

OUR RIGHT TO INCLUSIVE SOCIAL PROTECTION

APRIL 2024

POSITION PAPERS BY ORGANIZATIONS OF PERSONS
WITH DISABILITY IN LEBANON



L.U.L.B.
Lebanese Universities
League for the Blind



Acknowledgments

This booklet is the culmination of collaborative efforts amongst eight Organizations of Persons with Disabilities, dedicated towards advancing disability-inclusive social protection in Lebanon. This work was conducted under the framework of a partnership with the International Labour Organization, and made possible through generous funding from the European Union.

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Participating Organizations

Ecumenical Disability Advocates Network (EDAN)

EDAN was founded in 2008 and operates as a non-profit organization in Lebanon and with outreach work extending to the Middle East region. EDAN actively advocates for the inclusion, participation, and active involvement of persons with disabilities in all aspects of life, within the community and society as a whole.

EDAN's initiatives focus on fostering inclusive communities, promoting rights-based approaches, advocating for legislative reforms in alignment with the UN Convention on the Rights of Persons with Disabilities, and facilitating accessibility with special focus on inclusive design to public and private structures and services. Key areas of engagement include promoting inclusive policies and legislation, capacity building, disability studies and empowering persons with disabilities to lead active lives and become social change-makers, thus facilitating inclusion.

Forum for the Rights of Persons with Disability (FRPD)

FRPD is a local organization of persons with disabilities (OPDs), founded in 1986 and governed and led by persons with disabilities. FRPD undertakes advocacy, guidance, capacity development and technical assistance, and promotes rights through a social and human rights model of inclusion and empowerment.

FRPD is a leading NGO in the field of Disability and owns one of the rare independent living centres available in Lebanon. Throughout the years FRPD amassed expertise in this domain, forged through collaborations and partnerships with prominent organizations in the field.

Friends of the Disabled Association (FDA)

FDA is a lay-community, non-profit and independent association. FDA was conceived in Lebanon in 1978 by a group of concerned parents whose children have different disabilities, together with prominent society members. FDA is supported by the Ministry of Social Affairs, the Ministry of Health and the Ministry of Labor through the National Employment Institute. FDA offers advocacy and rehabilitation services to children with intellectual disabilities, in its I'dad Center, through various programs, involving educational and vocational training, therapeutic treatments and leisure, sports and artistic activities, aiming at fostering their autonomy towards full social integration.

Learning Center for the Deaf (LCD)

LCD is a representative organization of persons with disabilities, focusing on issues related to the Deaf, where the Deaf constitute a majority of the Board and the General Assembly. It is located in Baabda, where essential services are provided for the Deaf, some of which were previously unavailable in the country. The organization complements existing programs and services, and provides better opportunities for the Deaf and their family members.

LCD focuses on educational and empowerment-focused activities. Among other programs, the Early Intervention Program supports family members of deaf children, the Educational Activities for the Deaf offers Sign Language courses for interested participants, the Integrated Nursery and Preschool brings together deaf and hearing children, while the High School Program prepares deaf students for universities.

Alongside LCD, the Lebanese Federation of the Deaf (LFD) operates as a Charitable Service Organization and an NGO established to promote, empower, collaborate with, and coordinate efforts among active Deaf persons and associations for the Deaf in Lebanon, with the aim of providing equal opportunities for deaf people and their full participation in society and in all areas of life. It also specifically protects and strengthens their own sign languages and culture in Lebanon. LFD supports the deaf through advocacy program aimed to create change, and undertakes right-based initiatives, by means of seeking change at the level of legislation and policies; often in partnership with other OPDs.

Lebanese Association for Self-Advocacy (LASA)

LASA is a non-governmental and non-profit organization in Lebanon, established in 2009, that emerged from the needs expressed by young people with intellectual disabilities and their families. LASA is dedicated to empowering self-advocates and their families through information, training, and support, enhancing their knowledge and ensuring their voices are heard, their rights respected, and that they can live with respect and value within their communities.

LASA provides a platform for persons with disabilities to advocate for their rights, raises community awareness about these rights, and establishes forums for sharing information on human rights. LASA also works to improve advocacy skills among families and to foster communication at all levels.

At LASA, we uphold the belief that total inclusion of people with intellectual disabilities is achievable through continuous support, enabling each individual to make choices and live independently. The council, which governs LASA, consists of elected members including young self-advocates and their parents. Activities are primarily based in Beirut, with facilitation of self-advocacy groups formation and training provision on the Convention on the Rights of Persons with Disabilities (CRPD) across Lebanon.

Lebanese Union for People with Physical Disabilities (LUPD)

LUPD was founded in 1981 to advocate for the inclusion, equality, and rights of people with disabilities. As a grassroots organization, led by people with disabilities, LUPD has worked to shift government policies and national discourse on disability from a framework of charity and exclusion to one of rights and inclusion. With 1200 members and 8 branches throughout Lebanon, LUPD envisions a society founded on principles of social justice, human rights, equality, and solidarity. As such, LUPD is guided by the belief that a just society must respect human rights and the diverse needs of all persons with disabilities, while providing them with the opportunity to actively participate in decision-making affecting their lives and develop their abilities to reach their full potential, integrating them as active contributors to public and social life, and encouraging them to collaborate locally, regionally, and internationally to promote social and economic development for all.

LUPD focuses its projects on accessibility and participation in elections through the My Right Campaign. It drives socioeconomic inclusion by promoting workplace inclusivity. LUPD also advocates for democracy and fostering inclusion across diverse areas, with initiatives in inclusive tourism and education. During times of crisis, LUPD ensures comprehensive humanitarian intervention, addressing livelihoods, Community-Based Rehabilitation, protection needs, cash assistance, and Gender-Based Violence response.

LUPD actively works towards achieving an accessible and inclusive Lebanon society where persons with disabilities can thrive.

Lebanese Universities League for the Blind (LULB)

LULB is an organization of persons with disability (PWDs) founded and registered in 1997. LULB's core mission is to contribute to an inclusive and just society in which equal opportunities are granted to all individuals based on their inherent rights instituted in the Universal Declaration of Human Rights and subsequent documents.

Central to LULB's objectives is the full inclusion of PWDs in society and aiming to promote and protect the right of visually impaired individuals to good education, employment, and the right to participate effectively in the community on basis of equity and fairness.

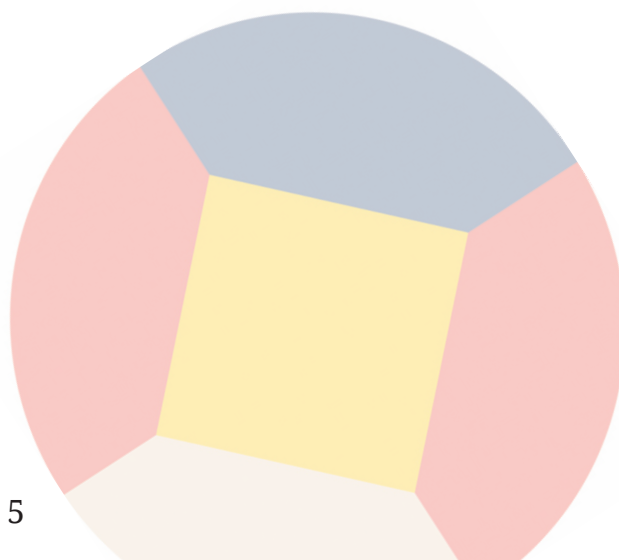
LULB has actively lobbied, alongside other Lebanese organization to advance legislations protecting rights of PWDs. Notably, from 2002 to 2006, LULB played a significant role in the negotiation of the Convention on the Rights of People with Disabilities in New York, led by its president Mr. Ibrahim Abdallah. Since then, LULB has focused on training PWDs on the CRPD and lobbying the Lebanese parliament for its ratifications.

Presently, LULB is working on several initiatives aimed at providing educational services to visually impaired individuals pursuing higher education. Furthermore, LULB is dedicated to advocating and lobbying for equal employment opportunities for blind individuals in the labour market.

Youth Association of the Blind (YAB)

YAB was established in Beirut in 1988 and registered at the Lebanese Government in 1990 under the objective of attaining an inclusive society for all individuals and persons with visual impairment specifically. YAB is a national non-governmental and non-profit organization and operates independently of religious or political affiliations. The membership, comprising blind, low vision and sighted members, maintains gender-balanced representation, values a participatory approach in joint efforts to achieve YAB's Vision, Mission and Goals, and refuses all forms of isolation and discrimination against persons with visual impairment.

YAB aims to support families, educational institutions, enterprises, and local communities to become inclusive, and supports persons with visual impairment to actively participate and contribute to inclusive environments through capacity building, rights-based advocacy, pilot projects, and networking. Areas of Intervention include inclusive education, inclusive workplace, early intervention, building advocacy capacity of PWDs and strengthening the disability movement in Lebanon, advocating for social protection policies and services, promoting inclusive policies and programmes, building advocacy alliances and networks, and publishing guidebooks, training materials and articles, inclusive culture, inclusive civil society organizations, and advocacy planning on CRPD bases.



Acronyms

CRPD	Convention on the Rights of People with Disabilities
DPDD	Global Partnership on Disability and Development
EDAN	Ecumenical Disability Advocates Network
ESSN	Emergency Social Safety Net
FDA	Friends of the Disabled Association
FRPD	Forum for the Rights of Persons with Disability - Mountada
GDP	Gross Domestic Product (in NDA position paper)
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
LASA	Lebanese Association for Self-Advocacy
LCD	Learning Center for the Deaf
LULB	Lebanese Universities League for the Blind
LUPD	Lebanese Union for People with Physical Disabilities
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NGO	Non-Governmental Organization
NARD	National Association for the Rights of Persons with Disabilities
NDA	National Disability Allowance
NPTP	National Poverty Targeting Programme
NSPS	National Social Protection Strategy
NSSF	National Social Security Fund
OPDs	Organizations for People with Disabilities
PDC	Personal Disability Card
PwDs	People with Disabilities
R&A	Rights and Access Programme
SDC	Social Development Center
SDG	Sustainable Development Goals
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
YAB	Youth Association of the Blind

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Foreword

A Word from Organizations of Persons with Disabilities

Lebanon's long history of hardship has intensified in recent years due to COVID-19, the Beirut port explosion, a crippling economic crisis, and ongoing security challenges. This has exposed the weaknesses of the existing social protection system, characterized by unequal coverage and significant gaps that leave many vulnerable behind, especially persons with disabilities. The organizations of persons with disabilities (OPDs) stand united in a critical mission: ensuring disability inclusion within a robust social protection system. Our vision is for every person with a disability to have the rights and support necessary for an independent and dignified life. Recognizing the urgency of this need, OPDs have come together to analyse the situation and develop recommendations for meaningful disability inclusion across all aspects of social protection.

We, the OPDs, firmly believe that achieving effective participation for persons with disabilities is essential for a just and equitable society. Our voices and experiences, reflected in the international convention on the rights of persons with disabilities, are vital to shaping inclusive social protection policies and programs.

Under the framework of the partnership with the International Labor Organization (ILO), we have actively strived to develop a comprehensive, rights-based social protection system in Lebanon. This collaborative effort equips persons with disabilities, fosters their inclusion within the social protection strategy, and spearheads a strong advocacy campaign for inclusion among decision-makers and stakeholders.

Our collaborative efforts have focused on three key areas:

1. Equipping persons with disabilities with the knowledge and skills to advocate for inclusive social protection and access-related services.
2. Advocating for the development and implementation of inclusive social protection policies and programs.
3. Contributing to the design, implementation, and monitoring of the National Disability Allowance program in Lebanon.

The shortcomings of isolated initiatives due to inadequate planning and execution have affected people with disabilities in Lebanon, and true progress requires active participation of OPDs in the development and implementation processes. For long-term success, social protection systems must systematically integrate the needs and rights of persons with disabilities, necessitating a shared commitment from all stakeholders to:

- Acknowledge the rights of persons with disabilities on a systemic level.
- Design and implement programs with inclusion as a core and fundamental principle.
- Dedicate resources and expertise to ensure meaningful participation and inclusion at every level.

We are grateful for the support of the International Labor Organization (ILO) to the «Leaving No One Behind» agenda. Our partnership, made possible through the support of the European Union, emphasized inclusion in social protection interventions in Lebanon, and strived to serve as a model for others working in the sector. Our collaboration emerged from a commitment to OPD's involvement and to disability inclusion within national strategies and social protection policies and programs. This partnership has yielded valuable lessons and perspectives that will be instrumental in achieving further progress.

This booklet presents the position papers prepared by OPDs in Lebanon. These papers outline our vision for a social protection system that empowers and includes persons with disabilities. We invite you to explore these perspectives and join us in building a more just and equitable future for all.

About the partnership

In 2020, ILO and UNICEF embarked on a journey to support the government of Lebanon in developing a national strategy for social protection. The strategy was developed following extensive consultations with many actors, of whom several working on disability, including organisations representing persons with disabilities. This consultation process facilitated a platform for OPDs to share their views on social protection and engage in meaningful debate on the subject with experts and practitioners in the field.

In May 2020, these conversations culminated in disability organizations producing their own position paper advocating for a rights-based and comprehensive social protection system in Lebanon – one that supports the inclusion and empowerment of persons with disabilities and highlights key priority reforms.

Building on this initial engagement, regular virtual meetings took place throughout 2021 to ensure meaningful participation of disability actors in the dialogue on social protection policy and reform. Eight disability experts representing organizations of persons with disabilities, all of whom are persons or parents of persons with disabilities, committed to this process, resulting in an informal group that met on a regular basis to discuss and formulate positions on matters at the intersection of disability and social protection.

As the pandemic subsided, there was a desire and need to meet face-to-face and plan for a more structured engagement and advocacy around disability-inclusive social protection.

A two-day workshop was conducted in August 2021, to solidify outcomes of two years of regular engagement and validate the group's recommendations in the draft text of the National Social Protection Strategy (NSPS). These recommendations now form an integral part of the official NSPS adopted by the government of Lebanon in November 2023¹.

Key Considerations for Disability	Inclusion in the Social Protection Strategy
An emphasis on inclusion of people with disabilities in legal and policy frameworks. This includes the ratification of the UN Convention on the Rights of Persons with Disabilities and harmonization of national laws and policies accordingly, as well as issuing the implementation decrees for Law 220/2000.	The SP Strategy explicitly mentions the need to review Law 220/2000 and pass required legislative amendments to ensure its consistency with international conventions, and ensuring effective enforcement of all its provisions.
Ensuring accessibility of all social services, encompassing physical accessibility, access to information, and financial access.	The SP Strategy contains explicit reference to addressing additional barriers faced by PWDs in accessing healthcare, education, etc. For example, financial access to healthcare programs account for rehabilitative and support mechanisms for PWDs, financial access to education programs emphasize inclusive education, and so on.
A combination of disability-specific and inclusive mainstream social protection programs to ensure adequate income support across the life cycle PWD are met.	The SP Strategy calls for the introduction of disability-specific measures, such as a Disability Support and Inclusion Allowance for PWDs of all ages to tackle basic disability related costs that increase their vulnerability and poverty, in addition to other social protection programs which will be rendered disability-inclusive.
Designing benefit structures and levels to ensure a life of dignity, inclusion and independence for PWD in a way that guarantees basic income security, contributes to coverage of disability related costs, ensures adequate access to health care including rehabilitation and assistive devices, contributes to effective access to community support services, supports inclusive education, economic empowerment and participation in the labor market.	The SP Strategy calls for the introduction of disability-specific measures, such as a Disability Support and Inclusion Allowance for PWDs of all ages to tackle basic disability related costs that increase their vulnerability and poverty, in addition to other social protection programs which will be rendered disability-inclusive.
An effective, up to date, transparent, integrated disability registry and information system to support policy planning and monitoring and provision of social protection services.	The SP Strategy calls for the development of a unified single registry which would house information on all current and prospective beneficiaries of social protection programs, including PWD.

Table from the National Social Protection Strategy chapter on Disability Inclusion

These regular engagements between OPDs, UNICEF and ILO also played a key role in the early phases of conceptualization and design of the National Disability Allowance (NDA), launched by MOSA in April 2023, with financial support from the EU and technical support from UNICEF and ILO (More on this in the section below on the NDA).

1- Government Decision No. 5/2023, November 2023.

Building on this successful cooperation, and with the awareness that social protection reform is in dire need of regular engagement with persons with disabilities to set it firmly on a path towards real and full inclusion, the ILO entered a formal partnership with Disability Organizations in November 2022, to work on the following strategic objectives:

- a) To support persons with disabilities – the constituents of OPDs - to become advocates for inclusive and accessible social protection themselves, thereby supporting and amplifying a grassroots demand for change.
- b) To advocate for disability-inclusive social protection policies through the development of well-informed, well-debated, and unified positions among OPDs on social protection issues.
- c) And finally, to continue to provide key consultation and input on the design, implementation and monitoring of the National Disability Allowance, as it is those who experience barriers daily are best placed to devise the right solutions for them.

