



Women's Refugee Commission
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Disability Inclusion in the Syrian Refugee Response in Lebanon

July 2013



**WOMEN'S
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COMMISSION**

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The Women's Refugee Commission identifies needs, researches solutions and advocates for global change to improve the lives of women, children and youth displaced by conflict and crisis. The Women's Refugee Commission is legally part of the International Rescue Committee (IRC), a non-profit 501(c)(3) organization, but does not receive direct financial support from the IRC.

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Cover photo: This 11-year-old boy from Qusayr, Syria, shown here at a UNHCR registration center in Lebanon, lost his eye in a bomb blast in Syria.

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Acronyms & Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled people's organization
INEE	Inter-Agency Network for Education in Emergencies
MEHE	Ministry of Education and Higher Education
MOSA	Ministry of Social Affairs
NGO	Nongovernmental organization
RRP	Regional Response Plan
SOP	Standard Operating Procedures
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Executive Summary

More than 1.6 million refugees have fled Syria since the conflict started two years ago, with almost one-third seeking protection in Lebanon alone. Persons with disabilities remain one of the most vulnerable and socially excluded groups in any displaced community, and they may have difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental and communication barriers. This increases their risk of protection concerns, including violence, abuse and exploitation. As humanitarian agencies scale up responses to meet the ever-growing and complex needs of populations displaced by the crisis in Syria, it is critical that persons with disabilities are included in and have access to humanitarian assistance and programs.

This report presents the key findings and recommendations from a four-week field assessment conducted by the Women's Refugee Commission in northern and eastern Lebanon in March 2013, and follow-up workshops with UNHCR staff and partners conducted in May 2013. The WRC consulted with over 80 humanitarian actors and 120 refugees during field visits. Consultations involved a combination of group discussions in community centers and visits to homes and tented settlements to conduct interviews.

Key Findings

Most persons with disabilities living in the Lebanese communities are able to access UNHCR registration, through a combination of static registration centers, "in absentia" and mobile registration strategies. Persons with injuries and new impairments in the north, are often admitted to local hospital facilities on arrival in the country. These individuals and hospital staff in contact with them have expressed confusion about registration systems, and a lack of information about fast-track processes and services available upon registration.

Due to resource limitations and the emergency nature of the response, health partners are only able to cover

the costs of urgent and life-saving procedures. In some cases, refugees are paying for surgical and rehabilitation services, depleting what limited funds they have and adding to the financial strain on them and their families. Persons with new disabilities are generally unable to access longer-term rehabilitation that might in turn support their access and inclusion in community services and programs. At present, these longer-term health and rehabilitation needs, which we can anticipate will increase as the conflict in Syria continues, are not fully reflected in response planning.

Registration and protection staff, NGO outreach workers and case managers alike often view persons with disabilities through a medical model, failing to recognize social factors that may increase their vulnerability to protection concerns, and require a more comprehensive case management approach. This is particularly the case for persons with severe intellectual impairments and new physical disabilities, who may be isolated or hidden in their shelters.

There are, however, some positive developments in integrating disability into trainings for humanitarian staff, and some agencies have started to consider ways in which they can adapt their programs to promote access and inclusion. Positive strategies noted in this assessment include:

- Discussion groups being conducted in women's centers with women who have children or husbands with disabilities to explore their challenges and concerns, and share strategies.
- Partnerships between UNHCR partners and local disabled people's organizations to improve the accessibility of community centers.
- Plans to launch vocational training for men with newly acquired disabilities.

There are also opportunities to consider both inclusive education and community centers in the longer-term planning, benefitting both Syrians and Lebanese persons with disabilities. The following recommendations

address key gaps in the current humanitarian response for persons with disabilities, and we hope they will inform both near-term and longer-term planning.

Key Recommendations to UNHCR and Partners

Recognize the needs of persons with new impairments in longer-term response planning, particularly holistic rehabilitation that will optimize functional independence, promote community inclusion and reduce protection risks.

Pilot and evaluate guidelines for identifying risk and prioritizing the most vulnerable persons with disabilities for case management. This will ensure equitable access to assistance and services as the response and available resources change.

Integrate disability into training for registration and protection staff, outreach workers and case managers, with a focus on comprehensive assessment of risk and vulnerability, direct counseling and facilitation, targeted referral to specialized agencies for specific interventions and ongoing monitoring according to risk.

Support the Government of Lebanon to advance inclusive education for children with disabilities, through partnerships with the Ministry of Education and direct technical support to school directors and local teachers at municipal levels. Draw on the experience of local disabled people's organizations, supporting both Lebanese and Syrian children with disabilities to be integrated and included in public schools.

Promote and monitor inclusive community centers through strategies to make current activities more accessible to persons with disabilities and their families. In the longer-term, plan targeted activities that might address some unmet specific needs of persons with disabilities. As UNHCR and its partners upscale community mobilization, it is critical to consider how refugees with disabilities will be represented in committees and refugee outreach activities. This could be achieved

through the following approaches:

- Support persons with disabilities and their families to form self-help groups and appoint representatives which can be involved in community-level committees.
- Link these groups to local DPOs which may be able to support their capacity development on the rights of persons with disabilities in Lebanon.
- Recruit persons with disabilities as refugee outreach volunteers, using the self-help groups to identify interested individuals.

