

The Status of Women with Disabilities in Lebanon

A Snapshot of Socio-Political and Economic Impacts from an Intersectional Lens

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January 2022

Jay Feghali



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Jay Feghali

DISCLAIMER: *Views expressed in this publication are not necessarily endorsed by the International*



About IFES

An informed and empowered citizenry is a crucial component of a healthy and resilient democracy. The International Foundation for Electoral Systems (IFES) works to strengthen the participation, influence, and representation of citizens in political processes and governance structures. A key focus of IFES' work is inclusion of traditionally underrepresented groups, where it uses an intersectional approach ensuring that all people, including individuals who identify with multiple social identities have a voice in the way they are governed.

IFES works to strengthen political inclusion by:

- Providing technical assistance to election management bodies on how to implement international standards such as the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).
- Empowering civil society organizations and traditionally underrepresented groups, such as women, persons with disabilities, youth, indigenous groups, LGBTQ people and ethnic and religious minorities to advocate for equal rights.
- Assisting citizen-led efforts to define best practices through the development of global tools as the Violence Against Women in Elections framework and tools, the manual Equal Access: How to Include Persons with Disabilities in Elections and Political Processes and the online resource ElectionAccess.org.

Since 2004, IFES has provided Lebanese stakeholders with technical advice and support on a wide range of electoral and governance issues. IFES built civil society capacity in Lebanon to advocate for women's inclusion in the political process and disability rights and worked with relevant election authorities on electoral reform issues. IFES also developed a Lebanon-specific election violence risk assessment and database to track and analyze violence indicators.



About ABAAD

ABAAD – Resource Centre for Gender Equality is a UN ECOSOC-accredited organization that aims to achieve gender equality as an essential condition to sustainable peace, democracy, and social and economic development in the MENA region.

ABAAD believes that eliminating gender-based barriers, discrimination, and violence while simultaneously building women's and girls' agency and critical consciousness can allow them to participate effectively in all life spheres, lead change on their own, realize their rights, and freely determine their life outcomes.

Since 2012, ABAAD has been the co-chair of the National Technical Task Force to End GBV against Women and Girls (alongside the Lebanese Ministry of Social Affairs).



About LUPD

The Lebanese Union for People with physical Disabilities (LUPD) is a non-profit, non-governmental, non-sectarian organization working for and with people with physical disabilities.

A voluntary-based grassroots organization with 8 branches across Lebanon, LUPD currently comprises of 1,200 members and involves people from different religious groups and with various forms of physical disability. Through its beginnings on Beirut's sidewalks, the organization has been active in promoting the participation of disabled people in the governmental decision-making processes, successfully witnessing changes in national approaches to disability. The dialogue has transformed from charity to rights, and from exclusion to inclusion.

FOREWORD

Lebanon has been experiencing multiple intersecting economic, socio-political, security, and public health crises including a political deadlock, rising instability, and the enduring impact of the Port of Beirut Blast. These issues have led to a rapidly deteriorating situation impacting all residents, regardless of their identity.

Numerous studies conducted by UN and international agencies have shown that in emergency situations, patriarchal practices and violence are exacerbated.¹ In Lebanon, this has disproportionately affected the lives of women, who even prior to the compounded crises, were already suffering the impacts of the ever-present patriarchy.

People with disabilities in Lebanon remain deprioritized or overlooked in the vast majority of governmental and non-governmental humanitarian and development responses. Coupled with the systemic gender inequality, this results in even more dire consequences for women with disabilities.

With the extremely limited national data on disability in general and on the situation of women with disabilities specifically, the International Foundation for Electoral Systems (IFES), ABAAD – Resource Center for Gender Equality (ABAAD), and the Lebanese Union for People with Physical Disabilities (LUPD) commissioned this pioneer research with the aim of shedding light on the reality and experiences of women with disabilities, particularly when it comes to access to information and services; violence, exploitation and protection response; political participation; impacts of the economic crisis; and COVID-19.

This report details findings based on interviews conducted with 11 OPD representatives and independent disability rights activists, as well as 150 women with disabilities from across Lebanon. The report provides actionable recommendations for Lebanese government and civil society stakeholders, service providers, the media, and the international donor community to improve inclusion of women with disabilities in humanitarian response, democracy, human rights, and governance programming.

¹ International Organization for Migration, 2018. “Institutions Framework for Addressing Gender-Based Violence in Crises.” <https://www.iom.int/sites/g/files/tmzbdl486/files/documents/Gender-Based-Violence-in-Crisis-Framework.pdf>

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ACRONYMS AND ABBREVIATIONS

3RF	Lebanon Reform, Recovery, and Reconstruction Framework (<i>Port of Beirut Blast Response Plan</i>)
ABAAD	ABAAD - Resource Center for Gender Equality
aec	arcenciel
CMR	Clinical Management of Rape
CRPD	UN Convention on the Right of Persons with Disabilities
CSO	Civil Society Organization
ESCWA	United Nations Economic and Social Commission for Western Asia
GBV	Gender-Based Violence
IEC	Information, Education, and Communication
IFES	International Foundation for Electoral Systems
ISF	Internal Security Forces
KI	Key Informant
LASA	Lebanese Association for Self-Advocacy
LBP	Lebanese Pound
LCD	Learning Center for the Deaf
LDSA	Lebanese Down Syndrome Association
LGBTQ	Lesbian, Gay, Bisexual, Transsexual, Queer
LUPD	Lebanese Union for People with Physical Disabilities
MHPSS	Mental Health and Psychosocial Support
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MWD	Men with Disabilities
NGO	Non-Governmental Organization
OPD	Organizations of Persons with Disabilities
PRL	Palestine Refugees from Lebanon
PRS	Palestine Refugees from Syria
PWHO	Palestinian Women's Humanitarian Organization
SOPs	Standard Operating Procedures
TVET	Technical and Vocational Education and Training
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USD	United States Dollar
WRO	Women's Rights Organization

EXECUTIVE SUMMARY

Disability is still considered taboo, and households often try to “hide” children with disabilities. The associated “shame” is exacerbated when the member is female since her disability is believed to render her unable to fulfill her “primary role” of marriage and motherhood. This pervasive stigma demonstrates the necessity of widespread awareness-raising on a national level.

Women with disabilities face a higher level of discrimination, marginalization, and lack of inclusion than men with disabilities and women without disabilities. This applies on multiple spheres, including within their families, communities, the media, and across civil society programming (including in OPDs, where women with disabilities are often underrepresented).

Women with intellectual disabilities are considered the most marginalized and discriminated against group, due to the stereotypical idea that they are non-autonomous.

ACCESS TO SERVICES

In general, access to most services was believed to be rather limited, largely due to a lack of inclusivity, inaccessibility of service delivery points, transportation and mobility issues, ableism, limited to no specialized personnel with the necessary communication skills, and disrespect or discrimination. Challenges increased as a result of COVID-19 and the economic crisis.

Education and Technical Training: Despite being illegal according to Law 220, children with disabilities are often turned away from schools (due to stigma or lack of specialized capacities). Other issues included prohibitive tuition costs at private schools with special education programs, transportation difficulties, accessibility issues, and possible sexual harassment at available institutions.

Healthcare and Mental Health: Limitations included lack of specialized medical or mental health specialists who could adequately communicate with women with disabilities, dwindling resources including consumables and assistive devices, as well as accessibility and mobility issues.

Mobility and Transportation: Lebanon’s public transportation system is not only disorganized, but it is also inaccessible. The few available methods (taxis, vans, and buses) are inaccessible to persons with disabilities. Women with disabilities also often feel unsafe using them.

Registration for Disability Cards: While some women with disabilities did register to become cardholders, many only did so when they were met with an immediate need that the card covered. KIs and women with disabilities alike explained that the card’s benefits were limited, making persons with disability unwilling to go through the “hassle” of applying for one. There is no systemization of assistance provided – which is done at random, and knowledge is limited. People with disabilities are not provided with any informational booklets about the card, and there is no ministerial outreach or encouragement.

ACCESS TO INFORMATION

There are no reliable statistics about disability in Lebanon, with different sources citing different rates of prevalence. This can be attributed to a lack of a centralized data collection system, the official definition of disability, and peoples' belief that declaring their disabilities is futile.

There is no focus on making information accessible, and the public and private sectors, as well as civil society, service delivery points, and the media lack the resources and capacities to ensure that information and communication applies reasonable accommodations to be inclusive to people with different types of disabilities. Most women with disabilities reported that their primary source of information is word of mouth, followed by social media. This sometimes poses an issue in light of misinformation campaigns and a lack of official documented references.

The abuse of women with disabilities is normalized, and is often not viewed as a cause for concern, especially since they usually cannot report violence due to their disability and the lack of accessible reporting channels.

VIOLENCE AND EXPLOITATION

When it came to gendered violence, almost all respondents were unwavering in affirming that women with disabilities experienced more violence, harassment, and stigma than men with disabilities.

This included numerous forms of violence, especially emotional, sexual, verbal, and economic, in addition to intended or unintended neglect. Perpetrators could be *“anyone from direct family members to strangers, and aid workers to service providers.”* Patriarchy and hegemonic masculinities were cited as the root cause; women were *“preyed upon because they are seen as weaker than men.”*

Reporting channels were deemed inaccessible, and a couple of respondents explained that even when they do report, nothing is done. Over half the interviewed women said they would turn to family members, while less than a third would report to the police or to social service providers and NGOs. There are critical gaps in national protection efforts and response, which are weak and not inclusive.

“We are not even able to express our views or engage in any decision-making in our own homes, let alone participate in social and political life.”

- Interviewed women with disabilities

POLITICAL PARTICIPATION

Women with disabilities had limited engagement in socio-political life, and *“even when they actively participated, they were often not taken seriously.”*

There is a clear gap in female representation in governance, and a complete absence of women with disabilities. Interviewed women generally did not feel represented by the current politicians and parties, and they largely felt unable to practice their political rights, even if they wanted to. They were mostly uncomfortable contacting governance representatives, and polling stations were not equipped with reasonable accommodations to ensure accessibility and equal participation. Additionally, information was extremely limited and inaccessible, both during elections periods, as well as in their daily lives.

ECONOMIC CRISIS IMPACTS

The economic freefall plaguing Lebanon since 2019 has indeed had major impacts on all residents of Lebanon regardless of demographic factors, but associated issues were exacerbated for women with disabilities. The main issues consequent to the crisis included the lack of availability of specialized medication, treatment, and services, fewer people available to assist with daily tasks, inability to use necessary equipment due to the lack of resources (including electricity), and to a lesser extent, a reduced ability to access information and to participate in socio-political life.

IMPACTS OF COVID-19

The majority of the interviewed women with disabilities affirmed that COVID-19 had negatively impacted their lives, including the multiplication of the existing economic difficulties, feelings of isolation (or loss of privacy, according to a minimal proportion) due to lockdowns and mobility restrictions, as well as increased difficulty accessing services, violence against women with disabilities, and mental health issues including stress, anxiety, fear, and depression. Another concern was decreased access to hospital and medical services, and heightened health complications as a result of contracting the virus.

Another critical issue was the fact that disabilities were not taken into account in the National Vaccination Plan, and while persons with disabilities were purportedly prioritized for vaccination, nothing on the vaccination platform requested information about disability.

RECOMMENDATIONS

Foster Communication and Access to Information

Instate targeted efforts to improve communication with people with disabilities through developing communication material, sign language, training staff, and information dissemination.

To improve response and access to information, systemize national data collection and sharing.

Awareness-Raising

Train media actors and local public figures and influencers on adopting a positive disability-related discourse. Run awareness-raising campaigns targeted at i) the general public, ii) women with disabilities, and iii) parents of children with disabilities, especially girls.

Develop a national service referral pathway for women with disabilities and train civil society organizations on its use.

Inclusivity of Services and Protection Response

Appoint inclusion focal points within ministries to ensure that the interests of women with disabilities are represented, particularly when working on enhancing the Disability Card benefits and relevant information dissemination, planning national response plans, as well as improving accessibility of transportation, service delivery points, and government infrastructure, among others.

Establish reporting channels that are accessible to women with different kinds of disabilities, introduce reasonable accommodations into existing mechanisms.

Activate strong OPD and WRO coalitions that work on immediate and long-term solutions for supporting and integrating women with different abilities and intersectional identities. Apply inclusive eligibility criteria when planning humanitarian aid interventions.

Policies, Legislation, and SOPs

Ratify the CRPD and enforce Law 220/2000.

Consult with inclusion focal points when setting national, emergency, and contingency plans and SOPs. Conduct reviews of organizational policies to ensure inclusivity.

Legislate clear protection laws related to the perpetration of violence.

Set gender quotas and put forth facilitating conditions that encourage women with disabilities to run for elections. Ensure that polling stations are accessible.

RESEARCH OVERVIEW AND METHODOLOGY

IIR PROJECT OVERVIEW

This research took place within the framework of the “*Identify, Interpret, and Respond (IIR): Raising Awareness of Intersectionality*” project, which was led by the International Foundation for Electoral Systems (IFES) in partnership with ABAAD – Resource Center for Gender Equality (ABAAD) and the Lebanese Union for People with Physical Disabilities (LUPD). The project launched *The Path Coalition*, which consists of 41 civil society organizations working with women, people with disabilities, refugees, LGTBQ people and other traditionally under-represented groups. Its ultimate goal is to promote intersectionality as a cross-cutting consideration in organizational programming and identify opportunities for coalition-building. An intersectionality assessment informed the program design and activities.²

The Path Coalition civil society organizations jointly drafted a Policy Platform³ focusing on key recommendations under the following headings: Inclusive Governance, Legal Frameworks and Reform, Inclusive Education, Inclusive Employment, and Political Rights. The document was a guiding force behind the formation of sub-coalitions, each using selected recommendations falling within the scope of one of the set priorities to inform their areas of intervention.

