

OCCUPIED PALESTINIAN TERRITORY (OPT) | GAZA

Protection Analysis Update

Risks and barriers faced by persons with disabilities
and older persons

JULY 2025



Destroyed residential area of Beit Lahiya, North Gaza
© OHCHR OPT Protection Cluster

EXECUTIVE SUMMARY

There is no safe space in Gaza. 20 months of intense hostilities have destroyed the protection environment for persons with disabilities and older persons. 134,105 people¹ including over 40,500 children have new war-related injuries. 25 per cent are estimated to have new disabilities requiring acute and ongoing rehabilitation.² Over 35,000 people are believed to have significant hearing damage due to explosions.³ Ten children per day lose one or both of their legs.⁴

As needs rapidly expand, response services continue to be attacked and impeded. Hospitals, ambulances, and medical and humanitarian personnel have been systematically targeted, with over 1,580 health workers and 467 humanitarian staff killed.⁵ Health facilities including lifesaving emergency and rehabilitation units are destroyed with only 47% of hospitals partially functional, pushing the medical system to collapse and triggering immediate and long-term harm to the population. Extensive explosive ordnance under 50 million tons of debris puts persons with disabilities at disproportionate risk.

Severe access restrictions, including impeded movement and aid delivery, have drastically limited availability and access to lifesaving devices and care. Militarized non-humanitarian drop points operated by the “Gaza Humanitarian Foundation” expose people attempting to access food to extreme risk of killing and injury, and fully excludes entire sectors of the population, including persons with disabilities and older persons. Over 83 per cent of persons with disabilities in Gaza have lost their assistive devices,⁶ and 80 per cent of older persons in Gaza are in urgent need of medication or medical supplies.⁷

PROTECTION DRIVERS AND RISKS

Amidst the humanitarian catastrophe in Gaza in which the entire population is struggling to survive despite deepening scarcity of basic necessities, persons with disabilities, older persons, their families and caregivers are experiencing severe denial of their basic rights to safety, protection, and autonomy, and are confronted with additional and growing barriers and steadily eroding coping capacities to meet their needs.

The ongoing and repeated forced displacement of 90 per cent of the population has a significant impact on persons with disabilities and older persons, compounding existing environmental, communication, attitudinal, and institutional barriers and creating new barriers to all forms of humanitarian assistance. Persons with disabilities and older persons face higher risks and greater challenges before, during, and after fleeing to access critical information, devices, services, and essential goods for their safety, dignity, and survival. Interrupted care and separation from caregivers through displacement is driving expanding mental health concerns and increased exposure to neglect, abuse, and exploitation. Older women and women and girls with disabilities face compounded risks due to overlapping vulnerabilities to exclusion and discrimination.

Despite facing repeated attacks on and displacement of their service points and personnel, Palestinian NGOs and Organizations of Persons with Disabilities (OPDs)⁸ continue to form the backbone of the humanitarian response for all people in Gaza, leading on measures to promote inclusion and localized solutions to continue service delivery.

Five key protection risks⁹ for persons with disabilities and older persons in Gaza requiring immediate attention are:

- 1. Attacks on civilians and civilian objects**
- 2. Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access**
- 3. Gender-based violence (GBV)**
- 4. Psychological/emotional abuse or inflicted distress**
- 5. Presence of explosive ordnance (EO)**

URGENT ACTIONS NEEDED

Urgent actions needed to prevent and address the escalating risks of violence, abuse, and deliberate deprivation are:

- Immediate and lasting ceasefire. Unimpeded, safe, and sustained humanitarian access and the passage of relief items without arbitrary restrictions and at scale, including specialized medical equipment and hygiene supplies, assistive devices, and food, with specific provisions for women and children with disabilities and older persons.
- Ensure non-discriminatory, inclusive, and accessible humanitarian response. Guarantee equal protection and access to services for all persons with disabilities, especially women, girls and marginalized groups, and older persons by addressing intersecting vulnerabilities, eliminating barriers, and adopting inclusive policies, services, and systems.
- Engagement, funding, and prioritization of targeted technical capacity strengthening to Palestinian OPDs and organizations providing specialized support, advocacy, and services for persons with disabilities and older persons.

CONTEXT



7-year-old girl with an amputation caused by shrapnel, who has not yet received a prosthesis, standing in a school yard in Jabaliya © Humanity & Inclusion



TOTAL PALESTINIANS INJURED

134,105



CHILDREN INJURED

40,500+



CHILDREN PER DAY LOSING ONE OR BOTH LEGS

10+



PEOPLE AT RISK OF HEARING LOSS FROM HOSTILITIES

35,000+



PERSONS WHO HAVE LOST THEIR ASSISTIVE DEVICE

83%



OLDER PERSONS 60+ KILLED

3,839

As of 1 July 2025, at least 56,647 Palestinians have been killed and **134,105 injured in Gaza** as a direct result of hostilities.^{10,11} An estimated **11,000 more persons killed remain under the rubble** and debris, but their bodies have not been able to be retrieved as access for civil defense and ambulance crews is impeded by Israeli authorities.¹² Staggering destruction of infrastructure and items indispensable to the survival of the civilian population including health facilities has caused harm¹³, with conservative estimates indicating at least four indirect deaths per one direct death.¹⁴ Many more face life-changing injuries resulting in disability that will require continuous rehabilitation. The World Health Organisation (WHO) estimates that around **25 per cent of those injured are likely to have acute and ongoing rehabilitation needs**.¹⁵ Extreme damage to the built environment has deepened pre-existing barriers and created new challenges to access to services. The largescale destruction of the healthcare system¹⁶ prevents even the most basic treatment including early detection, trauma care, and rehabilitation key to preventing complications and ensuring the best possible recovery of survivors.

