

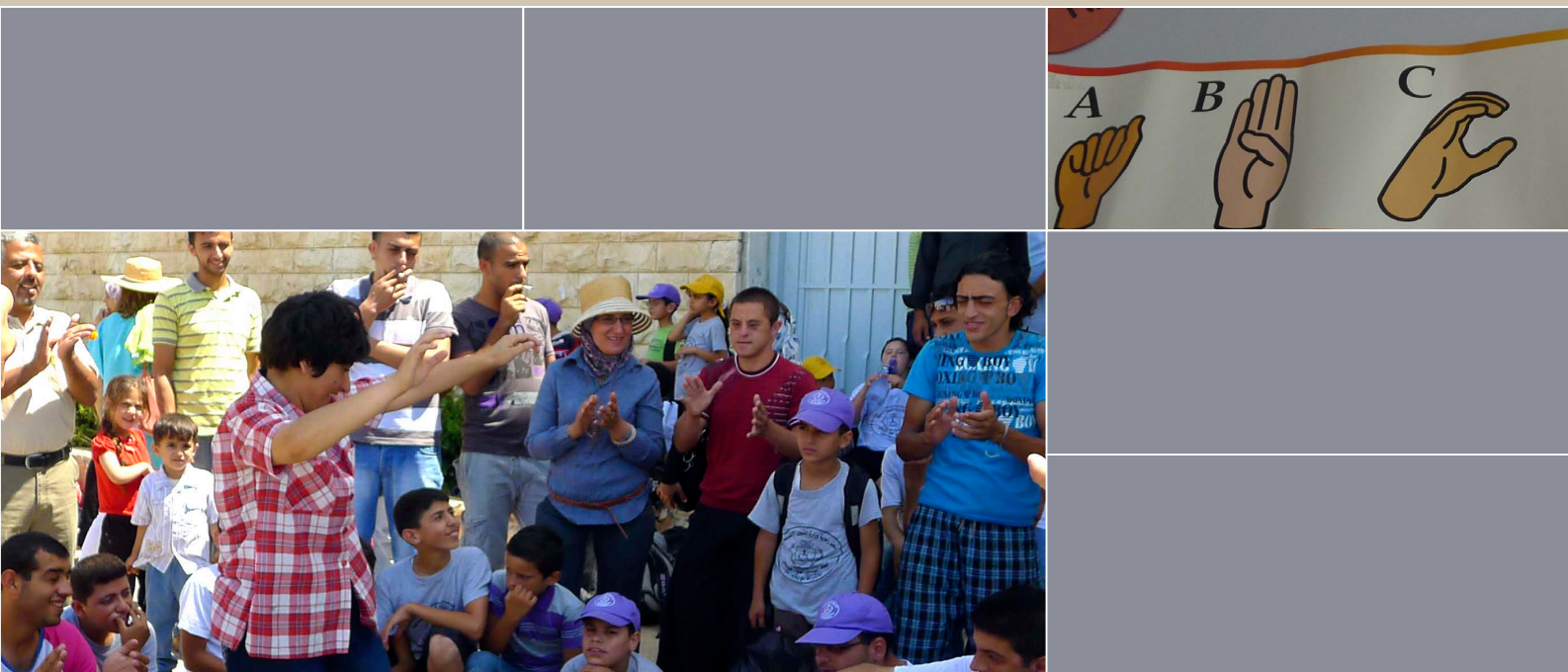


Mainstreaming disability in the new development paradigm

Evaluation of Norwegian support to promote
the rights of persons with disabilities

The Palestinian territory country report

Report 1/2012 Study



Norad

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February 2012

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Disclaimer:

The report is the product of its authors, and responsibility for the accuracy of data included in this report rests with the authors. The findings, interpretations and conclusions presented in this report do not necessarily reflect the views of Norad Evaluation Department

Note on layout and language

The layout of the document has tried to conform to guidelines for accessibility and ease of reading, which require Arial font and left (not full) justification of the text.

The report has also tried to avoid unnecessary use of acronyms and abbreviations.

An easy-read version of the Evaluation report Mainstreaming disability in the new development paradigm and an Arabic translation of the summary, will be made available on www.norad.no.

Preface

During the last decade the approach to disability has changed from a medical approach to a social and a human rights-based approach where focus is on removing barriers in society.

Norway has been among the driving forces establishing a framework for including and mainstreaming disability in development cooperation. How has Norwegian support to the promotion of the rights of persons with disability in the last decade been reflecting this?

The purpose of the evaluation was twofold: to document and assess the results of the Norwegian support in the last decade, and to assess the adequacy of the current 2002 Guidelines for the future, with special reference to the Convention on the Rights of Persons with Disabilities.

The evaluation offers an overview of Norwegian support to promote the rights of persons with disabilities. Between 2000 and 2010 the total funding *targeting* persons with disabilities was 1,4 billion Norwegian kroner (USD 240 million). In addition to the targeted support, the report identifies a few general programs in which disability aspects have been *mainstreamed*. These projects had a total budget of 1, 6 billion Norwegian kroner of which only a small part (less than 1%) went to facilitating the inclusion of persons with disabilities.

The documentation and analysis of Norwegian support in the four case countries Malawi, Nepal, the Palestinian territory and Uganda, and the desk study of the support to Afghanistan, argue for a two-track approach, utilizing gender mainstreaming as a model. Targeted initiatives give short term results and empower the rights-holders. Mainstreamed initiatives may take more effort and time, but - when successful – capacitate the governments (duty-bearers) in providing long term and sustainable results by removing barriers for inclusion and universal access.

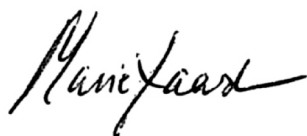
The research team systematically analyzed the Norwegian funded projects in light of a human rights-based theory of change, relying on the assumptions that projects need to empower persons with disabilities and their organizations, as well as build the capacity and demand accountability of the duty-bearers to take their responsibility for fulfilling the rights of persons with disabilities as stipulated in international conventions and national laws. Ensuring that research, statistics and knowledge are fed into the programming is also a key dimension of this theory of

change. The evaluation found that very few stakeholders applied a human rights-based theory of change, but rather focused on service provision which the team suggests is more likely to address immediate needs rather than creating sustainable changes.

The main synthesis report is available electronically and in printed version. A braille copy can be downloaded from the web. The four country reports, written in English, are available electronically. As part of Norads efforts of ensuring universal access, the summaries of the country studies are made available electronically, with translations to the relevant local languages Nepali, Arabic and Chewa. In addition an easy-read version in English and Norwegian of the main report is available electronically. In the oral presentations, sign language interpretations were facilitated for the hearing impaired and the deaf.

Nordic Consulting Group, in cooperation with researchers from the countries involved, carried out the evaluation and is responsible for the contents of the report, including its findings, conclusions and recommendations.

Oslo, February 2012

A handwritten signature in black ink, appearing to read 'Marie Gaarder', with a stylized, cursive script.

Marie Gaarder
Director of Evaluation

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List of abbreviations (mentioned more than once)

CBO	Community based organisation
CBR	Community-based rehabilitation
CNCR	Central National Committee for Rehabilitation
CRPD	Convention of the Rights of Persons with Disabilities
CRC	Convention on the Rights of the Child
CSO	Civil society organisations
DAC	Development Assistance Committee
DPO	Disabled people's organisation
EU	European Union
GBV	Gender-based violence
GCMHP	Gaza Community Mental Health Program
GU DP	General Union of Disabled Palestinians
ICHR	Independent Commission for Human Rights
ILO	International Labour Organisation
MDG	Millennium Development Goals
MFA	Ministry of Foreign Affairs, Norway
MOEHE	Palestinian Ministry of Education and Higher Education
MOPAD	Palestinian Ministry of Planning and Administrative Development
MOSA	Palestinian Ministry of Social Affairs
NAD	Norwegian Association of Disabled
NCA	Norwegian Church Aid
NCG	Nordic Consulting Group
NDF	Norwegian Deaf Association
NGO	Non-governmental organisation
NIET	National Institute for Educational Training
Norad	Norwegian Agency for Development Cooperation
NPA	Norwegian People's Aid
NRC	Norwegian Refugee Council
NRO	Norwegian Representative Office to the Palestinian Authority
ODW	Operations Day's Work
oPt	occupied Palestinian territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PRCS	Palestinian Red Crescent Society
PWRDC	Palestinian Women Research and Documentation Centre
ToR	Terms of Reference
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation

UNRWA	United Nations Relief and Work Agency for Palestine Refugees
WHO	World Health Organisation
Y Global	YWCA-YMCA Global, the international department of the YWCA- YMCA movement in Norway

Executive Summary



Executive summary

This field visit report on the Palestinian territory forms part of the Evaluation of the Norwegian Support to Promote the Rights of the Persons with Disabilities for the period 2000 to 2010. The Palestinian territory is one of four case countries. The others are Uganda, Malawi and Nepal.

KEY FINDING

The Norwegian funding has been crucial for the set-up of a well-established community based rehabilitation program for persons with disabilities in Palestine. The Program has a wide network of **referral services**, enjoys **local ownership**, is **rights-based** and **embedded** in the local implementing organisations.

The impact of the interventions aimed at **mainstreaming disability is less evident**. While 50% of schools are accessible, many families do **not send their children with disabilities to schools**. There are few achievements with regard to economic, social, cultural and legal rights.

The context

The political and economic situation in the Palestinian territory remains uncertain and difficult. Internal divides and Israeli restrictive measures hinder access to services and efforts to affect policy and legal change. One fourth of the population is living in poverty, adding to the burdens of disability on families.

A disability law was approved in 1999 but the government has failed to implement it so far, citing the lack of financial resources as the main reason. The Palestinian Authority does not enjoy a statehood status and thus cannot endorse or ratify international treaties and conventions, including the Convention on the Rights of Persons with Disability.

The Ministry of Social Affairs is mandated by law to oversee the protection of persons with disabilities, while other line ministries (health, education, labour, etc.) are required to ensure the provision of relevant services to them. The United Nations Relief and Work Agency for Palestine Refugees is responsible for the provision of such services to registered refugees. However, the main service providers in the disability and rehabilitation sector are local nongovernmental organisations.

There are a relatively small number of Disabled People's Organisations in the occupied Palestinian territory. The main ones, the General Union of the Disabled established in the 1990s and two other (for women with disability and for the

deaf) established in the past few years, have received financial and technical assistance from Norwegian partners. Disabled people's organisations are represented at the Higher Council for Disability and often consulted in matters related to disability at the national level.

Norwegian support

Between 2000 and 2010 the funding targeted for persons with disability was around 73.6 Million NOK. The largest projects have been supported through Atlas Alliance with few exceptions of projects funded by the other Norwegian nongovernmental organisations.

The main targeted interventions are the Community-Based Rehabilitation Program supported jointly by the Norwegian Association of the Disabled and the Swedish Diakonia, and the organisational development of the deaf.

With regard to initiatives including disability, the Ministry of Education and Higher Education is mainstreaming disability mainly in the provision of accessibility means and in its Inclusive Education Program. The Independent Commission for Human Rights seeks to respond to violations of human rights of persons with disabilities as part of its mandate. Other main actors mainstreaming disability include Gaza Community Mental Health Program and YMCA (mental health conditions), Red Crescent Society (rehabilitation and humanitarian services), Tamer Institute (children literature), Right to Play (sports), Norwegian Refugee Council (shelter and legal aid), among others.

Results and outcomes

Although most of the interventions have a strong focus on service provision, the targeted interventions seek mainly to empower persons with disability at the individual level and/or to support their self-organisation.

Norway support has been crucial in the creation of a well-established community-based rehabilitation program with strong links with the community and wide network of referral services, enjoying local ownership and embedded in the local implementing non-governmental organisations. The impact of this program on the lives of beneficiaries has been documented in several evaluations and research documents.

Support to persons with hearing impairments is relatively more recent but has been successful in strengthening a number of existing clubs for the deaf and establishing a national coordinating body.

The impact of interventions mainstreaming disability is less evident. While 50% of schools are accessible, many families do not send their children with disabilities to schools for reasons beyond the school system. Teaching staff does not have the necessary skills to deal with students with disability and is inadequate in numbers. Although the education sector has been active in adopting an inclusive approach, this effort needs to be further institutionalised within the national education system alongside with the development of outreach support services.

There are few good examples of organisations trying to mainstream disability within their overall programs. However, the practice of mainstreaming is limited in scope and geographic coverage. The Norwegian extending agencies do not enforce any criteria for the mainstreaming of disability as a crosscutting issue when negotiating funding with local partners.

Challenges identified in the course of the evaluation include: disparity in focus with regard to types of disability, with little attention paid to developmental and intellectual disability; lack of attention to social and cultural rights, including marriage and prevention of sexual violence; inadequate attention to livelihoods; poor prospects for sustainability of interventions; inadequate horizontal links and synergy between interventions; and inadequate mainstreaming efforts.

Recommendations

The evaluation found a strong evidence of opportunities in the Palestinian territory for consolidating work on the rights of persons with disability. In 2011, the Palestinian Central Bureau of Statistics for the first time conducted a comprehensive disability survey as a preparation for the Ministry of Social Affairs issuing of Disability Cards. The knowledge base established by the Central Bureau of Statistics is of key importance also for the Independent Commission for Human Rights in planning for their National Inquiry on the rights to employment for persons with disability.

Against this backdrop, the evaluation proposes several recommendations to consolidate the role of Norwegian support in promoting the rights of persons with disability:

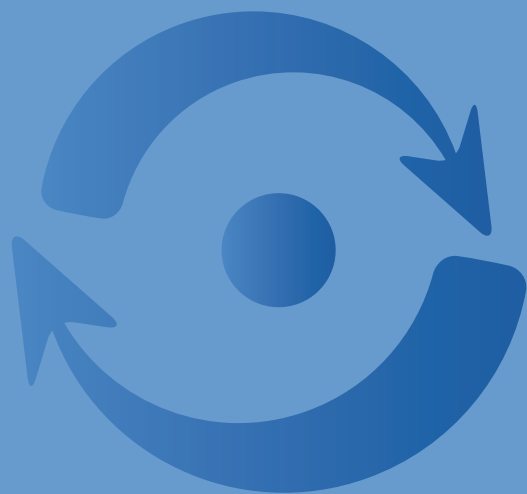
1. Norway can play a more proactive role in promoting the rights of persons with disability by including in its funding requirements a provision to mainstream disability in the different sectors it supports. Experience in mainstreaming gender could be used to support this approach.
2. Norwegian extending agencies can raise disability in the dialogue with development and humanitarian partners, including the Palestinian Authority, aiming at institutionalising interventions within the existing national structures.
3. Horizontal links and synergy should be pursued between the different interventions as well as between Norwegian partners.
4. Monitoring of fund disbursement and allocations needs to be strengthened in order to ensure that disability is mainstreamed.
5. With regard to targeted interventions, the Norwegian partners need to pay more attention to sustainability of the programs. One of the means to do so is to require the institutionalisation of interventions within the existing national structures.

6. When supporting local NGOs, coordination with the government and plans to institutionalise the intervention need to be included as part of the requirements for approval of the requested funding.
7. More efforts need to be made to ensure that persons with disabilities and their organisations are involved in the planning, implementation and monitoring of interventions. Strategic partnerships can be established with local DPOs for such purposes.
8. Funding should be targeted to action-oriented research in overlooked areas such as marriage and family aspects, violence against females with disability, political participation of persons with disability etc. The disability movement can help in determining these focus areas.



(Sign language alphabet in the Total Communication School in PRCS in Ramallah, photo: Nora Ingdal/NCG)

Main Report



1. Introduction

During the last decade the international development regarding the rights of persons with disabilities has undergone substantial changes. With the UN Convention on the Rights of Persons with Disabilities (hereafter: the Convention) these rights have been given a solid international basis and framework. Having signed the Convention, but still in the process of preparing for ratification, Norway was a pioneer in establishing a framework and guidelines for including and mainstreaming disability in development cooperation some ten years ago.¹ On this background Norad's Evaluation Department initiated the current Evaluation to take a critical look at the results of the Norwegian support to promote the rights of persons with disabilities in the last decade. The Evaluation is also asked to assess the suitability of the current framework and guidelines for securing these rights within the new international context.

This field visit report on the Palestinian territory forms part of the overall Evaluation of the Norwegian Support to Promote the Rights of Persons with Disabilities, and presents findings and assessment of the results in the Palestinian context.

