



Assessment of MHPSS and GBV Services and Gaps, in West Bank and East Jerusalem, including for People with Disabilities

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Executive Summary

In September 2022, Tdh and partners conducted a needs assessment to understand the MHPSS and GBV needs and available services for vulnerable people, particularly children, women, and People with Disabilities (PWDs) affected by violence. The assessment covered different governorates in WB such as Jenin, Tubas, Nablus, Ramallah, Hebron and East Jerusalem. These governorates include those with the highest number of security-related incidents in recent months, especially in East Jerusalem, Shuffat Camp, Nablus, Jenin and H2. The assessment included two forms of questionnaires; one for adults and one for children, that were used for the key informant interviews. The assessment was conducted across 18 communities and targeted 90 community members and children including 10% of PWDs.

The data collected revealed noticeable differences in the answers of children and adults. According to the respondents, there is a considerable difference in the prevalence of violence indicated by children when compared with those of adults, women compared to men, and PWDs when compared with those without disabilities. People with Disabilities indicated higher levels of violence than the other groups.

Children have highlighted that they experience the highest level of violence in the streets, mainly due to threats and risks from Israeli forces, settlers attacks, community fights where weapons are used, and cybercrimes. The children reported lower level of violence at homes and schools, but also indicated that they lack the information on how to report and to whom to report in case they were exposed to any kind of violence, they do not have enough opportunities to express their opinion or participate in change, and there are limited psychosocial support services in their communities.

Women have highlighted that they experience a higher level of violence inside the families rather than on the streets, while men have indicated low level of violence on the streets and inside the family. Although 79% of interviewed men believe that there is no prevalence of violence against women in the family while, 52% of the interviewed women

report that there *is* a prevalence of violence against women in the family. Both males and females have both highlighted that the main source of violence are the conflict and community violence and that this and economic hardships aggravate the vulnerabilities of families.

Concerning **children and adults with disabilities**, there is a lack of community awareness of their needs and the protection concerns that they suffer from, in addition to significant social stigma. Although the majority of respondents believe that children with disabilities are not subjected to violence in their communities, the study reveals a large discrepancy in responses between interviewees without and with disabilities. The majority of the respondents without disabilities (80%) report that there is no violence against children with disabilities, while the majority of respondents *with* disabilities (56%), state that such violence *does* exist. Respondents referred to the lack of adaptation of roads, public facilities, or schools as increasing the risks for PWDs in addition to the lack of appropriate means of transportation, appropriate services, and the lack of qualified teachers/ professionals to deal with children and adults with disabilities. This demonstrates the need for adapting the infrastructure of the venues/centers where psychosocial/ protection/awareness activities are conducted, adapting the materials and project modules used to the needs of people with disabilities, in addition to enhancing the capacity of the service providers/ professionals to deal with PwDs.

Child labour was highlighted as a common issue with 52% of all those interviewed saying that this phenomenon exists in their communities. There was a higher percentage of responses by the subject of the risk (children themselves); the majority of children (64.7%) confirmed child labour in their communities compared to 56% of adults.

The assessment also reveals differences among respondents in **understanding the different forms of violence**, in particular gender-based violence (GBV) or violence against people with disability. Many respondents when asked to define violence (in the open questions) demonstrated a limited understanding of 'violence' which was limited to physical abuse and did not consider any other

forms of violence. This points to the need for raising the awareness of communities on the types of violence and their multiple or compounded impacts on women, children, and PWDs.

The assessment results of the study show that there is a **severe shortage of mental health and psychosocial support** ('MHPSS') services for the different groups of respondents across all assessed communities and that these communities lack interventions and assistance programs that are specifically tailored for crises and emergencies and that children and PWDs are the most affected by the lack of this type of services. Moreover, the study shows that school facilities are often the only place for providing PSS services for children and yet even these are irregular initiatives by different actors and are not aligned with a unified plan that targets all schools. Most of the interventions in this regard are limited to the role of the social worker, and in most cases, PSS programs outside the school are scarce, especially for children with disabilities. The assessment also highlights the lack of interventions for supporting teachers, which are limited to ad hoc meetings as a kind of stress relief and discussion which usually takes place either between a teacher and a social worker or among the teachers themselves.

In summary, the needs assessment reveals a consensus among all respondents that there are two major priorities: community awareness and appropriate support services. The need for community awareness campaigns includes awareness about the different forms of violence, disability inclusion, and awareness of citizenship and rights. The need for PSS services includes psychosocial counseling and support as well as relevant interventions in promoting health and psychosocial well-being for children, women, and men including PWDs, and enhanced school-based programs for students.

Key Recommendations: The following Recommendations identify programmatic priorities that can contribute to strengthening protection mechanisms to enhance the psychosocial wellbeing of children and adults, with special attention to PWDs, in the target communities.

- **Awareness Raising Recommendations:** Communities need awareness raising on topics including the effects of violence on children, women, and people with disabilities, and how to report violence.
- **MHPSS Recommendations:** Communities need MHPSS interventions for children that target the four layers of the ISAC pyramid. To address extant gaps, a Parenting Curriculum that considers the needs of PWDs should be created and implemented with parents, including those of CwDs.
- **Accessibility Recommendations:** Adaption of all project modules, materials, and implementations at the community level to ensure accessibility for and participation of PwDs.
- **Strategic Recommendations:** Local NGOs and CBOs should be supported to adopt and implement a child protection and GBV case management system, to ensure these services are available in hard-to-reach communities. In addition, local NGOs need technical support and resources to enable them to provide specialized psychosocial interventions (both individual and group) in vulnerable communities, as well as being provided with "helping the helpers" support. Strengthening of joint coordination between all actors in West Bank and East Jerusalem is important for ensuring coherent and efficient outreach to the most vulnerable communities.
- **Recommendations for addressing GBV:** Empowering women, especially women with disability, is essential. Women should be provided with holistic support that includes economic, social, and psychosocial support. Additionally, there is a need to design tailored interventions for male beneficiaries, to enhance their participation. These interventions should include actions addressing gender norms and supporting positive coping strategies.

Background

In the West Bank (WB) and East Jerusalem, Palestinians face ongoing coercion and discrimination due to Israeli policies and practices, including restricted access to basic services and escalating levels of violence. In the WB, 1,021,561 persons are in need of multisectoral services (Protection Analysis Update August 2022), while the Multisectoral Needs Assessment (MSNA 2022) identified that 5% of households are using emergency coping strategies, 23% are using crisis coping strategies, and 11% of households are under stress. This situation has deleterious effects on psychosocial well-being with 12% of households reporting at least one member with psychosocial distress. Girls and women also face gender-based violence risks: 14% of households report risks of verbal harassment affecting girls and 9% of households affecting women, and 6% report risks of sexual harassment or violence for girls and 4% of households for women (MSNA 2022). Overall, the oPt Protection Analysis identifies 367,000 persons in need of GBV services in the WB, while data from the Survey of the Palestinian Central Bureau of Statistics on violence in 2019, indicated that about 29% of married or previously married women (18-64 years) in Palestine were subjected to violence from their husbands at least once, with psychosocial violence topping the list. The results indicated that 60.6% of the abused women remained silent and did not report it.ⁱ

The State of Palestine acceded to the Convention on the Rights of Persons with Disabilities on April 1, 2014, without any reservations.ⁱⁱ Nevertheless, persons with disabilities still face a multitude of barriers that prevent their active participation in public life and suffer from violations of their rights in various aspects of their life. Moreover, persons with disabilities (PWDs) suffer a range of mental health problems, stigma and lack of accessible infrastructure and services. In the WB, 10% of households have at least one member with a disability, of which 4% are children (MSNA 2022)ⁱⁱⁱ. Children with disabilities are vulnerable to protection concerns, with 44% of households reporting safety concerns. Persons with disabilities suffer also from mild to moderate and severe mental health problems, poor integration in society, stigmas, and lack of accessible infrastructure/services. While there is a higher prevalence of mental health disorders for girls and women in the oPt than for boys and men, the numbers from the governmental sector for 2019 and 2020 show that almost 60% of mental health service users are male (MoH, 2020). The stigma around mental health is still higher for women and threatens their status in society.