According to the Gaza Ministry of Health (MOH), children account for 30 per cent of the total injuries. **Over 40,500 children are estimated to be injured** as of 3 July 2025.^{17,18} An average of 15 children per day acquire potentially life-altering disabilities.¹⁹ **Ten children per day lose one or both of their legs**.²⁰ By the end of 2024 at least 5,230 children required significant rehabilitation, and the total number of children with permanent disabilities had reached 7,065, however this figure is likely much higher and underreported given the destruction of the health care system.²¹ Children with disabilities are one of the most at-risk groups within the child protection caseload in Gaza; out of 5,160 total child protection cases registered, 16.5 per cent (849 cases) involved children with physical, sensory, intellectual, or psychosocial disabilities.²² 49 per cent of the cases are children ages 7 to 12 years old (53 percent boys, 47 per cent girls) who face heightened risks of violence, neglect, exclusion from essential services, and profound social isolation.²³

While data on visual and hearing impairments is not consistently tracked²⁴; organizations working with persons with sensory impairments report a substantial rise in the number of people with hearing and visual impairments seeking services. Based on screenings conducted between 2023 and 2025, the Atfaluna Society for Deaf Children estimates that since October 2023 and as of March 2025, **35,000 people in Gaza are at risk of permanent or temporary hearing loss due to the ongoing explosions**.²⁵

There are roughly 111,500 older persons aged 60 and above in Gaza²⁶, of which 97 per cent reported suffering from at least one health problem²⁷, 96 per cent manage a chronic disease²⁸, and 86 per cent reported living with a disability prior to the escalation of hostilities.²⁹ Before October 2023, older people in Gaza were already facing significant challenges in meeting their needs due to limited essential health and social services. Damage to health facilities, medication shortages, and deteriorating hygiene conditions³⁰ stemming from the intense hostilities have further impacted the wellbeing of older persons in Gaza while compromising their safety and dignity.

DISPLACEMENT

90 per cent of the population across the Gaza Strip has been forcibly displaced, many multiple times, including some ten times or more. Over 665,000 people have been displaced since mid-March 2025 alone, with little or no access to necessities of life. As of 18 June 2025, 82.4 per cent of areas in the Gaza Strip are within the Israel-imposed no-go zone or under forced displacement orders,³¹ and Israeli forces have made no accommodations to address the requirements of those unable to evacuate due to age, illness, disability or other status in the course of military operations in Gaza.^{32,33}

Persons with disabilities and older persons in Gaza face severe difficulties during displacement and more detrimental consequences as a result. They are less able to flee during attacks and during forced displacement orders by the Israeli military and are at heightened risk of separation from caregivers during or as a result of the repetitive displacement orders.³⁴ Destruction of the physical infrastructure makes it difficult to use wheelchairs and other assistive devices. Persons with mobility impairments face a lack of accessible transport options and report price gauging and high risk of exploitation by providers.³⁵ Use of sand mounds by Israeli forces to establish checkpoints make the terrain impassible for families with persons with a mobility impairment. High levels of explosive ordnance contamination across Gaza covers many displacement routes and disproportionately endangers persons with disabilities, particularly those with mobility, sensory, psychosocial and/or intellectual impairments. Israeli forces have not consistently issued effective warnings to the civilian population prior to an attack. When issued, displacement alerts and information about evacuations are not provided in accessible formats and are largely shared via text messages to mobile phones, which many older persons and persons with disabilities do not have access to, including less access to mobile charging points, putting them at significant disadvantage in receiving life-saving information.

Many more are unable to evacuate due to the loss of their assistive devices during a previous displacement or as a result of hostilities. One study found that **over 83 per cent of persons with disabilities in Gaza reported having lost their assistive device**.³⁶ This includes wheelchairs, walkers, hearing aids, glasses, prosthetics and toilet chairs – critical items required for dignified care and survival – and their loss drastically reduces support systems to persons with functional disabilities and mobility impairments, reduces coping capacities and increases their vulnerability to multiple risks. This issue is wider when taking into account the growing need for assistive devices by the vast number of individuals with newly acquired disabilities resulting from attacks. Consequently, persons with disabilities, older persons, their families and caregivers, are less able to flee when their areas are under attack or forced displacement by the Israeli military and may be left behind³⁷, exposing them to significant risk of injury or death.

Persons with disabilities and older persons are at high risk of separation from their caregivers during repeated and multiple displacements, and children with disabilities are at particularly high risk^{38,39} as it can be more difficult for children with disabilities to find their parents or caregivers due to challenges in communicating or understanding the situation or due to limited mobility.⁴⁰ Children who have been separated from caregivers during displacement are at higher risk of being killed or seriously injured, and are vulnerable to various protection risks including exploitation, abuse, and lack of access to basic services.⁴¹



Multiple displacements have interrupted access to care and led to a breakdown in community support networks, which individuals with disabilities and their families heavily relied on in their daily lives. Separation from family members and caregivers due to displacement increases the vulnerability of persons with disabilities in subsequent displacements,⁴² and high rates of separation from caregivers renders individuals dependent on strangers for assistance, increasing their vulnerability to abuse, neglect, and exploitation.

Injured man in a displacement shelter in North Gaza © Atfaluna

PROTECTION RISKS

RISK 1

Attacks on civilians and civilian objects

20 months of intense hostilities including attacks on civilians and civilian objects have exposed the entire population of Gaza to unprecedented risk of killing, injury, and long-term harm. In this context, persons with disabilities and older persons are particularly impacted by the widespread destruction of the built environment and essential infrastructure.

The partial or complete destruction of **92 per cent of residential buildings including 436,000 homes**⁴³ and at least 95 per cent of school buildings in Gaza⁴⁴ – mainly serving as shelters – has impacted the independence, autonomy, access to shelter and housing for persons with disabilities and older persons, as well as significantly reduced access to safe environments for children with and without disabilities. An attack on the Al-Wafa Elderly Care Center in November 2023 destroyed large parts of the center and forced the evacuation of its residents.⁴⁵ Persons with disabilities who have displaced or whose homes have been destroyed face the parallel loss of critical civil and legal documents and additional barriers in reacquisition due to inaccessible service centers and lack of tailored support. Damage to care homes, disability centers, and accessible housing further isolates persons with disabilities and older people and limits their access to living environments suited to their needs.