In addition to implementing activities, *The Path Coalition* also regularly met and participated in Inclusive Dialogue meetings and capacity building activities, including jointly developing a report for the Universal Periodic Review on Sexual and Reproductive Health and Rights in Lebanon⁴.

RESEARCH STRUCTURING AND SOURCES OF INFORMATION

Throughout the IIR project, in attempting to set activities and obtain statistics, it became increasingly clear that there is a great gap in information related to disability in Lebanon, and even more so when it came to women with disabilities, a demographic which was considered even more marginalized than women without disabilities or men with disabilities.

This challenge, in addition to knowledge shared by participants during *The Path Coalition* meetings and Inclusive Dialogue sessions, informed the main axes of this research. Data for this research was gathered from secondary and primary sources, namely:

- **Consultations with OPD Representatives and Independent Activists:** Consultation meetings as well as semi-structured discussions with OPD partners and independent activists provided a wealth of information which was otherwise unavailable from secondary data sources.
- **Desk Review:** A desk review of existing open-source data, research, and reports about disability and persons with disabilities in Lebanon, mainly published by UN agencies and humanitarian actors, which offered some insight on challenges and gaps.
- **Key Informant Interviews with OPD Representatives and Independent Activists:** A total of 11 individuals were interviewed through a mixed method quantitative and qualitative tool.

² https://www.ifes.org/sites/default/files/ifes_identity_and_politics_in_lebanon_october_2020.pdf

³ https://www.ifes.org/sites/default/files/path_coalition_policy_platform_lebanon_august_2021.pdf

⁴ <https://www.ifes.org/news/lebanese-advocate-intersectional-rights>

Some were also later contacted to provide insight on findings from the community surveys administered with women with disabilities.

■ **Community Interviews with Women with Disabilities:** A total of 150 surveys were conducted with women with disabilities residing in different geographical locations across Lebanon. Prior to deployment, 19 experienced female enumerators were trained on the mobilized tool, which consisted of mainly quantitative questions, supplemented by qualitative elements that aimed to fill in any information gaps and allow the women to elaborate on their responses.

SAMPLE DEMOGRAPHICS

- **Age Groups:** The research targeted adult women aged 18 to 88 years old, with an average age range of 42.3 years.
- **Disabilities:** Over half the interviewed women had a physical disability (53%), followed by intellectual (21%), visual (19%), and auditory (9%) disabilities. Two respondents had more than one type of disability (visual and intellectual; visual and physical).
- **Disability Acquisition:** Women reported acquiring their disabilities in different ways: 42% reported being born with them, 25% as a result of an old accident (including the Civil War, injuries sustained as a child or on the job, or medical errors), 23% due to an illness or old age, and 10% following a recent accident (including the Port of Beirut Blast).
- **Education:** 36% no education, 5% technical training, 2% non-formal education or training, 17% elementary school, 17% Brevet (middle school), 7% Baccalaureate II (high school), 11% university graduate, 5% post-graduate.
- **Employment:** The majority of respondents (85%) were not employed, regardless of education status (this group included several post-graduate respondents). The remaining 15% who were working as employees or freelancers, with a couple who were small business owners, were mostly local (only two were Palestinian), and mainly had physical or visual disabilities. With the exception of one who had no education, all employed women had at minimum a high school degree or technical training, up to post graduate degrees.
- **Household Residence Type:** Lebanese citizens (64%), Palestine Refugees from (29%), and Syrian refugees (7%).
- **Geographical Location of Respondents:** Baalbek-Hermel (23%), Beirut (23%), Bekaa (19%), Mount Lebanon (14%), North (15%), and South (6%).

RESEARCH LIMITATIONS

■ Enumerators were unable to collect much data from local populations in the South of Lebanon, due to the complex and time-consuming process associated with obtaining permissions from local security actors. As such, in the South, it was only possible to interview Palestine Refugees from Lebanon residing in camps.

■ While some quantitative findings are disaggregated by disability type, readers should keep in mind that findings cannot be considered fully indicative of the different groups' perceptions.

■ Most of the interviewed women were reached through NGO partners, and many were engaged with local organizations providing services related to gender-based violence or disability. Accordingly, the research presents findings obtained from women with disabilities who are likely more active in political and civic life than women with disabilities who are not associated with an NGO.

OVERVIEW OF WOMEN AND DISABILITY IN LEBANON

PREVALENCE OF DISABILITIES IN LEBANON

It is difficult to obtain reliable statistics related to the prevalence of disability in Lebanon. Estimations are conflicting, and range between 2% of the total population according to the Lebanese State and 15% according to the World Health Organization.⁵ Syrian refugees, who make up a significant proportion of Lebanon's residents, appeared to have an even higher prevalence of disability, where a 2018 report⁶ showed that 61.4% of surveyed households reported at least one member with a disability.

The August 2020 Port of Beirut Blast brought about massive destruction; according to Human Rights Watch, not only did it claim at least 218 lives and displace around 300,000 due to property damage, but it also injured an estimated 7,000 people⁷. The government of Lebanon has not issued official statistics, but based on reports from different OPD representatives, hundreds were left with temporary or permanent disabilities, requiring immediate medical interventions, rehabilitation, and support with accessing assistive devices such as wheelchairs, crutches, and hearing aids, all of which were difficult or impossible to obtain due to the rampant economic crisis which weakened public sector services and restricted access to financial and specialized resources, including at private and public hospitals. The vast majority of emergency response interventions were undertaken by Lebanese civil society organizations and international NGOs.

This lack of coherent information may be attributed to i) the absence of an adequate or centralized data collection system, ii) the national definition of disability; Lebanon relies on a medical model of disability rather than a social⁸ or rights-based model, and iii) the fact that, as a result of the authorities' inaction and negligence towards the rights of people with disabilities, the latter generally do not expect any state response or support, and they thus do not officially declare their disabilities.

DISCRIMINATION AND LACK OF INCLUSIVITY OF WOMEN WITH DISABILITIES

“While the disability community is as diverse as any population, their experience of marginalization is unifying.”⁹

⁵ WHO, 2021. “Disability and Health.” <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

⁶ Humanity & Inclusion, 2019. “Inclusion of Persons with Disabilities in the Syrian Humanitarian Response” <https://bit.ly/3EhqLIX>

⁷ Human Rights Watch, 2021. “They Killed Us from the Inside.” <https://www.hrw.org/report/2021/08/03/they-killed-us-inside/investigation-august-4-beirut-blast>

⁸ Lakkis, Sylvana et al, 2015. “Lebanon: Disability and Access to Information.” <https://www.article19.org/data/files/medialibrary/37983/Disability-and-access-to-information-in-Lebanon,-31-May-2015,-English.pdf>

⁹ Marouche, Wissam et al, 2021. “Lebanon Literature Review.” Disability Under Siege. <https://disabilityundersiege.org/wp-content/uploads/2021/03/Disability-Under-Seige.-Lebanon-Disability-Review.-6-Dec-2020-FINAL.pdf>

The CRPD recognizes that “*women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury, or abuse, neglect or negligent treatment, maltreatment, or exploitation.*” Compared to women without disabilities and men with disabilities, women with disabilities generally encounter significantly greater social hardship and exclusion, discrimination, and marginalization.

In Lebanon, starting at the most basic level, the familial one, households with limited resources tend to prioritize the male over the female children. This is worsened if a disability exists, where males will be prioritized for resources, education, and proper care from the parents. A disability rights activist elaborated, “*because a woman with disabilities is believed to be unable to fulfill her ‘primary and **only**’ role – as a woman in a traditional patriarchal society – of getting married and having children, she does not count.*”

“Women with disabilities are more neglected. Their voices are not heard, and they become guests in their own homes. If her parents die, she needs to make extreme efforts with other household members so that she can stay there. Often that also means giving up her inheritance rights. And because she is raised to behave a certain way, she accepts this bad treatment. She does not feel that she is worth more.”

- Management KI, LUPD

“It is considered taboo to have a child with a disability, and even more so if that child is a girl. We had one case of a woman who was deaf and who wanted to get married, and her parents were very surprised, uncertain how she could get married given her disability.”

- Management KI, aec

“When even OPDs have no women with disabilities staff and board members, is it surprising that their interests are not represented anywhere?”

- Disability rights activist

On the social level, the environment is not inclusive or accepting of people with disabilities, who are “*not considered worthwhile members of society,*” as noted by numerous interviewed women with disability, as well as CSO representatives. Bullying and abuse were common in social and employment circles. One KI stated, “*At work, women with disabilities are way more exposed to exploitation, and work with less rights and less pay. To add insult to injury, with the onset of the economic crisis followed by COVID-19, women with disabilities were among the first to lose their jobs. They were afforded no rights or protections, particularly since most of them work illegally.*”

A deaf rights activist said that “*persons from the deaf community have such low access to information that it leads to their being significantly underinformed. The limited and*

underdeveloped language (sign language) also contributes to this lack of information, which reduces their ability of being included and taken seriously.”

“There is no ‘one size fits all’ response to being inclusive of and supporting WWD. Also, it should not be assumed that all people with the same type of disability will want the same reasonable accommodation.”

- Inclusion and Disability Advisor, IFES

Even on the level of civil society, inclusivity of women with disabilities was described by some KIs as “*embarrassingly limited.*” Several women themselves felt that they have been “*let down by government, UN agencies, and NGOs*” alike. Many OPDs had extremely limited funding, especially since “*disability is not a trend, so it does not appear much on donor agendas,*” according to one KI. For example, a representative from Darb Al Wafaa, an

organization aiming to support people with disabilities through PSS, recreational activities, and assistive device exchanges, said that their work relies on volunteering, community donations, and any grassroots resources they can locate.

In addition to limited resources, OPDs also suffer from a lack of women with disabilities’ representation; they are rarely visible, and one KI said that “*even when they are in supposed decision-making positions, women with disabilities can sometimes be threatened if they voice concerns or oppose board opinions; they are made to feel as though they should be thankful that they are working with ‘regular’ people.*”

Some OPD representatives believed that even WROs are usually unaware of disability rights and considerations. Coupled with the absence of adequate data and information, this makes inclusivity impossible when it comes to program design and beneficiary targeting.

One KI said, “*simply put, as a first stage, Lebanon needs organizations that work specifically on the rights of women with disabilities. Thus far, none exist.*”

Intersectional identities play a role in further exacerbating the discrimination faced by individuals with disability: a woman with disability was considered at higher risk of injustice and discrimination than a man with disability. This was compounded if she came from a lower socio-economic background, if she was from the LGBTQ community, a Palestine refugee, living in a camp, and/or of a religious minority within her respective community.

MOST MARGINALIZING DISABILITIES

Interviewed key informants from all organizations considered women with intellectual disabilities, regardless of geographical location or background, to be the most marginalized group among women with disabilities because they were considered “*unable to be independent.*” They were also thought to be “*incapable of thinking for or expressing themselves.*” The latter was especially common among women who were unable to speak (for example persons with cerebral palsy), as they generally had to rely on their family members to communicate for them. This was an issue because their parents were not always aware of their needs and experiences.

One OPD member added that auditory and visual disabilities are a close second to intellectual disabilities, as people tend to believe that *“a blind person cannot eat or dress alone, and has no way of learning,”* while *“they do not know how to communicate with deaf people, so they try to avoid them.”* He said that while women with physical disabilities *“are able to carry out most tasks independently, society still does not accept them.”*

On the other hand, one activist was of the opinion that *“the more visible the disability, the more marginalized the woman – because people react to what they see physically first, anything that tarnishes her ‘beauty’ becomes an issue: a deaf woman is less marginalized than a blind woman or a woman with an amputated limb.”*

ACCESS TO SERVICES

EDUCATION AND TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET)

In Lebanon, the **compulsory education age** range is 6 to 15 years, with the majority of children being enrolled in school by the age of 4 years old¹⁰. Education is mandatory by Lebanese law, and free, inclusive, non-discriminatory, and quality primary education is a basic right of all children, including those with disabilities, as per the Convention on the Rights of the Child (*ratified by Lebanon in 1991*), the Convention on the Rights of Persons with Disabilities (*signed but not ratified by Lebanon*), and Lebanese Law 220/2000.

In spite of this, children with disabilities are often unable to access schooling for numerous reasons. According to Human Rights Watch,¹¹ children with disabilities are often turned away from public schools, even though Lebanese law prohibits denial of admission to educational institutions based on disability. Moreover, even if admitted, they do not get the adequate support to learn. There is an absence of accessible educational materials, and teachers and school staff generally do not have the necessary training to support, include, or communicate with children with disabilities. It is extremely costly to enroll in private schools with special education programs (whose fees are often discriminatorily higher than those for students without disability), or to hire specialized shadow teachers who could follow up with and help the children communicate at school.

School buildings are often inaccessible to children with physical disabilities, and can sometimes be situated too far away from their places of residence, requiring transportation which is either unaffordable to parents or not reasonably equipped.

There are some institutions to which children with disabilities can go, but those usually offer sub-standard education. Many of those have dorms with potentially unsafe conditions, where both children and adults sleep.

Since 2019, Lebanon's education sector has been under severe strain as a result of its multidimensional crisis, including the Syrian refugee influx following the onset of the Syrian war in 2011, the economic and financial freefall, and the Port of Beirut Blast. Additionally, the COVID-19 national precautionary measures, which included lockdowns and restricted mobility, resulted in extended school closures. While they did eventually shift to an online learning modality, it largely comprised of teachers sending educational videos and homework assignments to students over web-based applications and WhatsApp groups, in addition to conducting Zoom-based classes. While this may have made education relatively more accessible to some students, it had the opposite effect for others (with no technological devices and/or internet, with visual or auditory disabilities, etc.).

