



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

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



## **Introduction**

The West Bank has been under Israeli military occupation since 1967 and Palestinians there have endured chronic exposure to direct and indirect Israeli political violence. Israel controls the movement of people and goods, borders, crossings and resources and 60% of West Bank land. The quasi-state Palestinian Authority (PA) has not been able to meet people's basic needs, let alone the needs of people with disabilities (PWDs). The global COVID-19 crisis has exacerbated existing inequalities and marginalization of especially PWDs who were not included in the PA's emergency planning for the pandemic, leaving them at increased risk of disease, isolation and marginalization. Recent discussions with our local informants indicated that there are particular problems that PWDs are facing during the pandemic, beyond what is experienced by the general population. This alerted us to examine the living conditions of Palestinian PWDs on the West Bank since the pandemic began in March of 2020, and unfold their experiences, problems and needs from a health and rehabilitation, educational, financial and social perspectives, so that recommendations for action can be made at the local and international levels.

At the same time, the GCRF Network+ 'Disability under siege' partners were commissioned by the United Nations' Convention on the Rights of Persons 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). The aims included: 1] developing a research-informed multi-sectoral response to increased social, educational, economic and health challenges arising from the 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.<sup>1</sup>

## **Research Questions and Methodology**

1. How has the COVID-19 pandemic affected access to services, including health, education and community services for persons with disabilities.
2. What are the effects of the COVID-19 pandemic on persons with disabilities by age, gender, and types of disability across the sectors of health, education and economic status (including physical and mental health status).

## **Methodology**

Qualitative study March - October 2021. Remote interviews with 16 PWDS or their family members for children younger than 18 years and those with intellectual disabilities. To capture the widest breadth of cases we included in our sample PWDs from the North, Center, and South of the West Bank including urban, rural and Palestinian refugee camps in each of the localities, and a range of ages, gender, legal status, and type of disability. Six interviews were then completed with relevant local, national and international policymakers who are involved in setting the country level agenda, with discussion centering around findings from the interviews with PWDs, why their needs are not being met, and how policy makers can intervene to improve the living conditions of people with disabilities.

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<sup>1</sup> 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>

## Findings

- 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 before the pandemic began, intensified during the pandemic, were NOT caused by the pandemic alone, but were compounded by life in pandemic and lockdown.***
- ***The lack of acceptance of PWDs by the public*** in general was reported as still dominant although declining over time, with negative attitudes associated with bullying and ridicule; with disability negatively affecting the marriageability of PWDs and their siblings, especially sisters.
- The majority of the COVID-19 related barriers to accessing health, education including remote learning, social services, and public spaces were also relevant to all Palestinians on the West Bank, who suffered from lack of income and 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 stifling social isolation and stay at home orders during lockdown with ***important negative consequences on people in general, including PWDs.***
- However, such barriers have had ***a stronger intensity among PWDs and their families*** who needed very special care to deal with disability and overcome some of its consequences in the context of emergency.
- The fact that the ***PA quasi state governmental services did not prioritize PWDs*** even in terms of the COVID-19 vaccination is a testament to the continued general invisibility of PWDs and their needs, and the lack of attention to their rights as basic human and citizens' rights. ***The fact of continued Israeli military occupation, and control over people and land, including complete control over 60% of the West Bank, and control over the movement of people and goods, as well as resources*** have had serious negative ramifications on the ability of the PA to deliver basic assistance and services to especially PWDs, but also to the bulk of the population.
- ***The PA is also highly dependent on international and humanitarian aid***, which influences priority setting and policy agendas, and sometimes in contradictory and problematic ways where the PA may or may not be able to implement aid prescribed priorities and policies. This is what happened in 2014, at the prompting of international groups, the PA signed the UNCRPD and became responsible for its implementation but without obtaining the support needed for implementation. The absence of a budget was listed by all stakeholders as a main reason why PWD essential needs were not fulfilled during the pandemic, and why the 2019 Disability Law which reflects the UNCRPD human rights-oriented approach was not implemented to date, a continued bone of contention between the disability movement and organizations and the PA.
- Thus, ***PWDs are captive*** because of way society understands and deals with their disability; captive because of the political context; but also captive because of the pandemic. ***This triple captivity is reminiscent of the captivity of Palestinian women*** who, due to the political context, patriarchal and gender relation, and now the pandemic have been enduring a disproportionate burden of life in the time of COVID-19.