International humanitarian law requires the protection and access to care for the wounded and sick⁴⁶, and provides specific protections to medical personnel and units where the wounded and sick are cared for, including hospitals.⁴⁷ The destruction of the healthcare system has had an immediate impact on injured persons in Gaza and their access to care, and triggered reverberating impacts extending beyond the physical structures, resulting in loss of access to essential, life-saving treatment as well as loss of care for chronic illnesses, turning non-threatening conditions into potentially life-altering or fatal ones.

Despite a critical need for physical rehabilitation and mobility assistance for all persons with existing disabilities and those who have acquired new ones as a result of injuries sustained during attacks, health facilities across Gaza including those with specialized services for persons with disabilities have been attacked, depriving injured persons of critical care. The UN Human Rights Office in the Occupied Palestinian Territory (OHCHR OPT) documented the **repeated attacks by Israeli forces on hospitals** and military operations and combat within and in the vicinity of hospitals, which has led to the destruction of the majority of hospitals in Gaza, the killing of hundreds of health and medical professionals, and pushed the healthcare system to the point of almost complete collapse.⁴⁸ As of 18 June 2025, only 47 per cent (17 out of 36) of hospitals and just 38 per cent (62 out of 162) primary health care facilities in Gaza remain partially functional⁴⁹ and access to specialized services including rehabilitation is extremely limited; Gaza's only limb reconstruction and rehabilitation center became non-functional in December 2023 due to a lack of supplies and specialized health workers and was severely damaged in air strikes in February 2024, depriving children and adults of life-saving services.^{50,51}

Destruction of key service infrastructure has disrupted critical rehabilitation and specialized service provision including physiotherapy, occupational therapy, speech and language therapy, audiology as well as provision of assistive devices. According to UNRWA, 91 per cent of physiotherapy units have been destroyed in the hostilities. OPDs and organizations providing specialized support to persons with disabilities and older persons have also been affected. According to a March 2025 assessment by Atfaluna, at least five organizations providing rehabilitation, speech therapy, MHPSS, and vocational trainings for persons with disabilities have sustained irreversible damage, including Atfaluna and Stars of Hope Society, drastically reducing specialized service delivery and interrupting inclusive interventions.⁵²

Those with chronic diseases, such as kidney failure, hypertension, diabetes, and heart diseases, have also lost their treatment, placing them at risk of worsening health outcomes and death.⁵³ At least 1,100 patients of kidney failure, for example, were reportedly facing death because of a lack of dialysis treatment.⁵⁴ Cancer patients, who had been estimated to number 10,000 in Gaza,⁵⁵ have similarly lost access to critical treatment.

Fewer health facilities mean people must travel long distances to reach health services, and persons with mobility impairments and urgent traumatic injuries are less likely to reach medical points.⁵⁶ The use of a triage system to maximize survival rates in the emergency context means that older persons with injuries are less likely to be prioritized for care.⁵⁷

Ambulances and mobile clinics – essential components of healthcare delivery in the emergency – have also been directly and systematically targeted, exposing persons with life-threatening injuries to additional risk of harm.⁵⁸ This includes the unlawful execution of Gaza Civil Defense, UNRWA, and Palestinian Red Crescent Society staff in Rafah in March 2025, a shocking event indicative of a **wider pattern of the targeted killing of medical and humanitarian personnel** since the escalation of hostilities in 2023.⁵⁹

As of 18 June 2025, approximately 10,000-12,500 people – including more than 4,000 children – with life-threatening injuries and conditions remain in urgent need of medical evacuation outside of Gaza, however evacuations have decreased by 94 per cent since the closure of the Rafah crossing in May 2024.⁶⁰

The widespread destruction of civilian infrastructure including decimation of the health system in Gaza will severely impact access to essential services for the entire population of Gaza for generations to come, with particular impact on persons with disabilities, chronic conditions, and those requiring complex care, treatment, and support.

RISK 2

Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access

Persons with disabilities are not a homogeneous group. They face multiple and intersectional forms of discrimination due to specific factors of vulnerability (disability, gender, and age, among others) and some persons with disabilities are at even higher risk based on the type of impairment, such as sensorial impairment, intellectual or psychosocial impairment, with compounded risks for persons with multiple disabilities. Discrimination, stigmatization, denial of access to services and/or humanitarian assistance impact all areas of life, such as economic poverty, social isolation, heightened risks of exposure to violence, denial of their rights, lack of access to community support services, lack of accessible communication and information, inadequate health care, lack of opportunities for education and employment, and attitudinal barriers such as stigmatization. For women and girls with disabilities, discrimination and stigmatization may also reduce their participation in community activities that promote protection, social support, and empowerment. In Gaza, persons with disabilities and older persons face systemic barriers in accessing essential services, humanitarian assistance, and rights primarily due to stigmatization, denial of resources and restrictions on entry of critical devices and materials, and operational constraints limiting accessibility and inclusion within humanitarian response. The lack of awareness and understanding of disability inclusion among humanitarian actors and the broader community contribute to heightening existing barriers.

Persons with disabilities and older persons experience denial of resources through **impediments on humanitarian assistance and restrictions on the entry of supplies and devices**. Israeli authorities have blocked the entry of medical items including assistive devices and supplies required for management of chronic conditions common among older persons, putting them in critical shortage. Devices that do exist are often shared among multiple users or repurposed for transporting water and food long distances during displacement, further limiting the mobility and independence of persons with mobility impairments.⁶¹ Impeded entry of spare parts for devices including hearing aids drastically reduces availability on the local market. As a result, devices previously acquired that need maintenance have been rendered inoperable. **80 per cent of older persons in Gaza are in urgent need of medication or medical supplies**⁶², and UNRWA estimates that 10,126 persons with disabilities and 1,941 older persons registered and in need of specialized material support face continued barriers to meeting their needs.

