



مركز شؤون المرأة - غزة  
Women's Affairs Center - Gaza



## Research Paper

**“Women Left Behind: Reality of Women and Girls with Disabilities During War on Gaza Strip”  
Submitted to Women's Affairs Center in Gaza**





مركز شؤون المرأة - غزة  
Women's Affairs Center - Gaza

**Research Paper**  
**“Women Left Behind: Reality of Women and Girls  
with Disabilities During War on Gaza Strip”**  
**Submitted to Women's Affairs Center in Gaza**

2024

## **Contents:**

<b>Introduction</b> .....	3
<b>Paper Objective</b> .....	5
<b>Methodology</b> .....	6
<b>Legal Framework for the Protection of Persons with Disabilities (PWDs)</b> .....	6
<b>Reference Standards for Working During Emergencies and Disasters</b> .....	7
<b>Findings</b> .....	8
<b>First Axis: Data Collection and Case Registration</b> .....	8
<b>Second Axis: Needs Assessments</b> .....	9
<b>Third Axis: Access to Information</b> .....	12
<b>Fourth Axis: Shelter Infrastructure and Design Analysis</b> .....	14
<b>Fifth Axis: Access to Public Services</b> .....	16
<b>Sixth Axis: Access to Food and Nutritional Security Services</b> .....	18
<b>Seventh Axis: Access to Non-Food Items</b> .....	19
<b>Eighth Axis: Psychosocial Support Programs</b> .....	21
<b>Ninth Axis: Protection Measures</b> .....	22
<b>Recommendations</b> .....	23
<b>First: Relevant International Organizations</b> .....	23
<b>Second: International and Local Organizations Working in Disability Sector</b> .....	24
<b>Third: Government Bodies</b> .....	25
<b>Sources and References</b> .....	26
<b>Foreign Sources and References</b> .....	26

## “Women Left Behind: Reality of Women and Girls with Disabilities During War on Gaza Strip”

### Introduction:

Since October 7, 2023, the Israeli occupation has been committing acts of genocide against the population of the Gaza Strip, within the context of the most destructive war in recent history that continues as this study is being prepared. This genocide has resulted in the deaths of tens of thousands of civilians, with a disproportionate impact on vulnerable groups, including women and children, and has forcibly displaced around two million Palestinians under increasingly harsh conditions, with particularly severe consequences for marginalized groups, including women, girls, and elderly women with disabilities (WGWDs)<sup>1</sup>.

Published reports indicate that, as of July 10, 2024, more than (38,295) Palestinians have been killed, with (24,686) formally identified (10,006 men, 4,959 women, 7,797 children, and 1,924 elderly people). Moreover, more than (10,000) people remain trapped beneath the rubble, further complicating recovery efforts due to insufficient resources. The war has also left (88,241) people injured, 70% of whom are women and children<sup>2</sup>, and more than (1.9) million Palestinians displaced, accounting for 75% of Gaza's overall population. These people have relocated to areas that the Israeli military forces claim are safe. Nevertheless, statistics show that over (100,000) people are still in need of shelter due to the lack of adequate safe locations for them<sup>3</sup>.

The ongoing war impacts all facets of life, with particularly severe repercussions on the food sector. Reports from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) indicate that approximately (1.1) million persons are experiencing catastrophic levels of food insecurity, especially in the northern regions of the Gaza Strip, where residents are facing an actual famine.

Concurrently, residents of the Strip have been severely affected by outbreaks of epidemics and proliferation of diseases. Health sector statistics as of July 11, 2024, more than (923,000) cases of acute respiratory infections, (527,000) cases of chronic diarrhea, mainly affecting children under five years of age, and more than (75,000) cases of hepatitis have been reported. Not to mention, statistics also reveal alarming levels of destruction to infrastructure in the Gaza Strip, including residential buildings, sewage systems, as well as various educational and health facilities.

The entire population of the Gaza Strip is undergoing grave risks due to the ongoing war, which are, however, further exacerbated for people with disabilities (PWDs) in general and WGWDs in particular.

1. War on Gaza: Where Everyone is Left Behind, report published by the United Nations Economic and Social Commission for Western Asia (ESCWA) in November 2023

2. OCHA-OPT, 2024

3. Palestinian Ministry of Health, 2024, Statistics of Israeli attacks on Gaza Strip (March 5, 2024 – July 11, 2024)

The evacuation orders issued by the Israeli occupation on October 13, 2023, for all civilians in northern Gaza to relocate to the south, failed to take into consideration the specific needs of PWDs as many of them are unable to evacuate due to the loss of their essential assistive devices and equipment<sup>4</sup>.

Between 2007 and 2017, the number of PWDs in the Gaza Strip has doubled from (24,608) to (48,140). The 2022 Annual Health Report for Gaza indicates that the registered number of PWDs has further increased to (55,538), with mobility disabilities constituting 47% of this population. The Israeli wars on Gaza have resulted in mobility disabilities for approximately (2,000) adults, accounting for 9% of the adult population with mobility disabilities and about 3% of children under the age of 18 with disabilities. Wars have also led to at least one form of disability for around 6% of individuals aged 18 and older, with a higher prevalence in the Gaza Strip (8%) compared to the West Bank (4%).

According to UNRWA reports for 2014, approximately one-third of the injuries sustained during the 2014 war on the Gaza Strip caused permanent disabilities for those affected at the time. Thus, the number of PWDs is likely to increase by nearly (12,000) by the end of 2024 as a consequence of the 2023-2024 genocide in Gaza. This rise can be ascribed to several factors, including the rising incidence of injuries, diminished healthcare capacities, the closure of border crossings, the obstruction of essential medical supplies from entering the Strip, and the deliberate targeting of hospitals and healthcare facilities<sup>5</sup>.

PWDs encounter substantial challenges and heightened risks due to the conditions imposed by the war in addition to the unhealthy and inaccessible environments in displacement camps and shelters. This is further aggravated by the limited availability of healthcare services and the barriers PWDs encounter in accessing these essential services<sup>6</sup>.

