

# Lebanon Literature Review

Literature Review – March 2021

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*Delivering a transformational step change in education provision for  
children with disabilities in conflict-affected states*



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## I Executive Summary

This literature review is part of the project ‘Disability Under the Siege’, a programme bringing together a community of researchers, educational practitioners, cultural institutions, advocacy organisations and disability led groups in the UK and Middle East. The project aims to contribute to research efforts by providing intellectual and logistical resources that local practitioners need to transform education provision for children with disabilities in conflict-affected countries.

The literature review which is focused on Lebanon, comes as a first step to map and understand the situation of persons with disabilities in general but more pertinent to this study, is the research carried out in this field. Thus, this review comprises the academic, medical, and grey literature regarding disability in Lebanon. It also includes key insights from meetings with disability community activists to shed light on what is done, and not done, for people with disabilities in Lebanon as well the mobilization efforts done for and by people with disabilities in Lebanon.

The situation of people with disabilities in Lebanon is plagued by issues of institutional and public stigmatization, marginalization, decentralization of the disability movement and disinterest from academics and researchers. The lack of information and research on disability in Lebanon leaves much to be desired for legislative and civil society progress. The disability legislation in Lebanon has struggled in both conceptualisation and implementation, much to the chagrin of the Disability Movement and persons with disabilities in the community. Due to this and other factors, the rights of persons with disabilities as well as the service provisions for the group of society are typically upheld and conducted by under-resourced and constrained non-governmental organisations (NGOs). Furthermore, access to education, healthcare, and other human rights is generally limited and greatly variable based on the intersectionalities of gender, age, socioeconomic status, refugee status, and disability type among other determinants. However, the persistent and dedicated efforts of NGOs, Disabled Persons’ Organizations (DPOs) and key actors in the disability community is evident. Nonetheless, the disability movement continues to lack coordination, suffer from competition and is disunited.

While the Lebanese uprising in October 2019, adopted an intersection set of demands including the rights of persons with disabilities, disability is an intersectionality continue to be missed from many fields and movements one of which is academic research. Even within rights based groups, disability rights continue to be excluded and marginalised. Overall, there is a paucity of research on disability in Lebanon. Most of what exists is carried out by NGOs while universities continue to overlook this field. However, the limited academic research comes primarily from Faculties of Medicine reflecting the medical approach that continues to dominate the study of disability in Lebanon. Departments of social sciences and humanities continue to overlook this field of study.



The review highlights the need to raise the profile of academic research in the field of disability. A partnership that brings academics, NGOs and practitioners is needed. Similar to gender and LGBTQ, the rights and needs of persons with disabilities need to be mainstreamed in academic research, policies, civil society organisations and practitioners work. The findings of this review further underlines the needs for programmes such as “Disability under the Siege” to help further support for the disability agenda in the academic and cultural spheres.



## 2 Introduction

Disability in Lebanon is an under-researched and scarcely understood topic. Literature or other types of reviews typically focus on a particular disability or sector – such as education. Some focus on certain age groups or include multiple countries in the MENA region, and don't provide specific details regarding the unique Lebanese context. This review aims to piece together the current literature, policy, and grey literature as well as consultative interviews with disability community mobilizers in order to ultimately describe the situation of persons with disabilities in Lebanon. This review explores the key pillars of livelihood for any citizen: legislation and human rights, health, education, employment, community life and wellbeing and describes how these are accessed by people with disabilities in Lebanon. Different intersectional groups of disabled people in Lebanon are discussed to shed light on the increasingly marginalized groups within the wider disability community. Importantly, this review also explores the community consciousness around disability and how that influences everything from high level policy to program implementation to community and family life. Recommendations and the current state and pitfalls of research and information about disability in Lebanon is addressed. Finally, this review includes a large section exploring the key issues and efforts of the Disability Movement in Lebanon.

## 3 Objectives & Methodology

### 3.1 Objectives

The objective of this study is to shed light on the situation of people with disabilities in Lebanon. This review is written through the lens of the human rights and social models of disability. The experience of disabled people in Lebanon is central here and is explored in relation to key themes which encompass their livelihoods (i.e. health, education, employment, rights), as well as their actions (i.e. mobilization and advocacy). There are three main findings of this review: **(A)** The institutional and public perspective on disability in Lebanon has historically been medical and has problematized disability and disabled people as opposed to addressing human rights and social issues. **(B)** This is reflected in the state of the current literature on disability and the skewing of research and resources towards medical interventionist efforts. **(C)** In spite of this, the disability movement has been working towards shifting this perspective towards a social and human rights model of disability. However, these efforts have often been thwarted by the decentralization of the movement and the shifting of DPO resources to service provision and away from mobilization efforts.

### 3.2 Methodology

The methodology of this qualitative study comprised two stages: a comprehensive literature review and several consultative meetings with disability mobilizers<sup>1</sup>. The literature review stage included studies published since 2005 regarding disability in Lebanon. This collective review included both academic literature as well as non-academic literature and other

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<sup>1</sup> Complete list of those consulted can be found in Appendix A  
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documents. The systematic review of what research exists on disability in Lebanon was balanced with the actual content of these publications, as is demonstrated in the various sections of this review. This information was supplemented by informational meetings with disability community activists in Lebanon in order to gain perspective on the Disability Movement.

### **3.3 Limitations of this study**

This study is limited by multiple factors. Namely, the limited information and resources about disability in Lebanon – which is a main finding of this review. Additionally, as is explored in later sections, the financial and academic resources are primarily channelled into sources which are more medical than social or human rights focused. Furthermore, systematic and historical marginalization of persons with disabilities as well as the state of education for disabled students has led to a lack of academics with disabilities who could best lead research efforts on this subject. Additionally, this review focuses on publications in English and therefore may miss academic, medical, and grey literature published in Arabic, French, or other languages.

Another limitation is the brief view of the history of the Disability Movement and the situation of persons with disabilities in Lebanon. Primarily, this study reviewed publications published in the last 15 years. Furthermore, due to the resource constraints of the NGOs and DPOs conducting service provision, advocacy, and mobilization leaves scarce resources for documentation and publication. Furthermore, the decades of purely fighting for recognition of the existence of persons with disabilities before arriving at service provision and human rights meant decades of details have been lost. More in-depth interviewing may uncover parts of this history. This study has prioritized the depth of understanding for the current state of disability in Lebanon over the breadth of history.