Lack of access to assistive devices reduces coping capacities for people with functional impairments and contributes to deepening physical vulnerability, reduced independence, psychological distress, isolation, and loss of dignity, further marginalizing affected persons. According to Protection Cluster monitoring data, persons with disabilities reported rising levels of discrimination in access to services between November 2024 and June 2025.⁶³ GBV trend analysis highlights that women and girls with disabilities are most at risk of denial of resources, opportunities and services due to social stigma and existing inequities. Older women also face heightened risk of exclusion due to overlapping age and gender-based discrimination.

In parallel, **widespread damage to roads and additional restrictions on entry of heavy machinery and equipment for safe rubble and mine clearance** severely hinders movements and prolongs inaccessibility for persons with mobility impairments who cannot safely navigate the hazardous environment, expanding denial of access to lifesaving resources, services, and humanitarian assistance.

Integrated Food Security Phase Classification (IPC) analysis highlights Israeli restrictions on the entry of food into the Gaza Strip through the blocking of commercial goods and severe impediments on humanitarian assistance as a key driver to deteriorating food security and resulting classification of the entire territory in Emergency (IPC Phase 4) with accompanying widespread malnutrition.⁶⁴ Impediments by Israeli authorities halted entry of essential supplies for at-risk groups and disrupted the supply chain of food items for specific medical diets with no safe alternatives available⁶⁵, and food distributed is not adapted to people with specific conditions, such as difficulties swallowing⁶⁶, putting **persons with disabilities or chronic conditions at heightened risk of malnutrition**.⁶⁷ Around 60,000 cases of severe acute malnutrition among children aged 6 to 59 months are forecast between September 2024 and August 2025, with 12,000 expected to be the most severe form.^{68,69} Malnutrition compromises immune systems, makes people more susceptible to infections and illnesses, and can worsen their existing physical or cognitive impairments, leading to a decline in health and functional abilities. As a result of the denial of access to food and as of May 2025, 42 patients with chronic conditions have developed severe malnutrition and life-threatening complications, and health actors have reported a rise in chronic conditions linked to immune system deterioration.^{70,71}

OPDs report that pre-existing social stigma and negative community perceptions have resulted in the deprioritization of the needs of persons with disabilities and older persons in the emergency and resource-scarce context.⁷² Persons with disabilities are also facing expanding stigmatization as a result of Israeli attacks. According to focus group discussions, persons with new disabilities resulting from injury have reported becoming increasingly unwilling to identify themselves out of fear that they will be labelled as fighters and their homes, tents, and families subsequently targeted by Israeli forces.⁷³ As a result, injured persons are less likely to access care and more likely to face isolation and experience psychosocial/emotional distress.⁷⁴

Conditions imposed by Israel including recurrent electricity blackouts and limitations on fuel supply limit connectivity and

communication essential for safety and access to lifesaving assistance, including information that can help to identify locations, timing, and methods for displacement.⁷⁵ Persons with hearing, visual, or intellectual impairments face external challenges in accessing essential information including on displacement orders, accessing humanitarian distributions, and locations of shelters, increasing their exclusion and heightening their exposure to harm.⁷⁶

Operational constraints have limited inclusion within the humanitarian response. Significant restrictions on humanitarian access have



Young boy with a hearing disability is supported by a teacher with a hearing disability © Atfaluna

resulted in limited distribution points for food, water, non-food items (NFI), and other essential assistance that are inaccessible for persons with mobility, sensory, or cognitive impairments, driving limited access to essential goods and reducing autonomy by increasing dependence on caregivers.⁷⁷ Conditions of scarcity imposed by Israel have resulted in overcrowding and safety risks at distribution sites, further marginalizing those that cannot physically compete for access.⁷⁸ Restrictions on shelter materials⁷⁹ means that internally displaced persons (IDP) shelters, particularly tents, are not adapted to needs for persons with physical or sensory impairments, and humanitarians lack appropriate materials for establishing safe spaces.⁸⁰ Lack of physically accessible shelter and water,

sanitation and hygiene (WASH) facilities, and privacy compromise safety, hygiene and dignity, particularly for women and girls with disabilities and older persons, while overcrowding in congested displacement sites increases the risk of harassment and exploitation.⁸¹ Hygiene kits are not customized to include adult diapers, bed pans, or extra soap, wipes or sanitizer according to the specific requirements of older persons and persons with different disabilities, further reducing their wellbeing, especially in overcrowded shelters with no accessible latrines.⁸²

In May 2025, Israeli authorities with private US military companies began operating the “Gaza Humanitarian Foundation”, which oversees militarized non-humanitarian drop points delivering a limited amount of food. Persons attempting to access the points face extreme threats of killing and injury from live fire by Israeli forces; as of 10 July, OHCHR has recorded 634 killings in the vicinity of the sites.⁸³ In addition to the high risk of harm, the limit to four points across the entire Gaza Strip requiring people to walk long distances with kits that weigh approximately 15kg⁸⁴, non-adherence to humanitarian principles, no tailoring of kit items, and complete lack of safeguards **fully excludes persons with disabilities and older persons from accessing any supplies through this mechanism** and puts them at risk of aggravated forms of exploitation and abuse.⁸⁵

Inclusive and accessible delivery modalities are a key component to ensuring accountable communication with communities, yet

signposting of information on how to access specialized services in Gaza is rarely adapted to diverse needs (e.g no large print, audio versions, or accessible formats), leaving many persons with disabilities, especially those with sensory or speech impairments, without critical life-saving information (evacuation protocols, warning systems, or referral pathways to specialized support). Partners report that all five Braille machines in Gaza have been destroyed. While protection partners have supported and leveraged extensive volunteer networks within established collective shelters to engage communities and share critical information, these structures are not yet established in informal sites where some of the most vulnerable and hard-to-reach



Young girl with a cochlear implant participating in inclusive TLS © Atfaluna

populations may seek shelter.

