State of Palestine
Ministry of Social Affairs

Social Policy Paper on the Establishment of a Case Management System for Children with Disability

December 2012

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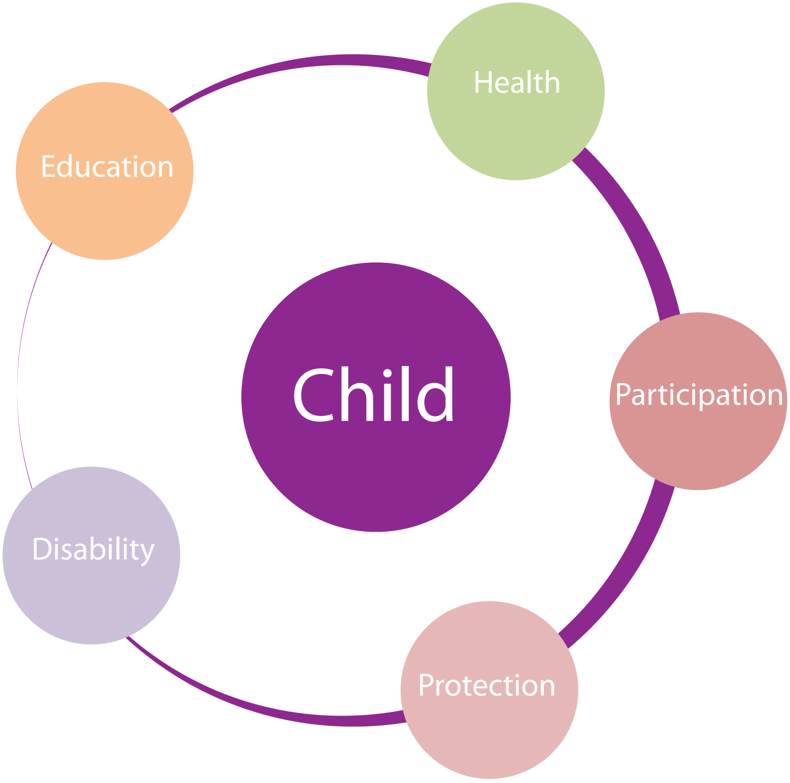

December 2012

Note: Data included in this report is primarily based on statistics available in 2011 when this work was initiated

Executive Policy Committee

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Policy Paper on the Establishment of a Case Management System for Children with Disability (2012). Ministry of Social Affairs, Palestine.

Foreword

Since its inception, the Ministry of Social Affairs has taken the responsibility to follow up issues and affairs of various marginalized social strata, and secure the rights of the most vulnerable citizens, including persons with disability. During our quest to carry out those responsibilities, we have faced many challenges, and are still working hard to overcome the obstacles one by one.

Persons with disability and their cases took a substantial fair share of attention. In the year 1999, the Disabled Rights Law No. 4 was issued, and in the year 2004, the regulations/ bylaws were endorsed, in addition to a decree on the establishment of the Higher Council for the Affairs of Persons with Disability. The ministry has worked in parallel, as much as possible, to provide the various forms of services and support, to mitigate the situation for this segment of the society. But the difficult reality imposes itself on the ground; limited resources and increasing challenges, especially after the siege on our people in Gaza, and because of what the occupation's continuous practices to undermine the elements of Palestinian statehood.

Throughout the last three years, the Ministry of Social Affairs has been moving towards institutionalization and regulating the provision of services for people with disability, and hence, it worked to activate the Higher Council for the Affairs of Persons with Disability, and succeeded in modifying its presidential decree, and at the same time worked to form a Higher National Committee for Persons with Disability card, a committee that oversees, institutionalizes and organizes the process of service provision entailed by the law, for people with disability. The ministry also succeeded in cooperation with the partner government institutions in the formation of internal committees within the relevant ministries.

Within this context, the ministry has worked to develop a proposed system to institutionalize the disability card program for persons with disability, and to identify the functions of its components, which are a set of integrated and interactive structures and systems, including a case management system, which includes rehabilitation, training and employing a number of supervisors, specialized social workers who would take the responsibility of working with people with disability who meet the eligibility criteria for the use of services provided by the program. And since the system of case management is one of the most important components of the program card and the most expensive, and it cannot be introduced fully at once, the ministry in cooperation with the Save the Children and UNICEF decided to prepare a proposal of this policy paper, to start building the case management system, and work with cardholders of children, as the most marginalized among persons with disability. This would help us avoid falling into the challenges resulting from the full application at once, which is expected to include all cardholders as early as possible after the completion of all preparations required.

On the other hand, the case management system comes within the other component systems of the program card; early detection and diagnosis, case management, evaluation, database and computerized digital management, endorsement and contracting of service providers, in addition to mechanisms to provide services to applicants who meet the eligibility criteria.

The Ministry of Social Affairs believes that the case management system is a first step on the road to institutionalizing and organizing all of the services, and to ensure all the rights of persons with disability. Let us realize that the relay and the gradual delivery of services and building components needed for that is our success in overcoming challenges and avoiding surprises. We believe that the case management system is the cornerstone on which we can rely upon in building the rest of the disability card program.

Majida Al-Masri

Minister of Social Affairs

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Introduction

The State of Palestine (SP) seeks to provide quality health, educational, social protection, cultural and recreational services and programs for all children residing within the Occupied Palestinian Territory (OPT). This policy paper represents the vision of a holistic Palestinian society, where all stakeholders work together to identify children with disability, and guarantee and follow up their access to the services available according to their needs and situation, to enable children to maximize their potential and be productive members in society. This goal is reflected in the Ministry of Social Affair's (MOSA) mission, which is to provide "a competent, effective and partnership-based social protection system, capable of providing social protection in all its relief, care, preventive, protective and empowerment forms to the Palestinian people on the basis of human rights and citizenship in a fair and transparent manner." This requires setting up national systems to guarantee citizens receive a package of services that will protect against the cycle of "want, poverty and marginalization [The national systems] would serve as a lever for empowerment and the development of the human capital."[1] In order to achieve this goal, MOSA advocates the development of a regulative environment that supports a modern system of social protection that is built upon partnership with other key stakeholders.

The translation of these lofty and worthy goals into concrete programs, services, and actions that can adequately and effectively address the rights of children to live healthy, productive and fulfilling lives is a responsibility that is shared by many governmental and non-governmental agencies within the country. This is no small task for a country with limited financial resources and an underdeveloped economy due to the restrictions and constraints imposed by Israeli occupation. However, despite the debilitating effects of the occupation, the SP remains committed to fulfilling the rights of children, and in particular those who are marginalized and vulnerable.

The Palestinian National Authority Report on the Implementation of the Convention of the Rights of the Child[2] found that children with disability to be one of the most marginalized and vulnerable groups of children residing in the country. In part, this marginalization of children with disability is due to the lack of sufficient services and programs (specialized and/or integrated) to meet their needs and uphold their rights within the health, educational, social and recreational sectors. In addition, some efforts are currently underway to mainstream and integrate the needs and rights of disabled children into available services, programs and environments. However, this has been a long drawn out process that has yet to be realized. A third factor relating to the marginalization of children with disability is reflected in attitudes and cultural norms that tend to view disabled children

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[1] Ministry of Social Affairs Social Protection Sector Strategy (April 2011), p. 4. http://www.ldf.ps/documentsShow.aspx?ATT_ID=3358

[2] Palestinian National Authority Report on the Implementation of the Convention on the Rights of the Child (2010). Palestinian Central Bureau of Statistics, Palestine. www.pcbs.gov.ps

as a disempowered group deserving of charity rather than from an empowering perspective and viewing them as capable children with much to offer if the opportunities are afforded to them.

The Palestinian Central Bureau of Statistics (PCBS), in cooperation with MOSA, issued the results of the first national survey of disabilities in the OPT in December 2011. The survey was conducted on a sample of 15,572 households in the OPT. The questionnaire design and methodology were based on World Health Organization (WHO) recommendations and applied WHO and Washington Group for Disability Statistics definitions and classifications. The overall prevalence of disabilities[3] in the OPT according to a "wide definition" of disability was 7%, with no significant difference between West Bank and Gaza rates. However, using the "narrow definition" of disability the prevalence rate was 2.7% for the OPT, with 2.9% in the West Bank and 2.4% in Gaza and 2.9% for males and 2.5% for females. For children (up to 17 years of age), the prevalence rate was 1.5% (1.8% for males and 1.3% for females.) Prevalence rates were strongly correlated with age with older persons having higher rates of disability compared with younger age groups.

Currently, the needs and rights of children with disability are being addressed through an array of MOSA led programs and services that include cash and in-kind assistance, social safety (health insurance, retirement and social security funds, etc.), enabling economic assistance programs and support for legislation and laws that champion the rights of marginalized and vulnerable populations within the country. These programs are integrating the needs and rights of children with disability into existing service delivery packages. For instance, allocation of cash assistance for poor families with one or more disabled persons, ensuring mainstreaming of disabled persons into vocational training programs and economic development projects, identification of children with disability as an at risk group for physical and sexual violence and abuse within the family and/or community, providing counseling and rehabilitative support programs and providing health insurance for disabled persons.

The MOSA Business Strategy[4] further addresses the needs and rights of disabled persons by setting out four policy directions:

- Promotion of policies and laws that guarantee the rights of people with disability and their integration into society;
- Provision and development of appropriate services;
- Supporting the economic independence and integration into mainstream society of persons with disability, especially in the various labor markets;
- Strengthening of the institutions providing support to people with disability.

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[3] Disability/difficulty was defined as: Individuals with disability 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.

[4] Ministry of Social Affairs Business Strategy (April 2011), p. 50. www.ldf.ps/documentsShow.aspx?ATT_ID=3958

MOSA has initiated actions on these policies by:

- Reviewing, revising, amending and proposing new legislation and protocols that would support the rights of disabled persons to have equitable and equal access to all services and programs.
- Developing detailed policies that specify how and when the integration of disabled children into all ongoing public and private sector based programs and services should occur.
- Developing user friendly and service efficient systems that should coordinate between the disabled child/family/persons and the available services within public and non-governmental service providers.
- Improving the quality of services and programs available to disabled children by upgrading capacity, skills and knowledge of personnel providing services for disabled children within health, education, social, cultural and recreational sectors.
- Expanding the availability of services to cover all areas of the country and provide appropriate transporation to access services and programs.
- Advocacy to support greater allocation of resources – financial, technical, administrative – to deliver on the rights of disabled children.
- Awareness raising at the local and national level on the importance of integrating disabled children in all spheres of life and services.