1.1 Background

The Palestinian territory² includes the geographic areas of the West Bank, Gaza Strip and East Jerusalem occupied by Israel in 1967. While the population of these regions face similar problems in terms of socio-economic vulnerability, access restrictions and repeated emergency situations, they are subject to different governing regimes. The West Bank is divided by Oslo Accords between Israel and the Palestine Liberation Organisation into three specific areas: area A (17% of the West Bank) subject to Palestinian civil and security administration, area B (24%) subject to Palestinian civil administration and Israeli security control, and area C (59%) under full Israeli civil and security control. Israel also exercises full control over East Jerusalem. In Gaza, the de facto Hamas government has been ruling since June 2007, with little coordination with the Palestinian Authority ruling in those West Bank areas that are under Palestinian control.

According to the Palestinian Central Bureau of Statistics (PCBS) estimates, the total population at the end of 2010 was 4.1 million, including 2.5 million living in

¹ The Norad Plan of Action for the Inclusion of Disability in Norwegian Development Cooperation was discussed by the Norad Direction in October 2000 and the practical guidelines were adopted in January 2002.

² The Palestinian territory is used by the government of Norway to designate the occupied areas of the West Bank, the Gaza Strip and East Jerusalem (www.norway.org.ps/). Previously Norway used to refer to it as "the Palestinian Area". In official documents from Norad or MFA, the term might be found still. The UN refers consequently to it as the "occupied Palestinian territory" (oPt), source: www.ochaopt.org/

the West Bank and 1.6 in the Gaza Strip. The Palestinian society is a relatively young one, with persons under the age of 20 years constituting 52% of the total population and persons over the age of 65 years constituting less than 3%. Demographic studies indicate that the population growth rate at the end of 2010 was estimated at 2.9%, representing a significant decline from the rate of 3.6% in 2000.

PCBS data indicate that over one fourth of the population (25.7%) in the Palestinian territory are living in poverty (18.3% in the West Bank, 38.0% in Gaza), with 14.1% living in abject poverty (8.8% in the West Bank and 23.0% in Gaza).

1.2 Purpose

According to the Terms of Reference, the purpose of the evaluation is twofold:

- Document and assess the results of the Norwegian support to promote the rights of persons with disabilities in development cooperation in the last decade. The evaluation should include, but not be limited to an assessment of the extent to which the support to persons with disabilities has been mainstreamed and the special merits of such an approach within the cooperation.
- On the basis of the plan and guidelines from 2002, considering the recent developments on the international scene, with special reference to the Convention (and Art. 32), propose guidelines appropriate to meet the challenges for Norway related to the support and promotion of the rights of persons with disabilities.

1.3 Definitions

According to the CRPD, “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” The same definition has been used by PCBS and the Palestinian Ministry of Social Affairs (MOSA) in the recent 2011 national disability survey.

For the purpose of this evaluation:

- Long-term mental health conditions that hinder full and effective participation in society are considered a disability and thus are addressed by this evaluation even if the projects of concern do not use the term “disability” in specific.
- HIV/Aids and TB are not considered a disability in most partner countries and therefore initiatives targeting persons living with HIV/TB will not be included.
- Initiatives focussing on prevention of disability are not included as the persons targeted do not yet have a disability (e.g. mine clearance, vaccination campaigns, health education campaigns).

However:

- corrective surgery is included (e.g. operations to improve mobility, eye sight etc.) as well as programs providing medication to persons with disabilities (e.g. epilepsy, mental health etc.) when this is part of a more comprehensive rehabilitation and empowerment program.

Regarding definitions of types of programs; mainstreaming or inclusion and targeted initiatives towards persons with disabilities, the following have been agreed upon:

1. Targeted initiatives have as their main aim to support service provision, empowerment, organizational capacity development, advocacy or other measures to promote the rights of persons with disabilities.
2. Mainstreamed refers to projects/programs, where persons with disabilities are part of a wider program targeting a sector, issue or geographical area. "Mainstreamed initiatives" may have other main aims, but include persons with disabilities as part of their agenda.

For the purpose of this evaluation, we consider that mainstreaming of disability has only taken place when specific measures have been taken to include and facilitate the participation of persons with disabilities. Therefore, we use two main criteria for claiming mainstreaming:

- a. explicit measures to include persons with disabilities and or to remove the barrier(s) that prevent them from taking part must be mentioned in the planning document and/or a budget linked to these measures; and
- b. progress, annual or end report(s) must include specific information on results (output, outcomes, impact) for persons with disabilities, ideally disaggregated data on persons with disabilities.

1.4 Methodology

The Palestinian territory was one of the countries pre-selected by Norad's Evaluation Department along with Malawi and Uganda. In the Inception phase Nepal was also included as a case country and Afghanistan as a case for desk studies.

The Palestinian case country report seeks to document the support given during the last decade to persons with disabilities across geographical areas, sectors, channels, partners, and types of disabilities, examining the support to both targeted and mainstreaming approaches. The rights based approach is central in this evaluation.

The Palestinian country evaluation process and report were managed by a local lead consultant with direct involvement and technical support from one of the team leaders. The evaluation process started in end of May 2011 and was concluded in March 2012.

Sample

A sample of projects was analysed to determine if and how they had addressed the rights of persons with disabilities, how the extending agreement³ and implementing partners viewed the present Norwegian policy direction in relation to disability and their awareness and importance of the issue. The starting point was a list of projects generated by Norad's Statistical Department, in which projects until 2008 was ticked off with a disability "target group marker" and for the years 2009 and 2010 by word search related to disability. The original disability list for the Palestinian territory included 35 contracts, mainly projects related to the Atlas Alliance and Norwegian NGOs with funds from Norad.

Since the purpose of the evaluation was also to assess mainstreaming of disability in the overall Norwegian development cooperation, the evaluation team accessed country statistics of the total Norwegian support (to the Palestinian territory) for the last ten years 2000-2010,⁴ and categorised the agreement partners according to size (see chapter 3). Then 1-5 agreement partners within each of the categories were selected based on the scale of funding received. These categories were Government, Multilateral institutions, Norwegian NGOs, Local NGOs, International NGOs and Other donors.

To ensure that all sectors were covered, we analysed the various Development Assistance Committee (DAC) sectors. In the case of the Palestinian territory the sectors of budget support, government and civil society, education, and emergency response were the five largest sectors that we decided to cover.

In addition to the scale of funding, partners with projects in education and humanitarian assistance were specifically selected due to the requests on these issues in the Terms of Reference.

Based on the above results of the analysis as well as discussions with the Norwegian Representative Office to the Palestinian Authority (NRO), we were able to identify additional contracts handled by the office (but not mentioned in the "Disability List") that were added to the Norad's list of projects marked by "disability". The complete list of projects reviewed either via desk studies, visits, or interviews is attached in Annex 1.

Around 40 individual and group interviews were held with over 90 persons from 23 different organisations. These included the Norwegian Representative Office to the Palestinian Authority (NRO); Norwegian nongovernmental organisations (NGOs); governmental organisations (Ministries of Social Affairs, Education and Planning, Central Bureau of Statistics); United Nations' agencies and international organisations and the World Bank; the Independent Human Rights Commission (ICHR); local NGOs; local disabled people's organisations (DPOs) and groups of persons with disability.

³ The extending agency refers to the Norwegian governmental agency that signs the contract, monitors and ensures the reporting of the implementing organisations on behalf of Norway.

⁴ The Norad database was not completely updated for the fiscal year ending 31.12.2010, and thus several projects were found to be missing. This should be taken into consideration when referring to figures for the year 2010 throughout the report.

Rights-holders interaction

The evaluation team ensured the involvement of the rights-holders, persons with disability, at the different stages of the evaluation process. Activists and leaders from the disability movement were consulted at an early stage of the planning for fieldwork in oPt through direct contacts. Their views were taken into consideration in the planning process and were reflected in the Inception Report. Further, the fieldwork included individual interviews with DPOs as well as two sessions with a number of persons with disabilities from various parts of the West Bank attending a leadership training course in Ramallah. In addition, brief discussions were held with two persons with disabilities attending a summer camp supported by the United Nations Relief and Work Agency for Palestine Refugees (UNRWA) in Far'a refugee camp in the north of West Bank. Finally, upon the completion of the fieldwork, two focus group sessions were held with 14 persons with disabilities from different areas of the West Bank in order to validate the findings of the evaluation team's work. Their inputs are recorded in Annex 3 of the report.

The following is a breakdown of interviews and interviewees by stakeholder categories:

Table 1: Projects reviewed and interviews by categories

Stakeholder categories	Number of respondents
Extending agencies	11
Norwegian NGOs	8
Governmental institutions	18
National quasi-governmental/independent institutions	8
UN agencies and international organisations	9
Local NGOs	12
DPOs and PWDs	32
Others	2
Sum	93

The draft field visit report was submitted to Norad on October 3rd, and shared with the partners. Based on the comments, a final report was submitted to Norad in December 2011.

1.5 Limitations – obstacles

Most of the fieldwork was carried out in July before the start of Ramadan. This caused some pressure in terms of timeframe. In addition, many of NRO staff were on summer leave during the fieldwork and the follow up afterwards, making it difficult to make arrangements and get documents in a timely manner.

The team was unable to go to Gaza due to lack of permit. Interviews with Gaza partners were carried out by phone and one time by a videoconferencing facility. Hence no field visits and consultations with rights-holders were made in Gaza.

This was a major setback since most of previous evaluations were conducted in the same way and there has been little interaction, if any, with Gaza partners in the recent research and documentation activities.

It was difficult to ensure involvement of persons with intellectual/developmental disabilities or their families in the evaluation process. People with hearing impairments were also inadequately represented. Leaders of the DPO for the deaf were not available for interviewing although they were contacted several times. Nevertheless, the evaluation team was able to carry out a field visit to a project for the education of deaf students and observe an activity, where deaf persons were interacting with teachers of the deaf in developing teaching materials.



The photo shows Palestinian deaf translators in the Total Communication project managed by the Palestine Red Crescent Society in Ramallah, discussing terms for natural science and history in order to include them in a new dictionary. Photo: Nora Ingdal/NCG

2. Country disability context

2.1 Living conditions

According to the 2011 disability survey conducted by PCBS and MOSA, the prevalence of disability in the Palestinian Territory was about 7% according to the wide definition of disability, with similar prevalence in both West Bank and Gaza. Using the narrow definition (which includes only persons with significant difficulties), the prevalence of disability was found to be 2.7% in the Palestinian Territory distributed as 2.9% in the West Bank and 2.4% in Gaza. The prevalence was 2.9% for males and 2.5% for females.

Persons with mobility difficulties account for about one half of persons with disabilities and all other types of disability represent the other half with little variation. More than one third of persons with disabilities aged 15 years had never enrolled at school. Over 87% do not work. About one third of persons with disabilities in the Palestinian Territory are never married.

In addition, three out of four persons with disabilities who are 18 years old and above in the Palestinian Territory report that they do not use public transportation due to the lack of necessary adaptations in the infrastructure. More than one fifth stated they dropped out of school due to their disabilities.

The documented history of disability movement in the oPt repeatedly affirms that the status of persons with disabilities and social attitudes towards disability have improved following the Palestinian National Uprising (Intifada) that erupted in late 1987 and the Second Intifada that broke out in late 2000 due to the heroic perception of the Intifada-related disabilities.⁵ This, however, has led to a higher focus on physical disabilities and the profile of other types of disabilities has remained low.

Despite these evident changes in the social attitudes towards disability in the last two decades, large social segments still attach stigma to disability, especially developmental disability and mental health conditions. Degrading terminology and charity-based notions are still common. Coupled with the many environmental obstacles, these attitudes make it difficult for persons with disabilities to join education, access services and apply for jobs/earn an income. Social and economic vulnerabilities prevent them from obtaining their rights to political participation. Data on the political rights of persons with disabilities are lacking but

5 See for example, Central National Committee for Rehabilitation (1998), Qutteina M. (2000) and Eide A. (2001).

there are a few known cases of persons who were able to challenge all obstacles and gain a position in local councils through elections.

2.2 Policy and laws

The Palestinian disability law was adopted by the Palestinian Legislative Council in 1999. The law names the Ministry of Social Affairs (MOSA) as the leading government body in charge of disability. In this capacity, MOSA has adopted executive bylaws to enforce the law in 2004. However, little achievements have been made so far in the application of the law, citing the lack of financial resources as the main restrictive factor. Yet, the government has failed to include persons with disabilities in its planning frameworks, reflecting a lack of political will.

MOSA is mandated by law to oversee and care for the protection of persons with disability, while other line ministries (health, education, labour, etc.) are required to ensure the provision of relevant services to them. UNRWA is responsible for the provision of such services to registered refugees. However, the main services providers in the disability and rehabilitation sector are local NGOs.

Disability-related policies are lacking in most of the sectors, with the exception of the education sector, where the Ministry of Education and Higher Education (MOEHE) is adopting an inclusive education approach, coupled with support to special needs education schools. Medical and rehabilitation services are offered mainly by the NGO sector. Vocational and livelihood services are largely lacking with few exceptions of vocational centres run by the private and government sectors. The provisions of the disability law requiring the allocation of 5% of jobs in large institutions to persons with disabilities are not enforced even by governmental organisations.

Although not officially documented, an issue was raised through the interviews claiming that some persons with disabilities might be receiving preferential treatment over others if their disability is conflict-related. The disability law provides for one aspect of such preferential treatment when it exempts conflict-related disabilities (resulting from resistance to the occupation) from co-payment for medical rehabilitation and assistive devices. The law does not discriminate between persons with disabilities on the basis of disability cause save for that provision. Yet the high social value given to political participation and sacrifice in an area struggling for self-determination over long decades may give effect to such discrimination. Also, the political role of persons with conflict-related disabilities may give them a better access to decision-making circles within their political parties as well as within the government and other service providers, increasing the potential for them to achieve some of their rights. Interviewees from the ICHR noted that such an issue needs to be examined, probably during the forthcoming national inquiry on disability rights related to livelihood.

With regard to the UN Convention on the Rights of Persons with Disability (CPRD), the Palestinian Authority does not enjoy a statehood status and thus cannot endorse or ratify international treaties and conventions.

2.3 Recent developments

The political situation is compounding the status of disability rights. Political divide between Gaza and the West Bank and the suspension of the functioning of the Legislative Council hinder advocacy and lobbying efforts for policy and legal change. Closures and mobility restrictions compound the difficulties persons with disabilities are facing in mobility and access to services and increase the costs and burdens attached to disability that families have to endure. The increasing poverty and unemployment in the Palestinian society, especially in Gaza, aggravates the situation of families with persons with disabilities.

Nevertheless, it is believed that positive developments are taking place, as evidenced in the creation of new DPOs in the past few years, including one for women with disability and another for the deaf; the implementation of a national survey on disability and other research papers that can inform planning and advocacy efforts; and the increased interest in developing personal capacity among persons with disabilities, whether in terms of leadership training, nomination to steering committees, or running for public offices by a number of persons with disabilities.

2.4 Challenges

Persons with disabilities in the Palestinian territory face a wide range of challenges almost in all aspects of their lives. These include limited access to quality services, lack of skills and capacity on part of service providers, increased cost and burden of disability due to the harsh political and economic situation, unfriendly physical environment, and negative social attitudes, limited opportunities for livelihood and income generation, exclusion from social and cultural aspects of life, lack of access to legal aid, among others.

At the institutional level, the rights of persons with disabilities as stipulated in the disability law are far from being ensured; funds allocated to disability are inadequate and mainstreaming of disability into general programs and budgets is very weak; available services are inadequate and unevenly distributed, with urban centres hosting the majority of services; coordination among service providers and actors in the disability movement is poor; updated and reliable databases on persons with disabilities, services, needs and gaps are lacking; national strategies and action plans to address disability issues are inadequate and poorly coordinated.

