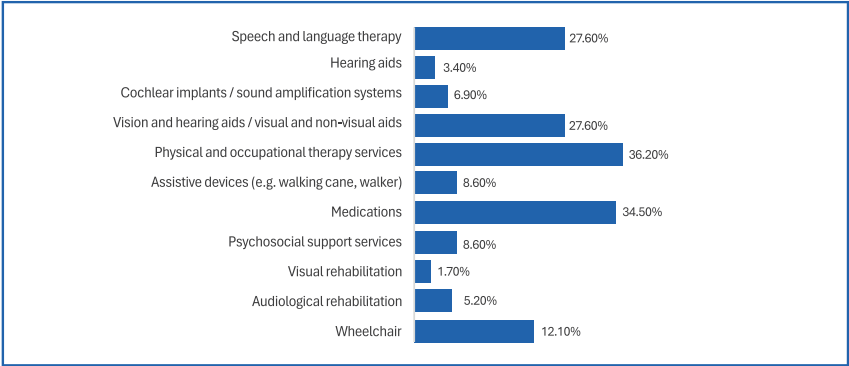
Although 81% of households of persons with disabilities in Salbit have free health insurance, the level of coverage does not meet the health needs of most families. About 24% of these households cover medical expenses out of pocket, including treatment, medication, nutritional supplements, physiotherapy, occupational therapy, and transportation costs. This creates a significant financial burden on households of persons with disabilities, particularly those with limited income.

3.3.3 Needs of Persons with Disabilities (Coverage and Accessibility)

Persons with disabilities in Salbit face a clear shortage in meeting their basic health needs, which forces them to rely heavily on their own resources or on irregular organizational support. About 34.5% of surveyed persons with disabilities in the city reported needing rehabilitation services (such as physiotherapy and occupational therapy). However, these services are mostly paid for out of pocket, as they are not covered under the Ministry of Health's insurance system. Currently, the degree of disability still plays a decisive role in determining eligibility for health insurance, with coverage granted only to those with a disability rate of 60% or higher.

Furthermore, 27.6% of persons with disabilities in Salbit expressed the need for psychosocial support services, noting that the limited number of specialized centers and the lack of qualified staff restrict the availability of such services. With regard to assistive devices, 12% reported needing wheelchairs, 5% needed hearing aids, and 8.6% required visual or auditory aids. Nonetheless, 15.5% of households of persons with disabilities bear the costs of these devices at their own expense.

In addition, around 36% of persons with disabilities require medications on a regular basis. These medicines are often either not consistently provided by the Ministry of Health or are not included in the insurance coverage, forcing them to cover these costs privately.



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

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 city of Salfit is extremely limited and largely dependent on modest efforts made by local organizations.

More than 35% of persons with disabilities affirmed that they feel marginalized by both the local community and local organizations. This marginalization is reflected in the lack of attention given to their participation in the various community activities carried out in the city, as well as in the failure to take the necessary measures to ensure their inclusion.

The Rights of Persons with Disabilities Law No. (4) of 1999 affirmed the responsibility of the Ministry of Social Development, in coordination with all relevant parties, to provide opportunities for sports and recreation for persons with disabilities, adapt playgrounds, halls, camps, clubs, and their facilities, and support the participation of persons with disabilities in national and international sports programs. The law also stipulated a 50% reduction in entry fees for persons with disabilities to governmentowned cultural and recreational venues.

Despite these provisions, persons with disabilities and their families highlighted the weakness of cultural and recreational programs designed to include them in the city. The study findings showed that participation of persons with disabilities in cultural and recreational activities stands at only about 8%. Additionally, 40% of persons with disabilities and their families reported that local organizations do not take into account the requirements of universal

design and necessary accessibility arrangements to ensure their access and participation. This includes the absence of accessible transportation, adapted communication materials (such as advertisements), and other forms of reasonable accommodations. Families also pointed out that local organizations tend to implement such measures only when explicitly required by donors.

Moreover, families of persons with disabilities emphasized that poor economic conditions are a major barrier to their access and participation in cultural and recreational activities. On their part, most local organizations considered the lack of adapted public facilities in the city and their reliance on external funding to implement programs and activities as major challenges to ensuring inclusion.