These actions are in compliance with existing laws that specifically address non-discrimination and the rights of disabled persons. For instance, the Palestinian Basic Law (2003) article 9 states "Palestinians shall be equal before the law and the judiciary, without distinction based upon race, sex, color, religion, political views or disability". This is supported by article 2 of the Palestinian Disability Law (1999), which states:

> The disabled have the right to enjoy a free life, dignified living, and various services in a manner equal to that of other citizens and he/she shall have the same rights and obligations that are within his/her capabilities. It is not permissible to prevent any disabled from enjoying these rights because of his/her disability.

The guiding framework for these interventions is premised on the Palestinian Disability Law (1999) and the 'Bylaws Concerning the Rights of the Disabled (2004).' The execution of these laws is currently undertaken by MOSA which is mandated to coordinate and provide care, protection and services for the disabled according to the provisions of the Jordanian Social Affairs Law no. 14 of 1956 applied in the West Bank and the Egyptian Law that is applied in Gaza. Hence, MOSA is taking a lead role in organizing and advocating with partner organizations the execution of the 2004 Bylaws, in particular, article 3 which requires of the ministry the issuance of a “Disability Card” that includes a package of health, social, educational, and vocational integration, rehabilitation programs and services to meet the needs and rights of disabled persons.

However, financial constraints have seriously limited the ability of MOSA and other agencies to adequately apply the laws, execute the Disability Card, and assure full rights of disabled children and/or adults are met. MOSA has taken steps to strategically address existing gaps in the availability of human and financial resources, availability of quality services, appropriate monitoring mechanisms and coordination and networking between stakeholders by demonstrating political commitment through the following actions:

- The Cabinet has prioritized the issuing of the Disability Card.
- In 2010, the Cabinet approved allocation of funds for the Palestinian Central Bureau of Statistics to conduct the Disabled Individuals Survey of 2011 in cooperation with MOSA.
- Issuing Cabinet Decision #10 for 2010 which endorsed the revitalization of the High Council for Disabled Persons to support the development of the Disability Card.

Cabinet Decree (10) 2010 approved the rejuvenation of the Higher Council on Disability which is an independent body chaired by the Minister of Social Affairs and includes membership of a number of government agencies and non-governmental organizations (including organizations of persons with disability). This council meets regularly to agree on policies, programs and plans of action for the preparation and execution of the Disability Card. The Council has created a number of smaller working groups that operate internally within their institutions to determine the roles, responsibilities and duties regarding the integration and mainstreaming of the rights of persons with disability into existing programs, services, and ongoing activities. This includes the allocation of budgets to implement the plans, the development of an institutionalized, comprehensive and holistic system of services to be provided to persons with disability.

MOSA remains the primary duty bearer of these laws and is responsible for and continues to work towards ensuring the fulfillment of the laws and meeting the rights of all disabled persons and, in particular, children. These aforementioned actions represent concrete steps to ensure that children with disability are provided with equal access to social opportunities and support for the development of environments where they cannot only benefit from social and economic opportunities, but also be contributors to their own development and that of society. These initiatives are in line with the law and are responding to the demands of disabled children, families and unions that support and advocate for greater responsiveness to their needs and rights. This will require greater allocations of financial and human resources within the health, education, social, recreational, cultural and vocational sectors to specifically address the rights of children with disability to access services and ensure their full integration into society.

This policy paper on the establishment of a 'case management system for children with disability is in support of these children's rights to appropriate and adequate services that will allow them to develop their full potential and become active and empowered members of society. What is needed now is the development of a system that can support children with disability to connect with available services and programs to meet their needs and rights.

Disabled children have the right to access quality health, education, social and recreational services and programs. This can be a formidable task if there are minimal or inefficient systems in place to guide parents and children in seeking out the best possible services and programs they need to support their child's holistic development. Hence, a case management system for children with disability is a priority service that must be available to provide families with disabled children support and assistance that is based on their individual needs. This will require coordination between the home, school, therapeutic and rehabilitative services, and recreational services.

In addition, this case management system should incorporate a quality assurance mechanism that would ensure reasonable standards of service program delivery are maintained. MOSA is fully prepared to initiate the development of a child disability case management system that would be responsible for managing the intake, screening, eligibility determination, individual service plan, on-going service coordination, monitoring and advocacy to ensure that all children with disability and their families receive the support, direction and guidance in accessing available public services in accordance with the law.

This will require the development of a national policy on child disability case management processes and functions that would be most beneficial and feasible for guaranteeing the rights of children with disability in the coming years. This paper will seek to identify the ways and means of initiating such a system.

MOSA Social Protection Strategy and Plans 2011-2013

MOSA has been active in formulating social protection strategies and plans that identify the goals and objectives that will be achieved during the coming years. The necessity of ensuring these policy directions are applied to children with disability is crucial. Laws, services, mainstreaming and strengthening of institutions and systems are necessary if we are to ensure the rights of children with disability are met. This will allow for these children to be provided with the necessary support, tools and resources that will allow them to flourish and thrive within society and meet their full potential starting from birth through 18 years[5]. This requires early integration of disabled[6] children's needs into existing and yet to be developed social services like health, education, vocational, cultural and recreational programs, and infrastructure within public and private organizations and institutions.

Children with disability are a vulnerable group who do not have a voice within decision making forums within the country. They tend to be the poor of the poor and do not have formal representation within society. This places an additional onus on MOSA to ensure these children's rights are addressed in a comprehensive, holistic, systemic and integrative manner within the core set of social services and programs that are provided for by the government. This requires consistent efforts to amend laws and bylaws to ensure integration of services for disabled children into all sectors and proper allocation of funds and resources to actualize changes needed to upgrade services and infrastructure to meet their needs. This has been reflected in the ministry's ongoing work to enhance transportation rights of disabled persons by allowing tax exemptions on vehicles and supporting transportation costs for disabled persons to attend school and access vocational training opportunities.

Protecting and supporting the rights of children with disability is a joint responsibility shared by the General Directorate for Persons with Disability Affairs and the General Directorate for Family Affairs within MOSA. This is also reflected in the MOSA Business Strategy (April 2011) recommendation that "….family policy provides adequate targeted support to families with children, especially poor families, families with disabled children and large families"[7]. The General Directorate for Family Affairs has included disabled children as one of their target groups within the Child Protection Network and ensures staff within the Ministries of Education, Health, Labor, Interior, and Social Affairs in addition to non-governmental agencies afford particular attention to the protection and safety needs of these children within the home and out of home environments.

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[5] Palestinian Child Law (2004). Any person under 18 years is considered to be a child.

[6] The definition of a disabled person according to Law Number 4 for the Year 1999 Concerning the Rights of the Disabled: any individual suffering from a permanent partial or total disability whether congenital or not in his/her senses or in his/her physical, psychological or mental capabilities to the extent that it restricts the fulfillment of his/her normal living requirements in a manner not usually faced by those without disabilities. There is also the national bylaw (6) for the year 2004 concerning the rights of disabled persons. This bylaw defines disabilities in terms of motor, sensory, cognitive, mental, and dual or multiple disabilities.

[7] MOSA Business Strategy (April 2011), p. 91. www.ldf.ps/documentsShow.aspx?ATT_ID=3958

However, the primary responsibility for ensuring the rights of disabled children is met remains with the General Directorate for Persons with Disability Affairs.

The General Directorate for Persons with Disability Affairs within MOSA is taking proactive measures to achieve the mission set out within their Social Protection Sector Strategy and Business Strategy:

> *The Ministry of Social Affairs provides protection and care to persons with disability in Palestine and supports their independence and integration in the society, in particular in the working life, by advocating and defending the rights of persons with disability, by providing appropriate services and assistance, and by strengthening institutions that provide support for persons with disability.*

Although MOSA is the main duty bearer in terms of disabilities it works in full partnership and coordination with other agencies providing support for disabled persons including inter alia the Ministries of Health, Education, Interior, Labor, Justice, Transportation, Public Works and Housing, and Youth and Sports. The United Nations Relief and Works Agency (UNRWA) is also a key partner in delivery of services for disabled children and provides complementary education, social and health services. In addition, a host of non-governmental agencies play a strategic role in supporting the rights of disabled children and persons through policy development initiatives, service provision and advocacy. The most prominent of these organizations include the General Union of Disabled Persons, Union for Women with Disabilitiy, General Union of Deaf Persons, the Palestinian Red Crescent, YMCA, the Gaza Community Mental Health Program and a host of community based organizations. The community based rehabilitation programs are ongoing and non-governmental agencies continue to be a primary service provider at the community level providing emergency, day care, rehabilitation, educational and counseling programs for disabled children in a number of different specialized areas.

The Minister of Social Affairs has assumed a pivotal role in addressing disabilities. The Minister, Ms. Majeda El Masri, has taken a pro-active stance to engage in cooperative planning with the Ministry of Health (MOH), Ministry of Education (MOE) and Ministry of Labor (MOL). The aim is to address the education, health, social service and employment needs of Palestinians with disability and to ensure their human and civil rights are protected. These efforts were reflected in government sector strategies that clearly highlighted the rights of disabled persons and identified objectives and actions that needed to be carried out in order to streamline disabled friendly and appropriate services within their mandate. MOSA continues to support cash assistance programs, support for prosthetics, drugs, equipment, counseling and vocational and/or rehabilitation sevices for disabled children. Furthermore, MOSA is playing a leading role in :

- Creating a system of case management for persons with disability, to ensure comprehensive services and continuity of care.

- Defining a package of services (Disability Card) for persons with disability, to ensure the best possible physical and mental health, educational, vocational, social and recreational services are available and accessible to disabled children. Initially, the intent is to identify the highest quality and most extensive range of services and then to determine what is affordable under the current economic constraints.
- Upgrading the quality of physical and mental health and social services, both with respect to individual providers (e.g., physicians, nurses, physical and occupational therapists, counselors) and facilities.
- Embedding the K-12 curriculum modules related to health promotion and disease prevention and to disabilities and to the rights of those with disability.
- Addressing the rights of children with disability, as part of MOSA's continued focus on the rights of the child. The PNA endorsed the UN Convention on the Rights of the Child (CRC).

The Disability Card is mandated and required by law. When finalized it should allow for control and management of the basic and necessary services that disabled children/persons should rightfully receive as part of a comprehensive and integrated package of services. The disability card also requires that governmental agencies work towards full integration and mainstreaming of services, programs, infrastructure and opportunities for all disabled persons within society.

A key premise of the Disability Card is to ensure all disabled persons have easy and facilitated access to a package of services that are clearly identified and agreed upon at the national level. It will also allow for the management of services across service providers to prevent the duplication of services and allow for proper guidance and governance in the use of services. These are key strategies that the Disability Card should guarantee, and fall in line with government policy that seeks to provide quality services in a reasonable, cost efficient, and cost effective manner.