The implementation phase of the ILO-OPDs partnership “Towards Inclusive Social Protection” continued from November 2022 until May 2024. The results achieved through this partnership have opened new avenues for continued work on disability-inclusive social protection.

About the booklet

This booklet presents a comprehensive vision by OPDs for inclusive social protection which can serve as a guide to practitioners working on disability rights and social protection in Lebanon. The booklet compiles seven position papers written and endorsed by the eight OPDs throughout the duration of their partnership with the ILO in Lebanon. Each position paper was drafted by a representative member of one of the organizations, deliberated extensively with representatives from each organization, rethought and revised to incorporate the fruits of the debate with support from the ILO team, and finally endorsed by each organization. The end product therefore represents a unified front by OPDs on matters related to social protection.

A Snapshot of the National Disability Allowance

In April 2023, the Ministry of Social Affairs (MOSA), in partnership with ILO and UNICEF, and with funding from the EU, launched the National Disability Allowance (NDA), a social grant that provides direct income support to persons with disabilities living in the country.

The NDA aims to support individuals with disabilities to face the extra cost of disability through a monthly allowance of USD 40². While all persons with

disabilities would ultimately be eligible to receive the NDA, youth aged 15-30 (born between 1994-2009) were prioritized during the first roll-out phases of the program to support them in their transition to higher education or to join the labour market. Close to 27,000 individuals have benefited from the NDA to date.

The NDA was designed to strengthen existing national programs and services dedicated to people with disabilities. The allowance is linked to the Personal Disability Card (PDC) issued by MOSA's Rights and Access (R&A) program, which manages a digital registry of all card holders. Operational and technical support to the R&A programme and its eight centres was provided through ILO to aid the enrolment of eligible persons in the NDA. UNICEF is providing crucial support towards the disbursement and monitoring of the NDA payments.

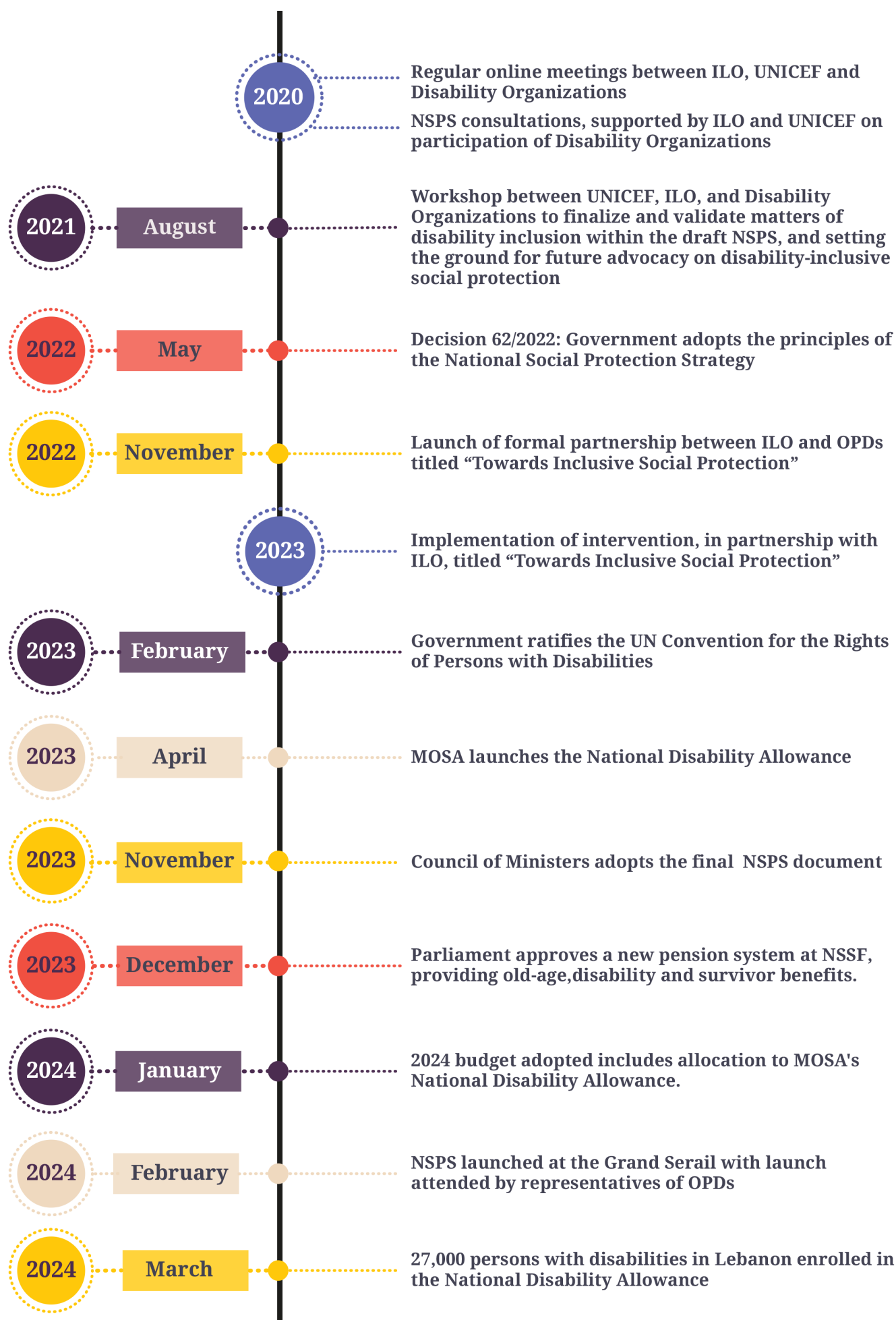
The role of OPDs in the NDA

The very first position paper on inclusive social protection written by OPDs in May 2020 included a recommendation for the government to launch a universal rights-based disability allowance that would be given to all persons with disability regardless of their age or socioeconomic status. In 2021, UNICEF and ILO entered into a formal partnership with the EU "Addressing life-cycle vulnerabilities through social protection – Establishing Social Grants in Lebanon" which included seed funding to support MOSA in designing a National Disability Allowance and begin its implementation.

Throughout the early phases of conceptualization and design of the NDA, the ongoing collaboration between UNICEF, ILO and the OPDs has extensively fed into the development of the national disability allowance – discussions covered the policy rationale of this new social assistance benefit, the scheme's intent to be universal and rights-based rather than poverty-targeted, potential prioritization criteria such as severity of disability and age, transfer value of the allowance, and the design of implementation modalities. OPDs played a key role in raising issues related to design, outreach, communications and implementation that could have been otherwise overlooked by the NDA program partners. During the roll-out phase, the grassroots networks of the OPDs allowed for information about the NDA and calls for registration to reach eligible persons with disability across the country. Finally, OPDs designed and implemented an a "journey mapping" exercise to monitor and learn from the first year of NDA implementation. The exercise is a qualitative research method which follows a sample of NDA recipients throughout their interaction with the program, reflects their first-hand experiences, and provides recommendations for the improvement of the program.

2- The NDA transfer value was calculated based on the ILO Social Security (Minimum Standards) Convention No. 102 and studies that estimate a 40% additional disability-related costs incurred by persons with disability.

Milestones at the Intersection of Disability and Social Protection



Involvement and Participation of Organizations of Persons with Disabilities

Written by: Amer Makarem, Youth Association of the Blind (YAB)

Introduction

The last decade has witnessed an increase in the consultation of persons with disabilities through their representative organizations for the design and implementation of disability-related policies and programs, in accordance with CRPD provisions. Yet this consultation remains riddled with problems and these problems all lead to the same result: that persons with disabilities are still, to this day, excluded from the decision-making processes that ultimately protect their rights and affect their lives. This exclusion occurs, intentionally and unintentionally, among most concerned parties, whether governmental or non-governmental. Laws, policies, programs and services are often passed without consulting organizations representing persons with disabilities. Our needs are also often determined on our behalf, based on research and studies conducted by people without disabilities, whether officials or experts. The purpose of this position paper is to promote the meaningful consultation and active contribution of OPDs as a rights-based approach for governmental and non-governmental stakeholders when designing and implementing any new legislations, policies, regulations, procedures, and programs, whether mainstream or disability specific, as well as specialized services and/or other

initiatives related to persons with disabilities. In addition, this paper aims to highlight practices and measures which ensure close consultation, active involvement and full participation of OPDs.

A Rights-Based Obligation

The consultation of persons with disabilities is a right enshrined in the CRPD. Articles 4.3 and 33.3 of the CRPD stipulate the obligation of States parties to closely consult with and actively involve representative organizations of persons with disabilities in the development and implementation of all legislations and policies, procedures, and programs and in other decision-making processes concerning issues relating to persons with disabilities. The CRPD also dictates that OPDs shall participate fully in the monitoring process of implementing the CRPD. Lebanon ratified the CRPD and its protocol in February 2023. This means that Lebanon, with all its institutions, have a rights-based legal obligation to consult OPDs in all decisions related to persons with disabilities. These institutions include both governmental and non-governmental actors including parliament, cabinet, ministries, local authorities, municipalities, UN agencies, international organizations, donors, civil society organizations and service providers.

Consultation of OPDs in Lebanon

In Lebanon, there has been some good examples of international agencies who have started to adopt this approach in designing and implementing their disability related programs. This is best reflected in the consultation process which accompanied the development of the social protection strategy for Lebanon and in the regular consultations which accompany the design and implementation of the NDA program.

Still, misconceptions and disempowering views towards persons with disabilities continue to be widespread at the national level. One of the most glaring and unfortunate manifestations of this reality is the ongoing debate amongst certain stakeholders, including parliament and the general public, to designate an appropriate name for this population group, as if we were a helpless unidentified group waiting for an adequate name to be bestowed upon us. Moreover, laws, policies, programs and services are often passed without consulting organizations representing persons with disabilities. Our needs are often determined for us, according to what people without disabilities, whether officials or experts, believe to be true. Persons with disabilities are the ones best placed to identify their needs and issues as they are the ones who experience difficulties and barriers in their daily lives and identify the best solutions to remove such obstacles that prevent their participation in society on an equal basis with others.

Although many stakeholders claim to engage and consult OPDs, this consultation

remains problematic as it does not amount yet to meaningful and effective participation and consultation. One of the most common practices observed is when consultations with one individual with a specific type of disability are considered sufficient in designing and implementing decisions and programs concerning all persons with disabilities. In fact, the individual in this case can only speak of his own personal experience and cannot reflect the experiences of all persons with disabilities in all their diversity. Another such practice is the consultation of organizations of persons with disabilities on a purely voluntary basis, within funded programs, and without any compensation for the advisory role and work provided. Finally, some stakeholders fail to distinguish between organizations of people with disabilities and organizations for people with disabilities. Organizations of people with disabilities are those that are run by and are made up of a majority of persons with disability and can therefore represent persons with disabilities, while organizations for people with disabilities are organizations that provide services to people with disabilities and are not run by people with disabilities. The latter category includes, for example, specialized care institutions.

An organization of persons with disabilities has specific characteristics that legitimate its representative capacity of persons with disabilities. The organization should:

1. Be committed to and fully respect the principles of human rights as stated in the Convention (CRPD);
 - Respect for inherent dignity,
 - Respect for individual autonomy,
 - Respect for the freedom to make one's own choices,
 - Respect for independence of persons,
 - Non-discrimination,
 - Full and effective participation and inclusion in society,
 - Respect for difference and acceptance of persons with disabilities as part of human diversity,
 - Equality of opportunity,
 - Accessibility,
 - Equality between men and women,
 - Respect for the evolving capacities of children with disabilities.
2. Express, promote, pursue and/or defend the rights of persons with disabilities in accordance with the provisions of the CRPD;
3. Act in accordance with the principles of human rights and the policies promoted in the convention provisions;
4. Have a clear voice in advocating for promoting, protecting, and implementing the rights of persons with disability;
5. Have a clear majority of membership for persons with disabilities;
6. Be led, governed, and controlled by majority of persons with disabilities;
7. Be represented by persons with disabilities who are elected or appointed by majority of persons with disabilities;
8. Not be affiliated to any non-representative organizations of persons with disabilities including affiliation to any political or religious entities, though they may be part of a mainstream umbrella or coalition of civil society organizations that do not necessarily advocate specifically for the rights of persons with disabilities;
9. Represent the diverse groups of persons with disabilities who form the organization's constituency. For example, if the constituency of the organization is only of men with disabilities, then this organization cannot represent all persons with disabilities.

It should be noted that organizations of parents of persons with intellectual disabilities and/or children with disabilities that have the above-mentioned aspects, are representative organizations of persons with disabilities. The role of parents in such organizations should be to assist and empower persons with disabilities to have a voice and to ensure and respect the right of persons with disabilities to be consulted and to express their own views.

Recommendations

The CRPD states that consultation shall be close, involvement shall be active, and participation shall be full. This can be translated into the core operational principles below.

> Engagement of OPDs requires **intentionality, commitment, and adequate resources.**

Commitment should be enshrined in the law and in organizational policies and procedures. Intentionality can ensure that OPDs are consulted meaningfully and provided with all relevant information to facilitate their effective involvement throughout the whole process. Their participation in any initial research, assessments, and data collection activities is key. Moreover, before embarking on the work, the entity leading on the process must educate itself on proper accessibility measures and consult where needed with OPDs about necessary measures and particular support services that may be required to ensure full participation. Facilities, meeting venues and communication modes must be made accessible, and such accommodations need to be adequately budgeted for. Comprehensive access entails that any physical, communication, and attitudinal barriers are removed.

> Engagement of OPDs entails providing them with **decision-making and executive power.**

The consulting entity must ensure that the engagement of OPDs is not extractive and that the role of OPDs

is not solely consultative but also executive. This translates into dedicated role for OPDs in the implementation of any programs and policies, including on empowering the entity's core team on matters related to disability, inclusion, and principles of human rights, as well as designing and implementing training to stakeholders and implementers; on conducting outreach activities, particularly to beneficiaries that may have difficulties accessing information or live in remote areas through community-based initiatives as well as dissemination of information through their communication channels; in promoting disability inclusion and advocacy; in designing, testing, and operating grievance and redress mechanisms. Throughout this work, the leading entity must recognize the differing capacity and experience of the OPDs involved so that each can contribute positively and effectively.

> Engagement of OPDs requires the establishment of a **two-way relationship.**

Information and technical expertise should flow in both directions between OPDs and the stakeholder in question. OPDs can share their knowledge on the lived realities of persons with disabilities while the stakeholder ensures regular and transparent communication of information relevant to the work. OPDs can also share their technical expertise on ensuring proper inclusion of persons with disabilities while the stakeholder should dedicate time and resources to strengthen OPDs' technical capacity on areas relevant to the work.

> Engagement of OPDs should be done regularly and consistently throughout the initiative's cycle.

The entity must ensure early engagement of OPDs starting from the pre-planning phase as this is when the initiative will shape up and where OPDs will have a chance to influence its inclusiveness. The stakeholder must involve OPDs in the design, implementation, monitoring, and evaluation phases of the initiative. They must always consider their participation in meetings with other stakeholders involved in the intervention and inform them of the outcome of such consultations when they are not present on the table.

In this case, reporting back on how OPDs' views and advice has fed into the decision-making process is also important.

Moreover, when a policy, intervention or program's performance and impact are measured, OPDs must be involved in designing and conducting such activities. Independent and third-party monitoring of any intervention or policy by OPDs must be considered, as they can play a key role in assessing the intervention's impact on the dignity, autonomy, and self-governance of beneficiaries.

> Engagement of OPDs should be adequately compensated.

Any meaningful consultation of OPDs entails considerable time and effort on their part and must be compensated accordingly.

The Role of International Organizations in Mainstreaming Disability Inclusion

Written By: Sylvana Lakkis, The Lebanese Union of Persons with Physical Disabilities

Introduction

“Disability mainstreaming” is the practice of systematically and deliberately integrating disability-related considerations into the planning, development, implementation, and evaluation of policies and programs across various sectors.

Mainstreaming disability through policies and programs requires that international organizations have a clear vision for the systematic recognition of rights to inclusion of all persons with disabilities. Such a vision should be translated through their internal operations, organization’s programs and also used to influence government policies and programs. A policy for inclusion is considered systematic when the inclusivity of programs is sustainable, and all stakeholders show full commitment and sufficient capability to ensure disability inclusion at all levels.