Children with disabilities face additional disruption and denial of access to education and learning opportunities. Since October 2023, over 650,000 children have been out of school.⁸⁶ Children with disabilities face heightened challenges in accessing Temporary Learning Spaces (TLS) due to inaccessible facilities and furniture, lack of adapted materials, limited adapted transportation, non-inclusive materials, and WASH facilities that do not meet their needs.⁸⁷ Parent and caregivers' fears about safety, dignity and stigma due to inaccessible facilities and engagement in unfamiliar communities in displacement in some cases triggers children with disabilities to be pulled out of schooling.⁸⁸ Long-term absence from education risks irreversible cognitive and social development setbacks, especially for children with disabilities. Children with disabilities often face social isolation, discrimination, and stigma, and caregivers function as their first advocate to access critical goods and services and the loss of or separation from caregivers in displacement⁸⁹, in addition to bringing immediate trauma, can result in further deprivation from lifesaving services and resources.⁹⁰

RISK 3

Gender-based violence

For women and girls with disabilities, gender and disability factors make them especially vulnerable and at increased risk of GBV⁹¹, including violence, harassment, and gender-based tenure and shelter-related violence in the context of recurrent displacement, overcrowded displacement sites, and the breakdown of protective networks and social systems. Despite overlapping vulnerabilities, there is also a **lack of age, gender, and disability disaggregated data** that might highlight certain types of GBV faced by older women - especially older women with disabilities. Young and older women with and without disabilities face multiple and diverse forms of discrimination and this increases their risk of exposure to GBV and the barriers to accessing services.

Prior to October 2023, women with disabilities in the OPT were four times more prone to intimate partner violence than women without disabilities.⁹² 8 per cent of older people reported exposure to violence by a family member, with older women at higher risk compared to older men.⁹³ Overreliance on caregivers for basic needs creates power imbalances that can heighten the risk of emotional, physical, or sexual abuse, particularly in the absence of wider social support networks that have broken down due to ongoing and repeated displacement, expanding potential exposure to harm within families, shelters, and communities.^{94,95}

With 92 per cent of housing units in Gaza destroyed or damaged, most people are residing in either congested shelters or in damaged structures.⁹⁶ Overcrowded and unsafe shelters compound these risks due to limited privacy, accessibility, and clear safeguards^{97,98}, and women and girls with disabilities and older women are particularly vulnerable due to intersecting age, gender and disability-based discrimination.⁹⁹ Damaged infrastructure is also more likely to be inaccessible and limited in providing privacy, increasing risk of GBV.¹⁰⁰

Both women and girls with disabilities and older women report exclusion from community decision-making and are therefore less likely to benefit from tailored interventions.^{101,102} As older persons in particular played valued roles as community leaders in Gaza prior to the escalation, this indicates a stark reduction in coping capacity and wellbeing.¹⁰³ Gender and age additionally inform health-seeking behavior and access to rehabilitation, and women with disabilities and older persons in Gaza requiring rehabilitation are more likely to face barriers to accessing services including financial barriers and lack of assistive technology.¹⁰⁴

According to the Legal Task Force¹⁰⁵, many displaced persons with disabilities and older persons face overlapping and intersectional risks related to tenure with a notable gendered component. Against the backdrop of the widespread destruction of judicial infrastructure in Gaza¹⁰⁶, many IDPs with disabilities and older persons returning to their areas of origin inside Gaza find their homes occupied yet face multiple additional barriers to reclaiming them, including challenges navigating justice systems and accessing redress mechanisms.¹⁰⁷ Informal housing tenure and loss of civil documents heightens risks of unlawful eviction, especially impacting single women and widows with disabilities, and older women. Inheritance-related violence has also been reported, with women with disabilities and older women frequently excluded from inheritance rights, exposing them to further risks of economic abuse, forced eviction, and GBV resulting from insecure housing and shelter.

Common barriers to accessing GBV response services including stigma, fear and social norms for women, men, boys and girls are compounded by additional barriers for persons with disabilities that limit GBV disclosure and access to services. These include lack of trained staff, lack of adapted services, and lack of inclusive accessible communication channels and information. Extensive damage to buildings and roads has rendered many GBV services points including Women and Girl Safe Spaces (WGSS) physically inaccessible for persons with a mobility impairment, further deepening exclusion.¹⁰⁸ Persons with sensory or speech impairments and intellectual disabilities face communication barriers that limit the ability of survivors to report abuse, understand their rights, and access response services. Disclosure of GBV among men and boys, particularly older men and men and boys with disabilities, remains extremely limited.¹⁰⁹

RISK 4**Psychological / emotional abuse and inflicted distress**

Months of intense violence, destruction, displacement and witnessing of traumatic events have caused and gravely aggravated mental health needs and conditions, which were already very high in Gaza prior to the start of the escalation, contributing to widespread symptoms of depression, anxiety, stress, trauma, and other mental health and psychosocial concerns.¹¹⁰ Protection monitoring data shows **growing psychosocial risks reported by communities since September 2024 to unprecedented levels with a rapid rise during May and June 2025.**¹¹¹ Mental health service providers in Gaza expect trauma-related mental health deterioration will lead to long-term mental health conditions if left without rapid interventions and quality support.¹¹²

UNICEF estimates that almost all of Gaza's 1.2 million children require mental health and psychosocial support (MHPSS)¹¹³, and children with disabilities are particularly at risk due to compounded vulnerabilities. 92 per cent of families with children with disabilities assessed by Atfaluna reported signs of extreme distress, including crying during sleep or panicking, and 90 percent reported violent behavior or hyperactivity.¹¹⁴

Psychological distress is particularly acute for persons with disabilities and newly injured individuals who face a dramatic shift in their physical capabilities, loss of independence, and separation from caregivers.¹¹⁵ The disruption of previous social roles, including loss of livelihoods and changing social roles in the family and community, for example role as a breadwinner, has led to heightened emotional suffering, anxiety and feelings of worthlessness,¹¹⁶ while in parallel increasing risk of women, children, other persons with disability and older persons to domestic violence. The breakdown of community support networks during displacement further compounds social isolation and stigma, especially for those who were previously well-integrated into their communities, while coping strategies previously engaged are increasingly disrupted.