## **4 Disability in Lebanon: Key Issues & Overview**

In keeping with the World Health Organization (2011) estimate, it can be accepted that approximately 10-15% of the Lebanese people have disabilities in keeping with 2016 World Bank Data (WRC & UNICEF, 2018, p.5). This number is likely much higher according to research conducted in 2018 by the United Kingdom Department for International Development (DFID) which reported that 61.4% of households have at least one member with a disability. These disabilities could be physical, sensory, intellectual, or mental. Regardless of disability type, these true citizens of Lebanon are systematically marginalized, denied their human rights, and face continual barriers to meaningful participation and inclusion in Lebanese society.

Structural inequalities in living conditions, education, employment, and in political and social inclusion have led to the perpetuation of vulnerability for the disability community. Government inaction has led to the mobilization of community resources for disability services. However, this inconsistency, resource scarcity, and pervasive medical and charitable models of these services further stalls the progress of the disability movement. The human



rights or social models of disability are suppressed and quieted by the lack of legal implementation as well as the discrimination, exclusion, and even violence against persons with disabilities in Lebanon (LHF, 2018).

#### **4.1 Disability Demographics in Lebanon**

The demographics and statistics of different disability types in Lebanon is not a priority of this study. This is for two primary reasons: (A) the information on disability in Lebanon is limited and systems of research are largely oblivious of disability issues. Therefore, data may not be reliable and frequently skews data toward or exclusively focuses on physical disability – disregarding or falsely minimizing sensory, mental, and intellectual disabilities. Community perception may also skew knowledge or understanding of disability prevalence (i.e. differing reporting frequency based on gender or disability type). There is evidence that the Lebanese State has consistently reported lower rates of disability in the population (2%) than is accurate (10 – 15%) (Kabbara, 2013; Lakkis et al., 2015). This could be various reasons including the definition of disability.

As anywhere globally, disabilities in Lebanon vary in acquisition, some acquired at or from birth, others through illness, disease, or through side effects of medical treatment. However, what is a specific feature in Lebanon is the prevalence of disability acquired through conflict and violence reflecting the long history of armed conflict which the country has witnessed. While the reporting of the exact prevalence is unclear and unreliable, it is clear that violent conflict in Lebanon has been a source of increase in disability. While the Lebanese State does not recognize many disabilities that are not physical (e.g. not counting sensory, mental, or intellectual disabilities) they did report, in 1992, that 13,455 persons were permanently disabled from war (Combaz, 2018; Kabbara, 2013, p.10). Following Beirut Blast, it is estimated that around 500 to 600 persons have become disabled yet these statistics remains unofficial (Legal Agenda, 2020).

The Lebanese State neglects to include most disabled persons in their definition of disability and therefore cannot protect their rights or providing services or access. According to the Lebanese Council of Disabled People in 2005, government spending on disability had not exceeded \$15 million; this leaves families, communities, and local NGOs and DPOs to take all responsibility for service provision and advocacy efforts with limited resources.

The focus of this study is on disability as a whole in Lebanon. While the disability community is as diverse as any population, their experience of marginalization is unifying. In order to combat the frequent decentralization of the Disability Movement in Lebanon, studies such as this, strive to be inclusive of various disabilities and draw focus to what unites this diverse community.

## **5 Conceptualization of Disability in Lebanon**

Perhaps the most central disability issue in Lebanon, or any country or society, is how disability is defined, conceptualized, and understood in the state and public consciousness. This pervasive understanding is difficult to shift or uproot. It underpins the foundational



systems of funding for research, institutions, and interventions. It guides and leads the work of legislators, educators, and medical professionals. It influences interactions from daily experiences in the family home and local community to monumental policy action. In Lebanon, the conceptualization of disability remains rooted in the Medical Model of Disability. This view centers the ‘problem’ of disability within the disabled person themselves as opposed to within the barriers of the community and society. This view seeks to cure, prevent, mitigate, and suppress disability itself instead of making society and institutions more inclusive of these diverse members of Lebanese society.

The limited view of disability in the medical model leads not only to social and legislative inaction or discrimination, it also results in the incorrect reporting of disability prevalence. Lebanon has reported their disability prevalence at only 2% (Kabbara, 2013; Lakkis et al., 2015) when it is more likely between 10-15%. This may be due to the use of the medical model of disability, limiting the definition of who is counted as ‘disabled’ and ignoring many in the disability community who have less visible or not physical disabilities.

The Social Model of Disability (Shakespeare, 2006) looks at how societal barriers and limitations ‘disable’ a person and how in an inclusive and accessible environment, a person with a disability can live and act equally with other citizens who don’t have disabilities. Many studies echo this in encouraging the view of disability not only as a medical condition or condition of the body, but as a multi-objective model including social, cultural, and economic aspects (Nagata, 2008).

An important complement to the Social Model of Disability is the Human Rights-Based model of Disability. A model which recognizes that all humans, including those with disabilities, shall have access to their full human rights. This includes civil, political, social, and economic rights of persons with disabilities (Nagata, 2008).

The Disability Movement in Lebanon has been advocating for this shift from the Medical Model to the Social and Human Rights Models of Disability for decades. However, they are operating within a national system of disability being medicalized and each intervention built upon the aim of curing or mitigating disability. The Medical Model isn’t only oppressive, it’s ineffective. For example, for the human right of education for visually impaired and blind people in Lebanon, the Medical model would invest in curing or mitigating their sight issues, while the Social and Human Rights Models would invest in braille, screen reading technologies, and other assistive technologies to make education accessible. Until Lebanon can understand and embrace what the Disability Movement has been advocating for and shift it’s conceptualization of disability, the human rights of people with disabilities in Lebanon will remain out of reach.

## **6 Legislation & Rights Protections**

Lebanon has signed, but not yet ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). However, their ratification of the Convention on the Rights of the Child (CRC) and the International Covenant on Civil and Political Rights (ICCPR)



provided some hope for inclusion and human rights in Lebanon. The conceptualization and establishment of Law 220/2000 on the Rights of Disabled Persons decades earlier was also a source of hope for many in the disability community in Lebanon. However, despite these national and international obligations and agreements in the law, Lebanon has consistently failed to implement and adhere to either the concepts of the UNCRPD or Law 220 (Lakkis et al. 2015).

