

The Impact of Lebanon's Crisis on Persons with Disabilities: Protection Risks, Cross-Sectoral Response and Recommendations

Who are women, men, girls and boys with disabilities in Lebanon?

According to household surveys, 23% of Lebanese, 3% of migrant, 32% of Palestine Refugees in Lebanon (PRL) and 32% of displaced Syrian households have at least one member with a disability.¹ 32% of these Lebanese households are also headed by an older person. For displaced Syrians, 14% of individuals were identified as having at least one type of disability. Prevalence was slightly higher for men than women and approximately a quarter are children below 17 years old.² Of Lebanese older persons interviewed, 45% had at least one disability demonstrating the high prevalence of disabilities in older age mainly due to age-related functional difficulties or impairments.³ Difficulties in walking or climbing stairs and difficulties in hearing and seeing are the two most reported challenges amongst the displaced Syrian community.

Lebanon's legal framework & disability-inclusive policies and programmes

- Lebanon signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2007. In 2022, the Lebanese Parliament adopted a law authorizing the Government to proceed with the ratification of the Convention and its Optional Protocol. Lebanon should now revise its laws to be in line with the Convention.
- Law 220/2000 on the Rights of Persons with Disabilities was the first disability law adopted in Lebanon. It is based on a medical approach focused on impairment, rather than a right-based approach focused on interaction with environmental barriers. The law addresses the right to education, rehabilitation services, employment, medical services, sports, and public transport and stresses the right to political participation. However, it excludes the right to social inclusion, political and economic participation, and legal capacity and most of its provisions are not being implemented.
- The Ministry of Social Affairs (MoSA) with consultants from organizations of persons with disabilities are developing a Disability National Strategy.

Government of Lebanon - led social protection schemes

- Approx. 400,000 persons with disabilities hold a disability card issued by The Ministry of Social Affairs (MoSA). Far fewer women than men hold these cards. Identification happens at MOSA-run Social Development Centers (SDCs) through a medical approach and often by observation leaving many with 'hidden' disabilities excluded. Absence of funding means these cards provide limited support.
- On 26 April 2023, MoSA in partnership with UNICEF and the International Labor Organization (ILO), announced the launch of a **National Disability Allowance program**, which will give monthly allowances for a period of 12 months to Lebanese and displaced individuals with disabilities. 5,000 people between the ages of 18 and 28 have been registered so far, and the monthly allowance of \$40 is expected to reach 20,000 individuals within months. The project is funded by a \$20 million grant from the European Union.

The impact of the socio-economic crisis: needs analysis and gaps in support for persons with disabilities

Meeting basic needs

The financial and economic crisis in Lebanon, described as among 'the top three most severe global financial crisis since the great depression' by the World Bank, has led to staggering price increases, periods of shortages of essential goods and services (fuel, medication, transportation, electricity), inflation coupled with loss of

people's purchasing power and growing unemployment. This context coupled with limited social protection systems in Lebanon has significantly aggravated and compounded barriers to accessing basic needs (rent, food, transportation, extra costs for assistive products) and essential services for persons with disabilities.⁴

¹For Lebanese, migrants and PRL see: Multi-Sector Needs Assessment, 2022, based on the Short-Set of Washington Group Questions. For Displaced Syrian see: Vulnerability Assessment for Displaced Syrian (VASyR) 2022, based on the full set of Washington Group Questions.

²15% of Syrian men have a disability compared to 12% of Syrian women.

³Ibid.

⁴Lebanon is one of only 16 countries with no disability pension, Humanity Inclusion, Fact sheet, November 2022

Households with at least one member with disabilities across population groups report approximately 20% higher rates of resorting to harmful coping strategies as well as facing greater financial and non-financial barriers to accessing services – due to lack of accessible and inclusive services – compared to those households without a disability member.⁵ Higher resort to food harmful coping strategies is reported across the board. These households are more likely to borrow money for food or buy food on credit;⁶ more likely to have sold a household asset or means of transport⁷ and more likely to have sold their house or land and have spent all their household savings than households without a disability.⁸ Food insecurity has had a severe impact on many households but especially on those which are female headed and also have a member with a disability.⁹ In the displaced Syrian community these households are approximately 4% more likely to have involved children in income generation activities and 5% more likely to have married children below 18 years old compared to households without a member with disabilities.¹⁰ While migrant households with at least one disability member are 10% more likely to report living under an eviction notice as they are not able to pay rent.

Income generation

Globally, the extra cost required for people with disabilities to achieve the same level of access to services and resources as people without disabilities is understood to vary between 10–40%.¹¹ Yet, in Lebanon, women and men with disabilities face significant barriers to livelihood opportunities, and households with a member with disabilities who needs access to specific disability-related services must often decide between care-giving and work. Limits to economic participation is one of the most concerning gendered disability gaps in the country. The unemployment rate for Lebanese women with disabilities is 50%, which is significantly higher than for Lebanese women without a disability at 38%.¹² Further, Lebanese women with disabilities are 50% less likely to be employed than Lebanese men with disabilities at 34%, while Lebanese men with disabilities demonstrate far high unemployment rates compared to their male counterparts without disabilities at 23%.

A high proportion of older persons have a disability. Most older Lebanese women and men rely heavily on their own savings and remittances from family members. Since 2019, the value of their savings and pensions have also depleted significantly and it is estimated that a large section of the workforce has emigrated leaving older persons with disabilities with reduced care options and limited financial resources.

Disproportionate impacts – transportation costs and electricity shortages

- Public transportation is often not accessible for persons with disabilities or assistive products such as wheelchairs, and the high cost (when these households already face additional costs) means accessing services and resources is more difficult and often not possible.
- Fuel shortages and price hikes has also meant that use of private cars is more limited and taxi costs not affordable.
- Elevators are no longer useable at all times due to electricity shortages or buildings cutting back on generator costs.
- Lack of heating in houses during winter or functioning AC/fans in summer impacts persons with disabilities who have chronic illness, or health conditions such as arthritis, hypertension, and blood pressure (92% of older persons had at least one health condition and 45% have a disability) and leads to fatigue.
- Lack of electricity means some regular health procedures conducted at home are no longer possible leading to further transportation costs to reach health facilities.
- Water pumps are not always running to allow for hygiene and sanitation standards to be retained especially important when people are bed ridden or have physical disability.

Family and community support

Lebanese persons and displaced Syrians are increasingly reliant on charitable assistance and family support¹³ as a main source of income due to their increasingly limited access to livelihood opportunities. However, this increased need for support occurs in parallel to drastic changes to overall household dynamics which is simultaneously straining previously-available community and family support systems. There is a worrying trend showing the steady decline of displaced Syrians with disabilities¹⁴ who report that they rely on 'family support' dropping from 88% in January 2021 to 60% in March 2022. At the same time, the number of displaced Syrians with disabilities reporting that their care needs are not being met rose from 8% in December 2021 to 14% in January 2022.

⁵ MSNA, 2022: Lebanese 74% v 58%, Migrants 87% v 50%, Syrians 81% v 61%.