3. Analysis of Norwegian portfolio

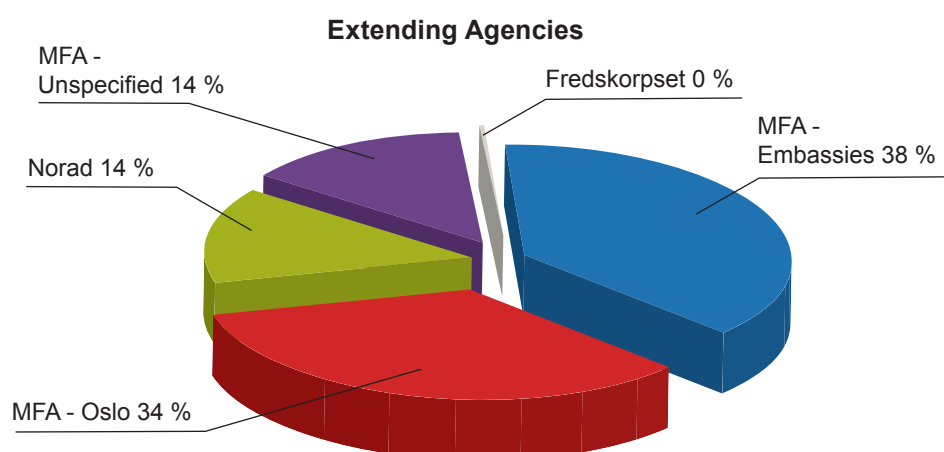
3.1 Statistical overview of the support

The Palestinian territory receives around MNOK 660 per year from Norway. It is the fourth largest partner country.⁶ Over the evaluation period (2000-2010), support to the Palestinian territory has steadily increased from MNOK 245 in 2000 to about MNOK 662 in 2010,⁷ averaging MNOK 486 per year.

According to the government of Norway, the background for Norwegian assistance to the Palestinian territory has been the wish to contribute to the establishment of an independent state, i.e. a two-state solution between Israel and the Palestinians. Institution building on the Palestinian side has been and is thus a priority area for Norwegian assistance.⁸

In the Palestinian territory the major extending partners are the Norwegian Representative Office to the Palestinian Authority (NRO) which holds 38% of the contracts, MFA Oslo 34% and Norad 14%. The meaning of extending agencies implies the Norwegian governmental agency that signs the contract, monitors and ensures the reporting of the implementing organisations on behalf of Norway.

Figure 1: Extending agencies of Norwegian support to the Palestinian territory, years 2000-2010 (% of funding)



Source: Norad database/information collected by the evaluation

⁶ <http://www.norad.no/Land/Midt%C3%B8sten/Palestinske+omr%C3%A5det>

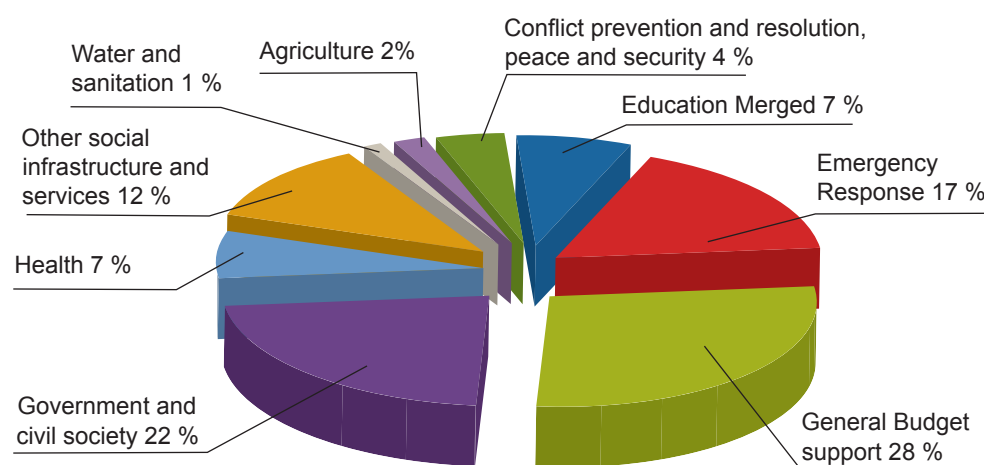
⁷ These figures exclude support to UNRWA, which covers the West Bank and Gaza Strip as two of the five fields of its operations.

⁸ <http://www.norad.no/en/countries/middle-east/palestinian-territories>

The Embassies (and in this case the NRO) are in charge of the bilateral and sometimes multilateral agreements on behalf of Norway. MFA Oslo usually handles most of the emergency and humanitarian contracts, but in the Palestinian context, the NRO also handles emergency and humanitarian projects. Norad is the extending agency for the support to civil society channelled via Norwegian NGOs to local partners.

The largest development assistance sectors (DAC) in the Palestinian territory receiving support from Norway for the last ten years are budget support (28%), government and civil society (22%), emergency response (17%), social infrastructure/services (12%), health and education (both 7% each).

Figure 2: 10 largest DAC sectors of total Norwegian aid to Palestinian territory, years 2000-2010 (% of funding)



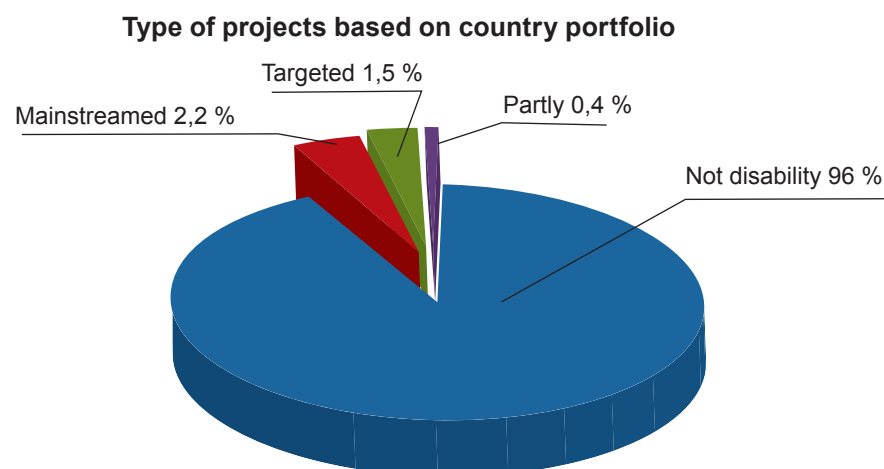
Source: Norad database/information collected by the evaluation

3.2 Type of interventions

The evaluation reviewed a total of 66 disbursements between various Norwegian extending agencies and Norwegian and local partners. In many cases, several disbursements were pertinent to the same project over a number of years. When considering this factor, the number of projects/partners under review was in fact around 30, in addition to four other partners examined as part of their involvement in activities under the core budget support provided by Norway to the Palestinian Authority.

The following table presents a description of Norway supported interventions according to their focus: specifically targeting persons with disabilities, mainstreaming or partly mainstreaming disability, or having no disability-related elements in their general scope.

Figure 3: Share of total Norwegian aid to the Palestinian territory to disability, years 2000-10 (% of funding)



Source: Norad database/information collected by the evaluation

As seen from the figure above, 96% of the projects funded by Norway in the Palestinian territory are neither targeting nor mainstreaming persons with disabilities. 2.2% of the projects were found to be mainstreaming disability, and another 1.5% specifically targeting persons with disabilities. In exact figures, 118 million kroner had been channelled to mainstreamed projects, 21 million to partly mainstreamed projects and 78 million kroner to targeted interventions in the period from 2000 to 2010.

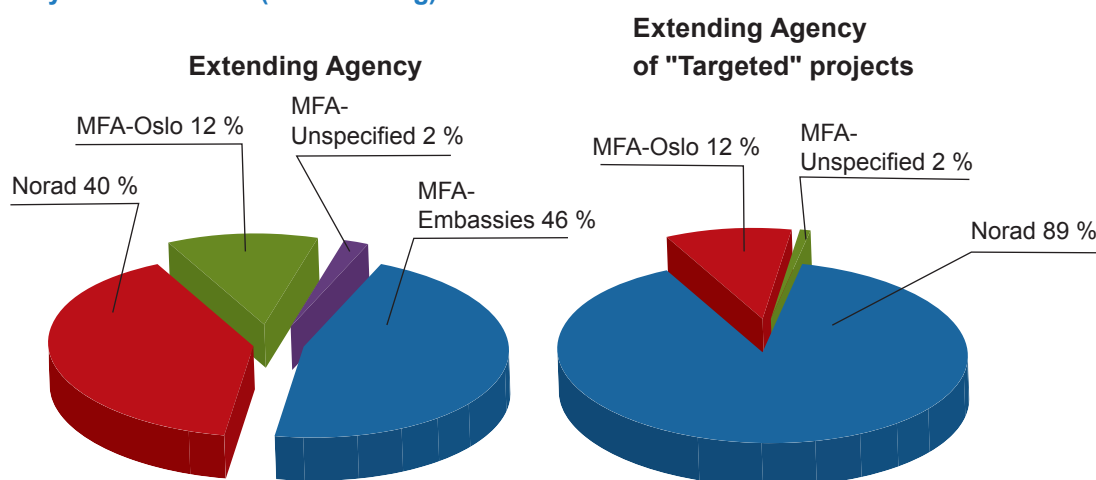
Analysing which Norwegian government agency that handled the contracts targeting persons with disabilities, the table below shows that almost all of them were handled by Norad via the Civil Society fund.

Table 2: Projects by extending agency 2000-2010 (in 1000 NOK)

Categories	Overall projects	Targeted projects
MFA – NRO	100 978	0
Norad	85 726	69 779
MFA – Oslo	26 321	7 541
MFA – Unspecified	5 039	1 037
Total	218 064	78 357

Source: Norad database/information collected by the evaluation

Figure 4: Targeted and mainstreamed projects by extending agencies, years 2000-2010 (% of funding)



Source: Norad database/information collected by the evaluation

3.2.1 Targeted initiatives

There were 21 contracts identified as specifically targeted at persons with disabilities between 2000 and 2010, but those were related to a maximum of 11 different projects only. The total funds for these projects were around 78.5 MNOK (less than 1.5% of total support). The largest projects have been supported through Atlas Alliance with few exceptions of projects funded by the Norwegian Red Cross, YWCA-YMCA Global (Y Global) and Norwegian People's Aid (NPA). All of these projects were funded through Norad or MFA and none was managed by the NRO (see Table 2 above). All of local partners were NGOs and none of these projects was carried out in direct partnership with the government.

The main targeted intervention was the **community-based rehabilitation (CBR) Program** supported through NAD/Atlas in partnership with the Swedish Diakonia. The program has been active in both the West Bank and Gaza since 1990, being implemented through a large number of local NGOs. The main aim of the program is to help persons with disabilities acquire skills for activities of daily living in order to facilitate their independence and self-reliance. The program has a well-documented impact on the rights of persons with disabilities to family and social inclusion, including successes in inclusion in mainstream schools (both public and private) and occasionally vocational training and employment opportunities.⁹

In the last few years, the CBR approach has involved local government structures (mainly village councils) in the management of CBR activities in their villages to ensure local ownership and increase sustainability. The program and its partners have also been active in advocacy and policy/legal change, including the adoption of the Palestinian disability law in 1999. The program has also played a role in putting disability issues on the national agenda through support to MOEHE in the development of their Inclusive Education Program, support to

⁹ See for example, Ingdal N. & Qutteina M. (2009), Nilsson A. & Qutteina M. (2005), Eide A. (2001).

MOSA in the development of a National Strategy on Disability and by influencing the ICHR to plan for conducting a national inquiry on disability rights related to livelihood in 2011.

An important feature of the CBR Program is its ability to develop and adapt over time, using a solid evidence base through documentation and research. The inception of activities at the community level usually starts by a community survey to identify persons with disabilities and assess their needs. Several aspects of the program have been evaluated, including a gender audit (Abu Nahleh, 2003) and an evaluation of the program from the perspectives of persons with disabilities themselves (Nilsson & Qutteina, 2005) – a first of a kind evaluation in the entire region.

Support to the organisational development of persons with disabilities has been provided through NAD engagement with the General Union of Disabled Palestinians (GUDP). This support has been guided by several evaluations and needs assessments, covering areas of organisational development, financial management and governance. It also included technical assistance and secondment of Norwegian experts to support the organisational capacity building (Løchsen, 2004). This support was terminated in 2005 due to political issues affecting the functioning of the Union, although NAD continued to support some local branches. Yet GUDP leadership still believe that NAD should have done more to support them as a main partner similar to NAD support to DPOs in other countries.

Another main project was targeted at the Palestinian deaf in order to support their self-organisation. This project was also supported through Atlas, initially in partnership with the Central National Committee for Rehabilitation and later in partnership with the newly created Palestinian Association of the Deaf. Technical as well as financial support from the Norwegian Deaf Federation have been instrumental in supporting self-organisation of the Palestinian deaf and the creation of a Palestinian Association for the Deaf (which in fact is an association of deaf clubs rather than an association of deaf individuals). Norwegian support has been used for capacity building of the Association and its member clubs as well as for the training of a group of official sign language interpreters. Yet the project has been suffering due to tensions between local deaf clubs and achievements so far are below the expected level.

In parallel, a smaller project has been focusing on **the education of deaf children** by supporting schools for the deaf in the West Bank through the Signo Foundation – an associated member of the Atlas Alliance.¹⁰ The main partner in this latter project is the Palestinian Red Crescent Society (which is also a local partner in the CBR program, as well as the local counterpart for the Norwegian Red Cross). The project has been instrumental in providing support to some of the direly needy schools for the deaf in marginalised areas of the West Bank. Support included the provision of equipment and training of teachers, as well as

¹⁰ Signo is an independent, non-profit NGO within the Church of Norway that offers services to deaf and deafblind persons. Signo is not a DPO, but out of 950 employees, 140 are deaf or hard of hearing. Source: www.signo.no

the development of thematic sign language manuals. MOEHE is involved in the management of this project by being a member of the Steering Committee. More efforts are still needed to assist the Ministry in developing a solid national strategy for the education of deaf students, which would ensure sustainable impact of the provided support so far.

Another targeted project is the Y Global 5-year project “**Capacity Building for Trauma Counsellors** in East Jerusalem YMCA”, which was implemented in different regions in the West Bank between 2005-2009. The project aimed to update the knowledge and skills of counsellors on the use of modern techniques in psychosocial counselling and mental rehabilitation in their work with survivors of political violence.

The remaining targeted projects were basically short term interventions (mostly one-year support), including one project for special education of children with learning difficulties, another supporting information technology for persons with visual impairment, and two addressing rehabilitation of landmine victims. The impact of these projects is difficult to assess due to their short duration and because they have been implemented several years ago.

Most of the targeted projects work with persons with disabilities regardless of the cause of their disability. Only few can be considered as specifically targeting persons sustaining disabilities in result of armed conflict or natural disasters. One of those is the telemedicine cooperation project between Wafa Rehabilitation Hospital in Gaza, along with the main referral hospitals in the West Bank, and Sunnaas Rehabilitation Hospital in Norway. This project aims at enhancing the local capacity in managing severe cases requiring special surgery by facilitating distance learning and exchange.

Although the targeted projects are few and mostly run through Atlas Alliance, there seems to be little coordination, if any, among them on the local level. There is also little or no evidence of efforts on part of the extending agency and Norwegian partners to promote horizontal links between them. However, the role of NAD/Diakonia CBR Program in promoting the rights of persons with disabilities within the different sectors and linking up with mainstream interventions should be commended.

3.2.2 Mainstreamed initiatives

The evaluation team was able to identify 24 general contracts mainstreaming disability and 11 partly mainstreaming. Since several contracts were pertinent to the same project over a number of years, we could identify less numbers of mainstreamed interventions and partners. The total amount used for these contracts of partly mainstreamed and mainstreamed projects was around 140 MNOK (118 and 21 million). Yet it was difficult to calculate how much of these funds are really benefiting persons with disabilities.

The main mainstreamed element is the support to the **Ministry of Education and Higher Education (MOEHE)** through NRO, which has been offered throughout the past decade in the form of both development and emergency support.

MOEHE was found to mainstream education services to students with disability through two distinct activities: physical accessibility of schools, which is ensured by the Ministry's General Directorate of Buildings, and the inclusive education program managed by the General Directorate of Counselling and Special Education. Both components receive support from Norway but through various channels. School construction and adaptation is supported through NRO as part of the Cooperation in Education Development initiative and emergency support, whereas the inclusive education program receives significant technical support and modest financial support through NAD/Diakonia.

MOEHE ensures that all new schools are accessible to persons with physical disability by providing ramps and special toilet facilities, which is a requirement stipulated in the Ministry's codes for school construction developed by Norwegian support through UNESCO in mid 1990s. Existing school buildings are also being adapted and made accessible depending on their status (adaptability and approval of landlords when the school is rented) and availability of funds.¹¹ This process is coordinated with the inclusive education program, which reports that so far, 50% of public schools in the oPt have been made accessible.