This position paper sheds light on the role of active international organizations in Lebanon, and their commitment to mainstreaming disability throughout their country-level programs and operations. Furthermore, the paper reflects on role of these organizations in supporting the promotion of disability inclusion within all aspects of society, in public policy, and in development plans. To this purpose, the paper also highlights the importance of enhancing the partnership between international organizations and organizations of persons with disabilities.

A Role Enshrined in International Conventions and Mechanisms

The role of international organizations in mainstreaming disability and promoting disability inclusion has been recognized by major regional and global key players and human rights organizations and platforms. The beginning of this recognition was realized through the primary multilateral dialogues that took place as an outcome of the United Nations Decade of Disabled Persons between 1983 and 1993. Major entities have further recognized the critical role of international organizations in advancing the relationship between disability inclusion and the development agenda. To substantiate this relationship, multilateral platforms were established, such as the Global Partnership on Disability and Development (GPDD)³ was launched in 2004 by the World Bank in collaboration with United Nations agencies and major international development organizations.

Adopted in 2008, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognized the significance of maintaining and systematizing both bilateral and multilateral efforts of international cooperation for ensuring the rights of persons with disabilities to inclusion. Article 32 of the CRPD⁴ emphasizes the need for maintaining these efforts by stating the following:

3- The GPDD is an international network of organizations and entities (developing countries, bilateral and multilateral agencies, NGOs, foundations) formed to accelerate inclusion of people with disabilities into mainstream social and economic development.

4- Article 32 – [International cooperation](#) | [United Nations Enable](#)

States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

a) Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities.

b) Facilitating and supporting capacity-building, including through the exchange, and sharing of information, experiences, training programs, and best practices.

c) Facilitating cooperation in research and access to scientific and technical knowledge.

d) Providing, as appropriate, technical, and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

The Sustainable Development agenda (2030) reflects a significant milestone in terms of recognizing issues of disability inclusion⁵ by the international community represented by the UN and other multilateral development organizations. Disability inclusion issues

have been referenced 11 times across different goals, specifically in those related to education (goal 4), growth and employment (goal 8), inequality (Goal 10), and accessibility of human settlements (goal 11). The recognition of disability inclusion issues throughout Sustainable Development goals allowed the development of a new paradigm for the collection of disability-related data and monitoring mechanisms⁶.

Finally, to materialize the inclusion of issues of disability rights in their programs and structures, international organizations have developed internal strategies and practical toolkits. A recent example is the UN Disability Inclusion Strategy that aims at mainstreaming disability throughout the organization's programs and structures⁷.

A Historical Glimpse on the Role of International Organizations in Supporting National Disability Efforts in Lebanon

With the beginning of the post-civil war era in Lebanon, the country witnessed increased presence and heightened activities of civil society organizations while also embracing a greater role for international organizations. Among civil society groups that became more active in the country were Organizations of Persons with Disabilities (OPDs) promoting and advocating for disability inclusion. OPDs were aware of the role of international organizations and its added value on many fronts, such as adopting effective advocacy strategies,

5- UN Flagship Report on Disability and Sustainable Development Goals | United Nations Enable

6- Sustainable Development Goals (SDGs) and Disability | Division for Inclusive Social Development (DISD) (un.org)

7- UN Disability Inclusion Strategy

enhancing leadership capacity and organizational development, and pursuing multifaceted partnerships in different fields.

We recognize the valuable support of the different UN agencies, development and aid agencies, international non-governmental organizations, and philanthropic institutions, and humanitarian programs. Several of these organizations have played an effective role in leveraging OPDs' capacity and resources to enhance their advocacy efforts against the prevailing presence of discriminatory government policies.

The alliances between some OPDs and international organizations have practically translated into the launch of nationwide initiatives. A primary example of such initiatives was international organizations' support of OPDs in 1987 to organize and lead a peace march that crossed the country from North to South against the continuous violence and war in Lebanon. Another important example is international organizations' support of the disability movement in mid 1990s to launch a national campaign, which succeeded in lobbying the Lebanese parliament to adopt the current disability rights Law No. 220/2000. At the time, OPDs prepared a Disability Rights Chart and succeeded in collecting signatures of political parties and parliamentarians as proof of their support for the campaign. The support offered by international organizations included training workshops on advocacy skills and strategies, the introduction of global best practices, and the funding of major lobbying and dialogue activities.

After the adoption of Law No. 220/2000, we realized the urgent need to focus on newly emerging thematic issues related

to the implementation of the new law, such as inclusive education, employment, vocational rehabilitation, political participation, and inclusive elections, as well as inclusive budgeting. In 2016, a coalition of OPDs launched the National Report on Disability as a strategy for inclusion and application of the law. Another major example of such partnerships has been international organizations' support of humanitarian operations conducted by OPDs during times of security disturbances and the pandemic. Strong examples of this type of support took place during times of the frequent Israeli invasions of Lebanon in the years 1993, 1996, and 2006. The recent Covid-19 pandemic also witnessed support by international organizations of emergency-based initiatives undertaken by OPDs. The overall humanitarian support by international organizations has taken the form of providing livelihood and cash support, shelter and emergency services, basic disability aids and assistive technology supplies.

Finally, in the current economic and financial crisis, a successful partnership has emerged between eight OPDs representing all types of disabilities, who have been engaged in the disability movement for many years, and UN agencies, represented by ILO and UNICEF, to support social recovery and reconstruction efforts in the country, specifically on the national social protection strategy and policies. OPDs were at the forefront of consultations on mainstreaming disability inclusion in the NSPS, and in the design of new social protection interventions, mainly the NDA, aimed at supporting persons with disabilities in facing the extra cost of disability. OPDs have shaped the program by providing critical insights into the program's rationale, eligibility, and prioritization criteria, and operational design.

International organizations have been providing OPDs with valuable support that includes financial resources, capacity-building opportunities, policy development, and advocacy-based partnerships. Furthermore, they have had an added value in strengthening the structural organizational capacity of OPDs by introducing progressive and interconnected conceptual and operational frameworks of democratic leadership, accountability, transparency, gender balance, human rights, inclusion, diversity, intersectionality, compliance with financial auditing requirements, and maintaining components of efficient procurement mechanisms. OPDs have indeed found in international organizations a major ally for carrying efforts of challenging the perpetual stigmatizing practices of segregating specialized care institutions that have historically resulted in promoting the negative image of persons with disabilities, thus maintaining their exclusion from society.

A Challenging Global and Local Ecosystem for Disability Inclusion

The operations of international organizations are influenced by global and local trends and conditions that present critical gaps and major challenges to disability mainstreaming in development and humanitarian programs in the country. At the global level, the eco-system of international development is shaped by increasing conflicts and economic crises worldwide, while at the local level, the ongoing political and economic crisis in Lebanon has led many international actors to consider the country a failing state⁸.

It is reasonable for international organizations that are active in Lebanon to be operating according to pre-determined agendas by their headquarters. Most of these international organizations' headquarters are based in developed countries that play a critical role on the international political scene, particularly in the field of international development. Nevertheless, the world has been experiencing critical political and economic challenges, over the last few decades, that have had definite impact on the development operations of international organizations. Influenced by these global circumstances, international organizations that are active in Lebanon promoting the mainstreaming of disability inclusion, face major challenges. These challenges can be summarized as follows:

> The continuous shift in the development agenda of international NGOs is based on the interest of their governments.

Oftentimes, thematic issues of international NGOs' agendas get interrupted based on the shift in the interest of their countries of origin. Agendas of international NGOs in Lebanon have constantly shifted over the last twenty years. This shift could have less negative influence on promoting disability inclusion had international NGOs and their headquarters developed more adequate planning for their programs in the country. This ongoing interruption of international NGOs' agendas have not considered the capacity of local organizations to accommodate their needs in response to these interruptions.

8- [Lebanon Sinking into One of the Most Severe Global Crises Episodes, amidst Deliberate Inaction \(worldbank.org\)](https://www.worldbank.org/en/news/press-release/2019/07/10/lebanon-sinking-into-one-of-the-most-severe-global-crises-episodes-amidst-deliberate-inaction)

> Increased major conflicts and economic crises in the world over the last two decades.

These circumstances have had a major impact on the management of development funds worldwide. This impact has also found its way into Lebanon, as international organizations have had to observe critical financial restrictions channelling their funds to local organizations, particularly OPDs. These restrictions took place while the country itself has also been influenced by the very same circumstances. Keeping in mind the lack of adequate government funding support, local organizations, including OPDs have been facing critical challenges, trying to identify strategies for sustaining their own independent funding resources through revenue-generating projects.

> Scarce funding resources

caused the country to witness major gaps and delays in terms of systematically adopting practical strategies of disability inclusion in public policies and government programs. Thus, disability inclusion efforts remained limited to a few pilot initiatives run by OPDs that continue to bear the prevailing uncertainties and unsustainable resources.

Many factors related to the socio-political system in Lebanon also play a role in hindering the promotion of disability inclusion in public policies and programs in the country. OPDs look at international organizations as a source of support to overcome these factors which can be summarized as follows:

> Lack of a functioning legal eco-system and enforcement mechanisms.

Especially in relation to the Lebanese disability rights Law No. 220/2000 which is the existing legal framework for protecting the rights of persons with disabilities. International organizations could play a major role in supporting OPDs' efforts to pressure the government to enforce disability rights, through the sponsorship of advocacy campaigns, introducing best practices from other countries with similar context, and facilitating knowledge-sharing and capacity-building opportunities concerning legal enforcement strategies.

> The prevailing practice of segregation in specialized care institutions.

The prevailing practices of social stigmatization and institutional segregation has hindered the promotion of disability inclusion in public policies as well as in local and national operational programs. International organizations could support OPDs to challenge this segregating welfare system through enhancing awareness raising on the negative impact of segregation on lives of persons with disabilities and on society at large, support capacity building and educational programs for promoting disability inclusion among practitioners, and support the creation of educational and awareness material for introducing the added value of disability inclusion on socio-economic development.

> **The lack of consistent and updated official data disaggregated by disability.**

The lack of access to accurate disability data collected on a regular basis and in a consistent manner by national statistics institutions in the country have resulted in a lack of understanding of the realities of the rights and living conditions of persons with disabilities in the country. This hinders the adoption of disability inclusion strategies in many sectors, particularly education, employment, independent living. International organizations could play a major role in creating channels of dialogue between statistics institutions and OPDs, drawing further attention to the added value of community-driven data, and supporting training opportunities for statisticians and data enumerators around techniques and skills of disability data desegregation.

> **The lack of inclusive fiscal and public procurement policies.**

The absence of policies of inclusive budgeting, or standards of inclusive public procurement has caused almost all government programs to remain inconsiderate of persons with disabilities' needs, and have reflected the prevailing lack of inclusion strategies on all levels, such as education, employment, housing, health care, transportation, etc. International organizations could play a major role in introducing different modalities of inclusive budgets as well as policy models of inclusive public procurement systems. They could also support capacity-building

and awareness-raising efforts around the socio-economic added value of adopting inclusive budget models and inclusive public procurement strategies.

Programmatic Gaps in Mainstreaming Disability by International Organizations

The level of engagement with operations pertaining to promoting or mainstreaming the concept and practices of disability inclusion varies between international organizations that are active in Lebanon. It is unfair to come up with generalized conclusions when reflecting on the work of international organizations in the country. Such conclusions perhaps require the undertaking of individual evaluations of these organizations which is beyond the scope of this position paper. Hence, we will reflect on the overall commitments of these organizations to mainstreaming disability from our own organizational experience of working closely with international organizations in Lebanon and engaging with them through dialogue initiatives, collaborative efforts, or partnership projects.

This position paper differentiates between two levels of disability mainstreaming by international organizations. The first is concerned with mainstreaming disability in public policies and programs, while the second is more concerned with these organizations' internal management and operations.

Mainstreaming disability in public policies and programs:

Most international organizations continue to deal with disability inclusion through a standalone approach. While the standalone approach is rather beneficial when planning and designing specific disability services and programs, promoting disability inclusion requires systematic efforts throughout all sectors. It is not sufficient nor impactful for example if efforts of disability inclusion focus on education without addressing issues of employment or social protection and vice versa. Strategic efforts of ensuring disability inclusion cannot succeed without recognizing the connectivity between sectors, and their equal and interrelated value as the CRPD emphasizes. International organizations' efforts of ensuring disability inclusion remain in silos or fragmented throughout different sectors. The neglect of systematic consideration of the conceptual framework of inclusion throughout all sectors at once has resulted in the prevailing gap within many policies and programs to fulfil disability rights.

A clear example was the minimal role that international organizations played during the Covid-19 pandemic in ensuring disability mainstreaming through related humanitarian operation. This role was limited to offering direct humanitarian services to persons with disabilities. It also included support to disability organizations in ensuring persons with disabilities can access covid-19 pandemic services, particularly vaccines or quarantine shelters. These efforts had no impact on

ensuring that the government's Covid-19 pandemic-related preparedness policies are disability inclusive. As a result, persons with disabilities' access to mainstream service facilities (hospitals or vaccine clinics) and equipment (vaccine kits) was still hindered and did not meet persons with disabilities' needs.

The same outcome has been encountered with international organizations' response to the catastrophic blast of Beirut port on August 4th, 2021. The devastating outcome of the blast necessitated the intervention of major international organizations. Intervention efforts varied between supporting the reconstruction of the damaged neighbourhoods of Beirut, restoring livelihood resources for affected people, and providing medical care for injured victims. The Lebanese government as well as international organizations found in this catastrophic event an opportunity to pursue reforms in several sectors, including private businesses, housing, health care, etc. Comprehensive recommendations were offered by OPDs through relevant consultative mechanisms to ensure the inclusivity of post-blast reconstruction, reform, and relief policies and operations. No effective monitoring was installed to ensure that these recommendations are taken seriously and implemented systematically. Alas, these efforts have so far fallen short in responding to the needs of hundreds of persons with disabilities who were affected by the blast. Today, hundreds of persons with disabilities who were directly or indirectly affected by the blast remain left behind. No indicators have been established reflecting the extent to which: reconstruction operations have considered standards of housing accessibility; restoration of private businesses have

considered the employment or business development support of persons with disabilities; or medical and rehabilitation interventions have considered needs of persons with different types of disabilities.

In addition, these initiatives, like many others, have fallen short on fulfilling the substantial structural reform needed for public sector entities that should ensure inclusion in response efforts, such as the Ministry of Labour, the Ministry of Public Health, and the Ministry of Public Works. This hinders the sustainability of any disability mainstreaming outcomes leading to the perpetual neglect of rights of persons with disabilities in the country.

Mainstreaming disability inclusion in internal management and operations

Many international organizations that are active in Lebanon have adopted disability inclusion policies, guiding notes, or strategies at headquarters' level. However, these policies or strategies have not fully trickled down to country-level programs and offices nor have they been systematically applied through country operations. This is evident on many fronts. First, country office teams and staff are not necessarily aware of the existence of disability inclusion-related policies, guidelines, or strategies at an organizational level. They have not been given enough training to build their knowledge and skills in the implementation of disability mainstreaming strategies and inclusion. We have also seen limited involvement of OPDs in international organizations' consultative mechanisms

and data collection concerning disability rights issues and inclusion strategies.

Furthermore, international organizations continue to be dependent on overall unreliable disability data collected and offered by the Lebanese government, coupled with neglect for community-driven data generated through efforts of OPDs. All these factors have resulted in ineffective program outcomes neglecting the voices of persons with disabilities.

Disability inclusion funding is made available by a limited number of international organizations, following the agendas of their countries of origin or donors. Hence, this type of funding risks being terminated or minimized when disability inclusion is no longer considered a priority by governments of these countries, or by donors sponsoring the operations of these international organizations.

When it comes to their own events and activities, international organizations still have a long way to go to ensure adequate accessibility standards. This is also the result of the lack of dedicated funds allocated in the organizations' internal budgets to cover accessibility expenses, such as providing information in alternative formats, sign language interpretation, and easy read. In addition, few international organizations pay attention to the significance of hiring disability inclusion focal points and experts among their country office staff, which results in weakening these organizations' capacity to ensure the inclusivity of their programs and activities.

Concluding Recommendations

To enhance the role of international organizations in Lebanon in ensuring effective and efficient strategies of disability mainstreaming and promoting disability inclusion, the following are some key recommendations.

1. Leading organizations of persons with disabilities should identify the policy areas of focus. In the context of Lebanon, certain policy areas such as the reform of the social protection sector are considered a priority.

2. International organizations should focus on the technical challenges reflected in their operations in Lebanon concerning issues of disability rights and inclusion. Such work should be pursued according to an agreed-on timeframe, considering the organizations' priority policy areas and the ongoing country context.