In addition, the Disability Bylaws[8] clearly detail the rights of disabled children/adults to full, equal and equitable access to social and economic benefits. This includes the responsibility of national and public services to incorporate and address the needs and rights of disabled persons whether it is in the building of schools, clinics, streets, houses, public buildings or other facilities that should all be disabled accessible. It also requires that any and all services that are made available to the general public take fully consider the rights of disabled children/adults to be full and active recipients and participants in the service and programs. These requirements to date have posed a major challenge for many of the service providers. In part, lack of awareness and failure to prioritize the needs of disabled children has resulted in many organizations failing to develop programs and services that are particularly designed to meet the needs of disabled persons. It is only in more recent years that building requirements and codes are requirements

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[8] See Annex A for a review of existing laws, legislation and bylaws relevant to disability.

for all public buildings to ensure that disabled children can easily access facilities (education, health, social, recreational, roads, etc.) This new awareness has resulted in more buildings and locations being made accessible for disabled children and their families.

Although efforts are underway to support improved transportation facilitation, transport remains a major impediment for most disabled persons and particularly children. The lack of specially designed cars, taxis, and buses has made it difficult for many children with disability to attend schools, vocational, educationaland recreational programs. Similarly, roads and sidewalks remain a major challenge for many children with disability since they are designed with almost no consideration for the rights of disabled persons. There are very limited numbers of sidewalks crosswalks and traffic lights that are disabled friendly. Naturally this impacts on the ability of many disabled children to venture out into unsafe and unprotected areas of the community. For example, the Ministry of Education is working on an inclusive education policy that has resulted in almost 50% of all schools being disabled accessible. They are annually increasing the number of teachers who have specialized training and skills in integrating and mainstreaming children with disability and have made available some educational resources that facilitate their learning processes. However, due to the high costs of transportation many disabled children still do not attend school.[9] Efforts by MOSA to influence transportation and road safety issues for disabled children within the last few years has resulted in increasing awareness and action to improve transportation options and safety for disabled children/adults, but further improvements are needed.

These are the first steps that MOSA has embarked upon that will eventually lead to a well defined package of services and rights that disabled children/persons will be entitled to receive. It will be incumbent upon the government (and supporting aid) to ensure that adequate resources are allocated to ensure the delivery of services to individuals. However, sufficient allocation of financial resources is in itself insufficient. This must be accompanied by a review of human resources, programs and services that are available at the community level for disabled children. This requires an assessment of the numbers of schools, teachers, specialized staff, health clinics, health professionals, recreational sites, vocational centers and a host of other services that need to be available and accessible to disabled children if they are to be properly and effectively integrated and mainstreamed into society. MOSA is working to achieve this through their annual plans.

MOSA, with the Higher Council for Disability and partner agencies are currently implementing various aspects of the aforementioned plan. They are developing a detailed National Strategic Framework for Disability Sector with governmental and non-governmental stakeholders. This is being supported by the Norwegian

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[9] There are other reasons that disabled children do not attend school including negative cultural and social attitudes that discourage integrating disabled children into public and/or private schools, parental attitudes that do not support education for their disabled children, disabled children not being accepted by other students, and preference to place children in specialized schools rather than integrating them.

Government which has been a long time supporter of disabled persons rights in Palestine. To date, most plans have not been diligent in separating out the needs and rights disabled children[10] from those of disabled adults. This is an issue that MOSA and stakeholders[11] will be addressing in more detail and specifically in the national plan that will be based upon a cross sectoral planning paradigm and interdisciplinary approach.

The key strategies and best practices that MOSA promotes include:

1. Ensuring the promotion and advocacy for inclusive legislation, policies, practices, and protocols across sectors to ensure children with disability have equal opportunities and equitable access to all services in order to ensure their rights are met (within health, education, social, cultural, recreational, and public service sectors.)
2. Ensuring that all buildings, accommodations, and environmental infrastructure are built and/or adapted to meet the needs of children with disability.
3. Integrating children with disability into available educational, social, health, cultural and recreational activities and programs and allow for their representation in decision-making processes within public and civic organizations.
4. Supporting awareness raising campaigns and activities that increase the general public's information on the importance of affirmative action and equal opportunities and integration of disabled children in mainstream services and programs (working towards establishing positive attitudes towards children with disability and eliminating discriminatory and negative cultural stereotypes).

This will require MOSA and other line ministries to provide:

- Public awareness raising programs on the rights, needs, integration and mainstreaming of children with disability into all services and programs within the country.
- To give access to the appropriate and necessary medical and nutritional services for children with disability, to ensure their right to health.
- Rehabilitative services for children with disability to support their independence and development of their full capacity.
- Prosthetics, assistive devices and environmental access to assist them in their daily lives and ensure they have equal access to the environment and social contacts.
- Opportunities to promote their full participation in family, social and community settings in a dignified manner (social, cultural, recreational and religious).

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[10] See Annex C for detailed information and statistics relevant to children with disability.

[11] See Annex B for information on service providers and stakeholders.

- Equal opportunities to education and training, and later employment for children with disability.
- Appropriate legal, policy, and procedural frameworks to protect the rights of disabled children and ensure adequate technical, human, administrative and financial resources are made available to execute, monitor and evaluate the law and services.

The aforementioned activities are prerequisites of a comprehensive case management system that supports, facilitates and coordinates services to meet the needs and rights of children with disability to access appropriate health, medical, educational, rehabilitative, social and recreational services and programs. The case management system, when properly functioning, also supports an evidence-based approach to determining the gaps and requirements needed to address the specific needs and rights of disabled children. Through proper analysis of ongoing case management issues, researchers can determine where the primary obstacles, lack of services, or quality issues in program delivery exist within the country. It can also provide detailed information on the specific demographics and trends relevant to children with disability. The absence of such a system demands that individual families and disabled children take responsibility for identifying available services and programs within the country. This is unfair and does not support an equitable approach to service delivery or rights, particularly in the case of the OPT where there are no specific guidelines, policies, or service directories that clearly indicate where and which services and programs are applicable and available for children with disability in their regions.

Hence, conducting a national mapping of available governmental, non-governmental and private sector based services is a crucial feature that must be made available as part of the case management system. This would also require an in-depth assessment of the types of services provided, available transportation to and from the site, and the quality of services provided and a monitoring system.

In addition, a national costing exercise must be undertaken to ascertain the exact costs of services currently available for children and to make projections on future needs to cover services and programs for children with disability. This will require a budget analysis and a policy framework that identifies exactly which types of services and programs will be made available for children with disability (who meet the eligibility criteria). The initial costs of these services may be high at first, but if they adapt an integrative and mainstreaming approach to service delivery, the costs will eventually be reduced and sustained services can be provided.

The mapping of available services and the budget analysis should set the framework for allowing long term planning and re-distribution of service providers in the needed localities according to the demographics and needs of children with disability. This should be done in cooperation with all partners supporting the rights and services for disabled children in order to ensure appropriate and equitable access of local and international resources to benefit this target group.

The absence of a national case management system that provides comprehensive and reliable information on children with disability, the extent of disability, the actual number of disabilities/ disabled children, the gaps and specific interventions needed, and who is doing what and where means that disabled children are not being properly supported in obtaining their rights. This requires setting up a national case management system in tandem with conducting a national mapping and cost and budget analysis for service provision.

Rationale for Establishing a Child Disability Case Management System

The Palestinian Disability Law 1999 and the 2004 Bylaw Concerning the Rights of Disabled Persons have specifically obligated MOSA and other government agencies to ensure the equal and equitable access of disabled persons to government services and programs in order to ensure their rights are met. To date, there are a number of different services being offered to children with disability, however there is no national database or case management system that effectively ensures that:

An integrated and collaborative process is available that assesses, plans, implements, coordinates, monitors and evaluates the options and services available for children with disability to have their needs and rights met through the available resources and programs in a quality, cost effective manner that promotes equal opportunities to services.

The system itself should ensure that the child and his/her family receive:

- Information and assistance in understanding their child's condition and how to deal with the disability and manage their condition.
- Support in accessing services and programs that are guaranteed by law.
- Directions on availability of community based rehabilitation services and other community based programs that can provide the family and child with needed support (counseling, therapy, vocational, recreational, etc).
- Information and coordination in accessing medical, social, educational, rehabilitation, protection, recreational and cultural services.
- Information on referrals to other service providers if needed.
- Support and advocacy to ensure that decision makers are informed on the rights of disabled children and work towards eliminating gaps and weaknesses in available programs and services they are in need of which are guaranteed by law.
- Support from one case manager who is familiar with and coordinates the child's intervention plan (individualized service plan), with set targets and proper monitoring to ensure goals are met.

Children with disability and their families typically lack the knowledge, skills and access to national services and systems and require guidance and support from their families to manage the process of seeking assistance. Most families with disabled children face numerous difficulties (financial, social, and personal) that can be overwhelming for them. They frequently do not fully understand the condition of the child, nor are they aware of what kinds of services the child may need in order to maximize their development. This can be a daunting task for many parents who may develop a sense of helplessness in dealing with the child with a disability unless they can access a well qualified case manager who can assist them in developing an individualized service plan for the child that addresses their physical, health, educational and social development. This is the heart of the case management system. It is a one-stop shop where children with disability and their families can receive information, guidance, services, coordination, referrals and resources that specifically address the individual child in his/her locality. A well developed case management system will ultimately provide a child centered individual service plan, in addition to a family plan that aids the family in coping with and managing the care and protection of their child with a disability in the home environment.

Overall Functions of a Case Management System

The functions of a case management system for children with disability includes 'determining the need for case management.' This is the entry point into the system. It requires an initial intake screening of the case and a determination of eligibility. Basically, this requires a medical examination or physical screening and assessments to determine the type and level of disability. The case manager then has the primary responsibility of determining if the type and level of disability that has been identified falls within the eligibility criteria that is set by the government. In the OPT, there may be an additional need to ensure that any child who is identified as having a disability (usually identified at the primary health care clinic during routine vaccination schedules) be referred to the MOSA case management system. In some instances, parents of children with disability may not seek out assistance for their children unless they are properly instructed and requested to do so.[12] More detailed information on screening and eligibility criteria will be discussed below.

A second function of the case management system is to 'identify the child's strengths and needs.' Each child is different. It is the responsibility of the case manager to become familiar with the child and his/her strengths and needs. This allows for specialized development of plans for the child and family. Here the case manager must play a critical role in identifying the strengths and needs of the family in providing for the care and development of their child with a disability. This involves understanding the economic, social and personal characteristics of the family in addition to their capacity to manage the care and development of their child. This requires assessments of the child and family to be conducted, to gain an understanding of their specific living conditions and capabilities in managing the child with disability.

The case manager must then develop a specific and specialized individual plan of action for the child that addresses their holistic development needs – health, education, protection, social, recreational and cultural. Each child will have specific needs and this must be reflected in their plan of action. Naturally, the family's needs must be taken into account since they will be the primary parties responsible for following up with the child and ensuring that they are provided support and guidance in accessing services.

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[12] For some families, having a child with a disability is perceived to be a stigma on the family. Hence, they may try to hide the disabled child, and may even deny the child access to services that they are rightfully entitled to.

