

# Forgotten and invisible

## The impact of Lebanon's crises on persons with disabilities

### Situation in Lebanon

Since October 2019, the most severe economic and financial crisis has continued to impose its burden on Lebanon,<sup>(1)</sup> amidst deliberately inadequate policy responses.<sup>(2)</sup> The situation of “deliberate depression”, exacerbated by the absence of emergency operational strategies and effective policy actions, ranked Lebanon among the top three most severe global financial crises since the great depression of the mid-nineteenth century, according to the World Bank.<sup>(3)</sup>

Challenging living conditions continue to resonate through sporadic protests, armed hostages, and security incidents. The impact on the whole population is dire and even more so on persons with disabilities facing multiple barriers to meeting basic needs and accessing basic services.

Considering the surging inflation of 222.8%,<sup>(4)</sup> the National Poverty Targeting Program (NPTP), managed by the Lebanese Ministry of Social Affairs (MoSA), was one of the major steps taken by the Lebanese authorities. However, it has covered only 2% to 4% of the general population, and has provided a limited basket of benefits to only 42,931 heads of household.<sup>(5)</sup>

### Fact Box

#### Key impacts due to the crisis in 2021/2022

- 84 per cent of households do not have enough money to cover their necessities among these, those living with disabilities are more likely to be food insecure;
- School dropout increased to 45% in 2022, and 72% of parents are unable to afford their children's education;
- Only 1% of school-age children with disabilities are enrolled in mainstream public schools;
- There are around 400,000 people who are disability card holders;
- However, they seem useless due to the lack of funding covering the services under the MoSA and medical shortage induced by the economic collapse.

The United Nations Emergency Response Plan – initially designed for 12 months – was extended to December 2022 to account for the increasing humanitarian needs among the most vulnerable Lebanese, migrants, and Palestinian refugees in Lebanon. “The Emergency Response Plan remains complementary to the support already provided through UNRWA programs and the Lebanon Crisis Response Plan (LCRP) to Syrian and Palestine refugees as well as Lebanese host communities”, where 0.6 million people were reached out of 2.5 million people in need in Lebanon.<sup>(6)</sup>

Persons with disabilities are still marginalized in Lebanon, with a scantiness of official statistics on their participation and representation in different sectors. All initiatives put in place to ease the burden of the socio-politico-economic crisis still have to include meaningfully, explicitly, and directly persons with disabilities.

### Understanding vulnerabilities

Persons with disabilities are among the most marginalized groups and are commonly left behind in humanitarian responses. They face multiple and intersecting forms of discrimination, increased barriers to accessing support and life-saving services, and often face greater protection risks.

The exclusion of persons with disabilities results in increased psychosocial distress and worse health outcomes. The latest reliable data on the disability situation in Lebanon was published in the Disability and Health Situational Analysis Report by “Social Promotion Foundation” in 2020, where 31.7% of the study participants reportedly feeling nervous/anxious and 20.3% feeling isolated and excluded.<sup>(7)</sup> The individual's reduced access to basic services and livelihood opportunities because of disability-based discrimination can affect the entire household, resulting in lower income, fewer assets, increased food insecurity, and negative coping strategies.

General knowledge, attitudes, and behaviors are related to charitable or medical approaches to disability rather than biopsychosocial and rights-based ones. Limited understanding of disability, prejudice, and stigma significantly affect the lives of persons with disabilities – especially persons with intellectual or psychosocial disabilities.<sup>(8)</sup>

## Disability-inclusive policies in Lebanon

**Law 220/2000:** the first disability law in Lebanon was written in 2000 but has no implementation decree developed and approved by relevant ministries. Its second article focuses on the impairments of the person rather than the interaction with environmental barriers. This definition is consistent with the outdated medical model. The law's content ensures a few rights (using physical environment, right to employment, etc.) but excludes services like social inclusion, political and economic participation, and legal capacity.

**Social insurance:** private companies discriminate against persons with disabilities as they are not allowed to access membership. The Disability card is provided by the Ministry of Social Affairs following a medical approach, and officially its provision is in place. However, there is limited access to services by persons with disabilities, due to administrative constraints, lack of awareness, as well as limited efficiency of the services, which stopped being provided because of absence of funds.

