



**Impact of COVID-19 on Persons with Disabilities
in the West Bank of the Occupied Palestinian
Territory
Case Study Report**

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*Delivering a transformational step change in education
provision for children with disabilities in conflict-affected
states*

Acronyms

CHW	Community Health/Disability Workers
CRPD	Convention of Rights of Persons with Disability
DPOs	Disabled People's Rights
GMR	Great March of Return
GUPD	General Union of the Palestinian PWDs
HCRPD	Higher Council for the Rights of Persons with Disability(s)
HWC	Health Work Committees
ICF	International Classification of Functioning, Disability, and Health
ICHR	The Independent Commission for Human Rights
ICPH	Institute of Community and Public Health
ICRPD	International Convention on the Rights of Persons with Disability
MOE	Ministry of Education
MOH	Ministry of Health
MOSA	Ministry of Social Affairs ¹
MOSD	Ministry of Social Development
NGO	Non-Governmental Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PDC	Palestinian Disability Coalition
PHC	Primary Health Care
PWDs	Person(s) with Disability/ies
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
US	United
WG	Washington Group
WHO	World Health Organization

¹ The Ministry of Social Affairs was renamed as Ministry of Social Development by a presidential order on April 13th 2016. Therefore, we refer to it as MOSA whenever we discuss the 1999 law and MOSD when discussing the new 2019 draft law.

Table of Contents

1	Introduction.....	1
1.1	Context.....	1
	The West Bank:	1
1.2	The triple captivity of people with disabilities	9
2	Case Study Background.....	12
2.1	Introduction	12
3	Methodology.....	14
3.1	Pre- COVID-19 Related Problems and Barriers to Basic Services Access.....	17
3.2	Public Perception and Lack of Acceptance of PWDs.....	18
3.3	Public Transport Barriers.....	20
3.4	Access to Health Services.....	21
3.5	Access to Educational Services.....	23
3.6	Israeli Occupation Barriers.....	24
3.7	COVID-19 Related Barriers.....	25
3.8	Economic Barriers	25
3.9	Social Life Barriers.....	28
3.10	Public Transport Barriers.....	32
3.11	Access to Public Services and Assistance Barriers.....	33
3.12	Access to Health Services.....	36
3.13	COVID-19 Related Problems Accessing Health Services by Type of Disability.....	39
3.14	COVID-19 Related Barriers to Accessing Educational Services:.....	42
3.15	Covid-19 Related Barriers to Education by Type of Disability.....	44
3.16	Problems Facing PWDs Related to Israeli Occupation Measures	47
4	Stakeholders Interviews Results.....	48
4.1	Institutional arrangements to deal with problems facing PWDs during the pandemic 55	
4.2	Barriers to the appropriate provision of services to PWDs, and problem-solving in the health/economic/development/education sectors.....	57
5	Discussion and Recommendations	58
5.1	Enhancing the Living Conditions of PWDs	61
6	Appendix 1: Disability under Siege- Covid-19 Comparative Case Studies Interview Participants.....	1
7	Appendix 2: Disability under Siege- Covid-19 Comparative Case Studies: PWD Interview Schedule.....	1
8	Appendix 3: Disability under Siege- Covid-19 Comparative Case Studies: Stakeholders' Interview Schedule	1

Introduction

I.1 Context

The West Bank:

The Palestinian context: the double captivity of Israeli military occupation and the COVID-19 pandemic

Palestinian history has been burdened with wars, conflicts and political violence going back to the turn of the 20th century. Following World War I and the disintegration of the Ottoman Empire, Palestine fell under British Mandate control. Early on, the British issued the Balfour Declaration of 1917 announcing that Britain was in favour of the establishment in Palestine of a national home for the Jewish people² suffering the anti-Semitism of Europe which Palestinians had nothing to do with. In effect, the British gave the Zionists a land it did not own, a land with people living there for centuries,³ the Palestinians. This is how the Question of Palestine, as it became known, was created and continues without resolution. By 1947 and the successive waves of Jewish migration to Palestine from Europe allowed by the British Mandate authorities, the nascent United Nations voted for the partitioning of Palestine into two independent states, one for Palestinian Arabs and the other Jewish,⁴ and with violence ravaging Palestine and spreading to the region. Called the *Nakba* (catastrophe) by Palestinians, the 1948 Arab Israeli war followed, leading to the creation of the State of Israel on more than half of mandate Palestine, the dismemberment of Palestinian society, and the dispossession and dispersion of over two thirds of the Palestinian population to neighbouring countries as refugees in exile.⁵ The West Bank was (forcibly) annexed to the nascent Hashemite Kingdom of Jordan,⁶ while the Gaza Strip found itself under Egyptian administration.⁷ Since then, Palestinians have been struggling for the rights to freedom,

² United nations. The Question of Palestine. Available from: <https://www.un.org/unispal/history2/origins-and-evolution-of-the-palestine-problem/part-i-1917-1947/>

³ Rita Giacaman (and many others) has a family tree (Giacaman) going back to 1636, which shows that, contrary to what has been reported as: 'a land without people for a people without land,' Palestinians have lived in Palestine for centuries.

⁴ United Nations. The Question of Palestine. Available from: <https://www.un.org/unispal/history2/origins-and-evolution-of-the-palestine-problem/part-i-1917-1947/>

⁵ UNISPAL: Division for Palestinian Rights (DPR). The Origins and Evolution of the Palestine Problem: 1917-1988. Part I. 1917-1947. Available from: <https://unispal.un.org/DPA/DPR/unispal.nsf/0/AEAC80E740C782E4852561150071FDB0>

⁶ Dakkak, I. Development and Control in the West Bank. Arab Studies Quarterly 1984, 2/3:74-87.

⁷ Roy S. The Gaza Strip: Critical effects of the occupation. Arab Studies Quarterly 1988, 10(1): 59-103.

sovereignty and self-determination, and the right of return to the homeland of some 6 million Palestinian refugees registered by the United Nations Relief and Works Agency for Palestine Refugees (UNRWA),⁸ living inside and outside refugee camps up till today.

The situation worsened with the Arab Israeli war of 1967, called the *Naksa* (defeat) by Palestinians, and the fall of the West Bank, including Palestinian East Jerusalem, and the Gaza Strip, under Israeli military rule. Since then, the Palestinian population has endured injustice, the lack of freedoms, chronic exposure to political violence and various human rights abuses. The continued and prolonged Israeli military occupation has resulted in the further dismemberment of Palestinian society and the enclavization of the population (see map below), dispossession, displacement, land confiscation, the building of illegal Israel settlements on Palestinian land, imprisonment, siege, and generations of Palestinians exposed to long-term political violence and human rights abuses by the Israeli army and Israeli illegal settlers on Palestinian land.



Figure 1 Palestine 1917-Today

The West Bank

With about 60% of West Bank land (Area C), controlled fully by Israel today, around 10% controlled by the Palestinian Authority (PA), and the remaining 30% controlled by both the PA and Israel, a key feature has been the continued enclavization of the population, and

⁸ Palestinian Central Bureau of Statistics. The International Day of Refugees 2019. Available from: <http://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3486>

expropriation and fragmentation of Palestinian land through various means, including bureaucratic and administrative control of land, water, resources, population and localities. Israeli army checkpoints have restricted mobility and access from one area to another, blocking the movement of people and goods, and destroying livelihoods.⁹

Since September 2000, Israel expanded the system of movement restrictions on the West Bank with the building of a massive wall separating families from each other, villages from their commercial centres, and people from their land. This Wall incorporates areas of the West Bank into Israel, that is, a de facto annexation of Palestinian land. The Israeli army has also erected hundreds of military checkpoints on the West Bank restricting or prohibiting the movement of people and goods, enforces regular curfews, uses lethal force against civilians, confiscates Palestinian land to build illegal Israeli settlements on the West Bank, and demolishes homes^{10, 11}. The erection of the Separation Wall separating East Jerusalem and its surrounding villages from the rest of the West Bank compounded the problem of this access regime by reducing the West Bank into enclaves or social and economic islands cut off from each other with dramatic effects on the economy and society. It has also resulted in crowding Palestinians into several segregated political enclaves covering around 40% of the West Bank where 2 million Palestinians live, including more than 800,000 Palestinian refugees of the 1948 and 1967 Arab Israeli wars with around a quarter still living in 19 cramped refugee camps on the West Bank.¹² Thus, the development of all of the West Bank has been impeded. In addition, the formal annexation by Israel of about 30% of Area C in the West Bank's bread basket, the Jordan Valley, seems to be imminent, with this annexation making life even more difficult than before, and leading to deteriorations in health and human rights in Area C as well as Areas A and B.

Palestinians on the West Bank have also been exposed to direct Israeli military violence as well. During the First Palestinian Uprising (*Intifada*) against Israeli military rule of 1988-1993,

⁹ World Bank. West Bank and Gaza. Checkpoints and Barriers: Searching for livelihoods in the West Bank and Gaza, Gender Dimensions of Economic Collapse: World Bank, Sustainable Development Department Middle East and North Africa ...; 2010 [Available from: <https://openknowledge.worldbank.org/bitstream/handle/10986/2887/496990ESW0P1071C0disclosed081101101.pdf?sequence=1&isAllowed=y>

¹⁰ Giacaman R, Khatib R, Shabaneh L, Ramlawi A, Sabri B, Sabatinelli G, Khawaja M, Laurance T. Health status and health services in the occupied Palestinian territory. *Lancet*. 2009;373(9666):837-49.

¹¹ United Nations digital library. Report of the United Nations Fact Finding Mission on the Gaza Conflict. United Nation. 2009. <https://digitallibrary.un.org/record/666096?ln=en>.

¹² United Nations Relief and Works Agency for Palestine Refugees in the Near East. Where we work. West Bank. Available from: [Where We Work | UNRWA](#)

large numbers of mainly young adults and children were injured and disabled as a result of Israeli army violence, especially during the period when instructions were given to the Israeli army to break the arms and legs of protestors as a matter of policy, also called the broken bones policy.¹³ The Second Palestinian Uprising against Israeli military occupation (the *Intifada* of 2000-2004) and the Israeli army invasion of Palestinian cities in the West Bank witnessed an intensification of exposure to violence, human rights violations, and the suffering that the population endures. During this period, the Israeli army invaded Palestinian cities in the West Bank and imposed curfews on the population for up to 45 continuous days. The Israeli army shelled, bombed, destroyed institutions and homes, and shot and killed and injured civilians, including children and arrested many.¹⁴ The Israeli army continues to invade Palestinian towns and villages on the West Bank to arrest Palestinians, bomb and shoot, demolish homes.

Already burdened by Israeli military occupation with health and wellbeing compromised, and with serious constraints on the economy, chronic exposure to political violence and lack of freedom, Palestinians on the West Bank are experiencing the compounded effects of the COVID-19 pandemic on life, the economy, society, and health, while being unprepared to combat the pandemic. Given the restrictions imposed on the Palestinian Authority (PA) because of the political context, the lack of sovereignty over land, people and resources, the heavy reliance on international aid, and the availability of very limited capacity to respond, lockdown was the only measure the PA could use to contain the pandemic. This worked well at first, with about 400 infection cases reported from March till April among about 2.5 million Palestinians on the West Bank.¹⁵ However, beginning in April, the number of infected cases began to rise as Palestinian workers in Israel returned home during the Jewish Passover holidays, many infected,¹⁶ and with Israel becoming the largest source for the virus spread in the West Bank at the time.¹⁷ By May, extended lockdown was implemented, and

¹³ The World Bank. West Bank and Gaza. Disability in the Palestinian Territories. Assessing Situation and Services of People with Disabilities. 2016 [Available from: <http://documents1.worldbank.org/curated/en/501421472239948627/pdf/WBG-Disability-Study-Final-DRAFT-for-Transmission-Oct-31.pdf>]

¹⁴ Giacaman R, Hussein A, Gordon NH, Awartani F. Imprints on the consciousness: the impact on Palestinian civilians of the Israeli army invasion of West Bank towns. *The European Journal of Public Health*. 2004 Sep 1;14(3):286-90.

¹⁵ Corona.ps. Available from: <https://www.corona.ps/>

¹⁶ Toameh K. Most New West Bank Palestinian Coronavirus Cases are Workers from Israel 2020. <https://www.jpost.com/israel-news/most-new-west-bank-palestinian-coronavirus-cases-are-workers-from-israel-623373>

¹⁷ MAS. Summary. Economic Monitor, Special Supplement 2020. Preliminary Assessment of the Possible Impacts of the COVID-19 Health Crisis on the Palestinian Economy 2020. Available from: <https://www.mas.ps/files/server/2020/monitorSupplement%20En%20d1%20RK%20clean.pdf>

was strictly implemented given years of Israeli military occupation which stunted Palestinian health services which cannot cope with the surge of the virus,¹⁸ and the limited powers the PA has in accessing all areas of the West Bank due to the complete control of 60% of West Bank land by Israel. However, by the end of May, people began to protest lockdown, with poverty rising among an already impoverished population. According to the World Bank,¹⁹ the pandemic presents extraordinary challenges with severe socioeconomic consequences on the Palestinian economy which is already struggling. Job losses, especially in the informal sector which absorbs about 60% of the workforce, is producing a ‘new poor’ category, in addition to those who have already been living in poverty, and where social protection is absent. Thus protests and pressures obliged the PA to ease restriction, and eventually remove restriction by August of 2020, with the exception of banning wedding and funerals, which was generally not followed by the population, and enforcing lockdowns only periodically as the COVID-19 cases spiked, and continues. From the beginning of the pandemic in March 2020 till end October 2021, the West Bank experienced serious and successive spike in confirmed cases of COVID-19. Cases jumped from 450 at the end of May 2020 to over 260,000 cases by the October 2021 during what was called the Third Wave, with over 3000 cases of death among a largely young population of a total of 3.1 million,²⁰ as the below charts indicates.

Chart 1: World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report 82²¹

¹⁸ Mataria A, Khatib R, Donaldson C, et al. The health- care system: An assessment and reform agenda. *The Lancet*. 2009; 373(9670): 1207–1217

¹⁹ The World Bank. US\$30 Million Grant to Protect Palestinian Livelihoods in the West Bank. Available from: <https://www.worldbank.org/en/news/press-release/2020/07/27/us30-million-grant-to-protect-palestinian-livelihoods-in-the-west-bank#:~:text=WASHINGTON%2C%20July%2027%2C%202020%20%E2%80%94,Bank%20affected%20by%20COVID%2D19.&text=%22Social%20protection%20becomes%20a%20priority,increased%20poverty%20and%20job%20losses.>

²⁰ Palestinian Central Bureau of statistics. Indicators. Available from: <http://www.pcbs.gov.ps/site/881/default.aspx>.