¹⁰ UNESCO Institute for Statistics, 2018. Lebanon Profile. <http://uis.unesco.org/en/country/lb>

¹¹ Human Rights Watch, 2018. "I Would Like to Go to School: Barriers to Education for Children with Disabilities in Lebanon." https://www.hrw.org/sites/default/files/report_pdf/lebanon0318_web.pdf

Key gender-based barriers to learning for girls and women, especially those with disabilities, include:

- Prioritizing male household members for education and TVET, especially higher education. This comes as no surprise, especially since males are believed to be more likely to be employable than females, regardless of qualifications.
- Conservative thought, and the unwillingness of parents to allow their daughters to move out of the household to pursue education.
- Concerns over the woman's ability to care for and protect herself at school/university.
- Fear of stigma, bullying, and discrimination due to the daughter's disability, noting that some remained locked in their homes and "*away from the community's eyes.*"

The limitations created by the lack of inclusive education were clearly reflected in the responses of interviewed women, where 88% from all locations felt that women with disabilities were not easily able to access education. Only 12%, mostly locals from Bekaa and Baalbek-Hermel, followed by Mount Lebanon and the North, felt that access was easy or somewhat easy.

Activists from the Lebanese Association for Self-Advocacy (LASA) and the Palestinian Women's Humanitarian Organization (PWHO) noted that parents of children with disabilities had a very low level of awareness when it came to their children's education, numerous concerns related to stigmatization and bullying, as well as many questions they had no way of finding answers to. The two activists explained that this highlighted the importance of developing and mainstreaming accessible resources to support parents of children with disabilities, and especially girls.

HEALTHCARE AND MENTAL HEALTH SERVICES

Under different Lebanese policies and legislation, including Law 220/2000, Lebanese holders of the disability card are entitled to healthcare as well as physical and mental rehabilitation services, the cost of which should be incurred by the relevant ministries. PRL and PRS should be covered by UNRWA clinics, and Syrian refugees are entitled to medical care through the UNHCR. However, according to LUPD, the law has not been put into practice, and there are no sufficient budgets and resources allocated to cover necessary healthcare, medication, or assistive devices. Similarly, refugees, especially PRL and PRS, are overlooked, and UNRWA support is extremely limited and insufficient.

A KI from LUPD noted that they had been receiving large volumes of calls from people with disabilities asking for help to obtain necessary medication and assistive devices, but resources have been dwindling and are extremely difficult to secure due to the inflation and LBP/USD exchange rate.

While there have been some efforts to improve people with disabilities' access to quality healthcare through training medical personnel from the MoPH, MoSA, and OPD staff, for example IMC UK's MADAD-supported intervention¹², none of the KIs mentioned awareness of such initiatives – furthermore, they emphasized the lack of qualifications when it came to communicating with and treating people with disabilities, and especially women.

¹² MADAD: Improving access to quality health care for persons with disabilities in Lebanon, 2020. <https://promocionsocial.org/en/portfolio-items/reduccion-de-la-vulnerabilidad-de-las-poblaciones-afectadas-por-la-crisis-siria-focalizada-en-las-personas-con-discapacidad/>

Unsurprisingly, interviewed women’s perceptions of access to medical services were mostly negative. Only 4% with physical or visual disabilities felt it was easy to obtain healthcare, and 9%, mainly with physical, intellectual, or visual disabilities, said it was somewhat easy. Most (87%) considered seeking and obtaining medical support, medication, and assistive devices difficult.

MOBILITY AND TRANSPORTATION

Lebanon has several methods of public transportation, such as buses, vans, private taxis, and ‘service’ taxis (shared taxis which pick up several passengers whose destinations fall within the driver’s decided itinerary, much cheaper than private taxis). However, the system and routes are disorganized, and even buses can be accessed through hailing rather than at set bus stops. While Lebanon had operational railway transport starting in the 1890s, operations ceased with the onset of the Civil War in 1975, and have not resumed to date.

Given the haphazardness and insufficient availability of public transportation, a large proportion of Lebanon’s residents rely on private cars to travel; a study on Lebanon’s economic sectors conducted by the McKinsey Global Institute in 2019 showed that 865 out of every 1,000 residents owned a car.

According to a KI from Riders’ Rights, an organization which works on mobility justice and making transport more accessible to all residents of Lebanon, and especially people with disabilities, *“transportation in Lebanon is simply non-existent and off-limits to persons with disabilities. Buses are not equipped and have no dedicated spaces for wheelchair users, and there are no accommodations to facilitate use by individuals with sensory disabilities.”*

Given the lack of accessibility of public transport, people with disabilities who are able to afford customized cars and who can legally drive (for example, according to a representative from the Learning Center for the Deaf (LCD), Lebanese law does not allow the deaf to drive) rely on their own vehicles to move around. However, the economic crisis not only affected the nationwide availability of petrol making it extremely difficult to obtain (with residents waiting for hours in “gas station queues,” sometimes to be told that the station had run out), but it also made it prohibitively expensive to afford. This has posed further limitations on transportation and mobility, which was already a major challenge for people with disabilities.

Across the sample of interviewed women with disabilities, none considered mobility and transportation services to be very easily accessible, and only one local from Mount Lebanon with an intellectual disability considered access easy. A minimal 9%, mainly with physical and intellectual disabilities, felt accessing transportation was somewhat easy, while 91% said it was difficult.

OVERVIEW OF SERVICE AVAILABILITY AND QUALITY

The mapping below provides an overview of the quality and availability of different types of services, as reported by OPD representatives, noting that the Palestinian rights activist flagged that all services for Palestinian women with disabilities were lacking or unavailable as a result of insufficient resources, awareness, and training.

It is important to note that in several cases, respondents were unable to offer perceptions related to some services (especially GBV and security), explaining that they did not have sufficient information. This demonstrates an important gap: even groups working towards supporting and securing the rights of people with disabilities in general, and women with disabilities in specific, are not fully versed in local service structures and response. Furthermore, service referrals tended to occur on an *ad-hoc* basis rather than through an official or structured manner. This highlights the need for developing and mainstreaming a clear national referral pathway of specialized services for women with disabilities, to be utilized by OPDs working with women.

Service	Availability Rating (/5)	Details	Provider	Quality/Staff Capacity Rating (/5)	Details
SOCIAL	1.9	Social services were reportedly sporadically available, and depended on funding and geographical location. Some NGOs were offering vocational training, empowerment sessions, and group support to beneficiaries, and a minimal number provided small grants. One OPD representative pointed out that NGOs working on advocacy are often better at joining forces with OPDs and can be more inclusive. However, social support interventions have considerably dwindled as a result of COVID-19 and the economic crisis.	NGOs	2.1	Staff are sometimes insufficiently trained and require more sensitization on working with and improving the inclusivity of programming for women with disabilities. Salaries are often low, which can reduce the possibility of recruiting highly qualified individuals, although “it depends on each individual social worker.” Some KIs were of the opinion that there are qualified staff members, but in many cases, some NGO heads are underqualified and know less than their employees, which can affect program design or the flow of service provision.
HEALTHCARE	1.5	There is a limited number of NGOs providing medical services, and their interventions are confined to beneficiaries in their areas of work only; needs are much greater than the available response. When it comes to the public sector, while the MoSA disability card technically covers medical treatment, as a result of the financial crisis, MoSA has not been paying, and medication is severely limited or inexistent in the market. Locations are typically not well-equipped or easily accessible. Generally, people with disabilities are having to pay out of pocket for any treatment or medical devices and equipment they may require.	NGOs, Public Sector	1.5	Medical personnel usually do not have the necessary skills and specializations to provide adequate care to people with disabilities. They require more capacity building, and there is usually no funding dedicated to such initiatives. One KI noted that “even people who have no qualifications sometimes try to help – and this can be a double-edged sword.”

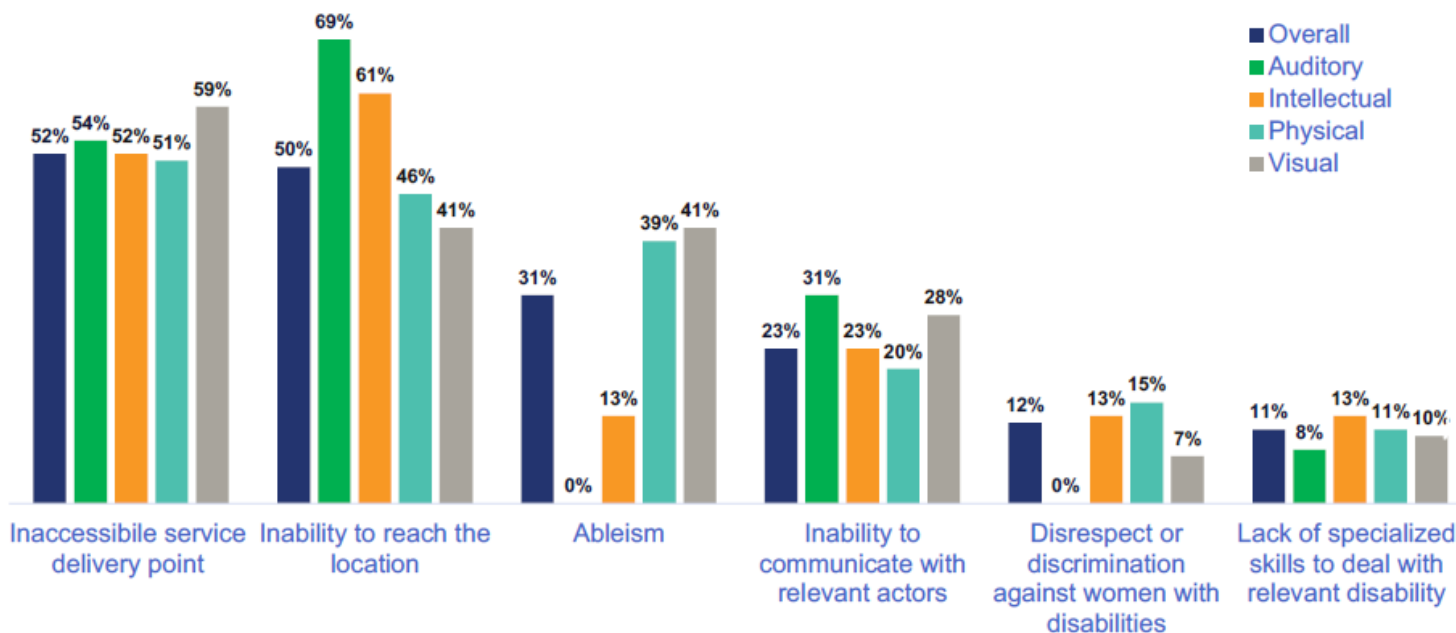
Service	Availability Rating (/5)	Details	Provider	Quality/Staff Capacity Rating (/5)	Details
PSYCHOLOGICAL AND PSYCHIATRIC	1.5	Availability of mental health services depended on the location, and it is especially accessible in more urban locations. However, KIs working with persons with auditory disabilities reported that they were unaware of any MH services which could cater to the deaf.	NGOs, Private Sector	2.5	MH specialists, especially those associated with NGOs, were generally considered to be qualified to support people with disabilities, albeit being unable to intervene due to communication challenges when it came to auditory disabilities. Another note was that they needed training to enable them to raise caregiver awareness on the importance of seeking therapy themselves, and on how to accept their children with disabilities.
MOBILITY AND TRANSPORT	0.6	Transportation support for people with disabilities used to be provided through the disability card, but this has currently been halted. Middle East Airlines used to offer a 50% disability discount, but this has been cancelled and is currently only offered by Wings of Lebanon. On the national level, the vast majority of sidewalks, streets, buildings/staircases, and public spaces are not equipped to facilitate access, neither are public transportation vehicles like buses, vans, and taxis. Persons with hearing impairments are unable to obtain a driver's license, which limits their mobility.	Public Sector	1.0	MoSA staff as well as public transportation drivers sometimes make a personal effort to support people with disabilities, but the response has not been prioritized or institutionalized on any level.
JUDICIAL AND LEGAL	1.2	People with disabilities who require legal services or who have been detained are often faced with communication and access challenges. Judicial buildings often have no ramps, sign language interpreters, or Braille. Laws exist to protect people with disabilities, but they are not applied. NGOs sometimes provide legal support, but again, the services are not always accessible. Private legal services can be prohibitively expensive for those with weaker financial capacities.	NGOs, Public Sector	1.7	Prison guards, court officials, lawyers, and other legal service providers were not perceived to always have the necessary qualifications and training to communicate or work with people with disabilities. One KI said that they do not "accept women with disabilities as individuals who belong in the society."