3. International organizations should conduct an internal assessment of their disability inclusion strategies in Lebanon, as well as the inclusivity of their programming and implementation mechanisms. Building systematic partnerships and dialogue with Lebanese OPDs should be considered a key priority area for the assessment.

4. Donors that are funding international organizations' as well as these organizations' headquarters should consider enhancing the required resources to be used by their country office to increase their capacity on disability inclusion in Lebanon.

5. International organizations should strengthen efforts to exert influential pressure on Lebanese policymakers to adopt necessary disability inclusion strategies, particularly on data collection, fiscal policies, public procurement, and infrastructure development.

6. Creating a national resource centre that provides all necessary knowledge, information, training, and technical assistance could help international organizations ensure the inclusivity and accessibility of their operations in Lebanon.

7. A partnership platform of representatives of OPDs, international organizations, and other stakeholders should be created to develop and implement monitoring activities on disability inclusion and support a transitional plan towards disability inclusion in national programs, mechanisms, and infrastructure.

8. International organizations should enhance all forms of efficient and effective consultative mechanisms and ensure systematic inclusion of persons with disabilities.

9. International organizations should work with national statistical bureaus to enhance their capacity to conduct inclusive operations and systematize data desegregation by disability.

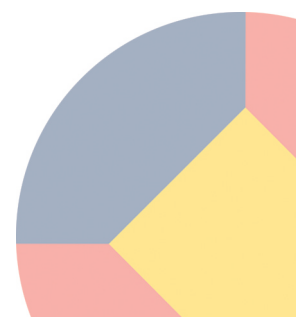
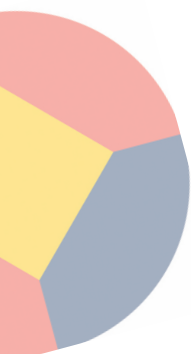
10. International organizations should consider community-driven data generated by organizations of persons with disabilities as one of their essential sources of data on disability rights and inclusion strategies.

11. All reports, research studies, and technical tools directly produced or supported by international organizations should adopt language on disability compliant with the CRPD, and adequately recognize disability inclusion concepts and strategies within their policy and programmatic areas, and to conceptualize and develop appropriate and practical tools that consider standards of inclusion and accessibility on all levels.

12. International organizations should support the exchange of experiences between countries to promote disability inclusion within national organizations, as well as within private and public institutions.

13. International organizations should support the role of OPDs at all levels, in their programs, operations, and policy work (refer to the position paper on Involvement of OPDs) and ensure the recognition of best practices of disability inclusion in different thematic areas.

14. International organizations should commit to establishing ongoing bilateral and multilateral cooperation mechanisms to ensure that their efforts in Lebanon ensure structural reform and transformation of all sectors to adopt and sustainably implement standards of disability inclusion and accessibility in the country.



Importance of the transition from institutional care to disability inclusion

Written By: Fadia Farah, Lebanese Association for Self-Advocacy

Introduction

The purpose of this position paper is to advocate for a significant shift in the approach to supporting individuals with disabilities, moving away from social care at specialized institutions and toward full inclusion within the community. Comprehensive reform is required, including a holistic review of existing laws pertaining to the rights of persons with disabilities by the state. Recognizing that this transition is a complex and gradual process, it necessitates the engagement of various stakeholders involved in the disability field. Key actors, such as the government, organizations of people with disabilities (OPDs), and families, must collaborate to ensure that the necessary changes align with the needs of individuals with disabilities and collectively work towards creating an inclusive community.

Even institutions themselves can contribute to this transformation by gradually embracing inclusivity and re-directing parents towards regular schools as an initial step. Nevertheless, the primary agents driving this process will always be individuals with

disabilities themselves, who are active members of their respective organizations. Their active participation is essential from the beginning to the end of the change process across all areas.

The institutions that do not embrace such inclusive efforts should be of the past. Today, the number of people with disabilities, asking to live outside institutions, in their natural environment - their community, is increasing more and

more. By advocating for this transition, we aim to create a society that values and includes all its members, fostering a sense of belonging and empowerment for individuals with disabilities. Through collaborative efforts and a comprehensive approach, we

can embark on a path towards a more inclusive future.

“

**Rights are only human if
they are inclusive of all,
without exception.**

- Independent Living Institute

What are specialized care institutions?

Specialized care institutions are non-profit entities that provide specialized services for people with disabilities and their families on their premises. They are different from Organizations of People with Disabilities (OPDs) which are nonprofit entities created and managed by people with disabilities and/

or their families to advocate for their rights. OPDs can also sometimes provide services but they do so with the intention of integrating people with disabilities in society, rather than walling them inside facilities separate from society.

A brief history of the inception of these institutions can shed some light on the controversy around them. Institutions were first created as asylums and almshouses for people with mental illnesses and intellectual disabilities, as well as older people and the poor, all of whom were considered unable to care for themselves. While the intention at the time was to provide protection for these people, the reality in practice was quite different. During the 1800s, “most of these facilities focused on restraining and controlling patients, not on treatment or therapy.

They housed people with cognitive, developmental, physical, and emotional disabilities, often for the entirety of the person’s life”⁹. In the early 1920s, specialized institutions were created to take care of people with disabilities specifically, with a particular focus on people with intellectual disabilities.

It was common practice to place people with disabilities in institutions, or in segregated schools or work places, where they had few rights.

People with disabilities lived in these facilities away from their families and communities, sometimes for their whole lives¹⁰. In the 1960s and 1970s after the global human rights movement and

the disability rights movement, the institutions changed from residential institutions where people lived day and night, to daycare centers.

According to self-advocates during an international inclusion workshop in 2019: “An institution is any place where people are separated from the community; cannot leave if and when they want to; live together in large groups; do not have control or choice about their lives. Across the world institutions come in many different forms and are called lots of different names. Sometimes people with disabilities are institutionalized in their own homes if they do not have choice and control over their lives”.

The situation in Lebanon

In Lebanon, specialized care institutions persist to this day. They provide shelter, medical, rehabilitation, educational, and vocational services for persons with disabilities. The great majority of those who attend specialized institutions are children under 18 years old and they constitute about 65% of the total number of children who obtained a personal disability card which is 13,138¹¹. Some people do not have access to these institutions because they are mainly located around the Beirut area.

Institutions have existed for so long that their legitimacy has been embedded in a significant portion of the population’s mindset. There exists a persistent belief that institutions are solely responsible for the care of people with disabilities.

9- (History Happened Here, n.d.) Action for Access, changing Perception of Disability in American Life.

10- “Institutions and People with Intellectual Disabilities,” Inclusion BC, <https://inclusionbc.org/our-resources/institutions/>

11- Rights and Access Program, Ministry of Social Affairs, 2019.

The pervasive medical and charity models within the community tend to neglect the unique needs and aspirations of people with disabilities. The medical model often misrepresents these individuals as inherently ill, focusing on correcting perceived deficiencies rather than fostering independence. The charity approach, on the other hand, fosters a view of people with disabilities as subjects of pity, prioritizing aid over empowerment. It is noteworthy that it was individuals who lacked firsthand experience with disabilities who formulated these models.

With limited alternatives available and communities unprepared for change, families often find placing their children in institutions to be a simpler and more comforting choice. Families are left to navigate their child's disability alone and struggle independently to find adequate help. They bear the responsibility for all needs - medical, educational, emotional - of their child and the entire family. Social stigma is also a pressing fear. Because of this situation, parents feel compelled to enrol and maintain their children in institutions that are supported by the government.

Significantly, one single ministry, MOSA, handles all the needs of people with disabilities in Lebanon, encompassing education, employment, and more. This is indicative of the government's approach towards people with disabilities.

Rather than ensuring that all sectors are inclusive of people with disabilities, this approach isolates them as a group of people who require specialized services separate from the rest of society.

As a result, parents and people with disabilities are excluded from the teaching process, and many parents do not believe in the potential for their children to learn. The responsibility for the high cost of inclusive education is shouldered solely by the parents. Social norms present significant barriers to the acceptance of people with disabilities in schools. The education system and rigid laws do not favor change. There's a lack of funds to adapt the school environment, employ teachers who support inclusion and are well trained, and procure adapted educational materials.

The Ministry of Social Affairs (MOSA) has three distinct units working on the thematic of disability: the Rights and Access (R&A) Programme, the Centre for Learning Disabilities, and the Department for the Affairs of the Disabled. The R&A Programme conducts the official disability assessment and issues the only officially recognized proof of disability: the Personal Disability Card (PDC). The R&A has eight centres across Lebanon which conduct these assessments, issue the cards, and provide other administrative services to people with disabilities, such as exemptions from certain taxes. The Centre for Learning Difficulties conducts the assessment of learning difficulties.

A psychologist conducts a psychological examination as the basis for a diagnosis. Notably, the psychological examination uses psychological and IQ tests to evaluate the individual and determine their mental and intellectual capacity. The Department for the Affairs of the Disabled is in charge of the relationship with specialized care institutions for people with disabilities.

This Department contracts these institutions as service providers and provides direct payment to them, per beneficiary. Care institutions also benefit from exemptions from municipal fees, vehicle registration fees, property taxes, and customs. MOSA also provides them with training on “the institutionalization of the protection and supervision of children in various procedures, steps, and standards that ensure the protection of children receiving care from the institutions¹².”

The financial crisis has led to the bankruptcy and closure of several institutions in the last three years. Entities contracted by MOSA to offer free services to persons with disabilities are lacking in funds, since the value of transfers from MOSA have not been adjusted to inflation and currency depreciation. At the time of writing of this paper, the Social Affairs Minister has formed a committee tasked with estimating the total cost of institutional care to persons with disabilities within one month. This cost would be sent to the Finance Ministry so that additional state funding is approved. If the Finance Ministry rejects the request, MOSA may have to resort to new contracts with care institutions whereby institutions would be allowed to charge beneficiaries a fixed and unified amount for their services.

The fact that the only services to persons with disabilities are provided through specialized care institutions means that families continue to be encouraged to place their children within these institutions.

The yearly number of institutions’ beneficiaries is 8,523 with a yearly cost of more than USD 44 million¹³. This means that 70% of MOSA’s expenditure on disability-related programmes is spent on 8,523 persons with disability who attend institutions, leaving about 110,000 with almost no coverage. On the other hand, the yearly total number of beneficiaries of the Rights and Access Program is between 10,000 and 11,000, with an annual budget of USD 7-8 million. It is worth noting that the R&A Programme provides people with assistive devices that facilitate their mobility and independent living, such as wheelchairs, hearing aids, white canes, etc. These devices are only made available sporadically, depending on availability of government funding, donations, and grants.

The Lebanese law 220/2000 on the Rights of People with Disabilities does not recognize the right of people with disabilities to live with their family and be independent.

In 2022, Lebanon ratified the Convention on the Rights of Persons with Disabilities (CRPD), including its optional protocol which was only ratified by 94 countries. Countries that sign and ratify a convention are responsible for modifying their laws to bring them in line with this Convention. This also means that the countries must ensure access for people with disabilities to everything they need by removing all barriers. The CRPD is an international treaty that identifies the rights of persons with disabilities as well as the obligations on States parties to the Convention to promote, protect and ensure those rights.

12- Letter from MOSA to Human Rights Watch, June 7, 2017.

13- The Disability Affairs Department, Ministry of Social Affairs, 2019.

14- Rights and Access Program, Ministry of Social Affairs, 2019.

Why are we calling for deinstitutionalization?

1. Institutions are places of segregation, which perpetuates the stigmatization of people with disabilities. Institutions give society, with the support of the government, the right to isolate part of the community solely because they have a disability, to deprive them of their rights, their freedom and to be able to live in their community as active members with rights and responsibilities. The creation of institutions has contributed to the isolation of people with disabilities and has made them invisible.

2. Institutions are places of social isolation, which worsens the physical and mental wellbeing of people with disabilities. Institutionalization creates very serious added handicap situations, especially at the emotional level. Many persons who live in institutions reported that they feel useless, they feel like an object and above all they feel like they are a serious burden on their family. They are therefore likely to grow and react as it is imposed on them with a delay in emotional development, unable to make a decision in addition to the fact that the lack of stimulation at any level will create a very serious intellectual and physical delay. The separation from family, siblings and friends, especially if it happens at a very early age, creates in the person with a disability, a feeling of abandonment and a belief that they are unwanted. Research has consistently demonstrated the adverse impacts experienced by institutionalized individuals with disabilities,

irrespective of the severity of their condition. It is common for many people with disabilities to conform to societal expectations, tolerating infantilization and relinquishing decision-making autonomy.

3. Institutions are very costly for the state while at the same time being underfunded, which compromises quality of care. Institutions often face criticism for inadequate staffing levels, insufficient training of staff, and inadequate resources. This can lead to a substandard quality of care, neglect, and abuse. Specialized care institutions can be expensive to run and maintain. They are often funded by public resources, which can be redirected towards pro-inclusion policies and social protection schemes.

4. Institutions have been exposed for various human rights violations. Studies and reports from around the world speak of the inhumane conditions experienced by people with disabilities in institutions, such as common practices of forced sterilization, murder, young people left to themselves, without food, medical or other care, and sexual abuse, among other human rights violations.

This situation continues, self-advocates in the region tell us that «I suffered a lot. I spent years moving from one institution to another. I was beaten. The food was very bad. My dream is to find a place where I can be comfortable¹⁵».

What does the CRPD say?

The CRPD is an instrument of international law which protects the human rights of people with disabilities and ensures that they enjoy the same human rights as everyone else. This means that people with disabilities should not be discriminated against because of their disability and have the right to enjoy life where they are respected and respectful. There are several articles in the CRPD that are at odds with the policy of institutionalization.

Article 3 includes several principles that promote inclusion:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
2. Non-discrimination;
3. Full and effective participation and inclusion in society, or, include the person with a disability in everyday life and give give them all the support and opportunities to live life as they want.
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity, or having a society made up of different people who are all equal and have the same opportunities;
5. Equality of opportunity;
6. Accessibility, ensure access for people with disabilities to everything they need by removing all barriers;
7. Equality between men and women;
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 19: Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

Article 24: Every person with a disability has the right to “inclusive, quality and free” education on an equal basis with other children, no matter their disability, gender, race and socio-economic and cultural background.

Article 27: States Parties recognize the right of persons with disability to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labor market and work environment that is open, inclusive and accessible to persons with disabilities.

What does the alternative to institutionalization look like?

As stated in the CRPD, the alternative to specialized care institutions for people with disabilities is full inclusion in society. To achieve full inclusion, the state must adopt a multisectoral inclusion strategy, introduce social protection schemes dedicated to people with disabilities and their caregivers, and adopt concrete measures to improve the accessibility of existing social protection schemes to people with disabilities.

> **Independent living with community-based care:**

To ensure true inclusion and equal opportunities for people with disabilities, several factors need to be addressed. Firstly, access to all community services must be inclusive, removing any barriers that prevent individuals from fully engaging and benefiting from these services. Secondly, individuals should have the freedom to choose from a range of services, support, and living arrangements that suit their preferences and needs. Independent living encompasses several key aspects, including the freedom for individuals with disabilities to choose their place of residence, living arrangements, and companionship, without being compelled to reside in a specific setting. Additionally, it entails the provision of a wide range of in-home, residential, and community-based support services that enable personal assistance, promote inclusion, and prevent isolation or segregation from the community.

Moreover, independent living requires that community services and facilities, designed for the general population, are equally accessible to individuals with disabilities and responsive to their unique needs. By upholding the principles of independent living, societies can ensure that individuals with disabilities enjoy the same rights and opportunities as their peers, fostering inclusive communities where everyone can thrive and actively participate.

“

We demand that all institutions are closed and that no new institutions or institutional type settings are built again.

We demand to be included and be part of our communities.

- Global Self-Advocacy Summit from Inclusion International Call to Action

> **Inclusive education:**

Entails a range of principles and practices, such as integrating children with and without disabilities into the same school, fostering acceptance and a sense of belonging for all students, providing necessary support within the class

room, and ensuring that teachers are equipped to educate all learners. Additionally, inclusive education involves employing diverse teaching methods to accommodate various learning styles and ensuring that instruction is accessible to everyone. Furthermore, parents of children with disabilities are actively involved in their child's educational journey, from the initial stages to its culmination. These principles of inclusive education collectively strive to create an inclusive and equitable learning environment for all students.