²¹ World Health Organization occupied Palestinian territory. Coronavirus disease 2019 (COVID-19) Situation Report 82. Issued 07 October 2021. Available from: <https://who18.createandsend.com/t/ViewEmail/j/7A11E85FDDB879EB2540EF23F30FEDED/C67FD2F38AC4859C/?tx=0&previewAll=1&print=1&source=PrintPreview&context=BE1559E32AC7F640D744A813E2B67A32>

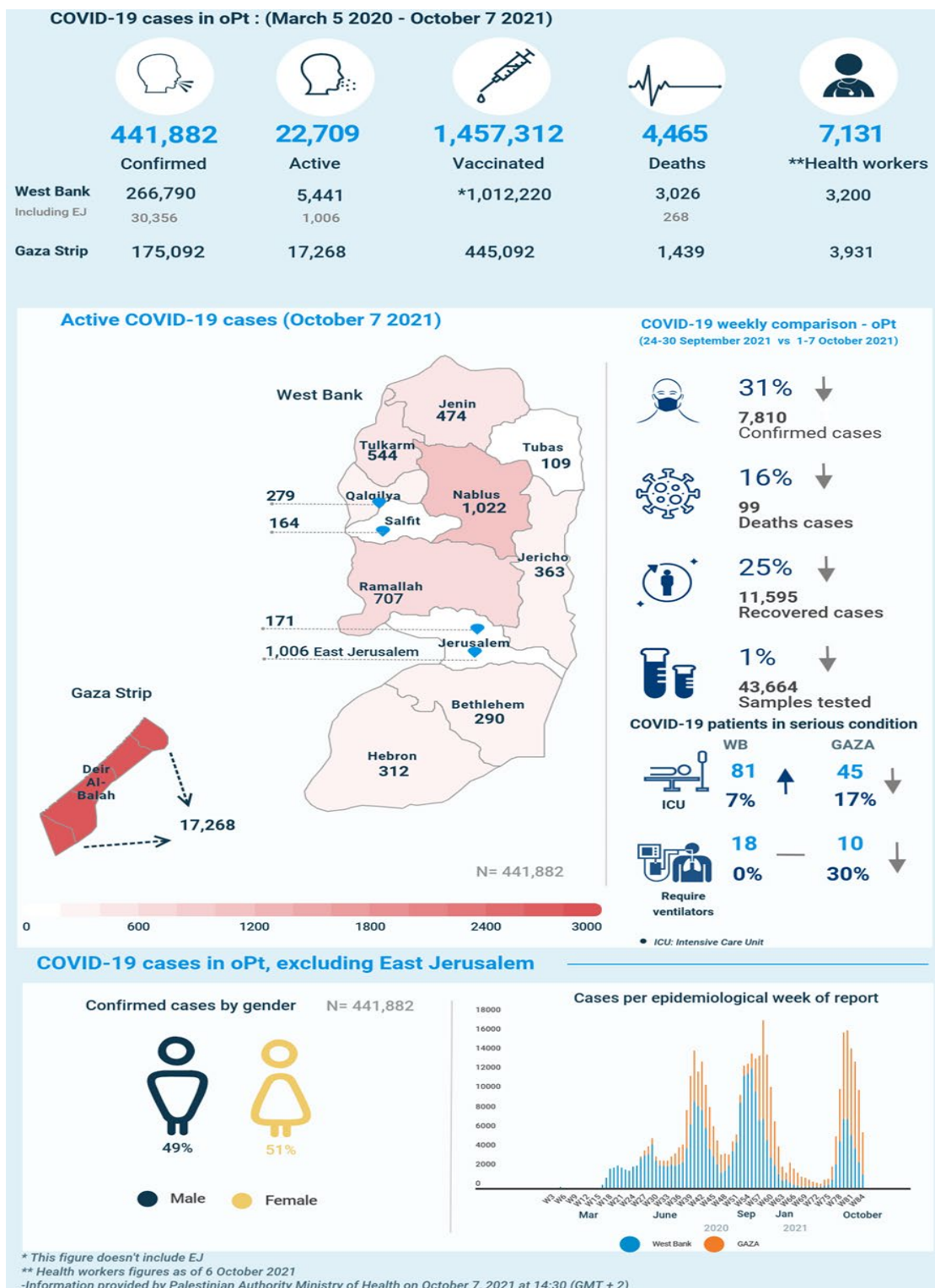


Chart I: World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report 82²²

²² World Health Organization occupied Palestinian territory. Coronavirus disease 2019 (COVID-19) Situation Report 82. Issued 07 October 2021. Available from: <https://who18createsend.com/t/ViewEmail/j/7A11E85FDDB879EB2540EF23F30FEDED/C67FD2F38AC4859C/?tx=0&previewAll=1&print=1&source=PrintPreview&context=BE1559E32AC7F640D744A813E2B67A32>

However, the problems of poverty and unemployment intensified pushing for the continued removal of lockdown by the PA. The PA has no social protection policy or scheme to help people under lockdown, and resorted to what is called a balance between health and the economy, with periodic lockdowns with the surge of COVID-19 cases, and when hospitals were no longer able to accommodate the needs of patients suffering from the virus. The other problem is the problem of social distancing, isolation and sanitary measures which are crucial preventive measures, yet difficult to adhere to. This is because those who live in poverty usually live in small, ill equipped and crowded homes especially in Palestinian refugee camps which are known for their over-crowdedness, and do not have the means to follow sanitary instructions. Moreover, the Palestinian population has always relied on social networks, support, and solidarity for survival in politically and economically turbulent times. Thus social isolation is an unfamiliar notion, and does not make sense to people given their lived experience and needs for family and communal solidarity especially in times of hardship. This can explain not only protests against lockdown because of the necessity of working and bringing income to families given the lack of social protection, but also why people defy the ban on weddings and funerals and continue to hold and attend such gatherings. The primacy for survival is for the economic and social as opposed to preventive health.

With the economy in tatters, and the health system unable to cope, the PA has been struggling to obtain COVID-19 vaccines to protect the population. With Israel touted as the world leader in vaccinating its population against COVID-19,²³ important criticisms emerged related to disparities between West Bank Palestinians versus Israelis, as Israel vaccinated its population, including illegal Israeli settlers on West Bank land living close to Palestinians, but not the Palestinian population nearby living in the West Bank. According to the Geneva Convention and highlighted by the United Nations, as an occupying power, Israel is responsible for the health of the occupied population.²⁴ Yet, Israel has denied that it is an occupier of the West Bank and its responsibilities for the health of the occupied population, even given the limited control of the PA on over 60% of West Bank land which is

²³ Ragson A. Israel's Vaccine Success Unleashes a Debate on Palestinian Inequities. The New York Times, February 4, 2021. Available from: <https://www.nytimes.com/2021/02/04/world/middleeast/israel-palestinians-vaccine.html>

²⁴ UN Human Rights Council. Israel/OPT: UN experts call on Israel to ensure equal access to COVID-19 vaccines for Palestinians. Jan 14, 2021. Available from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26655>

completely controlled by Israel.²⁵ In fact, given the entanglement of the Israeli and Palestinian populations, herd immunity in Israeli could not be achieved without vaccinating Palestinians on the West Bank. This is a reason why Israelis have demanded that Palestinian get vaccinated by Israel, so that the pandemic would end.²⁶ Clearly, such a decision is politically motivated, and represents an Israeli government's cut your nose to spite your face situation.

In February 2021, and with Israel reported to having quite a surplus of vaccines, Israel began to provide limited quantities of the vaccine to the PA, and likely under the pressure of local and international news outlets highlighting the disparity between Israelis and Palestinians and raising questions as to the responsibility of Israel for the health of Palestinians as an occupying power. By February 2021, Israel delivered 5000 vaccines to the PA,²⁷ and an additional 10000 which were supposed to be given to front line health workers.²⁸ In the meanwhile, by March 2021, Israel began vaccinating over 100,000 Palestinian workers in Israel and illegal Israeli settlements on the West Bank, with some leaders of West Bank Israeli settlements calling on the Israeli government to vaccinate all Palestinians living in the West Bank,²⁹ given the close intermingling of the Israeli settler and West Bank populations, and the importance of achieving herd immunity. However, allegations of PA corruption and cronyism in vaccine provision were raised by various Palestinian human rights and civil society organizations, who reported that vaccines were being quietly delivered to senior officials in the PA and based on personal relationships, not medical need, instead of providing the vaccines to health workers.³⁰ This scandal obliged the Palestinian Ministry of Health to acknowledge that some of the vaccines were used by government ministers and

²⁵ Watt G, Giacaman R, Zurayk H, Ghattas H, Nuwayhid I et al. COVID-19 vaccines for Palestinians. The Lancet, January 28, 2021. Available from:

[https://doi.org/10.1016/S0140-6736\(21\)00185-9](https://doi.org/10.1016/S0140-6736(21)00185-9)

²⁶ Davidovitch N, Bruch J. Israelis demand Palestinians get vaccinated. Or the pandemic won't end, March 2, 2021. Available from: <https://www.haaretz.com/middle-east-news/premium-israelis-demand-palestinians-get-vaccinated-too-or-the-pandemic-won-t-end-1.9580772>

²⁷ Lucente A. PA begins virus vaccination after receiving batch from Israel. Al-Monitor, February 2, 2021. Available from: [PA begins virus vaccinations after receiving batch from Israel - Al Monitor: The Pulse of the Middle East \(al-monitor.com\)](https://www.al-monitor.com/story/pa-begins-virus-vaccinations-after-receiving-batch-from-israel)

²⁸ Mondoweiss Editors. Palestinians begin vaccinations, 10,000 doses arrived on Thursday. February 5, 2021. Available from: [Palestinians begin vaccinations, 10,000 doses arrived on Thursday – Mondoweiss](https://www.mondoweiss.com/news/palestinians-begin-vaccinations-10000-doses-arrived-on-thursday)

²⁹ Haaretz. Israel Vaccinated 105,000 Palestinian Workers Against COVID with First Dose. March 18, 2021. Available from: [Israel vaccinated 105,000 Palestinian workers against COVID with first dose - Israel News - Haaretz.com](https://www.haaretz.com/israel-news/israel-vaccinated-105000-palestinian-workers-against-covid-with-first-dose)

³⁰ Al-Monitor Staff. Rights group accuses Palestinian Authority of vaccine corruption. Al-Monitor, March 3, 2021. Available from: [Rights group accuses Palestinian Authority of vaccine corruption - Al Monitor: The Pulse of the Middle East \(al-monitor.com\)](https://www.al-monitor.com/story/rights-group-accuses-palestinian-authority-of-vaccine-corruption)

members of the PLO's Executive Committee,³¹ and their families and friends, and adding the insult of the PA's corruption to the double injuries of occupation and the pandemic.

By March 17, 2021, the PA received the first shipment of 37,440 doses of the Pfizer and 24,000 of the AstraZeneca COVID-19 vaccines from the UN-backed COVAX initiative for LMIC countries.³² Launching the vaccine drive, the PA declared medical staff, people over the age of 75, and cancer and dialysis patients to be inoculated first,³³ without any emphasis or mention of PWDs as a priority for vaccination. However, eye witnesses (including some who wrote this report) have reported corruption, cronyism, and disorganization in the distribution of the vaccine. This included not contacting the priority groups who registered on the Ministry of Health's platform to obtain the vaccine as was promised, but opening up vaccination sites and informing whoever they wanted to inform, and vaccinating all age groups, regardless of the priorities set by the Palestinian Ministry of Health. This left a range of people deemed a priority for vaccination without protection, including a 89 year old neighbour of Rita Giacaman, and many others. We then had to push strongly and lobby for a more equitable distribution of the vaccine, and this worked but only partially. By end April 2021, 72,000 doses of the AstraZeneca vaccine was received by the PA as part of the COVAX initiative, in addition to purchasing 4.5 million doses of the Pfizer and Sputnik V vaccines.³⁴

1.2 The triple captivity of people with disabilities

Palestinian people with disabilities (PWDs) and their supporters have lobbied for the inclusion of PWDs in society and for their access to health, education and other services as early as the 1980's. PWDs were largely invisible then, and taken care of by charitable institutions, sometimes together with orphans and the destitute. At the time, people with physical disabilities attempted to organize themselves because of: the lack of aids and prosthetics which could help them in being mobile so that they can be educated and employed; to spare other PWDs the suffering and difficulties they have gone through

³¹ Simons JW. Corruption affects everything in Palestine – even vaccines. Spectator Australia, 9 March 2021. Available from: [Corruption affects everything in Palestine – even vaccines | The Spectator Australia](#)

³² Reliefweb. oPt. Arrival of first wave consignment of COVAX COVID-19 doses. March 22, 2021. Available from: [Arrival of first wave consignment of COVAX COVID-19 vaccine doses - occupied Palestinian territory | ReliefWeb](#)

³³ Khoury J. Palestinian Authority Launches COVID Vaccine Drive. Haaretz, March 21 2021. Available from: [Palestinian Authority launches COVID vaccine drive - Palestinians - Haaretz.com](#)

³⁴ Palestinian Authority purchases 4.5 million Pfizer and Sputnik V vaccines: report. i24 news. April 20, 2021. Available from: [Palestinian Authority Purchases 4.5 Million Pfizer And Sputnik V Vaccines: Report - I24news](#)

themselves; and because of the dissatisfaction with institutions serving PWDs.³⁵ A decade later, most of their recommendations and demands were still not implemented, until disability came to the forefront of political action against Israeli military rule. During the First Palestinian Uprising against Israeli military rule of 1988-1993, large numbers of mainly young adults and children were injured and disabled as a result of Israeli army violence, especially given instructions to break the arms and legs of protestors as a matter of policy, otherwise called the broken bones policy.³⁶ It is then that the concept of disability began to be transformed from a problem which brings stigma and shame to persons and families, to disability as a result of political heroism.³⁷ Various groups worked together, linked to what was called then the social action against Israeli military rule, leading to the establishment of the General Union of Disabled People (GUDP) in 1992. A community based rehabilitation program was established after training community rehabilitation workers, and vigorous lobbying by all led to the promulgation of the first Disability Law by the Palestinian Legislative Council in 1999.³⁸

However, the actual implementation of the law was interrupted by the Second Palestinian Uprising against Israeli military occupation of 2000-2004. In the meanwhile, the political factional splits affecting the country led to the gradual fragmentation of the GUDP and other civil society institutions working with PWDs. Thus, while GUDP still exists until today, some of its regional chapters operate as independent entities. A revival of activities took place in 2004 aiming to push for the implementation of the 1999 Disability Law. This is when the PA released a presidential decree³⁹ which called for the development of a Higher Council for the Affairs of Persons with Disabilities. The Council's task was to oversee the implementation of the 1999 Disability Law by governmental and NGOs. This presidential decree was only adopted in 2012.⁴⁰ Members of the Higher Council included governmental

³⁵ Odeh M. A Documentation of the Experience of Self-Organization Among Physically Disabled Palestinians. Birzeit: Community Health Unit, Birzeit University, 1992.

³⁶ Reuters. Colonel says Rabin ordered breaking of Palestinians' bones. Los Angeles Times 1990 [Available from: <https://www.latimes.com/archives/la-xpm-1990-06-22-mn-431-story.html>].

³⁷ Giacaman R. Towards the Formulation of a Rehabilitation Policy: Disability in the West Bank Institute of Public Health, Birzeit University 1989 [Available from: <http://icph.birzeit.edu/system/files/1989%20-%20Towards%20the%20formulation%20of%20a%20rehabilitation%20policy%20disability.pdf>].

³⁸ Giacaman R. A community of citizens: disability rehabilitation in the Palestinian transition to statehood. Disability and Rehabilitation. 2001;23(14):639-44.

³⁹ Council of Ministers. Council of Ministers decision number (40) for 2004 on the executive list number (4) for 1999 on the rights of the disabled (in Arabic) 2004 [Available from: <http://muqtafi.birzeit.edu/pg/getleg.asp?id=14620>].

⁴⁰ Palestinian President. Degree number (1) for the year 2012 regarding the amendment of the presidential decree related to the Supreme Council for Persons with Disabilities (in Arabic). 2012 [Available from: <http://muqtafi.birzeit.edu/pg/getleg.asp?id=16315>].

organizations, civil society organizations, PWD organizations and the private sector. In May 2014, the PA became a signatory of the UNCPRD.⁴¹ In the meanwhile PWDs and some civil society supporters of the rights of PWDs regrouped again, and the Palestinian Disability Coalition was formed in 2017 in an effort to unify actions and lobby for change.⁴² This lobbying with the support of a UN agency working in the oPt led to the drafting of the Disability Law of 2019 which transformed addressing disability as a medical and charitable issue, to a rights based draft law which emphasizes the role of the environment in increasing or decreasing disablement, and the right of PWDs in demanding a range of entitlements and support services from the PA. The 2019 draft Law was submitted to the Presidential office on that year. But given a lack of response, PWDs and their supporters staged a sit in at the Palestinian Legislative Council from November 3, 2020 for 63 consecutive days, demanding free health care and a dignified life for PWDs and their families as the 1999 Disability law stipulated but never implemented in full. This sit in and vigorous lobbying by PWDs, local groups, and the media eventually led the Palestinian Prime Minister's office to pass the degree on the 63rd day of the sit in early 2001.⁴³

The systemic vulnerability and discrimination which Palestinian PWDs endure, compounded by control by the Israeli military, movement restriction in a generally coercive environment, and attacks and intimidations by illegal Israeli settlers on West Bank land⁴⁴ compounded by the lack of attention of the PA to PWD needs, corruption and cronyism which plagues the PA institutions, has been severely exacerbated by the COVID-19 pandemic. The situation of PWDs before the pandemic engulfed Palestinian society was far from ideal. According to the Palestinian Central Bureau of Statistics 2017 census, 35% of persons (10 years or older) with disabilities in the West Bank were illiterate, with a large illiteracy gap between the sexes and with illiteracy at 20% among males compared to 46% among females. This census also revealed that a high of 51% of children with disabilities 6-17 years old are not enrolled in education, and that the unemployment rate of PWDs is 19% among those 15 years old or

⁴¹ United Nations. Chapter IV. Human Rights. 15. Convention on the Rights of Persons with Disabilities 2020 [updated 2020. Available from: https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en.