⁶ MSNA & VASyR 2022: SYR 85% v 79%, PRL 41% v 25%, LBN 36% v 22%

⁷ MSNA & VASyR 2022: Lebanese 13.7% v 8.6%; PRL 6.2% v 5.1%; Syrian 13.2% v 9.1% without)

⁸ (Syrians 31% v 28.6%; Migrants 47.6% v 30.4%; PRL 44.1% v 29%)

⁹ WFP Lebanon (July 2022), *Food Security and Vulnerability Analysis of Lebanese Residents*.

¹⁰ VASyR 2022

¹¹ CALP 2022

¹² Unemployment rate is defined as unemployment in the 30 days prior to data collection. – Central Administration of statistics (CAS), 2022

¹³ IRC Protection Monitoring Report, 2022

¹⁴ Ibidem

Economic & Livelihood – Risk & Protective Factors

- Disability-based discrimination impacts persons with disabilities but also the entire household, resulting in risk factors related to lower income, fewer assets, greater resort to harmful coping including harmful food coping strategies.

- Persons with disabilities and older persons especially women were identified to rely on third parties (taxi drivers, others queuing, friends, relatives) to a greater extent than other groups to withdraw multi-purpose cash and food assistance at redemption points because they were unable to access them. This

practice puts them at increased risk of harassment, exploitation and extortion and demonstrates the need for reasonable accommodations to be made as well as close monitoring and evaluation for these individuals during cash programming.¹⁵

- Women with disabilities are globally recognized as more exposed to risk of gender-based violence in the workplace, while unemployed men with disabilities may suffer from depression and anxiety to a greater extent due to roles and responsibilities linked to gender.

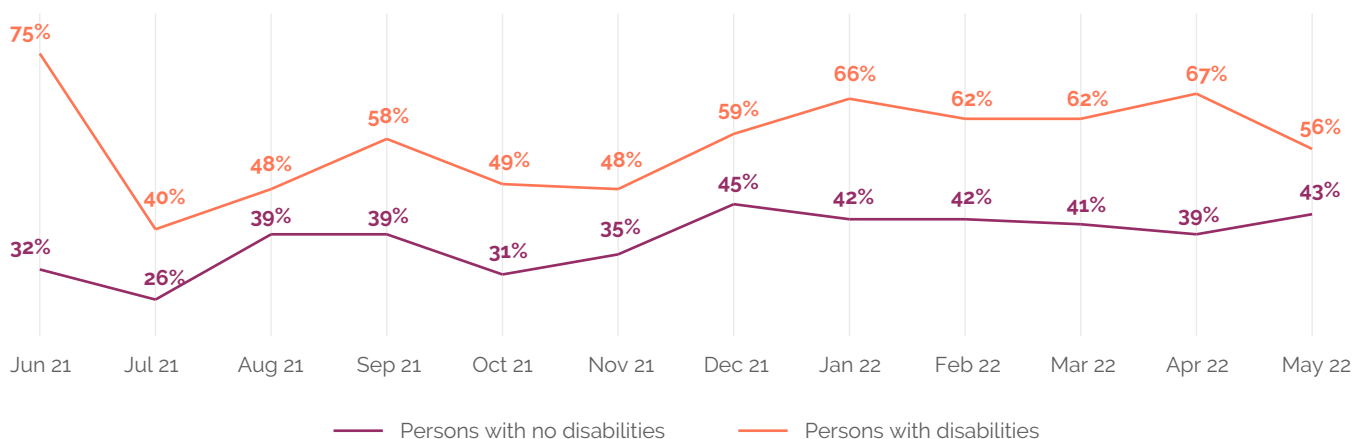
Meaningful access to primary and secondary health care

Access to quality health care services was expressed as a priority need for displaced Syrian women and men with disabilities as well as persons above sixty years old.¹⁶ Households with a member with disabilities report having

greater needs to access health care¹⁷ (59% compared to 43%), as well as greater financial and non-financial barriers to accessing it compared to households without a member with disabilities (81% compared to 66%).¹⁸

Challenges faced in accessing health services per area Persons with disabilities vs. Persons with no disabilities

IRC Protection Monitoring Report, 2022



Lebanese, migrant, displaced Syrian, and Palestine refugees in Lebanon (PRL) households with at least one member with disabilities primarily report financial barriers due to “inability to afford cost of treatment, cost of consultation and cost of transportation” as well as “no functional health facility nearby”.¹⁹ Displaced Syrians with disabilities are 22% more likely to report reduced access

to healthcare due to financial barriers and 47% more likely to report reduced access to medicine for the same reason.²⁰ Meanwhile, the most significant non-financial barriers to accessing healthcare are attitudinal and physical barriers. The below graphs show the most commonly reported barriers to accessing primary and secondary health care for displaced Syrians:²¹