During the year 2022, at least 815 Palestinian children detained by Israeli authorities^{iv}. Children are also the most affected by societal violence; 9 out of every 10 children (90.1%) are subjected to some form of **violent discipline** (92.3% for boys and 87.9% for girls), among which 20.1% are exposed to violent physical discipline and 87.5% exposed to Psychosocial abuse.^v Moreover, around 7.3% of children in the age category 5-17 years in Palestine are engaged in **child labor** and boys are more likely to engage in child labor than girls.

Methodology

The purpose of this study is to understand the MHPSS and GBV needs and available services for vulnerable people, particularly children, women, and People with Disabilities (PWDs) affected by violence, identify the gaps in services and inform programming decisions. The study was conducted from September to October 2022 in 18 localities distributed over six governorates of the West Bank as follows:

Hebron	
<ul style="list-style-type: none"> • H2 • Deir Samet 	
Jerusalem	
<ul style="list-style-type: none"> • Shufat refugee camp • Althur • Jabal Al Mukaber • Beddou • The old city of Jerusalem • Sheikh Jarrah 	
Ramallah	
<ul style="list-style-type: none"> • Betello • Kufor Ne'meh • Deir Abu Mish'al 	
Nablus	
<ul style="list-style-type: none"> • Beta • Burqa 	
Tubas	
<ul style="list-style-type: none"> • Atuf • Ain Al Beida • Tammoun 	
Jenin	
<ul style="list-style-type: none"> • Silat Al Harthiyah • Faquo'a 	

The data collection tool was developed with input from stakeholders including relevant clusters (Protection, CP AoR and GBV SC)

The assessment included two forms of questionnaires; one for adults and one for children, that were used for the key informant interviews. The assessment was conducted across 18 communities and targeted 90 community members including:

- The head of the village council/ local authority/ refugee camp committee.
- The director/s of CBOs working in the assessed community, or social or political activists who are familiar with the context.
- Young men/women between the ages of 18-25 years, who live in the area, are community activists and are familiar with the reality and conditions of the area and the needs of its residents.

- Male and female children from the age of 12-18 years (after obtaining the written consent of the guardian and the verbal consent of the child)
- People with disability PWDs

Secondary data was also collected to the extent possible from various sources in English and Arabic, including the appropriate government ministries and UN Agencies' reports.

Assessment Findings

Characteristics of the demographic sample:

		Column N %
Interview	Adults	61.4%
	Children	38.6%
Age	12 -17	36.7%
	18 – 28	16.7%
	29 – 38	11.1%
	39 – 48	8.9%
	49 – 58	13.3%
	59 – 100	13.3%
Gender	Male	52.2%
	Female	47.8%
Is there a disability	Yes	10.0%
	No	90.0%

Table 2: Demographic Characteristics

A total of 90 people were interviewed, 61.4% adults, and 38.6% children, in 18 localities. The average age of the respondents was 32 years. Males were 52.2%, while females constituted 47.8% of the sample, and people with disabilities constituted 10% from the total people interviewed.

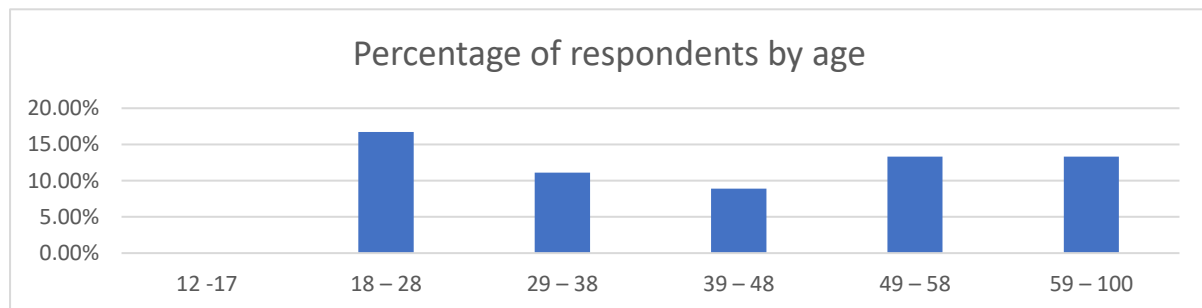


Figure 1: Percentage of Respondents by Age

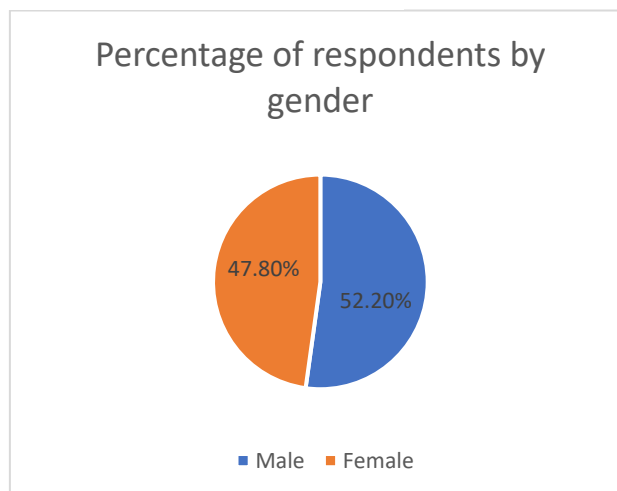


Figure 2: Percentage of respondents by gender

Violence against children in neighborhoods, streets, families, and schools.

		Interview		
		Adults	Children	Total
Violence against children in neighborhoods-streets	Yes	58.5%	75.8%	65.1%
	No	41.5%	24.2%	34.9%
Violence against children in the family	Yes	54.7%	32.4%	46.0%
	No	45.3%	67.6%	54.0%
Violence against children in schools	Yes	37.7%	47.1%	41.4%
	No	62.3%	52.9%	58.6%

Table 3: Violence against children in neighborhoods, families, and schools.

Table 3 indicates that there is a high prevalence of violence against children, mainly in the streets, and children reported that violence against children in the streets is higher than violence in the family and schools.