⁴² Palestinian Disability Coalition. The Reference Document for the Establishment of the Founding Body of the Disability Coalition (in Arabic). 2017.

⁴³ Abu Srour S. Social action to achieve a dignified life for people with disabilities on the occupied Palestinian territory. *The Lancet* 2020; 397, March 6, 2021. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00356-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00356-1/fulltext)

⁴⁴ United Nations Office for the Coordination of Humanitarian Affairs (OCHA). Humanitarian Response Plan. OPT. Working Document. December 2020. Available from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_2021.pdf

over and participating in the labour force (that is, PWDs who are actively seeking work, excluding those who are not seeking work at all).⁴⁵ An association between disability and poverty was also noted, with lack of access to basic services, including health care, assistive devices, health insurance, public services and spaces, making it difficult or impossible to function and be included in society.⁴⁶ The Pandemic has signalled a rapidly worsening situation which has fallen hardest on various excluded and vulnerable groups, especially PWDs. In effect, life for PWDs and their families has been dislocated with the imposition of the state of emergency, yet PWDs were not included in the governmental emergency plan even if the medical and rehabilitation needs of PWDs during the pandemic were identified as a priority by WHO, UNICE and many other local organizations.⁴⁷ That is, and once again, PWDs and their families were left behind.

It is these circumstances which have propelled the need to investigate further the predicament of PWDs and their families on the West Bank under this triple captivity of continued Israeli military occupation of Palestinian land, discrimination and neglect by the PA, and now the COVID-19 pandemic. This qualitative study thus aims to provide insights into what happens to PWDs living such difficult circumstances and multiple impediments to a dignified and descent life; how a constellation of forces have influenced access to health and education, and consequences on economic and social life; and how PWDs and their families are coping with a predicament which has become even more unjust and harsher than ever before.

2 Case Study Background

Introduction

Beginning September 2020 till August 2021, the GCRF Network+ 'Disability under siege' partners were commissioned by the United Nations' Convention on the Rights of Persons

⁴⁵ Palestinian Central Bureau of statistics (PCBS). 93 Thousand Persons with Disabilities in Palestine, 02/12/2019. Available from: <http://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3607#:~:text=According%20to%20the%20Population%2C%20Housing%20and%20Establishments%20Census%2C%202017%2C,total%20number%20of%20persons%20with>

⁴⁶ Palestinian Central Bureau of Statistics. Characteristics of Individuals with Disabilities in Palestine. An Analytical Study Based on the Population, Housing, and Establishments Census, 2007, 2017, August 2020. Available from: <http://www.pcbs.gov.ps/Downloads/book2532.pdf>

⁴⁷ United Nations 2020, Ibid.

with Disabilities (UNCRPD) to conduct case studies in Jordan, Lebanon, and Palestine (the Gaza Strip and the West Bank each given important contextual differences related to Israeli military occupation of Palestinian land). These case studies are to be collated with other cases studies from Ghana, Nepal, Peru, Uganda, Ukraine, and Zimbabwe. The aims included: 1] developing a research-informed multi-sectoral response to increased social, educational, economic and health challenges arising from the COVID-19 pandemic, 2] Identifying future/emerging research priorities and gaps in research in order to ensure medium and long term disability-inclusive development in line with the implementation of the UNCRPD, 3] Informing future priorities for research collaboration between UK research Innovation and UNPRPD 4] Developing resilience to future challenges – at individual, community, national and global levels, 5] And, when applicable, developing further the existing UNPRPD analytical framework according to emerging research evidence.⁴⁸

The case studies are expected to inform the United Nations' Partnership for the Rights of Persons with Disabilities (UNPRPD) Covid-19 recovery strategy, and ensure that the analytical framework being developed is supported by evidence; in other words, corresponds to the experiences of various Low and Middle Income Countries (LMIC) countries, including selected countries from the Arab region. The focus of the project is on the impact of COVID-19 on people with disabilities (PWDs) emphasizing health, the economy, education and community/social life. A systematic literature review completed by network partners Vera Kubenz and Dina Kiwan at the University of Birmingham preceded case study data collection and prepared the way for conducting the case studies in the three countries of the Arab region.⁴⁹

The systematic review examined the severe impact of the pandemic on people with disabilities in LMICs. It highlighted weak health infrastructures in most LMICs, with PWDs facing significant barriers to protection from COVID-19, including lack of access to hygiene and PPE due to inaccessibility, poverty and lack of guidance, and with significant discrimination in access to COVID-19 treatment and the de-prioritization of PWDs. At the same time, routine emergency and health care were considerably interrupted with disability-specific services deemed as non-essential as were mental health services, which were

⁴⁸ Kubenz V, Kiwan D. The impact of the COVID-19 pandemic on disabled people in Low-and Middle-Income Countries: A literature review. Available from: <https://disabilityundersiege.org/wp-content/uploads/2021/03/Impact-of-COVID-19-on-disabled-people-literature-review.pdf>

⁴⁹ Ibid

exacerbated for PWDs by isolation, poverty and fear of the virus. In the sphere of education, it was found that only half of children with disabilities were in school before the pandemic, while they and their caregivers face barriers to learning at home including lack of knowledge and time among parents, and especially given the lack of access to technology for the purpose of remote learning. A significant risk among children with disabilities of not returning to school was also identified.

A strong link between disability and poverty was also evident, with sharp increases in poverty due to the pandemic, and with little social assistance provided while not targeting PWDs and sometimes actively excluding them. Barriers to accessing relief included lack of awareness and information and inaccessibility of the claims process and distribution points. PWDs in informal and insecure work were identified as particularly hard hit because of lack of financial support and high unemployment, also because remote work was identified as not an accessible option. LMIC support networks were emphasized as informal with care provided by family (with care usually the responsibility of women), friends and the community in the main, and with a lack of formal care. Care was disrupted and isolation increased because of lockdown and physical distancing measures, leading at times to neglect and death, human rights violations in institutions, and a sharp rise in abuse especially against disabled women and girls, as with increased discrimination and stigma. The review further emphasized that PWDs were not considered in most planning processes, with their needs deprioritized, leading to systemic exclusion and a disproportionate negative impact of the pandemic on PWDs. Lack of data on disability and COVID-19 furthermore makes it difficult to quantify or act to mitigate the pandemic's impact, emphasizing the need for more research in this area.

3 Methodology

This qualitative study began at the end of March 2021 and was completed at the end of October 2021. Ethical approval of the study was granted in early March 2021 by the Institute of Community and Public Health, Birzeit University's (ICPH/BZU) Research Ethics Committee. The study was divided into two phases. The first phase consisted of interviews with PWDs, while the second phase targeted policy makers and stakeholders in discussion of the results of the first phase.

We opted for individual interviews as opposed to focus group discussions especially with policymakers/stakeholders, even though this took a lot more time and energy in analysis and writing than conducting a focus group. This is because our experience indicates that when discussing contentious issues related to unmet needs of priority groups which are neglected, focus groups can induce arguments motivated by defence, denial or justification of why things are the way they are, rather than a discussion of issues and how to solve them. Perhaps this behaviour stems from a prevailing institutional culture dominated by punishment rather than understanding and problem solving. Focus group discussions can also induce bravado behaviour in front of others with some claims that do not necessarily reflect realities. It is in our experience that such behaviour is usually much less prevalent during interviews, where participants are inclined to be reflective rather than defensive, and are more willing to acknowledge problems without losing face.

The ICPH team employed two contact facilitators to help in recruiting potential PWDs interviewees. The first came from the Community Based Rehabilitation (CBR) Program. The list given by the CBR facilitator to the ICPH researchers consisted of potential interviewees who have in principle agreed to participate in the study after having been contacted by the CBR facilitator. The second list of potential interviewees came from an activist with a disability. This facilitator also provided a list of potential interviewees from her network of PWDs who have given initial verbal consent to participate in the study.

During this time period, interview questions were developed in discussion among the three person team, and in line with the aims and objectives of the study. The interview schedule was piloted, and modified to correspond to the findings of the pilot. The pilot sought to ascertain the clarity and relevance of the interview questions, and at the same time include the voices and views of PWDs into this research so that it would become as participatory as possible given the limitation to participation of the study of having been commissioned and not requested by PWDs themselves.

Interviews with PWDs or their parents were conducted in May and June and July 2021. Due to the constraints of the COVID-19 pandemic, all interviews were conducted via telephone, as internet access may have been inaccessible to all participants. Each interviewee was contacted by phone and verbal consent was obtained orally and noted in writing. This included the consent to record the interview. Each interview was audio recorded and saved. There were two interviewers: the head interviewer responsible for probing and a second

who was mainly in charge of note taking but also engaged in the questions and probing when needed.

The initial aim was to interview 16 participants from the list of 25 provided by facilitators. PWDs with motor disability dominated the lists, and with PWDs with hearing disabilities least included. Our purposeful sampling procedure included variables related to region (North, Central, and South West Bank governorates), and geographic area (urban, rural, or Palestinian refugee camp). These key variables were accounted for when choosing participants to ensure diversity and a spread of experiences. We emphasized varied experiences based on gender relations, generational experiences, especially given contextual changes in the country during the past two decades (as opposed to biological age), and place (which includes different dimensions, and in our context, especially access to services issues related to ongoing Israeli military rule and movement restrictions, in addition to relations with people in the surroundings with influence on people's way of being, and doing, as opposed to simply geographic location). These are three features which we know from experience can allow for a differentiation of responses and a range of views and experiences to emerge.

Out of this list of 16 potential interviewees that we had selected, there were two refusals despite providing initial consent to facilitators. One refused to participate and provided no explanation for the refusal when we contacted the person to confirm the date and time of interview. The second interviewee was a mother of a daughter with visual disability who initially agreed to participate. However, she withdrew because her husband had not approved of her being interviewed. These refusals were replaced with other potential participants from the lists we obtained from facilitators.

A total of 16 interviews were conducted. Of these, 6 were completed with participants with a motor disability, 4 with an intellectual disability, 3 with visual disability, and 3 with a hearing disability (Appendix I). For participants younger than 18 years old and for children with intellectual disabilities, the mothers were interviewed either alongside the participant or alone. Additionally, a mother of a participant with a hearing disability was interviewed as a sign language translator was not available in the north of the West Bank. The interview questions focused on the barriers faced by the interviewees before and during the pandemic in accessing different services including health, education and public services in general. We

also asked about changes in the economic status and social life of the family if any (Appendix 2).

The second phase of this study consisted of interviewing local, national and international policymakers. The aim of these interviews was to create a dialogue centred around the results of the interviews with PWDs or mothers of PWDs after analysing these results and identifying the main themes and subthemes which emerged. Interviews took place in October 2021 and included presenting the findings from the PWD interviews in summary to these policymakers and finding out whether they agreed with what the PWDs reported or not, obtaining their views regarding why the PWD's identified needs are not being met, and how policymakers can intervene to address their needs and enhance the living conditions of PWDs especially during the ongoing COVID-19 pandemic (Appendix 3). We believe that reporting to and discussions with policymakers are key elements in our dissemination strategy which we hope works towards fulfilling the needs of PWDs as they experience them. It can also serve to instigate some positive changes, no matter how small.

A total of 6 interviews were conducted with one representative from a local non-governmental organization, three representatives from the Ministry of Health, Ministry of Education and Ministry of Social Development each, and two representatives from international organizations very active in disability rehabilitation in the country. These are the stakeholders most responsible for addressing the issue of disability and the needs of PWDs in the West Bank. Each interviewee was contacted by phone and verbal consent was obtained orally and noted in writing. This included the consent to record the interview. All but one interview was conducted via Zoom. The remaining interview was conducted face-to-face. Interviews were audio recorded and saved.

Immediately following all interviews, analytical memos were composed based on the written interview notes, and then finalized by listening to the interview audio recordings and fine tuning content. Main themes and subthemes were identified by reading and re-reading memos and transcripts until themes and subthemes emerged. All memos were then combined into one and sorted according to the sections identified for inclusion in this report as agreed upon by the research team.

3.1 Pre- COVID-19 Related Problems and Barriers to Basic Services Access

The participants in this study pointed to selected and important problems they faced during the pre-pandemic period and the chronic barriers to accessing a variety of services they endured before and during the pandemic period beginning March 2020 with no end in sight.

3.2 Public Perception and Lack of Acceptance of PWDs

Almost all participants agreed that negative public perception and lack of acceptance of PWDs was prevalent before the pandemic and are still dominant. However, a few reported that the general community perception of PWDs has improved over time, as this interviewee explained:

“The problem is that acceptance by people takes time. There is insufficient acceptance of people with disabilities. (People) do not learn that this is a right and they deal with you from a medical perspective not as a human being...”

(Interview 5, male with a motor disability, 33 years, urban, south)

And as expressed by this interviewee:

“Recently, PWDs have become accepted (by society). In the past, there was no acceptance, that is, when I was young, there was no acceptance at all of PWDs.....”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Some interviewees indicated that they experienced bullying by some in their community. A mother of children with intellectual disabilities recounted that her sons are exposed to mockery and sneering when they are in public:

“There are young people who mock them (her sons with intellectual disabilities) and push their cars very close to them wanting to run over them..... Sometimes I get upset and fight them and sometimes I say there is a generous lord (likely meaning this is up to God to deal with the situation or punish the offenders.”

(Interview 1, mother of 8 children with intellectual disabilities, 66 years old/mother, rural, south)

And as this girl with hearing disability also maintained:

“They make fun of me in the street, and when I go into a shop to buy something I face mockery because they do not understand me (what she is saying).”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

In line with the negative attitudes toward PWDs, some interviewees touched on the topic of marriageability. A few girls and women with disabilities recounted that they faced marriageability challenges. This has also been reported by a mother with children with intellectual disabilities, as she stated that the marriageability of her daughters, who do not have a disability, is affected:

“ The simplest thing is *Nasab* (marriage to another family and becoming relatives through " marriage). People do not get near or marry people who have PWDs (in their families). Some tell you directly....the other day a woman was saying that a young man is unable to get married because he has 4 PWD brothers. I have two good (not disabled) girls, people come to see them, (they are) pretty and with all specifications, some people come and we agree and when they know my children are like this (disabled) they contact and say no *Nasib* (difficult to translate, closest meaning is no luck in this proposal, so withdrawal of proposal for marriage of girls).

(Interview 8, mother of 3 children with intellectual disabilities, 60 years old/mother, 41 years old/son, 36 years old and 25 years old/daughters, urban, center)

And also reported by a woman with disability:

“I may be asked in marriage, and I tell the story that I have installed an e (artificial eye instead of my original one)... when they know, they do not want to any more, and they injure (hurt) me. The first time it happened maybe I was affected a little, but later, *aadi* (normal) it does not matter to me.... I support myself on my own I do not need anyone, I am acceptant of myself because this is from our God and our God gave me other things. I have a pretty face, but he (God) took away from me that characteristic (eye).

(Interview 7, female with a visual disability, 20 years old, urban, north)

And another married woman with a disability who emphasized that:

“People ask me why is your leg like this, (are you) married or not married, how did you have birth, natural or operation, how did you husband take (marry) you... one hears talk

from society but one has to have a strong personality. I used to feel shy when someone asked me.”