¹⁵ Chameleon Report, 2022

¹⁶ UNHCR Participatory Assessment, 2021 and 2022

¹⁷ Help Age Needs Assessment 2022

¹⁸ Help Age Needs Assessment 2022

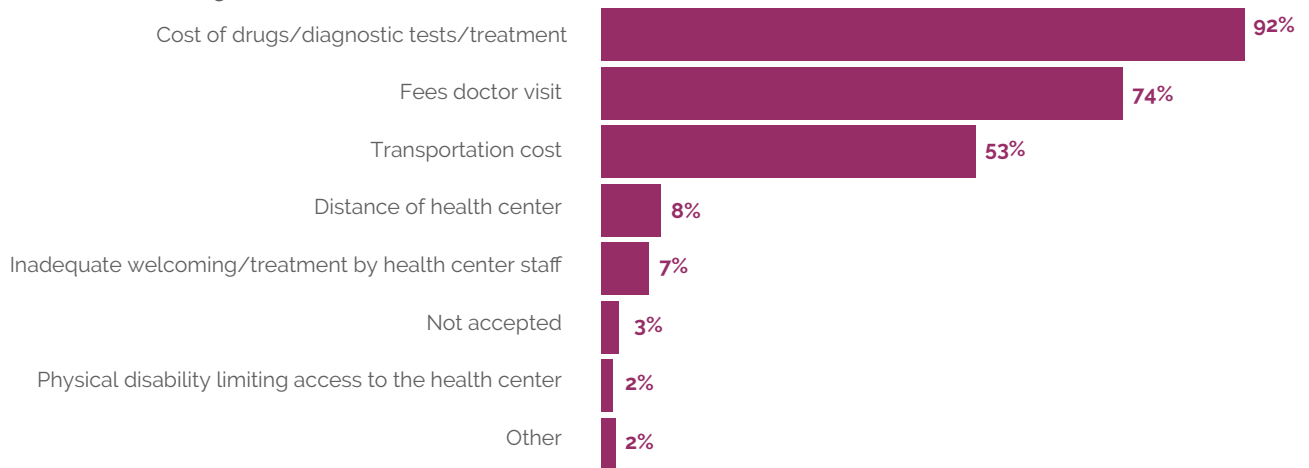
¹⁹ MSNA, 2022

²⁰ UNHCR Protection Monitoring Report, 2022

²¹ UNHCR Protection Monitoring, 2022

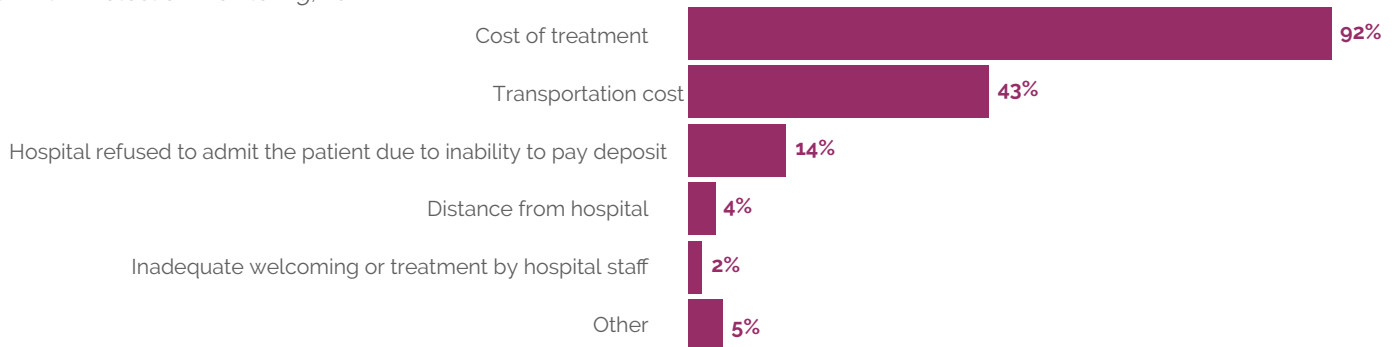
Most commonly reported barriers to accessing primary health care for displaced Syrians

UNHCR Protection Monitoring, 2022



Most commonly reported barriers to accessing secondary health care for displaced Syrians

UNHCR Protection Monitoring, 2022



Concerningly the combination of these challenges means that many who need healthcare are not able to access it; less than one quarter of displaced Syrian households with at least one member with disabilities who said they needed primary healthcare were able to access it, while of those who said they needed secondary healthcare, only 17% were able to access it.²²

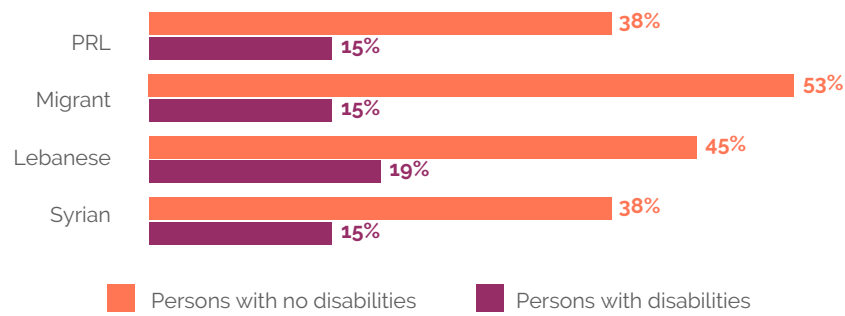
Similar dynamics are experienced by the PRL population. Furthermore, these challenges are leading families across population cohorts to take a range of harmful coping strategies. The table below indicates the most common coping strategies employed by households with at least one member with disabilities in each cohort to adjust to barriers accessing healthcare:

	Lebanese	Migrants	PRL	Displaced Syrian
1	Delayed or canceled hospital admission, doctors visit, or other treatment	Delayed or canceled hospital admission, doctors visit, or other treatment	Switched to a UNRWA health care facility instead of private	Switched to a public health care facility instead of private
2	Switched to a public health care facility instead of private	Borrowed money to afford medical care	Managed health problem with home remedy	Went to the pharmacy instead of the doctor or clinic
3	Managed health problem with home remedy	Other (specify)	Delayed or canceled hospital admission doctors visit or other treatment	Borrowed money to afford medical care
4	Went to the pharmacy instead of the doctor or clinic	Delayed or canceled diagnostic procedure or other analysis	Went to the pharmacy instead of the doctor or clinic	Delayed or canceled doctors visit or other treatment
5	Delayed or canceled diagnostic procedure or other analysis	Managed health problem with home remedy	Delayed or canceled diagnostic procedure or other analysis	Managed health problem with home remedy

²² Help Age Needs Assessment, 2022

In addition to the above, as a result of financial barriers specifically Lebanese, Migrant, PRL, and displaced Syrian households with a member with disabilities are approximately twice as likely to report reduced non-food expenditures as demonstrated by the below graph²³

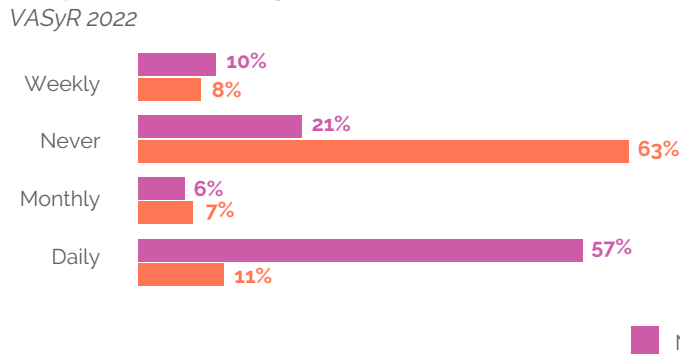
Reporting of Reduced Spending on Non-food Expenditures VASyR and MSNA 2022 findings



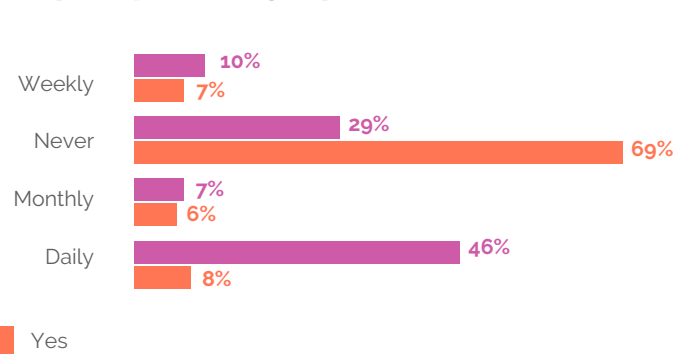
Mental Health and Psychosocial Support (MHPSS)

Displaced Syrians with disabilities demonstrate staggeringly higher MHPSS needs compared to those without.²⁴ Of Syrian women, girls, men and boys living with disabilities above five years old, 57% (compared to 11% for those without) disabilities reported feeling worried, anxious, or nervous daily. This is up significantly from 17% in 2021. While 46% reported feeling depressed daily (compared to 8% without disabilities), up from 11% in 2021.

Frequency of feeling worried, nervous, or anxious VASyR 2022



Frequency of feeling depressed VASyR 2022



Despite these obvious needs, persons with disabilities seldom receive MHPSS services according to the demographic breakdown reported by MHPSS partners in both the Health and Protection sectors. Protection partners identified access to mental health and psychosocial support services as well as surgical operations as critical gaps for persons with disabilities.

Health - risk factors & protective factors

- Physical barriers to accessing health care facilities persist. This is particularly concerning for individuals who live alone and do not have a regular caregiver to support their access.
- Lack of accessible information about the available services.
- High cost of services and transportation leads to cancelled or delayed appointments
- Shortages in supplies and medications is affecting the provision of services.
- Lack of screening on MHPSS for older persons and persons with disability.
- Lack of training for health staff on positive attitudes and communication skills.