When asked an open question about the threats that children are exposed to in the streets and neighborhoods in their localities, it became clear that societal violence is the second threat to children after the occupation especially in light of the spread of weapons and their use in fights, followed by physical attacks on children from adults and sometimes their peers, sexual assault, domestic violence, school violence, and bullying. Moreover, cyber crimes and children's unsafe use of the Internet in social networking sites, Internet cafes, and electronic game centers is another threat to children especially in light of the limited guidance and awareness in this regard².

Violence against children with disabilities in neighborhoods, schools, and families.

		Respondent with disability (yes) or without disability (No)		
		Yes	No	Total
Violence against children with disabilities in neighborhoods-streets	Yes	55.6%	20.0%	23.6%
	No	44.4%	80.0%	76.4%
Violence against children with disabilities in schools	Yes	44.4%	15.0%	18.0%
	No	55.6%	85.0%	82.0%
Violence against children with disabilities in the family	Yes	44.4%	13.8%	16.9%
	No	55.6%	86.2%	83.1%

Table 4: Violence against children with disabilities in neighborhoods, schools, and families

Data from table (4) reveals an obvious and large discrepancy in answering this question among those interviewed based on the variable of whether or not they have disability, where the majority (80%) of people without disability believe that there is no violence against children with disabilities, while 55.6% of the respondents with disabilities stated that such violence does exist. This demonstrates lack of community's awareness of the risks that PWDs are exposed to, and that prevalence of violence against children with disabilities is high.

The results of the open question about the risks faced by children with disabilities were as follows: First, traffic accidents and the threat are represented in unlicensed cars roaming the roads, some schools are close to main roads, and lack of sidewalks and roads suitable for people with disabilities. These threats were specifically stirred up in the localities of Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Silat Al-Harithiya, Faqoua, Kafr Nima, Shuafat refugee camp, Tamoun, Atouf, Ain Al-Bayda.

The second threat was assaults by soldiers and settlers, specifically in the old city of Jerusalem, Al-Thouri, Bedou, Sheikh Jarrah, Burqa, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, and Kafr Nima.

Violence in its various forms (societal, family, verbal, psychosocial, physical, neglect, and sexual assaults) came in third place, with a special highlight on bullying from other children or adults. This was confined to localities of H2 of Hebron, in old city of Jerusalem, Al-Thouri, Bedou, Sheikh Jarrah, Burqa, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Kafr Nima, Beta, Deir Samet, Silat Al-Harithiya, Shuafat ramp, Faqoua, Atouf.

The respondents have also indicated the impact of lack of adaptation roads, public facilities, or schools on increasing the risks in addition to the lack of appropriate means of transportation, the lack of appropriate services, and the lack of qualified teachers to deal with children with disabilities. These issues were confined to the areas of H2 of Hebron, the old city of Jerusalem, Sheikh Jarrah, Burqa, Beita, Jabal Mukaber, Silat Al-Harithiya, Faqoua, Tammun, Al-Thouri, Bedou, Deir Abu Mishaal, Shuafat refugee camp.

Another issue that was raised by the respondents is the absence of societal awareness and the negative attitude of people towards those with disabilities, the social stigma, the shame of parents and their attempts to hide or isolate their children with disabilities, the fear of parents for their children, and their sense of threat. These threats were highlighted most in Bedou, Jabal Mukaber, Deir Samet, Faqoua, Ain al-Bayda, Atouf, Burqa and Beta. Finally came the issue of neglect was mostly expressed in Bedou, Jabal Mukaber, Atouf, H2 area of Hebron of Hebronin Hebron.

Violence against women in neighborhoods, streets, and families.

		Gender		
		Male	Female	Total
Violence against women in neighborhoods-streets	Yes	8.5%	31.0%	19.1%
	No	91.5%	69.0%	80.9%
Violence against women in the family	Yes	21.3%	52.4%	36.0%
	No	78.7%	47.6%	64.0%

Table 5: Violence against women in neighborhoods, streets, and families.

The majority of those interviewed, with a percentage of 80.9%, stated that there is no violence against women in the streets and neighborhoods, as the overwhelming majority of males (91.5%), and females (69%) confirmed this fact.

However, the majority of females interviewed (52.4%) confirmed that violence against women in the family exists while the majority of males, with a percentage of 78.7% stated the absence of such a violence.

When asked an open question about the threats that women face, gender-based violence came on the top of the list. It includes, community violence, domestic violence, psychological violence, physical violence, social restrictions, high divorce rates, neglect, abuse and lack of respect, harassment, deprivation of inheritance, given that these types of threats were mentioned in all interviewed localities. This may seem inconsistent with the results of the closed questions which can be ascribed to the fact that respondents in open questions have better opportunity to elaborate on the different forms of violence. Accordingly, it can be concluded that there is ambiguity in the respondents' understanding of the gender-based violence.

Assaults by the Israeli army and settlers took second place. Such assaults take place mainly in the old city of Jerusalem, Al-Thouri, Bedou, Sheikh Jarrah, Burqa, Bitello, Jabal Al-Mukabber, Kafr Nima, Beita, Deir Abu Mishaal, Deir Samet, Shuafat refugee camp, Faqoua. The threat of traffic accidents especially

those resulting from reckless driving takes the third place. In the localities of Al-Thouri, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mashhal, Kafr Nima, Shuafat refugee camp this was more outstanding.

In the fourth place came the unsafe use of the Internet and social networking sites. This included all forms of electronic crimes such as extortion, electronic harassment, and electronic violence. It appeared in the localities of Bedou, Jabal Mukaber, Deir Abu Mishaal, Silat al-Harithiya, Faqu'a , followed by the fifth threat represented by drugs, specifically in the old city of Jerusalem, al-Thouri, Bedou, Jabal al-Mukabber, Deir Abu Mishaal, Silat al-Harithiya, and Faqu'ah. In the fifth place, came the threat of unemployment, limited job opportunities and labor exploitation, specifically in Silat Al-Harithiya, Tammun, Ain Al-Bayda.

Violence against women with disabilities in neighborhoods, streets and families.

		Respondent has a disability		
		Yes	No	Total
Violence against women with disabilities in neighborhoods-streets	Yes	11.1%	17.3%	16.7%
	No	88.9%	82.7%	83.3%
Violence against women with disabilities in the family	Yes	11.1%	17.3%	16.7%
	No	88.9%	82.7%	83.3%

Table 6: Violence against women with disabilities in neighborhoods, streets, and families.

Data in the above table reveals that the majority of respondents (83.3%) stated that women with disabilities are not subjected to violence in the streets and neighborhoods or in the family. Results of the study did not show a significant difference in attitudes between respondents with and

However, when asked an open question about the threats to women with disabilities, violence came first. It included, community violence, psychological violence and bullying, harassment, and sexual assaults. The fact that respondents in all localities mentioned this kind of threat indicates that violence occurs in the family and on the street, however in the closed questions respondents did not consider that these threats are categorized as types of violence, which reflects the lack of knowledge of violence definition.

The second highest threat was the assaults against Palestinian villages committed by the Israeli forces and settlers, specifically in the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Tammun, Kafr Nima. The threat that came in the third position was the traffic accidents and the fact that children recklessly. This threat was mentioned by respondents in Shuafat refugee camp, Kafr Nima, Atouf, Deir Abu Mishaal, Jabal Mukaber, Bitello, Bedou and Al-Thouri.