‘Locating the appropriate services, programs and resources’ needed to actualize the individual plan of action.. The types of services and programs that are to be made available to the child should be in line with national laws and policies which dictate what kinds of services (health, education, social, etc.) are to be made accessible to children with disability. This is an area that requires not only proper mapping of available resources, but also a clear indication of what state responsibilities are in ensuring the availability of such services to the child. This also requires proper allocation of resources (human and financial) to ensure that the child can access the services on a regular basis at home, school and within the community.

In addition, a well functioning case management system should be able to identify community based support programs for the child and his/her family. In many cases, the government does not directly finance these types of support programs. For instance, they could be charity based family day care centers or counseling services for families with disabled persons. The importance of having available a variety of different types of support programs for children with disability and their families should not be taken for granted. These types of programs facilitate integration of children into society, provide parents with guidance and support in the care for their child, and can offer a social safety network for families and children. This is particularly relevant at the community level where many children have less involvement with community organized events.

An important function of the case management system is to ‘advocate on behalf of the child and his/her family. ‘ The system becomes the depository of all information relevant to the child and his/her family and their access to services. The case manager is able to identify gaps in service provision, poor quality programs, delays in referrals, or insufficient allocation of resources for children and families. This information is shared with decision makers and policy makers in order to improve the conditions and quality of services provided for disabled children. The case management system can provide evidence-based data on which types of services lead to greatest improvements in the child’s development and address their rights in a comprehensive manner and identify gaps in the system that may be related to access, quality, financial or social constraints that impede the child’s development and right to services and protection within the home, school and community.

The aforementioned function is closely linked with the case manager’s ‘monitoring and quality assurance’ responsibilities. ‘ The system should have built into it routine alerts to ensure the case manager follows up with the family in the implementation of the service plan. This will guarantee that the child is receiving routine health care or emergency health care as needed, that the child is enrolled and participating in an educational program, or that the child is receiving rehabilitation, counseling and other services that have been agreed upon. The case manager should play a leading role in assessing the execution of the service plan and to ensure that proper referrals have been undertaken. The case manager should also be able to monitor the quality assurance of services being delivered within the various sectors.

COMPONENTS OF THE CASE MANAGEMENT SYSTEM

This system[13] will be designed with the following components:

1. <u>Intake and Assessment of Eligibility</u>

During the initial phase, the case manager is responsible for conducting an intake screening and during eligibility of the child for services. This requires that he/she take the following actions:

- Assess/collect data on the child including birth registration, hospital reports, physician's reports, assessment tests, etc. There needs to be identified a set of relevant documents that the case manager is required to assess in order to begin inputting into the case management system relevant documentation to verify a case. This also includes information on the family – income, work, residence, etc. It also includes a social history that addresses onset and duration of the disability, family history, legal issues, environment and living conditions, psychosocial, behavioral and cultural characteristics of

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[13] See Annex D for more detailed information on the functions/processes of a case management system.

the family, conditions of other children within the family, the family's socio-economic status, substance abuse, domestic violence or other conditions within the family or home environment.

- Conduct case screening for each child. These are standardized forms that include information on the child in terms of age, sex, types of disability, level of disability, functioning capacity and level and basic information on the child. Specialist input is also provided on these case-screening tools (doctor examination, educational specialist, and disability expert or practitioner all play key roles in the case screening process.

- Make contact with family, medical, and educational contacts. This may require approval from the child and/or parents. In many cases, the case manager will need to verify information pertinent to the child and family. This is contingent on resources available to the family; feedback from physicians or others who have been dealing with the case at hand and/or other family or community members who are familiar with the child. This type of information is relevant in order to determine what type and amount of resources will be necessary to meet the needs of the child without over allocating (or under allocating) resources.. For instance, determine if the local public school is accessible to the child rather than sending to a private specialized center. This will also include ascertaining information on available support systems and care providers for the child. The case management worker and system should identify all potential sources of family and/or community based support capacity that could be mobilized to support the child. This is part of an effective mainstreaming approach and is cost efficient. However, in some cases the findings of this assessment may indicate that the child may exist within a family situation that is detrimental to their well being (violence, abuse, neglect, etc.) and this will impact on how service delivery and monitoring of the case will take place. This would also include an assessment of infrastructure and transportation constraints in the child's immediate environment and/or services they may need to access in the future.

- Determine health, education, social, protection and psychological needs of the child. Part of the overall assessment should include information on the child's development through an interdisciplinary assessment. This will determine if the child is receiving educational and learning opportunities within the home and/or school, if there are relevant protection issues that need to be urgently addressed (abuse, neglect, etc.) or if the child is demonstrating certain psychological symptoms like depression, anxiety, withdrawal, that may require urgent attention. Health care providers are not always capable of determining what kinds of disabilities a child may have or what the necessary treatment plan should be. It is important that training of health care and social care providers be undertaken to allow for proper diagnosis of childhood disabilities. The absence of qualified practitioners results in improper diagnosis and hence poor treatment outcomes for children. It also results in redundancy and duplication since the child and his/her family may need to visit a number of specialists in order to receive a proper and correct diagnosis or assessment.

- Review current status and eligibility criteria for the child. After the initial intake screening and assessments are completed, the case manager must identify if the child's condition and situation fall within the eligibility criteria set out by the state. These eligibility criteria require that the state develop a detailed description of disabilities, how they are defined, assessed and rated, and who can determine eligibility. This could be in line with the International Classification of Impairment, Disability and Handicap-2 that identifies and categorizes different types and levels of disabilities. These eligibility criteria should be covered by law and should be impartially applied to all individuals. The 2004 Bylaw Concerning Disabled Persons defines disabilities, but a more specific system needs to be adopted like the Monitoring application of eligibility criteria is essential in order to ensure lack of bias and unequal access for some children (i.e. unfair application of the eligibility criteria to some children.)
- Determining resources that are permissible for each child according to the eligibility criteria and availability of services and financial resources. The case management system is only as good as the services made available to children and families. This is referenced as the "basket of services" associated with the disability card. It is incumbent upon the government to clearly identify what types of services will be included and then to ensure that these services and programs are actually available. This will require a comprehensive mapping of available services (governmental, non-governmental and private sector based) to be undertaken. This should also include a basic costing of services. The next stage would be to conduct an analysis of current types of disabilities and the prevalence of children with disability by district in order to determine what kinds and quantities of services are likely to be needed within the next five to ten years. Then a plan would have to be developed on how to establish these services and what kinds of alternative services would be applicable within the short term. Following these mapping and costing exercises, the government would have to identify what allocations would be made available to disabled children and in what form (cash payments or cash assistance, buying of services, health insurance coverage, free educational costs, purchasing of prosthetics, tax breaks, etc.)

2. Prepare Individual Service Plans

The development of the individual service plan is usually the task of an assigned case manager who takes the lead in identifying what kinds of services and assistance the individual child and family would require. The case manager usually will:

- Review the outcomes of the assessments and select relevant services that are most appropriate to the child's needs. These services need to fall within the package or basket of approved services, be readily available within the locality of the child's residence and be covered by government funding or the family's access to additional resources. This is a highly individualized process that is dependent upon the particular situation and conditions of the child and his/her family and their immediate environment. Each basket of services will have to be reviewed by the case manager with the family to ensure that they all support the recommendations that are being highlighted through the case management system. For instance, parents may want a child to be institutionalized, however the case manager has instructions to mainstream and integrate children and maintain them in their home environment.

- Make available a list of possible options that could meet the needs of the child. Offering parents and children options to the types of services available is preferred practice. Many parents and children with disability are usually not considered decision makers in whether or not they receive services. The case management system should support and advocate for increasing numbers of options for children with disability and their families. The current situation is plagued by a limitation on the numbers and quality of physical, social and educational options that are available for disabled children. An important role of the case manager is to identify the lack of options and encourage/advocate for greater diversity in identifying services and programs for children. This is also the stage in which the case manager plays an information role with parents in helping to guide them in the selection of programs and services that mainstream and integrate children into home, school and community settings rather than isolating them in separate, specialized institutions. The case management system and manager should be strategic in identifying services, which are most cost effective, quality based, and ensure rights of the child are addressed. This requires helping parents or guardians and children become informed decision makers. Families and children should be empowered to be knowledgeable and empowered decision-makers. As the system develops, more specific services by region should become available and more options should become evident.

- Review plan with family/guardians and children to ensure there is consensus and agreement on the individual service plan. This will required detailed sessions where agreement is reached on what types of services will be made available, how and when referrals will be made, transportation issues will be resolved, and all parties take responsibility for executing the agreed upon action plan. This may entail parents taking the child to school in their car or deciding on bussing the child, for instance. It would also include determining if the child needs an operation, then he would do it in Nablus rather than traveling to Jordan unless funds were available.

- Advocate for individual's comprehensive and holistic needs, eliminate gaps in service provision, continue to develop yearly plans that are costed and include monitoring the person's development. The case manager exists within the system. This person has the primary responsibility of remaining in contact with other service providers (health care, social care, education, etc.) to make them aware of outstanding issues faced by disabled children in accessing quality services. This would include following up with physicians on the child's overall health and well being, receiving reports from teachers on student's academic progress, counseling services, or other types of programs that the child would be expected to access in order to ensure that he/she has access (transportation) and equitable and equal opportunities to benefit from the services being afforded to them. This may include the need to have special assistive devises/prosthetics, specialist assistance, renovated and repaired infrastructure or other needs fulfilled in order to maximize the outcome of the services being proffered. Caseload management needs to be agreed upon. 40-60 cases are usually considered to be the average number of cases handled by one case manager. This needs to be assessed and a set number of cases should be assigned to each manager in order to ensure confidentiality and to encourage good case manager – client relationships and enhance performance for all. The final number of cases can be decided at a later time once the system is up and functioning. In addition, case managers should ensure that they examine the quality of their own work and management skills by ensuring that they have objective means of ensuring that they have set reasonable and achievable goals and objectives, that the objectives and targets are being met, and that the child and family are pleased with the outcomes.