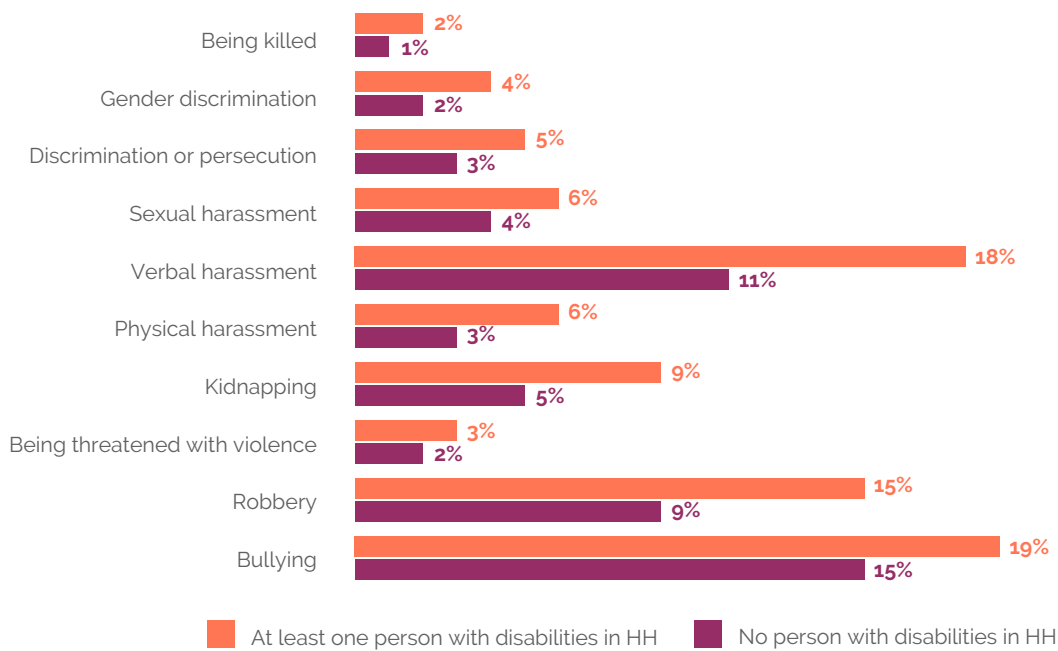
Protection

Displaced Syrian households with at least one member with disabilities report experiencing safety and security concerns more regularly than households which do not. Concerningly, persons with disabilities report a higher number of incidents across all violence types; physical harassment, extortion, community violence, gender-based violence, and sexual harassment.

²³ VASyR and MSNA 2022 findings

²⁴ Vulnerability Assessment for displaced Syrian (VASyR) in Lebanon, 2022

Safety Concerns Reported by Women VASyR 2022



These reports were highest in South Lebanon governorate with people feeling 'unsafe' due to discrimination, bullying and harassment. At the same time, these households report having less concerns in relation to confiscation of their identification documents (ID) and risk of detention.

In Lebanon, women, men, and children with disabilities face discrimination, exclusion, and numerous barriers to equal participation in society. Only 0.7% of persons participating in community centers and SDCs in 2022 were persons with disabilities. Persons with disabilities often face difficulties accessing public spaces, assistance, and services and are at times reliant on caregivers or third parties which can make them more vulnerable to exploitation, violence, neglect, or abuse. In many circumstances, self-determination is not respected by family members, service providers, and professionals.

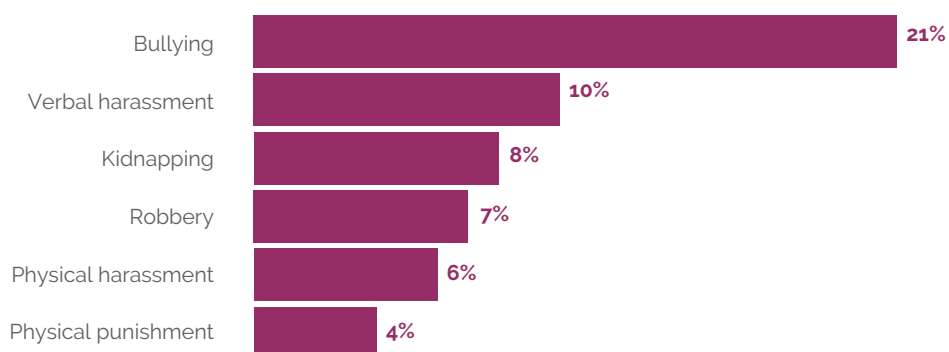
Children with disabilities

Concerningly, one in five Syrian and Lebanese children

with disabilities report being bullied - the highest reported safety concern. Overall, the main concern for PRL households with a child with disabilities is being robbed. Concerningly, for both Syrian and PRL children with disabilities kidnapping is a significant worry for families. For displaced Syrians with at least one child with disabilities, kidnapping is reported as a greater concern than robbery, physical harassment and punishment and much more frequently than households without a child with disabilities. For PRL, one in five families say they worry their child will be kidnapped - almost twice as many compared to Lebanese families.

A UNICEF Knowledge Attitude and Practices survey reports that 30% of respondents say that children with physical disabilities and 75% of respondents say that children with intellectual disabilities should not be integrated into society and participate in community life. This report demonstrates how wide-spread negative attitudes in the community are to promoting the inclusion of children with disabilities.

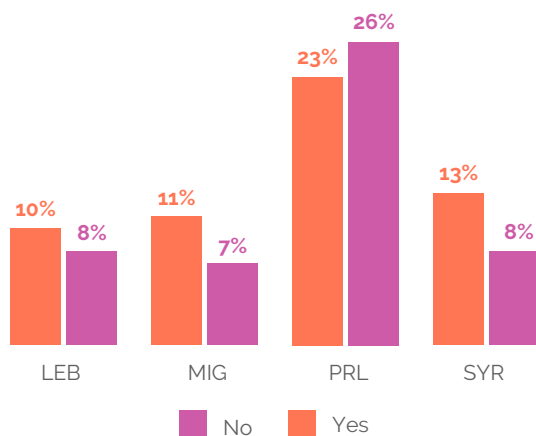
Safety concerns for Syrian refugee children with disabilities VASyR 2022



Women and girls with disabilities

In general, households with at least one member with disabilities report feeling less safe walking alone at night, and except for the PRL community, women and girls with disabilities avoid a slightly higher number of places because they feel unsafe compared to those without a disability. The most commonly avoided places are the street or neighborhood and public transportation, while PRS women and girls with disabilities are twice as likely to report feeling unsafe on their 'way to school'.²⁵

Reporting of women and girls avoiding places because they feel unsafe in Lebanon MSNA 2022/VASyR 2022



Women with disabilities face higher levels of discrimination, marginalization, and lack of inclusion than men with disabilities and women without disabilities. This applies in multiple spheres, including within their families, communities, the media, and across civil society programming (including in OPDs, where women with disabilities are often underrepresented). This is especially because disability is believed to render women unable to fulfil roles of marriage and motherhood.

