Situation in Lebanon

The economic and financial crisis is likely to rank in the top 10, possibly top 3, most severe crisis episodes overall since the mid-nineteenth century.\(^1\)

For over a year now, the Lebanese authorities have responded to an assault of compounded crises—namely, the country’s largest peacetime economic and financial crisis, COVID-19, and the Port of Beirut explosion—with deliberately inadequate policy responses.\(^2\)

The impact on the whole population is dire and even more so on persons with disabilities who are struggling to meet basic needs and access basic services.

Very few initiatives were launched to respond to the increasing needs of the population. The National Poverty Targeting Program (NPTP)\(^3\) aimed at providing social assistance to the poorest and most vulnerable, reached 43,000 households in 2020 - only 2-4% of the Lebanese population - with a very limited basket of benefits. The Ministry of Education and Higher Education is discussing a 5-year Education plan; however, as of today, there is no further sign of it evolving. In August 2021, the UN called for an Emergency Response Plan (ERP) in an effort to fill the gaps from the Lebanon Crisis Response Plan (LCRP - 2020-2022). Whilst the impact of the ERP will have to be monitored in the coming months, the launching of a plan targeting Lebanese and migrants is a first official recognition of a Lebanese crisis, coming on top of the Syrian refugee crisis.

While Lebanon is descends into a fully-fledged socio-economic crisis, none of these initiatives have been adapted to include persons with disabilities.

Understanding vulnerabilities

Persons with disabilities are among the most marginalized groups and are commonly left behind in humanitarian responses. Persons with disabilities 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; according to survey responses in the Disability and Health Situational Analysis Report, participants were psychologically affected by the limitations in self-care activities, with 31.7 % of persons with disabilities reportedly feeling nervous/ anxious and 20.3% feeling isolated and excluded.\(^4\) The individual’s reduced access to basic needs and livelihoods 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 behaviours towards persons with disabilities in Lebanon often relate 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.\(^5\)

Women and girls with disabilities whether they...
are Lebanese, refugees or migrants, are confronted with multiple layers of discrimination. They are less likely to receive food in the home in the event of shortages. They are less likely to receive health care or assistive devices than boys with disabilities, and are often denied access to education and vocational training, making them more exposed to social exclusion and poverty as adults. If they are working, they are more likely to be in the informal job market or to be exploited, and 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. [6] Before the crises, public services were stretched and weak, access to services even the most basic, for instance, “medical supplies were scarce, and patients were unable to seek health care when they needed to because they were unable to afford the visit”. [7] As the crises deepen, a consistent number of services are closing completely or reducing their operations to the lowest capacity, among them hospitals: five [8] university hospitals closed a number of their major departments and stopped performing microsurgeries. Services are facing a shortage of funds that lead to reducing drastically the number of remaining staff - the current migration rate for Lebanon increased 47.19% from 2019, [9] or worst having to halt operations due to limited resources for the running costs.

While all people are suffering under the crises, persons with disabilities are more likely to be left behind in the effort of 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

The crises are leading to the adoption of negative coping mechanisms at the individual and family levels such as the increased use of child labour [10] and marriage of young girls. [11] The absence of disability pensions for families or persons with disabilities results in families with no dedicated support, facing decreased access to livelihoods, risks of evictions, and no safety net to which to turn. The Internal Security Forces (ISF) reported that domestic violence doubled last year, with 1,468 cases received in the last 12 months, up from 747 during the previous year. [12] Earlier assessments confirm that domestic violence, sexual harassment, and exploitation remain the main
protection concerns for women and adolescent girls and boys, especially for unaccompanied girls, single heads of households, child mothers/spouses, and women/girls living with disabilities. Persons with intellectual and psychosocial disabilities experience more sexual assault or abuse, or are even victims of trafficking. Women and girls with disabilities face significant challenges accessing gender-based-violence (GBV) services due to a variety of physical, societal, environmental and communication barriers; all factors that increase, at the same time, their risk of violence, abuse, and exploitation.[14]

Whereas accessibility conditions (via the application of Universal Design principles) are partially considered in policy-making and service delivery, most of the public facilities, schools, universities, health care services and electoral posts are not accessible.

Livelihood

Lebanon has, for several months, been witnessing significant loss of livelihoods opportunities compounded by a currency collapse, non-existent access to essential services (like health care, medications) and basic products (including diesel), job losses with an unemployment rate reaching 47%, and a high rate of closed/affected small businesses in the country.[15]

Within the context of the multiple exchange rate system, the effect on prices has resulted in surging inflation, averaging 84.3% in 2020.[16]

In March 2021, 78% of the Lebanese population (3 million people) was estimated to be in poverty marking a 50% increase compared to 2019.[17] Extreme poverty has reached an estimated 36% of the Lebanese population (1.38 million) compared to the 8% recorded in 2019. 89% of Syrians are below the Survival Minimum Expenditure Basket (SMEB). Moreover, according to the Lebanon Inter Agency Situation Update,[18] 73 % of surveyed Syrian households reported the reduction of food consumption as their coping mechanism, especially among older people and persons with disabilities. Some 60% of refugees stated lack of food as their most critical need, rising to 80 per cent among persons with disabilities.