> Inclusive employment:

Dedicated advocacy for the creation of meaningful employment opportunities underpinned by equitable compensation is paramount. Inclusive employment encompasses several key aspects,

such as fostering workplaces where individuals with and without disabilities can work together harmoniously. Additionally, it involves providing necessary support to enable each person to perform their job effectively, while ensuring that everyone is treated with respect and has an equal sense of value and belonging in the workplace. Furthermore, inclusive employment necessitates fair and equal remuneration for individuals with disabilities, commensurate with the work they contribute, on par with their counterparts without disabilities. By embracing the principles of inclusive employment, societies can foster an inclusive and accessible work environment that upholds the rights and dignity of all individuals, regardless of disability.

“

Segregated education leads to segregated lives. When we started to promote Inclusive Education, we learned that it not only benefits children with disabilities, it provided better education for all.

- Diane Richler, Catalyst for Inclusive Education

”

I want my interview to be in simple language, not big words. I want to understand so I can answer your questions.

**- Favour Jideonwo,
Down Syndrome Foundation
Nigeria**



> Family and caregivers' support:

Recognizing the vital role of families and caregivers in the lives of individuals with disabilities, it's imperative to establish robust support systems. Adequate resources, specialized trainings, and tailored support services must be made readily available to caregivers. This approach empowers families and caregivers with the knowledge and skills to provide effective care while maintaining their own well-being. Such support extends to addressing the physical, emotional, and social needs of both individuals with disabilities and their caregivers. Ensuring accessible information and guidance for families, along with creating networks for sharing experiences and best practices strengthens the foundation for holistic care. By prioritizing family and caregivers support, societies not only honor the dedication of caregivers but also contribute to the overall well-being and quality of life for individuals with disabilities, fostering a more inclusive and compassionate society.

Recommendations for Practitioners in Lebanon

The transition from institutional social care to disability inclusion requires a comprehensive approach that addresses access, choice, attitudes, communication, and policy reform.

1. Nothing about us without us

In the trajectory of fostering inclusion, it's of paramount importance to recognize individuals with disabilities and their organizations as experts when planning for projects. The crux of cultivating inclusivity revolves around ensuring accessibility. This pertains not only to physical access to buildings but also encompasses the accessibility of information and communication. As the pursuit of inclusive communities unfolds, the involvement of individuals with disabilities in shaping these processes is pivotal.

2. Let's work together to change social norms

To support the transition towards an inclusive society, we recommend initiating awareness campaigns that revolve around human rights and the guiding principles of the CRPD. These campaigns should aim to change the perception of disability as an illness or punishment to valuing diversity and acknowledging individuals with disabilities as active and capable members of society. Collaboration between the government and OPDs can effectively raise awareness about these transformative viewpoints. It is also pivotal to establish networks of support and advocacy groups led by parents or caregivers of individuals with disabilities. These groups play a crucial role in addressing the diverse needs of individuals with disabilities.

The dissemination of stories that exemplify successful inclusion can serve as a source of inspiration and guidance for families.

Furthermore, the full engagement of disability-focused organizations in decision-making processes related to governmental and non-governmental policies and programs is essential. Success stories narrated by individuals with disabilities themselves will serve as potent catalysts for change.

3. Provide adequate support for families of persons with disabilities

The pathway to inclusion is intricately intertwined with the recognition of the pivotal roles of families, caregivers, and organizations of persons with disabilities. An indispensable step is the provision of comprehensive support services that cater to individuals with disabilities.

Facilitating platforms for families to convene, deliberate, and interact with professionals amplifies their effectiveness. Support mechanisms should be established that empower parents in advocating for their children's rights.

As we surge forward in pursuit of an inclusive society, platforms that facilitate knowledge exchange between families, professionals, and disability organizations should be established, ultimately fostering guidance, decision-making, and connection.

4. Commit to Legal and Policy Reforms

Translating inclusivity into reality demands a comprehensive strategy firmly rooted in resolute governmental commitment. This process necessitates a thorough review of existing laws to ensure their harmonization with the core principles enshrined in the CRPD. The alignment of Lebanon's legal framework with the CRPD's principles should stand as a steadfast commitment. Inclusion's authenticity and efficacy are fortified through the active participation of individuals with disabilities and their organizations throughout the project lifecycle, from inception to fruition. This participatory collaboration extends to the reformulation of legal frameworks, with the voices of individuals with disabilities and their organizations guiding the timing and method of legal adjustments. To ensure a holistic approach, the government and disability organizations should collaboratively identify and engage the requisite experts. This collaborative spirit should further extend to cultivating profound understanding of the unique needs of individuals with disabilities, culminating in the meticulous construction of an action plan for inclusion.

5. Carve out a real role for the Ministry of Education and for families

Affirming the foundation of inclusivity, education for all children must fall under the jurisdiction of the Ministry of

Education. Inclusive classrooms where all students, including those with disabilities, thrive collectively are essential. The significance of early detection and intervention as the bedrock of education cannot be understated. Ensuring accessible schooling for every student mandates the robust implementation of laws. Schools should evolve into nurturing environments where all students thrive; this transformation involves the equitable distribution of teaching responsibilities among key stakeholders - directors, educators, students, and parents. The unwavering commitment to the philosophy of inclusion should reverberate within each educational institution, with its essence imparted to every student. Active parental involvement in decisions related to their child's pursuits fosters a collaborative atmosphere. The indispensable role of families in championing their children's rights through essential support should be celebrated.

The bottom line

In essence, the trajectory towards inclusion embarks upon the recognition of the pivotal roles held by families, caregivers, and disability organizations.

By channelling essential resources and unwavering support into these foundational pillars, we collectively forge a path towards a future characterized by the embodiment of inclusivity and compassion.

By embracing these principles collaboratively, we lay the foundation for a society that embraces and safeguards the rights and dignity of all individuals, irrespective of their abilities. The moment has come to elevate inclusion to the forefront, empowering individuals with disabilities to partake in life on equal footing and nurturing a society that reveres the richness of diversity and champions inclusion for all.

Social Assistance for Persons with Disabilities

Written by: Ibrahim Abdallah, Lebanese Universities League for the Blind

Introduction

Social assistance constitutes a complex and multifaceted pillar of social protection systems. This paper attempts to shed light on this pillar as a basic component of social protection providing essential financial support to individuals, including persons with disabilities and households incapable of securing their minimum basic needs because of poverty, unemployment, disability, or other lifecycle contingencies. This paper presents clearly and explicitly the position of OPDs in Lebanon with regard to the available social assistance as well as the obstacles and challenges that persons with disabilities face in accessing this assistance. The paper also articulates the aspirations of OPDs towards adopting a new disability-inclusive approach to social assistance within the broader social protection framework.

The lack of a comprehensive and coherent social protection system negatively impacts key segments of society who remain relatively excluded from social protection programmes and without adequate coverage. This includes persons with disabilities who often represent the poorest groups, with high levels of unemployment and illiteracy. Given the negative correlation between disability, education, and economic opportunities, it is only natural that persons with disabilities end up amongst the poorest and most difficult-to-reach societal groups.

Indeed, numerous people with disabilities in Lebanon face marginalization, exclusion, and discrimination, alongside environmental, behavioural, and institutional barriers that hinder their participation in society and prevent the full realization of their social, educational, health, and economic rights.

Furthermore, successive economic, financial, health, and social crises in the country have disrupted the current health system, exacerbated social and economic vulnerabilities, uncovered weaknesses and flaws in the social protection system, and exacerbated unemployment levels among persons with disabilities. It is important to mention, as well, that the social protection system in place focuses on short-term and fragmented measures and programs as an alternative to long-term and sustainable social assistance plans. There is a need for a systemic shift in the approach to social assistance, to create programmes based on a sound social contract, rooted in universal human rights, and capable of responding to crises and addressing shocks to the system.

Social Assistance: Definition, Forms, and Relevance

Social assistance is a form of social protection which provides support to individuals and households incapable of meeting their basic needs due to poverty, disability, unemployment, or other life

circumstances which can result in income instability and insecurity. Social assistance includes cash allowances, in-kind transfers, exemptions from certain fees and taxes, and subsidies. These programmes seek to promote social and economic inclusion, thus providing a decent living for citizens, including people with disabilities. However, these programs should be integrated with other social protection measures to become more effective and impactful.

The social assistance programs that should be available for people with disabilities are detailed below:

1. Cash transfers: direct payments made to eligible persons with disabilities in order to help them cover their basic needs, such as food, shelter, and medical care. Cash transfers can be made on a regular (monthly or quarterly) basis or as a one-time payment to cover unexpected expenses.

2. Financial subsidies for assistive devices and technologies: people with disabilities often need special devices and technologies that assist them in performing daily tasks or participating in education, work, and other activities. Social assistance programs may provide subsidies that help cover the costs of such devices, such as wheelchairs, hearing and visual aids, and prosthetics.

3. Home support or personal assistance: some people with disabilities need help in performing their daily tasks, such as showering, getting dressed, and preparing meals. Social assistance programs may provide funding to cover such services,

such as the charges of a personal assistant or service provider.

4. Transportation allowance: people with disabilities face barriers in accessing transportation, which might limit their ability to commute to school, work, or social activities. Social assistance programs may provide allowances or subsidies in covering transportation costs.

Social Assistance Available for Persons with Disabilities in Lebanon

Social assistance programmes in Lebanon suffer from several gaps but the most prominent one remains the exclusion of certain vulnerable populations, such as older persons and persons with disabilities, from assistance. What are the most prominent social assistance programs targeting people with disabilities? What are the opportunities they provide? What are the gaps in these programs?

> The National Poverty Targeting Program (NPTP)

The National Poverty Targeting Program is a monthly cash allowance provided to households deemed to be in poverty. To determine a household's poverty level, the NPTP relies on 62 indicators assessed through a household visit and survey. Although the targeting mechanisms and indicators adopted by the NPTP follow a non-discrimination policy in terms of gender and disability, in terms of absolute value, the program's coverage of vulnerable individuals is relatively low, with only 10% of recipients with severe disabilities (23,160)¹⁶. In 2023, the program covered around 75,000 households.

16- Social Protection in Lebanon, Sector Analysis, Beyond Group in cooperation with UNICEF, the International Labor Organization, and the Ministry of Social Affairs, June 15, 2020.

> The Emergency Social Safety Net (ESSN)

The ESSN is considered an extension of the NPTP, which targets the poorest families in Lebanon. The ESSN provides a monthly cash allowance to the poorest families, in addition to educational contributions, social services, and the elements necessary to establish response systems. The program aims to reach 150,000 households. Nevertheless, many households could not benefit from the ESSN and have raised complaints, notably households including persons with disabilities. Although disability was, initially, established as an eligibility criterion, the Minister of Social Affairs later stated that program organizers removed this criterion without providing any justification.

> The National Disability Allowance

The National Disability Allowance is a social assistance program which aims to provide a monthly allowance to all persons with disabilities without exception, as a compensation for the additional costs incurred due to disability. Due to limited funding, in its first phase, the program targeted young people with disabilities, between 15 and 30 years old. The number of potential Lebanese beneficiaries from the program is estimated at 12,500 people. Program partners aspire to transform it progressively into a permanent national program, encompassing all people with disabilities from all age groups.

> Assistance provided by the Rights and Access Program

Due to financial constraints, social assistance provided through the Rights and Access Program is limited to assistive devices, such as wheelchairs, crutches, and other mobility devices. The beneficiaries are therefore mostly restricted to persons with mobility disabilities. Holders of Personal Disability Cards are also eligible to obtain official documents that entitle them to some exemptions from municipal fees, real estate property tax, and some discounts on travel tickets, customs duties, and car registration fees.

Gaps and Challenges

There are several gaps in social assistance programmes within the framework of social protection for persons with disabilities which differ from one country or region to another. In Lebanon, they are undoubtedly entrenched in the fragmented social protection system. In addition, the system faces notable challenges. Both the gaps and challenges as detailed below:

> **There is a lack of accurate and fair eligibility criteria for receiving social assistance**, particularly for the NPTP and ESSN, due to the method used for estimating the poverty level, called proxy means testing, which has been widely proven to lead to exclusion errors. Additionally, registration in these programmes is based on applications while there is limited awareness regarding the program among the poor, and especially among persons with disabilities.

> **The Rights and Access Programme relies on a disability assessment that leans towards the medical model of disability and does not adequately consider the diversity of people with disabilities and their individual support needs.** The Personal Disability Card is a requirement in order to receive social assistance, including the NDA and other benefits provided by the Rights and Access Programme. However, it is estimated that only 2.4% of the Lebanese population hold Personal Disability Cards¹⁷, and 52% of Lebanese people with disabilities have not applied to receive the card or have never even heard of it¹⁸. Additionally, the Personal Disability Card provides limited benefits, which leads to lack of awareness or interest among the Lebanese persons with disabilities in obtaining the card. This prevents many people with disabilities from accessing available social assistance.

> **The budget allocated for social assistance is low and international financial support is insufficient:** Most of the programmes mentioned above rely on international funding, which puts their sustainability in question. Even when social assistance is provided, the budget allocated for it is often inadequate to meet all the needs of persons with disabilities. These persons then find themselves struggling to cover the expenses and access healthcare, education, and other services. In fact, funding for social assistance is quite scarce, as only 1% of the GDP is allocated for social safety nets¹⁹. Furthermore, the limited government financial support for the cash allowance

program led to insufficient coverage. Only around 12,500 persons with disabilities are receiving support that for one year, recently extended to 18 months. This means that the vast majority of people with disabilities were deprived of their right to receive support due to insufficient funds. The budget allocated for assistive devices under the Rights and Access Program, as well, is meagre and is often depleted early on, leaving the persons concerned without any support until the end of the term, awaiting the next budget. It should be noted that the budget of the Ministry of Social Affairs is the weakest and lowest among the budgets of all service ministries. In this context, it is important to mention that the Ministry of Social Affairs has allocated, in the approved 2024 budget, LBP 450 billion for social grants, including the National Disability Allowance as well as LBP 150 billion for the NPTP and ESSN.

> **Access to healthcare and other services is inadequate:** People with disabilities might need specialized healthcare or other support services not provided through social assistance programs. Therefore, social assistance programs should be accompanied by enhanced accessibility to health services, which increases the effectiveness of social assistance and improves the well-being and quality of life of people with disabilities. Lebanon faces many challenges and obstacles in meeting the basic needs of people with disabilities, especially in terms of healthcare services.

17- Ministry of Social Affairs Data, 2019.

18- Family Health Survey, EU Trust Fund (Madad), 2019.

19- Social Protection in Lebanon, Sector Analysis, Beyond Group in cooperation with UNICEF, the International Labor Organization, and the Ministry of Social Affairs, June 15, 2020.

Such challenges have even multiplied with the economic, financial, and health crises, which have led to an almost complete collapse of the health and social system in the country.

> **Employment support for persons with disabilities is insufficient:** Persons with disabilities might face barriers to employment, such as discrimination and lack of job opportunities. Social protection programmes should therefore include employment support such as job training programs, vocational rehabilitation programs, and other support for persons with disabilities to find and retain employment. Access to employment opportunities can contribute to improving economic well-being for persons with disabilities and reducing their dependence on social assistance. In Lebanon, although the employment quota for persons with disabilities has been approved for both the public and private sectors, it is not fully implemented due to the lack of a legal enforcement mechanism. The Labour Force and Household Living Conditions Survey in Lebanon (LFHLCS, 2019) indicates that the participation of the persons with disabilities in the labour market is 13.1%, around 35 percentage points lower than people without disabilities. The survey also shows that the majority of Lebanese citizens with disabilities (86.9%) are out of the workforce, 7.5% are engaged in informal work, 4.3% are engaged in formal work, while 1.3% are unemployed. Employment in the public sector, which had long been ineffective, has now stopped completely after the Parliament issued Law No. 17/46

discontinuing employment in the public sector and all public institutions, unless a Cabinet decision is issued in this regard²⁰. The 2019 budget reconfirmed this decision²¹. In addition, a study by the Civil Service Council²² regarding the implementation of the 3% quota in the public sector, as stipulated in Law No. 220/2000, revealed that only 269 people with disabilities are employed in public administrations that have 12,155 jobs available, which amounts to 2.08%, i.e. lower than the required 3%. Importantly, as well, a significant number of administrations did not respond to the questions in this study.

> **The impact of existing social assistance programs on social inclusion and the participation of people with disabilities is low:** An assessment of the social assistance program and its effect on mitigating discrimination and increasing the inclusion of persons with disabilities in society shows that the impact of such activities is minimal. In Lebanon, assistive devices are provided, compensating some of the additional costs borne by people with disabilities and promoting their independence. However, such initiatives do not fully respond to the needs of persons with disabilities from different age groups and with different types of disabilities. Moreover, exemptions on customs, municipal taxes, built property taxes, customs duties on cars and disability devices, and car registration fees are not progressive, thus benefiting the wealthier groups. Accordingly, exemptions and assistive devices do not meet the basic needs of people with disabilities in a way

20- Article 21 of Law 46 of 2017/8/21.