Include indicators on inclusion of persons with disabilities as part of reporting protocols with implementing partners. Capture positive examples of inclusion and the impact on protection of persons with disabilities.

For a full list of recommendations, see page 9.

Introduction

More than 1.6 million refugees have fled Syria since the conflict started two years ago, with almost one-third seeking protection in Lebanon alone.¹ Lebanon presents as a unique operational context in the current Syrian refugee response, with refugees living outside of camps and staying with host families, renting their own apartments, living in NGO-supported collective shelters, or in temporary tented settlements across the country. Approximately 70 percent of Syrian refugees in Lebanon are located in northern (Tripoli and Akkar) and eastern (Bekaa Valley) parts of the country, in both urban settings and rural communities.² The United Nations High Commissioner for Refugees (UNHCR), Government of Lebanon, local actors and the wider international community are providing Syrian refugees with assistance to meet their basic needs. This includes health, education, community services, non-food items and shelter support. The current Regional Response Plan, also known as RRP5, details the strategic objectives and activities of the humanitarian response for 2013, and provides the basis for funding appeals.³

The World Health Organization estimates that 15 percent of any population will be persons with disabilities.⁴ There may be even higher rates of disability in communities that have fled war or conflict, as people acquire new impairments from injuries and/or limited health care. Persons with disabilities remain one of the most vulnerable and socially excluded groups in any displaced community. They may be hidden in shelters, missed in needs assessments and not consulted in the design of programs. As such, persons with disabilities have difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental and communication barriers. This increases their protection risks, including violence, abuse and exploitation.⁵

The Women's Refugee Commission (WRC) is currently partnering with UNHCR on the implementation of UNHCR's operational guidance on *Working with Persons with Disabilities in Forced Displacement*,⁸ conducting field assessments and providing technical support and

Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) entered into force in 2008. Article 11 requires states to ensure that persons with disabilities are protected in situations of risk or humanitarian emergency, and Article 32 requires that international cooperation be accessible to and inclusive of persons with disabilities.⁶ The universality of the CRPD text means that states are obliged to promote, protect and ensure the rights of all persons with disabilities within their territory—including those who have been displaced across a border.⁷

training to its country offices, partners and other stakeholders. As humanitarian agencies scale up responses to meet the ever-growing and complex needs of populations displaced by the crisis in Syria, it is critical that persons with disabilities are included in and have access to humanitarian assistance and programs. To this end, UNHCR Lebanon requested technical support from the WRC to:

- strengthen existing registration, referral and case management processes for persons with disabilities; and,
- identify strategic entry points for disability inclusion in the current phase of the response, and longer-term planning.

Methodology

This report presents the key findings and recommendations from a four-week field assessment conducted by WRC in northern and eastern Lebanon in March 2013, and follow-up workshops with UNHCR staff and partners conducted in May 2013. The WRC consulted with over 80 humanitarian actors and 120 refugees during field visits.

Refugees with disabilities and their families were identi-

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Convention on the Rights of Persons with Disabilities

fied and invited to participate in the assessment through UNHCR’s community services staff and NGOs working with refugees in Bekaa Valley, Tripoli and Akkar. All refugees consulted were registered or awaiting registration with UNHCR.⁹ Half of the refugees consulted were persons with disabilities, and the rest were family members or care givers. More women than men were involved in the consultations, as women are more likely to be care givers of persons with disabilities. Over half of the participants were also under 24 years of age. Refugees with disabilities were mostly people with physical and intellectual impairments, and of those with physical impairments, approximately 70 percent had new impairments as a result of conflict-related injuries. Consultations with refugees involved a combination of group discussions in community centers and visits to homes and tented settlements to conduct interviews. Group discussions were conducted with men and women separately to gather more specific information about their different concerns. All consultations with refugees were conducted through an Arabic interpreter.

Humanitarian stakeholders were identified through UNHCR, and referrals from key informants. Participants included representatives from UN agencies, NGOs, disabled people’s organizations (DPOs) and national and local level government bodies. Information was gathered through one-on-one interviews. Additional information was also sourced through participatory activities in follow-up workshops, which were attended by 50 stakeholders from these different groups.

Limitations

Great efforts were made to ensure that a diversity of

persons with disabilities were consulted in this assessment, including outreach to people with different types of impairments, and the provision of transportation as required. There were, however, no specific participatory activities run with children and youth separately, which might have yielded more specific information about these groups. Additionally, most deaf refugees consulted in the communities use a form of unofficial sign language, requiring family members to interpret for them. We also relied heavily on information from care givers of persons with severe intellectual disabilities. Hence, these individuals did not directly participate in the group discussions, but were prioritized for home visits and interviews.

UNHCR and its partners in Lebanon remain in a period of flux due to the rapidly growing refugee population and current response capacity in country (both financially and technically). As such, processes and criteria for assistance were still being developed and continually adapted during this assessment to reflect the growing demand and prioritization. This report highlights findings that are relevant to the current phase of the response and we hope they will inform both near-term and longer-term planning. It is not a comprehensive documentation of all the needs of refugees with disabilities and their families.