(Interview 10, female with a motor disability, 50 years old, rural, north)

Or as this man explained:

“Also when I got married people told me what do you want from her, she will not help you. From the angle of frustration, when I wanted to marry my wife, we faced many difficulties from the family and neighbours. I faced pressures but I was patient and withstood and believed in the target which I wanted (marrying someone with a disability) because she had a disability.”

(Interview 5, male with a motor disability, 33 years, urban, south)

3.3 Public Transport Barriers

One of the main reported barriers related to the pre-pandemic period was the lack of accessibility of public transportation, particularly for people with visual and motor disabilities. It was explained that those with visual and motor disabilities depended greatly on the assistance of others to access transport due to the lack of adaptation of the public transport system to accommodate, for example, wheelchairs, let alone auditory sign and public transport stops, given that we hardly have busses going around and that shared taxis seem to stop anywhere wherever there is a potential customer waving their hands indicating they needed a ride. In general, access to public services has always been a major challenge for PWDs in the oPt as reported by interviewees. Public buildings including health centres and educational institutions are in the main not adapted for people with different types of disabilities.

A participant noted that:

“Adaptation (to the needs of PWDs) for daily life is not provided (by ministry or government) unfortunately, such as (in the case of) streets, public areas and public institutions. Buildings are not adapted for people with disability, no elevators adapted to Braille. For people with physical disability no rail; for those who have a hearing disability, there are no sign language translators.”

(Interview 2, male with a visual disability, 20 years old, rural, north)

A participant with a hearing disabilities noted the absence of sign language translators at banks which created a problem for privacy and independence:

“There are no translators in banks. I want to have independence, I want to go to the bank, I do not want anyone to know how much money I have. No privacy. There must be a translator at the bank.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

In addition to the lack of accessible public transportation and public services, difficult family economic/financial conditions were reported by most participants as having preceded the pandemic, with family income not sufficient to meet their basic needs, as for example this participant explained:

‘The economic condition was not affected (by the pandemic). It was bad initially (before the pandemic)’

(Interview 14, female with a hearing disability, 18 years old, camp, center)

3.4 Access to Health Services

Most participants reported that there were already barriers to accessing health services they endured during the pre-COVID-19 period. Such barriers particularly impacted those who require regular medical follow-up. Some of these barriers were structural in nature such as problems with the national health insurance coverage. The main issue is that the provision of health insurance free of charge by the government is conditioned by an impairment rating of at least 60 %. This impairment rating was decided by a committee which is responsible for such assessments.⁵⁰ In discussion of this problem, an interviewee with a motor disability reported that she was not given the national health insurance free of charge although she is in need of it and that she cannot afford the required medical tests needed for her case.

She noted:

“There are even tests I am not able to do, the costs do not allow me, and (given) a private hospital they referred me to. And costs are very high, for sure, if private, it means expensive.

⁵⁰ Why 60%, based on what criteria, and the protocol used for such a decision is still unknown, even though we had tried to find out more about this problem previously but failed.

(Interview 11, female with a motor disability, 19 years old, rural, north)

Another issue is the exclusion of assistive devices in the free national health insurance coverage for PWDs. These assistive devices include wheelchairs, crutches, and hearing aids, and also hygiene supplies such as diapers and urinary bags. Lack of medication at government clinics was also a concern shared by most interviewees. A few participants complained that the available medication was not suitable for their medical condition or their children with disabilities' medical condition. These participants added that they also needed supplementary medications associated with the treatment of their health condition. However, these supplementary medications are not covered by the health insurance. The following quotations highlight some of these issues:

“When my daughter used to take medications from the Ministry of Health (clinic), she used to urinate on herself. These medications did not suit her. I buy the medication at my expense (now) I prioritize it before everything.”

(Interview 12, mother of daughter with intellectual disability, 52 years old/mother 32 years old/daughter, urban, center)

Another participant also reported on the problem:

“Since the day when I broke my leg, I take Vitamin D and calcium, the effervescent, and iron... I did not stop these (medications) at all, every time I go to the doctor he writes them for me, the same medications and medication for osteoporosis so that the wound will health, and those (I buy) at my expense (not covered by the governmental health insurance for PWDs.”

(Interview 10, female with a motor disability, 50 years old, rural, north)

A particular issue raised by participants with hearing disabilities was the lack of free of charge speech therapy post-elementary school level at hearing disability centres. It was explained that speech therapy services are mainly prioritized for children in elementary grades. Thus, after elementary grades if speech therapy is still needed, families are left to financially provide such services, which are oftentimes not affordable. As was noted by an interviewee:

“There are special centres which provide speech sessions but such sessions are expensive and the (governmental) insurance does not cover (it), so I cannot take such sessions.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

3.5 Access to Educational Services

Regarding access to educational services in the pre-COVID 19 era, several participants discussed the lack of integration of PWDs in the educational institutions. Bullying and maltreatment by classmates and sometimes teachers at schools was recounted by some interviewees. A mother of a participant with a motor disability explained how she transferred her daughter from a government school to a school for PWDs after fourth grade. The reason for this transfer, she explained, was due to neglect and bullying by teachers and students, particularly because her daughter wore sanitary diapers:

“They started talking (about) diaper or no diaper, our society is backward, and my daughter bends herself to get a pen and falls, they tell me come and pick up your daughter she fell. Or when she urinates in the diaper and the smell is out.”

(Interview 3, mother of female with motor disability, 52 years old/mother, 16 years old/daughter, camp, south)

One participant with a hearing disability enrolled in a school for those with hearing disabilities, explained how she felt oppressed and singled out by her teachers and the school principal. She recollected how the principal would often verbally mistreat her by shouting.

Moreover, a mother of an adult participant with an intellectual disability described how there was little integration for her daughter while she was in school. She recalled how the daughter was maltreated by teachers and the principal for continually sleeping in class due to the drowsiness caused by her medications. She was forced by the principal to take her daughter out of school, as they were unable to respond to her needs. Additionally, a mother with a child with autism, who is currently enrolled in school, discussed concerns about the lack of attention from teachers regarding her son’s integration during class. She was also worried about her son’s inclusion among his school classmates.

A participant with visual disability reported that her brother with autism experiences bullying by his school peers:

“There is bullying by other children against him. You may say that he does not learn anything at school. He goes to entertain, likes to see children, having social relation, but from an academic angle, the reliance is more on us (at home).

(Interview 7, female with a visual disability, 20 years old, urban, north)

3.6 Israeli Occupation Barriers

Some participants elaborated on the barriers they faced in the pre-pandemic period because of Israeli occupation of Palestinian land and specific violation measures and human rights abuses, especially concerning their ability to seek medical care. This includes difficulty in obtaining permits from Israel to enter what is defined as Israel, including illegally Israeli annexed East Jerusalem where many of the Palestinian specialized services are located; and exposure to tear gas at Israeli army checkpoints, difficulties in travelling abroad (either need for permits or having to deal with checkpoints and crossing difficulties), and lack of qualified medical staff locally, yet travel restrictions barring access. A participant stated:

“You (Palestinians) have no competencies because of (Israeli) occupation. There is no high level medical treatment and for precise things (procedures). How many cases of disability because of occupation... you live while you are not allowed everything, and your movement is not easy, going and coming back (because of Israeli occupation, checkpoints, and restrictions of movement from one place to another and also out of the country).”

(Interview 9, male with a motor disability, 20 years old, rural, north)

Another participant elaborated on the problem of requiring permits from Israel to be able to get to hospitals inside Israel, given the lack of services in the West Bank:

“Things used to happen before Corona, things which are difficult to describe. I used to have follow ups at hospitals inside (Israel), and after preparing all things (requirements) from the Ministry of Health and UNRWA, and preparing all papers comes the permit request. You request a permit (to enter Israel) and they (Israel) delay to the point that you postpone your appointment more than once.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

3.7 COVID-19 Related Barriers

In general, all participants agreed that the COVID-19 pandemic had affected all aspects of life for all groups of people, including PWDs. The effects of the pandemic exacerbated the overall living conditions and access to basic services for PWDs, as one participant stated:

“With the pandemic which has become a burden on people, can you think of how this would be for people with disabilities...? The Corona pandemic affected all sectors (of society) psychologically, socially, health wise and economically.”

(Interview 9, male with a motor disability, 20 years old, rural, north)

3.8 Economic Barriers

All interviewees agreed that the most notable effect of the pandemic was the deterioration of the economic situation for all groups of people, and PWDs were among the most impacted of groups:

“The pandemic affected the economic situation of society in its entirety, from merchants, to daily workers. The salary was enough (for our family) before, and the two of us were studying at university... (now) material (money) is less and work is less, and my family cannot educate (pay the cost of education) of more than one (person).”

(Interview 7, female with a visual disability, 20 years old, urban, north)

Or as this respondent explained:

“Most were affected, and those who had a job lost it and whoever had a material resource (income) almost disappeared.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Or this respondent:

“The material part was stopped (money stopped coming in) for all the world. I work in a bakery. Have you ever seen anyone buying bread on credit from me because they do not have money to buy bread?”

(Interview 16, mother of child with hearing and speech disability, 50 years old/mother 18 years old/son, rural, north)

However, almost all participants already had stressful financial situations prior to the pandemic as the following participant explained:

“My life is all Corona (in bad financial situation), not a year or two.”

(Interview 16, mother of child with hearing and speech disability, 50 years old/mother 18 years old/son, rural, north)

Or as this participant put it:

“I used to work on projects with 1600 Israeli Shekels as the minimum wage. How could this be sufficient for, rent, water, and electricity? It was not enough (before Corona), just some support. When corona came they stopped everything. I had finished a project and was about to go into another. Everything stopped. As a married man and with family, God knows how one managed one’s affairs.”

(Interview 5, male with a motor disability, 33 years, urban, south)

Despite the financial crisis PWDs were experiencing during the pandemic, most participants did not receive significant financial aid from the Palestinian Authority. Some participants complained that they were already excluded from the Ministry of Social Development’s (MOSD) monthly stipends prior to the COVID-19 pandemic. This exclusion was due to MOSD’s social needs assessment, as some PWDs were not considered in need of financial aid, and as an interviewee maintained:

“I tried to contact MOSD to give me some money but it did not response, they tightened their conditions (for financial support) and they are harsh. I went to the responsible person and she told me that I do not need help, one must see a destroyed home or a broken wall to give you help even though you fulfil the requirements (for providing help). The material situation is hard and I have a disability (which qualifies me for financial help from the MOSD) and support a family of seven, and this requires that they provide me with a salary. I talked with the Union (of PWDs) and they tried (to discuss with the MOSD) without result.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Even interviewees who reported receiving a monthly stipend from the MOSD maintained that the stipend is insufficient:

“We benefit from the MOSD, even though this benefit is the shadow of shadow (very little benefit).”

(Interview 6, mother of son with autism, 47 years old/mother 9.5years old/son, rural, north)

Additionally, the participants reported a consistent delay in receiving their stipends. The payment is scheduled to reach participants every 3 months. Instead, it is usually received every 4 months. This was always the case prior to the pandemic and was exacerbated during the pandemic as this participant elaborated:

“The MOSD gives me 750 Israeli Shekels every three months and sometimes every four months. (But) they do not abide by the timing (of payments) sometimes it takes (them) 5 months (to send payments).”

(Interview 5, male with a motor disability, 33 years, urban, south)

Surprisingly, PWDs who benefit from the MOSD monthly stipends were excluded from the COVID-19 related governmental limited financial aid launched during the first year of the pandemic under the title of the *Waqfet Izz* or ‘Dignity Stand’’: A participant noted:

“I was infected with Corona and I have diabetes And got sick with corona and all my family got sick with corona... money (was given) to those with corona but us no, we (PWDs) are among the people who are forgotten.”

(Interview 1, mother of 8 children with intellectual disabilities, 66 years old/mother, rural, south)

Informal financial aid to PWDs, described by interviewees as aid received from people here and there who support PWDs sometimes but as persons, not institutions, was also negatively affected since the pandemic broke. Most interviewees reported that such aid was cut because all people were affected financially. They only received small amounts of financial aid or in-kind aid mostly as food baskets during Ramadan (the holy fasting month for Muslims):

“People of good deeds used to give (us money and help), now there is none.”

(Interview 10, female with a motor disability, 50 years old, rural, north)

And as this participant explained:

“Now no one looks up anyone (meaning helps) because everyone sat (at home) with Corona and did not work, so whoever wanted to give you (money or support), brings it to himself and home (instead).”

(Interview 8, mother of 3 children with intellectual disabilities, 60 years old/mother, 41 years old/son, 36 years old and 25 years old/daughters, urban, center)

This financial hardship caused some PWDs and/or their families to live in debt as this participant revealed:

“When debts are piled up the shop owner demands (that we pay), and sometimes, they scream at my mother. Once the shop owner exposed and disgraced us to the world when my mother took on debt washing soap and he came and made a wedding at home (meaning figuratively lots of noise at home so everyone heard and the family was exposed and disgraced). And my mother was very upset and sad.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

And in some extreme cases to be deprived of food:

"Sometimes during the pandemic, there would be no food at home

(Interview 14, female with a hearing disability, 18 years old, camp, center)

3.9 Social Life Barriers

Another general barrier intensified by the COVID-19 pandemic is related to social life.

Almost all participants affirmed that the changes in social life due to lockdown restrictions were a significant challenge during the pandemic period. Several interviewees described how they have been isolated before the pandemic, and how the pandemic's isolation affected them, as this interviewee reported:

“The most difficult thing is to be cut off from the outside world. I am used to going out and coming back and seeing people, and I got cut off all of a sudden and this changed a lot (of things) and (negatively) affected (me).”

(Interview 5, male with a motor disability, 33 years, urban, south)

And another as follows:

“The effect (of the pandemic) was from the social angle, it was the biggest, because one is obliged to sit at home, I stopped seeing my friends.”

(Interview 7, female with a visual disability, 20 years old, urban, north)

And another:

“Social isolation which affected the psychology of PWDs in a big way. Social isolation and the psychological state, a bit of frustration and a bit of depression on top of a bit of despair. And if you want to go out to an area around you, you stay afraid, even in the presence of methods (of sanitation and protection). I was horribly restrained.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Most participants explained that they have been experiencing general anxiety due to the fear of being infected with COVID-19. Due to this fear, some participants have refrained from visiting family members. They recounted that the lack of visits and gatherings along with the absence of community events affected their psychology since they missed being with others.

This participant elaborated on this sentiment:

“Social events were cancelled completely, one stopped going to visit people, and would not allow people to come to him because one is afraid and in the presence of children and fear for yourself and your family.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Many participants commented on using social media to connect with others, while one participant said that this approach did not work for her because she does not have consistent Internet connection.

““After the pandemic face to face communication was cut..... and we replaced this with the net and messenger, but this does not compensate for one going out.”

(Interview 5, male with a motor disability, 33 years, urban, south)

Or as this respondent maintained:

“There is no realistic social life, except using social media, but the net kept being interrupted.”

(Interview 7, female with a visual disability, 20 years old, urban, north)

The social effect was most notable among participants with intellectual disabilities. Mothers or siblings of persons with intellectual disabilities recollected the challenge in explaining to their children or siblings that they could no longer go out and socialize with others. This disruption of daily routine deeply affected those with intellectual disabilities, causing them to be angry and upset. A participant with a visual disability discussed the problem of explaining the social distancing and the spread of COVID-19 to his younger sister and brother who both have intellectual disabilities and reported that:

“It affected a lot. The situation changed... no going or coming, this is it, Corona....but for a person with a mental disability how can the person understand that there is Corona, how can the person understand that there is a virus, there is a disease.”

(Interview 2, male with a visual disability, 20 years old, rural, north)

Another participant explained how her brother with autism became more anxious and irritable. During the lockdown, her brother began hitting his younger sister when upset, became less talkative and refused to go out and play in the neighbourhood. Instead, he spent most of the time in the bedroom. To counter this, his family would do activities together so that he would become less irritable, as his sister explained:

“He began to have a problem, screaming at home, and hitting my younger sister, letting out with everything... He began to have stressful, tense and jittery states and did not like to talk to anyone, locking himself up in the room, so we tried to talk with him me and my brother and create a (rehabilitation) center at home with activities so he does not deteriorate.”