21- Article 80 of the 2019 Budget Law.

22- Civil Service Council report on the implementation of the quota in the public sector, 10/1/2019.

that ensures independent living and effective social inclusion. The available social assistance does not include the cash transfers needed to cover the costs of a personal assistant/helper or assistive technologies which enhance the possibility of full integration in society.

> **There is a lack of coordination between services:** Lack of coordination is often observed among different social assistance programs, which could lead to overlapping services and gaps in support. This makes it difficult for people with disabilities to navigate the system and access the support they need. An example of such a case is the lack of coordination between the Ministry of Social Affairs and the Ministry of Public Health regarding providing services and aids to people with disabilities, the Ministry of Education with regard to ensuring their education, and the Ministry of Labour with regard to providing them with job opportunities.

Conclusion and Recommendations

Overall, social assistance is considered an integral element of social protection for persons with disabilities, as it plays a crucial role in promoting their economic and social well-being, protecting them from poverty and exclusion, and ensuring their access to basic services and opportunities. Reforming the social assistance system within the social protection framework requires a multifaceted approach. This position paper hence presents recommendations to reforming the adopted social assistance system:

1. Expanding the scope of eligibility criteria: MOSA should reconsider expanding the scope of the eligibility criteria adopted for social assistance programmes to ensure the inclusion of persons with disabilities who are most in need. This entails:

- Adopting a broader definition of disability which is more inclusive and based on a social approach.
- Ensuring access to the application process and relevant information.
- Expanding the registration scope of persons with disabilities and implementing outreach activities for the most marginalized groups.
- Providing reasonable accommodation for persons with disabilities, where needed.

2. Increasing domestic resources for social assistance: The Lebanese government should increase the financial support available through social assistance programs for persons with disabilities. This helps ensure access of this group to the resources they need to live independently and fully participate in society. This entails:

- Increasing the budget of the MOSA in order to achieve a shift towards supporting people with disabilities in living independently in society.
- Adopting a progressive tax policy.
- Further expanding the NDA for persons with disability and transforming it into a national program capable of providing coverage for people with disabilities of different age groups, as well as increasing the approved allocations to match the real value of additional costs incurred as a result of disability.

of such assistance are not deprived of mainstream social assistance programs.

- Expanding the scope of the NPTP to become more inclusive, revisiting the adopted criteria, and prioritizing disability, all while ensuring transparency and accountability in targeting mechanisms, the suitability of the transfer value, focus on cash assistance instead of food assistance, and comprehensive geographical coverage that does not exclude any group.
- Amending the methodology of the ESSN to reconsider disability as a main criterion for receiving support and expanding its scope to include middle-class households which have now become in dire need for assistance.
- Providing cash assistance to elderly people with disabilities who do not benefit from social security funds.
- Providing cash assistance to working-age people who cannot get a job because of difficulties in job performance and obstacles that prevent them from entering the labour market.
- Providing cash assistance to working-age people who cannot get a job because of difficulties in job performance and obstacles that prevent them from entering the labour market.

3. Improving and promoting access to healthcare and other services that should complement the work of social assistance programs.

4. Providing social assistance in times of crisis, especially risks emerging from war and other emergencies that directly affect people with disabilities.

5. Expanding the scope of the Rights and Access Program to include all assistive devices and technologies, the costs

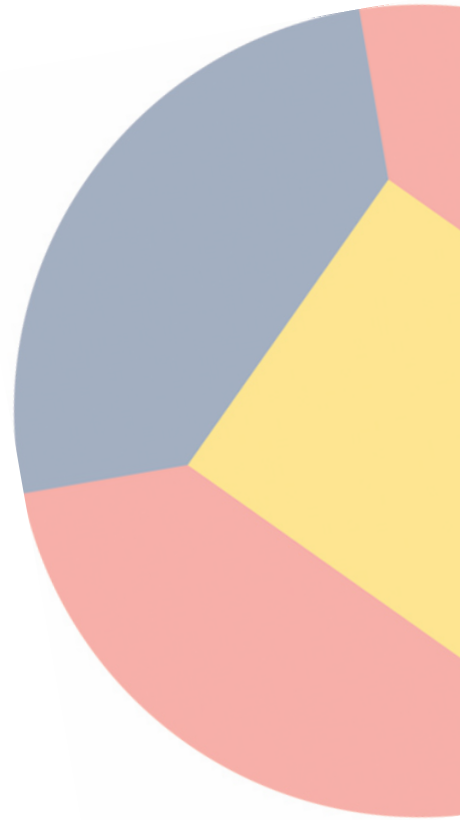
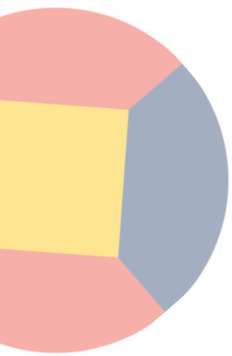
of hiring personal help/assistance, and all disabilities in all geographic areas.

6. Increasing employment support with a view to decreasing dependence on social assistance; the government should, in this regard, increase support of persons with disabilities in accessing and retaining jobs, which increases their economic independence and access to social insurance schemes.

7. Addressing exclusion and discrimination: The government, with all its ministries and departments, should combat exclusionary and discriminatory practices against people with disabilities, which prevent them from receiving social assistance and other support services. This entails conducting awareness campaigns in local communities and training for service providers on how to talk to and work with people with disabilities. The government should also work on issuing and enforcing laws to combat discrimination, persecution, marginalization, and exclusion.

8. Enhancing coordination across service ministries: The government should ensure coordination among ministries, specifically among the different social assistance programs and support services. This helps ensure that people with disabilities receive the support they need in a timely and effective manner. This entails developing a coordination mechanism for social assistance programs, which includes representatives of ministries, donors, supporters, and disability organizations involved in order to coordinate their work and ensure that all people

who are eligible and in need receive assistance, alongside emphasizing transparency and proper implementation. The different actors involved in social assistance should also conduct a yearly assessment to ensure that assistance is provided for all eligible individuals in a manner that serves program goals.



MOSA's Rights and Access Program

Written by: Imadeddine Raef, Lebanese Union for People with Physical Disabilities, and Ibrahim Abdallah, Lebanese Universities League for the Blind.

Introduction

Securing social assistance and services remains a main priority for persons with disabilities in Lebanon. Yet, several obstacles still hinder their access to these services, limiting their full participation in day-to-day activities and preventing their inclusion in society. Social assistance and services are particularly important given their contribution to sustainable social development and to social integration and social justice, by meeting the needs of all individuals, activating the role of persons with disabilities in their local communities, and enabling their full participation in society.

In 1993, in recognition of the importance of these services, the government established the Ministry of Social Affairs by virtue of Law No. 212/1993²³, firstly in order to respond to the social needs resulting from the civil war and secondly to provide social assistance to marginalized and vulnerable groups, including persons with disabilities. The National Association for the Rights of Persons with Disabilities (NARD) was established in 1993 by virtue of a Law No. 243/93 for the same purpose.

The Ministry of Social Affairs and the National Association for the Rights of Persons with Disabilities launched

the Rights and Access Programme to provide services to Persons with disabilities and implement the Association's decisions and programmes with the objective of improving their situation and integrating them in society.

The programme was legally adopted by virtue of Law No. 220/2000 on the Rights of Persons with Disabilities, which was passed on May 29, 2000, and tasked the Ministry of Social Affairs with implementing the Rights and Access Programme. This position paper explores the programme's current state and aims to present the perspective of the organizations of people with disabilities with respect to the programme.

Programme Vision and Objectives

The Rights and Access Programme is the first national rights-based programme in Lebanon. It is the fruit of the ambitious aspirations towards the inclusion of persons with disabilities in society and a reflection of global trends that emerged in the 1980s. The program embodies MOSA's policy to facilitate independent living and ensure some form of social protection for persons with disabilities. However, the program falls short on its vision which states that it is a long-term national plan, to be implemented in stages, to ultimately ensure the full inclusion of persons with disabilities in society.

23- Law No. 212 was amended by virtue of Law No. 327 and Decree No. 5734

24- See the process of transformation towards integration in the introduction of the "Standard Rules on the Equalization of Opportunities for Persons with Disabilities" during the 1980s:

<https://www.ohchr.org/en/instruments-mechanisms/instruments/standard-rules-equalization-opportunities-persons-disabilities>

As for its mission, it consisted of transitioning persons with disabilities from institutional care to community care, and transforming the approach towards disability from sympathy and charity to rights-based action. The program works on two levels. The first is facilitating persons with disabilities' access to all their rights; and the second is conducting an in-depth review and audit of all the laws and the strategies set by NARD.

The general objectives of the Rights and Access Program²⁵:

1. Identify the rights and entitlements of Persons with Disabilities.
2. Facilitate the access of Persons with Disabilities to these rights and other entitlements.
3. Transform the relationship between the public and private sectors (at the institutional and personal levels) from one based on sympathy and affiliation (family, political, religious, etc.) to one based on rights.

The practical targets of the program:

1. Determine the categories and definitions of disability and issue personal disability cards.
2. Identify and categorize services in line with specific standards and procedures.
3. Establish a progressive and decentralized structure within the public administration (ministry) to streamline the handling and management of cases.
4. Secure funding for specialized services through all official insurers and relevant ministries.
5. Promulgate the relevant legislations to guarantee these rights.
6. Raise awareness and disseminate information.

The Programme's Current State

Programme's Services and Centers

The Rights and Access Programme offers a range of services to persons with disabilities and specialized organizations. In line with the principle of decentralized social action, eight centers across the country were established as part of this programme, in a bid to provide adjacent services for Persons with disabilities, thereby facilitating their swift and effective access to rights and entitlements. Located in Hadath, Jisr Al-Wati, Tripoli, Ghazieh, Baalbek, Baaqline, Halba, and Taanayel, these centers provide free consultations and disability diagnosis, maintain the

personal records of the disability card holders, and carry out media awareness-raising campaigns in different regions in coordination with the Disabled Persons' Affairs Authority and the Model Center for Persons with Disabilities.

The programme also issues care requests at institutions and certificates for Personal Disability Card holders, in line with Law No. 220/2000 (by virtue of Ministerial Decision No. 257/1 of 30/11/2000). These certificates exempt Persons with disabilities from municipality fees, built property tax, and car registration and customs fees. The programme also issues the same certificates for specialized institutions, in addition to attestations to the National Social Security Fund²⁶.

25- Ministry of Social Affairs

26- Ministry of Social Affairs

The programme's main activities include:

1. Issuing the Personal Disability Card (PDC)

The PDC is provided for in Article 4 of Law No. 220/2000, whereby “(a) any person with disability whose disability type is mentioned in Article 3 of this law has the right to a personal card that enables them to practice the rights and privileges provided for in the laws and regulations in force. (b) This card is the only means to prove the disability.” Article 3 of the same law is based on the international classification of disabilities, impairments, and handicaps issued by the WHO in 1980 and its later amendments. The four types are, in brief, as follows: motor, visual, hearing, and mental disabilities. As such, the classification of disability is largely based on the medical model and therefore has to be reconsidered. Article 5 of Law No. 220/2000 specifies the conditions for acquiring the Personal Disability Card. These are: applying in person, submitting applications through accredited centers, providing the required documents, and the validity period of the Personal Disability Card. In this context, the programme's eight accredited centers grant the PDC after a specialized physician has examined the applicant²⁷. A factsheet on the PDC (as of March 31, 2023)²⁸ indicates that “the number of PDC holders has reached around 120,000 people.”

Lebanon has never conducted a comprehensive survey of Persons with

disabilities. However, the labour force and household living conditions survey (LFHLCS, 2019) indicated that people with medium and severe disabilities represent 4.4% of the Lebanese population and that 12.7% of Lebanese citizens have minor disabilities.

In light of the above, Persons with disabilities seek to acquire the PDC depending on whether or not they need the services that the card can provide. The majority of Persons with disabilities felt there was no need to obtain the card. For instance, out of 564 Persons with disabilities who took part in an ad-hoc survey²⁹ between June 24 and July 1, 2021, 33% said that they did not hold a PDC despite knowing how to acquire it.

Currently, following the launch of the National Disability Allowance (NDA) programme which targets youth with disabilities, the number of beneficiaries has reached 27,000 Lebanese and non-Lebanese Persons with disabilities. According to data from the Ministry of Social Affairs, the number of Lebanese citizens covered by this programme from the same age range amounts to 12,500 Persons with Disabilities.

2. Adjacent Services

The programme issues and covers requests for adjacent services, including all kinds of wheelchairs, crutches, canes, walkers, medical shoes, beds, cushions, and special gangrene-preventing mattresses, in addition to special aids to deal

27- Under the present circumstances, the person with disability must call beforehand and book an appointment during working days in order to undergo a medical examination at the center.

28- Factsheet not published on the website of the Ministry of Social Affairs – obtained by the author unofficially through a member of NARD on May 5, 2023.

29- Healthcare conditions of persons with disabilities in Lebanon – needs and challenges, Lebanese Union for People with Physical Disabilities, 2021. See: <https://www.facebook.com/lupdlb/videos/4206118676134877>.

with incontinence and hearing aids. As such, the services, attestations, and requests offered by the programme fall very short from its objectives which consist of “securing the rights and entitlements of persons with disabilities, facilitating access to those rights and other entitlements, and transforming the relationship between the public and private sectors (at the institutional or personal levels) from one based on sympathy and affiliation (family, political, religious, etc.) to a one based on rights³⁰.”

Challenges and Gaps

The Rights and Access Programme faces several challenges and gaps, including:

> **The assessment and diagnosis of disability is based on a medical definition:**

The disability definition criteria used to grant the Personal Disability Card (PDC) are based on the medical rather than social model of disability, and they do not appropriately consider the diverse elements of disability or the special assistance needs of individuals, thus hindering their access to the programme's services.

> **Lack of budget and scarcity of resources:** The programme usually suffers from resource scarcity and budget limitations, causing an interruption of services for those who need them the most. In 2019, the programme's budget reached LBP 9.9 billion (USD 6 million at the time), i.e. 10% of the Ministry of Social Affairs' total budget for disability³¹. This budget must cover the needs of more than 120,000 people who had received their PDC as of 31/3/2023.

> **The services offered by the programme are limited to motor disability:** Since its inception, the programme mainly provides assistive devices related to motor disability. Hearing aids for people with hearing disabilities are considered costly and are not covered in the programme's budget (although they were available at times through some donations to the Ministry).

> **Limited information sharing:** The Ministry of Social Affairs does not share information on Persons with disabilities or the services provided under the Rights and Access Programme, and it does not publish any detailed periodical or annual reports on the programme and its outcomes. The experience of disability organizations over the past three decades is proof that accessing the information is nearly impossible. In fact, information is restricted to very specific cases and only consists of a data sheet showcasing the numbers and percentages of Personal Disability Card holders.

> **Limited number and Inadequate geographical distribution:** The distribution of the programme's service centers does not align with the geographical distribution of Persons with disabilities across the country. As a result, many Persons with disabilities incur the trouble and cost of commuting to these centers to access the services. The centers are also scarce compared to the number of districts in Lebanon (25), and their distribution does not serve any specific objective, with a single center servicing the districts of South Lebanon and Nabatiyeh governorates for instance.

30- <http://www.socialaffairs.gov.lb/MSASubPage.aspx?parm=116&parentID=100>.

31- Information accessed by the author on August 3, 2023, from a member of NARD, who received it from the Rights and Access Programme.

Conclusion and General Recommendations

Despite the abovementioned challenges and gaps, the Rights and Access Programme has been relatively successful, at least in transforming Persons with disabilities' services and needs into rights that must be provided to them free of charge. Although the programme is still active, its needs to be redirected to meet its objectives of securing the needs of persons with disabilities, including devices and services, and supporting their autonomous living within their local communities. The programme has also expanded its geographical scope and improved the quality of its services. However, it should not be limited to providing services such as aids and issuing PDCs; rather, the programme should strive to ensure the rights of persons with disabilities and facilitate their integration in society in close cooperation with OPDs. Below are some recommendations to achieve this goal:

1. Adopt a new definition of disability based on the social approach and reclassify disabilities in line with this new definition and with the Convention on the Rights of Persons with Disabilities (CRPD) ratified by Lebanon on February 6, 2023, by virtue of Decree No. 10966 issued by the Council of Ministers, as per Law No. 291 passed by Parliament on April 12, 2022, granting the Cabinet the right to ratify the Convention.

2. Redirect the Rights and Access Programme towards facilitating the independent living of persons with

disabilities, in preparation for their integration in society and the provision of all their rights, in coordination and consultation with OPDs.