Before the crises, persons with disabilities in Lebanon already faced barriers to attaining independence through a decent living with the different attitudinal, environmental, communication and physical barriers; hindering their participation in job markets. Findings from a survey dated 2019 showed that 79.6% of 1,055 respondents (persons with disabilities) were unemployed.[20] In times of crisis, they become more likely to be the first ones dismissed from income-generating activities.[21]

HI psychosocial outreach shows that basic needs are increasing among persons with disabilities, including food assistance, dignity kits, and cash assistance / cash for work. The lack of vocational training, community awareness on inclusion, and opportunities for marketing and informal commerce (like job fairs) are exacerbating the situation. Some are left with very limited options other than begging or borrowing money from relatives. Many had to stop their treatments or rehabilitation care, increasing the risks of secondary complications and hospital admissions, further stretching the already pressured hospital system.

Education

“I have two sons, and I can't afford education fees for both of them anymore. I had to keep my son with disability out of school so I can pay for his brother’s tuition to continue education”.

- A father of four family members, Zahle, Lebanon.

Approximately 45% of school dropouts in Lebanon are students from difficult social and economic backgrounds.[23] Children with disabilities in Lebanon are more likely to enrol in specialized schools / centres and only 1% of school-age children with disabilities are enrolled in mainstream public schools.[24] The Ministry of Education and Higher Education 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. Due to compounded crises, thousands of students are shifting from private and specialized schools to the public system or drop out of education.

A study[25] in 2018 shows that Syria that Syrian refugees with disabilities "are more likely to have never enrolled in school and to be illiterate than persons without disabilities with a striking gender gap: non-enrolment/illiteracy rates among females without disabilities are nearly double that among their male peers (65.0% compared to 35.0%). And children with disabilities are more likely to never enroll in or to drop-out of school than children without disabilities.” The 30 pilot inclusive schools[26] enrolled Syrian children with disabilities in their AM shifts but “less attention is paid to 2nd shifts, where school-level data on the presence and needs of children with disabilities was not present in all the schools visited”[27]. Following the crises in Lebanon, "still more than half of the Syrian school-aged children,[28] among them children with disabilities, were still out of school to date, with 10% accessing Non-formal Education", and the ones enrolled could not join remote classes as they were not accessible for all.

Accessing education is becoming more challenging; at least 10 specialized schools contacted by HI in September 2021 stated that they would
not be operating this year because of the lack of governmental funds. Mainstream schools that children with disabilities have the right to attend on equal basis are not yet equipped to respond to the diverse needs of all learners, including children with disabilities.

The economic crisis has resulted in acute losses in the value of public teachers’ salaries as they are paid in Lebanese Lira, which has lost most of its value making a teachers’ salary now worth between 1 and 2 USD an hour. Teachers are on strike demanding a salaries review and further financial support, while thousands have already left the system in 2020.

Children with disabilities were already left behind with very limited access to learning due to different factors: non-inclusive policies, lack of reasonable accommodations, shortage of sufficiently trained staff, lack of inclusive curriculum, very high fees and educational expenses for adapted equipment. Only 30 public schools are recognized by the Ministry of Education and Higher Education as inclusive. Specialized schools for moderate and severe disabilities funded by the Ministry of Social Affairs have not decided yet if they will reopen for the year 2021-2022. At least 4 specialized schools for learners with autism spectrum disorders have permanently closed their doors.

The lack of updated and reliable data has always been a limitation to informed policies and programming on children with disabilities. During the pandemic, the participation of children with disabilities in education was significantly hindered, as platforms for distance learning were not accessible nor tailored to cater to the needs of the individual learners. There was no clear or official guideline for teachers on how to organize and deliver distance learning for students with disabilities.

While article 25 of the CRPD identifies the need to ensure early identification of, and intervention on disabilities among children, the lack of these services in Lebanon results in children with disabilities receiving delayed or no rehabilitation at all, a lack of adapted education, on top of exposing them to a higher risk of violence, exploitation, and abuse.

Health

Persons with disabilities have more healthcare needs than persons without disabilities, yet access to healthcare remains challenging including for older people. As of February 2021, the Ministry of Social Affairs had issued and provided a total of 113,000 disability cards to Lebanese people, despite different sources reporting the actual number of persons with disabilities in the country being closer to 400,000. Disability cards are intended to facilitate free access to specific services; however today they are becoming useless as certain hospitals, frequently refuse to admit anyone for whom the ministry bears financial responsibility, regardless of the medical necessity, citing substantial delays in recouping fees from the ministry. The provision of the Lebanese disability card has allowed the cardholders to fulfill some of their health needs. However, persons with mental disabilities are excluded from this measure, and the disability card is only accepted in a few health centres all over Lebanon. At least 5 rehabilitation centres, among them Beit Chabab, a rehabilitation centre for severe injuries/disabilities, stopped providing services and are discharging patients.