Christian Lindmeier, spokesperson for the World Health Organization (WHO), describes the humanitarian situation in the Gaza Strip as catastrophic, with widespread hunger severely ravaging the population in the Gaza Strip amidst the ongoing devastating Israeli war. He emphasizes that children are particularly vulnerable to diseases due to the intense military attacks carried out by the Israeli army over the past months, which have resulted in extensive destruction, an unprecedented humanitarian crisis, and a critical shortage of food, water, and medical supplies, let alone the displacement of approximately (1.9) million Palestinians, according to UN data. Lindmeier further notes that patients in hospitals and operating rooms are pleading for access to food and water and that most people in shelters are struggling to cope with daily life due to severe food insecurity. He stresses that the environmental conditions in Gaza are unhealthy, pointing out that untreated sewage is being discharged into the streets, which poses a significant risk of disease transmission, particularly for people living in small and densely populated areas.<sup>7</sup>

---

4. OCHA, OPT. (2024). Situation Report 11 July 2024

5. Gaza conflict 2024- UNRWA

6. Palestinian Central Statistics Bureau of Statistics (PCBS), press release on the occasion of International Day of PWDs 12/03/2023 (pcbs.gov.ps)

7. World Health Organization: Gaza's Situation is Catastrophic, and Hunger is Devastating the Population, Health News, Al Jazeera Net (aljazeera.net)



PWDs face further heightened risks during armed conflicts. As of July 11, 2024, reports indicate that the ongoing genocide has led to over (10,000) new cases of partial or total disabilities resulting from severe injuries (Rehabilitation Sector, Palestinian Non-Governmental Organizations Network – PNGO, 2024). The Rehabilitation Sector of PNGO has raised concerns about the significant repercussions of the current escalating Israeli aggression on the Gaza Strip on the lives and conditions of PWDs, particularly in light of the unprecedented humanitarian crisis affecting all aspects of life. The sector has also reported that hundreds of PWDs have been killed and thousands injured, in addition to the displacement of tens of thousands who are now facing harsh conditions and severe psychological trauma owing to their displacement. Even before the onset of the war, PWDs in the Gaza Strip have encountered substantial challenges in accessing basic needs such as food, water, clothing, healthcare, relief services, and education. These challenges are markedly exacerbated during periods of war and emergencies in the Strip.

In a report on the ongoing conflict in Gaza, Human Rights Watch highlights the severe impact on Palestinian PWDs, stating, "The Israeli government's bombardment, blockade, and major ground offensive in Gaza is having a devastating toll on Palestinian civilians with disabilities. They face greater difficulties fleeing attacks and accessing desperately needed necessities and humanitarian aid. The grave risks all civilians in Gaza face from the Israeli military operations are multiplied for PWDs.

The serious risks faced by civilians are magnified for PWDs, as Israel's evacuation orders during the war do not consider their needs. Many of them are unable to evacuate or leave, and there is no guarantee of suitable shelter or conditions for them. Israeli army's evacuation orders during the war do not take into account the needs of PWDs, many of whom are unable to leave and evacuate. These orders expose them to the dangers of war and did not ensure that they would be provided with proper accommodation and satisfactory conditions." In the same context, Ammina Cheremovich, Senior Disability Rights Researcher at Human Rights Watch, says, "The Israeli military's major ground offensive in Gaza adds immeasurably to the serious difficulties for people with disabilities to flee, find shelter, and obtain water, food, medicine, and assistive devices they desperately need<sup>8</sup>."

### **Paper Objective:**

This study aims to examine the conditions and challenges faced by WGWDs during the current war on the Gaza Strip, which began on October 7, 2023, and continues to the time of this paper's preparation. It also seeks to propose recommendations and mechanisms to mitigate the risks this segment encounters and to monitor the violations they may be subjected to during displacement and while seeking refuge owing to the war.

---

8. Gaza: Israeli Attacks, Blockade Devastating for People with Disabilities – Human Rights Watch (hrw.org)

## Methodology:

The paper employed a participatory research methodology grounded in nine reference standards that pertain to the mechanisms for addressing, responding to, and meeting the needs of PWDs, as well as the interventions of organizations operating in war and emergency contexts. Following the development of the axes and criteria for the paper, data collection was carried out using two primary qualitative methods: focus group discussions (FGDs) and in-depth individual interviews. Qualitative data was collected through two FGDs involving (17) WGWDs directly impacted by the war as well as family members of WGWDs, particularly those with intellectual and hearing impairments. This data was then systematically analyzed to gain insights into their experiences and challenges<sup>9</sup>. The researcher also conducted six in-depth interviews with professionals from both governmental and non-governmental organizations actively engaged in the disability sector. Moreover, an extensive review of relevant literature, including studies, conventions, and reports, was undertaken to support the research.

## Legal Framework for the Protection of Persons with Disabilities (PWDs):

Article 11 of the Convention on the Rights of Persons with Disabilities, which pertains to the protection of PWDs in situations of risk and humanitarian emergencies, stipulates, "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of PWDs in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

WGWDs are particularly vulnerable to violence, especially during times of conflict and natural disasters, which may lead to forcible migration and/or displacement. Such disasters compound the social effects of disability, especially for women and girls, who face other barriers<sup>10</sup>. According to a report by the International Disability Alliance (IDA) in 2015, approximately one-third of WGWDs experience psychological, sexual, or physical abuse during natural disasters and conflicts. Women with disabilities who are living in isolation in their homes and girls with intellectual disabilities are particularly at risk of sexual violence, including rape. They face substantial barriers in accessing essential services such as sanitation, healthcare, and education. These challenges are further intensified by cultural and societal norms that often limit their autonomy and mobility<sup>11</sup>.

9. Attached attendance sheets for individual in-depth interviews and FGDs

10. Thematic study on the issue of violence against women and girls with disability – UN – P.12

11. Karaspan, Omar, 2016, Disabled and Forcibly Displaced, World Bank Blogs - <https://bit.ly/2YIYZQS>



The New York conference, held on May 20, 2016, prior to the World Humanitarian Summit in Istanbul on May 23-24, 2016, brought together several key organizations, including International Christian Blind Mission (CBM), Handicap International (HI), International Disability Alliance (IDA), Women's Refugee Commission, and Human Rights Watch. These organizations collectively highlighted the heightened vulnerabilities faced by PWDs, particularly in contexts of conflict, displacement, and post-conflict reconstruction. The risks identified included displacement, neglect, and inequitable access to essential resources, such as food, healthcare, and humanitarian aid. The conference put forward key recommendations for governments, donors, and relief organizations, stressing the need to guarantee the rights and needs of PWDs in conflict and disaster relief efforts. This aligns with the broader objective of advancing the "Charter on Inclusion of Persons with Disabilities in Humanitarian Action,"

which provides clear guidelines for inclusive humanitarian responses. The charter calls for translating commitments into concrete actions to ensure that marginalized groups, particularly PWDs, receive equitable assistance and are granted their rights on par with others. These commitments include the principles of non-discrimination against and the active inclusion of PWDs in the planning and implementation of crisis response strategies. The participating actors emphasized that PWDs are among the most vulnerable and disproportionately affected populations during crises. Physical and communication barriers, among other obstacles, exacerbate the challenges posed by wars, natural disasters, and other life-threatening situations.

PWDs often face significant obstacles in accessing essential services and support, primarily due to limited physical access to facilities and the lack of information provided in accessible and easy-to-understand formats.

## Reference Standards for Working During Emergencies and Disasters:

This study was structured around nine key reference standards, as follows:

- 1- **Data Collection and Case Registration:** Gathering and documenting cases of WGWDs displaced from their homes.
- 2- **Needs Assessment:** Evaluating the specific needs of WGWDs during emergencies and wars.
- 3- **Access to Information:** Assessing WGWDs' access to critical information.
- 4- **Shelter Infrastructure and Design Analysis:** Analyzing the adequacy of shelters' infrastructure and design.
- 5- **Access to Public Services:** Evaluating the accessibility of public services for WGWDs
- 6- **Access to Food and Nutritional Security Services:** Evaluating WGWDs' access to food and nutrition.
- 7- **Access to Non-Food Items:** Determining WGWDs' accessibility to non-food items and essential supplies.
- 8- **Psychosocial Support Programs:** Assessing the commitment to providing psychosocial support programs for WGWDs.
- 9- **Protection Measures:** Evaluating the commitment to safeguarding the rights and well-being of PWDs, particularly WGWDs, during displacement.