Service	Availability Rating (/5)	Details	Provider	Quality/Staff Capacity Rating (/5)	Details
GBV AND CMR SERVICES	0.5	NGOs have been providing training to hospitals and forensic doctors on the clinical management of rape. However, concerns regarding treatment or openness to bribery remain. Some NGO-operated safe shelters exist, but they are often inaccessible or lack the necessary accommodations to support women with disabilities. Recently, ABAAD has updated its shelters to include reasonable accommodations. Some KIs noted that GBV is still a taboo topic that can result in cultural clashes in more conservative locations.	NGOs, Public Sector	0.8	While there have been significant efforts to train NGO and public sector staff on GBV, they rarely have the necessary qualifications and specialized training to enable them to effectively work with women with disabilities.
SECURITY (ISF AND POLICE)	1.5	Most KIs were uncertain about security service availability to people with disabilities. However, it was reported that ISF and police stations are sometimes inaccessible to persons with disability. Additionally, while hotlines did exist, the service was not accessible to persons with auditory challenges.	Public Sector	1.8	The KIs who responded reported that police officers sometimes try to help, but in certain cases, due to a lack of training and resources, they often cannot adequately communicate with people with disabilities, reducing the possibility of providing effective help.
ACCESS TO VOTING	0.0	During elections, selected public schools are used as polling stations. Accessibility and reasonable accommodations are not taken into account: there are no ramps or elevators, stairs leading to upper floor voting rooms, voting lists hung too high on walls (and people with disabilities can thus not see if they are registered or what rooms they have to go to for voting), no qualified staff with the necessary communication skills (including sign language interpreters), and no Braille. Polling stations are sometimes too far away and there is no transportation support.	None	0.0	Elections workers are generally public servants, usually teachers, who are remunerated for the service. However, they are not trained on disability and do not have the knowledge or capacity to adequately communicate or provide support. There have been numerous reports of people with disabilities being treated with disrespect.

TOP FACTORS HINDERING ACCESS TO SERVICES

The predominant factors affecting access to services, according to interviewed women with disabilities, were the lack of accessibility and reasonable accommodations at service delivery points (52%) and the difficulties associated with reaching the locations due to large distances and mobility barriers (50%). This was followed by their experiences of ablism (31%) and communication difficulties with service delivery personnel (23%). To a lesser extent, they also felt disrespected or discriminated against as WWD, could not find personnel with the specialized skills necessary to deal with their disabilities, and sexism.

Figure 1 - Key barriers to accessing services (source: women’s interviews)



Other issues reported by a minimal number of women included economic factors, sectarian discrimination, and no laws to protect and promote the equal rights of people with disabilities.

“Not even NGOs are helping. All they have been doing is asking us to take part in interviews and filling in surveys. They have collected heaps of endless information, but this never materializes into anything. In the end, nobody actually helps us.”

- 30-year-old refugee with an intellectual disability, Baalbek-Hermel

“Let them just have mercy on us. I am always crying. Where is the Ministry of Social Affairs? Where have they thrown us? Why are we so marginalized? There are people who don’t need any assistance but are getting it, why is nobody even looking our way?”

- 56-year-old local woman with a physical disability, Mount Lebanon

REGISTRATION FOR DISABILITY CARDS

OPD representatives confirmed that some women do apply for disability cards, but less frequently than men. Examples of benefits provided by the card included free-of-charge support at dispensaries and MoSA partner service points (including some NGOs), hospitalization, air tickets at discounted rates, and waived municipality fees or customs costs for importing accessible cars.

However, one KI explained that the system lacks organization, and there are no informational materials to explain the function of the card and all the assistance it provides. This may also be

because “*things are done randomly, and are not always applied in a systematic method.*” With the economic crisis, even benefits that used to apply are currently unavailable.

Another issue is that some people only attempt to obtain cards when they need specific interventions, for example a surgery, customs waivers, or registering children in specialized organizations – and this is done at the advice of OPDs, not through ministerial outreach and awareness-raising. In some cases, persons with disabilities can be rejected due to the national definition of disability and classification of the different types. A KI added that they can often be treated in a disrespectful or humiliating manner.

The main reasons due to which Lebanese residents with disability do not apply to become MoSA disability card holders, according to KIs, were as follows:

- Lack of willingness to report disabilities due to the belief that the state will not offer any support.
- Since the start of the economic crisis and political turmoil, the disability card has been “*rather useless,*” with ministries not providing or covering any services. Applying for the card can be discouraged by other card holders who feel it has not served them.
- Lack of awareness about the card, eligibility criteria, how to obtain it, and its benefits.
- The belief that holding a disability card means that the individual has a serious or “*debilitating*” condition, which is “*taboo or humiliating.*” Others may believe that their disability is minor, and they thus do not qualify for and/or need a card.
- Some families have money and can afford to pay for the needed care and devices, and prefer not to turn to public sector services or “*stigmatize*” their children, especially daughters.
- Transportation to the service structures to obtain the cards may require too long, and women with disabilities may feel unsafe making the necessary trips, especially with the heightened local insecurity and increasing crime rates accompanying the rising poverty.
- There is no trust in the services and benefits that the card provides, and service delivery points are sometimes too far for the women with disabilities.

Additionally, some women with disabilities noted that they had made the trip to renew their disability card, “*but the whole country has been at a standstill, and no ministry is operational, so the attempt was futile.*”

Palestine refugees are not entitled to MoSA disability cards, but the Norwegian Refugee Council offers a disability card that supplies holders with medication, assistive devices such as wheelchairs, as well as food and non-food items (food baskets and hygiene kits).

KIs believed that women with disabilities could be encouraged to apply for cards through increased awareness and information dissemination – especially aiming to reduce the stigma associated with holding a disability card, improving the capacities of service delivery personnel and credibility of specialized services, and considering travel distances to service points and supporting with transportation.

A couple of KIs added that “*if all women with disabilities hear about the disability card and its associated services are negative feedback and comments about its uselessness, they have no reason to go through the hassle of applying for a card.*”

ACCESS TO INFORMATION

“Access to information is a vital precondition for the achievement of other rights. Without access to information, persons with disabilities have to work harder to address their exclusion from education, employment, transport systems and healthcare. A disproportionately large number of adults and children with disabilities live in residential institutions which isolate them from daily life. Lack of access to information perpetuates a system that works against the principles of inclusion and participation that lie at the heart of international law on disability.”¹³

NATIONAL DATA COLLECTION AND INFORMATION SHARING

All KIs reported that there is no centralized platform that collects and disseminates national data on disability. The Ministry of Social Affairs has records based on the number of disability card holders (around 150,000, as reported by one KI), but this cannot be considered accurately indicative of the total number of people with disabilities. No efforts have been made to improve outreach or to conduct a full census of residents with disability.

On a localized level, some municipalities have information about residents with disabilities, also based on whether they are disability card holders, while others are completely disengaged and “*simply have no idea.*”

This presents a principal barrier to access to information: having adequate data about people with disabilities across Lebanon would play a major role in correctly targeting communication and messaging, thus ensuring their basic right of access to information.

To note is that Lebanon has made international law commitments under the International Covenant on Civil and Political Rights (ICCPR) and the UN Convention against Corruption, which require it to ensure equal access to information to all citizens, including people with disabilities. However, Law 220 has no articles related to access to information.

Six years following Lebanon’s law on disability, in 2006, the UN Convention on the Rights of Persons with Disabilities (CRPD) was adopted, representing the culmination of decades of work aiming to improve the human rights of persons with disabilities.

To date, Lebanon has not ratified the CRPD, which OPDs believe is a critical step towards the improvement of the overall human rights of people with disabilities.

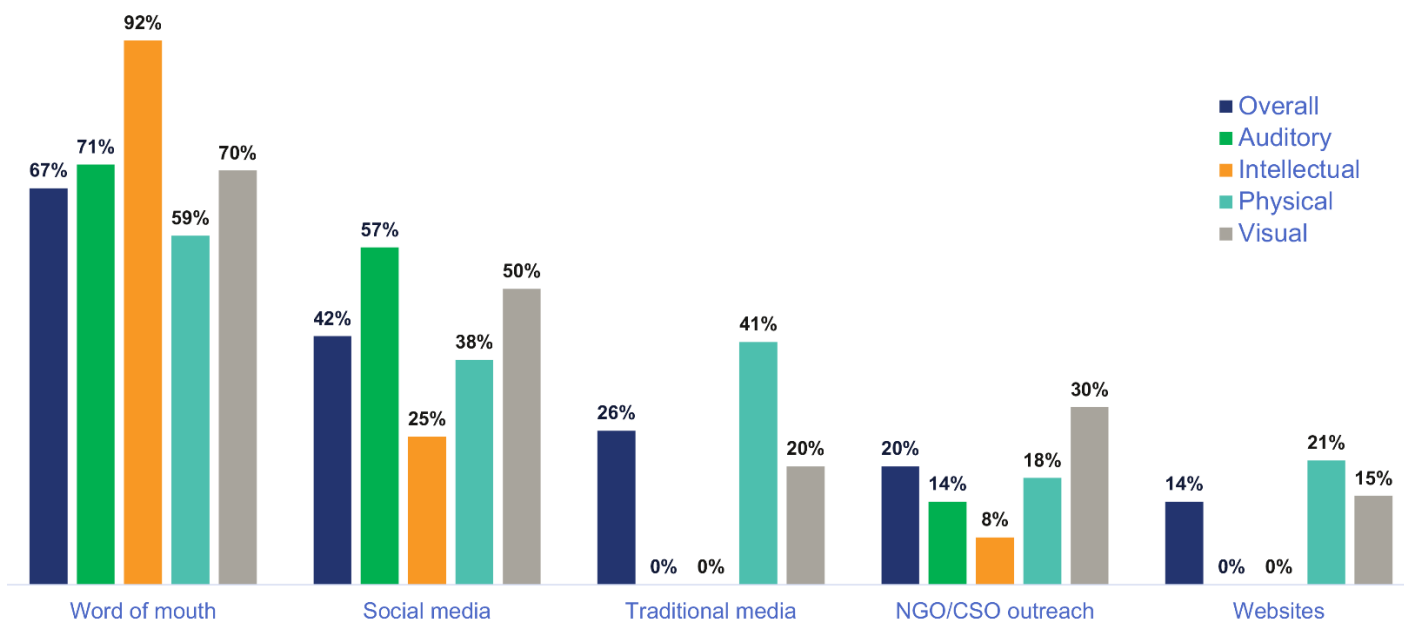
PERCEPTIONS OF ACCESS TO INFORMATION

Among women with disabilities, 51% felt that they could access information without difficulty, and another 10% confirmed they could do so without much difficulty. However, when asked about the methods through which they accessed information, the predominant responses were through ‘word of mouth’ (67%) or social media (42%), which demonstrates the weak information dissemination methods of official or traditional channels.

¹³ Lakkis, Sylvana et al, 2015. “Lebanon: Disability and Access to Information.” <https://www.article19.org/data/files/medialibrary/37983/Disability-and-access-to-information-in-Lebanon,-31-May-2015,-English.pdf>

The 23% who said they could not easily obtain information and the 16% who were unsure were mostly women with auditory, visual, or intellectual disabilities.

Figure 2 - Predominant methods through which women with disabilities access information (source: women’s interviews)



KIs highlighted major gaps and a pervasive lack of reasonable accommodations when it comes to access to information. In general, the vast majority of personnel employed in the public sector and even at NGOs did not have the required training and minimum qualifications to adequately communicate with people with disabilities.

Similarly, even official communication materials are often inaccessible: there is no sign language interpretation or open captioning on television programs or the news, websites and print media almost never have easy-to-read versions, and no resources are developed in Braille. The situation is even worse for women with disabilities who have not received any education, as they cannot even rely on reading.

Usually, in order to obtain information, persons with disabilities need to specifically ask for it, which also limits them from learning important news or announcements. Direct visits for consultations or questions are at times impossible due to a lack of ramps, offices being situated multiple stories above ground with no (operational) elevators, and no tactile paving.

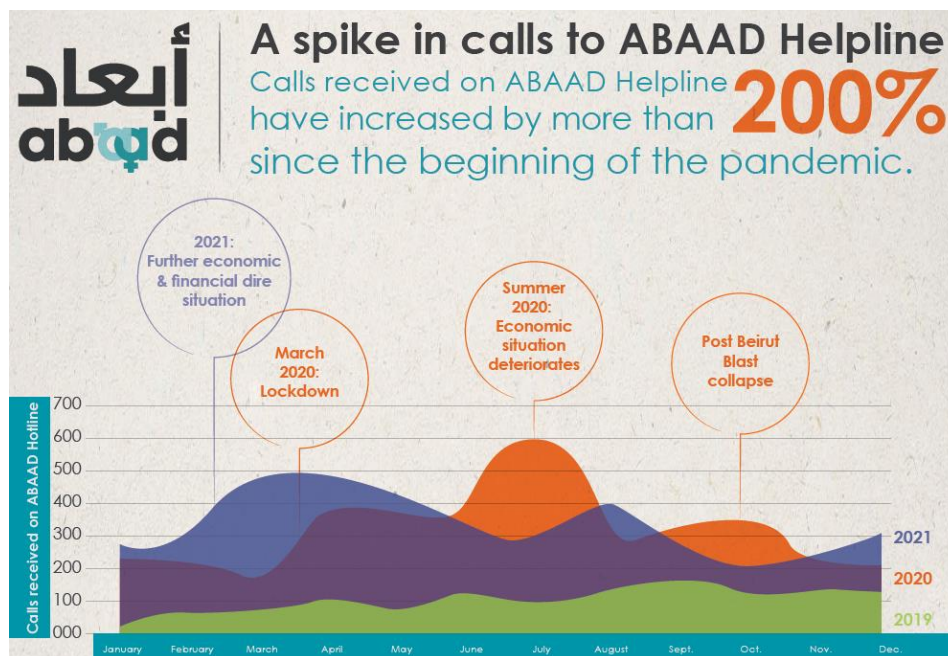
“After the Beirut Blast, deaf people were extremely confused and unaware about what was happening. As the breaking news coverage emerged, they were surrounded with terrifying images. But, without sign language interpreters or subtitles, they had no way of understanding what was going on.”

- Deaf rights advocate, LCD

Finally, the use of masks as a COVID-19 prevention also reduced the already limited ability to communicate with persons with sensory disabilities.