The limited legal framework on the rights of people with disabilities in Lebanon, namely Law 220 which was passed in 2000, has not been enforced (Lebanese Council of Disabled People, 2005). From its inception, many members of the disability movement have recognized how it falls short of their goals, and since 2000 their concerns have been validated. The involvement of international organizations like the World Bank and the International Labor Organization (ILO) have been accountability partners in this effort, but without resounding success (Al-Nashif, 2013; Koplewicz et al., 2018). One of the primary issues with Law 220/2000 is its limited definition of disability. It focuses most on physical disabilities, includes some sensory (vision, hearing) disabilities, and addresses some intellectual disabilities. However, mental health and invisible disabilities such as learning difficulties are not included under this legislation. Kerbage, El Chammay, and Richa (2015), identified one legislative decree that addressed the safeguarding and treatment of persons with mental illnesses. However, the law did not address inclusion in community health care centers and community settings and in doing so only legislates the institutionalization of those with mental illnesses. This is not in keeping with international human rights standards as well as not being included or in line with general disability legislation. This is an example of how invisible disabilities are marginalized and how the segregation of disability types from each other and from their communities is perpetuated through legislation. This marginalization of certain kinds of disabilities leaves certain members of the disability community without resources, protection, or even legal recognition as disabled.

Unlike the UNCRPD, Lebanon, along with the rest of the MENA region, ratified the United Nations Convention on the Rights of the Child (CRC) in 1990 (Nour, 2005). This includes protections for children with disabilities and aims improve their conditions in their own best interests. While the CRC, and even Law 220/2000 promote inclusion in the community and other sectors – segregation of disabilities and institutionalization particularly in residential education seem to remain the most common government-supported disability initiatives. This contradiction with the legal aims is reflected in the contradiction with the advocacy and urging from the Disability Movement, as well as scholars and academics. Social inclusion of people with disabilities, particularly for young people with disabilities, has not been well implemented under the current legislative framework (UNESCO, 2013). Furthermore, the segregation of governmental and non-governmental organizations (NGOs) and disabled persons organizations (DPOs) has led to a lack of coordination, accountability, and the further ignorance to the perspective of disabled persons themselves. Scholars such as Wehbi and El-Lahib (2007) have argued that interventions, policy and research initiatives must occur at the community level in order to enforce this legal framework successfully.



Technically protected under Law 220 are: the right to education, health, and other fundamental rights for people with disabilities (Koplewicz et al., 2018). Law 220 also includes the right to employment for people with disabilities (AL-Nashif, 2013). Despite these and the aims of the UNCRPD and CRC to prioritize the best interest of the disabled person and seek full and meaningful participation, the gap between these concepts and implementation have been noted by multiple assessments (UNESCO, 2013; The Lebanese Council of Disabled People, 2005).

## **7 Health: Medicine & Public Health**

Reviews of healthcare access for people with disabilities in Lebanon are varied in their results. As described above, healthcare access and the protection of the human right to health and wellness is protected under the legislative framework – but has not been well implemented. Despite that, there has been some success in Lebanon regarding healthcare access according to some reviews (Ghossoub et al., 2015). Hospitals seem to be well equipped for disability access according to Ghossoub's study (2015). However, barriers still exist, particularly for those with sensory (vision, hearing) or other disabilities that are not physical. In the tumult of the Lebanese context, other assessments importantly point out that in emergency contexts, disabled persons are the most vulnerable to being excluded from healthcare services (Baroud, 2017). Some studies note that the healthcare access of physically disabled youth in Lebanon is severely overlooked (Chalah et al., 2016).

As is true in many contexts, the question of healthcare access often reflects more about the patient's financial resources rather than their medical needs. For example, which hospitals are accessed this may be cost dependent and directly relate to access to specialized equipment or knowledge. Additionally, many patients may be discharged from care prematurely due in order to reduce costs. People with disabilities may indeed access medical care and specialist healthcare facilities and practitioners (Baroud & Mouheildine, 2018). The high costs of more frequent visits can exacerbate the financial resources of a patient and their family. Due to the limited number of specialized services, this may drive up cost as well as travel or other related barriers for disabled patients who do not live in highly populated areas. The lack of specialized services for disabled patients are the most prevalent barrier for medical and healthcare access for persons with disabilities in Lebanon (Baroud & Moudheildine, 2018).

Under the purview of healthcare for people with disabilities is early intervention programs. While many may imagine healthcare as being centered on the hospital setting, studies have shown that home visiting and community based programs such as Portage are most successful (Kassem, 2016). This is a prime example of shifting from the Medical to the Social Model of Disability. The Portage program assists parents in learning how to engage with their disabled children and work through their developmental domains. Unfortunately, studies on programs such as this are not common. More research on community and home-based interventions for disabled children and adults is needed to more thoroughly understand how the Social and Human rights models of Disability can be implemented even within the healthcare and medical setting.



## 8 Participation in Community & Society

Meaningful inclusion and participation in community and society for persons with disabilities should be the goal of any disability initiative. This may look like medical care access, education access, or access to gainful employment – the typical focus points of any legislative agenda. However, people with disabilities also have the desire and right to access community and social life in recreation, religious activities and organizations, local celebrations and holidays, shopping and leisure centers, and events and institutions of art and culture. When a society minimizes a person with a disability to a medical condition the personhood is often lost. When this personhood is lost, the inclusion of that person in society as a community member and citizen is also overlooked. Persons with disabilities have full and diverse interests just as their non-disabled family members, friends, neighbours, and fellow citizens. Therefore, aspects beyond the bare minimum of human rights must be accessible to them.