Social obstacles, including social stigma, social restrictions, exclusion from work, exclusion from community participation and neglect came in the fourth position. This was particularly concentrated in the H2 of Hebron, Jabal Mukaber, Deir Samet, Silat Al Harthiya, Tammun, Atouf, Ain al-Bayda, Faqoua, Burqa and Beta. What came in the fifth position was the unadaptive environment which includes the poor conditions of roads, sidewalks, lack of services and service centers in Bedou, Bitello and the old city of Jerusalem, followed by the lack of services available to women with disabilities.

The deteriorating economic conditions, limited job opportunities and poverty was mentioned specifically in Faqu'a, Tammun, Silat Al-Harithiya, Deir Samet, as the ninth threat along with difficult mobility which was specifically mentioned in Beta, Faqoua. What came in the tenth position was the stray dogs specifically in Bedou, Beitlu, Kafr Nima and the unsafe use of the Internet which was specific to Jabal Al-Mukabber and Bedou.

Violence towards men in neighborhoods, the streets, and the family

		Gender		
		Male	Female	Total
Violence against men in the neighborhoods - the streets	Yes	36.2%	38.1%	37.1%
	No	63.8%	61.9%	62.9%
Violence against men in the family	Yes	6.4%	14.3%	10.1%
	No	93.6%	85.7%	89.9%

Table 7: Violence towards men in neighborhoods, the streets, and the family

The majority (62.9%) of respondents stated that men are not subjected to violence in the streets and neighborhoods, as the majority of males and the majority of females stated this, and no significant difference between responses of the two genders appeared.

In the same context, the answers of the majority of those interviewed came, with 89.9% of them stating that men are not exposed to violence in the family.

In order to explain the answers of the respondents, they were asked an open question about the threats facing men in general. The following threats were raised:

Assaults by the Israeli forces and police and settlers which may include arrests, attacks by settlers, military checkpoints, risks related to work inside Israel without proper permits and the workers' being chased by the Israeli forces and confiscation of land. This threat existed in all localities.

Threats to men also included societal violence, fighting within the extended family, use of weapons in community fighting, act of revenge, lawlessness in some localities, and domestic violence especially in the H2 of Hebron, the old city of Jerusalem, Sheikh Jarrah, Bitello, Al-Thouri, Bedou, Jabal Al-Mukabber, Deir Abu Mishaal, Deir Samet, Silat Al-Harithiya, Kafr Nima and Shuafat refugee camp.

Poverty and unemployment include, unemployment, deteriorating economic situation, inability to meet family requirements, having to work inside Israel without proper permits especially in Faqoua, Ain Al-Bayda, Kafr Nima, Atouf, Silat Al-Harithiya, Deir Samet, H2 of Hebron.

Violence towards men with disabilities in neighborhoods, streets, and families

		Respondent has a disability		
		Yes	No	Total
Violence against men with disabilities in neighborhoods - the streets	Yes	33.3%	12.5%	14.6%
	No	66.7%	87.5%	85.4%
Violence towards men with disabilities in the family	Yes	11.1%	12.5%	12.4%
	No	88.9%	87.5%	87.6%

Table 8: Violence towards men with disabilities in neighborhoods, streets, and families

The majority (85.4%) of those interviewed, said that there is no violence against men with disabilities in the streets and neighborhoods, as 66.7% of people with disabilities and 87.5% of people without disabilities stated this. The open question states that violence may include bullying, discrimination, neglect, verbal violence, societal violence, exploitation, and violation of rights. This threat exists in all localities.

With regard to violence against men within the family, the majority (87.6%), denied that there is such violence against men.

In addition to threats mentioned in the tables above, respondents mentioned another set of threats including assaults by Israeli forces, police, and settlers, including, attacks by settlers, shooting and throwing tear gas canisters by the Israeli forces, and the tension due to the presence of the Israeli soldiers in the different localities. This threat is prevalent in all localities.

Poverty and unemployment were also highlighted including limited sources of income, lack of available job opportunities and inability to work, specifically in Deir Samet, Silat Al Harthiya, and Faqoua.

Deterioration of health conditions and the lack of medicines and auxiliary tools which had a negative impact of the psychosocial status. This mainly exists in Faqoua, Silat Al-Harithiya

Drug use and addiction by adults

		Interview		
		Adults	Children	Total
Drug use and addiction by adults	Yes	49.1%	32.4%	42.5%
	No	50.9%	67.6%	57.5%

Table 9: Drug use and addiction by adults

The data shown in Table (9) indicate that the problem of drug abuse and addiction by adults is a serious problem and constitutes a real threat. Although the largest percentage of those interviewed stated that adults in their communities do not use drugs, 42.5% said that drug use and abuse by adults exists in their communities. As indicated by the data, the majority of children (67.6%) and 50.9% of adults, stated that there was no such problem in their communities so this may point to a perception of this as a bigger issue by adults than children or that this issue is less visible to children.

The issue of drugs issue was mentioned by respondents as a threat of violence to women , in Shuafat refugee camp, Al-Thouri, the old city of Jerusalem, Bedou, and to men in terms of drug abuse, addiction, and trafficking, particularly in the H2 of Hebron, the old city of Jerusalem, in Beitello, Al-Thouri, Bedou of Jabal Mukaber, Deir Abu Mishaal, Silat Al-Harithiya, Faqoua, Kafr Nima, Shuafat refugee camp.

Service Availability across East Jerusalem and the West Bank

		Interview		
		Adults	Children	Total
Children can report their exposure to violence and abuse to a specific party or a known person	Yes	50.0%	52.9%	51.1%
	No	50.0%	47.1%	48.9%
There are available psychosocial services for children in case they are exposed to violence and abuse.	Yes	48.1%	58.8%	52.3%
	No	51.9%	41.2%	47.7%
There are available Psychosocial services to deal with critical cases of children in a holistic way.	Yes	25.9%	17.6%	22.7%
	No	74.1%	82.4%	77.3%
Children can express their opinion on the issues of their community and participate in the change.	Yes	42.6%	55.9%	47.7%
	No	57.4%	44.1%	52.3%

Table 10: Availability of Services in each Locality

Table (10) reveals that 48.9% of the respondents state that children do not have the opportunity to report their exposure to violence and abuse to a specific party or to a competent/qualified or known person (50% of adults and 47.1% of children). Among the surveyed localities, Fuqa'a and the H2 of Hebron had the lowest percentage of respondents indicating children are able to report abuse to a competent adult.

Data indicates that 47.7% of the respondents stated that there are no available services to provide psychosocial support for children in case they are exposed to violence and abuse (51.9% of adults and 41.2% of children). These services are not specifically available in the old city of Jerusalem and the H2 of Hebron.

The majority of respondents i.e., 77.3%, stated that there are no specialized Psychosocial services in their localities to deal with critical cases of children in a comprehensive manner, (82.4% of children and 74.1% of adults). The communities that lack this service the most are: Kafr Nima, Al-Thouri, Jabal Al-Mukabber, the old city of Jerusalem, Faqu'a, and H2 of Hebron.