(Interview 7, female with a visual disability, 20 years old, urban, north)

A mother with a child with autism described the increased isolation her child had experienced due to the movement restrictions, and reported on how they tried to deal with the problem:

“He was imprisoned at home, and isolation increased. He spent the whole day on the phone and TV or eating or sleeping..... lack of going out and lack of contact with other children stopped his development. I bought him a bicycle so that he would go down to the *hara* (neighbourhood street), trying to integrate him a bit (with other children and people in the neighbourhood). He got used to sitting at home and likes to keep sitting watching TV or

the phone screen. Sometimes his older brothers force him to go down (to the street), but he would get upset and cry and tension has increased at home.

(Interview 6, mother of son with autism, 47 years old/mother 9.5years old/son, rural, north)

Another problem highlighted by an interviewee was the effect of the closure of centres for people with severe intellectual disabilities as this interviewee clarified:

“Centres closed their doors, especially those for intellectual disabilities, and as a result they (PWDs) began to go home and big isolation was imposed on them.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

The social isolation effect during the pandemic was equally important for people with hearing disabilities. A participant who was in her final year of high school said that she felt isolated and angry at home. This was because she was not able to communicate with her family members as her family did not know how to use sign language, and also due to having an ineffective hearing aid:

“When they talk about closure I go crazy.... At home there is limited communication, I remain silent because my family does not understand sign language, so I have developed isolation at home and I am very pressured during Corona.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

Furthermore, a mother with a child with hearing disabilities emphasized the importance of social life for those with hearing disabilities. She said that her son became reclusive during the lockdown and was not active as he was prior to the pandemic:

“The deaf wants life, wants people, wants to go and come, wants to get to know. It was hard for them to be accept or believe (the presence of the problem of the pandemic) so he became introverted more than necessary, almost to the point that I felt that he would be having autism... he did not want to get up, he stayed in front of the play station and did not want to get up.”

(Interview 16, mother of child with hearing and speech disability, 50 years old/mother 18 years old/son, rural, north)

3.10 Public Transport Barriers

Public transportation was again one of the key issues that was shared by most participants struggling with during the pandemic, as it was either disrupted partially or completely. The interviewees admitted that this barrier was also for all people and not specifically for them. The disruption was due to different lockdown requirements enforced on people and private and public transportation vehicles. For example, most participants noted the placement of checkpoints at city entrances. This lockdown restriction hindered all movement completely, which barred access to key services.

A participant noted:

“By God I took a risk once, and the police was following me. I went to bring medications for my children as they (the police) were following me. I told them that I want to take medications for my children, I took a risk for my children. Yes *wallahi* (by god), they were about to send me back but when they saw the children’s cards they agreed (to let me go). *Wallahi* I faced difficulty and fear too, fear.”

(Interview 1, mother of 8 children with intellectual disabilities, 66 years old/mother, rural, south)

Another participant with a hearing disability elaborated:

“A burden on us, the police did not believe that we were going for a health issue, they thought we were going for an outing. The police did not deal with us well, they were not convinced (did not understand) about the situation of people. Our village is not part of the Palestinian Authority (it is in Area C which is completely controlled by Israel) so when we would enter the Palestinian Authority areas there were difficulties.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

A participant with a motor disability elaborated on the transportation related difficulties in accessing his university:

“Imagine during the pandemic period, one wants to go to an educational institution, one needs to think how to go and move. You have transport (which is) much harder in the Corona. So he will think of movement before he thinks of education. So here you have deprived him of more than one right. You deprived him of education. You deprived him of

the right to movement. You deprived him of independence..... this was (the case) before Corona but when Corona came life course became harder.”

(Interview 9, male with a motor disability, 20 years old, rural, north)

Similarly, two participants with visual disabilities reported difficulty in accessing public transportation to reach their universities. For example, a participant elaborated on the increased challenge to access the university to buy past papers, textbooks, and paying tuition fees since the public transportation to the university was very limited because of university closures due to the pandemic:

“Public transportation is difficult, and movement by bus is not easy as when we used to go to the University to purchase questions from previous years and receive books.”

(Interview 2, male with a visual disability, 20 years old, rural, north)

Additionally, the increased cost of transport due to the pandemic related restrictions prevented some participants at times from accessing services, especially those living in rural and camp areas as this participant emphasized:

“The difficulty of transport and payments during Corona. Thirty five Shekels (the costs) were not available...the difficulty of getting there, the difficulty of transport to the hospital from a financial point of view.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

Another participant noted:

“It is difficult for a person with disability to ensure transportation, financially difficult in ensuring transport, and he who is in a wheelchair without a private car (must pay) 100 Israeli Shekel for the smallest trip.”

(Interview 5, male with a motor disability, 33 years, urban, south)

3.11 Access to Public Services and Assistance Barriers

Another barrier reported by most interviewees was related to accessing public services. This was due to the fact that service providing institutions were working only partially during lockdown, which presented a challenge for PWDs. Most interviewees reported

problems such as limited opening hours, the partial number of operating employees, and long waiting time resulting sometimes in multiple visits to obtain the needed service. Some participants reported the following:

“I go when the employee I want is reporting to.”

(Interview 2, male with a visual disability, 20 years old, rural, north)

“The conditions of closure presented challenges depending on where one wanted to go. For example if one had a trip (needed to go to) to the bank, had a trip to the Jawwal company (mobile phone company), a trip anywhere and wanted to go during a particular time and there was closure, things would get obstructed for him/her.

(Interview 7, female with a visual disability, 20 years old, urban, north)

Regarding the closure of institutions, an interviewee with a motor disability shared his frustration at no longer being able to participate in trainings. These trainings were conducted by non-governmental organizations prior to the lockdown restrictions:

“I like to participate with NGOs in daily life skills training, marketing and sales trainings and conferences with human rights and international organizations, we were deprived (now because of Corona). I used to participate in summer camps and I was effective in this area, and this stopped suddenly and completely and this created a gap.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Likewise, two participants who are university students with visual disabilities stressed the difficulty with accessing governmental and non-governmental institutions to implement the practical training component of their university studies. Some interviewees pointed to the difficulties in accessing recreational facilities during the pandemic. This was reported mainly by the mothers of persons with intellectual disabilities. This has negatively affected the physical and mental health of people with intellectual disabilities and their opportunity to get out of the house as this mother revealed:

“My daughter’s psychology has become very bad, and she started urinating on herself and keeping things in her heart (feeling bad but saying nothing) and she gained weight and her body became bloated because she needs to walk, and she began to take a diuretic (but) and

the public parks are closed and people are not allowed to shake hands, where do I take her?”

(Interview 12, mother of daughter with intellectual disability, 52 years old/mother 32 years old/daughter, urban, center)

And this mother of a boy with autism told us:

“Corona affected my son, no activities, no clubs or swimming and public parks closed and he likes such things, he was imprisoned at home sitting with the TV (on) and phone all the time and eating, he gained weight.”

(Interview 6, mother of son with autism, 47 years old/mother 9.5 years old/son, rural, north)

A participant with a motor disability also emphasized that confinement at home and the closure made him distressed. He noted:

“Closure created psychological pressure, created a psychological situation. That is, one stays at home with no breather. One goes out.. the shops are closed, no income this played a (negative) psychological role.

(Interview 5, male with a motor disability, 33 years, urban, south)

In addition to the above mentioned barriers in accessing public services, lockdown and social distancing requirements created a challenge for PWDs who needed personal assistance. This was especially for people with hearing disabilities and people with visual disabilities, who usually rely on personal assistants due to inaccessibility difficulties. That is, the problem was that having personal assistants during COVID-19 increased the risk of contracting the virus, as this participant said:

“Whoever needed an assistant, for example, be with assistants because of social distancing.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

The difficulty of keeping social distancing was also a problem discussed by interviewees with motor disabilities. For example, a participant maintained that keeping social distance was difficult for him as a physically disabled person who uses a wheelchair. He explained that his friends push his wheelchair and this goes against social distancing guidelines:

“Maintaining the required distance as a movement PWD was difficult for me.

(Interview 4, male with a motor disability, 21 years old, camp, center)

Most interviewees explained that they relied on several types of media to access public health information related to the pandemic and governmental restrictions. These media include television, social media platforms, government daily briefing reports, and Palestinian Ministry of Health instructions. Sometimes participant PWDs depended on their family members to deliver updated knowledge. For example, an interviewee with a hearing disability particularly complained about no longer having a sign language translator on the national TV Channel. Prior to the pandemic, there used to be a sign language translator for one of the news broadcasts channels. However, this was interrupted during the pandemic. And this caused the participant to rely on her mother to update her on the daily news broadcasts.

3.12 Access to Health Services

In general, the participants who required health services during the pandemic emphasized the issues that they had faced. For those who did not need such services, they referred to experiences of others whom they knew had struggled to reach such services. Some of the obstacles in accessing health services were shared among different types of disabilities. Almost all the interviewees believed that PWDs have low immunity and predisposed them to catching the COVID-19 virus. Thus, some participants feared accessing health services to avoid catching the virus. One participant mother of a PWD explained:

“During the Corona I kept her (her daughter) at home, and would go out and bring her necessities such as urine bags. I install for her an internal urine bag and I change it every month. I used to take her normally to the hospital, but was afraid and protected her because my daughter does not have immunity. I placed a mask on her, and dressed her with a burns (covering all the body), and sanitized. I suffered during corona with my daughter but without making her feel this.”

(Interview 3, mother of female with motor disability, 52 years old/mother, 16 years old/daughter, camp, south)

In addition, the restrictive preventive measures related to the pandemic such as mandatory face-masks when entering the health centres, reduced staff availability and limited working hours were a problem for some participants:

“...you must abide by the mask during the work hours of medical or rehabilitation or other services. What I need (services) have shrunk, that is, you have two hours per day if you do not go during these two ours, or five hours for example, you lose it (ability to obtain care). And when you go you find a large number of beneficiaries who want to receive the service, one would avoid the clinic, or if one wants treatment one delays or buys treatment outside (privately) because of the fear.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Another main obstacle reported by almost all participants, which was also there during the pre-pandemic period, was the lack of essential medications at the government health clinics. During the pandemic, this problem was exacerbated as it also coincided with the physicians' strikes. The lack of medications forced some participants to buy them at their own expense, despite the difficult financial situation during the pandemic. As one participant noted:

“The lack of medication was there before corona, but after corona it increased. Sometimes there were no medications at all, or not all medications were available, so you go and find one or two kinds of medication (only). Maybe because of closures and strikes, they said as long as there is a clinic strike we are forced to buy (medications) from outside (the clinic, privately).”

(Interview 10, female with a motor disability, 50 years old, rural, north)

For participants who reported having been infected with COVID-19, they reported that they had to purchase the needed medications for treatment. One participant with a motor disability also complained that the process of obtaining some medications related to COVID-19 was confusing for him and his wife who also has a motor disability. He explained that there were conflicting referrals by the employees at the government clinics. He also recommended that the government should provide oxygen making machines to COVID-19 patients with disabilities as they have difficulty in accessing health services, as this participant explained:

“We had a hard time reaching services when we were infected with corona. And my wife was pregnant, and she had difficulty breathing for a period. So we contacted the health (ministry people) and they told us to go and obtain the medications. We had a hard time

getting them such as blood thinning injection. They confused us, go there, go here, they did not give us a specific destination....”

(Interview 5, male with a motor disability, 33 years, urban, south)

Some participants viewed the closure of outpatient clinics at hospitals and the conversion of hospitals to accommodate the COVID-19 patients' cases only as main barriers in accessing health services. This affected those who were in need of regular medical follow-up. This had disrupted the provision of routine health services and delayed medical operations, as some participants reported. A mother of a person with intellectual disability stated:

“My daughter needs an MR picture and she had an appointment on the 5th of October. But they told me entry to the hospital is banned and told me to do it at my expense... I do not have 3000 Israeli Shekel to make it at my expense.”

(Interview 12, mother of daughter with intellectual disability, 52 years old/mother 32 years old/daughter, urban, center)

Two interviewees with hearing disabilities elaborated on their frustration over the same problem of repeated delay of required surgeries, in addition to the long process and waiting time usually related to the surgeries at the governmental hospitals. Moreover, surgical fees in private hospitals are not affordable to them as maintained by one:

“Difficulty of reaching (health services) during the pandemic because (government) outpatient clinics do not receive (patients) every day. They were closed on many days especially during corona. And there was a strike so they (clinics) did not operate, and no surgeries as before. They gave priority to corona patients and emergency. The postponement (of my procedure) puffed my eyes up and affected my vision and affects breathing.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

And the other:

“I cannot have an operation at my expense, and with the government, if I were to file a request, it would take at least a year or two years of procedures (to get it done).”

(Interview 16, mother of child with hearing and speech disability, 50 years old/mother 18 years old/son, rural, north)

Concerning other impediments related to outpatient clinics closure, an interviewee with visual disability discussed his experience in seeking his impairment rating report when he needed it during the pandemic. He faced much difficulty in reaching the medical committee at the hospital as he had to go through multiple visits and a long period to reach the committee and obtain the report. The participant stated:

“The Corona pandemic ...hospitals would not be operational much except in emergency.... There was also the doctors’ strike which affected me. Our ability to reach medical services (was affected). I needed health insurance, and each time I went (I did not succeed). There was first corona, and on strike.... I had to present a proportion of the disability report, then the insurance (request). Every time I wanted to go to the medical committee, they would tell me (they are) on strike or not there because of corona. I went back to them many times, not only once or twice unfortunately....”

(Interview 2, male with a visual disability, 20 years old, rural, north)

Additionally, the lockdown restrictions also shifted the medical follow-up routine. One interviewee, who suffers from a chronic disease decided to access the clinic close to her rural residence rather than accessing the more advanced clinic with better services due to the restrictions. This participant avoided accessing a specialist doctor in the city due to the closure and to reduce costs which resulted in deteriorating effects on her health. She noted:

“ I used to attend that (Governmental) clinic every month. When corona happened I stopped going. I take my medications from another clinic. At that other (governmental) clinic (I used to go to before corona) they have more specialized doctor and modern laboratory equipment than the one I go to during corona.

(Interview 10, female with a motor disability, 50 years old, rural, north)

3.13 COVID-19 Related Problems Accessing Health Services by Type of Disability

While there were common problems reported by our interviewees regarding accessing the health services, there were also some varying difficulties experienced by participants based on the type of disability they had. The interviewees who have motor disabilities reported specific problems related to their disability including the closure of the rehabilitation centres due to the lockdown, and interruption of the rehabilitation follow up. A participant noted:

“Rehabilitation centres closed down during the corona pandemic, and they are the centres that help people with disabilities most or provide them with treatment, whether physical therapy or assistive devices or any other activity. They are the only ‘breather’ for some of people with disabilities, so they should have found an alternative plan or anything so that they should not close... it is coming back partially, but still (there is) fear or (those responsible) do not know how to prepare for going back (to work).

(Interview 4, male with a motor disability, 21 years old, camp, center)

Moreover, some of the interviewed participants agreed that the cost of rehabilitation sessions was the main barrier even during pre-pandemic times, in addition to the cost of transport to access these centres. Fearing to contract COVID-19 during the visits was also a concern.

Two participants with motor disabilities elaborated on the difficulty of obtaining mobility devices during the pandemic. This difficulty in acquiring mobility aids was due to the closure of the rehabilitation centres. Another problem raised was the shortage of hygiene supplies such as diapers and urinary bags that were costly and scarce during the lockdown, as recalled by a mother of a child with a motor disability. She stated:

“The thing that I had difficulty with were urine bags and diapers. I had a hard time finding them because during Corona there were closures so it was difficult to bring them and they told me (at the health center) that they did not arrive, so I had to take a risk with my husband and go out and bring them from outside (the health center), from Jericho.....The most difficult thing to find is diapers.