VIOLENCE AND EXPLOITATION

Violence against women remains a major problem in Lebanese society, and in spite of numerous WRO efforts to respond and intervene, GBV statistics remain high, and have been further exacerbated by COVID-19 and the economic crisis. For example, compared to the onset of the pandemic in March 2020, by March 2022, ABAAD had recorded a 200% increase in calls to the emergency GBV helpline.



“Women are considered weak, and when they have disabilities, they are viewed as even weaker, making them easier targets of violence and exploitation: women with disabilities are at three times more risk of GBV and exploitation than women without disability,” said one respondent from LUPD.

“Some people try to use others’ vulnerabilities and weaknesses to exploit them and further put them in uncomfortable situations. Recently, a woman in a Palestinian camp registered her number to receive much-needed food assistance. Shortly thereafter, she started getting phone calls asking her to do things of a sexual nature in return for humanitarian aid.”

- Palestinian rights advocate

KIs from different organizations reported that women with disabilities are being exposed to numerous forms of violence, especially emotional, sexual, verbal, and economic. Neglect was also common, including unintended forms resulting from restrictions consequent to the local multifaceted crisis affecting availability of and access to transportation, services, resources, and basic necessities.

Several were also of the opinion that “the abuse of women with disabilities is normalized, and it often is not seen as a cause for concern, especially since they usually cannot report due to their disability.”

Based on their own observations, most KIs felt that people with disabilities are at a higher risk of experiencing different types of violence than people

without disabilities. The only exception was the KI from aec in Akkar, who noted that increased subjection to violence depended on the community.

When it came to gendered violence, almost all KIs were unwavering in affirming that women with disabilities experienced more violence, harassment, and stigma than men with disabilities. Patriarchy and hegemonic masculinities were cited as the root cause; women were “preyed upon because they are seen as weaker than men,” and the risk was further increased if they were younger and/or had mental disabilities. Women with disabilities were also less socially integrated than men, and they were often hesitant to report transgressions against them due to their disability or to fear of repercussions. The KI from PWHO explained that

“especially in Palestinian camps, women with disabilities get violated more than their male counterparts, but they keep quiet about it because they are afraid of how that may affect any assistance they may be receiving.” Only one KI from LDSA expressed a different opinion: *“If the parents are not aware – either due to literacy challenges or conservative thought considering disability taboo – then they do abuse and hurt women with disabilities more than men with disabilities. However, society bullies and disregards the men more than the women because of the culture.”*

Community perceptions aligned with KI reports: a significant 90% of respondents believed that people with disabilities were at a higher risk of experiencing violence compared to other people in Lebanon, either significantly (77%) or somewhat (14%). Of those, 88% affirmed that women with disability tended to be at a higher risk of violence than men with disability.

The minimal 16% of women who did not believe that women with disabilities stood at a higher risk of being subjected to violence in comparison to men with disabilities were mostly local women with physical disabilities based in Mount Lebanon and Beirut, and to a lesser extent, in Baalbek-Hermel.

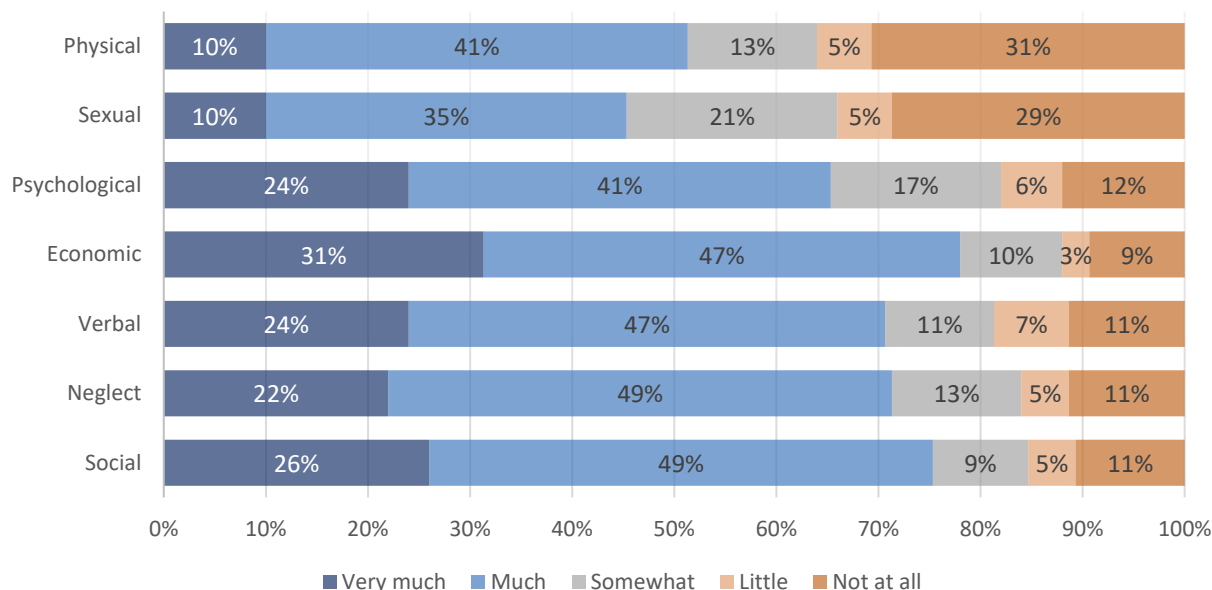
The types of violence most heavily experienced by women with disabilities were economic (78%), social (75%), as well as neglect and verbal (71% each). These were followed by psychological (65%), physical (51%), and finally, sexual (45%).

“Quid pro quo political exploitation is common.

Just as elections are around the corner, party representatives knock on WWD’s doors with grand promises of financial support or legal reform to improve their situations and needs.”

- Disability rights advocate

Figure 3 - Extent and types of violence women with disabilities experience (source: women’s interviews)



“An explanation for the lower rate of reporting sexual violence among women with disabilities,” suggests a GBV and disability expert, “is the shame and fear of dishonor, stigma, and social repercussions associated with having been a victim of rape or sexual violence. Women also feel that they would be blamed, or that nobody would support them in seeking justice. All this, coupled with the stigma that the women already face because of their disabilities, unfortunately leads to the underreporting of sexual crimes.”

REPORTING AND PROTECTION

REPORTING VIOLENCE

Women with disabilities were asked whether it was possible to report or take action against violence. Only 35% confirmed that the option to report existed¹⁴, while 13% said it depended on each individual woman’s situation and the type of violence being perpetrated (with some noting that if the violence was verbal or psychological, the women did not feel it was worth reporting), and 5% said it depended on the type of disability the woman had. According to KIs, the main types of disability which hindered the women’s will or ability to report were intellectual (there are varying degrees, and it depends on the training and awareness they have received, noting that they are also not considered autonomous by law), and auditory (communication difficulties, no interpretation at service structures), physical (mobility and accessibility difficulties).

On the other hand, 45% did not believe they could report because there were no methods or channels to do so (23%, mostly PRL, some local), reporting channels were not accessible to women with disabilities (9%), they feared social repercussions including stigmatization (8%), or they feared domestic/familial repercussions (5%).

¹⁴ **Note:** When asked to elaborate on the existing options, several said they did not know, indicating a lack of and need for awareness efforts.

The remaining 2% included one local respondent who said she did not know, and two other locals from Baalbek-Hermel who noted from personal experience that reporting was pointless.

REPORTING CHANNELS

NGO representatives said that the most accessible reporting methods were telling other family members or contacting NGOs and social service providers. Most said that there were no specialized reporting mechanisms, and although there were GBV hotlines run by NGOs such as ABAAD, Embrace, and KAFA, not all women with disabilities knew about or were able to use them.

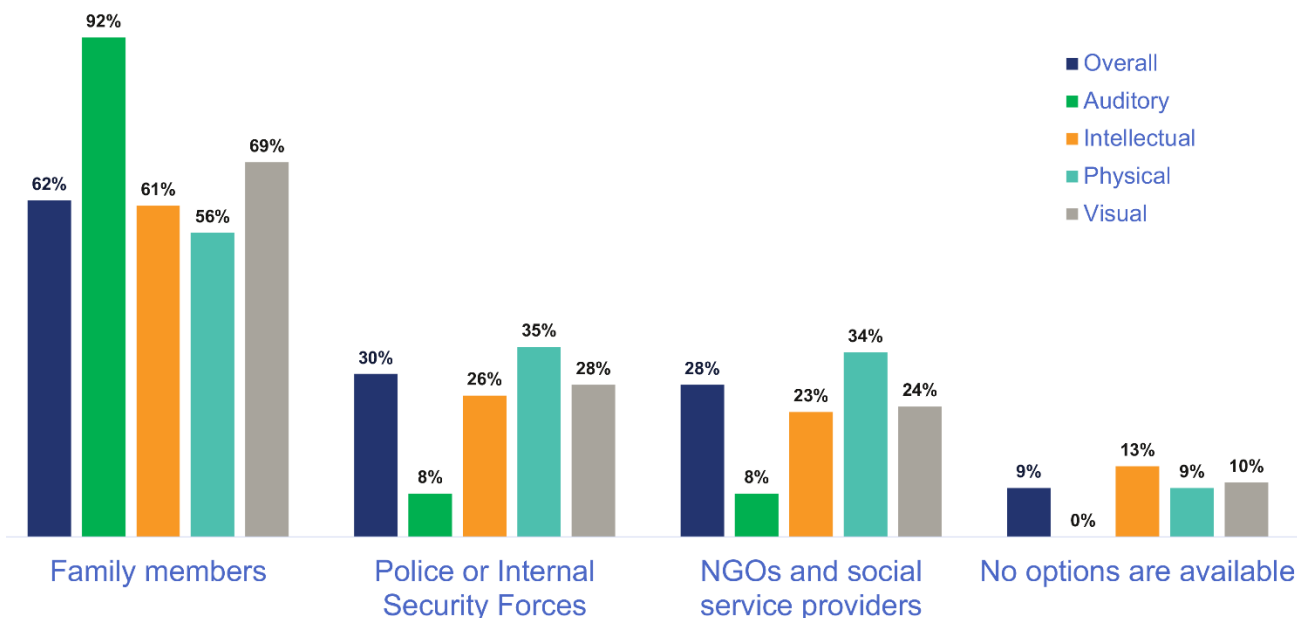
A KI from LUPD reported that they had recently developed a platform which included a GBV hotline and specifically catered to women with disabilities, allowing them to communicate through voice notes, phone calls, and written messages. At the time of data collection, the platform was in the process of being launched and rolled out, so visibility was still very limited.

More than half the interviewed women with disabilities (62%), especially those with auditory disabilities, would primarily turn to a family member to report violence. Other options the women would consider were contacting the police or Internal Security Forces (30%) or NGO or social service personnel (28%). A minimal number would seek intervention from religious, governmental, or camp authorities, while 9% did not believe they had any available options.

“Especially in the absence of transportation or freedom of mobility, a deaf woman with no education is not only unable to call hotlines to report violence, she also cannot even turn to online methods of reporting. A blind woman cannot run out of her home to escape physical violence. A woman in a wheelchair cannot access public buildings and police stations to seek protection.”

- Deaf rights advocate

Figure 4 - Main GBV reporting channels preferred by women with disabilities (source: women’s interviews)



A few refugees said that while in principle they could seek support from law enforcement actors, in Lebanon, they avoided reporting as they feared it could backfire on them, or that they would not be fairly assisted.

PROTECTION EFFORTS AND RESPONSE

The protection response for women with disabilities is still weak on a national level – one OPD representative flagged that even WROs who are running case management and safe sheltering services are not always able or qualified to respond to the needs of women with disabilities. She added that they had recently attempted to place a blind woman whose husband was torturing her and whose life was at risk in a safe shelter, and they faced significant challenges finding an organization who would admit the woman into their shelter. The majority had apologized, explaining that they did not possess the necessary skills or accommodations to ensure that the woman was provided with the necessary care.

KIs emphasized the critical gaps in implementing protection legislation and applying disability as a cross-cutting consideration within protection programming and interventions. They also highlighted the importance of establishing reporting mechanisms that were accessible to women with different types of disabilities, which they believed should ideally be run by well-trained and specialized NGO staff.

POLITICAL PARTICIPATION

DISABILITY RIGHTS AND LEGISLATION

In 2000, Lebanon passed Law 220/2000 which is built around a set of rights integrating citizens with disabilities into social and economic life through employment, education, transport, housing, healthcare, as well as physical and psychosocial rehabilitation. However, not only is the law not in effect, but OPDs also consider it flawed, in that *“it creates an exclusive environment rather than fostering inclusivity and rights, and neglects to address essential elements such as an accurate and comprehensive definition of disability.”* Additionally, the law only takes Lebanese citizens into account – in other words, no support or benefits are afforded to the 175,000¹⁵ Palestine refugees from Lebanon (PRL), 839,788¹⁶ Syrian refugees, 27,700 Palestine refugees from Syria (PRS), and 19,930 from other nationalities.¹⁷ A representative of a CSO working on Palestinian rights noted that *“refugees are not even acknowledged as part of society.”*

“There are some small, unorganized initiatives being conducted by OPDs in coordination with municipalities, governmental offices, or the parliament, with the aim of improving inclusivity and women with disabilities’ engagement in political life – but again, the percentage remains negligible.”