The largest percentage of respondents, 52.3%, state that children do not have the opportunity to express their opinion on issues related to their society and their contributing to change (57.4% of adults and 44.1% of children).

The data demonstrates that majority of children lack the information on how to report and to whom to report in case they were exposed to any kind of violence, they do not have enough opportunities to express their opinion or participate in change, and there are limited psychosocial support services in their communities and almost no specialized services to deal with critical cases in a holistic way.

Availability of services for people with disabilities in each locality

		Respondent has a disability		
		Yes	No	Total
In the community, there are adaptive awareness services for children with disabilities about their rights	Yes	33.3%	30.9%	31.1%
	No	66.7%	69.1%	68.9%
Adapted services are available in the area to provide psychosocial support for children with disabilities in case they are exposed to violence and abuse	Yes	44.4%	33.8%	34.8%
	No	55.6%	66.2%	65.2%

Table 11: Availability of Services by Locality

The results shown in the table indicate that the largest percentage of respondents i.e., 68.9%, confirmed that awareness services for children with disabilities of their rights are not available in their localities (69.1% of people without disability and 66.7% of people with disabilities). Localities that lack those services the most are Kafr Nima, Ain Al-Bayda, H2 of Hebron.

Results also indicate that the majority of respondents i.e. 65.2% stated that there are no adapted services available in their locality to provide psychosocial support for children with disabilities in case they are exposed to violence and abuse (66.2% of people without disability and 55.6% of people with disabilities, while a percentage of 34.8% of the respondents sustained the availability of those services (44.4% of people with disabilities and 33.8% of people without disabilities). The communities that lack these services are Al-Thouri and the H2 of Hebron.

Availability of services for women with disabilities

		Respondent has a disability		
		Yes	No	Total
Adaptive awareness-raising services are available for women with disabilities about their rights	Yes	50.0%	38.5%	38.9%
	No	50.0%	61.5%	61.1%
Adaptive Psychosocial services are available for women with disabilities in case they are exposed to violence and abuse	Yes	0.0%	36.5%	35.2%
	No	100.0%	63.5%	64.8%

Table 12: Availability of services for women with disabilities

The majority of respondents (61.1%) stated that there are no awareness services for women with disabilities about their rights (61.5% of the people without disability and 50.0% of the PWDs). The localities most lacking these services are Al-Thouri, Jabal Mukaber, H2 of Hebron, Deir Samet, Kafr Nama, Faqoua.

The majority of the respondents (64.8%) said that Psychosocial services are not available for women with disabilities in the event they are exposed to violence and abuse (100% of the PWDs and 63.5% of the People without disability). The localities that completely lack these services are Deir Abu Mishaal, Faqu'a, Burqa, Beita, Ein al-Bayda, Deir Samet, and the H2 of Hebron.

Availability of services for men with disabilities

		Respondent has a disability		
		Yes	No	Total
Adaptive awareness-raising services are available for men with disabilities about their rights	Yes	50.0%	34.6%	35.2%
	No	50.0%	65.4%	64.8%
Adaptive Psychosocial services are available for men with disabilities in case they are exposed to violence and abuse	Yes	0.0%	32.7%	31.5%
	No	100.0%	67.3%	68.5%

Table 13: Availability of services for men with disabilities

Data of table (13) show that majority of respondents (64.5%), stated that there are no awareness services for men with disabilities about their rights (65.4% of people without disability and 50.0% of PwDs). The communities that lack these services most are, H2 OF HEBRON, Deir Samet, Faqu'a, Al-Thouri, and Kafr Nima.

The majority of respondents (68.5%) stated that Psychosocial services are not available for men with disabilities in the event they are exposed to violence and abuse (100% of people with disabilities and 67.3% of people without disability). Kafr Nima, Samet, H2of Hebron, Deir Abu Mishaal, Faqu'a, Beta and Ain al-Bayda communities lack this service.

The data in the table reveal that majority of respondents (64.8%), stated that there are no awareness services for men with disabilities about their rights (65.4% of people without disability and 50.0% of people with disabilities). The communities that lack these services most are, H2 of Hebron, Deir Samet, Faqu'a, Al-Thouri, and Kafr Nima.

Availability of adapted services for people with disabilities

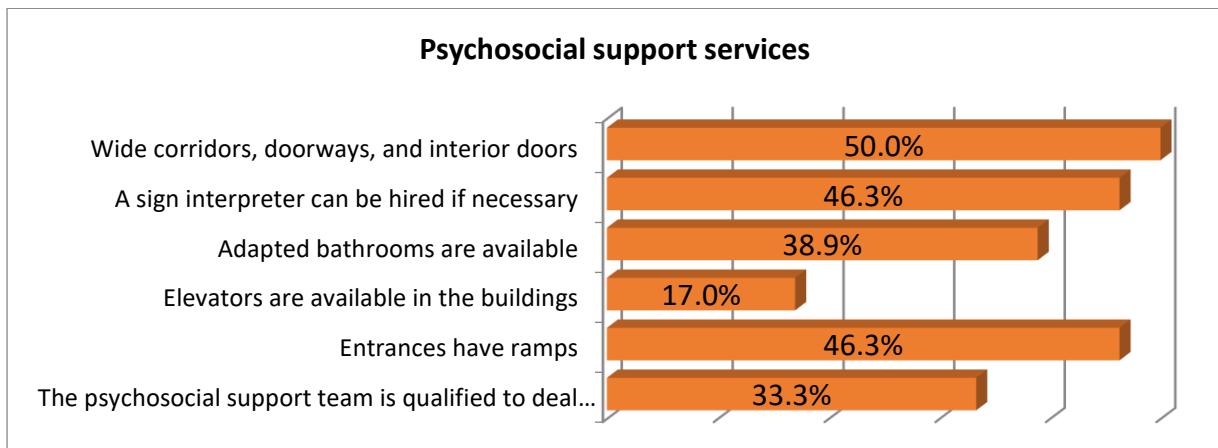


Figure 3: Availability of adapted psychosocial support services

With regard to the availability of psychosocial support services, the data in the above graph indicates that only half of the respondents, 50%, said that the corridors, entrances and internal doors used by people with disabilities are wide, and 46.3% of the respondents said that a sign interpreter can be contracted if necessary to deal with people with disabilities, and an equal percentage 46.3% said that the entrances used by people with disabilities contain ramps, and also 38.9% of the respondents said that the bathrooms used by people with disabilities are adaptive, and finally 17.0% said that the building used by people with disabilities contains elevators, and only 33% of respondents believe the psychosocial team is qualified to deal with people with disabilities.