In 2018, the Ministry of Education and Higher Education launched a pilot project implemented in 30 public schools to be inclusive and recently increased the number of inclusive public schools to reach 120 all across Lebanon by 2024.

The Ministry of Social Affairs is developing a Disability National Strategy through a group of consultants, and HI participated in the consultations. A draft of the strategy is expected to be ready by the end of 2022.

Lebanon signed the Convention on the Rights of Persons with Disabilities on 14 June 2007, and on 29 March 2022 the Lebanese Parliament adopted a law authorizing the Government to proceed with the ratification of the Convention and its Optional Protocol. Following this ratification, Lebanon will need to revise the laws to comply with the Convention.

Women and girls with disabilities are confronted with intersecting forms of discrimination. They are highly deprived from receiving food and healthcare services compared to boys and men with disabilities and are often denied access to education and vocational training, making them more exposed to

social exclusion and poverty. If they are working, they are more likely to be in the informal job market or to be exploited. They are disproportionately more likely to experience gender-based violence than their peers without disabilities.

## Access to services within Lebanon's context

Lebanon is one of only 16 countries worldwide that does not provide a disability pension.<sup>(9)</sup> Before the crises, public services were stretched and weak, and access to services, even the most basic, was challenging. For instance, "medical supplies were scarce, and patients were unable to seek health care when they needed to because they could not afford the visit. As the crises deepen, a consistent number of services are closing completely, halting operations due to limited resources for the running costs or reducing their operations to the lowest capacity, among them hospitals. Five university hospitals<sup>(10)</sup>

closed a number of their major departments and stopped performing microsurgeries. "Hundreds of healthcare professionals are leaving crisis-ridden Lebanon amid layoffs and pay cuts";<sup>(11)</sup> the migration rate for Lebanon increased by 24.28% from 2022 and achieved an average of 20.553 per 1000 population.<sup>(12)</sup>

While all people face challenges during crises, persons with disabilities are more likely to be left behind in ensuring continuity of services and, as such, are more often negatively affected.

## How has the disruption of essential services affected persons with disabilities and their households?

### Protection

*"Lebanon's crisis threatens the present and future of millions of children. There is a need, more than ever, to ensure that they are protected from abuse, harm, and violence and that their rights are protected."*

-Dr. Najat Mualla Majeed, UN Special Representative of the Secretary-General on Violence against Children, 2021.

Complex protection needs emerged in 2022 and threatened people's ability to cope and sustain their way of living. People who are more vulnerable to this kind of shocks, including persons with disabilities, are experiencing imminent protection risks and incidents such as violence, coercion, exploitation, abuse, and deliberate deprivation, which require specific support to recover safely.<sup>(13)</sup>

One million children are currently at risk of direct violence, more than 1.8 million children are in

multidimensional poverty,<sup>(14)</sup> and continue to drop out of school. Child labor, child marriage, and sexual abuse are reported in the Gender-Based Violence Information Management System (GBVIMS).<sup>(15)</sup> 56% of children aged between 1 to 14 years old experienced at least one form of physical or psychological aggression and violence.<sup>(16)</sup>

Children's functional development stages and growth are also affected due to substandard quality of services, including nutrition, hygiene, sanitation, and shelter. Substantial increases in utility fees affected 90% of Syrian refugees and 31% of Lebanese living in rented accommodations.<sup>(17)</sup> The most affected are female-headed households, socially excluded groups, and persons with disabilities. Moreover, economic barriers to accessing shelters are not the only barriers faced by persons with disabilities and older persons.

Inaccessible shelters in unsafe zones limited their right to circulate safely, as emergency interventions neglected Universal Design principles and provided insufficient reasonable accommodations.

Social and national security declined, robbery crimes increased by 21.2%, and murder crimes increased by 15%, compared with 2021 reported crimes. Additionally, kidnappings in exchange for ransom, and robberies by force of arms have worsened in the last couple of months.<sup>(18)</sup> Illegal and unsafe maritime migration is also become common, with two incidents<sup>(19)</sup> thus far, resulting in around 80 deaths, 50 survivors, and nearly a hundred missing.

