



FACTSHEET October 2023

## Inclusive Humanitarian Action - Gaza

### Introducing Inclusive Humanitarian Action (IHA)

IHA is grounded in international frameworks that affirm the rights of all individuals under International Humanitarian Law (IHL) and International Human Rights Law (IHRL). Disability-inclusive humanitarian action requires placing persons with disabilities as rights-holders at the center of the humanitarian response to ensure meaningful access, both in terms of protection and assistance. IHA focuses on the identification and removal of barriers faced by persons with disabilities when accessing humanitarian services across all sectors through their direct participation and engagement in the process.

The IASC Guidelines provide an excellent framework for action by emphasizing the four “must-do actions” across all stages of a program cycle – Data disaggregation, barrier identification/removal; participation, and empowerment.

Humanitarian actors should systematically consider these four must-do actions to promote inclusion in their work at global, national, and subnational levels.



*HI team and volunteers conducted recreational activity sessions, in Khan Younis UNRWA DES shelters, Gaza, October 2023. ©Photo by HI Palestine*

# HI's Approach to Inclusive Humanitarian Action

HI is a recognized leader in the Inclusion of persons with disabilities, with the added value of systematically addressing the intersectionality of age, gender, and disability alongside other key contextual factors contributing to risk and vulnerability. HI employs a **twin-track** approach to mainstream disability (in addition to age and gender) in all programming on the one hand while employing specific actions to address the unique needs of persons with disabilities on the other.

**HI's work in IHA in the humanitarian landscape addresses four key areas:**

## **1. Technical support and capacity building for humanitarian actors**

Use global and sectoral capacity development approaches and tools to promote disability inclusion at programming, service delivery, and monitoring levels. Efforts to operationalize the IASC guidelines on IHA via field technical assistance to humanitarian stakeholders.

## **2. Enhancing data on disability and persons with disabilities for inclusive programming**

Improve the collection and use of quality data, data analysis, and inclusive Monitoring-Evaluation-Accountability-Learning (MEAL) in humanitarian contexts, and share learnings to advocate for the inclusion of persons with disabilities in humanitarian action.

## **3. Empower persons with disabilities and their representative organizations**

Support local capacity development initiatives for civil society actors, including organizations for persons with disabilities (OPDs), to participate in the humanitarian response.

## **4. Anchor Disability Inclusion in the Humanitarian Coordination Landscape**

Ensure data collection and monitoring tools are disability-inclusive and influence humanitarian decision-making at local, regional, and national levels. Anchor disability inclusion in the policies and practices of mainstream humanitarian stakeholders. Work closely with protection, age, and gender advisors to ensure disability is systematically considered in ongoing protection mainstreaming efforts.

**HI launched its first project in the occupied Palestinian territory (oPt) in 1996. Over the past 27 years, HI has responded to the needs of the Palestinian community - both in the West Bank and Gaza - in several sectors. Currently, HI Palestine implements projects in disaster preparedness and risk reduction, physical and functional rehabilitation, economic inclusion and recovery, and inclusive education.**

## **Persons with disabilities in oPt**

Before the escalation between Hamas and Israel, which started on the 7<sup>th</sup> of October 2023, available data on persons with disabilities according to the 2022 Multi-Sectoral Needs Assessment (MSNA), key sectoral findings in Gaza revealed that 21.0% of households interviewed (788 households) included at least a person with disabilities, and 9.3% of households had at least one child (age 5 - 17) with disabilities. Key sectoral findings in the West Bank revealed that 9.7% of households (397 households) included at least one person with disabilities, and 4.0% of households had at least one child (age 5 - 17) with disabilities. According to the last MSNA (July 2022- oPt), 17.8% of households (846 HHs) reported that a member of their household

had experienced difficulties in accessing one or more services (e.g., education, health clinics, etc.) due to mental or physical difficulty<sup>1</sup>.

From November to December 2022, the HI team evaluated the needs of vulnerable families in the West Bank. Of 346 total respondents, only 14% reported receiving post-trauma or rehabilitation services at the time of data collection. 10 Services received included Speech Therapy (48%), Physiotherapy (42%), Occupational Therapy (35%) and Assistive Products (21%).

Accessing health services, including rehabilitation, is even more challenging for persons with disabilities than other groups in the community because of stigma, discrimination, and significant physical, economic, and information-related barriers. The 2022 MSNA report showed that almost all households having a person with disabilities faced obstacles when trying to access healthcare services (99.9% of households in Gaza and 95% in the West Bank).

In Gaza, the demand for assistive products increases as new injuries result from the military escalation. Many devices are destroyed or left behind when persons with disabilities have to flee to safer shelters. The lack of maintenance for assistive products, the unavailability of the products in the local market, and the difficulties in procuring them from outside Gaza due to the bureaucratic impediments significantly affect people's recovery and lead to secondary complications.