While accessibility is ensured for persons with physical disability, no such specific measures are taken to adapt the school environment to the needs of other groups, for example those with visual or hearing impairments.

Globally, Norway has supported **UNICEF** to develop its education program, with special focus on Education for All and inclusive schools. The intention has been that UNICEF should be able to provide technical support, backstopping and funding to national educational programs. Guidelines have been developed to guide planning and monitoring of inclusive education sector programs.¹² For UNICEF in the Palestinian territory, the disability policies developed centrally does not seem to have been rolled out as in other countries.

The **Inclusive Education Program** employs around 38 counsellors who are based at the district level and act as a resource for schools and teachers to support the inclusion of students with disability in ordinary schools. Through NAD/Diakonia support, capacity building has been provided to these counsellors over the years and they have been acting as trainers of inclusive education focal points at the school level. These focal points are selected from the teaching staff to support the inclusive education process in their respective schools but they still function on voluntary basis tasked by additional functions above and over their regular teaching load.

¹¹ Adaptations have been made to several existing school buildings with funds from Norway.

¹² http://www.unicef.org/education/files/Equity_and_Inclusion_Guide.pdf

In addition, MOEHE has established resource rooms in a number of schools and three resource centres staffed with specialists to support the education of students with special needs in mainstream schools. The Ministry is planning for the development of a national strategy for the education of students with visual impairment.

A major constraint for the Inclusive Education Program is the fact that it has been supported on project basis with relatively small funds decided year by year. In this manner, it is difficult to expect a long-term planning process and the establishment of solid foundation for gradual growth and sustainability.

With all these efforts, public schools still accommodate a small number of children with disability. This could be due to inadequate work at the community level to reach out to children with disabilities and their families. But even with regard to children enrolled in ordinary schools, there is a shortage in teaching staff to respond to their needs as well as a lack of adequate qualifications by the available teachers. Teacher training has been a major component of Norwegian support to the Ministry of Education, but special needs education or inclusive education has not been covered in this training and was mentioned only once in the entire Teacher Education Strategy, which was also developed with technical support from UNESCO and with funds from Norway (NRO). However, it is worth noting here that the National Institute for Educational Training (NIET), affiliated to the MOEHE, has recently developed a training program for teachers on special education.

In comparison, **UNRWA** has recently adopted a disability policy that foresees the provision of inclusive environment in its schools targeting refugee children. However, interviews with UNRWA officials at the headquarters and Field levels have shown that the implementation of special needs education is facing great challenges in terms of financial support and staff capacity. Further, the surrounding environment in the camps is deemed to be an obstacle for accessibility. This implies physical accessibility, where students with disability can hardly manage to reach the school even when the school itself is accessible, as well as cultural acceptability, with parents lacking the motivation to send their children with disabilities to school. Both elements emphasise the need for inclusive education initiatives to act beyond the school boundaries and ensure community buy-in.

With regard to types of disability, most inclusive education initiatives, regardless of provider, seem to be emphasizing certain types of disability such as physical and visual impairments. Children with hearing impairments tend to attend special education schools run mostly by the private and NGO sectors (which have also received support from Norway through the Atlas Alliance as discussed above). Children with intellectual disability also have very little chance to be included in mainstream schools.

It should be noted here that MOEHE seconds some teachers to work in special education schools run by private bodies and NGOs. The Ministry pays the sala-

ries for these teachers and provides them with general supervision. Technical supervision is provided by the schools themselves.

Another long-term commitment for NRO is evident in its support to **Gaza Community Mental Health Program (GCMHP)** from 2005 and onward. Although project documents and GCMHP strategies and reports do not refer to disability issues directly, it is implied by both parties that the program addresses mental health conditions/emotional disability issues as part of its general work on mental health. Yet the program refrains from using this terminology because of the negative stigma the society attaches to both mental illness and disability. As far as this evaluation is concerned, GCMHP provides services and empowerment to survivors of political violence, including torture, and gender-based violence. The program has gone through several evaluations and reviews in 2010, which all highlighted the crucial role it plays in the area of community mental health as the main actor at the level of the entire Gaza Strip.

Mainstreaming of the rights of persons with disabilities is also evident in two other areas of Norway support, namely support to the **Red Crescent Society** through the Norwegian Red Cross, and support to UNRWA emergency work and a number of projects through NRO. Both interventions include persons with disabilities as part of the vulnerable groups they target. The Red Crescent Society also runs interventions specifically targeted at persons with disabilities, as discussed above, and seeks to mainstream disability in their overall programs, including community mobilisation activities and social assistance programs. The same applies to UNRWA which has recently adopted a disability policy with the aim of mainstreaming the rights of refugees with disabilities into UNRWA program delivery and human resources. Persons with disabilities are targeted by UNRWA programs as part of the vulnerable groups, yet there is no documentation available to assess the number of benefiting persons or the proportion of support allocated to them.

In addition to the above, two emergency interventions in the early years following the start of the second Intifada in 2000 were aimed at strengthening medical response and relief services to those affected by the emergency situation. Both interventions managed by NCA sought to respond to the needs of persons with disabilities which are mostly conflict-related (due to direct confrontations with the Israeli army and/or settlers). Information on numbers of beneficiaries and impact of interventions were not available.

There were several interventions that were found to partly address the rights and issues of persons with disabilities. The **Independent Commission for Human Rights (ICHR)** receives core budget support from Norway since many years. The evaluation found that the Commission has developed a study on disability rights in 2006 under one of the previous agreements with NRO. In addition, ICHR is in the process of preparing for a national inquiry on the livelihood rights of persons with disabilities to be conducted later this year. Although this activity does not fall within the period under review for this evaluation (2000-2010), it has been influenced by an accumulation of awareness building and advocacy efforts

of disability actors, particularly those supported through Atlas Alliance. GUDP has been consulted and is involved in the development of this initiative.

The **Palestinian Women's Research and Documentation Centre (PWRDC)** is another organisation receiving support from NRO through UNESCO. The Centre serves as a clearinghouse for information and research on women's issues and has conducted a series of primary and secondary research on various aspects related to women and gender. In 2010-2011, the Centre conducted two studies related to disability: an assessment of social attitudes towards persons with disabilities in the oPt; and a comparative study on the situation of persons with disabilities in the oPt and Palestinian refugee camps in Lebanon. The Centre maintains that persons with disabilities were represented in the steering committee for this activity and took part in the launch event that was held at the time of the evaluation's fieldwork. Nevertheless, DPO representatives consulted in the evaluation were not fully aware of the research. It should also be noted that project documents and contracts between NRO and PWRDC do not necessarily specify the research topics planned for each agreement period. Hence there is no direct mentioning of disability and the rights of persons with disabilities in these documents.

Tamer Institute for Community Education gives a good example of a local NGO that seeks to include the rights of persons with disabilities in its general work. The Institute is concerned mainly with children's literature and promotion of a reading habit among children and youth. In the interviews, Tamer team exhibited a high level of understanding of disability mainstreaming on the basis of their own experience in the field. Two major elements demonstrate this understanding – the publication of a story aimed at changing the negative image of children with disability among their peers and the production of stories in Braille for children with visual impairments.

Another project related to children that has sought to mainstream children with disabilities is the **Y Global – Gaza YMCA** partnership in the 3-year project "Children Voicing Children's Rights." Working with children centres and animators in Gaza, the project sought to include marginalised children, mainly those with disabilities, in training sessions and public campaigns calling for children's rights.

Right to Play is an international NGO established by a former Norwegian Olympic champion (Johan Olav Koss) dedicated to foster the healthy physical, social and emotional development of children and build safer and stronger communities. Children with disability are mentioned specifically as a target group. Right To Play recognises the importance of inclusion of children marginalised for reasons of gender, religion, ability, ethnicity, disability, or social background. In the oPt children with disabilities have been included in various types of sports and play activities organised around the West Bank and Gaza funded by Norway.¹³

The **Norwegian Refugee Council (NRC)** actively works in oPt in shelter and housing, legal aid and education. Through MFA support, NRC chairs the shelter

¹³ Documented in the recent Evaluation of Norway's Strategy for Culture and Sports Cooperation with Countries in the South, Palestine Case Study, Norad Evaluation Report 3/2011.

cluster in Gaza, where it seeks to support the rehabilitation and construction of shelters for families who lost their homes during the Israeli military offensive Cast Lead in December 2008 – January 2009. In response to a situation where persons with disabilities have been largely overlooked in most emergency and recovery activities following the offensive, the shelter cluster is now focusing on reaching out to families of persons with disabilities, developing shelter designs that are adapted to their specific needs and prioritising these families in their support. Another main intervention conducted by NRC is the Information, Counselling and Legal Aid (ICLA) project which seeks to assist Palestinians on housing, land and property issues, access to land and freedom of movement. Using their contacts with stakeholders working with disability issues, such as Handicap International and MAP-UK, NRC staff has carried out field visits to reach persons with disabilities who are unable to access NRC offices by themselves. NRC also runs an education program to reach out to children out of school and support children with learning difficulties. Although this project is beyond the scope of this evaluation since it does not receive Norwegian governmental funds, it demonstrates how this Norwegian NGO is seeking to mainstream disability issues in its work.

Since a large portion of Norway support in the Palestinian territory is allocated through budget support for the Palestinian Authority and such support does not necessarily seek to target or mainstream disability rights, the evaluation team believed that it is worthwhile to assess how the rights of persons with disabilities are being addressed or mainstreamed within the general activities of the Authority. Three main government actors were interviewed for this purpose, namely MOPAD, MOSA and PCBS (findings of MOEHE mainstreaming efforts are presented above). The World Bank was also interviewed since it acts as a main channel for budget support.

The interview with **MOPAD** revealed that persons with disabilities are not specifically integrated into the national planning process, although some of them may have been involved in the district level consultation process.

On the other hand, **MOSA** is the government body directly responsible for disability issues. The Ministry has a general directorate for persons with special needs. Persons with disabilities have been included as a vulnerable group in the social protection sector strategy; however the Ministry is working on developing a national cross-sectoral strategy for disability with support from NAD/Diakonia. Currently, disability is not part of the criteria for social assistance, but households with persons with disabilities may be eligible because of their poverty. Yet the amount of cash assistance offered is too small to cover any real needs related to disability.

MOSA is also involved in the functioning of the Higher Council on Disability, which is composed of various line ministries in addition to representatives from DPOs. The Council in itself is an independent body although it is chaired by MOSA. There has been various issues surrounding the composition, mandate and functioning of the Council, raised mainly by persons with disabilities them-

selves. The overall impression is that the Council is still not functioning as expected.

Last but not least, MOSA is working on the development of a disability card that will identify persons with disabilities according to the level of their disability and hence their needs and will define the package of services and rights they are individually entitled to receive. The disability card is stipulated in the disability law of 1999 and has not been initiated because of the high cost involved and lack of resources.

The first step for issuing the disability card was implemented through a joint disability survey conducted by **PCBS** and MOSA. The results of the survey were announced few weeks before the fieldwork of this evaluation. The interview with PCBS revealed that the survey was based on Washington Group's classification of disability and that field workers received special training by trainers with disability on how to approach the disability issue during the data collection process. DPOs were present on the steering committee for the survey. The funding of the survey came from the Palestinian Authority's own resources (national budget), which is also supported by Norway. It should also be noted here that PCBS receives core funding from Norway as well.

The **World Bank** is the largest partner for Norway among the multilateral institutions, receiving almost 40% of multilateral support. This support is channelled through the Bank to the Palestinian Authority as budget support. The evaluation found that the World Bank does not have any requirements as to the inclusion of disability issues in any of the sectors it supports in the Palestinian territory.

The above demonstrates that efforts to address the rights of persons with disabilities are taking place at various levels but only to a limited extent. Few government actors seek to address disability rights, mainly MOEHE and MOSA. There are also few examples of NGOs attempting to mainstream disability within their general work. Multilateral agencies are found to be less proactive on addressing disability issues. While the World Bank and UNESCO are functioning as channels to provide support to Palestinian Authority institutions, their role in promoting disability as a crosscutting issue is very limited. UNRWA has been dealing with disability as a crosscutting issue in its Organisational Development Plan since 2006, and has recently developed a special policy on disability. Yet action is still to be taken in order to ensure that the needs of refugees with disability are addressed and mainstreamed in UNRWA services.

It should be noted that most initiatives to mainstream disability issues reviewed in this evaluation were taken by local partners and are not attributed to efforts on part of the Norwegian extending agencies to promote the rights of persons with disabilities in their support.

3.2.3 Mainstreaming in emergency response

For decades, people in oPt has been living in almost continuous emergency situations, with waves of relative calms frequently interrupted by spikes of escalation. In result, development initiatives struggle to ensure sustainability and political motives often take precedence over humanitarian and other factors in decisions made by the international aid community. Persons with disabilities and other socially disadvantaged are the ones that suffer the most under this situation,

Examples of attempts to mainstream disability issues in emergency situations can be found in the work of the CBR Program supported by NAD/Diakonia. In this program, local partners make efforts to ensure contingency planning for the needs of their constituencies and program staff and/or persons with disabilities are represented in emergency response committees at the local and district levels. This, however, does not say a lot about how the needs of persons with disabilities are addressed in real times of crisis.

Another aspect related to emergency and conflict-related response is the work done by several local partners on addressing the long term psychological impact of the conflict and crisis situations (which can be classified under mental health conditions/emotional disability). Examples of this work are shown above in projects implemented by GCMHP and YMCA.

The war on Gaza in December 2008-January 2009 (Operation Cast Lead) has reportedly prompted a wide range of local and international agencies to address disability issues. Reports indicate that over 70 agencies have been working on disability and rehabilitation in Gaza in the aftermath of the war. Efforts were made to coordinate and a disability sub-cluster was created within the health cluster. However, three years after the War, the interest seems to be fading and the sub-cluster has not been perceived as useful by most humanitarian actors. Apparently, there was more focus on physical disability and provision of medical rehabilitation and assistive devices. Little has been done to address the long term mental impact of the war and the crisis. Little is also done to promote social inclusion, dignity and self-confidence. Efforts to influence other sectors, such as education, water and sanitation, gender, relief, etc., which were taken by the sub-cluster, seem to have little success. In fact, most post-crisis assessments have largely overlooked disability and anecdotal evidence indicates that attention to the needs of persons with disabilities started to be paid only one year after the end of the war. Examples of such new interest are shown in efforts to prioritise them in shelter repair and reconstruction efforts, education and mental health with Norwegian and local partners playing a leading role in this respect.

3.3 Main partners

In the period 2000-2010, around 42% of Norway support was channelled through multilateral institutions, followed by 24% of funds channelled through Norwegian NGOs, 20% through government institutions and much smaller proportions through other channels.

Table 3: Groups of agreement partners for 2000-2010: The largest groups (in NOK and % of funding)

Categories	NOK (1000)	%
Multilateral institutions	2,238,409	42
NGO Norwegian	1,294,114	24
Governments/Ministries in developing countries	1,056,095	20
Public sector in developing countries	293,793	6
NGO Local	210,981	4
Norwegian public sector	114,602	2
NGO International	56,172	1
Public sector other donor countries	48,800	1
Unknown	17,613	0
Consultants	13,642	0
Total	5,344,221	100%

Source: Norad database/information generated by the evaluation

3.4 Cause and types of disability

The majority of interventions targeting or mainstreaming the rights of persons with disabilities address all types of disability and do not differentiate beneficiaries by cause of disability. In terms of cause of disability, very few interventions could be considered as targeting conflict-related disabilities even when the intervention is characterised as emergency. Examples may include the project for capacity building of trauma counsellors (addressing conflict-related mental health conditions), the telemedicine cooperation project between the Gaza-based Wafa Rehabilitation Hospital and Sunnaas Rehabilitation Hospital in Norway, and two small projects in 2001-2002 supporting victims or survivors of landmines.

