

HI - MIDDLE EAST - BRIEFING PAPER 2023

# Forgotten and Invisible

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

*“Today, in 2023, the situation is not much better. As society began to address disability issues and accept persons with disabilities, other crises emerged – economic, livelihood, political, and security. The challenges have become greater, and instead of progressing forward, we have regressed. It has become nearly impossible for one to afford or access rehabilitative treatment, especially since the disabled card from the Ministry of Social Affairs doesn't provide any facilities or guarantees within the financial deficit that the country is going through. As a Lebanese social activist advocating for disability issues, I feel it's disheartening that the world doesn't hear us and that our society doesn't fully believe in our capabilities. Still, we are placed on the margins, feeling invisible and worthless.”*

*Fayez Okasha; Lebanese; Social Activist for Disability Issues.*

## Lebanon Situation

### Crisis Unfolding

Lebanon is in a pivotal moment, contending with a complex and deepening crisis that took root in 2019. **This multifaceted crisis intertwines economic, financial, political, and social challenges, further compounded by internal and external shocks.** The echoes of the devastating 2020 Beirut port explosions, the 2021 fuel crisis, and a recent cholera outbreak are stark reminders of the gravity of the situation, which entails hardships for the most vulnerable people in society, including persons with disabilities. Amidst global and regional upheavals, including the unrelenting waves of the COVID-19 pandemic and a worldwide economic downturn, Lebanon, already burdened by the repercussions of the Syrian conflict, bears the brunt. It hosts the highest number of refugees per capita globally. The

country's resilience in these ceaseless challenges is waning.

A significant setback occurred in July 2022, when Lebanon's income classification descended to a lower middle-income status for the first time in twenty-five years. The bedrock of the banking sector quivers and the Gross Domestic Product (GDP) paints a sobering picture, plummeting from US\$ 55 billion in 2018 to a projected US\$ 21.3 billion. **Accordingly, inflation rates have surged to an astonishing 190% as of February 2023, coupled with a sharp devaluation of the Lebanese Pound, negatively impacting the livelihoods of workers and employees.** The relentless surge in the prices of essential goods exacerbated their income and purchasing power. The cost of the Food Survival Minimum Expenditure Basket surged by 48% from January to February 2023, with food inflation skyrocketing by 11,300% since

October 2019 and energy costs surging by 4,400%.<sup>1</sup>

**Considering the surging inflation of 253.55%,<sup>2</sup>** the National Poverty Targeting Program (NPTP), managed by the Lebanese Ministry of Social Affairs (MoSA), was one of the major steps the Lebanese authorities took. 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 households. Essential pillars of life, including healthcare, education, access to clean water, and sanitation, bear the weight of this crisis. The availability and affordability of these services teeter on the brink, with public services on the verge of collapse.

## Understanding vulnerabilities

Lebanon's ongoing economic and financial crises severely impacted the entire population. However, persons with disabilities are more likely to be left behind while struggling to meet basic needs and access essential services.

According to the International Labour Organization (ILO) Report 2023, persons with severe disabilities were more likely to live in poverty and face difficulties meeting their basic needs. At the same time, they faced significantly higher expenses (up to 30 per cent higher) because of the extra costs associated with living with a disability.

Among persons with disabilities and their families, specific subgroups face heightened levels of vulnerability; girls and women with disabilities often find themselves more disadvantaged than their male counterparts, contending with an intersecting burden of disability-related challenges and gender-based discrimination. They encounter notable disparities in access to fundamental necessities like food and healthcare compared to boys and men with disabilities.

Additionally, they frequently face barriers hindering their pursuit of education and vocational training, leaving them more susceptible to social marginalization and economic hardship. Families with children who have disabilities encounter a range of difficulties, particularly in terms of gaining access to employment opportunities and generating an adequate income. The presence of children with disabilities can create additional hurdles in achieving financial stability; the lack of support services in Lebanon may give family members a reason to work in the informal sector, where they have more flexibility to support their children with disabilities with their daily living activities. However, the situation of non-Lebanese persons with severe disabilities lacks data. Nonetheless, their socio-economic status is observed to be worse when compared to Lebanese nationals.<sup>3</sup>



Outreach activity to identify and assess the needs of persons with disabilities in Akkar, North Lebanon. ©HI 2023

## Disability Data

- An **estimated 10-15%** of the Lebanese population has physical, sensory, intellectual, or mental disabilities, according to more reliable data.
- The prevalence rate is estimated at 10% among Palestinian refugees who have fled from Palestine to Lebanon from