There is a growing risk of emotional abuse and neglect for persons with disabilities and older persons¹¹⁷, triggering additional distress. As families focus on securing basic survival needs, caregiving responsibilities are deprioritized, leaving those requiring care without the emotional, medical, and rehabilitative support they need.¹¹⁸ This neglect can intensify the effects of exposure to traumatic events, particularly when caregivers are unaware of available services in displacement.¹¹⁹ In cases of separation from family members or caregivers, disruption to care and community support structures leave older persons increasingly isolated and anxious with significant detrimental impact on their mental health and wellbeing.^{120,121}

A 2025 qualitative assessment by Humanity and Inclusion (HI) revealed major challenges for persons with disabilities and injuries in accessing MHPSS support. Respondents cited destroyed infrastructure, ongoing insecurity, explosive ordnance contamination, lack of accessible transportation, frequent displacement of both service users and providers preventing continuity of care and follow-up, and limited awareness about available services as key barriers. Prioritization of critical cases due to resource constraints and staff shortages has further limited access to MHPSS and rehabilitation for those with less visible but critical needs. Older persons are less likely overall to access MHPSS services due to prevailing stigma.

RISK 5**Presence of explosive ordnance**

The presence of EO in Gaza poses a critical and escalating risk, especially for persons with disabilities. As a result of decades of prolonged hostilities, 20 months of high-intensity warfare including airstrikes and extensive use of Explosive Weapons in Populated Areas (EWIPA), EO contamination in Gaza is extremely high and widespread. During the provision of support to humanitarian organizations, Mine Action partners identified 489 EO in areas frequently accessed by humanitarian actors as of June 2025. However, this does not reflect the full extent of the contamination, as no comprehensive technical assessment has been conducted to date. Due to the absence of verified data on the overall level of contamination in Gaza, the actual scale remains unknown. Based on munition type and global averages, an estimated 5 to 15 per cent failure rate for deployed ordnance suggests that the number of EO present is increasing daily as long as the conflict continues. This causes a high exposure of the affected population to explosive contamination; in an Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) needs assessment conducted by HI among a diverse sample of age and gender groups in Gaza, 57 per cent of respondents reported having seen EO.¹²²

EO is buried under the rubble of at least 174,486 destroyed structures – representing approximately 70 per cent of Gaza's buildings.¹²³ The resulting 50 million tons of debris, ongoing forced displacement of the civilian population, and complex return movements to destroyed residential areas – particularly in North Gaza – increases the potential for lethal accidents. Despite the urgency, restrictions imposed by Israeli authorities on access and denied entry of equipment and materials required for survey and clearance has **fully blocked actors from carrying out large-scale clearance operations** in Gaza.

Persons with disabilities are at significantly high risk of harm in the contaminated environment. Individuals with visual, hearing, or intellectual impairment may face difficulties recognizing signs of danger or understanding safety instructions if barriers are not removed to access and benefit from the services.¹²⁴ Those with physical impairments face added barriers to avoiding hazards or evacuating dangerous areas quickly. These vulnerabilities are exacerbated in displacement, where families traverse unfamiliar and potentially



7-year-old girl with an amputation receiving rehabilitation services from Humanity & Inclusion field team in Jabalia © Humanity & Inclusion

contaminated terrain, often without information on the risks.

Since 7 October 2023, the Mine Action Area of Responsibility incident tracker has recorded 98 incidents involving EO leading to 34 killed and 197 injured, 52 of whom are children, figures which are likely highly underreported due to reporting barriers including access constraints which limit EORE outreach, and unsafe conditions to report about EO. As intense hostilities including airstrikes continue across Gaza, injuries as a result of EO exposure will continue to rise, and along with it the number of newly injured persons in Gaza that require specialized support and care.

Mine Action actors have quickly scaled-up lifesaving EORE and CPP information dissemination across Gaza, but access constraints on humanitarian movements and repeated communications blackouts hinder access to hard-to-reach areas and inclusive messaging across diverse platforms, excluding in particular persons with sensory, intellectual, or psychosocial impairments and older persons. In a recent needs assessment conducted by HI and the Mine Action Area of Responsibility evaluating awareness and behavioral practices related to EORE and CPP, 9 per cent of older adults (both male and female) reported language and literacy barriers to understanding critical EORE messaging.¹²⁵ A growing need for victim assistance requires prosthetics which are severely limited inside Gaza and a cross-sectoral continuum of care that is likewise stymied by access restrictions.

Mine Action activities, such as Explosive Hazard Assessments (EHA), are a **critical enabler for all humanitarian interventions**. To mitigate the risk posed by EO, Mine Action partners conduct EHAs to assess the likely presence of EO contamination and conclude areas as being at low, medium and high risk, subsequently providing recommendations on safe behavior or appropriate procedures in cases where suspicious or dangerous items are identified within communities. Mine Action partners are supporting Inter-Agency Missions wherein they assess routes used by humanitarian convoys which deliver life-saving humanitarian activities throughout Gaza — providing assistance that is urgently needed, particularly for vulnerable groups, including persons with disabilities and older persons.

RESPONSE

PROGRESS MADE ON PROTECTION

As of June 2025, 18 partners¹²⁶ are actively responding to the protection needs of women, men, girls and boys with disabilities and older women and men in Gaza. Specialized actors have provided **multi-disciplinary rehabilitation services** for persons with disabilities (**emergency rehabilitation, assistive devices, prosthetics and orthosis, and MHPSS services**), addressing multiple, overlapping needs and enhancing the physical and psychological wellbeing of patients and caregivers. Between January 2024 and April **2025 29,751 people with disabilities (including 4,604 girls and 4,559 boys) and 38,265 older persons** received specialized services.