Since 7 October, 8,805 Palestinians have been killed, including at least 3,648 children and 2,187 women, and about 22,240 have been injured. According to the MoH in the Gaza Strip, about two-thirds are children and women. Since October 7, approximately 1,400 Israelis have been killed, and 5,400 Israelis have been injured by Palestinian armed groups. In the West Bank, the total number of Palestinians killed by Israeli forces or settlers since 7 October is 128, including 35 children. Of these, 120 people, including 34 children, were killed by Israeli forces, and eight, including one child, by Israeli settlers. Since 7 October, Israeli forces in the West Bank have injured 2,214 Palestinians, including at least 234 children. 60 Palestinians were injured by settlers, including nine with live ammunition.

**"We were living in our homes, and now we are homeless. There is no proper care for us or our children. The situation is extremely horrible."**

Manal, a 67-year-old female with multiple disabilities, displaced in a designated UNRWA Shelter in Khan Younis, Gaza<sup>2</sup>.

Since October 7<sup>th</sup>, more than 1.4 million people in Gaza have been internally displaced, with some 657,000 sheltering in 150 UNRWA facilities. The average number of internally displaced persons (IDPs) per shelter was almost three times their intended capacity<sup>3</sup>. According to OCHA, over 15 percent of the IDPs are estimated to have disabilities, yet most shelters are not adequately equipped for their needs. Shelters lack the required medical mattresses and beds, causing ulcers and other medical issues that cannot be treated in

<sup>1</sup> [Key-Sectoral-Findings\\_Factsheet-Booklet\\_MSNA-2022\\_Gaza.pdf \(ochaopt.org\)](#)

<sup>2</sup> Names have been changed to protect the people mentioned in the testimonies.

<sup>3</sup> [Hostilities in the Gaza Strip and Israel | Flash Update #21 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](#)

unsterilized conditions. Similarly, the food distributed does not meet the needs of those with swallowing difficulties<sup>4</sup>.

“The situation is challenging; the location is not suitable for persons with disabilities. I cannot access the toilet because it is not adapted for someone with my level of mobility disability. The shelter is overcrowded, leaving no space for me to move with my wheelchair. I don’t have my medicines with me. The place is unclean, and my children are currently experiencing diarrhea. I am avoiding eating because I am reluctant to use the inadequate toilet facilities. There is a shortage of water. I appreciate HI for providing me with a wheelchair<sup>5</sup>.”

Mohammed, a 35-year-old male with a physical disability, married with five children in a designated emergency shelter in Khan Younis, Gaza.



*HI team and volunteers conducted recreational activity sessions, in Khan Younis UNRWA DES shelters, Gaza, October 2023. ©Photo by HI Palestine*

<sup>4</sup> [Hostilities in the Gaza Strip and Israel | Flash Update #17 | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](https://www.ochaopt.org/)

<sup>5</sup> Names have been changed to protect the people mentioned in the testimonies.

## Examples of risks faced by persons with disabilities in Gaza

### Inability to evacuate > separation from family > risk of being left behind and inability to access aid

Persons with disabilities, especially those with limited mobility, may be left in hospitals, places of worship, or other places assumed to be 'safe' by family members, thus increasing their risk of experiencing neglect and lack of humanitarian assistance in the absence of a caregiver. Breakdowns in infrastructure and communication networks disproportionately affect persons with disabilities, particularly for people with hearing and visual disabilities, hindering their ability to seek help, evacuate, connect with support networks, or access vital information during emergencies.



*HI providing wheelchairs for persons with disabilities, Bureij Camp, Gaza, October 2023 ©Photo by HI Palestine*

### Loss of essential assistive devices > lack of basic mobility and function > risk of inability to access aid

Loss of assistive devices that facilitate basic function - such as hearing aids, glasses, wheelchairs, walkers etc. - may result in an inability to access information and assistance, thus increasing their risk of becoming 'invisible' and left out of humanitarian assistance.

### Loss of essential hygiene-related assistive devices > risk of infection

Loss of essential hygiene-related devices – such as toilet chairs, adult diapers, catheters, bedpans, etc. - may result in an inability to maintain basic hygiene, and the use of alternate items such as plastic bags, thus increasing their risk of infection/illness.

## Lack of essential medication > inability to manage mental health conditions > risk of exclusion/abuse

Persons with mental health conditions rely on medication to be able to function; lack of access to medication may increase the risk of being excluded from communal safe spaces such as shelters due to stigma or fear of unpredictable behaviors. Mental health conditions are invisible and thus difficult to identify. The continuous threat of violence, coupled with the challenges of displacement and the loss of essential support systems, contributes to severe psychosocial distress among persons with disabilities, requiring specialized attention in humanitarian responses.