1 Emergency Response plan 2023

2 Credit Libanais INVEST BANK (2023). "Lebanon's Inflation Rate Accelerates to 253.55% by June 2023".

3

[https://www.ilo.org/beirut/publications/WCMS\\_885914/lang-en/index.htm](https://www.ilo.org/beirut/publications/WCMS_885914/lang-en/index.htm)

1947, at about 8% among Palestinian refugees from Syria, and 10-22.8% among refugees who have fled Syria since 2011.<sup>4</sup>

In 2019, 4.4 per cent of Lebanese and 2.4 per cent of non-Lebanese living in Lebanon

were classified as having at least one “severe” disability, and 12.7 per cent of Lebanese and 5.7 per cent of non-Lebanese were classified as having at least one “mild” disability. This amounts to 169,000 persons with a severe disability and 488,000 with a mild disability.<sup>5</sup>

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

### Protection

In Lebanon, individuals with disabilities, including women, men, girls and boys, confront discrimination, exclusion, and various barriers that hinder their full participation in society. In 2022, only 0.7% of individuals attending community and social development centres were persons with disabilities. Persons with disabilities often encounter challenges accessing public spaces, aid, and services, sometimes relying on caregivers or third parties, rendering them even more susceptible to exploitation, violence, neglect, or abuse. Regrettably, in many cases, the principle of self-determination is not honoured by family members, service providers, and professionals.

Women with disabilities encounter heightened levels of discrimination, marginalization, and exclusion compared to men with and without disabilities and women without disabilities. This extends across various aspects of their lives, including within their families, communities, media representation, and civil society programs (where women with disabilities are often

underrepresented, particularly in organizations of persons with disabilities). This situation is exacerbated by prevailing stereotypes that assume disability hinders women's ability to fulfil roles related to marriage and motherhood.

Additionally, it is well-documented that women and girls with disabilities in Lebanon are at greater risk of experiencing violence, including gender-based violence (GBV), exploitation, coercion, and abuse, compared to those without disabilities. They also face substantial barriers in accessing GBV services due to physical, societal, environmental, and communication barriers. These factors collectively heighten their vulnerability to violence, abuse, and exploitation. Specifically, individuals with intellectual and/or psychosocial disabilities, whether women, girls, men, or boys, appear to face elevated levels of sexual assault and abuse compared to individuals with other types of disabilities.<sup>6</sup>

Children with disabilities face particularly concerning issues. Alarming, one in five Syrian and Lebanese children with disabilities report being subjected to bullying - the highest safety concern reported. For

4 [https://assets.publishing.service.gov.uk/media/5b584da340f0b633af812655/Disability\\_in\\_Lebanon.pdf](https://assets.publishing.service.gov.uk/media/5b584da340f0b633af812655/Disability_in_Lebanon.pdf)

5 [https://www.ilo.org/beirut/publications/WCMS\\_885914/lang-en/index.htm](https://www.ilo.org/beirut/publications/WCMS_885914/lang-en/index.htm)

6 [https://lebanon.unfpa.org/sites/default/files/pub-pdf/gbv\\_disability\\_report\\_-\\_december\\_2\\_2022.pdf](https://lebanon.unfpa.org/sites/default/files/pub-pdf/gbv_disability_report_-_december_2_2022.pdf)

Palestinian, Syrian, and Lebanese households with a child with disabilities, the primary concern is the risk of robbery. Additionally, both Syrian and Palestinian refugee children with disabilities face a significant worry about potential kidnapping. One in five Palestinian refugee families express anxiety about their child being kidnapped, almost twice compared to Lebanese families.<sup>7</sup> Physical harassment and punishment occur much more frequently in households with a child with disabilities compared to those without.

A survey conducted by UNICEF on “Knowledge, Attitudes, and Practices” reveals that 30% of respondents believe that children with physical disabilities and 75% believe that children with intellectual disabilities should not be integrated into society and participate in community life. This report underscores the prevalent negative attitudes within the community that hinder the inclusion of children with disabilities.