Through the **Disability Working Group**, protection partners have responded to escalating protection risks and needs of persons with disabilities and older persons following mobile and **community-based approaches**, engaging local networks of community focal points trained in protection to inform and adapt service planning. **Palestinian OPDs** and persons with disabilities from before the escalation have played a critical role in the response, conducting community outreach and advocacy to ensure services are inclusive. Local NGOs led the development of **inclusive evacuation guidelines, sign language trainings and awareness raising** for partners on supporting persons with disabilities. Persons with disabilities have taken on training and capacity building roles and established **peer support networks and peer-led psychological first aid (PFA)**, guiding persons with new injuries and disabilities on service pathways and positive coping strategies.¹²⁷

To support communities at the forefront of inclusion initiatives, the Protection Cluster expanded the **Emergency Protection Responders (EPR)** network, ensuring frontline protection monitoring and response integrates age, gender, and disability-inclusive protection risk analysis and facilitates case identification and referrals for persons with disabilities and older persons to specialized services. **Safeguarding monitoring** by the EPRs and Prevention of Sexual Abuse and Exploitation (PSEA) Network have identified barriers for key groups in accessing assistance and promoted inclusive practices. The Mine Action AoR established a **victim tracking system** and in collaboration with **Victim's Assistance Technical Working Group** is actively supporting its roll out and **establishment of the dedicated referral pathway for persons exposed to EO**. The **EORE Technical Working Group** developed disability-inclusive IEC and **EORE/CCP materials** to expand access to lifesaving information.

ACCESS-RELATED CHALLENGES AND ACTIONS

Severe access restrictions and lack of meaningful operational space across Gaza are key challenges that impede partners reaching communities. Access is particularly affected in **North Gaza** and **Rafah**, while areas previously accessible in **Khan Younis** and **Deir al Balah** face expanding restrictions. In response, partners have **scaled-up adapted delivery modalities and remote protection services**, including MHPSS and paralegal services, support through helplines, home visits, remote case management, and awareness messaging on risk mitigation through inclusive approaches.

CRITICAL GAPS AND POPULATION REACHED

A significant gap in comprehensive and updated statistics on the total and disaggregated number of persons with disabilities, their location, and the types and causes of their impairments remains across Gaza due to ongoing hostilities and limited use of **sex, age and disability disaggregated data (SADDD)** collection and indicators. A lack of systematic identification of access barriers to services remains, and humanitarian actors and coordination structures require ongoing technical support and tailored guidance to strengthen inclusive approaches. Increased active and systematic engagement with persons with disabilities and representatives of OPDs in the different phases of the response remains critical in identifying and addressing specific needs, risks, and access barriers. OPDs and specialized local service providers are facing significant funding shortfalls that will impact operational capacity and targeted services for persons with disabilities. **Victim assistance** remains severely underfunded, limited to referrals, and requires adaptive and rehabilitation equipment to be allowed entry to Gaza. Support to **community-based rehabilitation services** is limited yet imperative to ensuring sustainable and inclusive systems-building informed by affected persons. The overwhelming scale of trauma means nearly all children, especially those with disabilities, require MHPSS, but services are severely limited and cannot be scaled-up effectively under current security conditions.

Safety of frontline staff remains a growing concern amid escalating violence.¹²⁸ Palestinian NGOs and OPDs are the backbone of the humanitarian response yet are faced with reduced capacity following devastating losses¹²⁹ and steadily rising numbers of injured persons. They require urgent **funding and technical support to expand and rebuild capacity** to meet growing needs.

RECOMMENDATIONS

The meaningful inclusion of persons with disabilities and older persons in humanitarian response is an imperative grounded in the international community's obligations to protect, promote, and respect human rights. Fundamental to ensuring the protection of civilians in Gaza, **member States are called on to urgently expand advocacy with all Parties to the conflict to comply with their obligations under international law.**¹³⁰ Specific recommendations to key stakeholders are as follows:

RISK 1

Attacks on civilians and civilian objects

PARTIES TO THE CONFLICT

- Take immediate steps to end the hostilities in Gaza, including through agreeing to a ceasefire.

GOVERNMENT OF ISRAEL

- Stop the forcible displacement of civilians in Gaza. Ensure that any evacuations comply with international law and include advance warning accessible to all civilians, and that any measures include accommodations for persons with disabilities and older persons, and do not result in separation of families.
- Cease attacks on civilians and civilian infrastructure and respect the special protection of hospitals and medical personnel under international law.

HUMANITARIAN COMMUNITY

- Mobilize resources in 2025 to restore and expand rehabilitation services and timely provision of assistive devices in coordination with specialized health and rehabilitation actors to ensure a continuum of care.
- Rapidly operationalize OPD-developed guidance on inclusive evacuation plans that consider mobility and sensory impairments, ensuring safe and dignified displacement options.

RISK 2

Discrimination and stigmatization, denial of resources, opportunities, services and/or humanitarian access

GOVERNMENT OF ISRAEL

- Immediately cease operation of the militarized "Gaza Humanitarian Foundation", ensure the Israeli military deescalates unrest appropriately and does not fire on civilians trying to seek assistance, and investigate all violations.
- Urgently remove unlawful impediments to humanitarian access and take all measures in cooperation with the UN and established humanitarian system to facilitate the unhindered provision of aid and assistance at scale across Gaza.

HUMANITARIAN COUNTRY TEAM

- Ensure disability inclusion is mainstreamed and integrated within the strategic objectives of the HCT Centrality of Protection strategy in 2025. Develop a strategic plan to enable the active involvement of individuals with disabilities in identifying barriers informing response and reconstruction plans.