Findings

Consultations with Syrian refugees with disabilities and their families, as well as staff from humanitarian organizations and local agencies, sought to identify the key gaps in the current humanitarian response for persons with disabilities, and strategic opportunities to strengthen disability inclusion.

UNHCR Registration

Collecting, collating and analyzing data about persons with disabilities is critical to effectively addressing their needs in both short- and longer-term planning for the Syrian refugee response. UNHCR’s global registration

database (proGres) is one of the most centralized portals of such data. It is completed primarily at point of registration, and then updated throughout UNHCR's contact with an individual and their family. At present UNHCR data suggests that less than 2 percent of the registered refugee population have disabilities. This figure is considerably lower than global estimates, and disability organizations suggest that the prevalence of disability among the refugee population is much higher.¹⁰ The most significant gaps in data are for persons with hearing, vision and speech impairments, creating potential challenges in future planning for services such as Braille and sign language classes. Additionally, the current UNHCR "specific needs" codes fail to differentiate between new and long-standing physical impairments, which could have implications for the long-term health strategy in Lebanon.

UNHCR has established static registration centers in Tripoli and Zahle.¹¹ Refugees with disabilities and their families report that the cost of transportation to the UNHCR registration centers is generally not prohibitive, particularly when they perceive that a single visit will improve their access to other services. Some refugees with disabilities who have difficulty moving have been successfully registered "in absentia" by their families using Syrian disability cards. UNHCR also has mobile registration available for those who are unable to come to the registration centers, so that these individuals can receive the same information and advice from UNHCR as other refugees. At the time of this assessment, both registration centers in Zahle and Tripoli were on ground levels,¹² had wheelchairs available for those with difficulty moving and seating areas for people waiting for appointments. Although not aware of formal policies, registration center staff were sensitive to looking for individuals who may have difficulty waiting for long periods and fast track them for their appointments.

People with injuries and new impairments often go straight to hospital and sometimes register with UNHCR later than others. These individuals and the hospital staff in direct contact with them have expressed confusion about the registration processes, limited awareness about fast track registration and lack of information

about the services that might be available to them upon registration. Once they decide to be registered, persons with disabilities commonly experience difficulty getting through on the phone "hotline" to make an appointment, due to the large number of refugees seeking appointments through this single approach.

The knowledge and attitudes of registration staff towards persons with disabilities vary—some registration staff lack awareness about the rights of persons with disabilities and tend to adopt a medical model of disability, primarily referring for aids and devices or medical interventions, and sometimes missing other needs. There were, however, some very positive reports from refugees about attitudes of staff in the registration center in Tripoli, and consultations at the Zahle registration center demonstrated that staff are very motivated about their work with persons with disabilities and their families.

"The registration center is good and the way they behave is excellent...The attitude of staff towards persons with disabilities is really good, really different to other organizations. They are always smiling and concerned about us."

--Women with disabilities and female caregivers in northern Lebanon

Case Management Systems

Persons with disabilities consulted throughout the course of this field visit are facing protection risks as a result of multiple and complex unmet needs, which cross both medical and social dimensions. There is, however, a tendency to refer the vast majority of persons with disabilities to service providers for health, rehabilitation and provision of aids and devices, sometimes failing to recognize other factors. These factors might include their children being out of school, living in substandard shelter, single parents or care givers and single women with disabilities, which require a more comprehensive and holistic protection assessment and referral to a variety of other non-health-related services. Health and rehabilitation service providers report that this results in a large number of referrals for persons

with long standing disabilities that do not in fact require medical care, or are low priority for rehabilitation interventions at this point in the humanitarian response. This may create inefficiency in an already overloaded system, and delays in identifying and responding to persons at high risk of protection concerns.

Not all persons with disabilities can or should be referred for full assessment and ongoing case management in the current context. UNHCR's *Standard Operating Procedures (SOP) for Individual Case Management*¹³ highlights persons with disabilities as a vulnerable group, but does not provide detailed enough criteria or guidance for actors on the identification of risk and urgency for full assessment and ongoing case management. This is a particular challenge for the UNHCR staff at point of registration, and for NGO outreach workers who must make decisions about who to refer for full assessment and case management with only limited time and information.

Finally, case management staff recognize that persons with disabilities are a significant proportion of their beneficiary population, and have recommended that further training on persons with disabilities would support them to better assess and respond to their protection concerns. In particular, case managers need training to assess vulnerability and risk factors for key protection concerns among persons with disabilities, facilitating more targeted action planning for interventions, including those which can be delivered directly by case managers (e.g., monitoring and counseling families) and referral to other agencies for more specialized interventions.

Health and Rehabilitation Services

Some Syrian refugees with new injuries and impairments do require specialized interventions, such as surgery and longer-term rehabilitation, to ensure their full and effective participation in society. Whilst local hospitals, NGOs and charities have been meeting the immediate medical needs of this group, they are now reaching full capacity with increasing numbers of war injured. Due to resource limitations and the emergency

nature of the operation, health agencies are only able to provide limited urgent and life-saving services.¹⁴ In some cases, individuals are electing to pay for surgery and rehabilitation services that are not covered by other agencies, using up their remaining financial resources and adding to the financial strain on them and their families. Inpatient rehabilitation is very limited in time, and many persons with injuries and new impairments are discharged home with limited follow-up.