## Lack of Rehabilitation Services > Lack of medical supplies > risk of increased injuries

The hostilities impede the functioning of rehabilitation centers and disrupt ongoing assistance programs, adversely affecting persons with disabilities who depend on these services for daily living and optimal functioning. All hospitals in the Gaza Strip are currently overstretched, suffering from lack of medical supplies, thus, rehabilitation is left behind.

*“As a diabetic with a leg amputation, I am struggling to change my medical dressings due to a shortage of supplies. The restroom facilities are unsanitary and inaccessible to me. I also require physiotherapy, but at the moment, our main concern is finding some bread.”*

Manal, a 67-year-old female with multiple disabilities, displaced in a designated UNRWA Shelter in Khan Younis, Gaza<sup>6</sup>

### Impeded Education:

The current situation in Gaza does not allow access to proper education. Hostilities disrupt educational systems, disproportionately affecting persons with disabilities who may already face barriers to inclusive education. Limited access to specialized education further hampers their long-term prospects.



**Risk of long-term disability:**

**Untreated injuries sustained in escalations > risk of long-term loss of function resulting in disability**

Persons who sustained injuries and did not receive proper follow-up and aftercare may face a risk of acquiring long-term impairments. It is essential to identify and refer injured persons to healthcare facilities as soon as possible.

<sup>6</sup> Names have been changed to protect the people mentioned in the testimonies.

## The 2019 IASC Guidelines and 2016 Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The 2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action set out essential actions that humanitarian actors must take to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings. They will ensure the inclusion of persons with disabilities in all sectors and all phases of humanitarian action. The idea to develop the Guidelines originated with the launch of the 2016 Charter.

Visit the website to access the Guidelines.<sup>7</sup>

Launched at the World Humanitarian Summit (WHS) on 23-24 May 2016 in Istanbul, the Charter on Inclusion of Persons with Disabilities in Humanitarian Action provides a policy framework for the inclusion of persons with disabilities in humanitarian action. It has been seen as a significant step forward by the humanitarian community and has been endorsed by a large variety of stakeholders, including States, UN agencies, NGOs, and organisations representative of persons with disabilities (DPOs).

Visit the website to consult the text of the Charter and the full list of endorsers.<sup>8</sup>

“We need a tent for protection from the cold nights and hot daytime sun. Blankets are also necessary. I appreciate HI for the wheelchair that helps me reach the toilet.”

Manal, a 67-year-old female with multiple disabilities, was displaced in a designated UNRWA Shelter in Khan Younis, Gaza, October 2023<sup>9</sup>

<sup>7</sup> <https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019>

<sup>8</sup> <https://humanitariandisabilitycharter.org/>

<sup>9</sup> Names have been changed to protect the people mentioned in the testimonies.

# Conclusions and Recommendations

## To donors and UN agencies:

- Work towards the full implementation of human rights frameworks, including the **Convention on the Rights of Persons with Disabilities**, and reaffirm the implementation of the **Commitments of the IASC Guidelines and Charter on Inclusion of Persons with Disabilities in Humanitarian Action** in the Syrian response;
- Encourage all humanitarian actors to use the **UN-approved Washington Group questions** when collecting data on persons with disabilities, **disaggregate data** by sex, age, and disability, and ensure that persons with disabilities:
  - are **identified and consulted** with at the early stages of a crisis so that their needs and concerns are articulated and can be addressed in the response;
  - are **included throughout the Humanitarian Programme Cycle (HPC)** in each sector response plan;
- Show long-term commitment to an **inclusive humanitarian response by providing the necessary resources**, forging alliances with specialized actors, and using **inclusion-specific indicators** to measure the impact of programmes;
- Ensure humanitarian aid is customized to the specific needs of persons with disabilities, as identified in need assessments;
- Ensure that considerations related to age and disability are taken into account in **project review** and **prioritisation** through the **application of principles of non-discrimination and participation and the drafting of policies on inclusion, cooperation, and coordination**.

## To humanitarian actors:

- **Keep in mind that disability mainstreaming is a process, not a series of isolated actions or trainings.** Ensure you systematically use the data collected to constantly adapt and improve your programming to accommodate persons with disabilities better.
- **Ensure case management** of persons with disabilities by accompanying them to overcome barriers to accessing services;
- **Adapt project design** to make services more inclusive: this can be done by decentralizing service sites, doing home-based distributions, and giving flexible options for participation in various activities (e.g. adapted livelihoods activities);

## To the UN Security Council:

- Monitor the implementation of **Resolution 2475** (2019) on the protection of persons with disabilities in armed conflict in Gaza.



Published by Handicap International – Humanity & Inclusion

Website: <http://www.hi.org>

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