Community awareness was also noted as a factor affecting participation. Families of persons with disabilities expressed that there is limited awareness about the importance of cultural and recreational activities in promoting the psychological and social well-being of persons with disabilities. This situation is further compounded by the scarcity of awareness programs that emphasize 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 Rights of Persons with Disabilities Law of 1999 affirms the right of persons with disabilities to enjoy a free life, a dignified standard of living, and access to various services on an equal basis with other citizens. They have the same rights and, within the limits of their abilities and capacities, the same obligations. The law further stipulates that disability shall not constitute a reason to prevent persons with disabilities from accessing these rights. Article (3) establishes a comprehensive obligation on the State to protect the rights of persons with disabilities and facilitate their access to them

Although the law does not explicitly mention political rights, they are legally guaranteed under the above provisions, as these articles clearly refer to all rights of persons with disabilities, which by nature include political rights. Furthermore, Article (4) of the law recognizes the right of persons with disabilities to establish their own organizations and associations, which falls within the scope of political rights. Taken together, these provisions affirm that the political rights of persons with disabilities are guaranteed by law.

In addition, Decree-Law No. (36) of 2023, which published the Convention on the Rights of Persons with Disabilities (CRPD) in the Official Gazette (the Palestinian Gazette), serves to strengthen the entire framework of rights for persons with disabilities, with political rights at the forefront.

However, interviews, focus groups, and field research with persons with disabilities, their families, and local organizations revealed several challenges that hinder the political participation of persons with disabilities:

Lack of universal design. Persons with disabilities considered the inaccessibility of public facilities, as well as registration and polling centers, to be one of the most pressing challenges in Salfit. About 76% reported difficulties in accessing these facilities and in participating in public meetings and political activities due to the absence of necessary measures, including accessible buildings, adapted transportation, and other reasonable accommodations.

The participation rate of persons with disabilities in political life whether running for office, voting, or attending public meetings—did not exceed 22% in the city of Salfit.

Social perceptions. Negative societal attitudes remain a major obstacle to political participation. Field study findings showed that half of the persons with disabilities felt that the local community perceives them as individuals incapable of making political decisions.

Tribal and partisan influences. Persons with disabilities and their families identified clan and party influence as another challenge, given its strong role in shaping political orientations and affecting individuals' positions. This makes it difficult for persons with disabilities who lack strong tribal backing to attain political positions or influence decision-making processes.

Weakness of awareness programs and media materials. The vast majority of persons with disabilities and their families noted the absence of accessible media materials, such as brochures in sign language or Braille, which limits their understanding of their political rights and how to exercise them. Although the Central Elections Commission has made efforts such as issuing special brochures in Braille and using sign language in explanatory videos these remain limited. Stronger collaboration is needed between official and non-official entities, including media outlets and civil society organizations, to ensure the production of accessible, inclusive, and sustainable awareness and media materials that meet the diverse needs of persons with disabilities and raise awareness of their 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 national laws, including the Rights of Persons with Disabilities Law No. (4) of 1999. This law emphasizes the need to provide a safe and supportive environment that ensures persons with disabilities have access to care services and are protected from all forms of discrimination and exclusion.

3.6.1 Access to Social Services

31% of the surveyed households of persons with disabilities in the city of Salfit reported that they had received financial or in-kind assistance from various sources, including the Ministry of Social Development, UNRWA, and local organizations. On average, households received such assistance about eight times a year, with the average value of assistance per instance being around 386 shekels.

28% of the surveyed persons with disabilities reported being subjected to violence within the household.

Persons with disabilities face challenges in accessing the social services provided by the Ministry of Social Development, UNRWA, and other organizations. These services include financial and in-kind assistance, health insurance, assistive devices, and customs exemptions, among others.

Half of the surveyed households of persons with disabilities indicated that bureaucratic procedures and administrative complexities, which require repeated transactions and visits to service-providing organizations, pose significant challenges. These are compounded by the lack of accessible buildings and facilities in such organizations and the absence of adapted transportation, as confirmed by 19% of persons with disabilities and their families. They also noted that complex and restrictive eligibility criteria prevent many persons with disabilities from obtaining these services.

Moreover, the vast majority of persons with disabilities considered the long waiting periods to access social services and the irregularity of such services as major challenges. In the absence of stable income sources, they largely depend on this assistance to meet their basic needs.

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

The findings of the field study revealed a limited level of awareness among families of persons with disabilities regarding their right to protection, access to services, available measures, and reporting mechanisms in cases of violence and abuse. Participants with disabilities and their families in the focus groups emphasized the absence of effective protection mechanisms in the city.

It is estimated that around 15% of households of persons with disabilities hide their children with disabilities out of fear of social stigma.

They also pointed out that persons with disabilities are subjected to various forms of violence, including verbal and physical abuse, neglect, marginalization, exclusion, and discrimination. These issues are particularly prevalent among children and women. Gender-based discrimination was identified as the most common form experienced by women with disabilities, with families imposing significant restrictions and limitations on their participation in community activities compared to men.