3. Ensure Proper Coordination of Services

The individual service plan provides the framework upon which the case manager will then take action to access a pool of services, which are available within the case management system. This requires a detailed listing of services[14], service providers, locations, contacts, referral mechanisms, referral reports, and contacts that can be used to execute the individual service plans. This also requires that methods of payment/health insurance policy numbers/or other resource forms be established so that the services can be rendered in a transparent and accountable manner. The case manager will then:

- Coordinate treatment planning to ensure that adequate resources are available to cover the costs of the agreed upon service plan. This also requires ensuring proper referrals, appointment times and visits are conducted and that the results of these visits are routinely shared with and documented with the case manager. This requires proper and timely communications

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[14] This will require a government decision on whether all services will be government based or purchased from non-governmental and private sector organizations will be allowed and subsidized by the government. The government must also coordinate with UNRWA on the delivery of services and what can be made available through ongoing UNRWA services and programs.

with a variety of interdisciplinary care providers, establishing contact and rapport and good communications between all parties, ensures timely receipt of reports and documentation. Referrals should be completed in a timely manner with copies of all outcomes forwarded to the case manager. If the child and family fail to report to service providers or referral agencies the case manager should also be informed. Mechanisms will have to be developed so that clients (children and family) do not exploit or misuse services (redundant use) or fail to report to service providers within an agreed upon time limit. The goal would be to optimize service outcomes while maintaining costs. A key function of the case management system would be to include regularly updated payment schemes to ensure that services are properly codified and priced so that costs are fixed, clients do not misuse services and payments are not made unless quality services are rendered. This is a crucial role that the case manager would be responsible for oversight on. The case manager has the dual responsibility of ensuring quality service provision for children with disability while protecting government resources from exploitation or misuse and are a cost effective use of resources.

- Communicate on a routine basis with children and families to make sure that they are abiding by the service plan, attending sessions, school, programs or other activities that have been agreed upon. Accompanying the child and/or family to physical check-ups on a routine basis. The case manager would play an instrumental role in ensuring that the child with a disability has his/her needs met in an appropriate and rights based manner. This would also include ensuring their developmental and safety needs were being addressed. The case management system should have inbuilt reminders and checks to ensure that annual screenings and assessments are taking place, that the child is still attending school, rehabilitation, etc. The case management system is built on the premise of an interdisciplinary approach that integrates across sectors (health, education, social) and this should also be reflected in the efficient and coordinated care and service delivery program. The case manager must ensure that holistic and well-integrated service delivery is occurring. Staying in contact with children would be a key tool to ensure that the child continues to access services in a timely manner and that their needs are being met. More contact would be required in cases where there are suspected cases of neglect, abuse or violence within the home environment. This may require the necessity of allocating additional services/resources/equipment to meet the needs of more vulnerable children who would also be supported under the national child protection network. [15]

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[15] The case management system for disabled children should be synchronized with the national child protection network database and the social cash assistance database to ensure that proper coordination between service providers and allocation of resources is accounted for.

4. Monitoring and Quality Assurance

Monitoring the individual cases and also the pooled effects of service delivery (i.e. across service provider) would be key tasks that all case managers should conduct annually on their cases, in addition to generating regular reports on the quality of services being afforded to children. This would include:

- Assessing benefit value to cost for health care (prevention versus treatment), attending basic schools compared with specialized educational institutions, and availability of financial resources, transportation and assistive devices in the lives of children. Comparisons between children who were able to access services compared with those who did not, would provide information on the efficiency and efficacy of services being provided for the children.

- Reviewing plans for continuity of care and modifying plans accordingly should be done on an annual basis or earlier if the need arises. Case managers should ensure that they have face to face contact with children with disability and conduct assessments on the child's conditions and state of well being and assess how much improvement is being reported.

- Assessing the child's and family's satisfaction with the case management system approach and services being afforded should be conducted on a routine basis (annually) to ensure that the recipients of services acknowledge the benefits of the services and if they are contributing to a qualitative improvement in their well being. Adjustments to the program of intervention should be undertaken to address any gaps or obstacles reported by the child/family. Encouraging consumer empowerment (especially with the child and family) is a goal that each case manager should strive towards. Helping families and the child become knowledgeable partners in identifying services and plans is a strength that will come in handy as the family and child learn to navigate the system and will serve the child as an adult. It will also encourage them to use the resources allocated to them in a cost efficient and effective manner that meets their specific needs. An end goal is to have independent, consumer minded, and respected members of society seeking out their own individual needs and rights.

- Annual reports on services, benchmarks and outcomes should be made for each child and services provided. Any specific problems or issues should be immediately submitted for review to senior management in order to address any problems that have arisen either with the child, family or service providers. Individual reports on key service providers should be generated based on an objective means of evaluating the quality of services being offered. This information should inform licensing and registration for service providers.

5. Advocating on Behalf of Children with disability

The Case Management System remains at heart a tool and process that seeks to put into effect the rights of disabled children. It provides an overall framework that enables the child and family to seek out the most effective, efficient, and qualitative inputs from service providers and programs that will allow the child to achieve their fullest potentials. The system also provides the information on what gaps exist within the country in meeting the needs and rights of children with disability. As such, the system will allow the case manager and personnel to use the information available to advocate on increasing resources and attention to children with disability. This will be achieved by:

- Preparation of reports that can be submitted to key decision makers that highlight the current situation of children with disability in regards to the types of services they are receiving and any gaps and obstacles that prevent adequate and appropriate access to services and programs.
- Development of recommendations and amendments to existing legislation, bylaws and policies that are relevant to children with disability and address improving children's equitable access to resources in line with the rights of all children and allow for equal opportunities for children with disability to access health, education, social, protection and recreational rights to ensure their holistic development and maximizing their potential.
- Selecting specific case studies to highlight success cases in management of resources for children with disability and/or identification of failure to meet the needs of children with disability and suggested ways in improving children's access to better services and programs.
- Using the available system to give children with disability a voice and platform to become informed decision makers and representatives within the system and to empower them in enhancing the case management system approach to benefit their needs and rights.

In summary, the establishment of a case management system for children with disability is a tool and process that will support their rights to live dignified lives amongst other children and within the community. This process will take years to function well, but first steps should be initiated now. Through monitoring of the system and cases, MOSA would be able to provide evidence based data on the types of services that are most needed, the quantity of services required and how and when these services should be made available. This information would feed back into the development of laws, policies and plans to ensure that agencies can properly fulfill their mandates and are functioning within the remit of progressive, rights based laws that support children with disability.

Annex A: Legal, Legislative, and Policy Framework[16]

Palestinian laws clearly and unequivocally prohibit discrimination against disabled persons. The Amended Basic Law 2003 (Article 9), states:

Palestinians shall be equal before the law and the judiciary, without distinction based upon race, sex, color, religion, political views or disability.

This is also reflected in the Palestinian Child Law (PCL) 2004 (Article 3) that also prohibits discrimination and stipulates:

- a. Every child shall enjoy all rights stipulated in this Law without any form of discrimination, irrespective of their race, color, gender, religion, national, religious, or social affiliations, or their wealth, disabilities, birth, parentage, or any other types of discriminations.
- b. The State shall take all suitable measures to protect and safeguard children from all forms of discrimination in order to secure actual equality and benefiting from all the rights stipulated in this Law.
- c. Articles 11 and 12 of the PCL ensure a child's right to life, security, development and care to the "maximum possible extent" and grant the child the right to freedom of expression and opinion in line with public order and "morals" in all settings (including during judicial proceedings, education, home, or other areas pertaining to their lives, in accordance with their age and "degree of maturity."

PCL (articles 3, 8, 11, 28, 31, 41) also ensure that disabled children's rights are met in terms of access to services, having a voice within society and the family, and having equal and equitable access to programs and services, and protection of disabled children as an at risk group from exploitation and abuse. The Labor Law no. 7 for the year 2000 (article 13) also specifies a 5% minimum employment quota for disabled persons.

The Palestinian Disability Law (PDL) 1999 (Article 2) also ensures that disabled persons must be given the same rights as all other persons and are equal before the law. However, no where in the law is any reference made to disabled children per se:

The disabled have the right to enjoy a free life, dignified living, and various services in a manner equal to that of other citizens and he/she shall have the same rights and obligations that are within his/her capabilities. It is not permissible to prevent any disabled from enjoying these rights because of his/her disability.

Additional legal rights of disabled persons are addressed in articles 3, 9, 10, 14 of the PDL and its Bylaws (executive regulations) no. 6 of 2004 which afford disabled persons with all the rights to health, education, participation, development, work

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[16] For a full review of the legal framework relevant to children with disability and those in need of special protection see the PNA Report on the Implementation of the Convention on the Rights of the Child (December 2010). Palestinian Central Bureau of Statistics (2011.) www.pcbs.gov.ps

and access to public buildings in a non-discriminatory and equal manner to all other citizens.

As regards to the implementation of non-discriminatory practices, the Ministries of Health, Education, Social Affairs, Youth and Sports, Culture, Women's Affairs, and Justice have all implemented programs that ensure non-discrimination of all children with disability to services and resources available. MOE has adopted and is implementing a policy of inclusive education. Enrolment rates for children with visual, hearing, and motor disabilities have improved within the last five years. However, no significant improvements have been made in increasing public school inclusion of students with mental disabilities. These students are still more likely to be enrolled in exclusive educational and learning centers that are frequently managed by civil society organizations or do not receive any form of education at all. Lack of human and financial resources have limited the inclusion of all disabled children to attend school and/or complete their education. Cultural practices and stigmatization still hinder many parents decision to send their children with disability to school especially if they have limited funds to cover transportation costs for the child.

Although these laws have resulted in positive changes within some sectors, there is still no guarantee that the laws can and will be executed. In many cases bylaws are left for a later date (most still do not exist), whereby the Cabinet or relevant ministry is to determine and set regulations to facilitate execution and implementation of the law on an ad hoc basis or to rely upon outdated laws. For example, the Jordanian Social Affairs Law no. 14 of 1956 (article 4 (13)) applied in the West Bank requires the government to issue regulations to establish and fund institutions that care for the disabled. The Jordanian Education Law no. 161 of 1964 (article 113) gives the MOE the right and responsibility to establish special educational centers or programs for the disabled. The latter, and many other laws as the Public Health Law (PHL) place a general clause on non-discrimination (including sex, race, and religion, but not always on disability.)

In terms of infrastructure that is appropriate and accessible for the disabled, the executive regulations and articles 12 and 13 of the PDL made it obligatory to adapt roads, public areas and public and private buildings to guarantee independent, easy and safe movement of the disabled. The law specifies three exceptions in which alternatives need not be put in place to guarantee access of disabled children.

Gaps in legal protection for children with disability include:

1. The PDL does not address children per se, and the text of the law and bylaws have limited clauses on responsibility and accountability by specific agencies for execution of the law. It does not specify the roles and responsibilities of the different stakeholders, nor does it impose specific penalties in cases of violations.

2. Many of the laws make no specific reference to disabled children. The Jordanian Education Law addresses non-discrimination in the broad sense of social justice and provision of equal opportunities and non-discrimination to ensure education of all girls and boys, according to their potential, but with no specific mention of disabled children.

3. The Public Health Law no. 20 of 2004 recognizes children's rights to health, denotes the responsibility of the ministry to provide health services, whether diagnostic, curative, rehabilitative or preventive, including immunization, pre-marriage testing and caring for the mother before, during and after birth for all persons. However, the law does not make specific note of disabled persons, but implicitly they are considered as any other "patients" with the same rights to health services.