## Implications of this research and recommendations

Ultimately, Israeli military rule of the West Bank and the lack of control of the PA over land, borders, crossings and resources are main impediments to positive change and the ability of the PA, or any government, to fulfil people's needs. **Thus Israeli military occupation must end** so that Palestinians can be free to take charge of their lives and achieve sovereignty and self-determination on Palestinian land. Likewise, one would wish for a ***Palestinian government which recognizes and honors its role and duty***

*in fulfilling people's needs*, especially PWDs who are at the lowest of the totem pole, as a matter of citizens' rights derived from a social contract between states and citizens, with rights and responsibilities of each clearly defined and adhere to.

While the above recommendations may prove to be unrealistic to achieve in the near future, short and medium term recommendations can be made by drawing on PWD and stakeholder reports, and this team's experience in terms of what can realistically be achieved, and made priority for action. It should be emphasized that the activism and resolve of PWDs and their families and the genuine care and support of the employees of governmental services, local and international NGOs of the cause of PWDs can be instrumental in the implementation of recommendations. Such employees are caught in the middle and must be supported in their endeavor of making PWD needs visible and heard among the upper echelons of power they work within, placing them on the table of policy makers and planners, and ensuring the provision of what is needed to PWDs and their families with dignity and as a matter of rights.

***At the Palestinian governmental organizations' level:***

1. ***Implementation of the strategic plan*** derived from the National Strategic Plan of the Disability Sector developed in 2020 but never implemented because of no allocated budget. Realistic budget allocations should be made for what is contained in the implementation plan after prioritizing actions in close cooperation with the disability movement.
2. The provision of ***regular monthly salaries/stipends to PWDs, or creating job opportunities*** for those who are able to work in line with the 2019 Disability Law requiring that 5% of employees in each establishment should be PWDs, but never implemented.
3. ***Comprehensive health insurances for PWDs***, including rehabilitation and occupational health services, assistive devices and medical hygiene materials should be provided free of charge and in line with the 2019 Disability Law.
4. ***Medical and supporting staff at governmental services should receive training in sign language*** to communicate with people with hearing and speech disabilities, and systems should be set up to ***allow easy access of PWDs to appointments at health care centers***.
5. ***Resources such as laptops, well-functioning telephone lines and consistent internet should be provided*** by ministries to PWDs for remote learning purposes, including premade video lessons for people with hearing disabilities. In addition, ***incorporating educational materials on educational satellite channels*** to make them accessible to students with visual and hearing disabilities.
6. ***Psychological support to PWDs and their families*** should be provided as it is highly needed, especially during the pandemic. The pandemic has exacerbated daily life stressors especially among the families of persons with intellectual disabilities.

***At the local community and non-governmental organizational level:***

1. ***Develop/strengthen communities self-organization*** schemes and activities geared towards increasing public awareness and advocacy so that communities can be open to integrating PWDs by reducing barriers to participation, adapting surrounding in as much as possible, and assisting families in meeting some of the PWD needs. There are already examples of such programs which are operational on the West Bank, for example, the Community Based Rehabilitation (CBR) North West Bank which could be adopted as a model for other community programs.

2. Whenever possible, given the limitations on funds, work towards supporting families with intellectually disabled persons, especially children, by ***operating community day care centers in partnership with local communities, local and international NGOs, and government*** so that PWDs with intellectual disabilities and their families could be relieved from caring for PWDs at home, especially mothers who need some time during the day to deal with their own problems, including health problems, and other responsibilities relegated to women at home.
3. CBR and other organizations such as psychosocial ones could also provide ***psychological support to PWDs and their families***, especially with the ongoing pandemic with no end in sight and especially among families of persons with intellectual disabilities.

#### **At the International humanitarian and other forms of aid to Palestinians:**

1. ***Investigate the role and effect of international and humanitarian aid on the disability agenda in various southern countries***, how such agendas were developed and based on what evidence, where, whether programs were implemented or not and why, and in general, the outcome of such involvement on local systems and communities.
2. ***Evaluate projects and programs supported by international aid*** in southern countries, and identify successes, why and how, but also difficulties encountered in real life.
3. ***Collate evidence from various countries and focus on problems***, and what went wrong, especially problems as they are experienced in the field. This requires an open mind, a critical eye, and no worry or fear of being excluded or punished for contradicting the mainstream narrative where certain limits are set in the north for what is deemed acceptable to write and what is not.
4. To achieve multi-sectoral responses, there is a ***need to first recognize that people do not live in sectors (health, education, economy etc) but that they live in community***. This means that calls for research and action must conceptualize problems and operationalize calls outside the boundaries of sectors identified by international groups as a priority for actions, as is the case in the main today. Instead, ***the focus should be on issues (rather than sectors) relevant to people living in communities which entail inter and intra-sectoral investigations and action***. It is indeed not sufficient to call for multidisciplinary teams. It is essential to re-orient calls for research and interventions to reflect this multidisciplinary understanding which begins by asking the right kind of question relevant to communities in southern countries.