## Health

The Multi-Sectoral Needs Assessment (MSNA) showed that 22% of Lebanese households, 27% of migrants’ households and 26% of Palestinian refugees from Lebanon households reported having at least one member with an unmet health care need.<sup>8</sup>

Data regarding the rehabilitation needs and access of people with disabilities to services are scarce. Therefore, HI conducted a rehabilitation sectoral needs assessment, which showed that health services are a priority need for persons with disabilities, which include medications, rehabilitation, consultations and assistive devices<sup>9</sup>. Other

identified priorities were food, economic empowerment, and education. Only 15.5% of the respondents reported that they can meet all of their health needs, and 25.6% can meet some of them. At the same time, 58.9% of the respondents claimed they could not meet their health needs, including rehabilitation services.<sup>10</sup>

Although 5% of Lebanon's public health sector expenditure is allocated to PHC services, compared to an average of 33% among 31 low- and middle-income countries<sup>11</sup>, the number of people seeking health services from PHCCs is increasing. The number of subsidized PHCC consultations faced a 20% decrease from 2019 to 2020 and a 63% increase from 2020 to 2021. The Lebanese percentage increased from 17% in 2018 to 43% in 2021,<sup>12</sup> while the rate of Lebanese in 2022 Q3 from people who received PHCC consultations (2,382,121) is 58%.<sup>13</sup>

Many challenges and barriers persist in providing healthcare services for persons with disabilities, leading to unmet needs and negatively impacting their physical and mental health. These challenges include:

**Need more funds and resources** to ensure the provision and sustainability of healthcare services. Despite the Ministry of Public Health allocating funds for persons with disabilities, the resources allocated are inadequate; the Ministry faces funding issues that hinder the adequate provision of services.

**Elevated costs of care.** This is a significant barrier to healthcare access, especially given the limited financial capacity of persons with disabilities to cover these services. The

<sup>7</sup> <https://data.unhcr.org/en/documents/details/102306>

<sup>8</sup> [Multi-Sector Needs Assessment, Lebanon, 2022](#)

<sup>9</sup> More information at:

[https://www.hi.org/sn\\_uploads/document/Briefing-paper\\_Rehabilitation\\_Lebanon\\_September-2023\\_Final-Version.pdf](https://www.hi.org/sn_uploads/document/Briefing-paper_Rehabilitation_Lebanon_September-2023_Final-Version.pdf)

<sup>10</sup> HI Lebanon Rehabilitation Sectorial Needs Assessment.

<sup>11</sup> Ministry of Public Health, Lebanon, 2022: Long term Primary Healthcare

Subsidization Protocol (LPSP)

<sup>12</sup> <https://data2.unhcr.org/en/documents/details/85374>

<sup>13</sup> <https://data.unhcr.org/en/documents/details/96789>

government is supposed to ensure these services according to the rights of persons with disabilities to access high-quality services for free. This is primarily because persons with disabilities have less access to education or employment, which increases social and economic challenges for them, thus limiting their ability to afford healthcare costs. Additionally, persons with disabilities incur additional expenses related to their disability, including rehabilitation costs, assistive products, and transportation.

**Lack of coverage for some healthcare services.** While full coverage of healthcare services is mandated by Law 220/2000 for all persons with disabilities, the Lebanese government has not issued any legal texts or executive decisions to implement the law. The personal disability card theoretically grants free healthcare to persons with disabilities. However, this is not the practice case, as government hospitals often hesitate to provide care to cardholders. This is attributed to the lack of funding allocated by the government to cover hospital costs and to the fact that "the personal disability card is not like insurance cards produced by insurance companies or social security."

**Diminished quality of services.** Rights-based health services are not provided correctly, resulting in a general decline in the quality of services offered to persons with disabilities.

Other barriers include the following;

- Limited trained health workforce: this shortage hampers the delivery of quality healthcare services to individuals with disabilities.
- Inappropriate healthcare provider behaviour: instances of inappropriate behavior by healthcare providers have been reported, including exclusion. Such behavior can harm the well-being and dignity of individuals seeking care.
- Shortage of specialized services: access to specialized services, mainly rehabilitation services, remains

insufficient and hinders the fulfilment of the health and well-being of persons with disabilities.

- Limited access to health information: persons with disabilities often face challenges accessing relevant and timely information regarding healthcare needs, services, and rights. This hinders their ability to make informed decisions about their health.
- Absence of automated Information Management Systems: The absence of automated systems for recording and tracking healthcare data poses a significant challenge. Regular and accurate data collection is crucial for effective healthcare planning and delivery.
- Lack of accessibility features in healthcare facilities: this lack of physical accessibility can make it difficult for them to receive the required care.
- Lack of transportation means to access health services, including rehabilitation services. Very often, persons with disabilities require frequent visits to rehabilitation centers. In addition to the high cost of transportation and the unavailability of accessible transportation for accessing some far-centred health services in relevant healthcare facilities, it poses a significant challenge. This can hinder individuals with disabilities from accessing crucial preventative and rehabilitative care.