These nine criteria are derived from various articles within the International Convention on the Rights of Persons with Disabilities. The most significant articles include Article 11, which addresses situations of risk and humanitarian emergencies; Article 31, which pertains to statistics and data collection; Article 9, which addresses the issue of accessibility; Article 25, which relates to health rights; Article 10, on the right to life; Article 26, on habilitation and rehabilitation; and other articles that focus on protection and rehabilitation and reintegration. A comprehensive discussion of these articles and their relevance to the reference standards will be provided later in the paper.

## Findings:

### First Axis: Data Collection and Case Registration:

This section monitors the effectiveness of efforts exerted by organizations working in the disability sector in collecting data and documenting occurrences of disability during the war and the level of coordination between these organizations and international organizations in terms of exchanging and sharing information and data related to PWDs. Furthermore, it assesses whether both international and local organizations working in the field of humanitarian interventions have established a standardized classification system to address the needs of PWDs<sup>12</sup>.

In this regard, the paper concludes the following:

- The registration and tracking of data related to WGWDs are inadequate and lack comprehensive oversight. At best, the registration process is limited to a single question regarding the presence of a family member with a disability and the type of disability. There is a lack of effective coordination, strategic planning, or information sharing mechanisms among service providers responsible for providing services to WGWDs. This lack of collaboration impedes the implementation of emergency response plans designed for WGWDs.
- While many organizations working in the disability sector have made significant efforts, the overwhelming number of displaced persons, insufficient resources, and the persistent needs of WGWDs have strained service providers, further complicating their ability to adequately meet the rising demand.
- Shelters do not follow a standardized classification system for WGWDs. This is largely due to the diverse types of shelters that have emerged since the onset of the ongoing war. Certain shelters are operated by UNRWA, while others are managed by the Gaza Strip government. In addition, there are informal or random shelters set up near government or UNRWA facilities, as well as on streets. Some shelters are independently organized by residents, family groups, civil society organizations, or disability NGOs.

12. Article 31 – Statistics and data collection - International Convention on the Rights of Persons with Disabilities

States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

\* Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;

\* Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics;

\* States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

The structure and organization of these shelters vary based on the evolving conditions of the war, patterns of displacement, and evacuation orders issued by the Israeli occupation.

- Organizations working within the disability sector have encountered significant logistical, political, social, and sovereignty-related challenges during the registration and enumeration of WGWDs. These obstacles have been exacerbated by the involvement of multiple stakeholders in the humanitarian response, compounded by the insufficient coordination and communication among these entities.

- Data collection and documentation processes for WGWDs are not aligned with the guidelines and facilitative measures outlined in the International Convention on the Rights of Persons with Disabilities. This indicates a gap in expertise and awareness among workers in international organizations and humanitarian actors regarding the proper standards for interventions for WGWDs during armed conflicts.

- Proper registration for displaced WGWDs is not conducted, nor are their health, nutritional, and psychological needs, as well as needs for assistive devices and technical aids assessed.

- Protection standards for displaced WGWDs are not upheld, and no secure pathways are established to ensure their safe access to shelters or designated safe areas.

- Shelter management teams have failed to adhere to basic standards for humanitarian response interventions for WGWDs, particularly in terms of assessing needs, removing accessibility barriers, and ensuring flexible and inclusive participation in response processes.

#### **Second Axis: Needs Assessments:**

This section focuses on the effectiveness of organizations' efforts in identifying the specific needs of WGWDs, particularly those within shelters. It investigates whether these organizations have maintained individual files for each PWD, including men, women, girls, or elderly persons, that documented their needs, health status, and the types of disabilities among residents of each shelter. Additionally, it assesses whether service-providing organizations are aware of the available services and facilitations for PWDs as well as the associated risks within the shelters. It explores whether the organizations have compiled prioritized lists of needs for PWDs, with a particular focus on WGWDs. These needs might include items such as wheelchairs, assistive devices, hearing aids, and other technical aids. Finally, it evaluates whether field workers possess the required expertise to identify these needs and conduct rapid field assessments regarding the requirements of PWDs.<sup>13</sup>

13. Article 31 – Statistics and data collection - International Convention on the Rights of Persons with Disabilities

States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

In this regard, the paper concludes the following:

**Marginalized Women Amid Shifting Priorities:**

- The specific needs of WGWDs) have not been systematically assessed, and the management teams of displacement camps and shelters have failed to adhere to established standards for integrating these needs into the broader needs assessment processes. This gap affects both women and girls, regardless of disability status. Moreover, shelters do not maintain dedicated files for WGWDs, which should include comprehensive personal records detailing their individual needs, types of disabilities, and health conditions.

- Consideration of the specific needs of WGWDs has diminished for several reasons. Primarily, organizations have prioritized the provision of immediate relief services, while shelters lack adequately trained and experienced staff to address the unique needs of this segment. As a result, WGWDs face significant barriers in accessing equal opportunities to benefit from the available services in shelters, which are often not equipped with necessary environmental accommodations, such as accessible buildings, ramps, handrails, and wheelchair-friendly doorways.

- Humanitarian organizations have failed to comply with established standards for increasing support to WGWDs, as outlined in humanitarian intervention guidelines. These standards stipulate a 3-4% increase in budget allocations, a 15% increase in water supply, and the designation of 15% of bathrooms and toilets for PWDs, with a particular focus on ensuring accessibility for WGWDs in shelter facilities.

- When available, the aid provided to WGWDs has been insufficient, irregular, and inconsistent, despite efforts by numerous organizations working in the disability sector to assess the needs of WGWDs. Moreover, repeated displacements have significantly increased the need for assistance among WGWDs.

- Shelter management teams lack comprehensive assessment tools to evaluate the specific needs of WGWDs, while also taking into account factors such as gender, age, social status, and health conditions. Therefore, the needs of many mothers, pregnant women, and lactating women with disabilities have not been taken into consideration.

- The absence of WGWDs representation in shelter management committees has limited their ability to advocate for their specific needs and requirements to service providers.

- The needs of WGWDs within the shelters have not been adequately identified, and the services offered are generally designed for the broader population, thus, the unique and individualized needs of WGWDs remain unmet.

- Service-providing organizations largely lack awareness of the specific services and accommodations available to WGWDs in shelters, as well as the associated risks they face. This gap can be attributed primarily to the failure of disability organizations to conduct regular visits to shelters to identify and assess the needs of WGWDs. When such visits do occur, they are generally limited to broad, relief-focused activities that do not take the specific needs of WGWDs into account.