HUMANITARIAN COMMUNITY

- Systematize the broad use of inclusive data collection and information management including collection of SADDD and incorporation of Washington Group Questions into needs assessments to ensure robust data collection and inclusive project planning that promote equality and non-discrimination in humanitarian response by end of 2025.
- Ensure accountability to affected populations (AAP) measures including complaints, feedback and response mechanisms (CFRM) under development use multiple channels, accessible formats, and dedicated outreach to expand access.
- Include persons with disabilities and older persons in the long-term recovery and reconstruction plan development for Gaza. Ensure that future infrastructure, services, and policies are universally accessible, following the principle of universal design, and responsive to the specific requirements of persons with disabilities.
- Integrate adapted modalities for service provision, ensure systematic mainstreaming and integration of disability inclusion as part of cross-cutting considerations, and enhance awareness on disability inclusive approaches, ensuring disability is integrated as part of broader capacity strengthening at coordination and cluster levels by end of 2025.

RISK 3**Gender-based violence****DONORS**

- Prioritize investment in targeted initiatives that strengthen the inclusion of older women and persons with disabilities in GBV prevention and response, including mobile outreach services, assistive device provision, and disability and age-inclusive case management tools.
- Require inclusive design including budgeting and monitoring in upcoming funding cycles, ensuring humanitarian organizations demonstrate concrete steps towards accessibility, training, and coordination with disability actors.

HUMANITARIAN COMMUNITY

- Ensure intersectional data collection and analysis by supporting protection monitoring and needs assessments that disaggregate data by sex, age, and disability, and capture complex GBV risks faced by older women and women and girls with disabilities.
- Work with OPDs, specialized service providers, and GBV case managers to provide ongoing training and mentorship on safe disclosure, referrals, and inclusive service delivery, and the provision of practical guidance on supporting survivors with diverse disabilities during 2025.
- Immediately expand accessibility of existing GBV services to reach and benefit persons with disabilities, particularly women and girls with disabilities. Adopt strategies to prevent and address discrimination against older women, women and girls with disabilities and support the full inclusion of women from all age groups in empowerment activities and community decision-making structures.

RISK 4**Psychological/emotional abuse and inflicted distress****DONORS AND MEMBER STATES**

- Invest in comprehensive MHPSS services for persons with disabilities and caregivers in upcoming funding cycles, with tailored services for children with disabilities and older persons.

HUMANITARIAN COMMUNITY

- Initiate prioritization of family-based care for persons with disabilities including children and older persons at home, drawing on lessons learned from international best practices in deinstitutionalization and family-based support, and ensure practices are mainstreamed among MHPSS providers in 2025.

RISK 5**Presence of explosive ordnance****MEMBER STATES**

- Advocate for immediate facilitated access for MA and prioritize flexible funding for EHA activity scale-up to support humanitarian response and critical infrastructure and, when the security context allows, individual shelters.

PARTIES TO THE CONFLICT

- Immediately remove restrictions on entry of equipment and materials required for rubble removal and safe EO clearance and disposal activities. Facilitate positive actions on EO (move, remove, render safe, dispose) to enable large-scale rubble removal to reduce physical barriers and threats to persons with mobility and sensory impairments and intellectual disabilities.

HUMANITARIAN COMMUNITY

- Scale-up victim assistance interventions through operationalizing identification and referral of victims of EO through cross-sectoral coordination with specialized health, rehabilitation, and MHPSS actors during 2025.
- In coordination with communities and OPDs, further develop EORE-CPP information and awareness materials in adapted formats considering diverse communication needs, complimented by rapid, active outreach to ensure access to life-saving information during the next quarter.



METHODOLOGY

The analysis has been based on primary data collection through consultations with members of the Disability Working Group, internal consultations on projects and activities by disability-specialized organizations including Humanity & Inclusion (HI), and focus group discussions carried out by the Protection Cluster and Atfaluna Society for Deaf Children with persons with disabilities (including dedicated sessions with women and girls, and groups with specific types of impairments), older persons, caregivers, and OPD staff between May and June 2025. Secondary data collection included quantitative and qualitative data from existing secondary data sources, protection monitoring and assessments, and multi-sector reports covering events from October 2023 to June 2025 in the Gaza Strip. Surveys were conducted through the Disability Working Group with OPDs and agencies specialized in services for persons with disabilities and older persons. A 5W system for the OPT was launched in January 2023 to harmonize and standardize systems for the collection, management, analysis and use of data reflected in the report.



LIMITATIONS

The current situation in Gaza, including ongoing denial of access, risks posed by heavy military operations, and ongoing communications black-out does not permit the systematic and complete humanitarian assessment and analysis process. Inconsistent SADDD data collection limits robust analysis of threats, impacts, capacities, locations and needs of persons with disabilities and older persons in Gaza. Reliance on the medical approach to disabilities often adopted in data collection initiatives also contributes to additional barriers to understanding disability as a cross-cutting topic. This PAU is meant to provide a baseline on risks faced by persons with disabilities and older persons in Gaza as of June 2025 and promote improved inclusion of affected groups in protection analysis and advocacy within the humanitarian response in Gaza.



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- 130 The OPT including the Gaza Strip is under illegal Israeli occupation, to which both international humanitarian law (IHL) and international human rights law apply. Israel has ratified the four Geneva Conventions and rules of Customary IHL are applicable, and Israel is bound to meet obligations for the protection of civilians in Gaza defined therein, including relevant provisions on the protection of hospitals and medical personal, the issuing of effective warnings prior to attacks, and duties as an Occupying Power to ensure provisions for the basic needs of the population and to facilitate the passage of humanitarian supplies. The State of Palestine ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 2 April 2014 and is responsible for implementing its human rights obligations to the extent of its jurisdiction (see A/HRC/34/38, para.5). Human rights obligations of Israel within the OPT stem from the jurisdiction and effective control exercised by Israel as the occupying power (see A/HRC/34/38, para. 6). Israel is also party to the Convention on the Rights of Persons with Disabilities and must take measures to ensure the full application of the Convention in the OPT, including the Gaza Strip, and to ensure that all persons under its jurisdiction and effective control are afforded the full enjoyment of the right enshrined in the Convention.