"She is unhappy about the way she was kicked out of the hospital—they told her that a new injury should take her place and gave no recommendations about what should happen next."

--Woman who has physical disability after sustaining a gunshot injury to her back—Northern Lebanon

This field visit highlighted a gap in the long-term rehabilitation of persons with new impairments as a result of war injuries, with persons with disabilities consistently expressing concerns about the lack of such services. Handicap International is one of the few agencies providing rehabilitation services to persons with new disabilities through mobile outreach teams with social workers, physiotherapists and psychologists. All health agencies consulted acknowledge, however, that refugees with new impairments are not receiving all necessary interventions to support holistic longer-term rehabilitation, due to the high demand and lack of resources.

There is a lack of collated data on the number of refugees with disabilities who have acquired new impairments as a result of conflict, and are receiving and/or awaiting surgical and rehabilitative interventions. One hospital in Tripoli reports conducting surgery on over 10,000 "war-wounded Syrian refugees" since 2011.¹⁵ Whilst some may have returned to Syria, large numbers remain in Lebanon who have new impairments requiring rehabilitation to ensure their access to other services and full inclusion in society. UNHCR staff and partners report that there is currently very limited reflection of the magnitude and/or cost of the unmet rehabilitation needs for persons with new disabilities in health

response planning.

Also, due to the emergency nature of the operation and resource limitations, there is a gap in the provision of rehabilitation services for children with developmental delay and/or longstanding disabilities. Many parents were sending children with disabilities to private doctors and physiotherapists in Syria. The vast majority cannot access these services in Lebanon, which are largely one-on-one interventions based in centers, due to geographical and financial restraints. No group-based therapy services seem to be available, which would provide access to a wider proportion of the population and promote peer support between children and care givers.

A positive finding in this assessment was that common aids and devices like wheelchairs, commodes and mattresses are available and accessible through UNHCR partners and local agencies. In some cases, mainstream humanitarian agencies are drawing on “special funds” to cover cost of devices such as eye glasses and hearing aids. Stakeholders consulted report that there is a significant gap in access to prosthetics and orthotics, with long waiting periods for such services.

Protection of Persons with Intellectual Impairments

During this field visit we met several families of persons with intellectual impairments who are facing extreme challenges and social isolation as refugees. In most cases, the families have had little guidance and support when raising their children in Syria, and have therefore adopted coping strategies that pose protection concerns for the individual in question, particularly when under the added stress of displacement. Some families are using physical and medical restraint to prevent their family members from leaving the shelter and/or harming themselves and others. Stigma and fear of exploitation may also contribute to families hiding their relative, adding to the isolation of the individual.

The findings from this field assessment also suggest that children and young persons with intellectual dis-

Case Study—Protection Concerns for Children with Intellectual Disabilities

Mariam* is 16 years old and she is tied to a chair in the corner of the shelter. Her mother reports that this is to stop her from hurting herself and the other children. Her mother has 10 children between the ages of 13 and 33. Her father has a second wife and family of six people also living in this settlement. All are registered under his name and they split the rations between them. They have not had agencies visit them—this is the first time someone has come to their shelter. They have medicine which her mother says she uses to keep Mariam calm, but it is expensive to buy in Lebanon.

(*Name changed for anonymity.)

abilities are at high risk of experiencing violence, both within the home and in the wider community. During one group discussion we observed siblings hitting a young person with disabilities, suggesting that physical violence may be common between family members, and used as a way of managing behaviors that are perceived as negative. Women with intellectual disabilities may be at risk of gender-based violence, with one example in northern Lebanon of a young woman with intellectual disabilities who was “kidnapped” for a period of time.

Family members report that they are facing increasing stress and pressure without appropriate financial and social support, which may place these individuals at risk of abandonment and/or institutionalization.

“Assistance delivered is not enough. They need a special place for persons with disabilities to live. They want to send their daughter to an institution where she will be looked after, so the father can work, so parents can get on with life. ‘Either give us a permanent salary or take those kids to live somewhere else.’”

--Father of young woman with intellectual impairments in northern Lebanon

There are very few specialized services available in Lebanon for such families, highlighting again the important role that social workers from case management agencies must play in counseling, monitoring and linking to child protection protocols.

Education

Ensuring quality education for Syrian refugees remains a significant challenge in the current response with an estimated 80 percent of refugee children aged 6 to 17 currently out of school and in need of further support.¹⁶ All parents consulted during this field visit reported that their children with disabilities had not been attending school or other educational activities since arriving in Lebanon.¹⁷ Only a small number of children, those with vision and mild physical impairments, had been attending school in Syria, reflecting that children with disabilities are disproportionately denied their right to education in a variety of contexts and settings.