- Shelters lack adequately trained and experienced personnel capable of conducting rapid field assessments that can effectively identify the needs of WGWDs

- Despite having access to relevant data, service-providing organizations are unable to deliver appropriate services and support to WGWDs, as they do not conduct comprehensive needs assessments tailored to the specific challenges faced by this population.

- Active organizations and shelter management teams struggle to organize their internal administrative affairs due to severe overcrowding, lack of safety measures, and repeated evacuations. One shelter administrator states, "In this chaos and death, we as administrators cannot prioritize our tasks."

WGWDs have not received adequate attention, resulting in a significant decline in their equitable access to essential services. Given the overall pressing need for emergency relief efforts, priority has been predominantly given to injured and newly displaced persons, placing WGWDs at the lowest tier on the priority list.

Their diverse needs, be they nutritional, health, or psychosocial, have not been taken into consideration. When their needs are addressed, it is primarily through limited humanitarian services that lack a comprehensive human rights framework. This has led to a regression in the approach to PWDs, reverting to a medical and charitable perspective that sidelines the rights-based approach.

Consequently, WGWDs are increasingly perceived as a burden on others, which further exacerbates their health, psychological, and social hardships. Shelters present significant risks to WGWDs due to their structural inaccessibility. The facilities often lack proper hygiene in the bathrooms and have insufficient water supplies, which heightens the risk of disease transmission. Poor sanitation and limited access to clean water, coupled with neglect of their dietary-specific needs, further compromise their health. Moreover, these women and girls lack psychological support and face shortages of assistive devices, including hearing aids and their batteries for women and girls with hearing impairments.

Additionally, the availability of essential supplies, such as diapers and non-food items, is critically low. WGWDs also experience discrimination, verbal abuse, and social marginalization, which worsen their health and psychological well-being and exaggerate the challenges posed by their disabilities.

This sentiment was distressingly expressed by N. M., a resident of Khan Yunis with a mobility disability, who stated, "I feel like I am nothing. I am divorced and struggling to make ends meet. I cannot sleep due to pervasive pain throughout my body and frequent nightmares. I suffer from dizziness because of the shortage of food supplies. No one has reached out to me; it feels as though I have been forgotten."

### **Third Axis: Access to Information:**

This section evaluates the ability of WGWDs to access information about emergency relief measures and available solutions that address their specific needs and challenges. It further assesses the accessibility of communication means employed to disseminate information regarding relief assistance and aid mechanisms for PWDS. This includes determining whether information is provided in formats tailored to their needs, such as Braille, sign language, or clear and simplified language.<sup>14</sup>

In this regard, the paper concludes the following:

#### **Limited Access to Information:**

WGWDs in shelters have faced significant barriers in accessing critical information. They are deprived of their right to receive essential details regarding emergency relief procedures, available solutions to address their specific needs and challenges, and information about potential safe refuge areas prior to displacement.

Their sense of isolation is deepened during the war due to their limited access to information. WGWDs rely solely on their families for information and updates, as no formal mechanisms are in place to disseminate information effectively to them. Shelters lack appropriate guiding signs and instructions tailored to the diverse needs of WGWDs, based on the specific type of disability. There are no accessible formats such as sign language for those with hearing impairments, Braille for women and girls with visual impairments, or clear and simplified language for those with intellectual disabilities or learning difficulties.

On one hand, relevant humanitarian organizations face significant challenges in reaching displaced WGWDs in military operations zones due to heavy bombardment and the absence of safe humanitarian corridors to facilitate emergency relief efforts. On the other hand, WGWDs struggle to communicate with service providers, hindered by poor communication connections, lack of internet access, and limited ability to identify available services and active organizations. Additionally, communication channels are not adapted to accommodate diverse types of disabilities, further hindering their effective access to information.

14. Article 9 – Accessibility - International Convention on the Rights of Persons with Disabilities

States Parties shall also take appropriate measures:

\* To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

\* To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;



Despite the efforts of some organizations working in the disability sector to communicate with WGWDs, the overwhelming number of displaced persons, coupled with insufficient humanitarian aid and the continuous need of WGWDs for support, have exacerbated the burden on service providers and impeded progress toward achieving desired outcomes. As a result, shelter management teams do not prioritize communication with WGWDs, particularly those residing in informal or random shelters; there are no dedicated brochures or announcements for them, and they primarily depend on information conveyed through family members or informal communication networks as they check in on one another.

“Given the alarming prevalence of both pre-existing disabilities and those arising from the ongoing war, addressing the comprehensive needs of all displaced PWDs, be they medical or nutritional aid, has become increasingly challenging. We are overwhelmed by daily obstacles that impede our capacity to deliver essential resources. Thus, our primary focus now must shift toward ensuring their survival amidst this pervasive crisis<sup>15</sup>.”

This aligns with A.H.'s account of the experiences of displaced WGWDs in Deir Al-Balah, particularly those with mobility disability.

A.H. described the situation as follows, “We were displaced from Shujaiya and relocated to Deir Al-Balah. For a period, I stayed in the corridors of Shuhada Al-Aqsa Hospital, where my father was martyred. I contacted the Stars of Hope Association, which provided me with some assistance and a tent. I did not take my scooter as we fled since the wreckage was everywhere, which also made it impossible for vehicles to reach our location. I felt the pitying glances of our neighbors, while dogs were barking frantically due to the intensity of the bombardment. I felt like a burden to my family and was overwhelmed by guilt. I feared that my presence would jeopardize my parents and siblings' safety; I believed I was the reason for their delayed escape. My mother was searching for my grandmother, my father refused to leave my side, and my brother was exhausted from carrying me the entire way. I attempted to use the wheelchair, but I fell to the ground. My only concern was for the wheelchair; I was terrified they would abandon it. I could not sleep or change my clothes, and I did not have my medications with me. The electricity was cut off, my phone battery was dead, and I felt disconnected from the world. I tried to check up on my friends, but my emotions were a tumultuous mix of fear, shame, anxiety, and shock. My health has been deteriorating since; the only food we have is canned, which is only exacerbating my suffering. My room, which was my entire world, was destroyed, and my bathroom was ruined. There is no one to call for help. The psychological pressure is unbearable. All the workshops I had attended to prepare emergency plans now feel like a waste of time.”