Besides, the lack of systematized data collection on disability remains a critical gap in formulating and implementing inclusive, evidence-based emergency response and programming.<sup>(20)</sup> Disability mainstreaming should become a priority; the government and humanitarian actors need to ensure the participation of persons with disabilities and facilitate their access to services. Efforts should be completed to ensure the identification, representation, inclusion, and participation of persons with disabilities.

## Livelihood

The burden of significant and dramatic privation of livelihood opportunities affects every sector of Lebanese living. People witness non-existent access to essential services, with 84% of households not having enough money to cover necessities, 70% of households having to borrow money for food or buy food on credit, and 60% of the households cut spending on health treatment.<sup>(21)</sup> Households headed by women, with many dependents (children and/or older persons), and with members having chronic illness or

disabilities were more likely to be food insecure. Food insecurity had the most severe impact on households headed by a woman and having a member with disabilities.<sup>(22)</sup>

The worsening economic situation and the surging inflation (recorded as high as 222.8%, in April 2022)<sup>(23)</sup> resulted in an increased national poverty rate by 9.1 percentage points, at the end of 2021.<sup>(24)</sup> This situation pushes the Lebanese population and the refugees towards legal or illegal migration, according to the existing opportunities.<sup>(25)</sup> Losing jobs and engaging in informal and insecure jobs led to a huge increase of the unemployment rate, which jumped from 11.4% to 29.6% in 2022.<sup>(26)</sup> Although the Lebanese Law 220/2000 stipulates that private sector businesses hiring more than 60 employees should hire at least 3% of persons with disabilities, 79.6% of persons with disabilities were unemployed in 2019,<sup>(27)</sup> and they became more likely to be the first ones dismissed from income-generating activities.<sup>(28)</sup>

Furthermore, Lebanon was affected by the Russian/Ukrainian conflict. Lebanon has to tap new alternatives for wheat imports, in addition to facing the surging energy prices, which furtherly reduced the already limited amount of electricity supplied by Electricité du Liban (EDL).<sup>(29)</sup> Hence, new challenges are emerging for persons with disabilities. For example, power outage made elevators unusable, and fuel shortage limited the usage of private cars when public transports are often inaccessible, with repercussions on the mobility of persons with disabilities and their participation in life.

The National Poverty Targeting Program (NPTP) provides a package of benefits that includes health, education, and food assistance to families selected by the program. The World Food Program (WFP) has been supporting the food assistance component of the NPTP through e-cards and is expanding its assistance to reach 75,000 of the poorest Lebanese families. Innovative approaches to support livelihood in Lebanon, including the "Food System Challenge", were formed to enhance the resilience of the local food system and to improve employment for the most vulnerable groups, through providing professional training to employers and markets.<sup>(30)</sup> UNICEF's Cash for Work program, launched in 2022, also provides youth training and paid employment opportunities to thousands of youths in Lebanon through a series of labour-intensive projects.<sup>(31)</sup> However, not all these programs target persons with disabilities or consider a quota higher than 5%. Also, these programs are not perceived as welcoming and inclusive of all, due to the inaccessibility of related communication and information, which greatly limits the chances for persons with disabilities to benefit from them.

## Education

*“Due to the increase in tuition costs and Lebanon's poor economic circumstances, a number of caregivers cannot afford to enrol their children with disabilities in private inclusive schools, and because of the high cost of transportation and fuel, not all kids can access inclusive public schools.”*

- Focus Group Discussion Conducted by HI with Moussawat Association Team in Bekaa, June 2022.