In schools, more than half of persons with disabilities reported being subjected to violence, whether by peers or, in some cases, by teachers. Focus group participants noted that boys were more likely to face physical violence in schools compared to girls.

On the other hand, teachers and counselors who were surveyed affirmed that they intervene directly when incidents of violence occur among students, especially when involving students with disabilities. If the incident has a psychological impact on the student, they are referred for individual counseling sessions with a school counselor. Teachers also participate in awareness and prevention efforts through classroom activities, school broadcasts, and

educational sessions addressing the risks of violence. However, the vast majority of families of persons with disabilities believe that teachers lack adequate training to properly handle cases of violence faced by students with disabilities in schools.

3.7 Community Attitudes toward Persons with Disabilities

Field results showed that 64% of surveyed community members in Salfit hold positive attitudes toward persons with disabilities, believing that they do not constitute a burden on families or society. All community members agreed that persons with disabilities can contribute positively to their community. In addition, 40% believed that persons with disabilities can rely on themselves to meet their basic needs.

25% of community members reported feeling concern and fear about having a person with a disability in their family.

All respondents considered access to education and free health services as a fundamental right for persons with disabilities. They also agreed that granting persons with disabilities their full rights, including amending laws and legislation, would facilitate their access to all services.

Moreover, 88% of community members believed that providing the necessary support for persons with disabilities to participate in elections—such as facilitating access to polling stations and providing accessible information materials—offers them better opportunities to vote and engage in elections. Likewise, 68% agreed that persons with disabilities could influence political decision-making if they participated in elections.

Finally, 60% of community members believed that persons with disabilities are capable of working effectively across different sectors, while 94% agreed that providing job opportunities that take into account the needs of persons with disabilities strengthens their inclusion in the labor market.

4 Findings

1.The most marginalized groups:

All persons with disabilities in Salfit face a set of barriers that hinder their active participation across sectors, undermine their well-being and dignity, and impose psychological, social, and economic burdens on them and their families. These barriers are more severe for households with more than one person with a disability, households with more than six members, poor households, female-headed households, or households where the head is unemployed or elderly. Barriers also intensify for children of school age, persons with intellectual disabilities—especially severe or multiple disabilities persons with chronic illnesses, persons with disabilities seeking employment, and boys and girls who are out of mainstream education.

2.Rising poverty levels and their impact on persons with disabilities in Salfit:

Poverty rates are high among households of persons with disabilities due to rising unemployment, especially after the war on Gaza and the halt of work opportunities inside the occupied territories. This is compounded by high dependency ratios, given the large household size. The situation is further exacerbated by the low proportion of households of persons with disabilities receiving cash or in kind assistance from the Ministry of Social Development, UNRWA, or other organizations. Poverty is particularly severe for families that need medicines not covered by health insurance, whether for persons with disabilities or family members with chronic illnesses. Poverty contributes to the exclusion and deprivation of persons with disabilities, especially children, from accessing services such as education, health, and rehabilitation, and significantly affects their participation in recreational, cultural, and political activities.

3.Access to quality education for persons with disabilities in Salfit:

The existence of 13 schools, 7 kindergartens, and the Casablanca Center has not sufficiently improved enrollment rates for children with disabilities in preschool or basic education. Most children and adolescents with disabilities remain out of the education system, contributing to high illiteracy rates and limiting future employment opportunities. The primary reasons for unequal enrollment between persons with disabilities and their peers include the absence of early disability detection services, weak preparedness of educational organizations and staff, the lack of qualified and specialized teachers in public schools and most kindergartens, and the absence of support services in public and private schools and kindergartens. All children with disabilities capable of attending education are enrolled in schools or kindergartens; those not enrolled are mainly children with severe intellectual disabilities or those requiring extensive personal care for daily activities such as eating or using the bathroom, and they represent a very small proportion. Dropout among students with disabilities typically occurs in middle or secondary school, and their numbers are also very limited. Schools in Salfit are relatively old buildings, and adjustments are made as needed to accommodate individual cases.

4. Access to higher education and vocational/technical training:

Persons with disabilities face major challenges in enrolling in higher education or vocational training. These challenges include the lack of accessibility in the infrastructure of educational organizations, unavailability of adapted transportation, and inadequately equipped lecture halls, workshops, and laboratories. In addition, curricula and teaching staff fail to meet their needs.