(Interview 3, mother of female with motor disability, 52 years old/mother, 16 years old/daughter, camp, south)

Participants with hearing difficulties stressed their need to get new hearing aids and reported that closure during the pandemic further delayed obtaining them. This was because the hearing aids were not available at the centres as they were mostly closed due to the lockdown. Also, the cost of the hearing aids was a barrier both prior and during the pandemic. Another related problem is the inability to get new batteries for the hearing aids again because of the centre’s closure and inaccessibility problems. This is reflected in the following quotes:

“The situation was difficult because hearing aids do not reach centres because there are no hearing aids at the crossing and because of tax, nothing gets in.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

And this:

“Hearing disability needs batteries and hearing aids, and they were not available during the pandemic. Also the services institutions may give them once or twice for free and for minimal fees. I need more than once or twice.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

One of the participants told us of a striking incident related to her sister with a hearing and speech disability while giving birth to her baby. The physician made the choice for a caesarean surgery rather than a natural birth as he found it difficult to communicate with her during the delivery. Although the cost was a burden, she had chosen to give birth at a private hospital to avoid the overcrowding in the government hospital and the risk of being infected by COVID-19.

A similar story was told by an interviewee who talked about her sister who has a hearing disability and was not able to explain that she was hurting during her natural birth due to the lack of communication between her and the doctor who did not know sign language and who eventually opted for a C-section to make things easier (for him supposedly):

“My sister was pregnant and wanted to have a natural birth, and the doctor opted for surgery (C-section) just because she is dumb because he is not able to communication with her during birth.”

(Interview 15, female with hearing disability, 30 years old, rural, center)

For the mothers of persons with intellectual disabilities, the main reported unmet need was the general need for day-care centres for their adult children. A mother with 8 children with intellectual disabilities and 2 out of the 8 also with motor disabilities, emphasized the negative effect of the pandemic regarding the closure of the day-care centres. Her two sons with multiple disabilities used to attend such centres before their closure. This added greater burden on the mother to take care of these two sons who require more care, particularly in terms of bathing and other hygiene tasks. The same need was reported by a

mother who has 3 children with intellectual disabilities. She stressed the need for day-care centres for adult persons with intellectual disabilities especially for those who can use the toilet by themselves. One of the mothers planned to send her daughter to a day-care centre just before the pandemic and started doing so but the center closed due to the pandemic.

3.14 COVID-19 Related Barriers to Accessing Educational Services:

It is necessary to note that the “access to educational services” section was applicable to 9 of the 16 participants. The remaining participants were not eligible as they were not enrolled in school during the time of the pandemic because they are not students or the participant had a severe intellectual disability.

Overall, almost all participants who were enrolled in educational services ranging from middle school to higher education and vocational training, listed the lack of accessibility to education due to school closures, the sudden shift from face-to-face to remote learning as the most problematic aspects of education during the pandemic. Only one participant, who attended a school for children with visual disabilities, preferred online learning during the pandemic as there was more time allotted for play.

“We were so happy and did not want to go back to face to face, sitting on the net (instead).”

(Interview 13, male with a visual disability, 18 years old, urban, center)

The common barriers to education reported by participants included frequently interrupted internet connection, lack of the necessary technological devices such as laptops to attend classes and complete assignments, and the unfamiliarity of using online platforms such as Zoom or Microsoft Teams. Some participants and parents of participants mentioned that the online school and/or university classes were not of the same quality of face-to-face learning. A participant with a hearing disability maintained that there was low academic attainment with remote learning:

“Electronic education is for nothing (for empty in Arabic), and my educational achievement declined during electronic teaching.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

One interviewee mentioned that there was low attendance in remote learning classes for all students, not only students with disabilities. When probed about this, the interviewee reported that there were difficulties relating to clashes between the sibling's class times and a limited number of devices for all siblings at home to attend classes. Thus, priority was most likely given to the children who were in secondary school instead of the children who were in elementary grades. One participant who had the Tawjihi exams to sit for (Secondary School Education Certificate) at the start of the pandemic, said that she did not have a laptop nor a smartphone to attend classes and that she did not have an internet connection. She depended on going to her brother's home to attend some of the classes. The participant also commented on how the Ministry of Education did not have clear instructions regarding the material required to pass the Tawjihi exams. She also complained that it was a nuisance to wear a face mask and consistently use hand sanitizer while sitting for her Tawjihi exams at the examination hall.

Additionally, almost all participants mentioned that following up on online classes, exams, and assignments was demanding and added to significant anxiety and also boredom. A participant clearly spelled this out in the following quote:

“We moved suddenly to electronic learning and you feel psychological pressure, because it was hard. There was no flexibility. Meaning that psychologically you get pressured, you stay at home 24 hours (a day) following the computer screen and problems with electronic learning, and the interruption of the net, or problems with the computer, or you forget the time of the lecture, or you miss some electronic lectures.....”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Another participant noted:

“Electronic learning was boring.”

(Interview 7, female with a visual disability, 20 years old, urban, north)

Furthermore, the social aspect of education was also negatively affected. Due to school and university closures, many participants pointed to the difficulty they experienced for not seeing their friends and felt isolated. This disruption of routine caused uneasiness especially among participants with intellectual disabilities and participants with hearing disabilities. One

participant with a hearing disability reflected on her stagnation in speech due to not being able to communicate with her school friends.

“My speech retreated during corona because there was less communication because I stopped going out of the house and go to school and connect with my friends.”

(Interview 14, female with a hearing disability, 18 years old, camp, center)

A mother with a child with autism echoed this finding as well. School closure affected her child’s communication, language and social skills negatively:

“If not directly, indirectly he will benefit (when in school). Other than the academic angle he will benefit from mixing, will acquire language, will acquire skills, things he sees how they (others at school) do them and how they behave with each other. This thing as if it half went, half of the education went and at the same time the other half of staying at home increased.”

(Interview 6, mother of son with autism, 47 years old/mother 9.5years old/son, rural, north)

3.15 Covid-19 Related Barriers to Education by Type of Disability

Remote learning for participants with autism was difficult and inaccessible. Two interviewees, a mother and an older sibling of autistic children cited that attendance of class was usually low and the academic performance of participants deteriorated. The mother of a child with autism explained that her 9 year old son was easily distracted in class prior to the pandemic and this was exacerbated with remote learning. During online learning, the mother used to attend the classes with him to listen to the class and help him concentrate. Without her, he would have little to no concentration. She would then teach the material to him afterwards. Furthermore, she noticed that there was teacher favouritism and teachers would often give more attention to students who had higher academic attainment than her son, as the mother explain:

“I used to get shocked... how teachers do not give priority (to him) knowing that he has a lack of concentration and should be given the priority. The teacher would give priority to the better students or to students who answered her the way she wanted.”

(Interview 6, mother of child with autism, 47 years old/mother 9.5 years old/son, rural, north)

However, the mother reported a positive aspect of remote learning. She explained that prior to the pandemic; she had wanted to attend class with her son to be introduced to the teacher's teaching methods. She elaborated that attending classes would have allowed her to help her son academically. With online learning, this became possible.

A participant who has a brother with autism echoed similar troubles. Her brother had great difficulty concentrating in class remotely. The participant emphasized that the needs of children with disabilities were not taken into account with remote learning. Teachers used audio calls, rather than video calls, on online platforms and sometimes shared the screen by focusing on the book so it was not stimulating for the students. The interviewee explained that remote learning can be suitable for those who have motor or visual disabilities but not for those who have autism or learning disabilities, as children with autism like her brother need direct eye contact with the teachers. This lack of direct eye contact via audio calls affects concentration and academic attainment, as she indicated in this quote:

“Electronic learning is not suitable for PWDs like him... may be suitable for movement and suitable for visual (disabilities) that they listen and concentrate. But autism is a mental disability, difficulty learning, such things are not appropriate for electronic learning because they (PWDs) want someone to look at, face to face learning so that they would look at the teacher, listen from the teacher, understand from the teacher, you need sign, you need sight, you need a lot of follow and concentration by the child to understand the teacher, and barely.

(Interview 7, female with a visual disability, 20 years old, urban, north)

Similarly, participants with hearing disabilities found remote learning demanding and inaccessible. One of the participants maintained that the teachers would login to online classes later than the scheduled class time and would barely explain the lessons. Secondly, sign language is difficult via online platforms. This is because most teachers would sign too quickly for her to comprehend the lesson and due to the slowness of the internet; she did not understand the signs correctly. In contrast, face-to face learning was much easier, as it allows her to clearly see the signs teachers use at a normal pace, rather than the fast pace used during online learning and due to Internet issues. Also, face-to-face learning allows for lip-reading, as it is necessary for understanding sign language. Another issue with online learning was the lack of illustrative teaching aids.

The participants with visual disabilities also had problems with online learning. Prior to the pandemic, one student explained that the university was able to provide an assistant during his exams to read the questions and answers aloud. With the shift to online learning, he now had to depend on his uncle's wife and his cousin to read the questions aloud and use the laptop to access the exams, and that was a barrier to education. This dependence on others was a real problem as a participant explained. He was the oldest of the siblings and had no one at home to depend on for such assistance. Additionally, he had difficulty commuting to his uncle's house as he depended on family members to take him. Due to these constraints, the participant said that he felt that he was a burden on his uncle's wife to assist him as explained in the following quote:

“At University they were obliged to provide me with someone (to help), but with electronic learning I started to feel that I am a burden on my uncle's wife... during Ramadan, there were visits she had to go to she postponed because of me.”

(Interview 2, male with a visual disability, 20 years old, rural, north)

The other participant also reported problems with online learning as there was difficulty in taking exams online, attending classes and accessing the school online portal and knowing essential information such as exam dates. She linked this to the inaccessibility of screen-reading laptops among some students. Thus, academic performance was poor, as she explained:

“People with visual disabilities face difficulties in exam taking. They needed someone with them to read for them, and write on their behalf and they did not have an electronic speaker on their equipment.... without which they could not know the dates of exams..... So if there was no one at home, the person would lose the exam. They benefited more during face to face lectures especially that they had (help)... they would have someone to write on their behalf (the answers to questions) or would sit for the exam using modern equipment in a blind laboratory with Braille available at the University.”

(Interview 7, female with a visual disability, 20 years old, urban, north)

In contrast to the difficulties above, a few participants considered remote learning easier than face-to-face learning for persons with motor disabilities because commuting to and from the school and/or university was no longer required. Since educational institutions

generally are not accessible nor adapted for motor disabilities, less effort was needed and less dependency on others was needed. Moreover, online learning was less costly due to the lack of commuting costs. A participant clarified as follows:

“Electronic (learning) was easier, in one sense I was not obliged to go to University, from the transport perspective, expensive and requires more effort. As for education, electronic presentation was easier.”

(Interview 9, male with a motor disability, 20 years old, rural, north)

3.16 Problems Facing PWDs Related to Israeli Occupation Measures

In addition to what has been reported by the interviewees in regards to barriers related to the PA and community, they particularly emphasized the problems caused by the Israeli occupation. A few participants reported no direct effect on the personal level. However, these participants recognized occupation’s impact (on the nation, society) in general as this participant maintained:

“The biggest enemy for us (Palestinians) is (Israeli) occupation, and Corona topped it on us, it became an extra (burden).

(Interview 12, mother of daughter with intellectual disability, 52 years old/mother 32 years old/daughter, urban, center)

Other participants, especially those who live in Palestinian refugee camps reported experiencing direct Israeli violence such as being exposed to invasions (the Israeli army going into camps, firing in the air, searching homes, arresting people, firing at people, tear gas etc) even during the pandemic, as one interview reported:

“During the Corona pandemic, invasions are continuous as well as arrests here in the camp. They would shoot, invade during the day. All throughout, the (Israeli) occupation (army) invaded the camp at night, after midnight. During the Corona pandemic they attack during the day for long hours. You leave the lecture (on Zoom) and you observe what happens, and you become afraid for those around you, and this affects the psychology and the economic situation and work.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Or as this respondent reported:

“When my daughter used to go to the center and they (Israeli occupation forces) would return the bus (denied entry) my daughter would cry and cry... I used to go out when they showered tear gas and get her siblings to go out to bring her because I am afraid for her from the gas.”

(Interview 3, mother of female with motor disability, 52 years old/mother, 16 years old/daughter, camp, south)

A participant with a motor disability summarized the direct effect of Israeli occupation on him as demonstrated in the following quote:

“When you go to the (Israeli army) checkpoint the treatment is very bad. First, they do not give you priority as a PWD especially when passing through the checkpoint. They search you, then you hear them mocking your health situation and laughing. And this happens all the time, not the first or last time. This does not have to do with the corona pandemic but I wanted you to know.”

(Interview 4, male with a motor disability, 21 years old, camp, center)

Moreover, a mother of a child with a hearing disability does not allow her son to visit his married sister in another city in the West Bank by himself. This is because she worries that he could be shot at the checkpoint, since he has a hearing disability and may not comply with the Israeli soldiers' orders. The mother provided an example of how one of her son's friends was killed at a checkpoint during the First Intifada because the soldiers called to him and he did not respond. For this reason, she taught the international sign of “I'm deaf” and sign this whenever they travel between the oPt and Jordan:

“When we used to travel to Jordan, he would sign from far to the Israeli at the window (security), I am deaf, he would spread his hand and place two of his fingers on his mouth and then raise them onto his hears. This is the international sign, that I am deaf.

(Interview 16, mother of child with hearing and speech disability, 50 years old/mother 18 years old/son, rural, north)

4 Stakeholders Interviews Results

Most stakeholders interviewees agreed with almost all of the results of the study. They stated that the majority of obstacles reported by PWDs existed before the pandemic. They

explained that these obstacles were exacerbated during the pandemic. One interviewee explained that most of the pandemic related difficulties reported in the study apply also to persons without disabilities. However, some of PWDs' difficulties are related more to their poor financial situation rather than the disability itself. Another interviewee reported that only a few results from the research were directly due to the pandemic, mainly issues related to remote learning and closure of centers for persons with severe intellectual disabilities, as the remaining results were related to the pre-pandemic situation. However, most interviewees agreed that PWDs are affected more than other groups in emergency situations.

While PWDs are more likely to be negatively affected by emergency or pandemics, most interviewees agreed that the needs of PWDs were not considered during the pandemic. Some participants attributed this lack of prioritization of PWDs partly to the PA focus on pandemic related precautionary measure which negatively affected health services, as one interviewee noted:

“Preventive measures to control the spread of the virus affected health services in remote areas and those most affected where PWDs, they were an excluded group and they became a neglected group during Corona.”

(Interview 3, male, MOH)

All interviewees agreed that the new disability law is equitable for PWDs, and once implemented, it will meet their needs. According to the law, all PWDs regardless of their disability impairment should have health insurance including assistive devices. Additionally, this new law obliges all ministries to provide appropriate services to PWDs. The new law was approved by the PA president in 2020 but it is still pending at the Council of Ministers for discussion and approval, and requires implementing regulations.

A participant from the MOH maintained that the pandemic delayed the promulgation of the disability law and preparation of the implementing regulations. Another interviewee from MOSD reported that the high cost of implementing the law is the reason claimed by the PA for the delay:

“The PWD Law (new) has been with the Council of Ministers and has not been approved till now, and this is unjustified.”

(Interview 4, male, MOSD)

He added that implementing the law needs lobbying from the community, and the General Union of Disability should follow up and push for implementation.

All of the participants agreed that the negative view by the community towards PWDs has changed and has become less negative than previously especially within the PA given that the PA had signed the Convention of the Rights of People with Disabilities (CRPD). The interviewee from the MOH asserted that the Ministry is doing well in terms of measures to prevent disability but its performance is less (acceptable) in terms of dealing or responding to disability. He stressed that disability issues should be in the agendas of all ministries nationally and not only related to MOH.

All interviewees agreed that public transportation has always been a challenge but it became increasingly more difficult during the pandemic. A participant from the MOSD maintained that the transportation problem is complex and there is a lack of cooperation from taxi drivers. He stated that drivers do not consider that PWDs require more time to get into the vehicle. This emphasizes PWDs demand to obtain special transportation services for them and this should be the responsibility of the Ministry of Transportation according to the participant. Our interviewee from the Ministry of Education (MOE) was not fully in agreement with other interviewees with regards to the transportation issue. He pointed out that the problem only affects people with motor disabilities and specifically those on wheelchairs and not all PWDs.