It is also well documented that women and girls with disabilities in Lebanon face greater exposure to violence including gender-based violence (GBV), exploitation, coercion, and abuse than those without a disability and they also face significant challenges accessing GBV services due to a variety of physical, societal, environmental and communication barriers; all factors

that increase their risk of violence, abuse, and exploitation. More specifically, women, girls, men and boys with intellectual and/or psychosocial disability appear to experience higher levels of sexual assault and abuse than persons from other disability types.²⁶

In Lebanon, women face several challenges in accessing menstrual hygiene productions. Globally, girls and women with disabilities face greater challenges in managing their menstruation hygienically and with dignity. Girls and women with disabilities face a double stigma due to both social norms around gender and menstruation and having a disability.²⁷ Women and girls with disabilities face challenges to access reproductive health services and sexuality education.²⁸ Older women with disabilities are also at increased risk of being isolated at home and neglected by family members.

Information & communication

Accessibility to information is a precondition for participation in public life. Yet, it is a critical obstacle for many persons with disabilities to access humanitarian services due to limited diverse formats such as a lack of braille, easy to read languages and subtitles. 65% of older displaced Syrians with disabilities reported difficulties seeing or reading as their main barrier to accessing information, under half reported accessing technology and nearly one quarter reported being fully reliant on other household members to obtain information.

²⁵ Those reporting to avoid the street or neighborhood: 71% Lebanese, 94% migrant, 67% Syrians, 57% PRL and those reporting to avoid public transportation are 41% Lebanese, 48% migrants, 29% Syrian, 29% PRL.

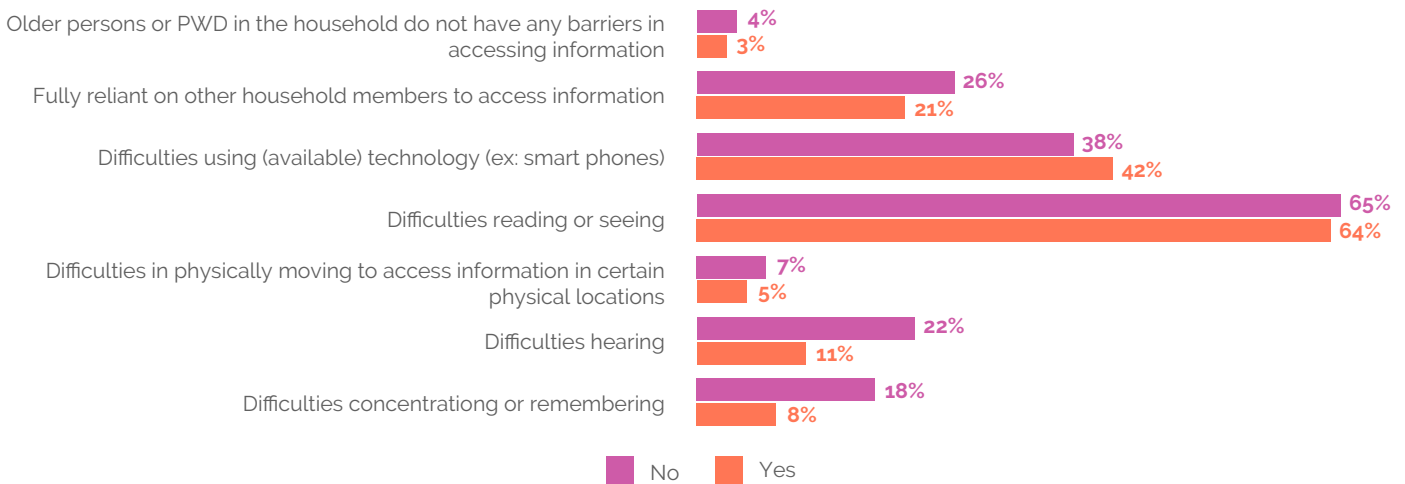
²⁶ According to the 'Situation Analysis on Gender Based Violence against Women and Girls with Disabilities in Lebanon' (UNFPA 2022) and study conducted by Humanity and Inclusion in 2021

²⁷ UNICEF, Menstrual Health and Hygiene for Women with Disabilities,

²⁸ Plan International, Let Me Decide and Thrive, 2017.

²⁹ Vasyr, 2022

Barriers faced by older Syrian persons with disabilities in accessing information VASyR 2022



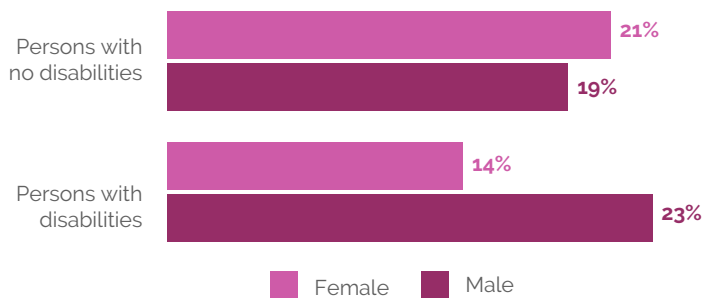
Concerningly 18% of Lebanese households with a member with a disability do not know how to apply for humanitarian assistance compared to 10% of those without a disability.³⁰ Further, according to partner reporting on the response partners database ActivityInfo

- of 927,000 individuals reporting a complaint or feedback to response partners in 2022, only 1.4% were persons with disabilities and 3% were older persons. This underlines an increased need for partners to ensure that channels of providing complaint and feedback are inclusive.

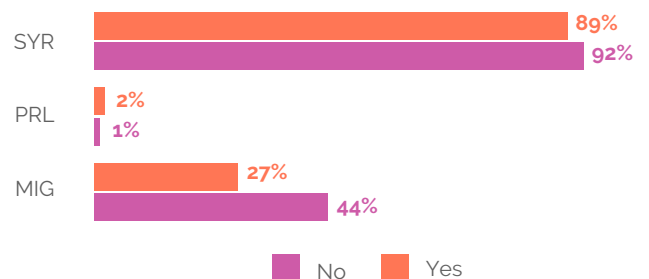
Legal Residency & Documentation

Legal residency with disabilities have higher rates of legal residency, marriage, and birth registration compared to those without a disability. One of the key impacts of lack of legal residency and civil documentation is limited ability to access basic services and move freely to find work and maintain social networks. Partners consider that parents may prioritize access to documentation for children with disabilities because they often have a greater need to access health services and care arrangements.