Removing these barriers is essential for creating an inclusive and accessible healthcare system that meets the diverse needs of individuals with disabilities in Lebanon. Implementing targeted strategies and policies is crucial to upholding and respecting their right to quality healthcare.<sup>14</sup>

64% of children with disabilities aged 15 to 17 and 50% of those aged 6 to 14 are not attending school. The most reported reasons for children between 6 and 17 years of age

not attending school are the cost of transportation to school (38%), cost of education materials (37%), due to work (17%), and disability (8%). However, it should be noted that living with a disability increases household costs and, therefore, is likely to be a factor in the other reasons mentioned for lack of school attendance.<sup>15</sup>

## Education

Despite the legal framework allowing children with disabilities to attend any school, there are significant gaps in awareness and infrastructure. This leads to adverse consequences for these children, including children with learning difficulties who may face grade repetition or dropout. In both public and private schools, a range of barriers hinders the inclusivity and accessibility of education for children with disabilities:

- Weak enforcement of laws: despite existing legal provisions, the implementation and enforcement of these laws are often lacking.
- Inadequate infrastructure: many schools, particularly public ones, are not adequately equipped to meet the specific needs of children with disabilities. This includes physical infrastructure as well as pedagogical resources.
- Failure to consider diverse needs in educational curricula: the educational curricula do not consistently cater to the diverse needs of children with disabilities, which can hinder their learning experience.
- Poorly equipped classrooms and labs, especially for wheelchair users: accessibility is a significant concern, particularly for children who use wheelchairs. Classrooms and labs often need to be equipped to accommodate their needs.

- Lack of teaching aids and Information and Communication Technology (ICT) for Facilitating Access to Educational Materials: The absence of necessary tools and technology can impede children with disabilities from accessing educational content effectively.
- Shortage of adequately trained educators and individualized teaching methods: proper training for educators and individualised teaching approaches are essential for catering to the diverse learning needs of children with disabilities<sup>16</sup>.

## Employment

According to ESCWA,<sup>17</sup> families that include a member with a disability engage in various forms of work, such as full-time, part-time, seasonal, or self-employment, to secure primary or secondary income. These households tend to be larger than the average, comprising seven members (households receiving multiple-purpose cash assistance have an average of 6.6 members). When households' members engage in employment, they are more likely to discontinue it (73%). Some respondents mention that they struggle to provide care for their family members with disabilities, making it challenging to prioritise essential caregiving tasks for this vulnerable household member due to the necessity of working.

The inclusion of persons with disabilities into the labor market is exacerbated by 1) the absence of supportive laws regarding individuals with disabilities and the necessity to adapt institutions to work environments, 2) the lack of anti-discrimination policies, and 3) the absence of professional, social, and health rehabilitation associated with labor market requirements.

15. Ibid

<sup>16</sup> More information at: [https://www.hi.org/sn\\_uploads/document/Briefing-paper\\_IE\\_Lebanon\\_September-2023\\_Final-Version.pdf](https://www.hi.org/sn_uploads/document/Briefing-paper_IE_Lebanon_September-2023_Final-Version.pdf)

17.

[https://www.unescwa.org/sites/default/files/pubs/pdf/persons-disabilities-lebanon-national-strategy-arabic\\_1.pdf](https://www.unescwa.org/sites/default/files/pubs/pdf/persons-disabilities-lebanon-national-strategy-arabic_1.pdf)

« Law 220/2000 stipulates in Article 68 (the right to work, employment, and social benefits) that persons with disabilities have the right to work and employment, just like all other citizens. The state is committed to assisting persons with disabilities in entering the labour market based on the principles of equality and equal opportunities... »

Persons with disabilities in Lebanon encounter various barriers, including institutional, attitudinal, physical, and socio-economic barriers, when seeking quality employment opportunities. The existing labour laws do not adequately address disability inclusion, and there is a deficiency in provisions regarding equal chances and creating a conducive environment. Although

Law 220 outlines the rights of individuals with disabilities in Lebanon and mandates a 3 per cent quota in the public sector, this requirement is not effectively enforced. Limited access to the education system, encompassing vocational training, along with persistent misconceptions about the capabilities of individuals with disabilities, further hinder their prospects for employment and levels of compensation. Moreover, several enterprises are still adopting medical-based approaches and have compounded the issue by normalizing the employment of individuals with disabilities in separate settings from the mainstream workforce. Non-Lebanese workers with disabilities face additional legal constraints prohibiting them from holding formal sector positions. Thus, opportunities for non-Lebanese workers are often confined to low-income roles within the informal sector.