For the lack of accessibility of public buildings, almost all interviewees agreed that this barrier exists for all types of disabilities. Interviewees said that some health facilities are partially adapted for people with partial motor disabilities, but they are not adapted for other kinds of disabilities such as those with visual and hearing disabilities. Those with hearing disabilities in particular face this barrier as the provision of sign language translators in all services is absent. The participant from the MOE reported that 65% of schools are adapted and that environmental adaptation became a requirement by village councils/municipalities for all public services buildings. The interviewee from MOSD reported that the Ministry requested banks to provide sign language translators and to have a Braille system available for banking services. According to the same interviewee, the law does not prevent a person with a disability to have full autonomy regarding their banking

services and thus there is no need for a guardian. However, this request has to yet be implemented.

For pre-pandemic related difficulties regarding the access to health services, all interviewees agreed that the consistent lack of necessary medications is a chronic problem. The participant from MOH elaborated that the MOH has debt for the local medications companies, which contributes to the inconsistent supply of certain medications. The MOH must pay part of the debt before they can receive new amounts of medications. A participant from a local NGO reported that some medications are always not available at MOH such as backbone injury medications. On the other hand, the participant from the MOH reported that the Ministry usually responds positively to orders by health directorates to buy medications that are not listed in the essential medications list. He added that prescribed medications by authorized physicians that are not listed under the essential medication list might be provided. For free supplementary medications, he clarified that the Ministry provides some that are prevention-related such as the nutrients offered to children who have PKU to prevent complications that might cause disabilities.

The participants also emphasized PWDs' complaints about not including assistive devices in the health insurance. A participant working in a community organization reported that organization helps in providing these devices either from community donations or through some institutions.

The interviewee from MOSD mentioned that the Ministry distributed 750 devices of artificial limbs, medical beds, crutches, and wheelchairs 2 years ago but the program stopped due to lack of funding. Additionally, some hygiene supplies such as diapers, which may be needed by some PWDs, are usually excluded as they are not donated by any institution. Such institutions may donate assistive devices instead. However, the participant from MOE argued that most PWDs receive assistive devices, particularly school-aged children. He reported that both MOSD and MOE distribute such devices including hearing devices, but he admitted that there might be a delay sometimes in providing the devices to PWDs. In relation to rehabilitation services, some participants agreed that these services are not covered by the health insurance. A participant from MOH noted that the Ministry sometimes approves referrals to some non-governmental hospitals that provide rehabilitation services to PWDs.

Some participants agreed that access to health services during the pandemic was difficult for PWDs. The MOH interviewee agreed that closure of outpatient clinics created problems for PWDs. He reported that the MOH was forced to take strict precautionary measures to stop the spread of the COVID-19 virus. This was because hospitals were a possible place of infection. The participant from MOSD stated that the effect of this closure affected PWDs more than other groups. He noted:

“Closing outpatient clinics affected all people but PWDs were affected more, their rights were violated twice, once as PWDs and another because of Corona.”

(Interview 4, male, MOSD)

Importantly, some participants referred to a problem related to PWDs who were infected at the beginning of the pandemic and were kept in the quarantine centers. Being away from their families was difficult especially for those who have hearing or severe intellectual disabilities and autistic persons as they needed to be cared for by family members. Moreover, the staff in the quarantines were not qualified on how to communicate with PWDs and had scarce knowledge about their needs, let alone how to respond to these needs.

Closure of rehabilitation centres during the first lockdown was also confirmed by participants and as another problem facing PWDs. According to a participant from a local NGO, the organization had planned to fill in the rehabilitation gap for children with disabilities who may require physiotherapy services during lockdown. While the organization intended to employ physiotherapists to provide such services through home visits, this was not carried out due to high cost and fear of employees from contracting COVID-19. Participants also commented on the closure of the centres for people with severe intellectual disabilities and how the closure impacted the PWDs and their families who were unequipped to respond to their needs. According to a participant, this had mostly affected the mothers of persons with intellectual disabilities who preferred their children to stay in the centres.

“Closure of centres was a problem for families although I see it as a double edged sword. Some families had not seen their children for a while, and this (closure) was a burden because they are not used to it, mothers preferred that their children would stay at the

centers, and I see that people with mental disabilities have a right to be in their families' homes.”

(Interview 5, female, international NGO)

A participant from a local NGO also confirmed the general lack of services for persons with severe intellectual disabilities. Some participants also emphasized that there was a shortage of hearing aids and the devices' batteries, and were only available in the main centres located in the cities.

All participants agreed that the financial situation of PWDs and their families deteriorated during the pandemic. They also confirmed that there is a consistent delay in MOSD stipends and particularly during the pandemic. The interviewee from MOSD reported that beneficiaries are also not reimbursed for the unpaid stipends. A participant from an international NGO stated that MOSD paid only one partial payment during 2021 (750 shekels for all beneficiaries regardless of the actual payment that might reach 1800 shekels for some families). This is due to the financial crisis of the PA in general as some participants reported, and in particular during the pandemic because of PA's focus on the pandemic related costs such as costs of COVID-19 tests and treatment at hospitals as an interviewee from MOH reported. One respondent reported that the MOSD does not accept new cases also because of the lack of funds even before the pandemic began:

“There is a widow who has a disability whose case fits the criteria for assistance, and she has applied since two years ago to the MOSD but did not take (obtain assistance) because they do not add anyone new, no budget. Failed ministry, all talk and slogans.

(Interview 1, female, local NGO)

In contrast, a participant from an international NGO reported that the MOSD takes the disability status into account as PWDs are more likely to be poor and PWDs from a technical point of view are eligible for receiving such aid. He added that 30 % of the 116,000 families who receive financial aid from MOSD are PWDs. All participants also agreed that COVID-19 related governmental aid called the “Dignity Stand” was directed toward people who lost their jobs during the pandemic, mainly workers on a daily basis, and PWDs were excluded from this aid. This financial aid was organized by the Ministry of Labour, not by MOSD, which might explain why PWDs were excluded.

Most participants were also in agreement regarding the general educational problems of PWDs. Some participants said that the integration policy adopted by the MOE for children with disabilities in schools is not efficiently implemented. They maintained that it is necessary to qualify teaching staff in schools along with providing suitable educational material. A participant emphasized:

"Inclusive education at the MOE does not do anything except place the child with disability at school and the child comes out with a complex....inclusion means the adaptation of the physical environment, and the rehabilitation of the educational staff and the preparation of students that there will be a child with a disability in class and that educational materials would be appropriate for a disabled child... this is how integration is. But to bring a child and throw him/her at school is useless, based on experience."

(Interview 1, female, local NGO)

In contrast and contradiction, the participant from the MOE reported that the Ministry is doing well in terms of integrating students with disabilities. He asserted that the proportion of children with disabilities integrated in schools is high except among children with intellectual disabilities, autism and learning disabilities. He added that there are around 6,000 students with disabilities who are integrated and enrolled in schools, and 365 resource classes in the schools that are distributed among various directorates. This participant also stated that the students with visual and hearing disabilities who sit for the Tawjihi exams (general secondary school examinations) are well-supported to undergo their exams. The MOE also follows up with university students who have disabilities and supports them with the assistive devices.

The interviewees agreed that the shift to remote learning has detrimentally affected children with disabilities more than other groups of children without disabilities, as this interview explained:

"I have reservations about electronic learning, but (we are obliged to use it). I call it distance from teaching more than teaching from distance."

(Interview 3, male, MOH)

Some interviewees maintained that there was no preparedness for remote learning and the educational needs of children with disabilities was not taken into consideration. They also

confirmed essentially all the problems of remote learning reported by PWDs. In addition a participant commented that electronic bullying increased during remote learning along with an increase of domestic violence against children. Participants also agreed that students with visual disabilities, hearing disabilities and children with autism were the most afflicted groups among PWDs. For example, the participant from the MOE admitted that there was a lack of educational materials translated in sign language for students with hearing disabilities. The participant from the MOH added that students with learning disabilities who attended the resources classes in schools were negatively affected due to school closures. This participant explained that the closure also negatively affected students with behavioural or psychological problems who used to be diagnosed by school health committees and referred to health clinics. A local NGO participant also mentioned that the regular follow up of children with disabilities was not possible during the pandemic due to the COVID- 19 restrictions of entering schools.

Most participants pointed out that PWDs and their families faced social problems during the pandemic which resulted in increasing psychological distress for them. Some participants emphasized that financial hardship and PWDs' fear of getting infected with the COVID-19 virus explain some of this distress, and other participants thought that the psychological burden was especially high for families who have more than one person with a disability. A few participants also indicated that domestic violence increased among families of PWDs. They suspected that girls and women with disabilities were exposed to violations including sexual abuse within their families. One participant suggested focusing on women with disabilities in future research as he maintained that PWDs are usually considered overall, but that there is a need to specifically focus on women with disabilities.

4.1 Institutional arrangements to deal with problems facing PWDs during the pandemic

Regarding what institutions did or planned to do (by devising action plans for example) during the pandemic to address the problems of persons with disabilities, two participants from governmental organizations explained that such mechanisms were not devised; all the governmental efforts were centered on the emergency situation and combating COVID-19 disease. In contrast, the participant from the MOSD reported that 95% of the allocated aid that MOSD provided during the pandemic was for hygiene supplies. The interviewee from the MOE reported that his unit of inclusive education at the Ministry prioritized students

with disabilities. He developed COVID-19 awareness raising videos supported by sign language and posted them on some local organizations' online and social media pages. The Ministry also provided sign language translation for most of the Tawjihi lectures last year. Additionally, they provided clear face masks to schools of students with hearing disabilities to help them with lip reading.

The interviewed participant from the local NGO mentioned that her organization tried to respond to the needs of PWDs during the pandemic. The community workers were in contact with the mothers of children with disabilities via Whatsapp groups. These community workers at this local NGO played a role in aiding PWDs during the pandemic as these community workers were also members of emergency committees formed during the lockdown. For instance, these community workers ensured that PWDs were incorporated into any assistance by emergency committees. They distributed in-kind assistance (food packages, detergents, etc.) that were donated to the village councils, to the poorest among PWDs. They also provided medications, assistive devices when available, and sometimes respirators for PWDs who were infected and had difficulty reaching health centres. On the educational side, the community workers coordinated with teachers who volunteered to conduct online teaching with some children with disabilities, and they also produced short educational videos to help children with disabilities with their curriculum.

One of the participants from an international NGO reported his organization's short and long term action plans in response to the needs of PWDs. Regarding short-term interventions during the pandemic, they offered in-kind aid of hygiene supplies (diapers, soap, face masks) for thousands of families in the WB, concentrating on families of PWDs. They also provided assistive devices to some PWDs in coordination with the MOSD and the local NGO the Red Crescent Society. For the long term action plan, they plan to develop a database for PWDs (information about PWDs disaggregated by age and gender, along with the type of services provided for PWDs by area) in the West Bank and Gaza Strip as part of the national registration system. The participant explained that such a registration system would allow for disability mapping in the oPt, which is fundamental for future policies and interventions. Such a registration system will also aid in determining the service packages for PWDs which vary according to the type of disability. They will also conduct mapping for social service providers in both the West Bank including East Jerusalem and the Gaza Strip for all kinds of services. This mapping has two aims: one is to provide a directory for the organizations that provide social services; the second aim is to identify the

gaps in the provided services (whether spatially or with types of services) especially for PWDs and elderly people.

4.2 Barriers to the appropriate provision of services to PWDs, and problem-solving in the health/economic/development/education sectors

Most participants touched upon the structural problems that impede addressing and responding to PWDs needs that existed pre-pandemic. Some asserted that the main impediment is the PA financial crisis and the lack of prioritization of PWDs. Another notable impediment is that the new disability law has not been promulgated yet. According to a participant, the unresolved discussion on whether the Higher Council for PWDs should be under the MOSD's authority or as a separate independent body delays the endorsement of the law. He also stated that the lack of coordination and scattered efforts among various stakeholders both at the governmental and civil society organizations level is another problem coming in the way of the new disability law's promulgation and implementation. Additionally, the participant argued that the General Union of Disability is not functioning well and lacks a clear vision, and also pointed to the lack of proper coordination between different branches of the Union as another problem limiting the effectiveness of the Union in pushing for the implementation of the new disability law. Regarding the impediments during the pandemic, there was no aid set specifically to support PWDs. A participant stated that an additional problem was the lack of representation of PWD organizations in the emergency committees. She noted:

“There were no institutions of PWDs in emergency committees to take decisions (relevant to the needs of PWDs). No one felt the problem, they were not seeing it, and this indicates a defect. No one talks about the needs of PWDs without them being there.”

(Interview 5, female, international NGO)

Some participants thought that there should have been a follow-up committee for PWDs and their needs during the pandemic. Assessing essential and priority needs of PWDs during the pandemic by the organizations that work with PWDs would have been possible according to one participant. He also thought that had there was an efficient management of the available resources in the community, the basic needs of PWDs would have been covered. Another notable point raised was the importance of investing in community

initiatives to fill in the gaps relevant to marginalized groups especially PWDs, as such initiatives proved to be efficient during the pandemic. A participant noted:

“ One of the Corona lessons was that responding to the Corona crisis was at the level of local communities, collection of funds, distribution of nutritional help, every village or town took self-initiatives. So we must build on such initiatives and try through them to improve the situation of human rights and specifically for the marginalized and poor groups including families suffering from poverty or those who have PWDs.

(Interview 2, male, international NGO)

Prioritization of PWDs at the institution level

Most participants reported that PWDs are not considered a priority by the government at all levels and there is a lack of policies that support them. However, the participants agree that PWDs should be identified as priority groups. Some participants reported that PWDs were not a priority for COVID-19 vaccination campaigns launched by the government. One participant stated that vaccination centres were mainly located in the cities at the beginning of the vaccination process. The MOH should have also considered providing the vaccine at primary health care clinics located in the villages. In this way, it would be accessible for people who cannot access the cities easily, including PWDs. He also asserted that a database involving names and home addresses should be available for the Ministry to reach PWDs who could not reach the clinics to get their vaccination. He suggested providing vaccination services via the use of mobile clinics. In this regard, another participant mentioned the lack of disaggregated data about PWDs who were infected by the virus which the MOH should make available. The same interviewee also suggested that MOH should improve its documentation by specifying if the person has a disability or not.

5 Discussion and Recommendations

This study indicates that most of the reported barriers to accessing essential services and public spaces which are needed by PWDs in order to attain a decent and dignified life existed in the period before the pandemic began in March 5, 2020. It should be stressed that most of these problems were intensified during the pandemic, but were NOT caused by the pandemic, and that PWDs have endured such impediments to a decent life throughout, and not only during the pandemic period where such problems seem to have been exacerbated.

Adding insult to injury, PWDs continue to suffer from communal stigma and exclusion, even though this seems to have improved somewhat during the past few years, but clearly not sufficiently.

It is equally important to emphasize that the majority of the COVID-19 barriers listed in this report were also relevant to all Palestinians on the West Bank, who suffered in major ways from the lack of income, lack of support to deal with this lack of income, lack of access to a variety of services and access to vaccines during the 2020 period, problems with remote learning experienced by students, and the stifling social isolation and stay at home orders during lockdown which have had important negative consequences on people, including especially young people's mental health as we are finding out from another study we have just completed on the effects of COVID-19 on the mental health of Palestinians on the West Bank.⁵¹ However, such barriers have had a stronger intensity among PWDs who needed very special care to deal with disability and overcome some of its consequences in the context of emergency. It does seem that in any emergency situation (as we have experienced other forms of emergency on the West Bank, including for example invasions by the Israeli army, uprisings etc) PWDs are the ones who suffer the most from the interruption of basic services, and the inhibition of normal life. One would have thought that Palestinians' repeated experiences with states of emergency should have made PWDs a priority for action by those in charge, especially by the PA institutions. But clearly, this lesson has not been learned.

Sadly, the results point to the lack of prioritization of PWDs by the PA, which should have considered PWDs essential needs as a basic citizen's right, and human right before and during the pandemic, with the lack of prioritization explained in this study in terms of the lack of budgets to implement laws related to PWDs. However, with the accusations of PA institutional corruption rampant,^{52, 53} and reports of large amounts of money going to where they should not go, the lack of budget argument represents a mystification of the actual situation and the tip of the problematic iceberg of a failed quasi state.