Table 4: Projects by Cause of Disability 2000-2010 (in NOK)

Categories	NOK ('000)
Caused by armed conflict, natural disasters, small arms, violence	12 476
Other causes (congenital, illness, accident, etc.)	15 776
Both (conflict and other)	189 813
Total	218 065

Source: Norad database/information collected by the evaluation

With regard to type of disability, two projects were specifically targeted at deaf and persons who were hard of hearing. The way how these projects are designed reflects a north-south partnership between deaf people. There were no similar initiatives for other specific disabilities such as visual impairments. Yet a small initiative was targeted at persons with visual impairments who had organised into a DPO to promote the use of information technology in the Gaza

Strip. This project was funded via the Norwegian NGO Norwegian People's Aid (NPA).¹⁴

In terms of mainstreaming, GCMHP is specialised in community mental health and thus addresses disabilities related to mental health in specific. Tamer Institute ensures inclusion of blind children in its children literature program but also seeks to mainstream other disabilities in its work. Medical interventions that work with hospitals seem to give more weight to physical disabilities.

It should be noted that the main interventions addressing all types of disabilities (such as the CBR program and support to MOEHE and the Inclusive Education Program) give little attention to severe developmental and intellectual disabilities and hearing impairments. This finding was raised by previous evaluations and reflected in the interviews. This is not a planned outcome but rather because of the nature of these disabilities (developmental and hearing impairments) and the lack of local capacity to deal with them. Therefore, support to these types of disability through other targeted interventions would respond to some of the needs although it also may indicate further isolation and less attention to these disabilities on part of duty-bearers at the national level.

Table 5 Projects by Type of Disability 2000-2010

Categories	NOK (1000)
All/multiple types of disabilities	183 822
Hearing impairments	12 423
Mobility/ Physical impairments	8 293
Emotional/ mental health	6 786
Visual impairments	3 797
Developmental/learning	2 942
Total	218 063

Source: Norad database/information collected by the evaluation

There were a few small-scale projects classified as mainstreaming disability but the evaluation team could not verify them (see Annex 1). These were therefore left out from this analysis. A number of other programs were indicated as possibly mainstreaming disability and were examined and found to be either addressing the issue of disability on an ad-hoc basis in one-off event without any previous planning or dealing with the issue outside the frame of the agreement and/or period under review.

3.5 Activities of other donors and donor collaboration

During the evaluation process, the evaluation team became aware of other initiatives to promote the rights of persons with disabilities and/or efforts aimed at mainstreaming disability. The major initiative that has been in fact partnering with Norway support is Sida support through the Swedish Diakonia.

¹⁴ Support for the Association of the Visually Impaired Graduates League in the Gaza Strip, 1999-2001.

The Community-Based Rehabilitation (CBR) Program was initiated in 1990 by Diakonia and NAD joined the program 3 years later. The Program is hosted at Diakonia office in Jerusalem and both NAD and Diakonia have been working together to build the CBR model, along with a large number of local partners. More recently, NAD/Diakonia program is implementing a project to promote the rights of persons with disabilities in East Jerusalem with funds from the European Union. A number of Spanish NGOs also provide support to local NGOs in the implementation of CBR initiatives in certain parts of the oPt.

International organisations like MAP-UK, Handicap International, and Welfare Association are active in the rehabilitation field, supporting rehabilitation services, assistive devices, and environmental adaptation, among others. Usually they work through cooperation agreements with local NGOs, with projects involving a technical and managerial capacity development component. International and UN organisations like the World Health Organisation (WHO), UNICEF and Handicap International play a major role in responding to the frequent emergency situations in the oPt, including the immense humanitarian needs in Gaza resulting from the Operation Cast Lead in December 2008-January 2009. They focus on the provision of home-based services to persons with disabilities, provision of assistive devices and training of local rehabilitation workers on emergency response. Efforts to coordinate among the disability actors and influence other sectors have led to the creation of a disability sub-cluster involving all relevant humanitarian actors (see more on this in section 3.2.3 above).

More recently there is also a focus on vulnerable areas in the West Bank, such as area C and the seam zone, the area trapped between the Israeli Separation Wall and the Green Line. However, there is little evidence of efforts specifically targeting the needs and rights of persons with disabilities.

In addition to Norwegian governmental funding, some Norwegian NGOs are accessing funds from Norwegian public campaigns, such as Operation Day's Work (ODW)¹⁵ and the annual Telethons¹⁶ which are then used to support projects that partly mainstream the rights of persons with disabilities.

¹⁵ Operation Day's Work is a solidarity campaign for and by young people in Norway to help young people in Asia, Africa and Latin America. Each year, the students do a "day's work", and the money they earn goes to a specific educational campaign for youth in the South. ODW has been organised since 1964. Youth with disabilities have been supported specifically via the Atlas Alliance in 1998 and 2009, and in addition ODW has mainstreamed disability throughout the organisation.

¹⁶ The Telethon [tv-aksjonen] refers to a fundraising event broadcasted on national Norwegian television with the purpose to raise money for a charitable, developmental or humanitarian cause.

4. Theory of change analysis

In order to determine if and how the initiatives identified and funded by Norway were contributing to promoting the rights of persons with disabilities, we analysed them according to a theory of change¹⁷ built on a human rights based approach (HRBA) to development.

According to a human rights based approach to development, sustainable change requires:

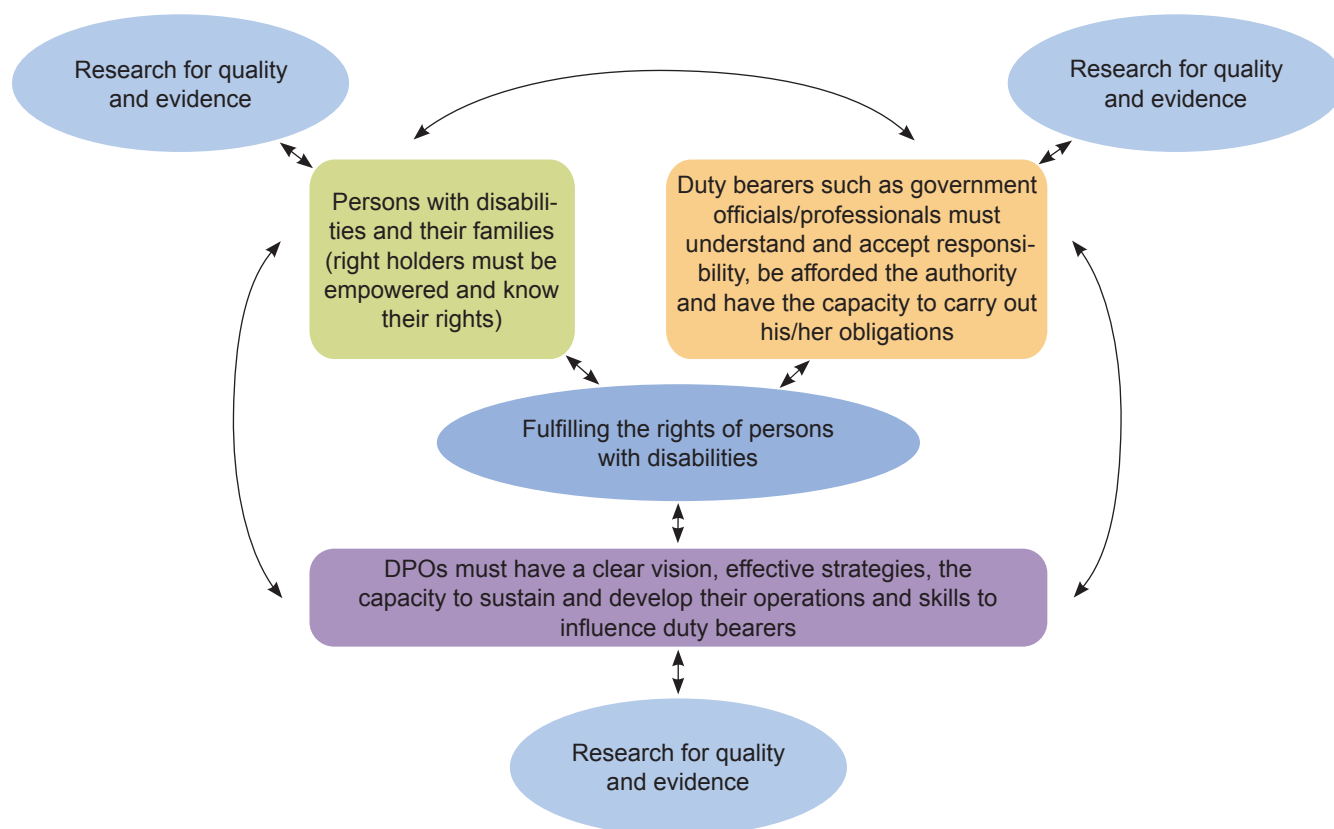
- a. empowering people (**rights-holders**), particularly the most powerless (with hope, assertiveness, knowledge, skills, tools, communication channels, legal mechanisms etc.) to enable them to improve their lives, organise and claim their rights as stipulated in national laws and UN conventions and
- b. supporting and demanding that those in power (**duty-bearers**) respect and respond to these legitimate claims (as outlined in the laws and conventions).¹⁸

A model theory of change based on the UN understanding and definition of a HRBA was designed by the team to indicate the building blocks that are required to achieve the desired outcome; i.e. the “rights of persons with disabilities fulfilled” (figure 5 below). The initiatives were then analysed against these components to see if and how they have contributed to the desired changes for persons with disabilities.

¹⁷ A Theory of Change is a tool for defining the building blocks and processes required to bring about a long-term goal and social changes. Weiss (1995) defines it as ‘a theory of how and why an initiative works’.

¹⁸ <http://hrbportal.org/the-un-and-hrba> and http://waterwiki.net/index.php/Human_Rights-Based_Approaches#The_principles

Figure 5: Theory of Change



Source: Based on the UN human rights-based approach and further refined by evaluation team.

When mapping the different theories of change utilised by the various agreement partners, the evaluation found many different ones. The most common theory focused on “rehabilitating” or “curing” individual persons with disabilities, to reduce their impairments and improve their possibilities to take part in family and society life. The medical approach defined a person according to his/her diagnosis rather than based on what she/he was as a person. These projects specifically targeted persons with disabilities and aimed at **providing medical/rehabilitation/education services to them**.

Service provision initiatives were common within the bilateral and multilateral initiatives, mainly Palestinian ministries and UNRWA, and among many NGOs such as NRC, Norwegian Church Aid Norwegian Red Cross, as well as many of the Atlas Alliance members. Most education, medical, psychosocial and humanitarian interventions fall under this category.

The main theory of change adopted by Atlas Alliance and its members is that in order for change to happen **persons with disabilities and their organizations must be empowered** to know and claim their rights. Initiatives focus both on individual empowerment (e.g. mobility, self-reliance, education and income generation) as well as organizational empowerment, to enable persons with disabilities to meet, have a voice and advocate for change. Organisational support often focuses on strengthening of leadership, governance, management and

advocacy skills, etc. An important part of the theory of change of Atlas Alliance is that peer support between individuals and DPOs, sharing the same experiences of exclusion, is a key factor for inspiration, courage, determination, self-confidence and general empowerment. Meeting other men, women, parents or organisations that have changed their situation for the better provides peers with hope and strength to fight. A lucid example of this approach is the work of the community-based rehabilitation program supported by NAD and the organisational development of Palestinian deaf with support from the Norwegian Federation of the Deaf. All of these initiatives have been supported by Norad.

In mainstreamed projects **capacity development of duty-bearers** was often in focus. The theory of change was that in order to improve the conditions for persons with disabilities the government must recognize the rights of persons with disabilities and include them in plans and development programs. Examples of good practice are found within education programs, monitoring of human rights, policy support and community development programs. These mainstreamed initiatives are often supported via NRO or multilaterals.

Very few stakeholders had a theory of change that included all elements of the human rights based approach. Exceptions were CBR and community development programs supported by Atlas Alliance members, which included capacity development of duty-bearers, empowerment and services to individuals, as well as strengthening of DPOs at local and national levels.

The present grant system to civil society organisations makes it difficult to adopt a human rights approach. Civil society organizations are only supposed to work with other civil society organisations and not partner with government agencies.¹⁹ In some cases the main problem is the lack of awareness, competence and capacity of the local and national authorities. If DPOs and NGOs want to bring about lasting and sustainable changes, they have to involve national authorities as parties to the programs.

19 Principles for Norad's Support to Civil Society in the South, Norad, Oslo, 2009

5. Achieving the rights of persons with disabilities

5.1 Focus of interventions

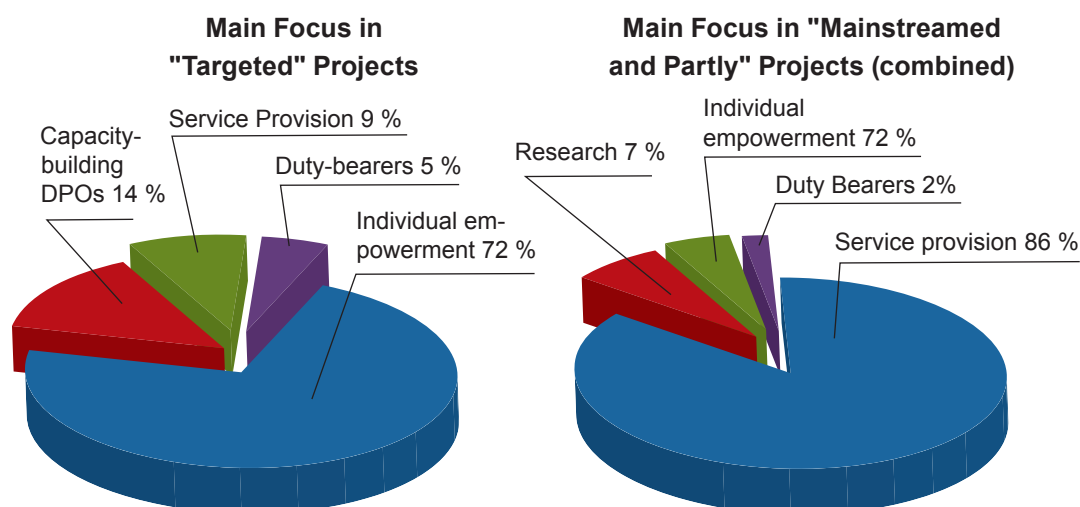
The evaluation examined the interventions under study in terms of their main focus. Five types of focus were identified in the theory of change: service provision, capacity building of persons with disabilities on an individual level, capacity building of DPOs, capacity building and advocacy with duty-bearers, research, and other. These focus areas are meant to guide the promotion of the rights of persons with disabilities under the Theory of Change that adopts a rights-based approach (see Chapter 4). The table below provides a breakdown of targeted and mainstreamed support by their focus. These findings should be viewed with caution as they reflect the assessment of the evaluation team rather than specific data reported by the projects themselves.

Table 6: Projects by their main focus 2000-2010 (in NOK)

Categories	Targeted projects NOK (1000)	«Mainstreamed and partly» projects (combined) NOK (1000)
Service provision	6 919	120 733
Individual empowerment	56 263	6 296
Capacity-building, DPOs	11 176	0
Duty-bearers	4 000	3 353
Research	0	9 325
Total	78 358	139 707

Source: Norad database/information collected by the evaluation

Figure 6: Main focus of targeted and mainstreamed projects, years 2000-2010 (% of funding)



Source: Norad database/information collected by the evaluation

The figures above show that the main focus of the projects targeting persons with disabilities aims mainly at individual empowerment (72%), while the mainstreamed projects' main focus is service-provision (86%).

A. Service-provision

Most of the interventions have a component of service provision. The most common types of services are medical rehabilitation, education and emergency relief. Medical rehabilitation is part of most rehabilitation interventions and includes medical assessment, home-based exercises, physiotherapy, provision of assistive devices and referrals. Education is facilitated through MOEHE interventions (school construction and the inclusive education program), as well the education for the deaf supported by Signo and the special education program implemented by the PRCS. Humanitarian assistance in the form of relief services, food security, temporary employment, shelter repair, etc., is mainly offered by UNRWA, NRC and PRCS. GCMHP provides specialised counselling and psychotherapy services. Activities targeting persons with visual impairment seek to provide the target group with access to information and literature.

It is noteworthy that the main targeted interventions (NAD/Diakonia CBR programs) do not see themselves as service providers but rather seek to build the capacity of individuals with disability in order to live independently and integrate in family and social life. Yet service provision could be a secondary focus, especially in terms of referral to other service providers (medical, educational, vocational, etc.).

There is little effort in the provision of services that can assist in livelihoods for persons with disabilities. There were a few projects that offer grants or microfinance schemes (MOSA and UNRWA) or vocational training. There were also two-three projects that specifically address social, cultural and legal aspects.