Legal residency rates for Syrians VASyR 2022



% of HHs reporting at least one in HH lacking legal residency MSNA 2022/VASyR 2022



Reported top barriers for displaced Syrians with disabilities to access legal residency: 37.4% cited not being able to obtain a sponsor and/or pay the fees, 17.6% cited entering Lebanon through unofficial borders, 7.4% were reluctant or discouraged to approach the General Directorate of the General Security of Lebanon (GSO), and 15.4% (up from 10% in 2021) cited having had a non-renewable and expired residency.

individual's legal identity. Displaced Syrians with disabilities are 7% more likely to have their marriages registered with the Foreigners Registry than those without a disability, and they are more likely to have their marriage certificate authenticated by a Mokhtar. Furthermore, they have higher rates of birth registration across all levels of the birth registration process.³¹ This was observed similarly for migrant households.³²

Civil Documentation

Access to marriage registration has implications on legal protection including guardianship and inheritance rights. It also impacts access to registering other civil events including birth registration, which is critical for an

Interestingly, 'limited freedom of movement due to lack of residency', 'mukhtar said will do on our behalf', and 'lack of awareness about procedures' were barriers which were higher for persons with disabilities preventing them from reaching beyond the Mokhtar level of birth registration.³³

³⁰ MSNA 2022
³¹ VASyR 2022
³² MSNA 2022
³³ VASyR 2022

Education

In 2022, it was reported that nearly 45% of 2 million school aged children in Lebanon were out of school.³⁴ The economic crisis has resulted in acute losses to public school teacher salaries and teacher unions have held months long strikes to negotiate higher pay, effectively closing public schools. Caregivers can no longer afford to enroll children in private schools or afford transportation and material costs. Despite the education crisis for all children, previous data has shown that only 1% of those in public school are children with disabilities and that children with disabilities already had much more limited access to learning opportunities due to lack of reasonable accommodations. This includes lack of technology and rehabilitation services, poorly trained

staff, lack of inclusive curriculum and teaching methods (particularly during COVID-19) and very high costs for adaptive equipment.³⁵

Households with at least one child with disabilities across population groups report greater reduction of non-food expenditures on education due to lack of money or money to buy food. It is therefore not surprising that these households are also more likely to withdraw children from school and engage children in income generation. This is most stark for displaced Syrian households: 11% and 6% of children engaged in child labour in households with and without a child with disabilities respectively.

Barriers to equitable access for children with disabilities to education services

- **Reduced expenditures on education are reported to a greater extent by households** with at least one child with disabilities. These households face greater financial barriers. Caregivers often find covering rehabilitative and assistive device costs (upgrading assistive products, replacing hearing aid batteries, transportation for therapy sessions) extremely difficult.
- **Caregivers report the main barriers preventing access to education as:** cost of transport, education materials, child engaged in work and 'disability' referring to the lack of accessibility as well as lack of provision of reasonable accommodations, lack of adapted additional human resources such as shadow teachers/personal assistants and inclusive teaching methods. Inclusive education opportunities within the mainstream system remain scarce favoring a special segregated education system unaligned with the CRPD.
- **Education of children with disabilities was disproportionately impacted by the COVID-19 pandemic.** They and their caregivers faced challenges to access learning and rehabilitation services due to poor accessibility to remote online learning modalities (not adapted to needs) leading to an observed decrease in attendance rates.
- **Caregivers who needed additional guidance on how to support their children with a disability during home-schooling were not provided this support** and teachers lack the knowledge and resources to tailor teaching to the needs of children with disabilities.
- **Societal and attitudinal barriers also significantly hamper access to education** for children with disabilities either due to teacher and other student behavior or because households believe that children with disabilities cannot be enrolled in formal or non-formal education.

Shelter

IRC Protection Monitoring reports 2020-2022 show that households with at least one member with disabilities face greater challenges to pay rent and higher incidents of receipt of eviction notices.³⁷ This is also corroborated by VASyR and MSNA 2022 findings especially for

displaced Syrians (8% compared to 1% Lebanese).³⁸ The highest driver of eviction for these households is inability to pay rent. It is therefore essential to prioritise these households in social protection schemes and multi-purpose, basic needs and shelter cash programming.³⁹

³⁴ Humanity and Inclusion fact sheet, 2022

³⁵ Humanity and Inclusion fact sheet: see Human Rights Watch Report, 2022 and see joint stakeholders 15 [JS15]. (n.d.). Joint Submission 15. A common presentation by several PWD Associations, to 'the High Commissioner of Human Rights' on the occasion of the 10th session of the 'Universal Periodic Review 2015'. P.3

³⁶ For displaced Syrian: 6.5% vs 11% for Syrian refugee households with at least one child with disabilities and 6% for those without; 4.5% for migrants compared to 0.42% and a minor

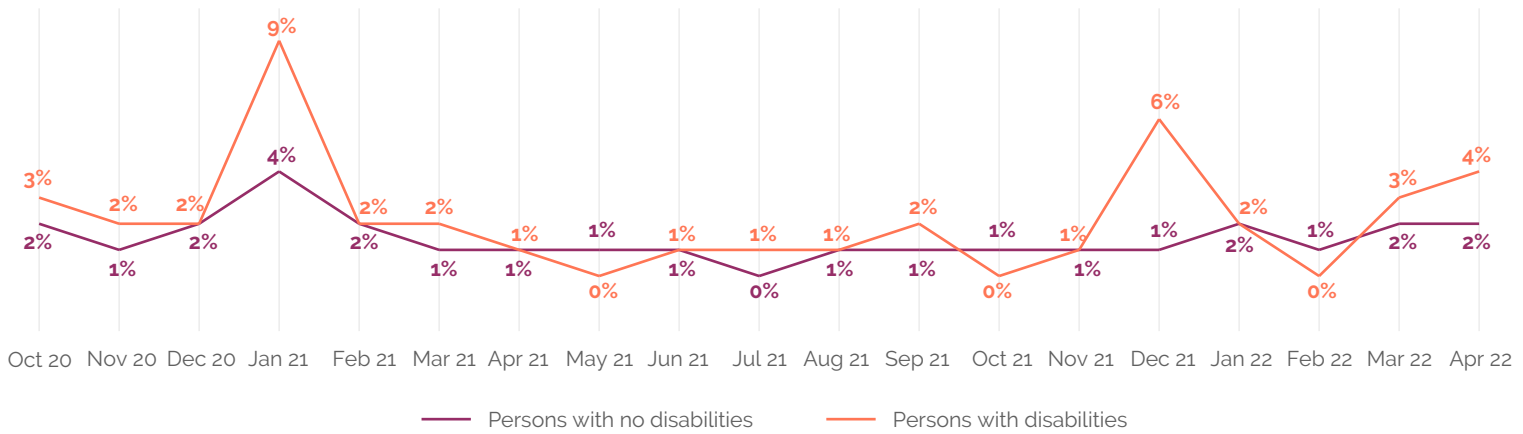
³⁷ IRC Protection Monitoring reports, 2020-2022, this data is not representative but provides a snapshot of the situation.