3. Establish an independent administrative system for the programme with an administrative board that includes the Ministry of Social Affairs, relevant ministries and public administrations tasked with disability affairs, and OPDs. The members of the administrative board should strive to secure the right of persons with disabilities to autonomous living by securing all their needs.

4. Activate the Personal Disability Card and enable its holders to access the services provided for in the law, including the benefits to be provided following the implementation of the International Convention and the amendment of the relevant local laws.

5. Launch a comprehensive awareness campaign at the national level around the importance of obtaining the PDC for every person with a disability, which would enable them to access all the services it provides.

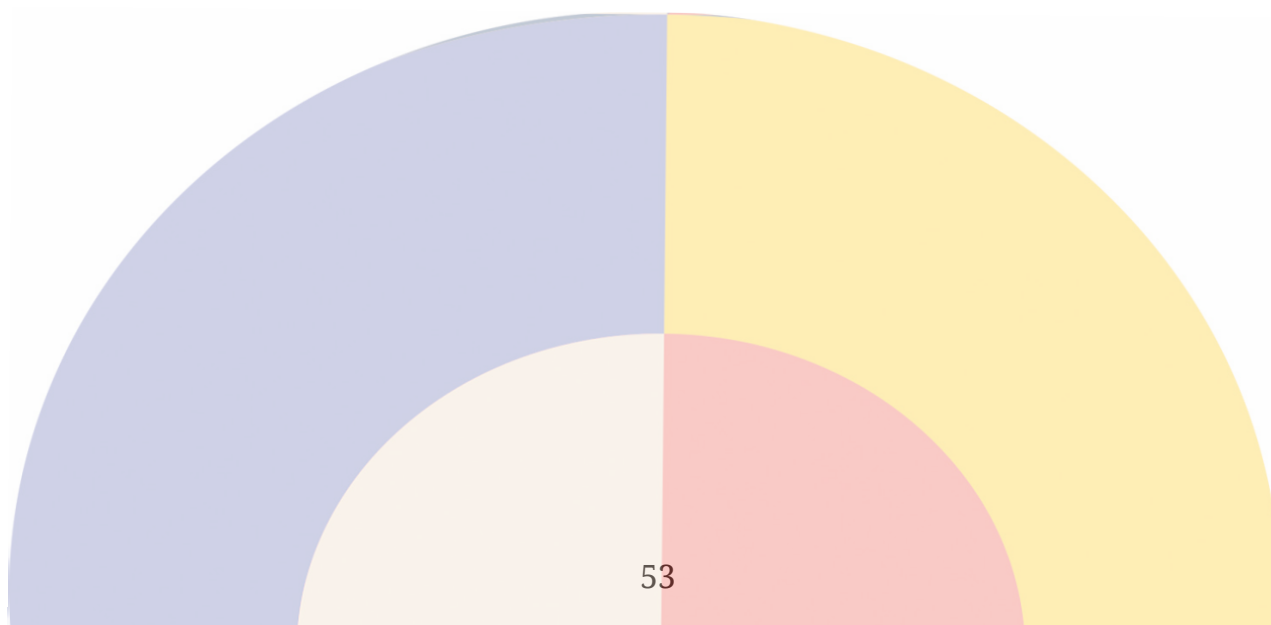
6. Expand the programme's geographical scope by establishing new centers across all Lebanese districts, at close proximity to the main roads where public transportation is available, and equipping the centers with all features necessary to meet needs of persons with disabilities.

7. Establish an electronic system that links the Rights and Access Programme to the Disabled Persons' Affairs Authority and the Model Center for Persons with Disabilities to facilitate case referrals between the three parties.

8. Expand the scope of the programme's services in terms of the diversity and nature of services and the disabilities they cover, in a bid to reach all persons with disabilities, including persons with visual, hearing, and mental disabilities and provide them with medical aids, devices, or other types of assistive devices and technologies depending on their needs.

9. Allocate sufficient funds to the programme as part of the Ministry of Social Affairs' budget to cover all needs and implement the programme's main objectives.

10. Roll out the electronic Personal Disability Card, reassess and update the PDC database with new available information, and address inconsistencies that have undermined the database since its establishment.



Cash Allowance for Persons with Disabilities in Lebanon

Written by: Nawaf Kabbara, Forum for the Rights of Persons with Disability

Introduction

This paper presents an overview of cash allowance schemes (also known as social grants or social assistance schemes) for persons with disabilities in several countries around the world. It also examines the reality of these policies in Lebanon, as well as the social assistance provided by the Lebanese government to people with disabilities, the National Disability Allowance (NDA). The paper also tackles the conceptual dimensions of this issue and includes a proposed position regarding the policy on social assistance for persons with disabilities in Lebanon.

Cash Allowance for Persons with Disabilities: The Rationale

The Lebanese government, represented by MOSA, recently launched the National Disability Allowance (NDA), an unconditional cash allowance for people with disabilities in Lebanon, with the support of the ILO and UNICEF and in consultation with OPDs. In its first roll-out phase in 2023, the NDA programme prioritized people with disabilities aged 18-28³² and provided a monthly allowance for an initial period of 12 months

According to the Minister of Social Affairs, the aim of the Lebanese government was to adopt a policy of

direct cash allowances for persons with disabilities, starting with this scheme, based on a plan that begins with supporting young people with disabilities and progressively expands to cover all people with disabilities, pursuant to a reformed disability assessment and classification system.

This NDA constitutes a paradigm shift in the government's policy towards people with disabilities. Indeed, prior to the NDA, financial support provided by MOSA went to specialized care institutions exclusively whereas the NDA is an individual entitlement for the persons with disabilities themselves. Specialized care institutions cover 9,000 beneficiaries only out of a total of 120,000 people who hold an official Personal Disability Card (PDC) issued by MOSA. As an individual entitlement, the NDA would ultimately cover all Personal Disability Card holders.

Internationally, the rationale behind adopting individual disability social grants is to affirm the responsibility of society and state to cover the additional costs that individuals with disabilities and their families incur as a result of disability. Persons with disabilities and their families face various barriers that generate additional costs, such as the cost of securing a helper or aide, a sign language interpreter, accessible transportation, assistive devices,

32- Now expanded to the 15-30 age range, or people born between 1994 and 2009.

equipment and software assisting in communication and independent living, accessibility adjustments to their homes, etc. Some people with disabilities may also incur additional costs in the form of foregone wages due to inability to work, as well as the foregone wages of any caretaker(s) in the household due to their provision of support and care. All these costs prevent the person with disabilities and their household from having the same financial capabilities and purchasing power as other people to secure basic needs and services and fully participate in society. As such, both state and society have a responsibility to reduce this gap. There are four reasons why it is important for the state and society to provide this type of support. The first reason is that disability imposes life difficulties and additional costs. Given that most persons with disabilities and their families are unable to bear this burden alone, society – represented by the state – should intervene through social solidarity schemes to protect those people and their families. The second reason is that disability is not limited to a specific social group. Disability does not discriminate between ethnicities or gender identities. Disability is a social and medical condition that can affect any member of society either permanently or temporarily. Therefore, social protection policies, and particularly cash allowances, act as an insurance policy for all members of society, providing them with reassurance and a guarantee that they would not be left to face

the disability and its costs alone. The third reason is related to the financial and societal costs that the community has to bear to deal with cases of disability. The cost of social protection and cash allowances is borne by society, either through taxes or through direct donations to civil society associations, which in turn provide services to families and individuals directly.

Over the past century, government policies and societal trends were based on supporting specialized care institutions and isolating persons with disabilities in these institutions, on the grounds that care institutions are the most capable of taking care of them and their medical needs. Disability has always been considered first and foremost as a medical condition. However, this approach has proven to be ineffective. First, from a financial perspective, the cost of institutional care is far greater than the cost of integration in society, which is why governments in general, and especially governments of middle and low income countries, are unable to bear the financial burden of housing and caring for all persons with disabilities within care institutions. Second, institution-based policies are in contradiction with human rights. While the purpose of institutions is seemingly to provide care, prevention, and protection, they are essentially a sentence of confinement for life against people with disabilities for no fault of their own, as they are often separated from their families and environment and deprived of living with the rest of

29- <http://www.socialaffairs.gov.lb/MSASubPage.aspx?parm=116&parentID=100>

30- Draft National Social Protection Strategy, January 2022, p. 28-29.

31- Apart from this programme, no other MoSA projects refer to Persons with disabilities as a separate group. There is another non-rights-based programme entitled the “Model Center for Persons with Disabilities” which consists of an official center in charge of IQ testing and providing speech therapy services free of charge for children with speech impediments. See:

<http://www.socialaffairs.gov.lb/MSASubPage.aspx?parm=115&parentID=100>

society. Who would want to see themselves or their family in such a situation? Families seek out care institutions due to their lack of financial means, knowledge, and skills to care for people with disabilities. By adopting disability-inclusive policies and securing individual allowances and other social protection policies, the state would end this dilemma and rectify this harmful practice which violates human rights. The fourth reason is that cash allowances are often accompanied by inclusive policies that help people with disabilities integrate into society and the labour market, which turns them into taxpayers that help finance the state.

Quality and Cost of Cash Allowances: The Cases of Thailand, Greece, and France

Several countries provide individual disability allowances. We have selected Three countries to compare to Lebanon – Thailand, Greece and France. Thailand was selected because its GDP per capita was close to that of Lebanon prior to the 2019 economic crisis. Greece was selected as it suffered from a major economic and financial crisis in 2010 which did not preclude its provision of cash support to persons with disabilities. Finally, France was selected for being an economically advanced country in terms of securing social protection and cash allowances for persons with disabilities. These three countries implement different designs of social assistance for persons with disabilities. Thailand pays cash allowances to all disability

card holders, regardless of the type of disability or any other consideration. France offers unconditional cash allowances for children and young people with disabilities under the age of 20, while other people benefit from cash allowance schemes linked to the ability to work: the less capable to work the person is, the higher the cash allowance. In addition, France provides cash allowances to cover the costs of transportation, independent living, a helper and home care, as well as other forms of direct support. In Greece, disability falls under three degrees of severity. Disabilities that score 80 points or more over 100 receive an allowance equivalent to the full allowance granted to older people, estimated between EUR 384 and 700 per month. The amount falls to 75% of the allowance in the case of disabilities that score between 67 and 79 points. Finally, people with less than 67 receive 50% of the cash allowance granted to older people. Additionally, the government grants allowances to cover the costs of a helper or sign language interpreter and the costs of transportation. In Thailand, the value of cash allowances does not generally exceed USD 14 per month for any disability card holder, while the value of allowances in France ranges between EUR 280 and 1,667 per month pursuant to the classification of the ability to work. By comparison, in 2022, Thailand's GDP amounted to USD 506 billion, EUR 192 billion in Greece and EUR 3 trillion in France. As for the GDP per capita, it amounted to USD 7,066 in Thailand, USD 20,192 in Greece, and USD 43,658 in France. In 2018, the GDP per capita in Lebanon was USD 9,236; i.e. it exceeded the GDP per capita in Thailand.

The table below shows the cost of cash allowances to persons with disabilities as a percentage of GDP and state budget.

Country	GDP (2022)	GDP per capita (2022)	State Budget (2022)	Number of PWDs	Monthly Cash Allowance	% of GDP	% of state budget
Thailand	506 B	7,500	100 B	2 M	14	0.06	0.33
Greece	366 B	19,135	118 B	1.8 M	350 to 850	0.05	0.12
France	3.3 T	38,236	183 T	12M	400 to 2,900	7.2	0.13
Lebanon	55 B (2018)	9,225 (2018)	16 B (2018)	120 K	40	0.1	0.36

All numbers are in United States Dollars. B: billion; M: million, K: thousand.

In light of the above, two key design questions for social assistance policies for persons with disabilities can be identified. The first is the definition of disability, while the second is related to the costs that society must bear to cover these cash allowance schemes. Identifying the beneficiaries of cash allowance policies is a major pre-condition for determining the scope, eligibility criteria, and cost of the scheme. By defining disability, the Lebanese government would determine the groups that may obtain a personal disability card and benefit from the disability allowance and other disability-related benefits.

A 2023 WHO report indicated that the persons with disabilities make up around 16% of the global population worldwide. According to the report “Living with disabilities in Lebanon: a snapshot assessment of basic needs, social protection and employment gaps” published by the ILO based on the 2018-19 Labour Force and Household Living Conditions Survey (LFHLCS), persons with mild disabilities represent about 12.7% of the total population in Lebanon, while persons with severe disabilities represent 4.4%. Accordingly, it is assumed that the number of

Lebanese people with severe disabilities is about 169,000, while both severe and mild disabilities constitute around 650,000 people. The total number of people who received a personal disability card from MOSA since its launch in 1996 is around 120,000 people, or approximately 2% of the total population. This means that the definition of disability in Lebanon does not cover all types of disabilities.

Given that Lebanon has ratified the Convention on the Rights of Persons with Disabilities (CRPD), the definition of disability should be reconsidered to be aligned with the definition set by the convention as a pre-condition for any disability-related policymaking in Lebanon. Redefining disability would better identify eligible beneficiaries and the cost of cash allowances for persons with disabilities in the country.

Table 1 shows that the cost of cash allowances in 2023 (amounting to USD 40 per month) as a percentage of the 2018 state budget (i.e. before the current economic crisis) and for all personal disability card holders is 0.36% of the state budget and 0.1% of GDP. Also, the figures in the table show that the percentage of

persons with disabilities out of the total population in Greece and France is around 18%, while it does not exceed 3% in Thailand and 2% in Lebanon. This discrepancy is mainly due to the broad and comprehensive definition of disability in European countries, which is the closest to the WHO estimates.

The cost of disability allowances as a percentage of the state budget and GDP in France and Greece is lower than in Thailand and Lebanon, due to the size of the French and Greek economies. The minimum wage in Lebanon in 2018 was USD 450. The table below shows the cost for the state based on two criteria: the first is that the state will pay each card holder the minimum wage or one-third of it, while the second is the number of persons with disabilities who are entitled to benefit from the scheme:

Number of PwDs	Monthly Allowance	Annual Cost for the State	% of State Budget (2018)	% of GDP (2018)
The number according to personal disability card holders is 120,000	100	144 M	0.9	0.26
	450	648 M	4	1.18
The number (for severe disabilities) according to the CAS and ILO is 169,000	100	202.8 M	1.27	0.37
	450	912.6 M	5.7	1.66
The number (for all types of disabilities) according to the CAS and ILO is 650,000	100	780 M	4.8	1.42
	450	3.51 B	21.9	6.39

All numbers are in United States Dollars. B: billion; M: million, K: thousand.

According to the table above, the cost of the allowance ranges between 0.26% and 6.39% of GDP, as per the value of the benefits and potential coverage. Similar social assistance schemes are often implemented gradually, and the cost is not expected to reach the upper limit in the near future, as this would require extensive reforms in the personal disability card programme and reforming the tax system in Lebanon.

Current Situation of Social Protection and Financial Benefits for Persons with Disabilities in Lebanon

There is a contradiction between the laws issued by Parliament and the policies adopted by the successive governments on the issue of disability in Lebanon. Law No. 220/2000 on the rights of persons with disabilities in Lebanon was issued before the ratification of the Convention on the Rights of People with Disabilities (CRPD) and requires amendments to align with the provisions of this Convention that Lebanon recently ratified. Nevertheless, Law No. 220/2000 guarantees a number of rights in the areas of health, education, work, access, housing, qualification and rehabilitation, as well as tax and customs exemptions, in addition to many other rights. It also calls for the adoption of policies for inclusion.

37- Healthcare conditions of persons with disabilities in Lebanon – needs and challenges, Lebanese Union for People with Physical Disabilities, 2021. See: <https://www.facebook.com/lupdlb/videos/4206118676134877>.

38- <http://www.socialaffairs.gov.lb/MSASubPage.aspx?parm=116&parentID=100>.

Recommendations

Based on the above, and in order to overcome the current situation in Lebanon where universal rights-based cash allowances are virtually non-existent and, if approved, may not reflect the true costs of disability, we propose the following set of recommendations:

1. In line with the CRPD, the government must ensure the transition from institution-based policies to human rights-based policies, including the right to social protection and individual financial and in-kind benefits. By transferring funds from institution-based schemes to individual cash allowances, it is possible to ensure that allowances directly reach those in need.

2. A modern classification of disability should be adopted, as it is the cornerstone for developing social protection policies and financial disability benefits. Eligibility for the personal disability card would be redefined based on the new definition of disability and would allow the collection of accurate and representative information and data about the actual number of persons with disabilities, the type of disability, their addresses, and their phone numbers to facilitate communication with them.