## Conclusions and Recommendations

### For international donors:

- **Increase funding for emergency response** to implement the Lebanon Crisis Response Plan and the various emergency response plans that address the concurrent crises, particularly considering the unique challenges faced by persons with disabilities.
- **Promote disability inclusion in humanitarian action** by supporting disability-focused and mainstream organisations to prioritise disability inclusion within their programs. This can be achieved through awareness campaigns, training, and incentives for organisations to integrate disability considerations into their initiatives. Additionally, increasing support for specialised programs dedicated to persons with disabilities will create a more equitable and responsive humanitarian landscape.
- **Support the reactivation of the Disability Card system** by providing much-needed financial relief and enhancing free access to services, including specialized services, for persons with disabilities.
- **Expand rehabilitation and psychosocial services**, thus increasing their availability and accessibility through different levels of the health pyramid, including primary health care centres and local NGOs.
- **Enhance funding for inclusive education** to increase the number of inclusive schools nationwide; alleviate education-related expenses for children with disabilities; support actions in interconnected sectors (transportation, reasonable accommodations, rehabilitation and assistive technologies), which are vital for creating an inclusive learning environment.
- **Ensure disability inclusion in basic services and cash programs.** This involves tailoring these services to accommodate the needs of persons with disabilities and creating customised livelihood opportunities for adults with disabilities to enhance their economic independence and social inclusion.

### For policy-makers and public authorities:

- **Conclude the ratification process of the UN Convention on the Rights of Persons with Disabilities.** In parallel, it is crucial to domesticate the Convention by revising the national law 220/2000 on persons with disabilities. This step will consolidate the legal framework for safeguarding the rights and well-being of persons with disabilities.
- **Establish a comprehensive disability-inclusive education policy** in alignment with Universal Design for Learning principles and with the recommendations presented in the Joint Civil Society Report of March 2021
- **Collect, analyse and use disaggregated data**, including information on disability status, gender, and age, across various sectors and in all forms of research and programming. This data-driven approach will serve as a foundation for informed decision-making, effective monitoring and evaluation of services and programs.
- **Formulate and implement social protection measures for persons with disabilities** based on the human rights model to guarantee that all persons with disabilities have equal access to and benefit from social protection as recognised rights-holders.
- **Enhance the Disability Card Program** by expanding the eligibility criteria for cardholders and the spectrum of services covered (including rehabilitation, assistive technology, mental health and psychosocial support), thus ensuring a holistic approach to meeting the needs of individuals with disabilities.
- **Integrate interdisciplinary rehabilitation services** at the different health pyramid levels, including the primary health care level. This integration should be efficient and cost-effective, guaranteeing access for even the most marginalised groups within the population and improving the overall well-being and quality of life of persons with disabilities.

#### For service providers:

- **Ensure the meaningful participation** of persons with disabilities and their representative organisations in service planning and delivery to ensure that the services are tailored to their needs, expectations and preferences.
- **Collect disaggregated data minima** by disability gender and to guide targeted interventions and resource allocation.
- **Ensure accessibility of services**, including from the physical, financial, and communication perspectives, to empower persons with disabilities to participate in society.
- Maintain the availability of essential services during times of crisis, in particular addressing the specific and exacerbated challenges that persons with disabilities face in normal and critical times.
- **Train service providers on disability inclusion** as a critical way to align with international standards and guarantee services are delivered appropriately and **effectively, benefiting the target population.**
- Engage with service users, including persons with disabilities, in leadership and decision-making related to service provision, from the design to the implementation, monitoring, and evaluation of policies and programmers.

#### At the community level, workers, civil society organisations, and community leaders:

- **Raise awareness among parents and family members** about the rights of persons with disabilities so that they can become advocates for the rights and well-being of their relatives with disabilities.
- **Implement measures that enable families to maintain a supportive safety net** for their relatives with disabilities. This may involve financial support, access to specialised services, and respite care options.
- **Shift the power to persons with disabilities and their representative organisations** by providing training, tools, space and resources to participate in decision-making processes actively.



- **Drive behavioural change initiatives** in communities to dismantle physical, social, and attitudinal barriers that hinder the adoption of inclusive **practices**.

By implementing the recommendations, we can create a more inclusive and supportive environment for persons with disabilities, allowing them to thrive and participate fully in society. These efforts will not only benefit persons with disabilities but will also contribute to a more inclusive and equitable society for all.