³⁸ VASyR 2022 and MSNA 2022

³⁹ UNHCR Protection Monitoring, quarter 1, 2022

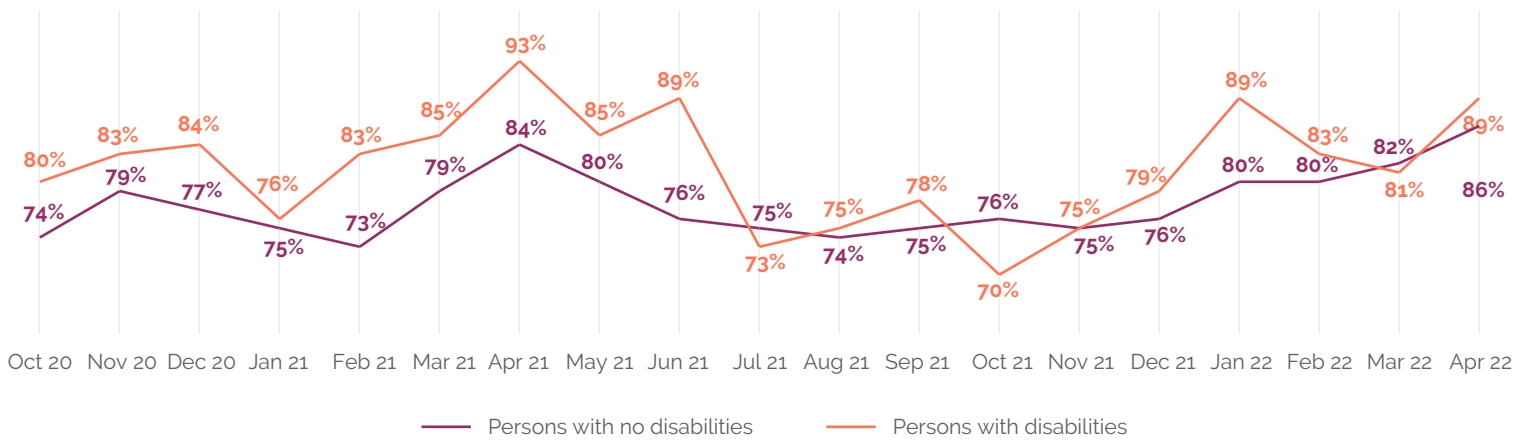
Challenges faced in accessing health services per area Persons with disabilities vs. Persons with no disabilities

IRC Protection Monitoring Report, 2022



Households reporting inability (or increased difficulty) to pay rent in past 30 days

IRC Protection Monitoring Report, 2022



Interestingly, these households also move accommodation to a greater extent due to verbal and physical harassment but are less likely to have tension with the property owner. This corroborates findings that persons with

disabilities and their families face higher rates of violence, safety and security concerns from the community, which may also drive their need to preserve good relations with their property owners.⁴⁰

Specialized and mainstream services provided by humanitarian and stabilization actors under the LCRP



Protection

- In 2022, protection partners in coordination with health partners assisted 8,476 persons with disabilities (40% difficulties climbing stairs and walking, 23% difficulties seeing, 11% difficulties remembering or concentrating, 8% difficulties speaking, 8% difficulties hearing) **with specialized rehabilitation services** including occupational therapy, speech therapy, physiotherapy, prosthetics, and orthotics (P&O), assistive products, occupational theory, ergo therapy, speech therapy, institutional care and family rehabilitation to support their social inclusion and participation.
- Partners also provided persons with disabilities with **assistive devices products**.
- **Home-based care** and care packages as well as

tailored support to caregivers were provided for persons with disability.

- **In 2022, 13% of those receiving protection case management** were persons with disabilities. Case workers are trained to ensure the accessibility of individuals at the beginning of the process by considering their age, gender, disability and diversity factors and ensuring that people with a full range of disabilities can Reach, Enter, Circulate and Use community centers and places where case workers meet. Most case management agencies have agreements in place with interpreters where no support person is available to support with communication. Most case workers are also trained on communication skills and taking informed consent in the event of limited capacity.
- **Protection monitoring** conducted by IRC has integrated the Washington Group Questions into its assessment to be able to accurately monitor and report on protection trends and inequalities for persons with disabilities.



Basic Assistance, Livelihoods, Food Security & Agriculture and Social Protection

- **The national disability allowance**, launched in April 2023, by MoSA aims to support up to 25,000 disabled people between the ages of 18 and 28. The program is funded by the EU in partnership with UNICEF and International Labour Organization. Individuals targeted will receive \$40 monthly to support offsetting the additional costs of living that face persons with disabilities, redeemable over-the-counter through financial service provider OMT. This program is part of the larger social protection strategy being developed for Lebanon.

- **While targeting for multipurpose cash assistance for basic needs** primarily occurs through economic targeting, partners have introduced layers of **vulnerability targeting to ensure the inclusion of families with persons with disabilities.**

- **The Washington Group Questions** have been integrated into major annual assessments including the Vulnerability Assessment for Displaced Syrian (VASyR) and Multi-Purpose Needs Assessment (MSNA) to inform programming. These questions have also been integrated into the data used to generate targeting for the Joint-Action Multi-Purpose Cash assistance program for UNHCR and WFP.

- Distribution sites are increasingly being made accessible and/or **services adapted** to provide for access for persons with disabilities, including door-to-door validation/distribution where necessary



Education

- **The Ministry of Education and Higher Education (MeHE)** supported by UNICEF launched an inclusive public-school project in 2018, implemented in 30 schools across Lebanon, as an attempt to shift towards a more inclusive education system. The pilot project is expanding and is expected to reach 120 public inclusive schools by 2024.

- **Provision of assistive technology and educational materials** are offered to improve the accessibility of children with disabilities to enhance their enrolment/retention in education programs for both non-formal education and formal education.

- **Parents/caregivers are provided with awareness sessions and individual support** to help their children with disabilities and to ensure that their education is not interrupted.

- **Support is being provided by the education sector to the Ministry of Higher Education to develop a national inclusive education policy**



Health

- **Several primary health care centers and hospitals have made physical adaptations** to their facilities to enhance accessibility for all age- and disability- groups as well as training for PHC staff on attitudes and communication skills

- **Screening for mental health and psychosocial support needs for older persons** is being integrated into primary health care facilities and the National MHPSS TF together with health and protection partners are working to enhance information provision for older persons on available MHPSS services. This involved incorporating key messages tailored to older persons' needs through protection partner community outreach channels.

- **Transportation for children and their caregivers** to reach the rehabilitation center.



WASH

- **Latrines** have been constructed and/or rehabilitated to be accessible for persons with physical disabilities.



Social Stability

- Persons with disabilities are involved through community needs assessment processes, and **community support** or basic service projects where key partners ensure their inclusion in the decision-making processes, design, and implementation of projects.

Recommendations

To the Government of Lebanon (GOL) and relevant Ministries

Inclusive policies

Ensure the ratification of the UN Convention on the Rights of Persons with Disabilities and launch a comprehensive revision of the national law 220/2000 to be aligned with the convention. Ensure this revision of the GOL definition and classification of disability is in alignment with the CRPD.

Urge and support MOSA to develop, adopt and implement the national strategy for persons with disabilities through a participatory process ensuring inter-ministerial engagement and the full participation of disability-led civil society organizations and organizations of persons with disabilities (OPDs).

Collect and use disaggregated data (at minimal by disability, gender, and age) across all sectors including in healthcare facilities and all types of research and programming, to improve evidence-gathering to properly inform, monitor and evaluate decision-making and service provision to implement informed policies.

- The Government of Lebanon has signed the Convention on the Rights of Persons with Disabilities in 2007 but it is not ratified. Law 220/2000 on the Rights of Persons with Disabilities has not been enforced and follows an outdated policy approach to the rights of persons with disabilities.
- The lack of systemized data collection on disability remains a critical gap in formulating and implementing inclusive evidence-based policies. Furthermore, older people who acquire a disability later in life are shown to frequently not self-identify as living with a disability leading to low numbers of older persons holding a GOL disability card and most likely reflecting lower numbers of persons with disability across other databases.

Social protection schemes

Develop social protection measures for persons with disabilities using a human rights approach, and ensure that all persons with disabilities can benefit, as rights-holders. This should include a comprehensive pension system, housing and education subsidies as well as targeted health coverage.