The main actors in this respect are Tamer Institute and NRC. When it comes to education, most of the interventions are focused on primary education and very little efforts are being made with regard to secondary and higher education.

The availability of services through the above interventions does not necessarily mean wide coverage or access by a large proportion of the rights-holders. To the contrary, some of the interventions are small-scale or limited in their geographical coverage. Quality of services is difficult to verify and impact is often not documented.

B. Individual empowerment

As stated above, the primary focus of rehabilitation programs is to build the capacity of individuals with disability in order to live independently and integrate in family and social life. This can be tracked in the rehabilitation activities implemented through NAD/Diakonia and Red Cross support. In fact, since the PRCS is also part of the CBR program supported by NAD, it is apparent that they are employing the same community-based rehabilitation (CBR) approach to their work with disability issues under other initiatives. Under the CBR projects staff and volunteers work with the individuals to help them acquire skills of daily living and work in parallel with the family and community to change attitudes and facilitate inclusion. Therefore, their capacity building role is combined with other focus areas, such as service provision and advocacy with duty-bearers.

A prominent demonstration of individual successes in the empowerment through the CBR activities is shown in the fact that a number of persons with disabilities have become active staff members and volunteers within the Program and some even have been elected to local government offices as members of their village councils, although the Palestinian legislation does not provide a quota for persons with disabilities in representative bodies.

The work of GCMHP with mental health conditions is also deemed as seeking to build the individual capacity of beneficiaries through therapy services that would help them overcome their disability and lead a normal life to the extent possible,

Most of mainstream interventions, such as those in the area of education and humanitarian assistance, lack a personal empowerment dimension in their design and activities and tend to focus on service provision solely.

C. Capacity-building of Disabled Persons Organisations (DPOs)

Three types of national level DPOs received Norway support in the period under study. Two were supported by NAD/Diakonia (GUDP and Stars of Hope) and the third (organisational development of the deaf) has been receiving support from NDF. In both cases, Atlas Alliance is the Norwegian counterpart.

Support to the GUDP was terminated in 2005, although NAD/Diakonia continued to support certain branches with small grants. Support to Stars of Hope is also of a relatively small size. With regard to the Association of the Deaf, support has been substantial although the expected results have always been delayed.

The first phase of the project continued for over 6 years but the local partner (CNCR) failed to achieve the goal of creating a national body to represent the deaf. In the second phase, the project partnered with deaf clubs directly and the Association was established and received a formal status in about one year only.

Capacity building for DPOs has been done through activities such as building of management capacity, supporting strategic planning, branch development, human resource development and governance structures. The increasing role of DPOs is evident in the role of the GUDP in the enactment of the disability law and the follow up on its enforcement and the involvement of DPOs in the Higher Council for Disability, the steering committees for national surveys and other disability-related activities.

D. Capacity-building and influencing duty-bearers

Influencing duty-bearers has been done mainly through advocacy efforts by NAD/Diakonia and DPOs. The fruits of such efforts are evident in the adoption of the disability law in 1999 and its executive bylaws in 2004. However, little successes have been achieved in materializing the rights stipulated in this law. The creation of the Higher Council for Disability and steps taken to implement a disability card are all part of the implementation of the law, where DPOs have been involved. It should be noted here that NAD/Diakonia are also supporting MOSA in developing a national strategy on disability.

Another achievement made through advocacy effort is the Inclusive Education Program within MOEHE. There are still obstacles within the MOEHE and in the community that hinder the work of this program. Within the Ministry, the concept of inclusive education and its implications are not well internalised both among senior and mid-level managers. Within the community, MOEHE has little channels to mobilise community resources in support of the inclusion of students with special needs. In fact, the program still receives support from Norway through NAD. More efforts need to be made to ensure its full institutionalisation within the Ministry, where it can receive Norway funds through budget support provided by Norway to the Ministry and/or the Palestinian Authority.

The CBR program has been successful in encouraging local government bodies to take a leading role in the management of CBR activities in their respective villages. This has been coupled with capacity building for members of village councils.

Support to the education and organisational development of the deaf has also a strong advocacy component. With regard to education, MOEHE has been involved in the steering committee of the project. However, a recent evaluation of the project recommends that Norway support should assist the Ministry in developing a strategy for the education of the deaf in order to ensure more sustainable outcome. Advocacy efforts have been also limited in the organisational development project so far, since the newly established Association of the Deaf has been heavily involved in internal issues and strengthening of its structures and capacities and had made little efforts so far to influence duty-bearers.

Research activities supported by Norway (see the section below), whether through the ICHR, PWRDC or PCBS, are designed with the aim of informing policies and strategies and thus are deemed as an advocacy and/or planning tool. In addition to the service provision element, legal aid services offered by NRC through its ICLA project should be seen as having a secondary focus on influencing duty-bearers.

Capacity building in terms of training and awareness raising has been limited to the level of service providers, such as the training of teachers and school counsellors, trauma counsellors, medical staff, members of local councils, among others. The evaluation did not find any evidence of capacity building of decision and policy-makers on disability issues or on the CRPD. For major national-level initiatives, such as research and national inquiry, apparently the presence of persons with disabilities and/or DPOs on the steering or advisory committees was perceived as adequate to ensure disability rights are considered.

One of the issues that emerged during the evaluation is an ad hoc activity conducted by a women's rights organisation (WCLAC), raising the issue of gender-based violence (GBV) against females with disability in response to a specific case. The advocacy efforts were limited to that specific case and during a specific event in 2011. Yet the evaluation found that WCLAC and other institutions working on GBV feel they do not have the capacity to deal with victims and survivors with disability and therefore, they are reluctant to get involved in this endeavour. On the other hand, there is little or no evidence that the issue of violence against persons with disabilities is being addressed by other participants in the evaluation, although DPOs are fully aware that persons with disabilities, especially women, have high vulnerability to becoming victims of violence, especially GBV.

E. Research

Research is intended to provide an evidence base for all other focus areas under the Theory of Change and as such, it relates to all four focus areas described above. Among the listed targeted and mainstreamed interventions under review, there were some specific research activities that should be noted here: a study on the rights of persons with disabilities conducted by ICHR in 2006 and two studies conducted recently by the PWRDC, one on attitudes and indicators on disability in the occupied Palestinian territory and the other comparing the situation of persons with disabilities in the oPt and Palestinian refugee camps in Lebanon.

NAD has also been active in the field of research and documentation, covering issues like impact indicators, gender, inclusive education, an evaluation of the CBR program from the perspective of persons with disabilities and a region-wide evaluation of the program. NAD is currently in the process of making use of the extensive experience of the Program in the area of documentation to promote

and enhance documentation efforts in projects it is supporting in other parts of the world.

Furthermore, since PCBS is receiving core support from Norway, its national surveys and censuses should be noted here. In fact, PCBS has included data on disability in various health and demographic surveys and in its 2007 census. Yet there were issues of definitions making it always difficult to build a baseline and/or compare the findings over time. The most recently conducted survey on disability, in cooperation with MOSA, is believed to provide more accurate and broader data on the situation of persons with disabilities throughout the Palestinian territory. As stated above, DPOs have been consulted throughout the process of the survey and persons with disabilities were involved in the training of field workers.

5.2 Partners

Generally speaking most of interventions specifically targeting the rights of persons with disabilities are funded by Norad through Norwegian NGOs, predominantly Atlas Alliance, and implemented by local NGOs. With few exceptions, Norwegian NGOs other than Atlas demonstrate less motivation to address disability issues, although some of them (such as NRC) are seeking to mainstream disability within their general interventions. There are also a few examples of how local NGOs are striving to mainstream disability, such as GCMHP and Tamer Institute. ICHR and PWRDC are also doing the same in terms of mainstreaming, but they should not be classified under the NGO category.

Examples of government partners that mainstream disability in this evaluation are limited to MOEHE, MOSA and PCBS. UNRWA is the main multilateral agency that provides services to persons with disabilities as part of the refugee population it is mandated to serve.

Looking at the targeted initiatives first, the Norwegian and local partners seem to have varying level of experience and varying approaches in addressing disability issues. The CBR Program of NAD/Diakonia provides a good example of a well-established program with wide range of partnerships and strong local ownership. Its relevance, effectiveness and impact are well documented through many research and evaluation activities. Through a large referral and partnership network, the program has the ability to address most of the CBR components, including health, education, livelihood and empowerment but seems to have less success in addressing social and cultural aspects. Although the Program seeks to target all types of disability, more success has been achieved in working with physical and visual impairments than other disabilities. The same may apply to other PRCS projects, except that PRCS is paying more attention to the education of children with hearing impairments and developmental disability.

Support to the deaf has also been going on since about a decade, but successes are less evident. The clubs for the deaf are now organised in a national (West Bank) association for the deaf and schools providing education to the deaf

and those hard of hearing have benefited from training and material support for the last three years. Yet these efforts are far from being sustainable and much more needs to be done in terms of access to services and social inclusion. The education for the deaf program needs to be institutionalised within the national systems in order to ensure its sustainability. This is not meant to underestimate the successes of these two projects, bearing in mind that the newly established Association of the Deaf and the education project have been in place since 2007 only.

With regard to mainstream interventions, the education sector provides the clearest example. MOEHE has adopted codes to ensure accessibility and is providing human resources to support inclusive education. UNRWA has also developed a policy on disability and is targeting refugees with disability as part of vulnerable groups. Yet both MOEHE and UNRWA schools are unable to accommodate the special education needs of most of students with disability. Access to education is restricted by societal and family attitudes, inaccessible physical infrastructure in the community and costly transportation. Teaching staff lacks the skills and motivation to tend to the special needs of students with disability, especially with the high student/teacher ratio and shortage of teachers and classroom facilities. Children with hearing impairments and developmental/intellectual disabilities are less able to integrate in ordinary schools.

Mainstreaming of disability within the social sector is also another example, where attempts are evident but coverage and impact are still far from being satisfactory. There has been an increased concern with disability issues in the last few years, evidenced in the recent activation of the Higher Council on Disability, the national survey on disability, the plans for initiating the disability card and for developing a national strategy on disability. All of these efforts are relevant to the essential need of enforcing the disability law but it is too early to assess them in terms of effectiveness and impact. The same applies to UNRWA policy on disability that has been endorsed in 2010 and has not been fully implemented yet. The question is whether these efforts are a little late. The disability law was adopted in 1999 and the CRPD has been in place since 2006, but MOSA and UNRWA have been mandated and actually responding to the needs of persons with disabilities even since their inception and their efforts in this regard have not brought about the desired outcomes.

Local NGOs mainstreaming disability, such as GCMHP, Tamer Institute, NRC and others, are providing services relevant to their field of expertise. Hence their services are often limited to certain types of disability and certain geographic regions. Sustainability of these efforts is difficult to assess.

It should be noted here that almost all partners (except those supported by Atlas Alliance) do not explicitly include persons with disabilities as part of their target groups. In many cases, persons with disabilities are only listed among the vulnerable groups but without specific procedures, guidelines and policies to promote their rights.

There is very little evidence of cases where partners maintain a human resource policy that ensures employment of persons with disabilities in their staff according to the disability law. Most offices are not accessible, including such important agencies like MOEHE and MOSA district offices, UNRWA clinics, and others. The different partners were asked to fill in a scoring sheet to reflect their assessment of the level of awareness and promotion of the rights of persons with disabilities on a scale of 5 (1 = low, 5 = excellent). The following is a summary of the results (see table 7 below):

Table 7: Average scores on knowledge, awareness and attitudes by type of organisation

Questions	Multi-laterals	Norwegian NGOs	Local NGOs	Government bodies
Level of competence within your organisation on disability issues	3.3	3.2	3.7	3.5
Rating of own level of competence on disability issues	2.5	3.1	4.1	4.3
Importance of the rights of PWDs compared to other crosscutting issues	4.0	4.2	4.2	4.0
Rating of the attitudes of the extending agency towards the rights of PWDs	2.0	2.9	3.9	3.6
Rating of the attitudes of national and/or local partners towards the rights of PWDs compared to other crosscutting issues	2.5	2.4	2.9	3.0

Scale: 1= low, 5=high/good (source: survey data collected by the Evaluation team)

Representatives of all types of partners rated the level of awareness/competence within their organisation on disability issues to be between 3 and 4 on a scale of 5. Staff of local NGOs tended to give a little higher scores (average: 3.7) compared to governmental institutions (3.5), multilateral (3.3) and Norwegian NGOs (3.2).

When asked to rate their own level of awareness/competence on disability issues, respondents reported varied scores, with local staff giving higher scores than internationals. Government staff scored an average of 4.3, followed by local NGO staff (average: 4.1). Staff of Norwegian NGOs gave much lower scores averaging 3.1 only, while staff of multilateral organisations gave an average of 2.5 only.

In response to a question on their own perception of the importance of disability rights compared to other crosscutting issues, respondents attached high importance to the issue, all averaging 4.0 and above (4.2 for local and Norwegian NGOs and 4.0 for respondents from governmental and multilateral organisations).

When asked to rate the awareness and engagement towards rights of persons with disabilities of the extending/donor agency (i.e. NRO/Norad/MFA) towards disability issues, many respondents were unsure and could not give a score. For those who gave a score, the results varied widely, with respondents from local NGOs giving the highest scores (average: 3.9), followed by governmental organisations (average: 3.6), then Norwegian NGOs (average: 2.9) and finally respondents from multilaterals (average: 2.0 only).

Respondents gave the lowest scores for the level of awareness and engagement of local partners and other actors towards disability rights, compared to other crosscutting issues. Government staff gave an average score of 3.0, local NGOs gave an average of 2.9, multilateral institutions scored 2.5 in average and finally respondents from Norwegian NGOs gave an average score of 2.4 only on a scale of 5.

In summary, respondents tend to give high importance to disability rights and in many cases, feel that they have an adequate level of awareness and competence in this regard, but feel that their organisations are less aware/competent and Norwegian extending agencies and other partners are even less aware or engaged towards the rights of persons with disabilities.

5.3 Impact of programs

It will be particularly difficult to assess the impact of every individual intervention in this report. However, the impact of overall Norway support with regard to putting disability on the national agenda is self-evident. Norway, alongside with Sweden, were the first donors to provide substantial and comprehensive support to disability in the occupied Palestinian areas through a national level CBR program since the early 1990s. Since then, many changes have taken place in terms of service provision to persons with disabilities, self-organisation and legislative change. DPOs have been created and all have received Norwegian technical and financial support. A disability law was enacted. Persons with disabilities have become integrated to varying extents into education, vocational training, social assistance, microfinance, and even culture events. Individuals with disability are taking part as leaders in the disability movement and some are running for offices in local and national elections. In a nutshell, the situation of persons with disabilities in society has improved greatly over the past two decades and much of this change can be ascribed to the projects supported by Norway.

Nevertheless, a lot still needs to be done to ensure disability rights and Norway will have the opportunity to do more in order to increase and substantiate the impact.

5.4 Extending agencies

In terms of extending agencies, most interventions targeting disability rights are channelled from Norad through Norwegian NGOs, predominantly Atlas Alliance.

A few other targeted interventions have been channelled through other NGOs, including funds from MFA through the Norwegian Red Cross.

In terms of interventions mainstreaming certain aspects of the rights of persons with disabilities, most of the interventions come through NRO to the government sector, but also to some NGOs like GCMHP and Tamer Institute. A couple of other initiatives, mainly in the emergency support sector, have received funds from MFA through Norwegian NGOs, like NRC, Red Cross and others.

Apparently, the extending agencies have not been following any specific procedures or guidelines to ensure the inclusion of persons with disabilities in their support. No specific requirements related to disability have been employed when making decisions as to the disbursement of funds, whether it is budget support or specific project support. The initiative to target or mainstream disability rights usually comes from Norwegian or local NGOs, either because of the nature of their mandate (DPOs, NAD/Diakonia, etc.) or based on their direct experience in the field.

None of the locally interviewed staff of extending agencies and Norwegian NGOs, as well as none of representatives of local partners were aware of Norad guidelines on the inclusion of disability in Norwegian Development Cooperation that were introduced in 2002.