5. Access to comprehensive health services:

Despite the presence of Salfit Health Directorate, the Red Crescent, the Palestinian Medical Relief Society, and several private clinics and health centers, persons with disabilities still struggle to access adequate health services. Gaps include the absence of early disability detection, shortages or lack of certain medications, exclusion of physical and occupational therapy from health insurance, lack of psychological and social counseling, limited psychiatric services, and inadequate vision and hearing rehabilitation. Furthermore, many assistive devices—particularly for hearing disabilities—are unavailable. Referral services are weak, and many persons with disabilities remain uncovered by either public or private health insurance due to lack of awareness or barriers to accessing disability-specific insurance.

6. Employment and economic empowerment:

Most persons with disabilities, including youth, men, and women, are outside the labor force. This is due to negative societal perceptions of their abilities, particularly women and persons with intellectual disabilities, as well as limited opportunities for youth to pursue vocational/technical training and higher education. In addition, many economic facilities and organizations remain inaccessible to persons with disabilities. These factors deepen poverty among their households and increase dependency rates.

7. Protection from violence and access to psychosocial support services:

The living conditions of persons with disabilities and their families create multiple psychological and social challenges, especially for women, often accompanied by violence within and outside the family. Families of persons with disabilities often lack sufficient knowledge about their rights, available services, protection measures, and reporting mechanisms for violence and abuse. There are no effective protection mechanisms in the city, and services for psychosocial, legal, and counseling support remain weak. This exacerbates marginalization and suffering, prevents the detection of violence against persons with disabilities, and allows perpetrators to escape accountability, particularly given cultural tolerance of violence and bullying against children, women, and persons with disabilities.

8. Participation in cultural, sports, and recreational activities:

Although Salfit hosts several active local organizations working in women's, charitable, sports, and cultural fields, this has not translated into meaningful participation opportunities for persons with disabilities in cultural, sports, and social activities. Most persons with

disabilities and their families expressed interest in involving their children and youth with disabilities in such activities, but opportunities remain limited. Participation of persons with disabilities in policymaking and organizational planning—especially within the municipality and in local development strategies—also remains restricted.

9.Participation of persons with disabilities in political life:

Political participation remains low due to multiple barriers. The lack of accessible public facilities, registration centers, and polling stations is a major obstacle to their involvement in elections and political activities. Negative social perceptions of persons with disabilities and the influence of political and tribal affiliations further limit their participation and representation in decision-making. Participation is also weakened by low awareness among persons with disabilities about their political rights, coupled with limited awareness programs and the absence of accessible media materials.

10.Community awareness and interest in the rights of persons with disabilities:

Awareness among society and families about the rights of persons with disabilities remains weak. Communities often approach disability from a charitable or pity-based perspective, rather than a rights-based one. Local culture remains relatively tolerant of exclusion and marginalization of persons with disabilities across most sectors, while community support and volunteer initiatives are limited.

11. Inclusion of persons with disabilities in organizational programs and services:

- Many organizations still approach disability through a relief/charitable perspective tied to pity, rather than adopting a rights-based framework. This approach has weakened organizational visions and interventions, resulting in the absence of long-term strategies that empower persons with disabilities to access rights-based services. While local organizations active in social development and the municipality of Salfit provide basic services to the population, these efforts have not translated into meaningful inclusion and participation of persons with disabilities from a rights-based approach.

12. Social accountability and influence on policies:

- Persons with disabilities and their families are heavily affected by the extent to which national legislation aligns with their rights and the degree of enforcement of relevant laws and policies. Weak political will, limited monitoring and accountability mechanisms, and the lack of effective advocacy hinder the adoption and implementation of policies responsive to the rights of persons with disabilities. This results in limited enforcement of obligations on duty-bearers to ensure the inclusion of persons with disabilities in all sectors, particularly education, health, employment, and social protection.

5 Recommendations

Based on the findings of the research study and the final community meeting held in Salfit to review and discuss the results and issues, and to identify recommendations and agree on priorities for action to promote the inclusion of persons with disabilities, a set of priority interventions was identified to enhance the situation of persons with disabilities and their inclusion in different aspects of life:

1. Strengthening the role of the municipality in including persons with disabilities:

- Institutionalizing the inclusion of persons with disabilities in the policies and services of Salfit Municipality and enhancing their participation in planning, policymaking, local development strategies, and decision-making.
- Enhancing access of persons with disabilities and their families to water and energy services at fair and affordable prices, especially for poor households, by adopting municipal council decisions to provide discounted rates for households of persons with disabilities.
- Supporting persons with disabilities and their families, particularly poor households, by granting reasonable tax exemptions (property tax, education, waste, etc.).
- Adapting roads, sidewalks, buildings, and public spaces—especially health centers and schools—to facilitate access for persons with various types of disabilities.
- Strengthening partnerships between the municipality, civil society organizations, international organizations, and the private sector to improve existing services and develop new ones, especially psychosocial and legal support services, vocational training, and productive activities to employ persons with disabilities, particularly those with intellectual disabilities.