Humanitarian education agencies reported that “at least 700,000 of 2 million school-age children in Lebanon were out of school last year”.<sup>(32)</sup> Children and youth dropping out of schools increased to 45% in 2022. Moreover, 72% of parents are unable to afford their children's education.<sup>(33)</sup> According to UNICEF, an average of 3 out of 10 young people have stopped their education, and 4 out of 10 reduced their spending on education to secure essentials.<sup>(34)</sup>

The economic crisis has resulted in acute losses in the value of public teachers' salaries paid in LBP, making a teacher's salary between 1 to 2 USD/ Hour.<sup>(35)</sup> Teachers are on strike demanding salaries review and further financial support, while 73% of them are planning to leave the educational sector.<sup>(36)</sup> The payment of tuition fees in USD instead of LBP (dollarization) of private school tuition is leading 5 out of 10 parents to move their children from private to public schools.<sup>(37)</sup>

Children with disabilities were already left behind with very limited access to learning opportunities due to different factors: lack of reasonable accommodations, shortage of sufficiently trained staff, lack of inclusive curriculum, very high fees and educational expenses for adapted equipment. The Ministry of Education and Higher Education (MeHE) 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



Figure 1: Ali, a 10 years old boy with learning difficulties during the Occupational Therapy session provided by HI's partner in Lebanon.

expected to reach 120 public inclusive schools by 2024.

Previous data showed that only 1% of school-age children with disabilities are enrolled in mainstream public schools, which are not yet equipped to respond to the diverse needs of all learners.<sup>(38)</sup>

Children with disabilities in Lebanon are more likely to enroll in specialized schools / centres. Nevertheless, specialized schools for children with moderate and severe disabilities funded by the Ministry of Social Affairs (MoSA) have not announced yet if they will reopen for the year 2022-2023. Specialized schools did not share their budget plan either and parents do not know yet what to expect and how much the school fees with the transportation will cost them.

The lack of updated and reliable data has always been a barrier to inform policies and programming on children with disabilities. During the pandemic, the participation of children with disabilities in education was significantly hindered, remote and hybrid learning platforms were not accessible nor tailored to cater to the needs of the individual learners, generating unbalanced teaching – learning experiences. There were no clear or official guidelines for teachers on how to organise and deliver distance learning for children and youth with disabilities, which affected their academic achievements.

Access to education for children and youth with disabilities turns to be harder with the high educational costs, high transportation fees, inaccessible school transports, inaccessible educational material (including books and e-books), lack of assistive technologies and rehabilitation services in schools, and expensive tailored and adapted supplies and stationaries.

## Health

Persons with disabilities are more vulnerable to health conditions, compared to the general population. However, according to the World Health Organization (WHO), persons with disabilities are three times more likely to be denied healthcare, four times more likely to be poorly treated in the healthcare system, and 50% more likely to suffer catastrophic health expenditures.<sup>(39)</sup>

In absence of recent reliable data on persons with disabilities, different sources reported that as of 2022, the total number of people who are disability card holders is close to 400,000. Disability cards are intended to facilitate free access to specialized healthcare services. However, they seem useless due to the lack of funding covering the services under the MoSA and medical shortage induced by the economic collapse.<sup>(40)</sup> 70% of the Lebanese people are asking for health coverage, straining the





Figure 2: Mohamad, a Syrian youth injured by Akkar Blast, conducting a home-based physiotherapy session with HI physiotherapist, September 2021. ©HI

Ministry's shrinking budget, and the massive debts at hospitals.<sup>(41)</sup> In June 2022, the Lebanese Order of Physicians warned that the health sector is on the verge of collapse. Up to 3,000 medical doctors and 5,000 nurses have left the country,<sup>(42)</sup> many inpatient rehabilitation centres stopped providing services and discharging patients. As a result, a remarkable proportion of persons with disabilities are giving up care, seek care from the private sector, or rely on the limited services provided at primary health care level. In primary health care, psychosocial support, mental health and basic rehabilitation services are made available only 1 or 2 days per week and for limited hours, thus creating long waiting lists and

significant unmet needs.