As a result, a remarkable proportion of persons with disabilities has to give up seeking care; have to seek care from the private sector; or has to rely on the limited services provided at primary health care level. In primary health care, psychosocial support, mental health and rehabilitation services are made available 1 or 2 days per week, for limited hours, creating long waiting lists and significant unmet needs.

In 2018, a study conducted by HI and IMMAP among Syrian refugees in Lebanon, showed that most pressing barriers among Syrian was the lack the high cost of services, the lack of knowledge about available services and the cost transportation.

Meantime, negative coping mechanisms such as storage of fuel in residential premises are likely to increase domestic injuries and the need for rehabilitation services that are able to deal with the consequences of these injuries, as demonstrated by the explosion of a fuel tank in North Lebanon in August 2021 that caused more than 80 casualties. The current, cumulative crises are further reducing access to health services: an estimated 400 physicians left the country (owing to the enormous devaluation in the country’s currency, it is estimated...
that the total loss in physicians’ income from the pandemic and devaluation of the Lebanese lira is more than 80%); public provision continues to decline; local organizations and INGOs are facing shortages in funds; the private sector's prices have skyrocketed; high-intensity specialized rehabilitation centres are not able to maintain operations; and the inclusion of rehabilitation services within the long term PHC subsidization Protocol (LPSP) is still not decided.

Recommendations

At donor level

- Increase the level of funding to the LCRP and the 3RP in response to the overlapping crises;
- Ensure humanitarian assistance is inclusive of all, encourage mainstream organizations to target persons with disabilities in their programmes, and increase support to specialized programmes for persons with disabilities.
- Provide funding to support the reactivation of the disability card system 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 vulnerable children with disabilities to access school.
- Provide funding to ensure the inclusiveness of basic needs and cash programmes and to create adapted livelihoods opportunities for adults with disabilities.

At the policy level

- Ratify the UNCRPD and inform accordingly the update of the national law 220/2000 for people with disabilities calling for 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, ensuring 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, to properly inform decision-making and service provision.
- Develop social protection measures for persons with disabilities using the human rights model, ensuring that all persons with disabilities can benefit from them, as rights-holders.

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 to 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.

At the service level

- Ensure disability data is collected and disaggregated by impairment.
- 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 phases 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.
3. The NPTP is managed by the Ministry of Social Affairs (MoSA) and the Presidency of the Council of Ministers (PCM) with technical and financial assistance from the World Bank.
6. ILO (2019), Minister of Labour and ILO officials discuss designing a pension system for Lebanon and reforming the labour law.
7. Anita Shallal, Chloe Lahoud, Marcus Zervos, Madonna Matar (2021), Lebanon is losing its front line.
8. Al Fanar Media (2021), Crisis Puts Lebanon’s University Hospitals at Risk of Forced Shutdowns.
11. UNICEF (2021), Child marriage as a coping mechanism.
12. Thomson Reuters Foundation news 2021, official figures reflect a similar trend to that noted by AB;AAD, a women’s rights organization, which saw calls to its helpline triple to 4,127 in 2020, up from 1,375 in 2019.
13. People with disabilities are victimized by crime at higher rates than the rest of the population, according to the National Crime Victimization Survey (NCVS).
14. Women’s Refugee Commission (WRC) and UNICEF (2017), Promising Practice Case Study 1: Guidance on Disability Inclusion for GBV Partners in Lebanon.
15. Micro, Small and Medium Enterprises constitute 95% the total of formal enterprises in Lebanon and employ over 50% of the workforce.
17. OCHA (2021), Emergency Response Plan.
18. In the Lebanon Inter Agency Situation Update May 2020.
19. Although law 220 stipulates businesses hiring more than 60 employees to hire at least 3% of persons with disabilities.
22. Including: Soap, sanitary pads, adult nappies, cotton balls.
26. The Inclusive Education (IE) Pilot aims strengthen service provision and offer technical trainings in pilot schools, coupled with interventions aimed at changing attitudes of teachers, School Directors, caregivers and communities through national and local advocacy, as well as community engagement implemented by the Ministry of Education and Higher Education in 30 public schools since 2018.
32. The American University of Beirut Medical Center (AUBMC), one of the country’s top hospitals, issued a harrowing statement saying it had less than two days of fuel, leaving the lives of about 150 patients on respirators and dialysis machines in the balance. Beirut’s Makassed General Hospital issued a similar statement.” According to Al Jazeera on August 16, 2021.
34. Anita Shallal, Chloe Lahoud, Marcus Zervos, Madonna Matar (2021), Lebanon is losing its front line.