- Coordinator, LUPD

OPD representatives explained that they were *“fighting to secure equal rights for people with disabilities, but there are no laws and insufficient funding targeting work on disability.”* As a result of their consistent efforts over the years across different Lebanese communities, currently, some women with disabilities have relatively more awareness about their rights. However, they did not believe that this was enough, especially since access to rights, information, services, and the NGOs providing them remained severely limited. A disability rights advocate added that *“there is no law to protect children with disabilities, or to ensure that schooling is inclusive of all students, especially those with intellectual disabilities and learning difficulties.”*

ENGAGEMENT IN SOCIAL AND POLITICAL LIFE

Based on their observations, all key informants affirmed that an extremely low percentage of women with disabilities were engaged in sociopolitical life, and they were largely unable to practice their political rights even if they wanted to.

Issues related to political participation were systematic and omnipresent. When it came to participation in local decision-making or voicing concerns about issues that concerned them to a local mayor or a camp authority, women with disabilities’ rights were almost nonexistent. Speaking

¹⁵ UNRWA official records show 479,537 Palestinian refugees to be registered in Lebanon, but the agency stated that this figure is based on the overall number of registered individuals rather than an actual headcount. The first census of Palestinian Refugees from Lebanon, conducted in 2017 by the Lebanese government across 12 Palestinian camps and 156 “informal gatherings” countrywide showed a total number of 174,422 PRL.

¹⁶ UNHCR record of registered Syrian refugees as of January 31, 2022.

¹⁷ European Civil Protection and Humanitarian Aid Operations (ECHO) estimates, 2021.

about Palestinian women with disabilities, an activist noted that *“even if she is educated and has a good political background, she is not allowed to have a say in anything.”*

When it comes to women with disabilities’ engagement in the elections process, gaps were flagged on all levels, starting from the campaigning stages, and all the way up to casting their ballots.

Pre-elections, candidates *“generally do nothing”* to ensure people with disabilities’ adequate access to information during the campaigning period. The media also makes no attempts to be inclusive of people with disabilities (sign language or subtitles, easy-to-read or even Braille print, etc.) to ensure that they can make informed decisions of which candidates or parties they wish to elect. Municipality employees often have insufficient information and no specialized communication skills. These obstacles completely hamper people with disabilities’ exposure to political information, and consequently exclude them from active and informed political participation.

When it comes to selecting and preparing polling stations, which are generally public schools converted into voting centers, no reasonable accommodations are made to facilitate accessibility to people with disabilities. There are rarely any ramps to enter the buildings, and even in the event of providing one, there are usually flights of stairs leading to the floors in which voting rooms are situated. Voter registration lists are not only printed in a small font, but they are also usually placed above the eye level of wheelchair users. There is no proper disability-friendly equipment, and no elections workers who have been trained to communicate with people with different types of disabilities.

Another key challenge faced by people with disabilities is transportation, especially in light of the ongoing economic and petrol crisis in Lebanon. Public transportation is not accessible, and local governance does not facilitate transportation to polling stations for people with disabilities.

WOMEN IN POLITICS AND GOVERNANCE

Despite Lebanon’s population being almost equally divided between females and males, the fact that Lebanese women won the right to vote and participate in national elections in 1952, and the

“Women with disabilities want to reach polling stations with dignity. They do not want to be awkwardly carried up the stairs ‘like a sack of potatoes.’ They do not want to be humiliated or treated like anything less than a human. They do not want to have to consult with anyone to learn who they should vote for. They want to have privacy when they cast their ballot.”

- Disability rights activist, Riders’ Rights

“An OPD was shooting a film featuring a person with a physical disability. There was no continuity, improper representation, and the filmmakers had zero awareness about the person with disabilities’ needs. They even brought in the wrong seating, which is an infringement on rights. If we face this in films, imagine in life.”

- Disability rights advocate, LUPD

registered voter population being 50.8% women,¹⁸ women's representation in local governance remains dismally low.

In the 2016 municipal elections, only 5.4% of the total winners in all municipalities were women, and more female candidates were elected in the North and Akkar in comparison to Beirut and the Bekaa. In the 2018 parliamentary elections, only 4.7% of elected MPs were women – and one female minister resigned after the Port of Beirut Blast in August 2020.

Research¹⁹ has shown that this extremely poor representation is rooted in three main constraints: i) completely male-led political parties anchored in sectarianism, ii) the legal system that disadvantages women in many personal status fields and which impacts their public roles, and iii) the nature of the electoral system and the patriarchal society which favors men.

PERCEPTIONS OF POLITICAL REPRESENTATION AND ENGAGEMENT IN DECISION-MAKING

On the whole, the majority of interviewed women with disabilities (86%) felt completely uninvolved in decision-making in their communities, although 8% of those reported that they did feel comfortable speaking up to local government actors about issues that affected them.

The limited 14% who confirmed that they felt involved in decision-making were generally locals (only one was a PRL). They were mostly women with physical disabilities from the Bekaa and Baalbek-Hermel, followed by a few from the North. Interestingly, around one fourth of those said they would not feel comfortable addressing issues of concern with local governance representatives.

Additionally, when asked to what extent they felt that elected officials and politicians represented them, none of the respondents expressed positive opinions, with well over half (60%) stating they were not represented at all, 26% reported they were not represented, and 10% declining to answer.

Only one local young female from Baalbek-Hermel with an intellectual disability said she felt represented, and six from Baalbek-Hermel and Mount Lebanon with a physical or visual disability felt somewhat represented. Of note is that five of these respondents had no education.

PARTICIPATION IN SOCIO-POLITICAL RIGHTS

In order to scope out the level of social and political engagement among the interviewed women with disabilities, they were asked about their participation in local groups, any efforts made to actively express their views, and their registration to vote in elections.

Active participation in local groups (through membership, volunteering, or consulting with any stakeholders) was minimal. The relative majority, 19%, had been engaged with OPDs, followed by community-based associations (11%), civil society organizations (7%), or volunteer/charity

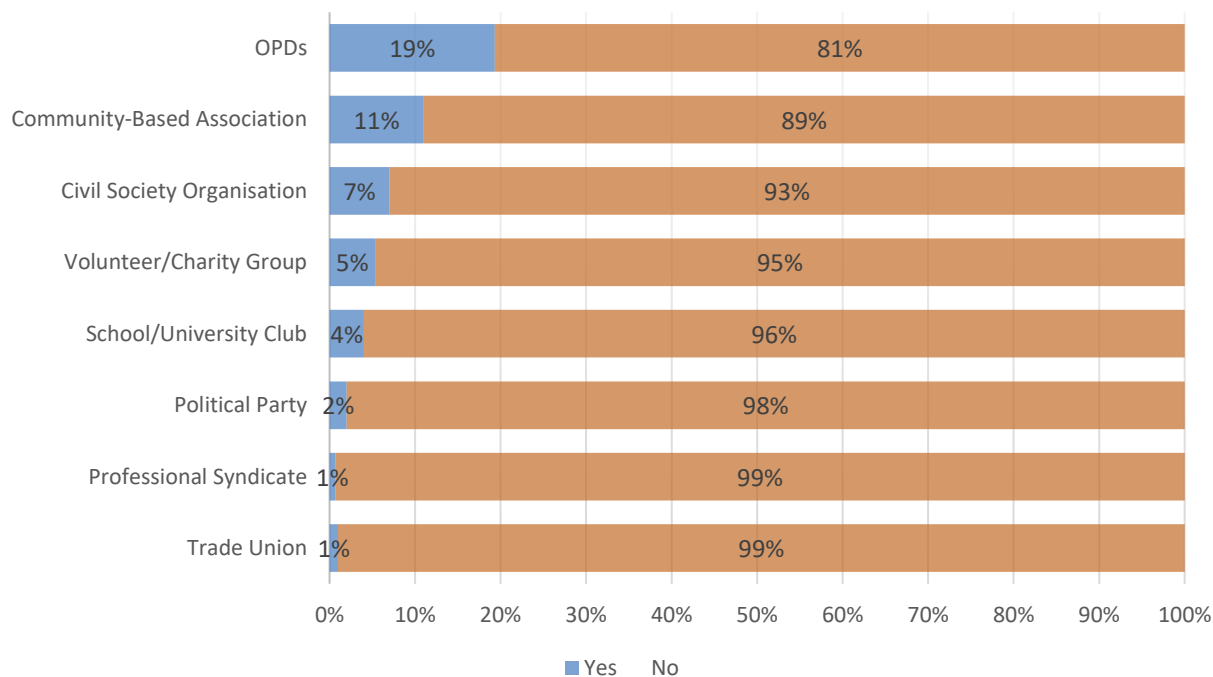
¹⁸ Ministry of Interior and Municipalities, 2016 data

¹⁹ American University of Beirut, 2018. "Lebanese Women in Politics"
<https://www.aub.edu.lb/nyo/Briefings/Pages/Lebanese-Women-in-Politics.aspx>

groups (5%). Very few had been part of a school or university club, political party, professional syndicate, or trade union.

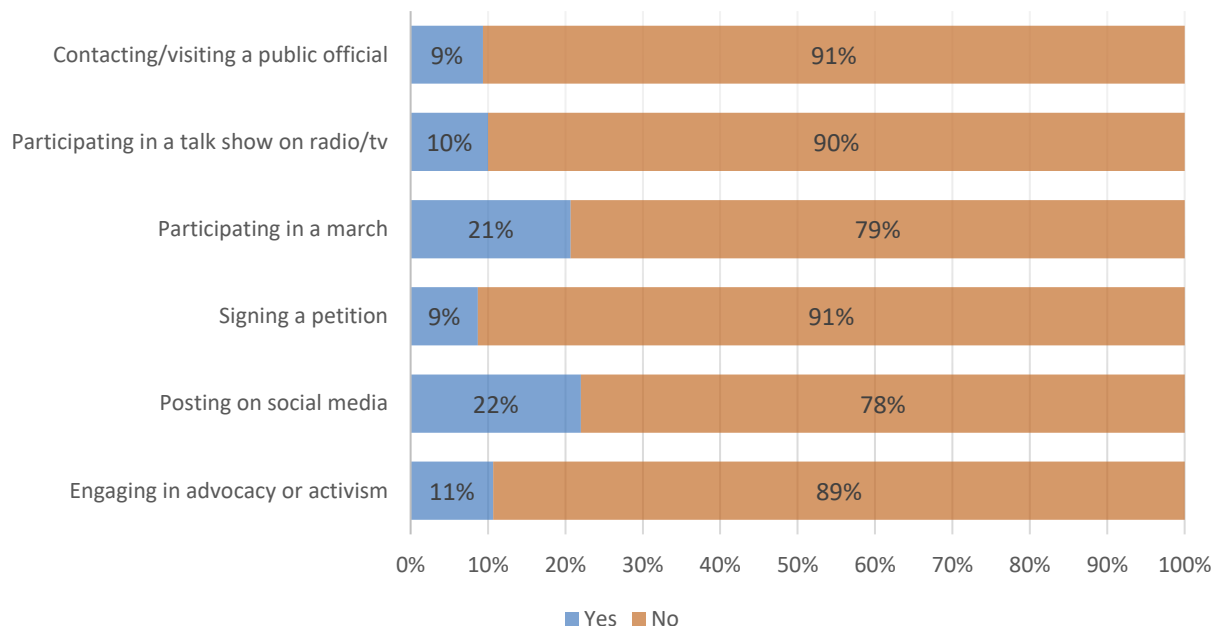
Of note is that across the sample, respondents reported participating in zero and up to five groups. All those who had been engaged in three to five groups had received at least an elementary education.

Figure 5 - Active participation in local groups (source: women's interviews)



Similarly, active expression of views was also low. The most common methods to do so were through posting on social media platforms (22%) and participating in marches or demonstrations (21%). These were followed by engaging in advocacy or activism, participating or calling in to a radio or television talk show, signing a petition, and/or contacting a public official.

Figure 6 - Active expression of views (source: women’s interviews)



When it came to registering to vote in elections, 59% of locals confirmed that they had done so, and 27% above voting age (between 22 and 88 years old, average age of 45 years old), in addition to 4% who were under the minimum voting age of 21 years old, had never registered to vote. Another 10% declined to respond.

All PRL and refugee respondents said the question was not applicable to them, noting that the enumerators interviewing PRL had asked about elections in general, leaving the question open to the respondents’ interpretation.

An important note is that some women said that they **“were not even able to express their views or engage in any decision-making within their own homes, let alone participate in social and political life.”**

ECONOMIC CRISIS IMPACTS ON WOMEN WITH DISABILITIES

The World Bank considers Lebanon's financial and economic crisis to likely “rank in the top 10, and possibly the top three, most severe crises globally since the 1850s,” as an estimated four million families have been pushed into poverty since 2019. Lebanon's 93% currency devaluation, the decline in economic growth, and the widespread political instability have resulted in dire circumstances for the population, where ESCWA also calculates the multidimensional poverty rate²⁰ to stand at 82%, and the extreme multidimensional poverty rate at 34%.²¹

By January 2022, the Central Administration of Statistics (CAS) registered the inflation rate at a record high of almost 240%, making securing even basic necessities such as food, utilities, and fuel a great challenge for many residents. Life-saving resources have become extremely difficult to find in local markets, and where available, can be unaffordable to households on limited or minimum wage.