A baseline evaluation report issued by MedGlobal in July 2022, focusing on older persons' and persons with disabilities' situation for the last 12 months near Beirut, showed that 81% of the study population could not afford any medical services, due to the costs of the service and of the transportation, or due to the unavailability of the services.<sup>(43)</sup> Similar cost-related barriers limited the access to health care services for 35% of refugee households between April and June 2022.<sup>(44)</sup>

The percentage of Lebanese people seeking primary healthcare services increased after the crisis, reflecting the increase in health vulnerability.<sup>(45)</sup> The demand of antenatal and mental health consultation increased by 80% compared to 2021. Nevertheless, a 26% stock disruption of the total molecules including obligatory vaccines (i.e. poliomyelitis, measles, etc.) is negatively affecting the access of medications in 481 primary healthcare facilities. High rates of debt and rising reliance on negative coping strategies are reported in the refugee communities, including deprioritizing health needs.<sup>(46)</sup>

Local and international NGOs are trying to fill the gaps. UNICEF, in coordination with the Ministry of Public Health and other partners, launched a long-term primary healthcare subsidization protocol, that aims to provide six basic comprehensive benefits' packages in primary healthcare centres in the National Network, including wellness antenatal care, non-communicable diseases, mental health, and early intervention on disability.<sup>(47)</sup> The interagency health coordination sector for the following quarter of the year will focus strategically on a better classification of rehabilitation services and assistive technologies support activities.<sup>(48)</sup>

## Recommendations

### At donor level

- Increase the level of funding to the Lebanon Crisis Response Plan and the different emergency response plans in response to the overlapping crises.
- Ensure that humanitarian assistance is inclusive of all people, by encouraging mainstream organizations to target persons with disabilities in their programmes, and by increasing support to specialized programmes for persons with disabilities.
- Provide funding to support the reactivation of the disability card system, in order to increase free access to specialized services.
- Provide funding to support the expansion of rehabilitation and psychosocial services in primary health care centres and by local NGO providers.
- Provide funding to increase the number of inclusive schools across the country and support children with disabilities to access education via targeted measures to reduce education-related costs (transportation fees, reasonable accommodations, providing rehabilitation sessions, assistive technologies, etc).
- Provide funding to ensure the inclusiveness of basic services and cash programmes and to create adapted livelihood opportunities for adults with disabilities.

## At the policy level

- Ensure the ratification of the UN Convention on the Rights of Persons with Disabilities is finalized and inform accordingly the update of the national law 220/2000 for persons with disabilities, via concrete actions to implement the Convention.
- Develop and issue a national education policy for the inclusion of children with disabilities, as recommended by The Joint Civil Society Report of March 2021,<sup>(49)</sup> ensuring that Universal Design for Learning is applied to all educational services.
- Collect and use disaggregated data (a minima by disability, gender, and age) across all sectors and types of research and programming, to properly inform, monitor and evaluate decision-making and service provision.
- Develop social protection measures for persons with disabilities using the human rights model, and ensuring that all persons with disabilities can benefit from them, as rights-holders.
- Expand the coverage of the disability card: both in terms of people eligible to be cardholders and in terms of services covered (which should include rehabilitation, assistive technology, mental health and psychosocial support).
- Ensure that inter-disciplinary rehabilitation services are made affordable and are integrated at the primary health care level, in order to increase accessibility for the most marginalized groups.

## At the family and the community levels

- Raise awareness of parents and family members on the rights of persons with disabilities (education of children with disabilities, rights to employment etc.).

- Put in place measures to allow families to maintain the needed safety net and continue supporting their relatives with disabilities.
- Empower persons with disabilities to ensure that they know and claim their rights, while advocating for the removal of all barriers to equal participation.
- Lead Social-Behaviour Change actions to remove structural barriers that hinder communities from adopting positive practices and becoming more equitable, inclusive, cohesive and peaceful for persons with disabilities.

## At the service level

- Ensure disability data is collected and disaggregated a minima by disability, gender, and age.
- Ensure the accessibility of services provided (infrastructure, built environment, information, and communication).
- Ensure continuity of essential services in times of crisis for all people in need, including persons with disabilities.
- Include persons with disabilities and their representative organizations at all stages of service planning and delivery.
- Train service providers on disability inclusion by sector of implementation and make sure that the humanitarian response meets both the international standards and the actual needs of the population.
- Commit to the accountability to affected population by ensuring their participation and involvement in leadership and decision-making, their access to transparent information, and their right to access streamlined, appropriate and robust complaints and feedback mechanisms.

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