---

15. Coordinator of Ministry of Health at the medical points of the displacement camps and shelters in the Middle Governorate

#### **Fourth Axis: Shelter Infrastructure and Design Analysis:**

This axis examines the adequacy of the infrastructure and planning of shelters, particularly in relation to their accessibility for PWDs, especially women, girls, and older women with disabilities. It investigates whether they were enabled to fully participate in all aspects of life, by raising some key questions, as follows: are international and service-providing organizations actively involved in the evacuation and transportation of WGWDs to the shelters? are the needs and privacy of WGWDs adequately addressed during the evacuation and sheltering processes? are any modifications or adaptations made to the shelters or improvements to their infrastructure to accommodate the needs of WGWDs? are the needs of WGWDs considered in the selection process of shelters' locations, particularly regarding the minimum standards necessary for their well-being, such as accessible toilets, bathrooms, food, non-food items, and water? How safe are the shelters in regards to ensuring the protection of WGWDs from injuries and accidents, particularly concerning the design of ramps, windows, doors, and hallways? To what extent do the planning and execution of these shelters adhere to the standards set forth by international agreements concerning the rights of PWDs, particularly Article 9 of the International Convention on the Rights of Persons with Disabilities?<sup>16</sup>

In this regard, the paper concludes the following:

#### **Women and Girls with Disabilities in Social Isolation**

WGWDs have encountered significant challenges during their repeated displacements from their homes or temporary relocation areas. Most streets, roads, and facilities have become unsuitable for them since many refuge areas, such as Al-Mawasi, primarily consist of unpaved roads and lack basic accommodations. These difficulties are further exacerbated by a severe fuel shortage and soaring transportation costs, which most families cannot afford, especially after losing their possessions and being financially drained by the recurring displacements. Consequently, many families are forced to physically carry their disabled family members and abandon essential personal belongings. WGWDs, particularly those with mobility and hearing impairments, are often compelled to abandon their assistive devices, especially during sudden displacements. Several factors contribute to this, including their physical inability to carry the devices or navigate through the rubble during sudden evacuations and the challenging terrain of destroyed streets, exacerbated by the urgency of displacement, often occurring at inappropriate times and amid heavy bombardment and gunfire.

16. Article 9 – Accessibility – International Convention on the Rights of Persons with Disabilities

To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

\* Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

\* Information, communications and other services, including electronic services and emergency services.

Furthermore, the absence of assistance from others, stemming from fear and time constraints imposed by evacuation orders from Israeli occupation, further compels WGWDs to leave behind their wheelchairs and electric mobility aids.

#### Challenges Faced by WGWDs During Evacuations and Shelter Arrangements

The evacuation of WGWDs has been hindered by a lack of prior planning, primarily due to the insufficient time allotted for the general population to evacuate. International organizations, expressly the International Rescue Committee (IRC), have failed to support WGWDs during their evacuation or offer alternative tools or resources to ensure their protection. The schools designated as shelters have not met the basic needs of WGWDs, particularly elderly women and those with mobility disabilities.

WGWDs, particularly those with mobility disabilities and those with severe or multiple disabilities, have encountered substantial difficulties in accessing essential facilities, such as toilets and bathrooms. There is a notable lack of consideration for the specific needs and privacy requirements of WGWDs during both evacuation and sheltering processes. That is, accessibility standards for WGWDs have not been adequately integrated into the selection of shelter locations, and thus, shelters are unable to ensure their safety and security, which exposes them to significant risks of injury or accidents due to inadequate structural accommodations, including ramps, windows, doors, and poorly lit hallways. Shelters have failed to meet the minimum accessibility standards for WGWDs, placing many of them at heightened risk of harm. Thus, these conditions pose a serious threat to their safety.

The majority of existing shelters do not adequately address the fundamental needs of WGWDs, particularly during the summer months, when high temperatures in sandy environments without sufficient water sources exacerbate existing difficulties.

The infrastructure of these shelters is largely inaccessible, with barriers related to elevation, limited space, and unpaved sandy grounds, particularly significant obstacles for women and girls with mobility and visual impairments.

Furthermore, sanitation facilities are severely inadequate, with a reported ratio of one bathroom per 400 persons, let alone that these facilities are not designed to accommodate WGWDs. Additionally, staff from relevant organizations lack the necessary training to effectively support WGWDs, especially elderly women with disabilities.

The humanitarian standard stipulating that 15% of sanitation facilities should be allocated for WGWDs, as outlined in intervention guidelines, has not been upheld. Moreover, the design of bathroom facilities within shelters has failed to respect the privacy and dignity of WGWDs, as there are no separate, accessible facilities to ensure their privacy. This lack of accommodation exposes them to violence, abuse, and bullying.

The absence of protective measures against exploitation and violence has forced many families of WGWDs to isolate their daughters, either due to concerns for their safety or feelings of shame.

Relevant organizations, international organizations, and shelters have failed to comply with the standards outlined in international agreements regarding the rights of WGWDs during times of war and armed conflicts. Women and girls with hearing impairments, in particular, have suffered from permanent damage to their hearing aids due to the intense noise from explosions and artillery fire. This has increased their isolation and disconnection from their surroundings, as they have been unable to obtain alternative assistive devices, which are unavailable in the market. The words of F.R., a woman with a visual impairment who was displaced from northern Gaza to Al-Mawasi area in Khan Younis, provide a detailed description of the distress she has experienced, "The atmosphere is filled with fear, the cries of children, frustration owing to my mother's illness, and the presence of relatives and siblings; everyone is in a state of confusion. I often feel neglected and like a burden to my family. I keep wondering how long I will have to endure this feeling during every conflict or aggression. The profound challenges of living with a disability can only be truly understood in such circumstances."

#### **Fifth Axis: Access to Public Services:**

This section evaluates the extent to which the organizations responsible for service delivery and shelter management teams comply with international agreements aimed at ensuring the accessibility of public

services for WGWDs during wartime and disasters. It specifically examines the capacity of WGWDs to access services provided within shelters on an equitable basis. Key considerations include the physical accessibility of these shelters for WGWDs, which encompasses features such as structural design, ramps, handrails, door widths suitable for wheelchairs, and accommodations for WGWDs who use Braille or sign language. Additionally, this section investigates whether sleeping arrangements, including mattresses and beds, meet the diverse needs of WGWDs, with particular attention to the needs of elderly WWDs. Moreover, it assesses the accessibility of essential facilities within shelters, such as toilets and bathrooms, as well as the provision of necessary supplies, including food, non-food items, medical services, assistive devices, and technical aids crucial for WGWDs. More importantly, this section examines whether the structures and management practices of shelters uphold the privacy of WGWDs, ensure their safety, and employ measures to protect their dignity. Specifically, it focuses on the accessibility of essential facilities, including toilets and bathrooms, as well as access to clean water, with a particular focus on WGWDs with limited mobility and severe disabilities.<sup>17</sup>

---

17. Article 9 – Accessibility – International Convention on the Rights of Persons with Disabilities

States Parties shall also take appropriate measures to:

- (a) Develop minimum standards and guidelines for the accessibility of facilities and services open to the public or provided to the public, and to disseminate these standards and guidelines and monitor their implementation;
- (b) Ensure that private entities that offer facilities and services open to the public or provided to the public take into account all aspects of accessibility for persons with disabilities;
- (c) Provide training to relevant stakeholders on accessibility issues facing persons with disabilities;
- (d) Provide forms of human assistance and intermediaries, including guides, readers, and sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

In this regard, the paper concludes the following:

**Decline in Access to Services:**

- The ability of WGWDs to access essential services has significantly declined during the war due to the systematic obliteration of the Gaza Strip's infrastructure by the Israeli occupation. The destruction of roads, streets, government buildings, and community organizations has exacerbated existing challenges faced by WGWDs, severely restricting their access to vital services such as healthcare and shelter. Reports published by the UN have confirmed that these conditions have intensified barriers to the full participation of WGWDs in various walks of life. Furthermore, the isolation of WGWDs has increased, as many are now taking refuge with their families in unpaved sandy areas like, Al-Mawasi, where informal and random shelters and tents often fail to meet the basic standards necessary to accommodate the needs of women and girls, both with and without disabilities.