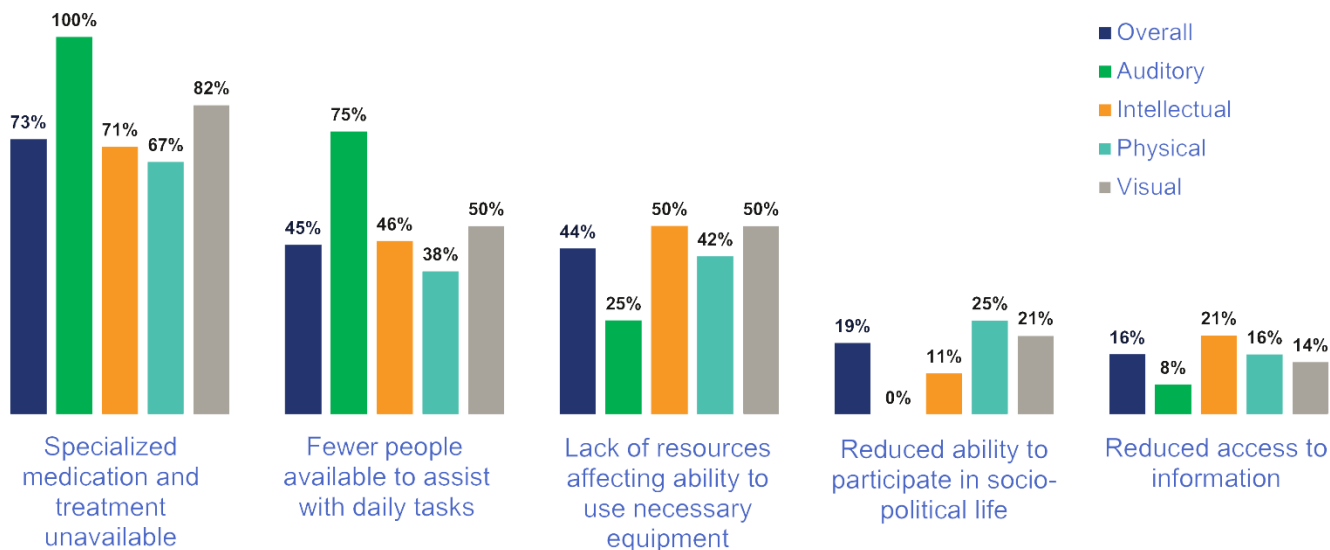
While the implications of the economic freefall have indeed affected all residents of Lebanon regardless of demographic factors, most KIs and 90% of interviewed women believed that the crisis had disproportionately affected women with disability.

The main challenge was the lack of availability of specialized medication and treatment on which women with disabilities relied, which was either no longer available from the MoPH, unavailable in the market, or too expensive (73%). This was followed by fewer people (family or care workers) available to assist with daily tasks (45%) and the lack of resources in local markets affecting use of necessary equipment and assistive devices (44%). Reduced social interactions and engagement in socio-political life (19%), as well as the reduced access to information related to national news and challenges (16%) were also listed as issues affecting the women's daily lives.

²⁰ The multidimensional poverty index expands the concept of poverty beyond factors related to income to instead reflect living conditions. It relies on six key dimensions: Education, Health, Public Utilities (including electricity, water, sanitation, and waste collection), Housing, Assets and Property, as well as Employment and Income.

²¹ ESCWA, 2021. “Multidimensional Poverty in Lebanon 2019 – 2021.” <https://bit.ly/3Oev8Jg>

Figure 7 - Key impacts of economic crisis on women with disabilities (source: women’s interviews)



The 10% of women and one KI who did not feel that women with disabilities had been more heavily affected in comparison to others explained that “at this point, everyone in Lebanon is going through the same harsh conditions.”

ACCESS TO SERVICES AND RESOURCES

According to most women with disabilities, access to services and resources had been thwarted by the crisis, either partially or completely, noting that most PRL and some locals said the crisis had no effects because the services were and remained unavailable.

Examples of restricted access to services and resources that they provided included:

- **Transportation and Mobility:** The petrol crisis and costliness or limited availability of transportation resulted in extreme difficulties in reaching medical and social service points, and/or school or TVET centers.
- **Hygiene:** Difficulty in securing or affording sanitary and incontinence pads.
- **Assistive Device Upkeep:** Inability to afford wheelchair maintenance or replacement of hearing aids/batteries.
- **Utilities:** The lack of electricity at service delivery points has affected the ability to receive needed services as well as the use of some assistive devices.
- **Humanitarian Assistance:** Even in light of the crisis, relief efforts have become overstretched and extremely limited. Some UN agencies have “dropped” a number of former beneficiaries.

“Women with disabilities cannot use public transportation. The inflation and prohibitive cost or unavailability of petrol have made moving around too expensive, which has limited mobility and access to anything the women might need, from services to procuring basic necessities.”

- 52-year-old local with a physical disability, Bekaa

- **Unpaid Wages Impacting Service Delivery:** Service personnel, especially but not limited to public sector employees, have not been receiving their salaries, so they are not working or closing service points early.
- **General Financial Challenges:** Increased expenses, limited to no livelihood opportunities, no income, and no more remittances or help from relatives.

One KI said, *“Even when the government was supposed to give financial aid to vulnerable households,²² some women with disabilities were excluded from this assistance because of a lack of awareness or insufficient information to apply.”*

Another added, *“Palestinians in Lebanon have always had very limited employment opportunities, and those further dwindled with the economic crisis. Women with disabilities have now become ‘hefty burdens’ on their families, who can currently barely afford to purchase the basics, let alone any of the specialized items and equipment needed by the women.”*

A third highlighted caregiver issues: *“Huge numbers of Lebanese have emigrated since 2019. And, while family members providing care to WWD may still reside in the household, they are no longer able to focus or provide quality care, especially since the crisis has had severe impacts on most people’s mental health.”*

“Persons with disabilities were not nationally prioritized for the vaccine; that was only the case when the Pfizer Marathon took place, and even then, only 9% were vaccinated.

The information was not properly communicated or disseminated, and the authorities should have done more to ensure reaching individuals with disability and their families.”

- Coordinator, LUPD

²² For a total value of 400,000 LBP per month, equivalent to USD 19.0 at the black market exchange rate in January 2022.

WOMEN WITH DISABILITIES AND COVID-19

DISABILITY IN NATIONAL RESPONSE AND VACCINATION PLANS

Lebanon registered its first case of COVID-19 in February 2020, and began vaccinating residents over one year later, in March 2021. The National Vaccination Plan²³ specified priority groups and carried out the inoculation campaign in phases.

Persons with disability were included in Phase 2-b, under the “*special needs individuals and their home care employees, workers of nursing homes and prisons, as well as individuals aged 16 – 54 who suffer from comorbidities.*” They were preceded by healthcare workers, and individuals aged 55 – 65+ who suffer from comorbidities (Phase 1), and individuals aged 55 – 64 who had not been vaccinated, and public sector employees (Phase 2-a).

“*While people with disabilities were supposedly prioritized for the vaccine,*” said an OPD representative, “*when the government vaccine registration platform was launched, there were no questions related to disability.*” A test check of the registration application on the COVAX platform (January 2022) confirmed the statement, where the only information requests were related to chronic diseases and allergies.

Key informants from OPDs working with different populations with disability all noted that persons with disabilities were not prioritized for the vaccine, “*at least not in the first phases, despite the fact that people with disabilities are a high-risk group.*” They added that at a later stage, when the vaccine became more widely available and the MoPH along with local NGOs and UN agencies began holding ‘Vaccination Marathons,’ the access points themselves were prioritizing individuals with disabilities. By that time, Palestine Refugees from Lebanon still had not been offered the vaccine, which came later through a targeted response by UNRWA, American Near East Refugee Aid (Anera), Doctors Without Borders (MSF), and the Palestinian Red Crescent.

However, despite the fact that disability was a consideration included in the National Vaccination Plan, Lebanon’s overall COVID-19 response completely overlooked the rights and needs of people with disabilities: on one hand, no OPDs or disability rights activists were consulted in the preparation of the emergency response plans, and on the other, none of the concerned ministries produced or disseminated any accessible life-saving information about the virus, precautionary measures, and available services, including vaccination.

Representatives from several organizations, including but not limited to LASA, LCD, LDSA, and LUPD, noted that they had received a large volume of requests from people with disabilities for information and support about COVID-19, vaccination, and access to relevant medical support.

“With the onset of the pandemic, many women with disabilities felt more worthless than ever before – suddenly, everyone was afraid of this unknown thing called ‘COVID-19,’ and services, activities, and capacity building efforts were all halted for reasons the women could not understand.”

- Disability rights advocate, LASA

²³ Lebanese Government COVAX Platform, IMPACT Q&A, <https://covax.moph.gov.lb/impactmobile/vaccine>

When asked whether people with disabilities were prioritized for COVID-19 vaccination by the government, over one third of the interviewed sample of women (38%) were unsure as they did not have any information about the matter, further reflecting the weak outreach and information dissemination. Another 32% denied any prioritization.

The 30% who said that people with disabilities had been prioritized reported their main source of information to have been NGOs (including the UNRWA for PRL), followed by MoPH campaigns and word of mouth from family and friends. To a lesser extent, a few had obtained their information from the news or social media.

IMPACTS OF COVID-19 ON WOMEN WITH DISABILITIES

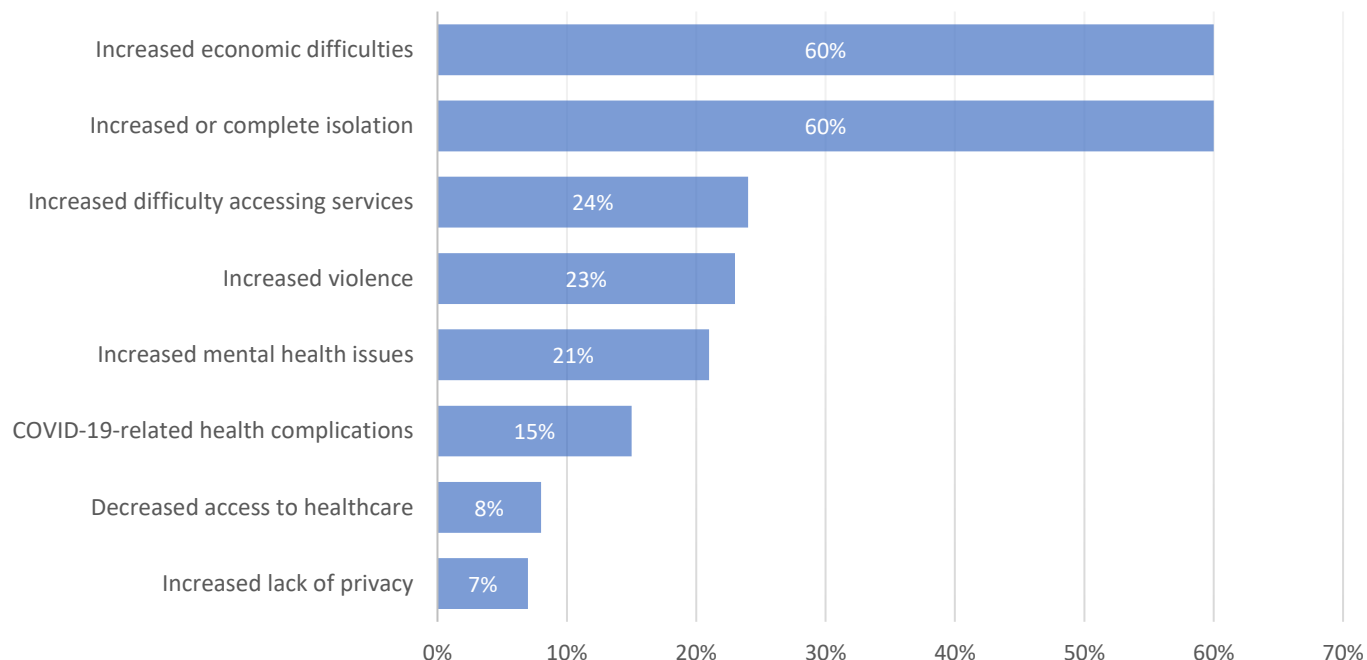
The incidence of the COVID-19 pandemic had multiple effects on the lives of women with disability. While most were negative, there were some minimal “*silver linings*,” according to both key informants and the interviewed women themselves.

NEGATIVE EFFECTS OF COVID-19

A total of 81% of interviewed women with disabilities affirmed that COVID-19 had resulted in negative impacts on their lives. The predominant issues were the multiplication of the already existing economic difficulties (60%), in no small part due to the suspension of operations of numerous local businesses following the lockdowns. Of equal importance was a feeling of increased or complete isolation (60%), due to mobility restrictions and family members avoiding one another in an attempt to curb viral contagion. On the other hand, a minimal 7% felt that they had lost their sense of privacy, as lockdowns pushed all their family members to remain within the household.

Other challenges included an increased difficulty in accessing services (24%), increased violence against women with disabilities (23%), and increased mental health issues, including stress, anxiety, fear, and depression (21%), in some cases due to the death of loved ones. Next came medical concerns such as increased health complications as a result of contracting the virus (15%), which was a notable issue in light of the decreased access to hospital and medical services (8%), as the healthcare system buckled under immense pressure and the economic crisis-linked dearth of resources.

Figure 8 - Predominant negative impacts of COVID-19 on women with disabilities (source: women’s interviews)



KIs confirmed the above as major issues among the women with disability populations with whom they worked. Some flagged that “with the chaos going on, many women did not comprehend what was happening,” and the reduced access and outreach of OPDs, at least prior to adapting operations, also hampered awareness-raising. An activist with the LCD added that “COVID-19 precautionary measures were a particular hurdle for deaf people; when they tested positive for the virus, they could not even communicate with their doctors who would, naturally, refuse to take off their masks, limiting their ability to lip-read.”

Given the lack of systemized dissemination of official communication materials catering to persons with different types of disabilities, the information that was reaching women with disabilities was incomplete or even incorrect, especially with the spread of disinformation campaigns.

POSITIVE EFFECTS OF COVID-19

Of the entire sample of women, only 10% believed that COVID-19 had had a positive impact on them, namely reduced loneliness due to other family members being around more often. To a significantly lower extent, other positive impacts were brought about by the increased adoption and reliance on the online and remote modalities, which improved access to services, employment, and social interactions.