Protection services

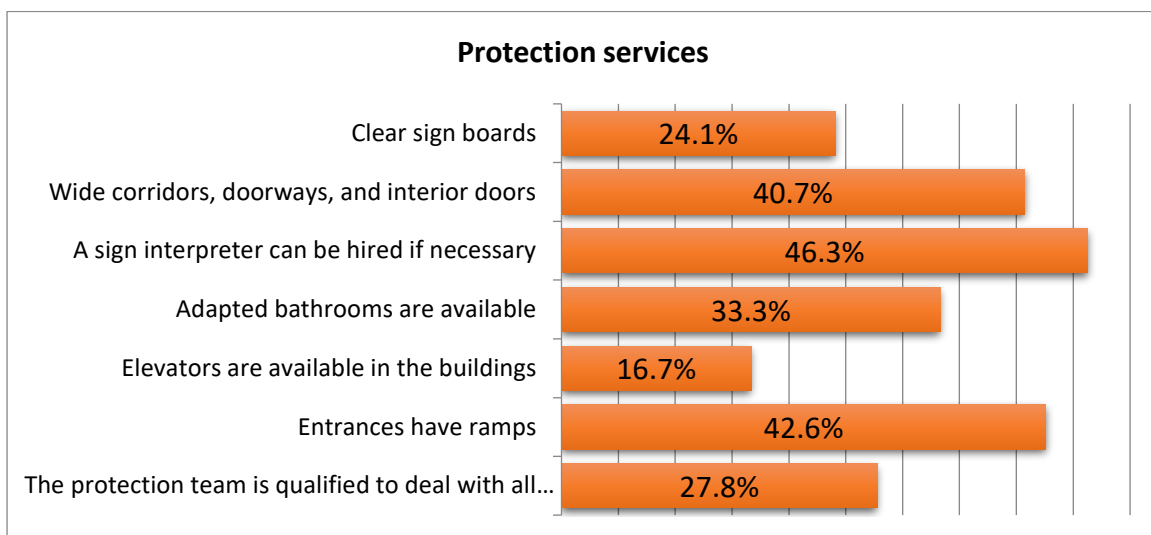


Figure 4: Protection services

In terms of protection services, 46.3% of the respondents stated that a sign interpreter can be contracted if necessary to deal with persons with disabilities, and 42.6% of the respondents stated that the entrances used by persons with disabilities contain ramps, while 40.7% of the respondents stated that the corridors, entrances and internal doors used by people with disabilities are wide. As for the bathrooms dedicated to people with disabilities, 33.3% of respondents considered them to be adaptive, and 27.8% of respondents said that the protection team that deals with people with disabilities is qualified to deal with all types of disabilities. Moreover, a percentage of 24.1% stated that there are

directional signs, and finally 16.7% of the respondents said that the building used by persons with disabilities has elevators.

Awareness services

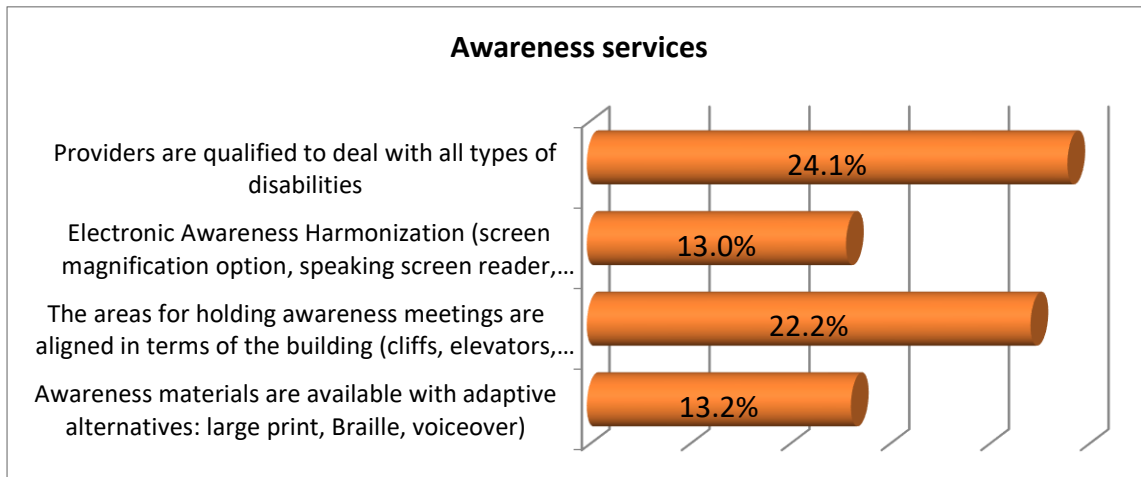


Figure 5: Awareness services

As for awareness services, data in the graph reveals that a very low percentage (24.1%) of the respondents stated that those who provide services to people with disabilities are qualified to deal with all types of disabilities, and only 22.2% of the respondents stated that the venues for conducting the awareness meetings adapted to people with disabilities in terms of the infrastructure (i.e. ramps, elevators, wide entrances, adapted bathrooms and clear guidance panels). Moreover, only 13.2% of the respondents stated that the awareness materials provided to people with disabilities are available with adapted alternatives (large font, Braille method, voice-speaker). Finally, 13.0% of the respondents said that the electronic awareness used by people with disabilities is compatible and adaptive (screen magnification option, speaking screen reader, writing in an easy and understandable language).

This last three diagrams demonstrate the need for adapting the infrastructure of the venues/ centers where the psychosocial/ protection/ awareness activities are conducted and the materials used to the needs of people with disabilities, in addition to enhancing the capacity of the service providers/ professionals to deal with PwDs.

Interventions Proposed by Community Members and Children during the assessment

Based on the aforementioned threats, a direct question was posed to the different groups of respondents (children, children with disabilities, women, women with disabilities, men, and men with disabilities) about the most important risks facing their communities. They were asked to identify actions needed to address the three main threats facing each category of society according to what they perceive and based on their own experience. The question was open and did not include options. The results were as follows:

For children:

- Providing recreation places and programs for children, including public and safe parks and playgrounds, sport clubs with activities and events as well as talent development programs. This was a priority in all localities.
- Providing psychosocial support and counseling for children, including providing support and counseling centers for children that are run by qualified specialists and counselors, promoting attention to the importance of mental health, awareness and protection from sexual offenses, and stress management programs for children and guiding them on how to deal with fear. This was a priority in all localities.
- Awareness for children and their families, including awareness on 1- threats of conflict related violence, especially the threats of being in contact zones, confrontations and near the separation wall, 2- awareness of threats of community violence and using sharp tools and weapons 3- sexual education , 4-the threats of the internet and cyber crimes and its safe use, 5- Legal rights during detention 6- smoking and drugs, raising awareness for parents about the threats of passive smoking, 7- awareness for children and parents about children's rights 8- impact of violence on children's education and development. The need for different awareness topics was a priority in all localities.