The stigmatization and segregation of persons with disabilities has led to a built environment which is inaccessible. Koplewicz et al. conclude that the accommodations for accessibility of buildings amount to only 1% of the total cost of the building – therefore cost shall not be prohibitive to inclusion (2018). Many authors tie this stigmatization back to the Medical Model of Disability and note the negative view of disability as a pervasive presence in society (Wehbi, 2007a). A few specify some of these stigmas in identifying that many in Lebanese society doubt the autonomy and agency of disabled people and therefore support segregation (Epp, 2011). Without the belief that disabled people have interests, needs, and personalities outside of their disability, there is no interest in providing access to anything other than disability institutions. Without listening to people with disabilities and DPOs, these stigmas will be difficult to overcome and the physical and social world will remain inaccessible. One UNESCO (2013) report suggests that 95% of buildings and facilities in Beirut do not have adequate disability accessibility measures. The Lebanese Council of Disabled People believes this is primarily due to the lack of government accountability, as no official building regulations related to disability accessibility are enforced or required (2005). This extends beyond public buildings and spaces to include the absence of accessible public transport. This keeps people with disabilities physically and socially segregated from their communities and opportunities for recreation, culture, and employment – further driving economic and social inequalities. This situation is cyclical as the most disabled people are excluded from civil society, the less they are able to contribute to civil society. The lack of contribution reinforces the false belief that disabled people cannot or will not contribute to society due to their disability or lack of autonomy and agency. In fact, it is not their disability but the lack of accessibility to civil society itself that is preventing the contributions of disabled people. This is yet another example of how the implementation of the Social and Rights-based Model of Disability would greatly shift the current state of affairs for disabled people in Lebanon.



## 9 Education

Education is arguably one of the most foundational aspects of any community or society. The prosperity of the disability community may indeed depend on the success of inclusive education. However, students with disabilities face low enrollment rates throughout the MENA region (Nour, 2005) and students who make it to higher levels of education face discrimination (Darwich-Houssami, 2019), educational system barriers, inadequate finances to support their education, transportation inaccessibility, and family pressures that disrupt or prevent their education (Wehbi, 2007a). Inclusive education for students with disabilities is a recent development for the MENA region, and has not been well or widely implemented (Nour, 2005).

Currently only 8,558 children are registered as disabled and are in the age range (5 – 14 years old) of compulsory education (Koplewicz et al., 2018). Just over 3,000 of these children are in institutions funded by the government, with the remaining attending public and private schooling (Koplewicz et al., 2018). Many are not enrolled in schooling at all. However, as we have seen, these numbers, registered under the government definition, are limited in their view of disability; meaning either there are more disabled students than are counted attending school or there are many more school age children with disabilities who are not attending school. UNICEF, the World Health Organization (WHO), and the World Bank estimate that 5% of children below the age of 14 have a disability, which is far higher than the figures under the Lebanese State's registration system. Beyond the mere 8,500, one can infer that tens of thousands of Lebanese children with disabilities are not registered and therefore may not have access to education or other basic services (Shuayb, 2020, Darwich-Houssami, 2019; Koplewicz et al., 2018). Tabet & Fayad report that the number of disability card holders registered in public schools is far fewer than the total number of disability cardholders reported by the Ministry of Social Affairs (MOSA) who are at school age (2014). Humanity and Inclusion states that this state of affairs leads to a disability population which is likely not to enroll in education and therefore has high rates of illiteracy (2018).

While some scholars (Damaj, 2008) highlights the promotion of inclusion and the rights-based approaches in current policies and practices in Lebanon, many others note the Lebanese State's funding of residential, segregated institutions for disabled students. In inclusive or segregated educational settings, many authors elaborate on the academic motivation of students with disabilities despite a multitude of barriers. These barriers include: stigmatization, perceptions of quality and standards of work, institutionalized and systematic discrimination, learning difficulties, health challenges, struggles in changing habitus, transportation inaccessibility, the need for educational aids, and challenges met by the family of the student including financial strain (Shuayb, 2020, Wehbi, 2007a; Loutfy, 2019; Terzian, 2015; Andary, 2013; Ghandour, 2017; Koplewicz, Fellow, Ćerimović, & Van Esveld, 2018).

The stigmatization of people with disabilities in Lebanon is the primary obstacle to their inclusion in society (Van Loan, 2013); this extends to education, as noted by multiple international organizations such as UNICEF, Human Rights Watch, and the International Labor Organization (ILO) (Al-Nashif, 2013). Accessible education includes special education methods and specialists as well as simple physical accessibility of buildings. A 2009 survey



shows that only 5 of 997 public schools met Lebanon's physical accessibility standards for public buildings (LPHU, 2005). Darwich-Houssami point to the lack of funding available for special education efforts (2019). While this may be labelled as lack of resources, it may also be understood as lack of resource allocation towards disability.

Special education initiatives in Lebanon are plagued by inconsistency. El Saheli-Elhage & Sawilowsky (2016) note a gender bias in learning disability assessment in private schools as well as the centralization of schools that provide special education in only certain districts in Lebanon. Special education also seems to be less available to students beyond the elementary level with education for older students becoming non-existent or focused solely on vocational and not academic learning. The lack of cooperation and standardization between private schools, other special education institutions, and the Ministry of Education results in oversimplified and ineffective assessment procedures.

## **10 Employment**

Unemployment is high throughout Lebanon and plagues the struggling economy. Unemployment is increasingly high and severe for persons with disabilities in Lebanon. Unfortunately, this – like much other information about disability in Lebanon – has not been documented and therefore the prevalence is unknown. A recent study by ESCWA points out that over 86 per cent of persons with disabilities in Lebanon are unemployed (ESCWA, 2020). However, estimates from a 2013 UNESCO (2013) predicts that 78% of people with disabilities of working age are unemployed in Lebanon. Lack of access to education for people with disabilities from school age through to vocational and higher education is severely lacking or ineffectual. This is an unfortunately accurate predictor of unemployment for people with disabilities in Lebanon and of the lack of inclusive employment after a lack of inclusive education is clearly correlated (Al-Nashif, 2013).

One major research effort regarding employment for persons with disabilities in Lebanon was led by Wehbi and El-Lahib in 2007. Their study depended on the collection of data and tracking of people with disabilities by municipalities which makes the data less reliable and quite constrained. However, the results of their study remain useful in that most persons with disabilities in their sample area (rural regions in Lebanon) were unemployed, struggled to maintain employment, or were self-employed and worked from their homes. For those who do become employed outside of the home, persons with disabilities in the workplace are vulnerable to mental health issues such as: anxiety, depression, and fatigue (Humanity and Inclusion, 2018) potentially contributing to lack of success at work or in livelihoods or indicating subpar inclusion in the workplace for employees with disabilities.