KI responses were reflective of the women’s; only a small proportion, mainly those working with women with physical disabilities, confirmed the previously mentioned positive effects on the women, while the rest denied that any existed. Still, there were a couple of positive outcomes: i) in time, requests for sign language interpretation and accessible IEC material somewhat increased, and ii) one KI mentioned that COVID-19 lockdowns made some people understand



what “loneliness and being stuck at home meant – the same way that most people with disabilities are trapped at home in their daily lives, even without COVID.”

RECOMMENDATIONS

FOSTERING COMMUNICATION AND ACCESS TO INFORMATION

Stakeholder	Recommendation
<ul style="list-style-type: none"> Government NGOs Service Providers 	<ul style="list-style-type: none"> ○ Instate targeted efforts to improve communication with people with disabilities: One of the fundamental issues included limitations to communicating with people with disabilities. Limited to no communication and unequal treatment were commonly reported whether in the public or private sectors, at service delivery points, NGOs, and polling stations. In order to address this obstacle, efforts geared towards training personnel at all locations are crucial. One OPD representative believed that 25% of staff should be trained on communicating with people with different types of disabilities. This recommendation is especially important when it comes to service delivery points including those operated by NGOs, in addition to hospitals and healthcare centers, the police, and the judiciary, at the very minimum.
<ul style="list-style-type: none"> Government Media NGOs Service Providers 	<ul style="list-style-type: none"> ○ Develop and mainstream sign language: Given that persons with auditory disabilities were considered one of the more marginalized groups due to significant communication barriers, it is necessary to prioritize the development of Lebanese sign language to become more comprehensive; currently, it is extremely limited and does not allow users to convey more complex concepts and ideas. Following the development of an advanced sign language lexicon, it should be mainstreamed on different levels: i) offer training, ideally free of charge, for members of the deaf community who are interested in learning sign language, as well as for the general public. This can also be an elective at schools and universities. ii) Train staff members at OPDs, medical personnel, public sector employees of service delivery points, government infrastructure, and polling stations and ensure regular availability of individuals with whom deaf persons can communicate (especially at police stations). iii) Normalize the use of sign language in mainstream media to ensure access to information; this can be piloted on the evening news and breaking news announcements as a first step.
<ul style="list-style-type: none"> Government Media NGOs Service Providers 	<ul style="list-style-type: none"> ○ Ensure the dissemination and improved access of information to persons with disabilities: Access to information can also be enhanced through ensuring that accessible IEC material, information broadcasts, and news are made available (open captioning or qualified sign language, Braille, easy-to-read websites, telephone-based services with text capabilities, and plain language). Important information can be made available through dedicated social media platforms which can be separated to cater to individuals with different types of disabilities. Another important information dissemination channel is the different municipalities in coordination with civil society, which should have accurate data on residents with disabilities, and be able to reach them as needed.
<ul style="list-style-type: none"> Government NGOs 	<ul style="list-style-type: none"> ○ Systemize national data collection and sharing: Currently, data related to persons with disability in Lebanon is the Ministry of Social Affairs' purview. The information is obtained based on Disability Card applications, which in itself creates a limitation given people with disabilities' disenchantment with the card and ministry services, and their consequently not applying to become cardholders. Accordingly, it is important that MoSA initiate countrywide data collection. Given the currently limited national budgets, the ministry can rely on engaging different stakeholders to undertake the data collection, such as NGOs, municipalities, religious institutions, educational institutions, social development centers, and hospitals (especially data collected at birth), among others. Simultaneously, MoSA should create a centralized Information Management System which details such information and ensures regular updates. Other ministries and NGOs heading disability response and interventions should be provided with permissions to access relevant layers of data, noting that they may also support the mapping and updating efforts. Statistics should also be made public, which is a crucial step to improving inclusivity of programming and targeting of assistance in an optimal manner.

AWARENESS-RAISING

Stakeholder	Recommendation
<ul style="list-style-type: none"> Government NGOs Service Providers 	<ul style="list-style-type: none"> ○ Develop and mainstream accessible caregiving and education resources to support parents of children with disabilities, especially girls: Parents may have limited information about caring for and educating their children with disabilities, and this lack of awareness is exacerbated by the stigmatization of disability, leading many to avoid asking questions. In some cases, parents also did not know to whom they could turn to obtain answers. Another obstacle to children with disabilities' learning is lack of inclusivity of the education sector, with public schools often turning children with disabilities away. In order to address this matter, it is recommended that intersectional groups of civil society organizations launch awareness-raising efforts, with parents and in private and public schools, to destigmatize disability and correct misconceptions that lead to exorbitant prices at private schools, and rejection of children with disabilities at public schools. From their side, the Ministry of Education and Higher Education should play a more active role in ensuring that schools (especially public) are applying Law 220 and not discriminating against students with disabilities, and where special learning needs exist, they can coordinate with private schools to subsidize the enrollment of girls and women with disabilities from lower socio-economic backgrounds. They can also support with increased education opportunities, instating curricula for special education, TVET, and training on sign language and Braille. The development of accessible and user-friendly information leaflets on caregiving as well as accessible education resources are a key supplement to improving access to education.
<ul style="list-style-type: none"> Government NGOs 	<ul style="list-style-type: none"> ○ Develop a national referral pathway for women with disabilities and train civil society organizations on its use: Based on the responses of OPD representatives, referrals to services, case management, safe sheltering, and other support occurred on an ad-hoc basis. In several cases, when asking about service provider accessibility and quality, a number of OPD staff members could not provide an answer due to insufficient information. Additionally, even among NGOs, women with disabilities were often turned away due to lack of reasonable accommodations and staff specialized skills. In order to enhance quality care and service delivery for women with disabilities, especially survivors of violence, it is of utmost importance that a national referral pathway is developed. The pathway should provide clear information about the different service structures (including governmental), and all included stakeholders should be vetted, trained, and should include qualified staff and accessible services.
<ul style="list-style-type: none"> Government Media NGOs 	<ul style="list-style-type: none"> ○ Run awareness-raising campaigns targeted at i) the general public, and ii) women with disabilities: Information and awareness-raising campaigns should be spearheaded by civil society organizations in partnership with concerned ministries to raise awareness to the general public about disability and non-discrimination. Campaigns specifically targeting women with disabilities can address the importance of participating in social and political life, of having/being given the freedom of opinion and expression, how to make decisions (since some women with disabilities noted that they are unable to do so), how to activate their role, how to report issues that concern them, and how to demand their rights.
<ul style="list-style-type: none"> Media NGOs 	<ul style="list-style-type: none"> ○ Train media actors and local public figures and influencers on adopting a positive disability-related discourse: Given the important role played by mainstream media, bloggers, and influencers, building their capacities on adopting a respectful and positive discourse, as well as putting forth accessible material, is an important step in ensuring awareness-raising, both within the media institutions and among the influencers themselves, as well as across Lebanese society.

INCLUSIVITY OF SERVICES AND PROTECTION RESPONSE

Stakeholder	Recommendation
Government	<ul style="list-style-type: none"> ○ Enhance the Disability Card benefits and widely disseminate relevant information: OPDs and women with disabilities considered the Disability Card “<i>mostly useless</i>,” which discouraged them from “<i>going through the hassle</i>” of applying for one. Some cardholders also felt it was difficult to renew the card. It is recommended that the Ministry of Social Affairs – in consultation with persons and especially women with disabilities – revise the benefits afforded by the Disability Card to holders in a manner that ensures access to lifesaving or necessary services including healthcare and transportation as well as livelihood support (job placement, small business grants, or financial assistance to those who are unable to work). The latter is critical in general, but is also especially important to enable women with disability survivors of violence to break free from perpetrators. Information related to the Disability Card should be disseminated through accessible IEC material and campaigns, capitalizing on the enhanced benefits and services, and encouraging women with disabilities to apply.
Government	<ul style="list-style-type: none"> ○ Appoint inclusion focal points within ministries to ensure that the interests of women with disabilities are represented: Unsurprisingly, engaging women with disabilities themselves as employees or consultants within ministries would be the most effective method of ensuring that national strategic planning is guided in an inclusive manner that accounts for the needs and concerns of women with disabilities. Additionally, this would be a positive step towards putting into practice Law 220/2000 articles on employment of persons with disabilities.
Government NGOs	<ul style="list-style-type: none"> ○ Establish reporting channels that are accessible to women with different kinds of disabilities, introduce reasonable accommodations into existing mechanisms: Currently, there is no clear complaint response or reporting mechanism to which women can turn, and existing means are often not accessible to women with disabilities. Some KIs explained that even when a reporting method exists, the rampant corruption which often denies women of their rights results in reluctance to report. In addition to establishing new specialized reporting channels, existing means run by government and NGOs should be made accessible through integrating different communication methods such as calls, texts, and video chat options with interpreters, and should employ individuals who have been trained on working with women with disabilities. Information related to the availability and confidentiality of these channels should be made accessible and widely available through different platforms and stakeholders to ensure wide reach and awareness.
Government NGOs	<ul style="list-style-type: none"> ○ Apply inclusive eligibility criteria when planning humanitarian aid interventions: To date, in planning interventions to support vulnerable communities in Lebanon, local and international humanitarian organizations have not reached a stage where their set eligibility criteria take into account equally reaching women with disabilities, noting that this group is often one of the most marginalized. OPD representatives recommended that it was necessary for food and non-food basic necessities to be provided to households in need through proper targeting, without discriminating, and in a manner that preserves beneficiaries’ dignity (for example, avoiding cameras while distributing aid).
NGOs	<ul style="list-style-type: none"> ○ Activate strong OPD and WRO coalitions that work on immediate and long-term solutions for supporting and integrating women with different abilities and intersectional identities: Creating and activating effective coalitions of women’s rights and disability rights organizations is a foundational step in working towards enhancing quality response and services for women with disabilities. The organizations should closely coordinate to allocate budgets for building the capacities of government actors when it comes to working with people with disabilities, and especially women with disabilities who are facing violence. On the long term, well-equipped, accessible holistic care centers should be established with the aim of providing specialized case management and relevant services or referrals specifically catering to women with disabilities. WROs should also have more

	activities, outreach, and awareness-raising about disability rights and engagement. Making activities welcoming and providing free services is also a good gateway to engage women with and without disabilities, and ultimately foster their participation and inclusion.
Government	<ul style="list-style-type: none"> ○ Improve the accessibility of transportation, service delivery points, and government infrastructure: Not only should NGO locales, service delivery points, and government infrastructure be made more accessible to individuals with disabilities, but so should public transportation and road networks. This is paramount to facilitate mobility and access to individuals with different types of disabilities, which will improve their social engagement and visibility, and ultimately create an environment where their demands can no longer be ignored.
NGOs	
Service Providers	

POLICIES, LEGISLATION, AND STANDARD OPERATING PROCEDURES

Stakeholder	Recommendation
Government	<ul style="list-style-type: none"> ○ Consult with inclusion focal points when setting national, emergency, and contingency plans, policies, and SOPs: OPD representatives flagged the fact that national response plans and policies almost always neglect to account for disability and reasonable accommodations. Two such examples include the National Vaccination Plan which purportedly prioritized people with disabilities but did little to facilitate their access and engagement, and the Lebanon Reform, Recovery and Reconstruction Framework (3RF) response plan, which was developed through consultations with government, civil society, and donors, but did not effectively engage OPDs or people with disabilities. As a policy, government and civil society actors should consult with disability rights experts to identify and respond to any critical or life-threatening gaps. Additionally, all ministries should have clear SOPs on how to receive and support women with different kinds of disabilities.
NGOs	
Government	<ul style="list-style-type: none"> ○ Ratify the CRPD and enforce Law 220/2000: Lebanon is one of the few countries in the world, and the only among Arab states which has not ratified the CRPD, further contributing to people with disabilities' denial of access to basic human rights.²⁴ Additionally, Lebanon's Law on the Rights of Disabled Persons remains unenforced. Now more than ever, it is imperative that the CRPD is ratified, and that the Lebanese state organize the application of Law 220 in coordination with concerned ministries and CSOs.
Government	<ul style="list-style-type: none"> ○ Legislate clear protection laws related to the perpetration of violence: Clear, enforceable laws on i) making the reporting of violence accessible to all survivors (including through applying reasonable accommodations and reducing/waiving fees associated with making complaints), ii) confidentiality of filed complaints, iii) adequate response mechanism, and iv) retributive justice need to be legislated.
NGOs	<ul style="list-style-type: none"> ○ Conduct checklists and reviews of organizational policies to ensure inclusivity: This is a basic step in the long-term strategy to transform Lebanese society into one which is more inclusive of persons with disabilities. Findings should be addressed and policies should be correctly modified and adapted. Regular monitoring and accountability of public and humanitarian stakeholders should be undertaken to ensure access, inclusivity, and proper response to the target populations being served.
Service Providers	
Government	<ul style="list-style-type: none"> ○ Select accessible polling stations or equip chosen locations with reasonable accommodations: All voting locations must be equipped with reasonable accommodations to facilitate people with disabilities' access and ability to exercise their voting rights, transportation organized, and employing elections workers (especially women) who have disabilities themselves and can thus adequately represent women with disabilities' interests are necessary steps for a more inclusive political process.

²⁴ UNDP, 2019. "Four Measures for Lebanon to Become a More Inclusive Country." <https://bit.ly/3uztGbt>

Government

- **Set gender quotas and put forth facilitating conditions that encourage women with disabilities to run for elections**, a key step towards improved representation and consideration of women with disabilities' interests on a national level.



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