3. Persons with disabilities should be included in other national social grants, targeting various other social groups they belong to, such as poverty targeting schemes and schemes providing support for women and children in Lebanon. A clear quota should be established in favour of persons with disabilities, and

procedures facilitating their access to these schemes should be adopted in order to minimize their marginalization.

4. A universal rights-based National Disability Allowance should be adopted for all people with disabilities to cover the additional costs of disability. Existing benefits provided by the state do not cover the additional costs incurred by the disabled person and their family. For instance, the poverty-targeting programs contribute to alleviating poverty for poor households, but in case there is a disabled person in the household, this assistance is ineffective since it will be spent to cover the additional cost incurred by the household due to the disability. Disability-related costs (such as the cost of securing a helper or aide, a sign language interpreter, accessible transportation, assistive devices, equipment and software assisting in communication and independent living, accessibility adjustments to their homes, and foregone wages) impose additional burdens that should be directly addressed, irrespective of other schemes and regardless of whether the person with a disability works or is unemployed.

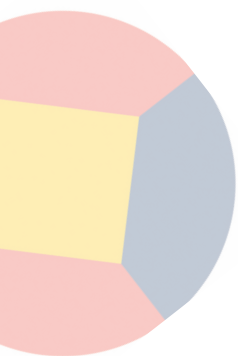
5. Support should also be provided to family members who dedicate their lives to support their disabled relatives. In this sense, the National Disability Allowance is a crucial first step towards recognizing these additional costs and supporting people in covering them. Therefore, it is important to ensure the sustainability of this scheme and secure funding from the state budget and other sources.

6. The Personal Disability Card should also be linked to schemes that cover other needs such as unemployment compensation, transportation allowance, and others.

7. The cost of financial and in-kind assistance should be calculated as a percentage of GDP and not as a percentage of the state budget, as this would clearly show its limited cost to society compared to its many benefits.

8. The state should adopt inclusive policies and schemes that enable persons with disabilities to integrate into society and the labour market thus alleviating the burden imposed on both society and the state.

9. Organizations of Persons with Disabilities should participate in all decisions related to the development of social protection policies and cash benefits for people with disabilities.



Social Health Protection for Persons with Disabilities in Lebanon

Written by: Moussa Charafeddine, I'dad - Friends of the Disabled Association

Introduction

The reality of healthcare for persons with disabilities in Lebanon closely mirrors that of the general population, despite the legal provisions that favour them, particularly Law No. 220 / 2000 on the Rights of Persons with Disabilities³³, and despite their additional and distinct healthcare needs.

Twenty-three years after its adoption, the above-mentioned law has done little to improve healthcare services for persons with disabilities. The purpose of this paper is not to highlight the failure of successive governments to implement the law, nor the circumstances preventing this implementation amid the highly complex environment at the political, security, economic, and social levels over the past decades. Rather, the paper sheds light on the approach adopted vis-à-vis disability and healthcare coverage of persons with disabilities. It also draws, through a set of recommendations, a vision aimed at improving the current social protection system, which is limited to a handful of services, to be more in line with the Convention on the Rights of Persons with Disabilities (CRPD).

Persons with disabilities, like their fellow citizens, require general, preventive, and specialized healthcare services

in addition to those related to their disability, including medications and consultations with general practitioners and specialists. Access to healthcare services requires that healthcare institutions be inclusive and offer affordable services for everyone, irrespective of their abilities, gender, nationality, race, or other differences.

Article 25 of the CRPD stipulates that State Parties should safeguard the right to universal health coverage for persons with disabilities:

“persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.”

In brief, amongst the demands of the movement advocating for the rights of persons with disabilities in Lebanon is the demand for social health protection for persons with disabilities, put forth by the CRPD. The lack of access to this fundamental right can result in the social exclusion of persons with disabilities and their deprivation of other rights such as access, education, work, and participation in public life.

33- Chapter III of Law No. 220/2000 mentioned the “right of all people with disabilities to fully benefit from health, rehabilitation, and support services.”

Health Coverage for Persons with Disabilities according to the Law

Prior to the crisis, health coverage in Lebanon was financed through social insurance funds for half of the Lebanese population and through the budget of the Ministry of Public Health for the remaining half who are not covered by the funds. It is worth noting that there are six social insurance funds in Lebanon, and their membership is linked to formal employment. For instance, the National Social Security Fund (NSSF) covers private sector employees, while the Civil Servants' Cooperative (CSC) covers public sector employees. Military personnel, on the other hand, such as the Lebanese Armed Forces and Internal Security Forces, have their own dedicated social insurance funds. To be a member of any of these funds and access their benefits, a person must be a formal employee and pay a monthly contribution or register as a dependent to a registered contributing employee (i.e. a family member). Given the high unemployment rate of 86% among persons with disabilities in Lebanon, the majority of persons with disabilities registered in a social insurance scheme are family members of formal employees and benefit from the funds' services as their dependents³⁴.

The coverage rate differs from one fund to another, leading to inequality among insured persons. Prior to the crisis, the NSSF covered 85% of hospitalization fees, while the CSC covered 100% of costs for direct contributors and 75% of costs for their

dependents. As for the personal disability card holders, Law No. 220/2000 grants them full coverage irrespective of the fund they are registered at and even if they are not members of any fund. Today, benefit levels have become inadequate as a result of the collapse of the local currency and tariffs of healthcare services have not been adjusted to catch up with medical inflation.

Law No. 220/2000 stipulates that “Any person with a disability has the right to fully benefit from health, rehabilitation and support services at the government's expense, represented by all administrations and bodies providing these services.” Consequently, any registered person with a personal disability card can benefit from their fund's coverage as well as that of the Ministry of Public Health for the remaining hospitalization cost. As for uninsured persons with disabilities, their hospitalization costs should legally be fully covered by the Ministry.

The conditions for access to healthcare services differ between funds. The NSSF covers dependent children until the age of 18, extendable to 25 if the children are pursuing their education. As for children with disabilities, they enjoy lifetime coverage as dependents as long as they remain without work.

34- Living with disabilities in Lebanon: A snapshot assessment of basic needs, social protection and employment gaps. ILO. 2021.

Right to Healthcare Coverage as per Law No. 220/2000

Article 27: Scope of Rights

a) Any person with a disability has the right to fully benefit from health, rehabilitation, and support services at the government's expense, represented by all the administrations and bodies providing these services.

b) Services include but are not limited to the following:

1. All surgical operations, regardless of whether or not they are due to the disability, including implants, ulcers treatment, limb straightening, and intensive or regular health services in specialized centers. This coverage encompasses all permanent or temporary devices, tools, implants, and other elements necessary for the success of the operation.

2. Medical consultations (general practitioners, specialized practitioners, dentistry, etc.), medications, X-rays, laboratory tests, as well as any other type of treatment and examinations, whether occasional or regular (special testing for newborns: thyroid, phenylalanine, G6PD, psychological assessment, hearing tests, etc.).

3. Internal and external specialized rehabilitation (physiotherapy, motor and speech therapy, auditory and psychological therapy).

4. Technical aids and equipment like static and mobile accessories (prosthetics, earpieces, artificial eyes, and others), straightening accessories, mobility aids, wheelchairs (canes and crutches), aids for incontinence and prevention of ulcers, as well as all implants used in surgical operations; these services include maintenance services when necessary.

Article 28: Comprehensive Coverage

A person with a disability has the right to benefit from the full coverage provided by the Ministry of Public Health as a main provider, in case they do not benefit from any other coverage, or as a complementary coverage to other schemes; they will also continue to benefit from other services (family allocations and others) provided by their insurer.

Article 29: Miscellaneous

a) Persons with disabilities do not need any proof of their disability other than their personal disability card.

b) In contrast with the provisions of Article 4 of Legislative Decree No. 72 of September 19, 1983 (Care, Treatment, and Protection of Persons with Mental Disability), the hospitalization costs of persons with mental disabilities shall be borne by the Ministry of Health, irrespective of whether the patient, their parents, or their guardians are able to afford the treatment, follow-up, or rehabilitation.

c) In case the insurer is the Ministry of Public Health, the latter shall cover all hospital expenses, even if MoPH allocated beds were not available, in line with the procedures in force. The MoPH shall issue a decision defining these procedures.

Gaps in the Law and Healthcare System

> **Effective coverage inconsistent with legal coverage:** The system for healthcare coverage is based on tariffs which are preset prices for each healthcare service that vary across insurance funds. Insurance funds provide coverage according to their own tariff, rather than the service cost set by healthcare providers. As a result, despite their right to 100% coverage, persons with disabilities never receive 100% free healthcare services even in the best of circumstances. It is worth noting that insurers have yet to revise their tariffs sufficiently to match pre-crisis prices following the national currency depreciation and the dollarization of healthcare services. As a result, the actual coverage of the real cost of healthcare services has drastically fallen for all groups.

> **Lack of coverage for certain specialized services:** Law No. 220/2000 fails to address the particular needs of persons with mental health disorders or compounded disabilities (persons with cerebral palsy or persons with both visual and hearing disabilities for example), nor any of their specialized treatments, in the list of available services. The law also fails to mention nursing care services or individual home accompaniment for holders of the personal disability card. The types of services provided differ between funds, with no consideration for any of the essential healthcare needs specific to persons with disabilities. The services that persons with disabilities might need more than others include rehabilitation sessions of all kinds, prosthetics, artificial limbs,

and homecare, among others. The NSSF's coverage of rehabilitation sessions is limited to physical, speech, and hearing therapy. The patient is allowed twelve sessions every three months, and can only increase the number of sessions if they provide the necessary justifications and medical reports every three months. The NSSF also provides orthopedic prosthetics to some persons with disabilities. However, some modern surgical devices and implants have not been added to the NSSF's list of services and are therefore not covered. The CSC and military insurance funds cover rehabilitation services, support, and therapeutic sessions more readily. Additionally, the armed forces insurance fund provides several assistive devices including but not limited to wheelchairs, crutches, and diapers. The Rights and Access Program at MOSA, which provides certain assistive and medical devices for persons with disability, fails to cover some essential equipment required by some persons with disabilities (e.g. medical equipment needed to treat severe epilepsy cases, equipment to treat deep wounds with negative pressure, etc.) This discrepancy across funds and the failure to cover essential services results in the deprivation of many persons with disability from the services they need which can only be purchased by those who can afford them. Moreover, the live-in requirement imposed by some institutions for the duration of the treatment isolates persons with disabilities, disrupts their life, and makes access to certain services for certain people more difficult.

> **Lack of procedures to implement certain provisions of the law:** In the 1990s, the Committee for Health, Rehabilitation, and Support Services was established in accordance with Law 220/2000 under the chairmanship of the Director-General of the Ministry of Social Affairs (rather than the Director-General of the Ministry of Public Health, contrary to the prevailing norm that the Committee should be led by the director-general of the ministry of the sector in question). The Committee was intended to include all public administrations and institutions providing services, rehabilitation, and support to persons with disabilities. However, the Committee convened four times only and did not accomplish its assigned tasks. It did not develop the list of services that should be covered and their basic specifications, failed to assess and standardize tariffs across insurance funds, and was unable to unify and streamline administrative processes to reduce time, effort, and costs.

> **Lack of coverage for caregivers:** The family members of individuals holding a personal disability card do not benefit from any additional social or health protection services that recognize their caregiving role and the associated additional costs and/or foregone wages as they are unable or less able to work due to their caregiving role.

Implementation Challenges

Favoritism and nepotism dominate access to healthcare services in Lebanon, especially in terms of obtaining approval and coverage from the Ministry of Public Health for certain hospitalization services.

Additionally, the majority of hospitals refuse to admit patients under the coverage of MOPH, particularly those holding a personal disability card.

This refusal is primarily due to the ministry's delay in settling hospital dues, as well as the belief that hospitalization fees for persons with disabilities are high, given that the duration of their hospital stay is potentially longer than other patients.

Moreover, some types of disabilities are not directly linked to the required health services, which is why hospitals believe there is no justification for granting them healthcare coverage (contrary to the law). Furthermore, some healthcare providers do not consider the personal disability card to be sufficient in all cases, occasionally demanding additional documents. This undermines the card's legal value and discourages many persons with disabilities from issuing one.

It is also worth noting that MOPH's recent strategic plan does not mention persons with disabilities. The "Vision 2030" released by MOPH did not consider persons with disabilities as a category with additional health needs that should be prioritized.

Conclusion and Recommendations

In the last two decades, OPDs have come to realize that addressing healthcare challenges goes beyond issuing ministerial decisions and decrees or holding committee meetings. Delivering fragmented services without addressing the issues of marginalization and exclusion often leads to providing limited services

to only a fraction of persons with disabilities. This is done within a framework that predominantly aligns with medical and charitable models of disability.

Compliance with the standards set by the CRPD, which was endorsed by Lebanon's Parliament, enacted through Law No. 291 of April 12, 2022, and ratified by Cabinet Resolution No. 10966 of February 6, 2023, necessitates a corresponding advancement in the efforts of organizations for persons with disabilities to engage with local and international partners towards achieving social health protection for persons with disabilities in Lebanon. "The framework of social protection should align with Lebanon's commitments related to human rights and the 2030 Agenda for Sustainable Development." Specifically, it requires "the establishment of suitable social protection systems at the national level, with defined minimum standards, ensuring inclusivity for everyone."³⁵

The only way to achieve this goal is by adopting the social model for disability, which is anchored within the framework of human rights as stipulated by international laws. This entails the government fully covering the healthcare needs of persons with disabilities, with the only requirement being the possession of the personal disability card issued by MOSA. To achieve this goal, OPDs have put forth the following recommendations:

1. Take the necessary legislative and executive measures as soon as possible to adhere to the provisions of the NSPS and the CRPD and its protocol. Adhere to the stipulations of Article 25 of the CRPD, which affirms the right of persons

with disabilities to enjoy the highest attainable standard of health without discrimination based on disability. It is the responsibility of the state to take all appropriate measures to ensure that persons with disabilities have access to health services, including health rehabilitation services.

2. Ensure appropriate access to healthcare for persons with disabilities:

a. Develop a comprehensive package of healthcare services for persons with disabilities to be covered by MOPH, taking into account the diverse requirements of different groups of persons with disabilities of all ages and their health needs. Special attention should be given to the needs of children with disabilities, women and girls with disabilities, older persons, and persons with chronic illnesses.

b. Strengthen the enforcement of healthcare benefits for personal disability card holders to ensure that healthcare providers offer the services required by the Convention and applicable domestic laws, including Law No. 220 / 2000. This includes expanding the scope of covered services, such as outpatient services, medications, a wide range of rehabilitation services, and assistive devices.

c. Expand the scope of health insurance under NSSF and other schemes to include additional services and cover the costs incurred by persons with disabilities for outpatient services, medications, a wide range of rehabilitation services, and assistive devices.

35- See: National Strategy for Social Protection in Lebanon – Draft, January 2022. Page 13.

d. **Provide free primary healthcare for PDC holders** through the MOPH network of primary healthcare centers, including reproductive and sexual health services and public health programs.

e. **Provide persons with disabilities with healthcare services that meet their specific needs**, including early detection, intervention when necessary, and services aimed at minimizing disability and preventing further impairment. This should encompass both children and older persons.

f. **Ensure that all assistive devices and medical aids are available and accessible to all persons with disabilities through the Rights and Access centers.**

g. Offer healthcare services in places close to their local communities, including in rural areas.

h. Issue the necessary implementation decrees and procedures outlined in Law No. 220/2000, particularly with regard to **medical services, medications, laboratory testing, radiology, and dental care.**

3. Encourage the employment of persons with disabilities in both the public and private sectors (and ensure a work environment adapted to their needs) to secure healthcare coverage for a higher percentage of persons with disabilities through contributory social insurance funds.

4. Provide training to healthcare professionals in both the public and private sectors, ensuring that they deliver care to persons with disabilities at the same standard provided to others. This involves administering care based on informed and voluntary consent, which can be achieved through various measures, including raising awareness about the human rights, dignity, agency, and needs of persons with disabilities.

5. Prevent discrimination against persons with disabilities in private health insurance and life insurance schemes in accordance with Lebanese law, ensuring that such services are provided in a fair and reasonable manner.

6. Introduce deterrent punitive measures in the event that persons with disabilities are not admitted to hospitals, especially those with psychological disorders and intellectual and mental disabilities who are exposed to flagrant discrimination.

7. Activate and revitalize the work of the Committee for Health, Rehabilitation, and Support Services to enable it to fulfil its assigned tasks, particularly in standardizing the benefits package, unifying tariffs, and recognizing the personal disability card and the benefits it offers. It is also recommended that the chairmanship of the Committee be transferred to the Director General of MOPH instead of the Director General of MOSA.