For children with disabilities (CWDs):

- Rehabilitation and adaptation of public facilities, safe places, playgrounds, schools , homes of CWDs, and roads and sidewalks to remove the access barriers for CWDs,. This was a priority in all localities.
- Awareness raising for all the different community groups and age groups on the rights of people with disability and reducing the stigma. Awareness raising of parents of children with disabilities on how to care for their children and provide them with support and protection. This was a priority in all localities. Establishing rehabilitation centers for children with disabilities, in the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Kafr Nima, Faqoua, Shuafat refugee camp.
- Having qualified personnel to provide support to children with disabilities, including psychologists and counselors, disability specialists, rehabilitation specialists, qualified teachers. Such priorities concentrated in Al-Thouri, Sheikh Jarrah, Bedou, Beta, Deir Abu Mishaal, Faqoua, Kafr Nima and Shuafat refugee camp.
- Providing the appropriate transportation to CWDs to and from school and other places especially in Bedou, Burqa, Beta, Bitello, Silat Al-Harithiya, Faqoua. Providing auxiliary tools especially in Shuafat refugee camp, Kafr Nima, Faqu'a, Deir Abu Mishaal, Jabal Mukaber, Bitello, the old city of Jerusalem, Al-Thouri, Atouf, Ain Al-Bayda and Burqa.
- Providing supportive education classes and activities for children with disabilities, specifically in Kafr Nima, Faqoua, Bedou, Sheikh Jarrah, Al-Thouri, and the old city of Jerusalem.
- Integrating children with disabilities in recreational activities and events, and activities that help them vent out their stress. Talent development and discovery programs especially in Kafr Nima, Faqu'a, Deir Abu Mishaal, Jabal Mukaber, Bitello, Sheikh Jarrah, Atouf.
- Providing medicines, health and treatment services, specifically in Bitello.
- Providing professional/vocational skills. This was specifically in Sheikh Jarrah.

For Women:

- Awareness, counseling and support for women, which include PSS and counseling, providing psychologists and counselors, providing health advice and awareness. Awareness of rights and of trade unions, their role and labor disputes. Awareness about the Internet, crimes and electronic blackmail, awareness about the role of the police in protecting women (with the participation of police personnel). Introducing institutions and protection bodies, and the services and protection they may provide for gender issues. Awareness of the Palestinian identity. This priority existed in all localities.
- Empowering women which include building women's capacities in general and rehabilitating them professionally (equipping them with relevant vocational / professional skills). Economic empowerment of women, small income-generating projects for women, collective productive projects for women. Providing job opportunities. Such priorities were concentrated in the localities of H2 of Hebron, the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabl Al-Mukabber, Deir Abu Mishaal, Silat Al-Harithiya, Tammun, Atouf, Ain Al-Bayda, Faqoua, Kafr Nima and Shuafat refugee camp.
- Recreational programs and activities for women, recreation parks for women to spend their time safely, women and sport clubs, and catharsis programs. This was specifically in the old city of Jerusalem, Bitello, Jabal al-Mukabber, Deir Abu Mishaal, Silat al-Harithiya, Kafr Nima, Shuafat refugee camp, Burqa, Beita.
- Establishment of special centers for women/including assistance and support centers to protect women, educational centers, vocational education and rehabilitation centers, health and care services center, and a home for the elderly especially in the H2 of Hebron, the old city of Jerusalem, Al-Thouri, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Kafr Nima and Shuafat refugee camp
- Protection from violence / by providing legal support and protection, safe places to protect battered women, and protection grids on windows to protect family members from the settlers' violence. This was specifically in Burqa, Kafr Nima, Shuafat refugee camp and Al-Thouri. .

For women with disabilities (WwDs):

- Awareness and counseling, which includes psychosocial support and counseling community awareness about disability, legal awareness, awareness about organizations providing protection services, health awareness and guidance, community awareness and education about violence against women. This was a priority in all localities.
- Establishing special centers for women with disabilities, including health services, training and rehabilitation, and protection, especially in Al-Thouri, Bedou, Beitello, Jabal Al-Mukabber, Silat Al-Harithiya, Tammun, Faqoua Kafr Nima, and Shuafat refugee camp.
- Economic empowerment, providing job opportunities, small income-generating projects, and stable financial support especially in the H2 of Hebron, Bedou, Bitello, Deir Abu Mishaal, Deir Samet, Tammun, Atouf, Ain Al-Bayda, Kafr Nima, Faqqu'a and Shuafat refugee camp.
- Capacity building, especially in Kafr Nima, Sheikh Jarrah, Bedou, Bitello, the old city of Jerusalem, and Al-Thouri, followed by the provision of auxiliary tools, especially in Bedou, Jabal Mukaber, Atouf and Faqoua.
- Rehabilitation of parks and recreational places to accommodate to the needs of WwDs. Especially in the H2 of Hebron, the old city of Jerusalem, Sheikh Jarrah, Bitello, Jabal Mukaber, Deir Abu Mishaal, Deir Samet, Silat Al-Harithiya, Tammun, Faqoua, Kafr Nima, Shuafat refugee camp, Burqa, Beta.
- Adaptation of service centers, roads, public transportation and some homes especially in the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Deir Abu Mishaal, Atouf, Silat Al-Harithiya, Burqa, Beta.

Men's priorities:

- Improving the living and economic situation of men / by providing suitable job opportunities, raising wages, providing small projects for men with limited income, job opportunities for fresh graduates, vocational rehabilitation, providing job opportunities in government institutions, reclamation of agricultural land, and financial support. This priority existed in all localities.
- Awareness and counseling programs and campaigns, including counseling and Psychosocial support, community awareness about violence, human rights awareness, awareness on drug threats, awareness about cybercrimes, and parenting. This priority was manifested in all localities.
- Creating public places for hiking and recreation / including, sport clubs, public parks and gardens, sports fields, places for Psychosocial catharsis.
- Enhancing Health services including inspection, treatment, medical and health care, providing medicines to patients, and health guidance.
- Reducing the risk of traffic accidents by rehabilitating roads and sidewalks.

Priorities for men with disabilities:

- Economic empowerment including small projects commensurate with the nature of the disability, job opportunities, and financial support for those who cannot work to ensure a decent life for themselves and to their families. This is prevalent in the H2 of Hebron, the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Mukaber, Deir Abu Mishaal, Silat Al-Harithiya, Kafr Nima, Faqoua.
- Psychosocial support specifically in the communities of H2, old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Kafr Nima, Faqoua, Burqa, Beta and Silat Al-Harithiya.
- Awareness raising on human rights and the rights of PwDs , especially in the H2 of Hebron, the old city of Jerusalem, Al-Thouri, Sheikh Jarrah, Bedou, Bitello, Jabal Al-Mukabber, Deir Abu Mishaal, Kafr Nima, Faqoua, Burqa, Beta, Tammun, Silat Al-Harithiya.
- Establishing special centers that are well equipped and staffed to serve people with disabilities, especially in the communities of H2 of Hebron, the old city of Jerusalem, Al-Thouri, Burqa, Beta, Bedou, Bitello, Jabal Mukaber, Deir Abu Mishaal, Kafr Nima, Shuafat refugee camp.
- Rehabilitating entertainment venues/sports clubs, playgrounds, parks, to make them accessible for PwDs, specifically in Kafr Nima, Shuafat refugee camp, Faqqu'a, Atouf, Silat Al Harithiya, Jabal Mukaber, Al Thouri, and the old city of Jerusalem.
- Providing Inclusive education support concentrated in Atouf, Shuafat refugee camp, Silat Al-Harithiya, Bedou, Bitello, Faqqu'a, Ain Al-Bayda.
- Providing vocational training for PwDs , especially in Shuafat refugee camp, Kafr Nima, Deir Abu Mishaal, Sheikh Jarrah and Bedou.
- Providing private health care services and treatment for PwDs in Faqqu'a, Deir Abu Mishaal, Bitello, Kafr Nima.
- Adaptation to private and public places, especially in Shuafat refugee camp, Deir Abu Mishaal, Jabal Mukaber, Bedou, Al-Thouri, the old city of Jerusalem, Sheikh Jarrah and Atouf.