- Shelters lack basic physical accessibility for WGWDs; they do not include essential features such as ramps and handrails. Doorways are often too narrow to accommodate mobility aids like wheelchairs and electric scooters. Furthermore, the absence of Braille and sign language signage further hinders accessibility. This inadequate infrastructure exposes WGWDs to heightened risks of injury and harm. Shelters also lack accessible bathrooms, sanitation facilities, and trained personnel to provide appropriate support for WGWDs.

- The war has severely impeded access to essential services for the majority of WGWDs, rendering the process both challenging and dangerous, especially in light of the inadequate infrastructure in displacement areas, which are often characterized by their unpaved sandy terrains, and critical shortages of fuel and transportation. Moreover, access to healthcare is further constrained by the scarcity of field medical points, which are insufficiently equipped and lack specialized medical clinics.

- The lack of assistive devices, medical mattresses, bathing water, and specialized medications for WGWDs has significantly hindered their equitable access to healthcare services. This issue is further exacerbated for those with urinary incontinence, who require increased water supplies.

- The destruction of streets, roads, and infrastructure has significantly aggravated challenges faced by WGWDs, severely limiting their access to essential services such as healthcare, education, and shelter. This has further hindered their ability to engage fully in all aspects of life. Their conditions have deteriorated due to the inadequate design and infrastructure of most current shelters. Basic accessibility standards, essential for ensuring the safety and protection of WGWDs from injuries and accidents while also maintaining their privacy, have not been considered during the evacuation process or in the selection and design of shelters. Such standards include the presence of ramps, appropriately sized windows and doors, and safe hallways.

D. Q., who has a mobility disability, reflected on this, stating, "The house is overcrowded with relatives who have fled from the bombing and ongoing military operations in their areas. My sister also has a mobility disability like me, but we have only one wheelchair, which we both rely on. I constantly worry about how we would escape, both of us depending on a single wheelchair. Everyone in the house is terrified; we cannot sleep. The road leading to our home is unpaved and far from the city center and essential services, and our scooter is broken. With the intensity of the shelling, I felt like the house would collapse on my head. I can sense my father's anxiety as he glances at my sister and me, pondering about what he would do if we must evacuate and how he would ensure our safety. I feel a profound sense of bitterness in every moment."

#### **Sixth Axis: Access to Food and Nutritional Security Services:**

This section investigates the accessibility of appropriate food and nutrition services for WGWDs, through addressing the following key questions: Are WGWDs involved in the design of dietary systems in shelters? Can they easily access food distribution points? Does the existing distribution system prioritize WGWDs in food allocation? Does the nutrition and food system in place accommodate the specific dietary needs and privacy of WGWDs?<sup>18</sup>

In this regard, the paper concludes the following:

#### **Marginalization and Inequitable Access to Services:**

WGWDs encounter significant barriers in accessing services available within shelters due to the failure of these facilities to adequately address their specific needs, including privacy considerations. Moreover, the nutritional requirements of WGWDs, particularly lactating women with disabilities, are often overlooked, as is the provision of suitable household tools as many of these women face challenges related to chewing, swallowing, and digestion.

There is an urgent need to clearly identify the nutritional needs of WGWDs across all life stages, including children, pregnant women, lactating women, and elderly women. Additionally, food and health assistance programs lack essential supplementary food options necessary to maintain bodily functions and prevent nutritional deficiencies. This issue is especially critical for WWDs who are pregnant, lactating, or elderly. On top of this, current cash assistance programs have also failed to account for the unique nutritional needs of WGWDs, limiting their ability to purchase necessary supplementary foods. WGWDs experience severe marginalization and inequitable access to food rations, exacerbated by a failure to address their specific needs. This marginalization can largely be attributed to organizations' emphasis on delivering general relief services, which limits WGWDs' ability to access services provided in shelters on an equal basis with others.

18. Article 10 – Right to Life – International Convention on the Rights of Persons with Disabilities

The States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure that persons with disabilities effectively enjoy this right on an equal basis with others.



Shelters are often not designed to accommodate WGWDs, lacking critical environmental adaptations such as accessible buildings, ramps, handrails, and sufficiently wide doorways for wheelchair access. WGWDs also face compounded challenges owing to shortages in essential sleeping equipment, including mattresses and beds, as well as food and non-food items, medical points, and other essential and assistive supplies and devices.

Access to sanitation facilities and clean water is particularly difficult for WGWDs, especially those with mobility disabilities. Furthermore, food rations distributed in shelters are not tailored to their specific disabilities or dietary needs, which is particularly detrimental to those with special nutritional requirements or allergies.

The physical limitations faced by WGWDs complicate their access to food distribution points, where they have to compete with others in long queues. Additionally, the absence of a fair distribution system that prioritizes WGWDs and considers their privacy further increases their vulnerability. Moreover, WGWDs are not involved in the design or planning of food distribution systems, if such systems exist at all within the shelters.

This account aligns with the testimony of M.A., a woman with total visual impairment, displaced from Deir al-Balah, and a mother of four. She described her experience, "We live in an isolated area where bombardments were intense all around us. My husband left the house before I could escape. Because of my visual impairment, I was unable to flee as fast.

I did not have a cane and could not navigate the new environment, which was my in-laws' house. My co-wife abandoned us and fled. I struggled to care for my children who were terrified by the airstrikes and explosions; their screams echoed everywhere. I could not leave my spot because I had not yet adjusted to the unfamiliar surroundings."

#### **Seventh Axis: Access to Non-Food Items:**

This section examines the equitable access of WGWDs to non-food items. It assesses their ability to obtain these essential items and whether their healthcare needs, including medications, treatment, and psychological support, are adequately addressed. Furthermore, it investigates the existence and effectiveness of a healthcare system that guarantees timely access to medical services when required.<sup>19</sup>

In this regard, the paper concludes the following:

#### **Deteriorating Health Conditions:**

- WGWDs have faced harsh conditions during displacement due to inadequate shelter conditions that have failed to accommodate their specific needs. The majority of shelters are randomly established on unpaved sandy grounds, which creates significant barriers, limiting their access to essential services. Consequently, they struggle to access non-food items, healthcare services, assistive devices, and medications.

19. Article 25 – Health– International Convention on the Rights of Persons with Disabilities

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

The harsh living conditions within these shelters have led to the spread of diseases and an increased incidence of skin ulcers among WGWDs, particularly women and girls with mobility disabilities. These health issues are exacerbated by a critical shortage of cleaning supplies, insufficient access to bathing water, and a lack of adequate health materials and assistive tools. Furthermore, the absence of an inclusive healthcare system that ensures equitable access to medical services has compounded the situation. Moreover, many WGWDs have lost their personal belongings and assistive devices during displacements, further complicating their ability to access healthcare equitably. The prolonged state of displacement has intensified these barriers, severely hindering WGWDs' ability to receive the necessary medical care.