Education of Lebanese children with disabilities is largely through Ministry of Social Affairs (MOSA)-funded private schools. MOSA social workers report that these schools are already at full capacity and many Lebanese children with disabilities find it difficult to access them. The Ministry of Education and Higher Education (MEHE) devolves decision making on inclusion of children with disabilities in public schools to local directors “dependent on their capacity.” There are some small scale examples of DPOs and NGOs working directly with public schools to support inclusion of selected children with disabilities, but to date this has mostly involved children with physical and vision impairments.¹⁸

Both UNICEF and UNHCR have been expanding their partnerships with local organizations delivering private and specialized education services in Lebanon. These organizations have started to include a small number of Syrian children with disabilities in special education

classes, which are largely based in separate facilities.¹⁹ UNHCR has included some questions about access for children with disabilities in the Joint Education Needs Assessment²⁰ conducted in April which may also provide more information about the barriers to access for this group. UNICEF staff report that the biggest challenges to inclusion of children with disabilities in public schools are parents’ attitudes, and then finding schools “equipped to take them.” To date there has been very little targeted awareness-raising with the directors and teachers in public schools, or the parents of children with disabilities. As such, the demand for inclusion of children with disabilities in public school remains low.

An interesting opportunity identified in this assessment is that MEHE has recently entered into a 10-year agreement with the Lebanese Center for Special Education to scale up learning support classes for children with learning difficulties in 200 public schools.²¹ Whilst this project will largely focus on children with learning difficulties and not those with more severe disabilities, the MEHE staff consulted are hopeful that this project will support more children with disabilities to stay in public school. MEHE staff also expressed an interest in developing a formal curriculum for inclusive education, allowing standardization for qualification purposes. MEHE has no plans as yet for how this will be accessed by refugee children with disabilities, but the interest of MEHE to expand into inclusive education provides a unique opportunity to strengthen the education system for both Lebanese and Syrians with disabilities.

Community Centers and Outreach

Community centers, which are established in the MOSA facilities (called Social Development Centers) or separately by NGOs, are rapidly becoming a hallmark of the Syrian refugee response in Lebanon. A wide variety of services, including women’s protection and empowerment, child-friendly spaces, accelerated learning programs and vocational training activities, are currently delivered through these centers. A large network of NGO outreach workers and refugee outreach vol-

unteers is being developed to share information about these centers and the services available. Very few persons with disabilities and their care givers are accessing these centers and services, especially those with severe disabilities, who are most vulnerable to social isolation and exclusion.²² There were, however, a few positive examples by UNHCR and its partners to start addressing inclusion in community center activities.

Disability Inclusion in Community Centers—Promising Approaches

International Rescue Committee in Bekaa Valley has conducted discussion groups with women who have either children or husbands with disabilities to explore their challenges and concerns.

Danish Refugee Council in Tripoli has recently developed a new partnership with the Forum for the Handicapped in the North to deliver community center services from their facility, which is environmentally accessible to those using wheelchairs, aids and other devices.

International Medical Corps is seeking to establish some vocational training and awareness-raising activities in community centers in Tripoli for men with newly acquired disabilities.

Recommendations to UNHCR and Partners

The following recommendations address key gaps in the current humanitarian response for persons with disabilities, and may have strategic importance for inclusion in longer-term planning.

Recognize the needs of persons with new impairments in longer-term response planning.

The lack of services for persons with severe new impairments has resulted in a number of individuals being discharged home with limited support, posing significant protection concerns. The inclusion of community-based rehabilitation activities in the current RRP5 is a very positive step in addressing this gap.²³ This model has the potential to deliver services to persons with disabilities in the community, as well as promoting empowerment and inclusion in other community activities, such as livelihoods and education.

There is a clear need, however, to still determine the number of persons with new impairments, and the anticipated increase as the conflict in Syria continues, so that all services—health and rehabilitation—can be supported to meet this demand in a comprehensive way. Whilst it may be unrealistic to fund all these services at this stage in the humanitarian response, it is critical that any unmet needs are documented, and then included in the Regional Response Plan for funding purposes in the future.²⁴

Pilot and evaluate guidelines for identifying risk and prioritizing the most vulnerable

Many persons with disabilities and their families have complex protection issues crossing both medical and social sectors, which require timely comprehensive assessment, coordinated direct support and referral to mul-

multiple agencies. The identification and referral process for persons with disabilities can be strengthened through the provision of guidelines about identifying heightened risk and urgency for comprehensive assessment. Given the large number of persons with disabilities in the refugee community, prioritization may be best based on multiple specific needs or compounding vulnerabilities. Hence, individuals with multiple and intersecting levels of discrimination are identified as being among the most vulnerable to be referred to case management agencies for full assessment, coordination and follow-up. Likewise this will help to prioritize the most vulnerable persons with disabilities and their families for humanitarian programs, such as financial assistance.²⁵

WRC has begun working with UNHCR to provide more detailed guidelines for identifying risk and prioritizing persons with disabilities for more comprehensive

Case Study—Compounding Vulnerabilities and Protection Concerns

Inaam* is 16 years old. She lives in Lebanon with her husband and baby. They have been in Lebanon for one year. Inaam was shot in the back in Syria and is now unable to walk. They registered with UNHCR three months ago, when Inaam was discharged from hospital. Inaam was registered “in absentia” based on a photograph, because she couldn’t get to the UNHCR registration center. They are living in good accommodation, which is on the ground floor and rent free, but they are now being asked to move out so the owner can live there in the future. Inaam has a wheelchair, commode, air mattress and walking frame, but her husband still has to carry her around the house, and she rarely goes outside. Inaam says that when her husband is away, she has time to think about her situation and she feels very sad. She is worried that her daughter has also been affected emotionally by the war and their displacement.