2. Strengthening the role of local organizations in providing specialized and inclusive services for persons with disabilities:

- Enhancing local organizations' capacity to provide specialized services, including improving physical and occupational therapy, services for severe and intellectual disabilities, special education, and provision of assistive devices and medical supplies, while prioritizing children with disabilities on waiting lists at the municipal community center.
- Raising community awareness of the rights of persons with disabilities, including awareness for families and society at large, to promote a rights-based development approach.
- Strengthening organizations' role in protection and community support, including referral mechanisms between government organizations and community frameworks to facilitate access to external services.
- Establishing an integrated database on persons with disabilities, including comprehensive data on them and their families, to serve as a reference for planning and interventions. The database should be managed and updated by the municipality and local organizations, and accessible to organizations inside and outside the city.

- Adapting facilities of local organizations to ensure accessibility for persons with disabilities. Guaranteeing representation of persons with disabilities in administrative and general bodies of local organizations.
- Building the capacity of local organizations on disability rights, ethics of interaction, inclusive planning, advocacy, and social accountability.

3.Inclusion in health services:

- Providing health and rehabilitation services in city health centers, including occupational and physical therapy, and other specialized services.
- Facilitating procedures for obtaining health insurance cards and necessary medical referrals.
- Expanding mental health programs targeting persons with disabilities and their families.
- Adapting health facilities to ensure accessibility.

4.Inclusion in education services:

- Adapting educational facilities to ensure access for children with disabilities.
- Establishing additional resource rooms in schools and rehabilitating existing ones.
- Building the capacity of teaching and administrative staff in schools and kindergartens to ensure access for children with disabilities in line with inclusive education approaches.
- Adjusting curricula, teaching methods, and educational tools, and providing accessible learning materials to guarantee equal education opportunities, including in kindergartens.
- Implementing awareness programs in schools and kindergartens to promote positive attitudes toward children with disabilities.
- Activating shadow teacher services for students with disabilities inside classrooms, with
- guaranteed funding through government support or community partnerships.

5.Inclusion in employment and economic empowerment:

- Influencing the municipality and organizations in Salfit to employ persons with disabilities in decent work aligned with their skills, and ensuring reasonable accommodation.
- Pressuring authorities to enforce the Palestinian Labor Law requirement of employing at least 5% of staff from persons with disabilities.
- Facilitating equal opportunities for self-employment to ensure economic independence and dignified living.
- Expanding access to vocational training and capacity-building workshops for persons with disabilities to promote their inclusion in the labor market.

- Providing sustainable entrepreneurial projects to strengthen self-employment for persons with disabilities, preceded by needs assessments to match market demand.

6.Accessible and affordable transportation:

- Allocating buses equipped with accessibility features to transport persons with disabilities, and launching subsidized transport services supported by government or nonprofit entities.
- Providing exemptions or discounts on public transport fares for persons with disabilities and their companions.
- Offering transportation allowances to families who rely on private transport due to the lack of accessible public transport.

7. Advocacy and community accountability:

- Activating accountability mechanisms to monitor municipal and organizational compliance with disability inclusion in services, programs, and development plans, including reviewing budgets and their responsiveness to actual needs.
- Organizing rights-based community advocacy campaigns demanding the development and enforcement of disability-related legislation and policies, ensuring participation of persons with disabilities in planning and decision-making.
- Advocating for the activation of the 2021 comprehensive government health insurance system for persons with disabilities, ensuring inclusion of rehabilitation, medicines, medical supplies, and assistive devices, through lobbying the Ministry of Health and relevant bodies.
- Advocating for the implementation of inclusive education policies by the Ministry of Education, covering accessible school design, adapted curricula and teaching methods, teacher capacity-building, and disability-friendly learning environments.
- Organizing campaigns to enhance access to higher education and vocational training for persons with disabilities, including adapting infrastructure, revising educational policies, and providing accessible learning tools.
- Strengthening the role of persons with disabilities and their families as key actors in advocacy and community accountability by building their capacity to use advocacy tools, document violations, file complaints, and participate in community initiatives monitoring organizational performance and service delivery at the local level.



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