Collaboratively and inclusively engage women, diverse identities, civil society organizations and organizations of Persons with Disabilities (OPDs), syndicates and representatives in policy dialogues including on social protection policies.

The Ministry of Public Health (MOPH) and the Ministry of Social Affairs (MOSA) should address supply chain disruptions and ensure quality control for essential rehabilitation assistive products and medication for persons with disabilities.

- Current social protection schemes in Lebanon are primarily based on employment-based contribution, which indirectly excludes people with disabilities, particularly women and older women and female-headed households as they are at greater risk of exclusion from the labor force. This also undermines non-discriminatory basic social benefits.
- Persons with disability report additional healthcare needs, greater financial and non-financial barriers, reduced health expenditures and other concerning health coping strategies compared to other groups. Healthcare services are not sufficiently available, affordable, or accessible. Depleted funds with the National Social Security fund (NSSF) further affects their access to basic healthcare pushing households to pay for services out of pocket.
- Current policy discussions on the development of social protection programs and assistance projects for persons with disabilities do not always adequately respect the participation of representatives of CSOs, OPDs and persons with disabilities.
- Supply chain disruption due to the socio-economic crisis has led to shortages of critical stocks and coverage for vital medical needs which persons with disabilities often require. This includes medical screening such as EEG, MRI, ECG for which a reliable diagnosis, treatment and prognosis depend, and unmet needs for specialized rehabilitative services, including prosthetics and orthotics physical therapy, eyeglasses, hearing aids and speech therapy. As well as home-care supplies such as adult diapers, catheters, colostomy bags, urine bags, disinfection kits and important medication for depression and anxiety. These are critical needs for persons with disabilities.

Maintain adequate funding levels, quality control, and prioritization

Donors must maintain funding levels to local OPDs, CBOs, OPDs and NGOs and concerned INGOs providing disability-specific services such as community-based rehabilitation and outreach assistance services, assistive and adaptive devices, as well as those supporting disability inclusion helping to combat stigma and negative attitudes toward persons with disabilities.

Donors should commit to supporting entities with inclusive budgeting practices which allow for accessibility upgrades and reasonable adaptations and accommodations to be made as and when they are identified.

Donors should prioritize the quality of specialized rehabilitation services and assistive and adaptive products over targets by ensuring adherence to minimum standards including that adequate supervisory structures, monitoring and evaluation tools are in place.

Donors should increase funding for universally accessible Emergency Temporary Shelters to respond to risk of eviction as well as to support persons with disabilities who are subject to excessive abuse and harm.

Insist on inclusive targeting and prioritization criteria for Multi-Purpose Cash, Seasonal Cash, Food, Cash for Rent and Income-Generating Livelihood interventions for women, girls, men and boys and older persons with disabilities, their households, and caregivers. Further, ensure appropriate disability-sensitive approaches to the selection of community support and basic service projects.

- The provision of rehabilitation services for persons with disabilities is implemented mainly through limited small-scale interventions by local CBOs and NGOs. These agencies have been disproportionately impacted by the economic crisis, electricity shortages, fuel and telecommunication price hikes. They face critical funding challenges due to challenges related to the banking system and difficulties retaining administrative and technical staff as many have left the country.
- Households with at least one person with disabilities face greater risk of forced eviction and persons with disabilities especially women with disabilities face greater risk of GBV, exploitation and abuse.
- Report findings demonstrate that persons with disabilities and their households face greater financial and non-financial barriers which lead to the adoption of harmful coping measures including reduced care support provided, greater risk of child labor and out-of-school children and additional protection risks for them and their children. This is particularly worrying for those who live alone or those who require support such as older women with disabilities.
- Older persons and older persons or persons with disabilities with chronic illness are more impacted as result of poor heating and electricity provision especially those on home-care support and should be prioritized.

Accountability to Affected Populations

Commit to being accountable to women, girls, men and boys with disabilities ensuring their empowerment and participation in leadership and decision-making at each stage of planning and delivery. Ensure their access to different accessible formats of information and communication such as captioning, sign language, braille and easy to read language.

Commit to being accountable to women, girls, men and boys and older persons with disabilities ensuring their active participation and involvement in leadership and decision-making at each stage of service planning and delivery and quality assurance. Ensure their access to transparent information, through universal communication and outreach in diverse formats which are age, gender and disability inclusive and by trained staff.

Uphold the rights of persons with disabilities to access streamlined, appropriate and robust complaints and feedback mechanisms by designing accessible and inclusive channels with their participation.

Ensure all sectors and partners using ATM and MTO redemption points provide reasonable accommodations alongside adequate monitoring and evaluation practices to mitigate additional risks faced by persons with disabilities accessing the sites, as well as to mitigate card errors and take precautionary measures to ensure the accurate categorization of complaints to reduce prolonged response times.

Ensure that Protection, Child Protection and GBV case management service providers prioritize inclusive outreach and adapted assistance for persons with disabilities including children and GBV survivors. For example, ensure sign language interpreters are accessible at police stations, courts and when required, and ensure that case workers are adequately trained on communication skills and informed consent with respect to self-determination.

- Information about available services and key topics are mostly provided through two mediums of communication either verbal or written, preventing persons with sensory and intellectual disabilities from receiving information, making informed decisions, and participating in services.
- Persons with disabilities are understood to be more likely to make errors when withdrawing cash assistance as well as when reporting the reason for their card errors leading to unnecessary processing delays and a greater likelihood for lost or locked cards. Furthermore, persons with disabilities are more likely to rely on third parties to withdraw cash assistance as the site or transportation is inaccessible.
- Women and girls with disabilities face greater risk of gender-based violence, physical and psychological abuse, but they also face greater barriers to access information about available services, especially for older women with disabilities, and how to report a complaint.

Data collection

All operational partners, sectors and assessments should collect sex, age (above 60 years old) and disability disaggregated data using as much as possible the Washington Group sets of questions.

- Not all LCRP sectors and partners collect and analyse sex, age, and disability disaggregated data. This data is also not currently captured through most humanitarian referral, complaint, feedback and response mechanisms. This makes it impossible to know whether interventions are reaching persons with disabilities and whether these cohorts are trying to request services or have complaints.

Meaningful Access to Services and Assistance

Agencies and donors must respect the principle of meaningful, safe and dignified access by designing humanitarian services and assistance to meet universal design and accessibility standards and mitigate inclusion barriers (physical, social, communication and other). Actively involve persons with disabilities in designing these remedies remains key in successfully resolving accessibility barriers.

Humanitarian partners need to continue to be trained on disability inclusion. Technical human resources are needed either within organizations or pooled and coordination should be strengthened at the interagency level with devoted staff.

- Adaptions by partners to support individuals with access to services by providing transportation does not sufficiently provide equitable access for persons with disabilities who may require assistive products and who cannot access public transportation easily.
- Service points for MPCA, PHC, SHC, and Schools and even some community centers providing critical basic services and activities are not accessible restricting the ability of persons with disabilities to reach, enter, circulate, and use the space or service.
- Work on increasing the labour market's ability to employ people with disabilities. This should not be limited to structural alterations to the workplace but also alterations to equipment and tools used in the workplace.