## **11 Intersectional & Further Marginalized Disabled Groups**

The population of persons with disabilities in Lebanon is diverse. This diversity is not based only on type of disability or other social strata. It importantly includes intersectionalities such



as gender, refugee status, age, and the visibility of their disability. These intersectionalities may marginalize these disability communities further as they are ignored by research, intervention, service, and advocacy efforts. These are the populations who must be increasingly included in the general disability inclusion efforts.

### **11.1 Women**

Women with disabilities in Lebanon are a further marginalized group within the disability community which requires more attention and research towards their unique needs and experiences. As Wehbi (2010) highlights, women with disabilities are missing from feminist and disabilities studies – particularly those from Arab or Muslim backgrounds. The Western saviour model does not serve women with disabilities in Lebanon well, but is in line with the medical and charitable model of disability which is already pervasive in Lebanese society.

The general social status of women leads to a doubled source of oppression and marginalization for women with disabilities in Lebanon. As they, typically, exhibit higher rates of daily activities including physical tasks compared to their male counterparts (Al Hazzouri, 2010), their needs for disability accommodation and assistance as well as their potential vulnerabilities for disability in general are clear, yet under-recognized. Disability Movement leaders note that womens' civil society organizations state inclusivity of women with disabilities, but this is not shown in meaningful participation (Lakkis, 2020). Women with disabilities, while active in DPOs and mobilization efforts, have not yet founded their own DPO focused on the unique experiences and rights of women with disabilities (Lakkis, 2020). More research and action is needed which centers the experiences of women with disabilities in Lebanon in order to fully understand the situation of this increasingly marginalized sector which makes up, arguably, 50% of the disability community.

### **11.2 Refugees**

This study includes the disability community and persons with disabilities in Lebanon. However, it is not limited to Lebanese citizens. Refugees are a large and growing population in Lebanon, and the disability prevalence is substantial among them. Their access to services is dire, and they are often also at a higher risk for mental illness. It is estimated that 30% of refugees in Lebanon may have disabilities or demonstrate specific needs (Calvot et al., 2014). Unfortunately, research on this population is scarce, making them increasingly hidden and vulnerable. Refugees with sensory, intellectual, mental, or other hidden disabilities are far more likely to be overlooked than those with physical disabilities. 23 % of disabilities are 'unspecified' in the United Nations High Commissioner for Refugees (UNHCR) data (Calvot et al., 2014). Some initial demography may provide some idea of the varying levels of disability in the refugee population in Lebanon. According to Combaz (2018) the disability prevalence among Palestinian refugees (from Palestine since 1947) is about 10%; among Palestinian refugees from Syria is about 8%; and among refugees from Syria (since 2011) is about 10 – 22.8%. Similar prevalence rates from Humanity and Inclusion (2018) put the prevalence of disability for Syrian refugees at 22.8%; Asai, Barley, and Herzog (2018) found that 22.6% of surveyed Syrian refugees had disabilities and that 59.9% of sampled households included at least one member with disabilities. Of course, there are other refugee demographics not listed here, however, these statistics give some context for the disability rate among refugees.



The high prevalence of disability among the refugee population may indeed be related to the Syrian conflict; the study by Asai, Barley, and Herzog (2018) reflected the belief of many Syrian refugees with disabilities that of those who declared illness/disease, injury, and malnutrition as causes of their disabilities, 38.9% believed it originated from the ongoing Syrian conflict. Furthermore, conflict and migration and related traumas have mental health implications, particularly for refugees. The same study (Asai, et al., 2018) noted that anxiety, depression, and fatigue were common among refugees with disabilities. While all refugees and any person despite their migration experience may experience psychological distress, refugees suffering from injury, impairment, or chronic disease are twice more prone to show psychological distress than the general refugee population (Calvot et al. (2014). This is to the extent that 45% of refugees with disabilities face difficulties carrying out simple daily routines. (Calvot et al., 2014). Despite some efforts to include persons with disabilities in inclusive education with Lebanese persons with disabilities, progress is slow and many struggle to access services in their environments. Disability-specific health and psychological care is scarce to nonexistent for refugees with disabilities (Pearce et al., 2013) as resource constrained health practitioners focus on only the most urgent care.

### **11.3 The Elderly**

Governmental funding and support for persons with disabilities, as well as a large proportion of funding from outside of the government towards services and research efforts is targeted toward children with disabilities and towards education. Therefore, adults and even more so older persons with disabilities are underserved. Older persons are increasingly vulnerable due to the lack of pension schemes and increase in unemployment for this age group – even more severe for those with disabilities. Some research indicates that older persons, with or without disabilities, are more vulnerable to mental health issues such as depression. One study by Chaaya et al. (2010) observed the correlation between employment and mental health for older persons with disabilities in three urban communities in Beirut. Older persons with disabilities may also experience more isolation or may be viewed as burdensome by families who may have children as well. The provision of access and inclusion for this population, initiated by increased research about them, would greatly service the ever growing aging disability population in Lebanon.

### **11.4 Invisible Disabilities**

Invisible disabilities are included as a section here for two reasons: in any community regardless of its disability model and legislation, often overlooks those with invisible disabilities. An invisible disability is defined as a disability that is not easily noted by someone meeting or seeing the disabled person. For example, using a wheelchair is a visible disability, while dyslexia is an invisible disability. Having an invisible disability can make it more difficult or even impossible to receive services, accommodation, or simply the increased understanding and patience from community members. In Lebanon, the situation of those with invisible disabilities is even more severe because these disabled persons are not only invisible in society, but they are completely excluded from legal protection. The definition of disability in Lebanon often legally excludes those with invisible disabilities such as learning difficulties, leaving them missing from services, protections, and data (El Saheli-Elhage & Sawilowsky, 2016).