- WGWDs are not only underrepresented in the distribution of humanitarian aid, but also face significant challenges in accessing essential health services, food, non-food items, assistive devices, and protection measures. This disparity in aid distribution is exacerbated by systemic inadequacies within the healthcare system. WGWDs have not received aid equitably, whereas the impartiality of distribution is undermined by several factors, including high frequency of displacement, lack of proper registration processes, inadequate updates to registration after each displacement, and lack of regular needs assessments specific to WGWDs.

Many WGWDs were forced to leave their personal belongings, including assistive devices, during the rapid and unforeseen evacuation processes, which has significantly hindered their ability to access health services and restricted their mobility and autonomy.

The precarious circumstances of displaced WGWDs are reflected in the statement of T.A.M., a divorced woman with a mobility disability currently displaced at Al-Mawasi; she described her struggles as a mother, stating, "I sleep next to my wheelchair. I live in an area under constant military operations, surrounded by endless heavy bombardment all the time. My son is at risk at every moment. My house was completely destroyed in the war, and now I live in a tent with my son. We have not received any assistance, and I am dealing with a severe shortage of medications. Fear and psychological pressure have triggered seizures. I was forced to flee to Al-Mawasi, where I endured harsher conditions due to ongoing displacement and a critical lack of essential resources. Previously, I had a poultry farming business, but now I am entirely dependent on aid."

### **Eighth Axis: Psychosocial Support Programs:**

This section aims to evaluate the availability and quality of psychological support services offered to WGWDs during the war. Specifically, it assesses the frequency of home visits and visits to shelters conducted by psychological support service providers. It investigates whether designated spaces for psychological support sessions are made available within the shelters and whether families received training or psychological assistance to address the mental health needs of persons during the conflict.<sup>20</sup>

In this regard, the paper concludes the following:

#### **Fragile Psychological Condition:**

- WGWDs have encountered exceptionally severe conditions during the war, leading to the onset of new psychological traumas that exacerbate pre-existing ones. Their psychological vulnerability is further aggravated by the lack of access to assistive devices, especially during repeated and abrupt displacements, which, in turn, exert significant psychological strains. These challenges are compounded by critical shortages of essential resources, such as food, medicine, hygiene products, and sanitation services. This crisis unfolds within a context of extreme overcrowding, chaotic conditions, violence, bullying, and security lapses. Besides, there is a profound lack of justice and equality in accessing services, insufficient oversight and transparency measures, and a notable absence of representation for WGWDs in administrative and needs assessment processes.

- WGWDs have been experiencing heightened fear of abandonment and isolation, which exacerbates their psychological distress and hinders both their own and their families' abilities to address their psychological needs. Key factors contributing to this situation include the inherent barriers posed by their disabilities, which impede timely access to vital information and increased their psychological stress, particularly as their caregivers are often preoccupied with their own wartime concerns. The psychological support services offered to WGWDs are insufficient; visits by mental health and social support providers to displaced WGWDs residing in homes, tents, or shelters has not been conducted. Furthermore, the lack of training and psychological assistance for families of WGWDs has hampered their ability to meet their own psychological needs, making it difficult for them to provide adequate support to WGWDs during a time when families themselves are in dire need of these services.

- Additionally, shelters lack private spaces designated for providing psychological support services to WGWDs. In instances where such spaces are made available, the activities offered often lack appropriateness and prioritization, leaning more toward entertainment rather than addressing the challenges posed by their difficult living conditions. Psychological stress is particularly acute for married women with disabilities, who face significant challenges in managing their children's trauma, panic, and fear.

20. Article 26 – Habilitation and Rehabilitation – International Convention on the Rights of Persons with Disabilities

States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programs, particularly in the areas of health, employment, education and social services,

M.J., a widow with partial visual impairment who is displaced at Al-Mawasi and a mother of a 6-year-old child, shared her experience, stating, "I lived in fear and terror with my husband and son in Beit Hanoun. I have a visual impairment and suffer from epilepsy. After my husband was martyred, I was forced to flee to Rafah with my 6-year-old son. We lived in a tent with my family in the UNRWA warehouses until we had to relocate to Al-Mawasi in Khan Younis due to the onset of military operations in Rafah. We had no access to bathrooms or to clean drinking water. My son fell ill multiple times and contracted hepatitis, but I could not afford to buy him proper food. The aid distributed at the shelter was insufficient, and the center lacked basic humanitarian standards. I became acutely aware of my disability, unable to take care of my son or assist those seeking refuge in my family's place. I was accused of being slow and neglectful. The only support I received came from the Stars of Hope organization, which regularly checked on me and provided assistance. I felt as though I was dying with every passing moment."

#### **Ninth Axis: Protection Measures**

This section focuses on the protective measures implemented for WGWDs during the ongoing war, through raising the following inquiries: are measures being taken to effectively shield them from exploitation and violence?

are the specific needs of WGWDs adequately considered during displacement and in shelter settings? are any measures being taken to safeguard mothers with disabilities from the risks they face, including verbal violence and discrimination? Lastly, do shelters ensure the privacy of WGWDs and full access to essential services, particularly for elderly women within this group<sup>21</sup>?

In this regard, the paper concludes the following:

- The design and infrastructure of shelters are not adapted to the needs of WGWDs and fail to provide adequate protection for women and girls with mobility and visual disabilities, in particular. Specifically, narrow hallways create significant challenges for their movement. Many WGWDs have lost their assistive devices due to repeated displacements and have been unable to retrieve them. As a result, they face heightened risks stemming from overcrowded displacement areas, unpaved sandy terrains, and the remote locations of these shelters, which limit their access to essential services.
- WGWDs are subjected to verbal violence, sexual harassment, and bullying, as their privacy is compromised due to the chaos and lack of order in the shelters.
- Safe areas, accessible hallways, and appropriate procedures for WGWDs have not been guaranteed during aid distribution processes, increasing their exposure to physical harm and violence.

21. Article 6 – Women with disabilities – International Convention on the Rights of Persons with Disabilities

States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

- Many WGWDs have reported experiencing mistreatment, in the form of bullying, verbal abuse, and accusations of being negligent by those around them.

- The provision of services has failed to address the needs of elderly women with disabilities, offering neither adequate attention nor protection. This neglect contributed to the deterioration of their physical health and psychological well-being, further exacerbating the severity of their disabilities.

- Many women and girls with mobility disabilities have reported being subjected to exploitation, as their personal belongings and assistive devices, particularly wheelchairs, have been misused or confiscated for purposes such as transporting water, purchasing items, and receiving aid. These WGWDs are denied their right to voice their objections to such exploitation, especially given the scarcity of assistive devices caused by the Israeli blockade, military operations, and the closure of border crossings.