(*Name changed for anonymity.)

assessment and case management. These guidelines have drawn on the UNHCR *Heightened Risk Identification Tool*,²⁶ UNHCR Lebanon’s *SOPs for Individual Case Management* and other findings from the field visit. Such guidelines should be piloted and evaluated for effectiveness, recognizing that they may also need to be adapted as the response and context changes.²⁷

Integrate disability into training for registration and protection staff, outreach workers and case managers

Staff from case management agencies recognize that persons with disabilities are a considerable and growing proportion of their caseload and that they require additional training to effectively identify and respond to the protection risks experienced by this group.

At the request of stakeholders, the WRC, in partnership with UNHCR, recently conducted workshops in northern and eastern Lebanon for staff involved in case management. These workshops sought to improve identification of risk, assessment of vulnerability and action planning to address protection concerns. These workshops highlighted the actions that case managers can take to remove barriers and promote access and inclusion for persons with disabilities in mainstream humanitarian programs.²⁸ Training on persons with disabilities should be integrated into the capacity building of social workers and case managers, as well as outreach workers who play a role in identifying the people most at risk for assessment and follow-up.

Support the Government of Lebanon to advance inclusive education for children with disabilities

UNHCR, UNICEF and their partners are to be commended for the growing commitment to training teachers in inclusive education, as detailed in RRP5.²⁹ The current humanitarian response in Lebanon may offer an opportunity to strengthen the education system for chil-

dren with disabilities by supporting and promoting the inclusive education interests of the Government of Lebanon. At national levels, further consultations should be conducted with the MEHE and its partner organizations to determine the scope for inclusion of children with different types of disabilities in the supportive learning classes' project. Additional support for curriculum development and teacher training on inclusive education, as well as policy development on sign language and Braille classes, would promote more institutional and sustainable changes in access and inclusion for children with disabilities. Technical capacity for such initiatives can be sourced through Lebanese NGOs, DPOs and academic institutions, many of which have already implemented small scale projects on inclusive education in Lebanon.

At municipal levels, education partners should target the directors and teachers in schools for training on supporting learners with disabilities. This would be best done in partnership with local disability organizations, so that both Lebanese and Syrian children with disabilities are ultimately integrated into classes at the same time. This approach needs to be coupled with awareness-raising among parents of children with disabilities on rights to education, and systems to promote acceptance of children with disabilities by their peers. This could be integrated into the activities already being undertaken by education partners to promote access and acceptance of Syrian children in Lebanese education. Finally, education partners are encouraged to refer to the practical tools on inclusive education developed by the Inter-Agency Network for Education in Emergencies (INEE).³⁰

Promote and monitor inclusive community centers and outreach

There is a great opportunity to capitalize on the community center approach in Lebanon to make activities inclusive of and accessible to persons with disabilities and their families and to use it as a venue to address some of their specific needs in the longer term. As

MOSA is a key partner in the humanitarian response, there is also an opportunity to make sustainable changes through strengthening Social Development Centers at municipal levels, and improving access and inclusion for Lebanese persons with disabilities.

“Community centers provide an opportunity to talk about their family situation, because we can't target and open every door to find out what is happening.”

--Humanitarian actor in Bekaa

Recommendations to promote inclusion and access to existing activities in community centers include:

1. Sensitize outreach workers and community animators that persons with disabilities can participate in community center activities. Such sensitization should promote the social and rights-based model of disability, encouraging actors to look at the skills and capacities of persons with disabilities—looking at what they *can* do, not what they *can't* do.

2. Target vulnerable persons with disabilities and their families for awareness-raising on the type of community center activities that are available, and how they can be involved. It may be appropriate to target the following specific groups:

- Children with disabilities for inclusion in child-friendly spaces, as many are out of school;
- Young persons with moderate physical disabilities, intellectual, vision and hearing impairments in recreational activities, so they can build their social networks;
- Mothers of children with disabilities to be involved in women's empowerment activities and utilizing the crèche services while they participate in these activities;
- Men and women with new impairments in livelihoods and other skills programs, building their ca-

capacity and resilience, as well as providing positive psychosocial outcomes.

“I want to feel productive—maybe we could do theatre or some other program. I used to do many things in Syria, but now I am doing nothing. I feel depressed about that. Let’s be creative—we need a space and then we can do things together.”

--Man with new physical disability in Tripoli

3. Provide training for community center staff on simple strategies to include persons with disabilities in existing activities of the community center. In particular, training on:

- Interacting with persons with sensory and communication impairments.
- Moving and positioning children with complex physical disabilities.
- Adapting recreational and play activities for children and young persons with disabilities.
- Positive strategies for behavioral management.
- Recognizing and responding to negative attitudes among other community members.