⁵¹ Report to be published in December 2021

⁵² Aman Transparency Palestine. 13th Annual Report. The State of Integrity and Combatting Corruption in Palestine 2020. Executive Summary. Aman. The Coalition for Integrity and Accountability, Ramallah. https://www.aman-palestine.org/cached_uploads/download/2021/04/28/corruptionrpteng2021-ex-final-1619567481.pdf

⁵³ Giovannetti M. Palestinians furious and fed up with corruption of Abbas's 'mafia' PA. Middle East Eye 15 February 2019. <https://www.middleeasteye.net/news/palestinians-furious-and-fed-corruption-abbass-mafia-pa>

To be sure, the PA is not in tune with the notion of citizen's rights as this relates to all of the population, and not just PWDs. The PA continues to be accused of violations of the basic rights and freedoms of Palestinian citizens which undermines capacity to deal with the challenges of continued Israeli military rule of Palestinian land.⁵⁴ It does not see itself as responsible for the welfare of the Palestinian population in the oPt, and that it is its duty to provide services to all, PWDs or others. And when it does provide services, it does so as if providing citizens with favours in a charitable manner depending on the whims of those in charge, as opposed to a right of citizens and duty of government. The story of what happened to the vaccine shipments during 2020 described in the context part of the introduction is indicative of the workings of the PA in general, and not only as an isolated incident related to the corruption and lack of appropriate prioritization of who should get the COVID-19 vaccine first on the basis of a clear list of priority needs.

What this study indicates is not only what should be done to provide PWDs with a decent and dignified life as citizens in their own right, but also indicates that without a major shift in understanding of what the PA is about and its roles and responsibilities, and the implementation of equitable policies with PWDs on top of the list of those needing assistance, PWDs, and other sectors in Palestinian society will continue to suffer the consequences of a failed quasi state structures. One must also recognize that while internal Palestinian reform is possible despite context, reform will continue to be limited in the face of ongoing Israeli military occupation of Palestinian land, the control of so much of West Bank land and resources, as well as the control of the movement of people and goods by the Israeli army, making it impossible for the PA to effectively rule benevolently with the needed freedom, sovereignty and self-determination, and of course to attain justice to Palestinians before peace can be achieved.

⁵⁴ Musawa. Human Rights and Civil Society Organizations Hold the Head of the Executive Authority and Government National and Legal Responsibility for Violations of rights and Freedoms and the Weakening of Official Institutions. Position paper, 25 August 2021. <https://musawa.ps/post/human-rights-and-civil-society-organizations-hold-the-head-of-the-executive-authority-and-the-government-national-and-legal-responsibility-for-violations-of-rights-and-freedoms-and-the-weakening-of-official-institutions.html>

5.1 Enhancing the Living Conditions of PWDs

There are major structural factors influencing the persistent exclusion of PWDs, including but not limited to what has been noted in this report as: a] Israeli military occupation of Palestinian land and the limited capacity of Palestinians to act freely in implementing policy and reaching people who need help; b] the various power structures of the PA with officials who in general do not understand the role of government and recognize citizen's rights as needing to be fulfilled by government, and with some notable exceptions; c] international aid's influence on the country developmental direction including dictating policy to provide financial support, the dishevelment of policy development given international aid's vagaries and shifts from one priority to the other in little time, and often undoing what was accomplished previously; d] increasing societal conservatism since the PA arrived back to the country beginning 1994; e] and the retreat of social action compared to the 1980's and 1990's, among other factors which are operational vis-a-vis the continued exclusion of PWD and other societal sectors, notably young people. This recognition alerts us to the fact that radical/fundamental changes are not possible to achieve right now, but that one can still work towards at least relieving PWDs from impediments and problems which are within Palestinian, and international and local NGO control. Drawing on participant PWD and stakeholder recommendations, and combining them with this teams' experience in observing and participating in creating change, and what this team believes can be achieved in the short and medium terms, the following recommendations could be considered as priorities for action:

1. Several PWDs emphasized the priority recommendation of providing PWDs with a regular monthly salary, or creating for them job opportunities in order to improve their living conditions. This underscores the notion of the right to work also contained in the disability law which requires that PWDs should form 5% of employees in each establishment. Another suggestion was to set up facilitated loans schemes at the MOSD which PWDs could use for income generating projects.
2. PWD participants called for comprehensive health insurance which includes rehabilitation and occupational health services, assistive devices such as mobility and hearing aids, and medical hygiene materials. Some called for having health insurance regardless of impairment rating. Other participants stressed the importance of providing free of charge educational and occupational therapy services for the PWDs

beyond the age of 18 years. Some participants proposed assigning special physicians to PWDs or increasing the number of medical staff in health clinics and hospitals in order to avoid queuing and the long waiting time they endure at the health centres. And that PWDs or others with a 'humanitarian' situation would have access to care through a special window at the health center which can facilitate their receipt of the required treatment promptly.

3. Specific PWD participant recommendations related to people with hearing disabilities included providing sign language translators at health centres and hospitals (including labour rooms). Furthermore, it was stressed that the medical staff should receive training in sign language to effectively communicate with people with hearing and speech disabilities, and awareness raising for medical staff on how to treat PWDs. Another recommendation was to confirm appointments through mobile messages rather than phone calls. Some mothers of persons with intellectual disabilities called for the availability of day-care centres to care for their intellectually disabled children during the day, and giving them the chance to, for example, deal with their own health situation.
4. Most PWD participants recommended that resources such as laptops, well-functioning telephone lines, and consistent Internet connection should be provided by ministries and the PA for remote learning purposes. Participants with hearing disabilities emphasized the importance of pre-made lesson videos. Additionally, they stressed that online learning should take into consideration individual and financial differences among PWDs. A university student with a motor disability suggested that universities should ensure that online teaching is accessible for all students with disabilities. Participants with visual disabilities recommended that exams during the pandemic should be taken face-to face by PWDs, rather than online, as they are a small group at the university. Thus, the possibility of being infected by COVID-19 would be low. A participant from the MOE suggested that one of the lessons learned from the pandemic was that it would be possible to incorporate educational materials on educational satellite channels thus making them accessible to students with visual and hearing disabilities. Finally, the recommendation for children with autism was partial face-to-face teaching while implementing precautionary measures.

5. A participant stakeholder recommendation what was echoed in another study this team completed related to young people during the pandemic, that psychological support for PWDs and their families should be provided as it is highly needed. This is because the pandemic exacerbated their daily life stressors, especially among families who have persons with intellectual disabilities.
6. Participant stakeholders called for increased public awareness and advocacy in communities related to the draft Disability Law of 2019, which is yet to be implemented. At the community level, one interviewee declared that the community should be open to integrating PWDs and reducing barriers and adaptability of surroundings should be a community-based responsibility and priority. However, although it is important to involve communities in providing for some of the needs of PWDs, this is ultimately the responsibility of the PA which should generate not only the funds but also develop policies and plans for implementation while actively involving communities and encouraging community participation. Indeed, community participation is one of the essential three pillars of primary health care, with inter-sectoral collaboration and equity as the other two.
7. Participant stakeholders from governmental organizations reported that they developed a strategic plan derived from the National Strategic Plan of the Disability Sector⁵⁵ but it was never implemented with no allocated budget for this strategy. It was clearly understood that without a realistic budget allocation, a strategy will not work. This is undeniably the case with other policies and plans, devised but with little or no implementation because of the claim of the lack of funds and therefore no budgetary allocations for implementation.
8. Another recommended initiative was advocating for the Highest Council for Disability to be an independent from the MOSD body, and supported by an independent budget. Such a recommendation was rejected in the past, and continues to be an integral part of the bone of contention between the disability movement and those who wrote the draft law on one hand, and the government on the other. The impetus has been so far to keep control and power in the hands of the PA, as

⁵⁵ The National Strategic Plan of the Disability Sector in the Occupied Palestinian Territories For the Supreme Council of the Affairs of Persons with Disabilities is a framework developed in 2012 by the Development Studies Center at Birzeit University, funded by the Swedish organization Diakonia, in effort to unify the disability sector to ensure the rights of PWDs in the oPt.

with almost all other initiatives working towards establishing independent from the PA bodies which could set policies related to the needs of a variety of population groups. A case in point is the national governmental health insurance, where last year, specialists from the World Health Organization, Eastern Mediterranean Region worked intensively to try to set up a special health insurance fund to be overseen by a committee composed of the MOH, UNRWA, and various local non-governmental organizations, which was turned down, presumably because the PA would lose total control of the funds contained in this scheme. And the power struggle continues.

Finally, it should be re-emphasized that a government and country under military occupation will continue to have limited possibilities for effective policy development and implementation; and that as long as Israeli military occupation of Palestinian land continues, the Palestinian government, any government, will continue to be seriously constrained by the presence of the occupier in fulfilling its people's needs.

In conclusion, two problematic assumptions need to be challenged here because of relevance to this study, namely the notion that coherent and relevant country needs policies are developed by the PA, and other governments, simply based on the presentation of scientific evidence as is usually assumed. In fact, policies are often dictated by funders with the PA agreeing to such policies to land grants, and then later on to declare that it does not have the budget to implement such policies. Such a situation is compounded by the vagaries of funding, where suddenly and swiftly, priorities and foci change, for example, from women's rights, to sexual and reproductive health, to adolescents, to youth, to PWDs, and so on and so forth. In truth, one can understand how projects and programs are made and broken by international aid support and often, policy and foci dictats.

The other problematic assumption regarding policy setting is the idea that, even without the interference of international bodies, if we provide the scientific evidence then governments would develop policies according to this evidence. In fact, this is an inaccurate assumption as well and does not correspond to the reality we experience. In our experience, the primary factor related to policy decision making is political, related to power balances among different political groups and persons in power. And if a particular policy is seen as helping in increasing the power of some over the others, then it may be adopted. Otherwise, scientific evidence is simply put aside, or maybe used to write proposal for funding and then disregarded. This is the usual process although there are always exceptions to the rule.

Yet, despite what seems to be insurmountable structural impediments to the fulfilment of the needs of PWDs during emergency and beyond, and as a matter of human and citizen's rights, we can still work to fulfil some of these needs. In the course of this study, we have noted wonderful resolve among PWDs and their families which should be encouraged and where activism can be supported. We have also noted the genuine interest, care and support of the employees of governments, and local and international NGOs of the cause of PWDs. These stakeholder employees are people who are caught in the middle; they can and should be supported in every way to provide what is needed to PWDs and their families, with dignity and as a matter of right, and to make the voices of PWDs and their own voices in support of PWD needs and rights heard among the upper echelons of power structures they work within.

Appendices

6 Appendix I: Disability under Siege- Covid-19 Comparative Case Studies Interview Participants

Type of Disability:	Motor		Visual		Intellectual		Hearing		Total:
Total Interviews Conducted:	6		3		4		3		16
Gender:	3 Males 3 Females		2 Males 1 Females		1 Male 3 Females		1 Male 2 Females		7 Males 9 Female
Geographic Distribution:	North	3 (1 Male, 2 Females)	North	2 (1 Male, 1 Female)	North	2 (1 Male, 1 Female)	North	1 (1 Male)	8
	Central	1 (1 Male)	Central	1 (Male)	Central	1 (Female)	Central	2 (2 Females)	5
	South	2 (1 Female, 1 Male)	South	-	South	1 (Female)	South	-	3

	Total:	6	Total:	3	Total:	4	Total:	3	16
Age:	39 years and over	1	39 years and over	-	39 years and over	2	39 years and over	-	3
	18- 39 years	4	18- 39 years	3	18- 39 years	1	18- 39 years	3	11
	Under 18	1	Under 18	-	Under 18	1	Under 18	-	2
	Total:	6	Total:	3	Total:	4	Total:	3	16

7 Appendix 2: Disability under Siege- Covid-19 Comparative Case Studies: PWD Interview Schedule

1. Age, place of residence, marital status, educational attainment, current or previous work if any, type of disability, others in the family who also have a disability.
2. Can you let us know about your living situation before the Pandemic and during the pandemic in terms of:
 - a. **Accessing health services:**
 - i. Do you need health services regular follow up not necessarily linked to your disability?
 - ii. Were you able to reach health services before and during the pandemic?
 - iii. Has there been a change? How?
 - iv. Why do you think this change happened?
 - v. How did this change affect you?
 - vi. How did you deal with this change?
 - vii. Who provided this service before the pandemic?
 - viii. Did such services continue to be provided after the pandemic? If not why? What changed?
 - ix. Can such service providers improve their performance to fulfil your needs of accessing health services?
 - x. If yes, what needs to change?
 - xi. If not, why do you think there is no possibility for improving performance?
 - xii. Do you think that the MOH prioritizes PWDs in the services it provides: before the pandemic and since the pandemic.
 - xiii. Was vaccination provided against the virus? Were PWDs identified as a priority?
 - xiv. Were you able to have preventive items such as masks and sanitary materials, if not, why not?
 - xv. Do you need rehabilitation services?
 - xvi. Were you have to reach such rehabilitation services? Before the pandemic, since the pandemic? Was there a change? Why? How did it affect you? How did you deal with the change? Who provided such

services before the pandemic? Did such services continue during the pandemic? If not why? What changed? Could such responsible bodies improve their performance to fulfill your needs of access to rehabilitation services? If yes, what can change and how? If not, why?

b. Access to educational services: the same as above

c. Financial situation of the family:

- i. Did the financial situation of the family fulfil the family/s needs before and after the pandemic?
- ii. Was there a change in your work or income/family income or loss of work? How? Why this change?
- iii. How did this affect you?
- iv. Did you receive financial or other types of support during the pandemic? If yes who, what? Can this be improved, if yes how, if no why?

d. Public services access (official centers including banks, recreational areas etc);

- i. Before the pandemic and since.
- ii. Was there a change in reaching such services? What? How?
- iii. Why did this change happen?
- iv. How did this affect you?
- v. How did you deal with this change?
- vi. Were you able to obtain information during the pandemic

e. Social life

- i. How was your social life before and since the pandemic?
- ii. Were there changes since the pandemic? What?
- iii. Why this change?
- iv. How did this affect you? Your family?
- v. How did you deal with this change?

f. Is there any other change that affected you because of the pandemic which we did not include?

g. With the changes you mentioned, what most affected you and why?

h. What are the factors that contribute to your current problems as mentioned above?

- i. Israeli occupation
- j. The Palestinian Authority
- k. Society

l. Did you receive any support (psychological, social, other) to deal with such changes? What? Who and how this helped?

m. Has anyone from you relatives been infected with Corona? Did this affect you and how? Has anyone from your relatives died because of corona?

n. In general, do you think that domestic violence increased during closures? If yes how? Who was affected most?

o. Would you like to add whatever you like and could be useful so that we understand your needs more broadly?

8 Appendix 3: Disability under Siege- Covid-19 Comparative Case Studies: Stakeholders' Interview Schedule

[Brief summary results presentation]

1. What do you think of the results of the PWDs COVID-19 study?

- If you agree with the results:
 - Tell us what you agree with.
- If you do not agree with the results:
 - Tell us what you disagree with.
 - Why and what you think is the reason for PWDs reporting such problems, when you think otherwise?
- Was there an action plan in your sector to address the problems of persons with disabilities (PWDs) during the pandemic (health, education, economy social)?
 - If yes, what and why?
 - If no, why and why not?
- What are the impediments to address these problems (health, education, economy social)?
- How do these impediments link to the response to these problems?
- How could these impediments perhaps be overcome (or not at all)? Why?
- What can be done realistically to respond to PWDs unmet needs?

2. Do you think that PWDs should have been identified as a priority group for the following by government/NGOs etc.?

- Financial and other forms of support
- Vaccines
- Other needed services
- If yes, what and why?
- If no, why and why not?

3. On the ground, has your institution implemented any intervention to support PWDs during the pandemic?

- If yes, how?

- If no, why?
4. Does your institution have any future ideas to improve the living conditions of PWDs?
- If yes, how?
 - If no, why?