4. The government has submitted a draft health insurance law, but this too has made no specific mention of disability and in some places actually contradicts rights guaranteed in other laws. The law has yet to be passed.

5. A thorough review of contradictory laws and articles has not been conducted, nor has the government allocated sufficient resources to execute available laws pertaining to the rights of the disabled. There is limited knowledge by government officials and the public about the available laws, and the rights entitled to the disabled according to the law. There is a need to strengthen the role of the ICHR to protect human rights via holding the government accountable to fulfill its obligations according to the law.

Based on the aforementioned laws, bylaws and mandates of government agencies, MOSA and others are responsible for not only making available necessary services for disabled children, but ensuring the child can access these services. The burden of responsibility falls on the government to ensure access to services in a manner that meets the rights of disabled children, but can be done in a reasonably cost effective and efficient manner that does not over tax or exploit available resources. The presence of a well functioning case management system can result in a clear linking of the specific needs of a child with disability to the most appropriate and cost effective alternative within their locality.

Annex B: Service providers and stakeholders

Available Services within the Country for Children with Disability

The 1999 Law Concerning Disabled Persons and the 2004 Bylaw Concerning Disabled Persons require of the Ministries of Social Affairs, Health, Education, Labor, Youth and Sports and other relevant agencies to ensure that their services are equally made available for all disabled persons.

The MOSA General Directorate for Persons with Disability Affairs has divisions for disabled persons within each of its district offices. There are currently 2-3 full time staff members/social workers assigned to support disabled persons in accessing services and rights through government programs and schemes. They are responsible for overseeing the delivery of rehabilitative services for children with disability. This includes a number of services, activities and social, psychological, medical, educational, pedagogical and professional support that enable the disabled to live their life with independence and dignity. This includes the following array of interventions:[17]

- A home renovation program that provides social assistance funds to upgrade homes to fit the physical and care needs of disabled persons within the home environment. This program is managed through MOSA and the Palestinian Red Crescent Society (PRCS).
- Small loans for start up income generating projects for disabled persons which include cash assistance to allow the family with disabled children to ensure income generation.
- A stipend for poor families with disabled children/adults is provided for through the MOSA cash assistance program.
- Ten disability centers[18] (5 in the West Bank and 5 in Gaza) are available that provide in center care and rehabilitation for disabled children/adults.
- An "Orientation and Mobility" program to support blind children in developing their skills, self-reliance and independence within their environment.
- Setting up and managing the National Child Protection Networks, which is currently functioning in over five districts. Particular attention is focused on children with disability who are considered to be one of the most vulnerable populations of children within the OPT.

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[17] Actual budget resource allocations for these disability based programs are difficult to extrapolate since they are usually subsumed under larger programs (basic education, recurrent costs for teachers, social assistance programs, cash and in kind assistance for impoverished families, or health and health insurance coverage.) Hence disaggregated budget allocations are not readily available at this time. As part of the national disability card, the government will be required to cost services for disabled persons.

[18] West Bank centers: Al-Dar Al-Bayda' center for the mentally disabled (22 children), Sheikh Khaleefa for vocational training (56 persons), Al-Alaeyya for the blind (30), Youth Rehabilitation for integration and the new Sheikha Fatima center (60) in Beit Ommar/Hebron – not functional yet. Gaza centers include three rehabilitation centers in Gaza northern governorates (ages 16-40), Deir Al-Balah (for the blind)and Khan Yunis (for occupational rehabilitation) (ages 16-40), the movement of the blind CBM in Gaza northern governorates.

- Purchasing of services from the private sector and NGOs to deliver health, educational, vocational and recreational support for children with disability.

MOE has a department for special education that oversees the execution of policies and programs to ensure the integration and mainstreaming of disabled children into educational settings. This includes ensuring their access to buildings, adaptation of curriculum and assistive devises, identifying appropriate transportation means and the training of personnel. MOE is currently executing the following interventions:

- Accommodating children with mild mental disabilities into the school setting through the use of the resource room (approximately 50 specialized classrooms) or integrated classrooms (22 regular classroom) approach.
- Standardizing architectural designs that are friendly to children with disability for all of its schools. In its strategy for 2011-2013, the ministry integrated special and inclusive education as an essential component of the educational delivery. Since 2007/8, one out of every three schools (650 schools out of 1900) is accessible for the disabled and has ramps.
- 230 school-based educational centers/disable friendly classrooms are now available.
- They have appointed 35 inclusive education supervisors and 3 coordinators (one in Gaza and two in the West Bank) who are available at the central and district level ministry offices to support schools in integrating children with special needs.
- Three ''resource centers''[19] are available in Ramallah, Hebron and Gaza and there are 5 specialists who provide specialized services in special education, speech therapy, social services, physical therapy and occupational therapy.
- Employ 230 employees with disability who enjoy all the rights, privileges and responsibilities afforded to all MOE employees.
- Subsidizes private schools and other educational centers by contributing to the salaries of 230 special needs teachers.
- Information on disability is included in the curricula for grades 8-10.
- The curriculum in Braille is also available for all grades. Including higher level students receiving the assistive instrument (Berkins 4).
- Handbooks for sign language and for the blind were developed to unify the codes used in math, which was introduced in the curricula for grades 1-3. These materials were developed to assist teachers in adapting the curriculum and assignments to take into consideration the capacities of visually and hearing impaired students and facilitate their integration and inclusion within the classroom.

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[19] The resource centers have mobile teams to cover the districts, especially in remote areas, according to the list of students with special needs. They do evaluations and develop a treatment plan after discussing with the parents and getting their consent. Sometimes referrals to more specialized rehabilitative institutions are done.

- Modifications in the Tawjihi exams were included for those with visual and hearing disabilities and a sign language translator for students was made available.

- The President provided higher education scholarships for students with disability to continue their education.

- Working with civil society agencies to facilitate integration of children with special needs.

- Providing teachers in each district with awareness raising and skills on how to integrate the disabled child into the school environment. Training topics included understanding disability, communication, working with special needs students in the classrooms, behavior management, vocational development, visual and hearing disabilities, learning difficulties and other relevant topics.

- Training sessions are also given to students to better prepare them on integration of students with special needs and improve their attitudes, values and behaviors when dealing with disabled students.

- Supporting inclusive education within preschools by training teachers on topics like early intervention and inclusion of children with disability in preschools.

- Providing a new in-service diploma program on special education. This program focuses on practice more than theory and is endorsement by the National Accreditation and Quality Control Board is still underway.

MOH has streamlined health services for children with disability through its primary and secondary health care systems that provide early screening and detection of disabilities and illness. However, MOH has no specialized protocols or services that are developed to address the special needs of children with disability or their families. They have now established some working agreements with local civil society organizations that provide community based rehabilitation programs and provide some health services for disabled children and their families. MOH services include:

- Free and compulsory tests for Phenyl Ketone Urea (PKU) and the Thyroid Stimulating Hormone (TSH) at primary health care centers (PHC). Positive cases of PKU receive free cartons of special milk for children, and parents are informed on how to provide the child with a special diet.

- Immunization coverage for all children (coverage rates within the OPT are excellent, reaching more than 95%.)

- Physical checkups for babies are performed on a regular basis before vaccination. Early screening is done through the Integrated Management of Childhood Illnesses (IMCI) program and well-baby clinics. Child development is monitored through the ‘mother and child health handbook’. Early screening for developmental disorders, illnesses and other medical conditions is provided at all PHC centers of the MOH, UNRWA, and NGOs.

- Pre-marriage testing is obligatory for certifying the marriage certificate in court.

The MOYS (now the Higher Council for Youth) have established protocols and policies that guarantee and facilitate the inclusion of disabled children in summer camps, youth organizations and the Para-Olympics (this is in cooperation with the Para-Olympics Committee and the Palestinian General Union of Persons with disability.)

Non-governmental organizations (civil society organizations) play a significant role in providing services and programs for children with disability. This includes:

- Community based rehabilitation programs that primarily provided specialized service delivery in rural areas.
- The National Health Sector Review (2007) identified 52 rehabilitation centers in the West Bank and Gaza, while the UNRWA Handbook on Institutions providing services for the disabled reported 84 organizations working in the West Bank.[20],[21]
- Four rehabilitation based, non-governmental hospitals in the OPT (in Ramallah, Jerusalem, Bethlehem, and Gaza).[22]

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[20] The differing numbers may be due to differences in terminology used in defining rehabilitation and disability centers, inclusion of licensed and non-licensed centers, and some organizations either opening or closing their doors during periods of information collection.

[21] Among these institutions 43 of them deal with comprehensive disabilities (only 4 of them work day and night). For physical disabilities, there are 5 institutions (4 of them work day and night), 8 institutions for mental disabilities (only one works day and night), 5 for visual (4 day and night), 6 for physical and mental (2 work day and night), one day center for hearing disabilities in Bethlehem in the South, four day centers for mobility and mental, 7 institutions working with mobility disabilities (2 work day and night), and 3 day centers for speech and hearing disabilities in the middle and South. Out of the 84 institutions, only 17 provide day and night services.□ The highest number of institutions is in Bethlehem (20), Ramallah (17) and Nablus (15). Followed by Tulkarem (7), Jenin, Hebron and Jerusalem (each has 6 institutions), Qalqilya (5), while Salfit and Jericho each has only one institution.

[22] Many of these organizations/facilities are located within the central, urban regions of the country and this makes access for rural, disabled children and their families difficult.

Annex C: Current Situation of Children with disability

The Palestinian Central Bureau of Statistics (PCBS) in cooperation with MOSA issued the results of the first national survey of disabilities in the Occupied Palestinian Territory (OPT) in December 2011. The survey was conducted on a sample of 15,572 households in the OPT. The questionnaire design and methodology were based on World Health Organization (WHO) recommendations and applied WHO and Washington Group for Disability Statistics definitions and classifications. The overall prevalence of disabilities[23] in the OPT according to a "wide definition" of disability was 7%, with no significant difference between West Bank and Gaza rates. However, using the "narrow definition" of disability the prevalence rate was 2.7% for the OPT, with 2.9% in the West Bank and 2.4% in Gaza and 2.9% for males and 2.5% for females. For children (up to 17 years of age), the prevalence rate was 1.5% (1.8% for males and 1.3% for females.) Prevalence rates were strongly correlated with age with older persons having higher rates of disability compared with younger age groups.

Prevalence rates varied according to various governorates with Jenin, Hebron and Qalqiliya having the highest rates of disabilities at 4.1%, 3.6% and 3.4% respectively. The governorates of Jerusalem, Salfit and Ramallah/El-Bireh had the lowest prevalence rates at 1.2, 2.0%, and 2.1% respectively.