NRO staff interviewed for this evaluation were asked to fill in a scoring sheet to reflect their assessment of the level of awareness and promotion of the rights of persons with disabilities on a scale of 5 (1 = low, 5 = excellent). The following is a summary of the results (see table 8 below):

Table 8: Average scores on knowledge, awareness and attitudes among NRO staff

Questions	Scores
In your view how would you assess the importance attached to disability by:	
- High level decision makers in MFA	3.0
- The Norwegian NGOs	3.5
- The Partner government /NGOs in the South	2.5
Multilateral Institutions	2.0
How would you rate the level of competence within your Embassy / department on disability issues	3.0
How would you rate your own level of competence on disability issues	3.0
How important do you think the rights of PWDs are compared to other crosscutting issues	3.0

Scale: 1= low, 5=high/good

They rated the level of importance attached to disability by decision-makers in MFA at 3 on a scale of 5, by Norwegian NGOs at 3.5, by Palestinian partners at 2.5, and by multilateral institutions at 2 only.

They rated the level of awareness/competence within NRO on disability issues at 3, their own level of competence/awareness at 3, and the level of importance of disability rights compared to other crosscutting issues as 3 also.

Obviously all scores given by respondents from NRO were relatively low, compared to responses from other partners.

6. Good practices and challenges

Based on the above discussion, a few good practices can be singled out under this chapter.

First of all, the **CBR approach** adopted by the **NAD/Diakonia** provides a good example of a comprehensive approach to the rights of persons with disabilities, seeking to empower them and equip them with the skills and resources to integrate in family and social life. Elements of success in this approach are multiple and may include, inter alia, the gradual development of the model on the basis of locally gained experience; the local ownership by involvement of major national actors; the involvement of persons with disabilities and DPOs as partners; the promotion of the social model of disability beyond the traditional charity-based and biomedical models; the strong link with the local communities, training of local staff and recruitment of a large network of volunteers; advocacy with the national authorities to ensure PWDs-friendly legislative changes and policies in the different sectors, including health, education, employment, social affairs; and others.

A strong feature of the CBR approach is the local ownership. More recently, ownership has even been moved further from some of the largest national NGOs in the country towards the local communities by adopting the so-called “decentralisation,” where local councils and CBOs assume responsibility in the management of CBR activities. This step would allow bringing MOSA district offices on board and if coupled with advocacy efforts with MOSA at the national level, can achieve certain gradual successes in institutionalizing the CBR approach within the public sector in order to ensure its sustainability.

Another good practice reflected in the work of NAD/Diakonia is the evidence-based planning and development. The program has been active in generating data and conducting research and evaluations on various aspects of its work. The aim has been to provide baseline data and needs assessment to inform planning, to support mainstreaming of crosscutting themes, such as gender, to promote and document good experiences, such as the inclusive summer camps, among others.

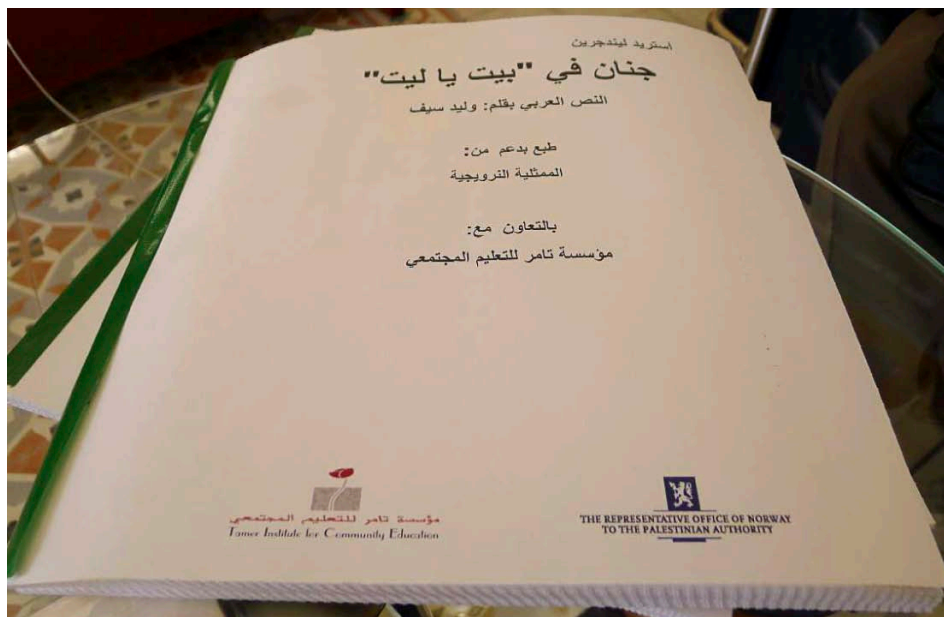
Notwithstanding the wide range of achievements made by NAD/Diakonia CBR Program, the major success could be probably the fact that the issue of disability and the rights of persons with disabilities has been brought to the attention of the society and authorities, with a major paradigm shift taking place, where disability issues are being increasingly addressed with dignity and respect. In other words, the program has managed to introduce a rights-based approach to disability and rehabilitation,

It should also be emphasised here that the involvement of local partners as implementers of the CBR program has apparently lead to mainstreaming disabili-

ity rights within partners' other programs. The evaluation directly witnessed a good example of this practice by PRCS. Previous evaluation reports indicate that other partners are doing the same, which is providing a wider platform for addressing disability both at the national and local levels. In addition, NAD/Diakonia is currently working with other sectors like youth and media to support mainstreaming of disability issues. Their advocacy efforts have probably played a crucial role in the decision by the ICHR to conduct a national inquiry on the rights of persons with disabilities related to livelihood in 2011.

Another good practice is demonstrated by the establishment of the **Palestinian Deaf Association** with deaf people involved, based on the notion "nothing about us without us." Attempts to support the organisational development of the deaf were successful only when the Norwegian partner worked directly with deaf clubs rather than through a national coordinating body. The two Norwegian partners working with the deaf have evidently coordinated their work allowing a good opportunity to coordinate the projects on the ground. In result, deaf people themselves, through the Association of the Deaf, took part in developing sign language dictionaries for schools.

There are some examples of good practice in terms of interventions mainstreaming disability. The example of **MOEHE and its Inclusive Education Program** was discussed with some detail above. **Tamer Institute's** model of mainstreaming disability into children literature is another good example of a NGO that seems to have no relation with disability issues within their overall mission but were able to sense the importance of including children with disability as part of their children beneficiaries. Tamer has included themes of disability into children's books as a tool to promote a positive image of children with disabilities. They also directly targeted children with visual impairment by offering them a chance to enjoy literature through the production of children books in Braille.



The photo shows an Arabic Braille translation of one of Astrid Lindgren's book about Pippi Longstockings (Jinan). Photo: Nora Ingdal/NGC.

The same applies to the legal aid and shelter coordination activities lead by the Norwegian Refugee Council. Once again, mainstreaming disability has surfaced as a need from the fieldwork in the aftermath of the Operation Cast Lead, following a period of intensive response and recovery efforts by the international community that tended to overlook disability. This practice needs to be documented and shared with other sectors. Yet it emphasises the need for better inclusion of the needs of persons with disabilities in emergency preparedness.

Another example of good practice with regard to disability mainstreaming in conflict situations is evident in the work of GCMHP. The Program is addressing a need that has been overlooked over the years – therapy and rehabilitation services for persons sustaining long-term mental health conditions due to the armed conflict. Cooperation between GCMHP and the CBR partners in Gaza is also allowing rehabilitation workers to better understand the psychological impact of disability on the person and his/her family, which is an important element in any community-based work.

Challenges:

The following are some of the challenges that have been identified in the course of the evaluation:

- Disparity in focus with regard to types of disability: As indicated in most of interviews and previous evaluations, less attention is paid to developmental and intellectual disability compared to others. Persons with hearing impairments also face more difficulties in terms of mainstreaming. Another feature of discrepancy is the perceived preferential treatment for persons sustaining the disability in the process of political struggle. Social recognition of these individuals should not be confused with better access to rights and services; as such an attitude would infringe the equality provisions of the disability law and basic law.
- Lack of attention to social and cultural rights: Few opportunities are available for persons with disabilities to integrate in social and cultural activities. According to PWRDC survey, 23% of respondents think that the main challenge for families of persons with disabilities is marriage. The problem becomes even more apparent when it relates to females. Under the same banner, there is an evident lack of concern and attention to culturally sensitive issues, such as sexual violence and GBV against women and girls with disability. This is evident both on part of disability and rehabilitation movement and women's rights organisations.
- Inadequate attention to livelihood support: Modest successes have been achieved in this regard, mainly through a limited number of vocational training and microfinance opportunities. In fact, the recent disability survey indicates that more than 87% of persons with disabilities do not work and thus economically dependent on others.
- Inadequate mainstreaming of disability in emergency preparedness: Crisis situations are a usual feature of life for most Palestinians. Planning for emergency response needs to be institutionalised within the national systems instead of being handled by external humanitarian actors. Participation by persons with disabilities and DPOs in the planning and implementation struc-

tures should be emphasised since they are usually more vulnerable than others to all kinds of risks associated with the conflict or disaster.

- Sustainability of interventions: This is a common issue in the development community and not limited to disability. All interventions are dependent on foreign funding and there are few examples of tapping local resources. Efforts need to be made to ensure that national authorities take the responsibility for the rights of persons with disabilities.
- Inadequate horizontal links and synergy: In many cases projects work in isolation from each other and no coordination exists between the different partners/sectors receiving Norway support. There seems to be a division of labour between the Norwegian partners, with Atlas Alliance focusing on disability and others not. Even when others seek to mainstream disability rights, there are no clear attempts to coordinate with the targeted interventions supported by Atlas.
- Few mainstreaming efforts: Most of efforts to mainstream disability are the result of field experience and assessed needs; none of the extending agencies is enforcing any requirements to ensure that persons with disabilities are included.

7. Opportunities, conclusions and recommendations

The main conclusion from this review is that projects supported by Norway are either targeting persons with disabilities or overlooking disability issues, with a few exceptions. The targeted projects varied from some well-established interventions with strong links with the community and evidence of impact to some small-scale interventions with limited scope and geographic coverage.

Across the board, none of the agencies are aware of the **2002 Norad Guidelines** and none are using them. Atlas Alliance in Oslo is very familiar with the Guidelines, but not the local partners of the Atlas member organisations such as the CBR Program or the Deaf Union in the Palestinian territory. No requirements from Norad are made to organisations to report on the Guidelines, and the Representative Office has not been instructed from the Norwegian MFA to enforce disability issues on the planning or reporting of the bilateral or multilateral partners.

Assessing the interventions under review, there is enough evidence that there is adequate variation in terms of **gender and age** of target groups. There are quite a good number of women with disabilities taking the lead. NAD/Diakonia CBR Program, for example, has made substantial investments in gender assessment, gender training and development of gender-sensitive indicators. Generally speaking, interventions are gender-sensitive, although more focus should be given to females with disability, particularly within the social aspect, since disability is more stigmatised by the society when it is affecting a female member of the family.

The work on disability and social inclusion in the Palestinian territory seems to have a strong rights-based approach but it does not have adequate link with **poverty reduction strategies**. The ultimate result of this deficiency is that persons with disabilities are rarely offered opportunities for economic self-reliance and sometimes excluded from national poverty reduction programs by simply not listing disability among the criteria for support. Although such programs do not intend to discriminate against persons with disabilities, they will ultimately exclude them by failing to ensure special provisions for their inclusion.

Inclusion of persons with disabilities in **humanitarian and emergency support** should also be promoted and ensured. Efforts in this regard are limited to certain sectors, such as medical rehabilitation, mental illness and trauma therapy, and more recently shelter repair and legal aid to a certain extent. However, the

needs of persons with disabilities in emergencies are much diverse and directly relate possibly to every sector. Their marginalised status and impairments may hinder their access to relief services. Therefore, they should receive special attention in distribution services, instalments and arrangements across the board.

The evaluation found a strong evidence of **opportunities** in the Palestinian territory for consolidating work on the rights of persons with disabilities:

- PCBS announced the findings of its national survey on disability in June 2011. This survey was initiated by a request from MOSA and will inform planning for a national disability card.
- The Disability Card, to be initiated by MOSA in 2011, is based on the provisions of the 1999 disability law. It intends to define the basket of services that a person with disability is entitled to. Issuing the Disability Card will be a sign of national commitment to the implementation of the disability law, especially in view of the considerable resource investments required to finance that basket of services for persons with disabilities.
- A national inquiry on livelihood rights of persons with disabilities is planned by ICHR for fall 2011. This would be the first of its kind and will be an important opportunity for more visible advocacy by the disability movement.
- In addition to the PCBS survey on disability, a number of research reports were or about to be published locally, regionally and internationally addressing different aspects of disability. These include two studies by the PWRDC supported by Norway: an assessment of social attitudes towards persons with disabilities in the Palestinian territory and a comparative study on the situation of persons with disabilities in the oPt and Palestinian refugee camps in Lebanon. At the global level, WHO published in 2010 the new guidelines for CBR, which have already been in use (in their draft form) by the CBR program in oPt for the last couple of years. In 2011, WHO and the World Bank jointly produced the first ever World Report on Disability. This report provides concrete recommendations to governments and their partners on how to create an enabling environment for persons with disabilities. Lastly, World Bank's report "Disability and Poverty in Developing Countries" published in 2011 should be of relevance.

The above factors should provide a solid basis for disability movement in the Palestinian territory to capitalise on their previous work and move ahead towards a stronger and more **evidence-based advocacy**. They should also provide Norway with adequate relevant tools to advance the issue of disability as a crosscutting theme on its international aid agenda.

Norway has a good reputation in the Palestinian territory as a supportive and flexible donor. In spite of the application of certain requirements for support and reporting, such as gender and anti-corruption, none of the local partners seemed to object or disapprove this practice. Many partners thought it would be

appropriate and well accepted if Norway funding includes a requirement to mainstream disability rights in the different sectors it supports.

When it comes to core budget support, Norwegian concern with the inclusion of disability will encourage the national authorities to address and include persons with disabilities and their organisations in national planning and will promote the function of the Higher Council on Disability as an advocate for and monitor of government's compliance with its obligations towards persons with disabilities.

With regard to targeted interventions, the Norwegian partners need to pay more attention to **sustainability** of the programs. One of the means to do so is to require the institutionalisation of interventions within the existing national structures. NAD/Diakonia is already working on this track through the MOEHE Inclusive Education Program and the support to MOSA in the development of a national strategy on disability. When supporting local NGOs, coordination with the government and plans to institutionalise the intervention could be included as part of the requirements for approval of the requested funding.

Recommendations:

Against this backdrop, the evaluation proposes several recommendations to consolidate the role of Norwegian support in promoting the rights of persons with disability:

1. Norway can play a more proactive role in promoting the rights of persons with disability by including in its funding requirements a provision to mainstream disability in the different sectors it supports. Experience in mainstreaming gender could be used to support this approach.
2. Norwegian extending agencies can raise disability in the dialogue with development and humanitarian partners, including the Palestinian Authority, aiming at institutionalising interventions within the existing national structures.
3. Horizontal links and synergy should be pursued between the different interventions as well as between Norwegian partners.
4. Monitoring of fund disbursement and allocations needs to be strengthened in order to ensure that disability is mainstreamed.
5. With regard to targeted interventions, the Norwegian partners need to pay more attention to sustainability of the programs. One of the means to do so is to require the institutionalisation of interventions within the existing national structures.
6. When supporting local NGOs, coordination with the government and plans to institutionalise the intervention need to be included as part of the requirements for approval of the requested funding.

7. More efforts need to be made to ensure that persons with disabilities and their organisations are involved in the planning, implementation and monitoring of interventions. Strategic partnerships can be established with local DPOs for such purposes.
8. Funding should be targeted to action-oriented research in overlooked areas such as marriage and family aspects, violence against females with disability, political participation of persons with disability, etc. The disability movement can help in determining these focus areas.