4. Prioritize persons with physical disabilities and their families for transportation assistance.

5. Ensure community center facilities are physically accessible, with particular attention to wheelchair access for the adult activities and at least one wheelchair accessible toilet.³¹

*Recommendations to address some **specific needs of persons with disabilities in community centers***

1. Disseminate information and provide counseling on services available at municipal levels. Establish regular times when persons with disabilities and their families can access information and ask questions

about available services from key focal point people from UNHCR and/or specialized partner agencies.

2. Facilitate discussion groups and training on positive parenting skills for families of persons with intellectual disabilities.

3. Start group physiotherapy sessions for children with severe physical disabilities and their parents.

The above activities could be integrated into standard operating practices for community centers and the menu of services that might be delivered across the wider network of centers in Lebanon.

Community mobilization

As UNHCR and its partners scale up **community mobilization**, it is critical to consider how refugees with disabilities will be represented in committees and refugee outreach activities.³² This could be achieved through the following approaches:

- Support persons with disabilities and their families to form self-help groups and appoint representatives which can be involved in community-level committees.
- Link these groups to local DPOs, which may be able to support their capacity development on the rights of persons with disabilities in Lebanon.
- Recruit persons with disabilities as refugee outreach volunteers, using the self-help groups to identify interested individuals.

Monitoring and evaluation

Access and inclusion of persons with disabilities should be monitored and evaluated at different stages in the response to ensure that assistance is in fact reaching the most vulnerable. Partners should report on how many persons with disabilities and their families are attending the community center activities or being engaged in the outreach efforts of the centers.

Monitoring and Evaluating Disability Inclusion

Potential indicators to monitor the inclusion for persons with disabilities through partner reporting are:

- Number of persons with disabilities and /or their family members approaching community centers for information about assistance and services
- Number of persons with disabilities and /or their family members receiving assistance and services directly from the community center (disaggregated by type of assistance or service)
- Proportion of beneficiaries accessing community center activities who are persons with disabilities and /or their family members (disaggregated by type of activity)
- Proportion of refugee outreach volunteers who are persons with disabilities
- Number of community center, NGO outreach staff and refugee outreach volunteers who received training on disability inclusion
- Number of community centers running activities which target the specific needs of persons with disabilities

Additionally, participatory assessments could collect qualitative data from persons with disabilities and their family members through group discussions and participatory activities to determine their perspectives on:

- Access and inclusion for persons with disabilities in community center activities

UNHCR and its partners have a unique opportunity to pilot and document disability inclusion in community center approaches in Lebanon. Examples and the lessons learned from implementation have potential to inform not only access and inclusion in the wider Syrian response, but also other contexts of urban and rural displacement in the future

Key Resources

Workshop resources: Individual Case Management–Identifying and responding to the needs of persons with disabilities

These workshops were conducted by WRC, in partnership with UNHCR, for humanitarian actors involved in the Syrian Refugee Response in Lebanon in May 2013. Files include PowerPoint presentations, tools and handouts.

Available at: http://www.womensrefugeecommission.org/programs/disabilities/supporting-the-voices-of-refugees-with-disabilities/doc_download/946-individual-case-management-identifying-and-responding-to-the-needs-of-persons-with-disabilities

Tool: Guidelines for identifying risk and prioritizing persons with disabilities for individual case management

These guidelines support actors to identify intersecting vulnerabilities which may increase risk of protection concerns among persons with disabilities and their families. They draw on the UNHCR Heightened Risk Identification Tool, UNHCR Lebanon’s SOPs for Individual Case Management and other findings from the field visit.

Available at: http://www.womensrefugeecommission.org/programs/disabilities/supporting-the-voices-of-refugees-with-disabilities/doc_download/946-individual-case-management-identifying-and-responding-to-the-needs-of-persons-with-disabilities

UNHCR *Need to Know: Working with persons with disabilities in forced displacement*

This operational guidance series, developed by UNHCR and Handicap International, provides field staff and partners with an essential introduction to, and action-oriented advice on, a range of protection issues relevant to persons with disabilities in situations of forced displacement.

Available at: <http://wrc.ms/13pBWLX>

Research report: *Disabilities among refugees and conflict affected populations*

This report presents findings from research conducted by WRC in partnership with UNHCR, in five different humanitarian contexts, documenting the gaps in access and inclusion for persons with disabilities, and recommendations for stakeholders.

Available at: <http://wrc.ms/14oIEMx>

Resource Kit for Fieldworkers: *Disabilities among refugees and conflict-affected populations*

This companion piece to the report “Disabilities among Refugees and Conflict-affected Populations,” provides practical guidance for UNHCR and humanitarian agency field staff.

Available at: <http://wrc.ms/12qNKR2>

Notes

1 <https://data.unhcr.org/syrianrefugees/download.php?id=2108>.

2 <https://data.unhcr.org/syrianrefugees/download.php?id=2132>.

3 <https://data.unhcr.org/syrianrefugees/download.php?id=2148>

4 http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf.