Illness was reported as the major cause for most types of disabilities. Communicative and mental/cognitive disabilities were attributed to congenital problems. However, for children under the age of 17 years, congenital and birth related conditions accounted for 44.8% of the disability cases. Illness and hereditary causes accounted for 24% and 12.2% of disability cases in children, respectively. These results are based on self report and family reports and may not be representative of the actual causes of disabilities per se. These findings are highly relevant though since they provide indications that many types of disabilities may be preventable in nature and prevention based approaches and early interventions may contribute to a reduction in the incidence of disabilities and lessening of the severity of disability. More research is required to determine the actual causes of disabilities in young children in order to develop prevention based strategies that could reduce the risk of disability.

Mobility related disabilities (1.3%) were the most prevalent type of disability reported, followed by learning disabilities (0.7%), cognitive disabilities (concentration and remembering at 0.6%), and visual disabilities (0.6%). Hearing (0.4%) and mental disabilities (0.4%) were the least reported types of disabilities.

- One third of disabled persons (37.6%) above the age 15 years reported that they had never attended school.
- One out of five (22.2%) disabled persons dropped out of school due to environmental and physical obstacles.

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[23] Disability/difficulty was defined as: Individuals with disability 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.

- Four out of five (87.3%) disabled persons were unemployed.
- One out of three (34.1%) disabled persons had never married.
- One out of ten (8.7%) disabled persons did not leave their homes because of negative public attitudes towards them.
- One out of three (36.6%) disabled persons reported having difficulty communicating with others due to social attitudes.
- One out of four (24.6%) needed ramps and did not have access to them at home and one out of three (33.7%) needed bathroom aids which were not available in their homes.
- Three out of four (76.4%) disabled persons do not use public transportation because it is not adapted to their needs.
- Four out of five mobility disabled persons faced difficulties visiting families and friends (83.9%) and participating in social events (84.9%).

These findings should be used to identify strategic interventions to support children with disability. Over two thirds of disabled persons reported that they had never attended school (37%) and one third (33%) reporting that they had dropped out of school. These results clearly indicate that the vast majority of disabled children are not properly accessing school and educational services. Unfortunately, Palestinian children with disability (across the range of different types and severities of disabilities) reported a host of obstacles that impeded their access to education. Transportation was considered to be a primary impediment to their accessing schools on a regular basis. Additional obstacles included unadapted classrooms, buildings, and sanitary facilities. These same impediments were reported for disabled persons seeking employment in addition to the lack of technological equipment and laptops to use at work.

This will naturally reduce the quality of their lives and reduce their job and career options in the future. It is important to include educational and vocational training as basic social services that these individuals access to the utmost. Within the school environment, they should be able to access learning and educational skills and knowledge, socially interact with other children, integrate into the school and social environment and eventually be sufficiently skilled and empowered to seek productive employment. Currently, 87.3% of all disabled individuals in the OPT were unemployed (85.6% in the West Bank and 90.9% in Gaza Strip.) Improving access to education, adequately adapting buildings and classrooms, making available needed prosthetics, ensuring an adequate number of qualified human resources and adapting the curriculum are key inputs required in order to support the integration of disabled children into the educational system.

These objectives are in line with the World Bank recommendations for ensuring the rights of disabled persons are achieved:[24]

The global commitment to equalizing opportunities for people with disability has two primary purposes:

- to affirm the basic human rights of people with disability to equal access to social and economic opportunities and,
- to create environments in which people with disability can maximize their capacity for making social and economic contributions.

The results of the PCBS Disability Survey (2011) provide a rich source of data to understand conditions of disabled children in the OPT. The results suggest that greater awareness raising, education, and health care is needed if we are to reduce the incidence and prevalence of disability within society. However, it is obvious from the results of the survey that 'equalizing opportunities' for children (and adults) to access social and economic services and opportunities is less than optimal and that environments have yet to be fully adapted to maximize their use by disabled persons. Efforts are underway within the public sector to properly adapt new buildings, roads and main infrastructure to accommodate the needs of persons with disability; however, the adaptation of previously existing buildings and infrastructure do not usually accommodate their needs. This is a costly endeavor that the Palestinian Authority is committed to work towards, but will require additional resources and time to achieve.

Naturally, there are different levels of severity of disabilities. For some children with disability, their conditions may be so severe that they will not be able to benefit from integrated service provisions and may require specialized services (specialized training, care, rehabilitation) or personal assistance throughout their lives. These forms from support social services should also be addressed within the national strategic framework for disability sector.

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[24] Metts, Robert (2000). Disability Issues, Trends and Recommendations for the World Bank. World Bank Report available on line.

Annex D: Overview of Proposed Case Management System Design and Inputs

The Case Management System for Children with disability will be specifically designed to:

- Ensure children with disability are afforded their rights according to Palestinian laws and bylaws.
- Facilitate direct access to a variety of health, educational, social, protection, and recreational service and program options that address their particular needs.
- Coordinate access to and referral to a variety of services according to the child's individual service plan.
- Provide children with disability and their families with guidance and support in acquiring the resources they need to facilitate the child's holistic and comprehensive development through one on one contact with a qualified case manager.
- Ensure that children with disability are not discriminated against or prevented access from available national services and programs.
- Serve as a tool to enhance the capacity of case managers and families in advocating for the rights and proper allocation of resources (laws, policies, financial support, human resources, etc.) for children with disability.

The following detailed processes/functions are part of the case management system:

1. INTAKE

- Requires the establishment of national information campaign to make all parents aware of the disability card and its associated services.
- Requires set up of a transfer mechanism between health centers to refer cases to case managers.
- Requires development of intake forms.
- Requires training of case managers on intake processes.
- Requires identification of referral partners to conduct physical assessments.
- Requires development of case management system – design and IT components.

2. ASSESSMENT/ ELIGIBILITY

- Requires endorsement of national set of criteria and standards for determining types and levels of disabilities.

- Requires national endorsement of eligibility criteria and cut off levels
- Requires authorized and accessible health personnel and specialists to conduct disability assessment.
- Requires national endorsement and resourcing for package of services to be made available for disabled children according to the type of service being provided – medical/health, educational, social, protection, environmental, rehabilitative, assistive devices, recreational, etc.
- Requires preparation of assessment forms.
- Requires training of case managers on conducting child and family assessment of needs and matching with eligibility criteria.

3. SERVICE PLAN/ COORDINATE

- Requires development of service plan formats.
- Requires hiring of 1 case manager per 100 cases (estimated number of cases is 30,000) or 300 child disability case workers. Due to high costs of hiring staff, the MOSA may have to increase the case load of individual social workers in order to reduce costs of hiring large numbers of employees. Requires training of case managers on development of individual service plans.
- Requires mapping of available services by sector and district.
- Requires development of criteria for accrediting service providers and authorizing them to be service providers within the system.
- Requires proper licensing, registration, and monitoring of service providers (governmental, non-governmental and private sector).
- Requires adequate allocation of financial resourcing and subsidizing service providers.
- Requires establishment of referral mechanism to service providers.

4. MONITOR/ QUALITY ASSURANCE

- Requires set up of feedback system from children and families to report back on service delivery.
- Requires monitoring and documentation of child's participation in service and programs.
- Requires set up of monitoring team to review service provider activity, delivery program, interventions (monitoring tool needs to be developed for different types of services including indicators of success).
- Requires identification of improved service delivery modalities and interventions.
- Requires development of indicators and benchmarks to measure success and expectations from service providers.

5. INCIDENT REPORT/ BENEFICIARY FEEDBACK

- Requires development of beneficiary feedback tools to assess relevance of interventions and family support for child and report of any incident (death, injury, violation, failure to provide service, etc.).
- Requires regular follow up by case manager on child's development and use of services provided and reporting of any violations or discrepancies.
- Requires preparation of annual reports on complaints and functioning of the system.
- Requires routine and regularly scheduled case management meetings with child and family and service provider to eliminate cause of violation or failure to provide adequate service.
- Requires development of service provider evaluation tool to provide feedback on issues relevant to service delivery.
- Requires development of feedback forms.
- Requires training of case managers on follow up of violations, complaints, legal processes and evaluation.

6. BILLING/ PAYMENTS

- Requires national level approval on payment authorization process.
- Requires national allocation of budget for coverage of services.
- Requires national level determination of individual limits on costs to be paid out on services.
- Requires approval on health insurance coverage requirements and payments for children with disability.
- Requires coordination and authorization processes to be approved by Ministry of Finance in cooperation with MOSA and other relevant service providers.
- Requires monitoring of payment schemes and evaluation of cost effectiveness.
- Requires allocation of financing through non-governmental and private sector service providers.

7. EDUCATION AND INFORMATION COMPONENT ONLY

- Requires development of website based information on disabilities, eligibility criteria and determination, care and management of cases, means of referrals, location of primary service providers, MOSA district offices, explanation on rights of disabled persons and basic information on the use of the system, accessing case managers, filing complaints, etc.
- Requires a contact number to call for information and person to person

contact for immediate and/or emergency cases.

- Requires preparation of materials in a variety of forms that are accessible to disabled persons (Braille, hearing CDs, etc).
- Disabled accessible web site and child friendly format and use.

Case Managers are the primary task managers for ensuring the execution of the case management system. It is anticipated that there would need to be approximately 300 case managers appointed to manage the system (a gradual increase in the number of case managers could be adopted that is increased as the number of users of the system increases). These case managers would require training in both core and specialized competencies. This would include:

Service and Care Coordination:

- Managing and identifying types of services individuals would require to meet their needs.
- Ensure that duplication of services does not occur.
- Ensure that resources are being used effectively and appropriately.
- Developing and approving individual service plans.
- Monitoring children and family use of services and evaluating quality of services provided based on feedback from clients.
- Acquire knowledge on types of services, basic understanding of work philosophy, methodology, service provider goals.

Basic Case Management:

- Assessing the needs and preferences of children and families seeking services and support.
- Developing individual service plans with case manager meetings.
- Conducting service planning and team meetings.
- Facilitate access to and use of services, benefits received from services, ensuring proper discharge from services.
- Collaborating with an interdisciplinary team in determining needs and services for children.
- Understanding of basic practices and codes for safety, conduct and ethics.
- Able to use technology; database and maintain e-records.
- *Tr*ained on national laws, policies, and protocols.
- Good communication skills with interdisciplinary team, service providers and children/families.

Targeted Case Management:

- Providing guidance, coaching and support to child and family.
- Providing counseling services.
- Supporting crisis interventions.
- Advocating for rights, best interests and needs of children with disability and family.
- Supporting family in accessing services to support child and family specific needs.
- Support in developing home, facility and public infrastructure environments accessible and available to disabled children.

The case manager's role is to interface and manage the case management system.