## 12 Disability Mobilization & The Lebanese Disability Movement

The Disability Movement in Lebanon has been plagued by decentralization, inconsistency, competition over leadership and resources, differences in ethos, and scarcity of resources. However, this movement has also been incredibly resilient, innovative, and has persisted against systematic silencing in creative and energetic ways. Based on our few interviews with current activists, the Disability Movement is channelling its resources into two main initiatives: (A) an initiative led by the International Labor Organization (ILO) on social protection for persons with disabilities (Abdulla, 2020; Kabbara, 2020) and (B) drafting reforms and changes to replace Law 220 with legislation that is in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Abdulla, 2020; Kabbara, 2020). These initiatives also have provided an opportunity for DPOs to gain access to and coordinate with various government ministries, a gap which has prevented the implementation of many disability projects. Unfortunately, the conditions of the Coronavirus pandemic and the impact of the 4 August 2020 explosion have left these initiatives on hold. But if anything can be learned from the Disability Movement, it is resilience throughout the tumult of internal or external conflict. This section was written after consultation with four leaders of the Disability Movement in Lebanon.

However, the decentralization and competition with the Disability Movement is a barrier to the success of any individual DPO, program, initiative, or the implementation of disability legislation (Lakkis, 2020). Chasms in the disability community between DPOs have occurred over issues of power, the struggle between leaders or how to prioritize the aims of different DPOs or disabilities have pulled DPOs apart (Makarem, 2020; Abdulla, 2020). Another rift in the Disability Movement arose in 2000, when Law 220/2000 was established. While the vast majority of DPOs could agree that the Law was not perfect, some believed it should be established as a starting point, while others thought it should be amended or replaced prior to becoming official law (Abdulla, 2020). This disagreement led to many DPOs taking sides, and others remaining neutral – the subsequent decentralization weakened the movement for decades. Division weakens the movement and the ebbs and flows of coordination and segregation leave the movement itself inconsistent (Marakem, 2020; Kabbara, 2020; Lakkis, 2020).

This division is also driven by differences in the ethos of various DPOs and disability leaders and mobilizers. There are debates between those who believe in and advocate for disability inclusion and human rights and others who remain locked in a model of segregation of disabled persons (i.e. institutionalization and education) (Makarem, 2020). Fundamentally, the definition of a 'DPO' has separated some DPOs from each other (Makarem, 2020). While some identify as a DPO if they do any work at all with the disability community, others believe that to be defined as a DPO an organization must be involved in advocating for the rights of persons with disabilities. While these differences may seem minimal, and most DPOs work in the sectors of service as well as mobilization – these differences are, at times, at the heart of how disability is defined. As organizations who subscribe to charitable and medical models of disability are in ways antithetical to the human rights work of many leading DPOs. To



exacerbate this, the long term leadership in DPOs means disagreements may lead to the division of DPOs for decades (Makarem, 2020).

An additional instance of decentralization is between the ministries of government and the disability movement and initiatives in the government and civil society. Despite the valid aims of Law 220/2000, the UNCRPD, and the United Nations Convention on the Rights of the Child (UNCRC), the implementation was not successful in part due to the segregation and lack of coordination between government ministries – particularly regarding their lack of consultation with DPOs and disability leaders (Lakkis, 2020). DPOs do not have the access to each ministry in order to advise and assist on disability inclusion efforts in education, healthcare, etc. There is no sector untouched by disability, and yet no ministry successfully connects with the Disability Movement (Abdulla, 2020). The social protection initiative with the ILO did provide an historic coordination of these sectors, finally getting them in a room with disability leaders in order to heed their consultation on disability inclusion (Abdulla, 2020). However, the results of this were short lived due to the disruptions of Coronavirus and the August explosion in Beirut.

The lack of consistency in the coordination and collaboration efforts just described is also experienced in the inconsistency of funding (Lakkis, 2020). DPOs seem to get funded by two main sources: International Organizations (INGOs) such as the World Bank, International Labor Organization (ILO), or United Nations organizations such as UNICEF. Others get funding from the government or are connected to religious or charitable funding sources. Regardless of source, though it may be noted that more DPOs focused on mobilization receive INGO funding almost exclusively, funding is inconsistent (Marakem, 2020). Funders from any background are structured and motivated to fund projects. These projects typically require start and end dates and deliverables or outputs. However, DPOs are more in need of consistent support for operations and they understand that mobilization efforts are not clear cut and often have no beginning, end, or quantifiable outputs. Therefore, DPOs shift and mold their efforts into projects in order to attract funding and then creatively operate around these structures (Kabbara, 2020). While projects and initiatives are ongoing, INGO support and coordination helps DPOs gain the attention and respect of government officials. However, once projects are completed, this support disappears as well.

Finally, the Disability Movement is weighed down with the pair of circumstances: the scarcity of resources paired with an abundance of work to be done. Due to the lack of governmental support for people with disabilities and the nearly nonexistent implementation of the UNCRPD, UNCRC, and Law 220/2000, DPOs and other community, regional, or national level entities have taken responsibility for service provision for disabled people. The governmental support that is provided either (A) funds education for children with disabilities and neglects to provide services for persons with disabilities who are not school aged or (B) funds organizations who become fearful of doing any advocacy work and therefore take on a service or charitable model of operation (Abdulla, 2020; Kabbara, 2020; Makarem, 2020). The balancing act of DPOs who are involved in mobilization and advocacy efforts leaves scarce resources for both services and advocacy as the organizations' operations are constantly split. Some DPOs vow to shift away from service work and invest fully in political action only to be



forced back in service provision and humanitarian efforts in times of crisis (Lakkis, 2020). An example of the impact of this is the lack of resources for DPOs to document their work or produce reports to inform legislation or civil society to promote and raise awareness about disability inclusion and human rights. These documents would provide technical support, raise awareness, as well as retain vital institutional knowledge of DPOs. However, many DPOs are too stretched by providing services as well as mobilizing to take on reporting and documentation (Makarem, 2020). Fortunately, some booklets, reports, and even large scale research studies are produced by larger DPOs (Kabbara, 2020; Lakkis, 2020).

The persistence and innovation of the Disability Movement in Lebanon is seen through their efforts to make civil society mobilizations efforts inclusive of disability in advocacy and in execution (Makarem, 2020; Abdulla, 2020; Lakkis, 2020). The initiative to make voting accessible for visually impaired voters is a prime example of this type of effort (Makarem, 2020). Civil society organizations seem receptive to the Disability Movement and inclusion efforts in times of relative peace, but once demonstrations or tumult occur, people with disabilities are often disregarded by many civil society movements (Kabbara, 2020). Demonstrations are inaccessible, and issues raised on the civil society agenda often do not include disability. Despite this, some DPOs and activists with disabilities do not limit their interests and actions to the Disability Movement, they demonstrate alongside those without disabilities in anti-war and disarmament demonstrations, implementing their own accessibility measures if needed (Lakkis, 2020). Disability remains largely marginalized in society, but there is more that unites the experiences of different movements than divides them. As noted by one disability leader, all rights based movements in Lebanon share the experience of navigating a context which is “not based on civility and human rights...we are against the odds,” (Kabbara, 2020).