5 <http://www.womensrefugeecommission.org/resources/doc/download/609-disabilities-among-refugees-and-conflict-affected-populations>.

6 www2.ohchr.org/english/law/disabilities-convention.htm.

7 M. Crock, R. McCallum and C. Ernst, *Where disability and displacement intersect: asylum seekers with disabilities* (2011), <http://tinyurl.com/BLED-Crock-McCallum-Ernst-2011>.

8 UNHCR is committed to ensuring that the rights of persons with disabilities of concern are met without discrimination, as detailed in the Executive Committee Conclusion No. 110 (LXI)–2010. UNHCR has launched a *Need to Know* guidance series, which provides field staff and partners with an essential introduction to, and action-oriented advice on, a range of protection issues relevant to different groups in their Age, Gender and Diversity approach. The *Need to Know Guidance on Working with Persons with Disabilities in Forced Displacement* was prepared in partnership with Handicap International and disseminated to country offices in 2011. <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=4e6072b22>.

9 Due to large numbers of refugees arriving in Lebanon, UNHCR has a back log of people to undertake refugee status determination and register accordingly. As of June 2013, there were 76,000 people awaiting appointments with UNHCR for registration. <https://data.unhcr.org/syrianrefugees/download.php?id=2132>.

10 Email communication dated March 2, 2013 from Charlene De Vargas, Disability and Vulnerability Focal Point Project Manager, Handicap International.

11 UNHCR also has registration centers in Beirut/Mount Lebanon and Tyre (southern Lebanon).

12 Since this assessment was undertaken, the UNHCR registration center in Tripoli has been relocated to a different site.

13 *Standard Operating Procedures: Individual Case Management for Persons with Specific Needs in Beirut and the Field* for UNHCR Lebanon and partner agencies—currently in draft form and being adapted accordingly by field offices.

14 UNHCR's main health partner is International Medical Corps (IMC), which has contracted agreements with selected Lebanese primary health care clinics. Most non-life-saving surgery and inpatient rehabilitation is not included in the UNHCR health strategy

and is instead being delivered by local hospitals funded through a variety of overseas and local charities, including Red Cross federations, and the High Commission for Syrian Relief.

15 Interview with Medical Director at Dar Zahra hospital, Tripoli on March 25, 2013.

16 <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, p. 110.

17 Education actors are delivering a variety of educational services, including accelerated learning programs for out-of-school children, vocational training for adolescents and extra-curricular recreational activities.

18 Lebanese Physically Handicapped Union in Bekaa Valley and the Forum for the Handicapped in the North have undertaken such activities with Lebanese children and young persons with disabilities.

19 Arc en Ciel (in Bekaa and the North) and Fista (in Tripoli) provide special education classes for children with disabilities in their centers and are now including a small number of Syrian children with disabilities who can reach their centers. Additionally, UNHCR is covering the tuition fees of 22 children with disabilities to attend other private schools.

20 Joint Needs Assessment Questionnaires, shared by UNHCR in email communications dated February 27, 2013.

21 <http://www.clesonline.org/news.aspx?ID=20>.

22 For example, one out of 200 children in the community center in Saadnayel is a child with disabilities; there is only one child with disabilities in the crèche at the community center in Tripoli; and four in the crèche at Halba community center. All these children have mild disabilities.

23 <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, p. 43.

24 The Public Health outputs for RRP5 has included trauma surgery, orthotics and technical aids to an increased number of persons with disabilities. This same plan, however, acknowledges that there will still be an ongoing gap in longer-term care and rehabilitative services, which can only be implemented subject to capacity and funding. Gaps are based on estimates that 1.3 percent of the population has disabilities, which may well be an underestimate of the number of persons with disabilities requiring long-term rehabilitative services and support. <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, pp. 98 & 108.

25 RRP5 plans to provide financial assistance to “5% of the refugee population with the most pressing vulnerabilities.” <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, p. 41.

26 <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=46f7c0cd2>.

27 Training Package: Individual Case Management–Persons with Disabilities. http://www.womensrefugeecommission.org/programs/disabilities/supporting-the-voices-of-refugees-with-disabilities/doc_download/946-individual-case-management-identifying-and-responding-to-the-needs-of-persons-with-disabilities.

28 Ibid.

29 <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, p. 34.

30 Inclusive education is now recognized in the Minimum Standards for Education. The INEE have produced a Pocket Guide to Inclusive Education and a range of implementation tools as a companion to these Standards. <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1007>. The INEE Pocket Guide to Supporting Learners with Disabilities is particularly useful for education field and program staff. http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1024/INEE_Pocket_Guide_Learners_w_Disabilities.pdf.

31 See *Disability Checklist for Emergency Response by Handicap International* for more detailed guidance on environmental accessibility, <http://www.handicap-international.fr/fileadmin/documents/publications/DisabilityChecklist.pdf>.

32 The community empowerment strategy described in RRP5 includes the establishment of community-level committees with refugee and host community representation, and the scaling up of the number of refugee outreach workers and community centers. <https://data.unhcr.org/syrianrefugees/download.php?id=2148>, p. 37.



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