Annex E: Three Year Plan of Action for Establishing a Case Management System

Objective	Activity	Indicator	Cost
Ensure intake of information on children with disability is available within the case management system	• Requires establishment of national information campaign to make all parents aware of disability card and services • Requires set up of a transfer mechanism between health centers to refer cases to case managers • Requires development of intake forms • Requires training of case managers on intake processes • Requires identification of referral partners to conduct physical assessments • Requires development of case management system – design and IT components	1. 90% of families with children with disability are aware that MOSA is responsible for disability cards and service provisions and approach MOSA for support 2. Each child with a disability that approaches MOSA for assistance and eligibility approval has an intake form online that is documented 3. 100% of all case managers are trained on intake, screening and eligibility determination methodology 4. Functioning case management system is available	Campaign 50,000 USD Transfer and referral mechanism development 25,000 USD Development of intake forms 5,000 USD Case manager training 20,000 USD Assessment fees (health insurance) Case management design and building 100,000 USD

Objective	Activity	Indicator	Cost
Every child with a disability is properly assessed and receives an eligibility determination	• Requires endorsement of national set of criteria and standards for determining types and levels of disabilities • Requires national endorsement of eligibility criteria and cut off levels • Requires authorized and accessible health personnel and specialists to conduct disability assessment • Requires national endorsement and resourcing for package of services to be made available for disabled children according to type of service being provided – medical/health, educational, social, protection, environmental, rehabilitative, assistive devices, recreational • Requires preparation of assessment forms • Requires training of case managers on conducting child and family assessment of needs and matching with eligibility criteria	1. Eligibility determination criteria are available 2. Each child requesting disability services has a professional assessment and eligibility determination report available online 3. National package of approved services is identified and available 4. 100% of case managers are trained on case management procedures for screening and eligibility determination	Disability criteria standards developed 20,000 USD Eligibility determination cut offs are developed 40,000 USD Development of assessment tools 30,000 USD Assessments undertaken (health insurance) Costing of services (Does not include actual service delivery) 80,000 USD

Objective	Activity	Indicator	Cost
Individualized service plans and coordinated service delivery is available for all children with disability who are eligible to receive services	• Requires development of service plan formats • Requires hiring of 1 case manager per 100 cases (estimated number of cases is 30,000) or 300 child disability case workers • Requires training of case managers on development of individual service plans • Requires mapping of available services by sector and district • Requires development of criteria for accrediting service providers and authorizing them to be service providers within the system • Requires proper licensing, registration, and monitoring of service providers (governmental, non-governmental and private sector) • Requires adequate allocation of financial resourcing and subsidizing service providers • Requires establishment of referral mechanism to service providers	1. Individualized service plan formats are available for each eligible child 2. 300 case managers are available and trained 3. Mapping of all available and approved service providers is available by sector and district 4. Government budget allocations for children with disability are sufficient to cover needs of child and services and clearly defined in the budget 5. Service referral and reporting system is available	Develop individual service plan formats 15,000 USD Hiring of at least 250 new case managers (core budget item) Mapping exercise of services 85,000 USD Establish and execute accreditation process for NGO and private sector based services 40,000 USD Budget for services[25] (Public health, education, social budgets are streamlined) 1,200,000 USD Online and cellular phone based referral system is available 90,000 USD

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[25] This is a cost that would be allocated for non-governmental and private sector agencies subsidized to provide services for children with disability.

Objective	Activity	Indicator	Cost
Violations, irregularities and complaints are referred to case managers for review and follow up	• Requires development of beneficiary feedback tools to assess relevance of interventions and family support for child and report of any incident (death, injury, violation, failure to provide service, etc.) • Requires regular follow up by case manager on child's development and use of services provided and reporting of any violations or discrepancies • Requires preparation of annual reports on complaints and functioning of the system • Requires routine and regularly scheduled case management meetings with child and family and service provider to eliminate cause of violation or failure to provide adequate service • Requires development of service provider evaluation tool to provide feedback on issues relevant to service delivery • Requires development of feedback forms • Requires training of case managers on follow up of violations, complaints, legal processes and evaluation	1. Feedback and complaint forms are available in hard copy and online 2. Reports on complaints and violations are available on an annual basis 3. Review of violations and redress methods are available 4. Case manager meets with each child/family at least once every 3 months	Prepare feedback forms 10,000 USD Prepare service provider evaluation form 25,000 USD Training of case managers on reporting on complaints, violations and evaluation outcomes 40,000 USD (other activities are part of normal workload of case managers and are covered as part of government budget)

Objective	Activity	Indicator	Cost
Cost effective delivery of services is available and paid for in a transparent and accountable manner	• Requires national level approval on payment authorization process • Requires national allocation of budget for coverage of services • Requires national level determination of individual limits on costs to be paid out on services • Requires approval on health insurance coverage requirements and payments for children with disability • Requires coordination and authorization processes to be approved by Ministry of Finance in cooperation with MOSA and other relevant service providers • Requires monitoring of payment schemes and evaluation of cost effectiveness • Requires allocation of financing through non-governmental and private sector service providers	1. National pricing of services is available and published 2. Budget allocations for inclusion of children in health, education, protection and recreation services are increased to ensure equitable access of disabled children 3. Set ceiling of disability costs/individual are available 4. MOF cost effectiveness analysis is available 5. Government allocations for NGO and private sector based financial coverage of services increases annually	Develop price list 25,000 USD Training of MOF and MOSA case managers on financial processes 25,000 USD HEALTH INSURANCE COVERAGE

Objective	Activity	Indicator	Cost
A user friendly, regularly updated, informational web based site is available on issues relevant to children with disability and supports child's empowerment	• Requires development of website based information on disabilities, eligibility criteria and determination, care and management of cases, means of referrals, location of primary service providers, MOSA district offices, explanation on rights of disabled persons and basic information on the use of the system, accessing case managers, filing complaints, etc. • Requires a contact number to call in for information and person to person contact for immediate and emergency cases • Requires preparation of materials in a variety of forms that are accessible to disabled persons (Braille, hearing CDs, etc.) • Disabled accessible web site and child friendly format and use	1. High quality, informative, awareness raising materials is available on line and in hard copy in a disabled friendly and appropriate way 2. Number of users to the web site increase by 10% each month	Preparation of content materials 50,000 USD Design and functionality of the website 100,000 USD Management fees 90,000 USD
TOTAL BUDGET: 2,175,000 USD			

Annex F: Best Practices and Indicators

Children with Disability:

1. State Parties recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. State Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

(Convention on the Rights of the Child, Article 23)

CRC objectives:

- Recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- Encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
- Recognize the special needs of a disabled child, assistance extended free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
- Promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services.

Best practices:

- Establish a national database on disability, in cooperation with all concerned stakeholders (PS, UNRWA and Civil Society) and do mapping of institutions working in disability.

- Laws to be reviewed and amended when necessary to include children with disability as a special target group with special needs. Bylaws and executive plans to be developed in cooperation with the different stakeholders.
- A comprehensive cross sectoral strategy and action plan to be developed.
- Develop human resource capacities especially in how to deal with disabled children, how to take testimonies from disabled children and investigate abuse, and educate the parents and families. Academic courses and targeted training programs need to be developed, addressing the lack of specializations and guaranteeing geographic coverage. Training should be homogenous to guarantee equity and non-discrimination.
- Developing CBR programs and encouraging home visits and work within the family and community environment.
- Strengthen community contribution to tracking disabled children denied their rights to health, education and participation.
- Assigning a national body to be in charge of follow up on and implementation of the rights of disabled children. The law should be reviewed with clear responsibilities and mandates.
- Strengthen CBR programs, promote awareness raising especially in poor, marginalized communities.
- Establishing a special fund for disabled persons and monitoring the implementation of the rights of children with disability.
- Conduct human resource needs assessment in terms of the number and kind of specializations needed and in what geographic area.
- Staff, especially field workers, need to change their jobs after certain number of years to avoid frustration and to feel energized.
- Develop university courses and targeted training programs according to the needs assessment in coordination with the Ministry of Higher Education.
- Provision of incentives to personnel working in difficult situations, remote or very marginalized areas.
- Sensitization of teachers and principals on issues related to child rights and the needs and rights of children with a disability and/or special needs.
- Encourage international and regional cooperation and exchange of expertise and training in this field or training of trainers.
- Disability is a cross sectoral issue, that needs a comprehensive long term vision and financing.
- Developing scientific tools to identify children with learning difficulties and distinguishing them from children with special needs.

- Strengthen community based programs to identify marginalized children and help them.
- Establishing a disability fund to help families.
- Having a national coordination body to serve as a focal point.
- Arrangements to ensure parents are given advice, financial assistance and help.
- The presence of outreach programs and CBR programs and home visits.
- Promote strategies that encourage family care and alternatives to institutionalization.
- Schools and local community identify disabled children at early stages.
- Challenging the argument of cost effectiveness used to marginalize disabled children and evaluating the costs of exclusion and lost opportunities.
- Role for media in presenting the disabled in a positive way.
- Adapting public transportation to the use of disabled children
- Having a national policy for disability
- Focus on prevention
- Equip the disabled children with vocational education to guarantee sustainable opportunities for employment.
- Enough human and social resources allocated to guarantee social security, tax exemption, special funds, assistive devices, self reliance and participation.
- Provision of low cost prosthetics and aid devices.
- Ensure provision of rehabilitative services to disabled children.

Indicators:

- Availability of measures to ensure self reliance and active participation.
- Number of governmental and civil society organizations working in disability/ district and specialization.
- Number of qualified and specialized staff / district.
- The availability of outreach programs and CBR.
- Availability of a national record or database for disabled.
- Availability of measures to ensure non discrimination and equal affordable/ free of charge opportunities to education, health and rehabilitation services.
- Number of disabled children enrolled in educational programs.
- Number of resource rooms and integrated classes/ districts.
- Number of professional staff in inclusive education/ districts.
- Physical accessibility for the disabled children to public services/ number of public buildings and places accessible to disabled children/ or rehabilitated to be disabled-friendly.
- Measures to actively challenge negative attitudes and practices discriminating against disabled children.
- Number of families with disability living in poverty.
- Number of disabled children deprived of education, rehabilitation and health services.
- Active measures to prevent disability (e.g.. accidents, NCDs, consanguinity, lack of health care during pregnancy and after birth, malnutrition, poverty, etc).
- Actions taken to combat disabled child labor.
- Actions to combat forced sterilization of disabled children, especially within institutions.
- Number of public transport facilities adapted to the use of disabled children.
- Availability of an ombudsman or a complaints office for the disabled.
- Measures to prevent infanticide of disabled children and keeping their right to life.
- Number of laws and legislations reviewed.
- Number of policies and legislations addressing the issue of disability.

- Measures to ensure effective evaluation of the situation of disabled children (ex. National monitoring and evaluation system).
- Availability of a system to track disabled children.
- Measures taken (financial and human resources allocated) to guarantee the right of the disabled in terms of social security, laws and tax exemption, special funds, assistive devices, etc.
- Degree of participation and involvement of organizations working in disability in planning, policy development and evaluation.
- Availability of a national coordination body.