### **13 Disability Research**

Increased knowledge about disability in Lebanon is the foundational step towards the fulfillment of their human rights and full meaningful participation in society. While disability research has increased globally, particularly in the West, research about the Lebanese context which includes its unique cultural, historical, economic, and social contexts is vital. Alkhateeb et al. (2016) have pointed out an increased interest lately in inclusion research in the Arab world, a positive step towards recognizing and including the impact of cultural differences such as gender segregation in schooling in studies of inclusive and special education. Unfortunately, many research initiatives rely on self-reporting questionnaires, which may be fallible or not comprehensive (Llosa et al., 2014). State-level reporting of disability is notably unreliable, a prime example being the report of a 2% disability prevalence in Lebanon by the Lebanese State (Kabbara, 2013; Lakkis et al., 2015). This is not specific to Lebanon and is seen in several other countries in the MENA region (Nour, 2005). The lack of standardization of the definition of disability is one barrier to accuracy. Data from any source, while precious in its rarity, is often not trustworthy (Epp, 2011; Calvot et al., 2014). Under the UNCRPD (signed but not ratified), Lebanon is required to make information accessible to persons with



disabilities and DPOs as well as maintain accurate statistics about the disabled population of Lebanon (Lakkis et al., 2015), however, neither of these requirements have been met.

The current research on disability in Lebanon or including the Lebanese context is highly biased and skewed towards certain trends. A common pitfall of the current disability literature is the selection of a small sample size (Shaar, 2013; Chalah et al., 2016) and the subsequent overgeneralization of the results (Yassin et al., 2018; UNESCO, 2013). While some argue a small sample size is unavoidable (Human Rights Watch, 2018) or (Kassem, 2016), results should reflect the sample they are derived from, and not always be generalized or overly applied (Karam et al., 2008; Cheikh-El-Ard, 2009). The diversity of disability types as well as differences in context and experience make overgeneralization dangerous for disability research and service provision – driving invisible disabilities further into darkness. Overgeneralization also simply skews results (Slim et al., 2011), a small result that is accurate may be preferable to misrepresenting more disabilities than are studies (Damaj, 2008; Obeid & Daou, 2017). Due to methodological or scope limitations, the results are unrepresentative of all persons with disabilities in Lebanon (Baroud and Mouheildine, 2018; Chaaya et al., 2016; Bastin et al., 2013).

The literature on disability in Lebanon is slowly growing, according to Combaz (2018). However, the current literature remains inconsistent, at times unreliable, and biased in its subject areas and perspectives (Loutfy, 2019). Paradoxically, general recommendations are not paired with accurate or practical steps towards disability inclusion (Lakkis et al., 2015; Al-Nashif 2013). Even the Lebanese Council of Disabled People (2005) did not prescribe specific implementation steps for disability legislation. Other biases towards physical disabilities over sensory, intellectual, or mental disabilities is evident. As well as a bias towards research about men and boys with disabilities – a gender bias (Wehbi, 2010; Zeki Al Hazzouri, 2010; Yassin et al., 2018), biases towards specific social contexts (Zeki Al Hazzouri, 2010; Terzian, 2015), and observer bias (Baalbaki, 2016) are also barriers to accurate research.

The following graphic includes publications on disability in Lebanon between 2005 – 2019. This sample comprises: 42 Articles (of which 25 were quantitative, 11 were qualitative, and six were mixed methods), and 14 Reports, eight of which were quantitative, two were qualitative, and four were mixed methods. Of this sample, sourced through Google Scholar, LAU Education Source (EBSCOHost), and the LAU Library platform (E-Journal) demonstrates the prevalence of disability topics<sup>2</sup>. While this is not representative of all research publications globally, it does shine a light on the increasing popularity of studying disability in Lebanon.

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<sup>2</sup> Keywords used: Disability, Lebanon, Gender, Children with Disabilities, Loss of Feeling, Movement, Intellectual Disabilities, Mental Disorder, Mental Health, Autism, War, Traumas, and Visual Impairment.

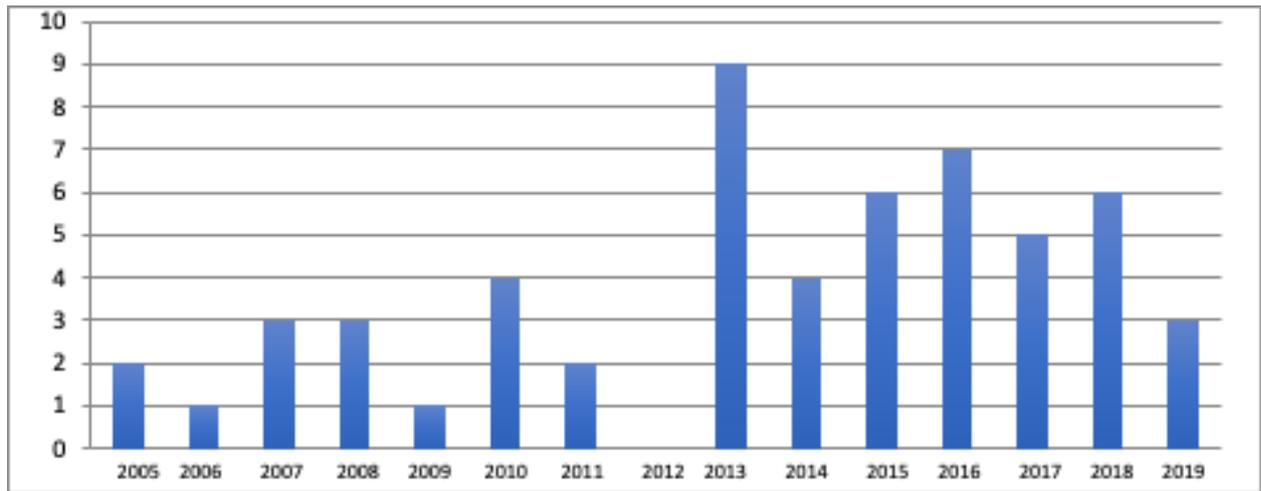


Figure 1: Annual Disability Research Prevalence

### 13.1 Sources of Research

Investigating the sources of research on disability in Lebanon may shed light on the perspectives and trends occurring in publications. Research from medical practitioners and institutions may differ in scope and impact from research emanating from social scientists or educators. These sources may also reflect how research funding is channelled and how any of these factors have changed over time. The figures below shed some light on these aspects of disability research from the current sample included in this literature review.