Priority services for school interventions:

- Enhancing the school infrastructure to 1- accommodate students' extra curriculum activities 2- adapt to the needs of PwDs, enhance the safety from settlers attacks activities
- Enhancing the capacity of school teachers and counselors to:
 - Conduct psychosocial support sessions and extracurricular activities
 - Deal with students with different types of disabilities
 - Conduct interactive teaching methodologies.
- Enhancing students' life skills, citizenship and protection

Conclusion

The data collected revealed noticeable differences in the answers of children and adults. According to the respondents, there is a considerable difference in the prevalence of violence indicated by children when compared with those of adults, women compared to men, and PWDs when compared with those without disabilities. People with Disabilities indicated higher levels of violence than the other groups.

Children have highlighted that they experience the highest level of violence in the streets, mainly due to threats and risks from Israeli forces, settlers attacks, community fights where weapons are used, and cybercrimes. The children reported lower level of violence at homes and schools, but also indicated that they lack the information on how to report and to whom to report in case they were exposed to any kind of violence, they do not have enough opportunities to express their opinion or participate in change, and there are limited psychosocial support services in their communities.

Women have highlighted that they experience a higher level of violence inside the families rather than on the streets, while men have indicated low level of violence on the streets and inside the family. Although 79% of interviewed men believe that there is no prevalence of violence against women in the family while, 52% of the interviewed women report that there *is* a prevalence of violence against women in the family. Both males and females have both highlighted that the main source of violence are the conflict and community violence and that this and economic hardships aggravate the vulnerabilities of families.

Concerning **children and adults with disabilities**, there is a lack of community awareness of their needs and the protection concerns that they suffer from, in addition to significant social stigma. Although the majority of respondents believe that children with disabilities are not subjected to violence in their communities, the study reveals a large discrepancy in responses between interviewees without and with disabilities. The majority of the respondents without disabilities (80%) report that there is no violence against

children with disabilities, while the majority of respondents *with* disabilities (56%), state that such violence *does* exist. Respondents referred to the lack of adaptation of roads, public facilities, or schools as increasing the risks for PWDs in addition to the lack of appropriate means of transportation, appropriate services, and the lack of qualified teachers/ professionals to deal with children and adults with disabilities. This demonstrates the need for adapting the infrastructure of the venues/centres where psychosocial/ protection/awareness activities are conducted, adapting the materials and project modules used to the needs of people with disabilities, in addition to enhancing the capacity of the service providers/ professionals to deal with PwDs.

Child labour was highlighted as a common issue with 52% of all those interviewed saying that this phenomenon exists in their communities. There was a higher percentage of responses by the subject of the risk (children themselves); the majority of children (64.7%) confirmed child labour in their communities compared to 56% of adults.

The assessment also reveals differences among respondents in **understanding the different forms of violence**, in particular gender-based violence (GBV) or violence against people with disability. Many respondents when asked to define violence (in the open questions) demonstrated a limited understanding of 'violence' which was limited to physical abuse and did not consider any other forms of violence. This points to the need for raising the awareness of communities on the types of violence and their multiple or compounded impacts on women, children, and PWDs.

The assessment results of the study show that there is a **severe shortage of mental health and psychosocial support** ('MHPSS') services for the different groups of respondents across all assessed communities and that these communities lack interventions and assistance programs that are specifically tailored for crises and emergencies and that children and PWDs are the most affected by the lack of this type of services. Moreover, the study shows that school facilities are often the

only place for providing PSS services for children and yet even these are irregular initiatives by different actors and are not aligned with a unified plan that targets all schools. Most of the interventions in this regard are limited to the role of the social worker, and in most cases, PSS programs outside the school are scarce, especially for children with disabilities. The assessment also highlights the lack of interventions for supporting teachers, which are limited to ad hoc meetings as a kind of stress

relief and discussion which usually takes place either between a teacher and a social worker or among the teachers themselves.

It is clear that the ongoing conflict and economic hardships continue to aggravate the vulnerability of these groups, which highlights the importance of multisectoral programming to address the different needs of the affected communities in a holistic and comprehensive way.

Key Recommendations

The following key recommendations identify programmatic priorities that can contribute to strengthening protection mechanisms to enhance the psychosocial wellbeing of children and adults, with special attention to PWDs, in the target communities. These recommendations are based on analysis of the results of the Assessment by Tdh Technical Specialists, as well as on feedback received directly from community members themselves, during interviews held as part of the Assessment. The recommendations propose multisectoral interventions that should be implemented by both formal and informal actors.

• Awareness Raising Recommendations:

- It is vital to raise the awareness of communities on the effects of violence on children, women, and people with disabilities.
- Awareness raising interventions should include information on how and where to report instances of violence.

• MHPSS Recommendations:

- MHPSS interventions that target the four layers of the ISAC pyramid should be implemented at the community level. These interventions should consider children and all the related systems that affect them in accordance with the social-ecological model. This includes economic empowerment, structured and unstructured psychosocial support services, case management, individual counselling, and referral to specialized services.
- To address extant gaps, a Parenting Curriculum that considers the needs of PWDs should be created and implemented with parents, including those with CwDs.

• Accessibility Recommendations:

- Adaption of all project modules and materials implemented at the community level to ensure accessibility for and participation of PwDs. This includes provision of all resources and necessary support for PwDs during project implementation to ensure their full participation.
- NGOs and CBOs should ensure that materials are age, gender and disability friendly.

• Strategic Recommendations:

- Support local NGOs and CBOs in adopting and implementing a child protection and GBV case management system, to ensure these services are available in hard-to-reach communities.
- Local NGOs need technical support and resources to enable them to provide specialized psychosocial interventions (both individual and group) in vulnerable communities, as well as being provided with “helping the helpers” support.
- Strengthen joint coordination between all actors in West Bank and East Jerusalem to ensure coherent and efficient outreach to the most vulnerable communities

- **Recommendations for addressing GBV:**

- Empowering women, especially women with disability, is essential. Women should be provided with holistic support that includes economic, social, and psychosocial support.
- There is a need to design tailored interventions for male beneficiaries, to enhance their participation. These interventions should include actions addressing gender norms and supporting positive coping strategies.

References

ⁱ Palestinian Central Bureau of Statistics, 2019. Preliminary Results of the Violence Survey in Palestinian Society, 2019, Ramallah - Palestine.

ⁱⁱ The initial report of the State of Palestine on the Convention on the Rights of Persons with Disabilities.

ⁱⁱⁱ Multi Sectoral Needs Assessment, 2022

^{iv} [Israel detained 815 Palestinian children in 2022 – Middle East Monitor](#)

^v UNICEF, Children in the State of Palestine, Child development data from the 2019/2020 multiple indicator cluster survey (MICS) -2021