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Annexes



Annex 1: List of projects in the Palestinian territory 2000-10 (figures in NOK 1000)

Agreement partner	Extending agency	Agreement title	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Targeted														
Atlas Alliance	Norad	CBR in the West Bank/ Gaza		4,154										4,154
Atlas Alliance	Norad	Rehabilitation Program in Palestine			6,959	6,476	5,632	6,794	6,120	5,350	5,207	5,788		48,325
Atlas Alliance	Norad	Organisational development among deaf in The Palestinian Territories	5,623	705	667	627	686	664						8,973
Atlas Alliance	Norad	Support to organisation of deaf in Palestine							631	496	601	475		2,203
Atlas Alliance	Norad	Development of education for deaf in Palestine								362	144	141		648
Norwegian Red Cross	MFA - Oslo	PAL/Rehabilitation of handicapped people						1,261						1,261
Norwegian Red Cross	MFA - Oslo	PSE/Special education program to children							1,353					1,353
Norwegian Red Cross	MFA - Oslo	IFRC Appeal 2004 - Program for Disabled					927							927
Norwegian People's Aid	Norad	IT for visually impaired			430	818								1,248
Signo Foundation	MFA - Unspecified	Contingency activities for the deaf				600								600
Norwegian People's Aid	Norad	Rehabilitation Centre for Mine Victims		1,693										1,693
Trauma Care Foundation (TCF)	MFA - Unspecified	Mine Injury Management			437									437
Y Global – YMCA Beit Sahour	Norad	Capacity Building for Trauma Counsellors of East Jerusalem YMCA Rehabilitation						380	333	673	568	582		2,536
University Hospital of Northern Norway	MFA - Oslo	Telemedicine							4,000					4,000

Agreement partner	Extending agency	Agreement title	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Mainstreamed														
Norwegian Church Aid	MFA - Unspecified	Augusta Victoria Hospital	368											368
Norwegian Church Aid	MFA - Unspecified	Emergency Relief	683											683
Norwegian Red Cross	MFA - Unspecified	IFRC appeal 2002			1,112									1,112
		Palestine Healthcare												
Norwegian Red Cross	MFA - Unspecified	IFRC Appeal 2003				927								927
		Community based Special Education												
Norwegian Red Cross	MFA - Unspecified	Integration of disabled in community IFRC		913										913
Norwegian Red Cross	MFA - Oslo	PRCS / ICRC OPT 2010											5,720	5,720
Norwegian Red Cross	MFA - Oslo	PRCS NRX OPT 2009										6,000		6,000
MEHE	MFA - Embassies	Support to the Education Development Strategic Plan 2008-2012											38,000	38,000
PNA	MFA - Embassies	Emergency assistance to education sector, Phase II						7,000						7,000
MEHE	MFA - Embassies	Addendum I and II to «Emergency Support for Education Sector», Phase II						6,500	5,275	3,725				15,500
MoPAD	Norad	Emergency assistance to Educ. Sector				11,000								11,000
Gaza Community Mental Health Program	MFA - Embassies	GCMHP Strategic Plan 2005						800						800
Gaza Community Mental Health Program	MFA - Embassies	Gaza Community Mental Health Program							750	710	710	680	600	3,450
UNRWA - UN Relief and Works Agency	MFA - Embassies	UNRWA - Emergency Appeal 2010											21,000	21,000
Right to Play	MFA - Oslo	Right to Play OPT 2009										1,560		1,560

Agreement partner	Extending agency	Agreement title	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
Right to Play	MFA - Oslo	Right to Play OPT 2010											1,500	1,500
FO – Union of Child Welfare & Social Workers	Norad	Children's Cultural Centre -Bethlehem	440	450	699									1,589
Y Global – YMCA Gaza	Norad	Voicing Children's Rights								448	599	600		1,647
Partly mainstreamed														
ICHR	MFA - Embassies	Ombudsman II						1,590	1,900	1,710				5,200
UNESCO	MFA - Embassies	Palestinian Women Research and Documentation Centre (PWRDC)											4,125	4,125
Tamer Institute for Community Education	MFA - Embassies	Tamer Institute										850	1,700	2,550
UNESCO	MFA - Embassies	Teacher Education Strategy Development							3,362			-9		3,353
Norwegian Refugee Council	MFA - Oslo	NRC ICLA and Shelter program in OPT Gaza 2010											4,000	4,000
The Royal Society for Norwegian development	Norad	Palestinian Early Childhood Education Program			802									802
Norwegian People's Aid	Norad	Partners Competence Building			910									910
Norwegian People's Aid	Norad	Women Can do it							490	388				878
Norwegian People's Aid	Norad	Youth Towards Freedom							231	358				589
Other projects reviewed (and removed from disability database)														
Norwegian People's Aid	Norad	Empowering Young Adults							187	181				368
Norwegian People's Aid	Norad	Making a difference							451	447				898

Agreement partner	Extending agency	Agreement title	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total
ICHR	MFA - Embassies	Ombudsman			757	310	455							1,522
ICHR	MFA - Embassies	Ombudsman III - ICHR 2008 - 2010									2,000	2,000	2,000	6,000
WCLAC	MFA - Embassies	WCLAC 2008-2010									800	2,000	2,000	4,800
UNESCO	MFA - Embassies	Palestinian Women Research and Documentation Centre								2,125	1,125	3,250		6,500
UNRWA - UN Relief and Works Agency	MFA - Embassies	UNRWA Gender Initiative Gaza											7,000	7,000
UNRWA - UN Relief and Works Agency	MFA - Embassies	UNRWA Graduate Training and Development Program						7,900						7,900

Annex 2: List of interviewees

Name	Position/title	Institution
Stein Torgeirsbråten	Head of development cooperation	Representative Office of Norway to the Palestinian Authority (NRO)
Tale Kvalvaag	Counsellor	NRO
Signe Marie Breivik	Program Advisor	NRO
Rima Tadros	Program Advisor	NRO
Muntaha Aqel	Program Advisor	NRO
Emadeddin Abdallah,	Financial & Adm. Advisor	NRO
Gisle Hagen	Senior Advisor	Social Rights/Equity Unit, Norad
Astrid Lervåg	Senior Advisor	Civil Society Dept., Norad
Lene Margrete Hasle	Senior Advisor	Ministry of Foreign Affairs
Live Bjørge	Senior Advisor	Fredskorpset
Jan Olav Barøy	Deputy Director	Fredskorpset
Disabled People's Organisations		
Nizar Basalat	Chair	GUDP
Ola Abu Al-Ghaib	Chair	Stars of Hope
Rima Qanawati	Disability activist	
Ziad Amro	Disability activist	
Ghada Harami	Director, Rehabilitation Program	Norwegian Association of the Disabled (NAD)/Diakonia
Svein Brodtkorb	Head, International Dept	NAD Oslo
Cindy Greer	Advisor	NAD Oslo
Linda Suvatne	Financial Controller	NAD Oslo
Norwegian NGOs		
Trine Riis-Hansen	Advisor	Atlas Alliance
Rikke Bækkevold	Managing director	Atlas Alliance
Geir Ambro	Development advisor	Atlas Alliance
Knut Rune Saltnes	Advisor	SIGNO
Kjetil Østnor	Country director	Norwegian People's Aid (NPA)
Widad Nasser	Project coordinator	NPA
Martin Holter	Advisor, Middle East	NPA Oslo
Gudrun Bertinussen	Area representative, ME	Norwegian Church Aid (NCA) and former NPA representative
Neil Jebb	Area manager – Gaza	Norwegian Refugee Council (NRC)
Erik Abild	Program coordinator	NRC - Oslo (and former representative of NORWAC Gaza)
Helene Vikan	Program coordinator	Norwegian Red Cross - Oslo
John Eivind Jensen	Country Director	NORWAC

Development Partners		
Emily Mourad Hanna	International relations	Independent Commission on Human Rights (ICHR)
Majeed Sawalha	PR and Media	ICHR
Yasser Alawneh	Legal researcher	ICHR
Maan Ideis	Legal researcher	ICHR
Maha Abu Dayyeh	Director	Women's Centre for Legal Aid and Counselling (WCLAC)
Hanan Abu Ghosh	Director, Advocacy Unit	WCLAC
Rawan Obaid	Advocacy Unit	WCLAC
Zahira Kamal	Director	Palestinian Women Research and Documentation Centre (PWRDC)
Rabah Jabr	Director of Operations	Palestine Red Crescent Society (PRCS)
Dr. Wael Qaadani	Director of Planning	PRCS
Suheir Badarneh	Director	PRCS, Total Communication School for the Deaf
Dr. Khamis El Essi	Director, medical rehabilitation	Al-Wafa Hospital – Gaza
Renad Qubaj	Director	Tamer Institute
Ruba Totah	Program coordinator	Tamer Institute
Dr. Ahmad Abu Tawahina	Director	Gaza Community Mental Health Program (GCMHP)
Government and UN stakeholders		
Estephan Salameh	Special Advisor to the Minister	MOPAD
Dauod Al-Deek	Assistant Deputy Minister	Ministry of Social Affairs (MOSA)
Hana Al-Qaimari	DG Persons with Special Needs	MOSA
Ziad Amro	Advisor on Disability Card	MOSA
Fawaz Mujahed	Director General, Buildings	MOEHE
Wisam Nakhleh	Director of Engineering Studies	MOEHE
Reema Kilani	Director General, Counselling	MOEHE
Shifa Shaikha	Director, Special Education	MOEHE
Khalil Alawneh	Head of Special Education	MOEHE
Dr. Shahnaz El-Far	Director	MOEHE, NIET
Sadeq Khodour	Technical deputy director	MOEHE, NIET
Tharwat Zaid	Director General	MOEHE, Supervision and Training
Mustafa Bisharat	Inclusive education counsellor	MOEHE, Tubas district
Mahdi Hassounah	Technical deputy director	MOEHE, Tubas district
Hasan Abu El Tayyeb	Director	MOEHE, counselling and special education, Tubas district

Khairat Mubaslat	Director	Basic girls school, Tubas
Bassem Kharraz	Director	Secondary boys school, Tubas
Dina Abu Ghaida	Program manager, deputy country director	World Bank
Yousef Falah	Director General, Population and Social Statistics	Palestinian Central Bureau of Statistics (PCBS)
Robert Stryk	Coordinator of Program Support	UNRWA HQ – Amman
Dave Hutton	Program Support Officer, Acting Deputy Director	UNRWA – West Bank Field Office
Scott Anderson	Acting Deputy Director	UNRWA – Gaza Field Office
Hussam Manna'	Chief, Relief and Social Services	UNRWA – Gaza Field Office
Jamal Nammoura	Rehabilitation Services Officer/Health Department	UNRWA West Bank
Mohammad Araj	Disability coordinator/Social services Department	UNRWA West Bank
Samar Jabr	School Counselling, Education Department, North	UNRWA West Bank
Louise Haxthausen	Head of Office, Ramallah	UNESCO
Others		
Two groups of PWDs around 20 PWDs	Ramallah	MercyCorps training
Two focus groups with 7 male and 7 female PWDs	West Bank	
Mahmoud		Attending Far'a summer camp
Jomla Hasasna		attending Far'a summer camp
Maher Salameh	Director	Far'a summer camp
Marwan Wishahi	Director	Salah Khalaf Youth Centre, Far'a Camp
Abdel-Karim Said	Director	Far'a camp Local Com. for Rehabilitation
Fuad Soboh	Deputy director	Far'a camp
Said	General secretary	Far'a camp
Ahmad Qassem	Physiotherapist	Far'a camp

Annex 3: Rights-holders comments and input

Two focus groups were held with 7 males and 7 females with disability separately in September 2011. Participants came from various locations in the West Bank, including south, north and central area.

Participants gave a negative assessment of the level of compliance by government bodies to their rights. They expressed little trust in government institutions and NGOs working in the disability sector. They believe government officers do listen to them and involve them in certain aspects but for the purpose of propaganda only and without a genuine interest in their input. In their views, all organisations including MOSA prefer to focus on advocacy rather than service provision because advocacy gives them more visibility.

According to participants, access to assistive devices is often dependent on personal relations rather than the actual need. MOSA criteria for giving social assistance and/or loans are seen as complicated and lengthy, thus discouraging many persons with disabilities from proceeding with the procedure. The amount of cash assistance is also very small and does not cover the high cost of disability. Even with regard to one of the positive outcomes of this evaluation – ensuring accessibility in newly built schools, they gave an example of a new school built in a village in north West Bank without accessibility.

Finally, persons with disabilities participating in the focus groups believed that donor support is not well coordinated and distributed, leading to duplication of services to some persons whereas others are lacking any access to such services. Recommendations made by participants covered such areas as enforcement of the disability law, application of simple procedures for social support and loans by MOSA, increased coordination and monitoring of services, and equal attention to all types of disabilities.

EVALUATION REPORTS

7.99	Policies and Strategies for Poverty Reduction in Norwegian Development Aid	3.07	Evaluation of the Effects of the using M-621 Cargo Trucks in Humanitarian Transport Operations
8.99	Aid Coordination and Aid Effectiveness	4.07	Evaluation of Norwegian Development Support to Zambia (1991 - 2005)
9.99	Evaluation of the United Nations Capital Development Fund (UNCDF)	5.07	Evaluation of the Development Cooperation to Norwegian NGOs in Guatemala
10.99	Evaluation of AWEPA, The Association of European Parliamentarians for Africa, and AEI, The African European Institute	1.08	Evaluation: Evaluation of the Norwegian Emergency Preparedness System (NOREPS)
1.00	Review of Norwegian Health-related Development Cooperation 1988–1997	1.08	Study: The challenge of Assessing Aid Impact: A review of Norwegian Evaluation Practise
2.00	Norwegian Support to the Education Sector. Overview of Policies and Trends 1988–1998	1.08	Synthesis Study: On Best Practise and Innovative Approaches to Capacity Development in Low Income African Countries
3.00	The Project "Training for Peace in Southern Africa"	2.08	Evaluation: Joint Evaluation of the Trust Fund for Environmentally and Socially Sustainable Development (TFESSD)
4.00	En kartlegging av erfaringer med norsk bistand gjennomfrivillige organisasjoner 1987–1999	2.08	Synthesis Study: Cash Transfers Contributing to Social Protection: A Synthesis of Evaluation Findings
5.00	Evaluation of the NUFU programme	2.08	Study: Anti- Corruption Approaches. A Literature Review
6.00	Making Government Smaller and More Efficient. The Botswana Case	3.08	Evaluation: Mid-term Evaluation of the EEA Grants
7.00	Evaluation of the Norwegian Plan of Action for Nuclear Safety Priorities, Organisation, Implementation	4.08	Evaluation: Evaluation of Norwegian HIV/AIDS Responses
8.00	Evaluation of the Norwegian Mixed Credits Programme	5.08	Evaluation: Evaluation of the Norwegian Research and Development Activities in Conflict Prevention and Peace-building
9.00	"Norwegians? Who needs Norwegians?" Explaining the Oslo Back Channel: Norway's Political Past in the Middle East	6.08	Evaluation: Evaluation of Norwegian Development Cooperation in the Fisheries Sector
10.00	Taken for Granted? An Evaluation of Norway's Special Grant for the Environment		
1.01	Evaluation of the Norwegian Human Rights Fund	1.09	Evaluation: Joint Evaluation of Nepal's Education for All 2004-2009 Sector Programme
2.01	Economic Impacts on the Least Developed Countries of the Elimination of Import Tariffs on their Products	1.09	Study Report: Global Aid Architecture and the Health Millennium Development Goals
3.01	Evaluation of the Public Support to the Norwegian NGOs Working in Nicaragua 1994–1999	2.09	Evaluation: Mid-Term Evaluation of the Joint Donor Team in Juba, Sudan
3A.01	Evaluación del Apoyo Público a las ONGs Noruegas que Trabajan en Nicaragua 1994–1999	2.09	Study Report: A synthesis of Evaluations of Environment Assistance by Multilateral Organisations
4.01	The International Monetary Fund and the World Bank Cooperation on Poverty Reduction	3.09	Evaluation: Evaluation of Norwegian Development Cooperation through Norwegian Non-Governmental Organisations in Northern Uganda (2003-2007)
5.01	Evaluation of Development Co-operation between Bangladesh and Norway, 1995–2000	3.09	Study Report: Evaluation of Norwegian Business-related Assistance Sri Lanka Case Study
6.01	Can democratisation prevent conflicts? Lessons from sub-Saharan Africa	4.09	Evaluation: Evaluation of Norwegian Support to the Protection of Cultural Heritage
7.01	Reconciliation Among Young People in the Balkans An Evaluation of the Post Pessimist Network	4.09	Study Report: Norwegian Environmental Action Plan
		5.09	Evaluation: Evaluation of Norwegian Support to Peacebuilding in Haiti 1998–2008
1.02	Evaluation of the Norwegian Resource Bank for Democracy and Human Rights (NORDEM)	6.09	Evaluation: Evaluation of the Humanitarian Mine Action Activities of Norwegian People's Aid
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