- WGWDs have received inadequate attention during various stages of displacement and shelter. They have encountered significant challenges in securing both food and non-food items, which are already scarce. Furthermore, they have suffered due to a lack of privacy, particularly when accessing sanitation facilities. These difficulties are further intensified for pregnant women and mothers with disabilities, who require additional time to meet their children's needs and to access reproductive health services.

- WGWDs are often deprived of financial aid and food assistance since most of this support is provided in the name of the head of the household. This situation disproportionately affected unmarried WGWDs, further exposing them to economic marginalization.

## **Recommendations:**

### **First: Relevant International Organizations:**

- Authorities responsible for shelters must prioritize addressing the needs of women, girls, and elderly women in accordance with the fundamental humanitarian response standards, which take the specific needs of WGWDs into consideration and ensure their inclusion across the five key response areas: water, sanitation, and hygiene (WASH) services; food security; healthcare services; protection services; and shelter services.

- Engaging in dialogue with civil society organizations focusing on disability rights and cluster protection groups is crucial for identifying collaborative opportunities to develop effective emergency plans grounded in principles of participation and integration. The objective is to address the needs of WGWDs and ensure their inclusion in the programs and services offered by women's rights organizations, particularly during times of war and emergencies. Moreover, efforts must be made to allocate resources in alignment with international agreements, standards, and local legislation.

- The International Red Cross (IRC) must develop clear strategies to facilitate the access of PWDS, particularly WGWDs, to safe areas during times of emergencies. This should include creating effective communication channels to connect with the general population, with a particular focus on WGWDs, in high-risk areas.
- Appropriate accommodations must be allocated for WGWDs, ensuring these spaces maintain their privacy and are adapted to meet their specific needs.
- Develop a coordinated referral system among organizations working in times of emergency to ensure comprehensive access to services for WGWDs during times of war and emergencies.
- It is crucial to ensure the participation of women and girls, as well as their representatives, in all committees involved in the reconstruction processes to ensure that their specific needs are taken into consideration. This is particularly important given that the primary cause of fatalities and injuries among PWDs during the war can be largely attributed to the lack of accessibility in homes, streets, and shelters, such as schools.

## **Second: International and Local Organizations Working in Disability Sector**

- It is essential to maintain a reserve of assistive devices and non-food items for use in times of emergencies. The current war has demonstrated that international and local organizations must be prepared for rapid relief operations, as the acute shortage of assistive devices has led to serious violations of the rights of PWDs, especially women, girls, and elderly women with disabilities.
- There is a need to conduct a comprehensive mapping for all service providers, both local and international, to enable WGWDs to locate and access the necessary services within their area of residence.
- There is also a need to train and strengthen the capacities of families in providing self-care for themselves and their children with disabilities. Experience has indicated that previous efforts and emergency response plans have largely failed. Thus, building the self-care skills of families would mitigate the challenges faced by WGWDs, especially in contexts where access to essential services is severely limited.
- It is crucial to provide families with comprehensive training on intervention strategies and caregiving practices for PWDs, as well as on sheltering and evacuation procedures during wars and crises.



- Providing specialized training to shelters' staff on strategies and skills for effectively supporting PWDs, particularly WGWDs, is essential to reduce the risk of rights violations.
- There is a need to ensure collaboration with all relevant stakeholders to deepen their understanding of the specific needs and circumstances of WGWDs, which would, in turn, facilitate the effective integration of these needs into future interventions.

### **Third: Government Bodies**

- There is an urgent need to develop a comprehensive map of all locations of WGWDs in the Gaza Strip, detailing their residential areas, means of communication, and appropriate gathering points during wars and crises.
  - It is crucial to redefine the roles and responsibilities of organizations working in the disability sector in relation to relevant government ministries, to avoid miscommunication and prevent blame-shifting during emergencies.
  - There is a need to focus efforts on establishing emergency response teams consisting of trained persons to compile a detailed database of disability types according to geographical regions.
  - It is vital to strengthen networking and build trust between international and local organizations, as well as governmental institutions to facilitate future interventions and information exchange, as the study indicated a significant lack of trust-based collaborative efforts.
- It is necessary to introduce amendments to enhance the protection of WGWDs during times of emergencies and wars, through the modification of the Palestinian Cabinet Decision No. (40) of 2004, which pertains to the Executive Regulations of Law No. (4) of 1999, to include the formation of a national body to facilitate work during emergencies, ensuring the representation of WGWDs.
  - There is a need to make all necessary amendments to the Palestinian Disability Law and Cabinet Decision No. (40) regarding the executive regulations to ensure full alignment with relevant international conventions, particularly the Convention on the Rights of Persons with Disabilities. As a signatory, the State of Palestine is obligated to harmonize all national laws, including the aforementioned law and decision, in a manner that does not contradict the International Convention.

## **Sources and References:**

- 1- Palestinian Central Bureau of Statistics (PCBS), 2017, Preliminary Results of Population, Housing, and Establishments Census
- 2- Palestinian News and Information Agency (Wafa), The Reality of Disability in Palestine, available at: <https://bit.ly/2N0c3fU>
- 3- Imad Sayrafi, 2013, Invisible People: Women and Girls with Disabilities and access to Rights Organizations to in the West Bank, Gaza Strip, and Palestinian Refugee Camps in Lebanon, Center for Development Studies, Birzeit University, p.11
- 4- Palestinian Central Bureau of Statistics (PCBS), 2023
- 5- Stars of Hope Association for the Empowerment of Women with Disabilities, 2019, National Report on Disability and Sustainable Development Agenda – Palestine (Unpublished Report) p. 12
- 6- Stars of Hope Association and the Social and Economic Policies Monitor, 2020, Protecting Women with Disabilities from Violence: Exclusion and Marginalization (A Study on: Services Provided to Women with Disabilities Who Have Experienced Violence)
- 7- Article 11 of the International Convention on the Rights of Persons with Disabilities
- 8- Palestinian Cabinet Decision No. 40 of 2004 regarding the Executive Regulations of Law No. 4 of 1999
- 9- Paper on the Role of the World Health Organization in Emergencies and Disasters

## **Foreign Sources and References:**

- 1- IASC. (2007). Guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee. UNHCR. (2008). A community-based approach in UNHCR operations. Geneva: UNHCR.
- 2- UNHCR. (1996). Assisting disabled refugees: A community-based approach, 2nd ed., rev. Geneva: UNHCR.
- 3- UNHCR. (2007). Heightened Risk Identification Tool. Geneva: UNHCR.
- 4- UNHCR. (2006). Mainstreaming age, gender, and diversity summary report. Geneva: UNHCR.
- UNHCR. (2005). The UNHCR tool for participatory assessment in operations. Geneva: UNHCR.
- 5- <https://www.un.org/ar/conf/whs/index.shtml>
- 6- [https://apps.who.int/iris/bitstream/handle/10665/121570/em\\_rc43\\_9\\_ar.pdf](https://apps.who.int/iris/bitstream/handle/10665/121570/em_rc43_9_ar.pdf)