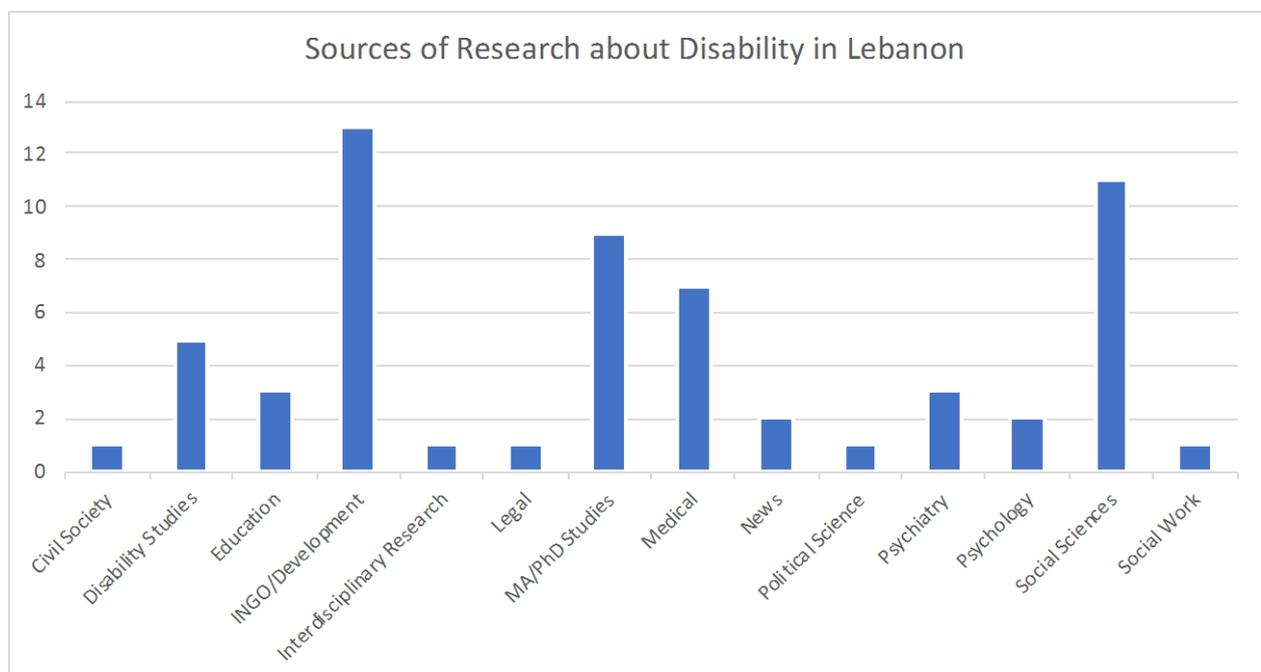
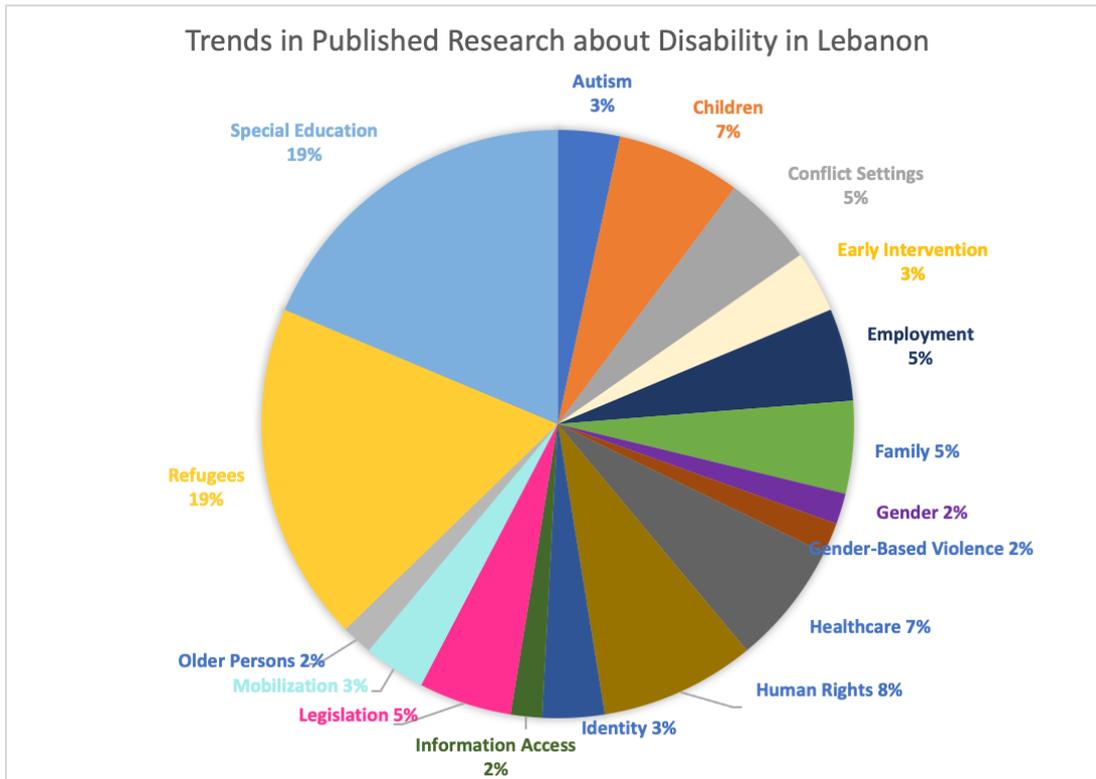


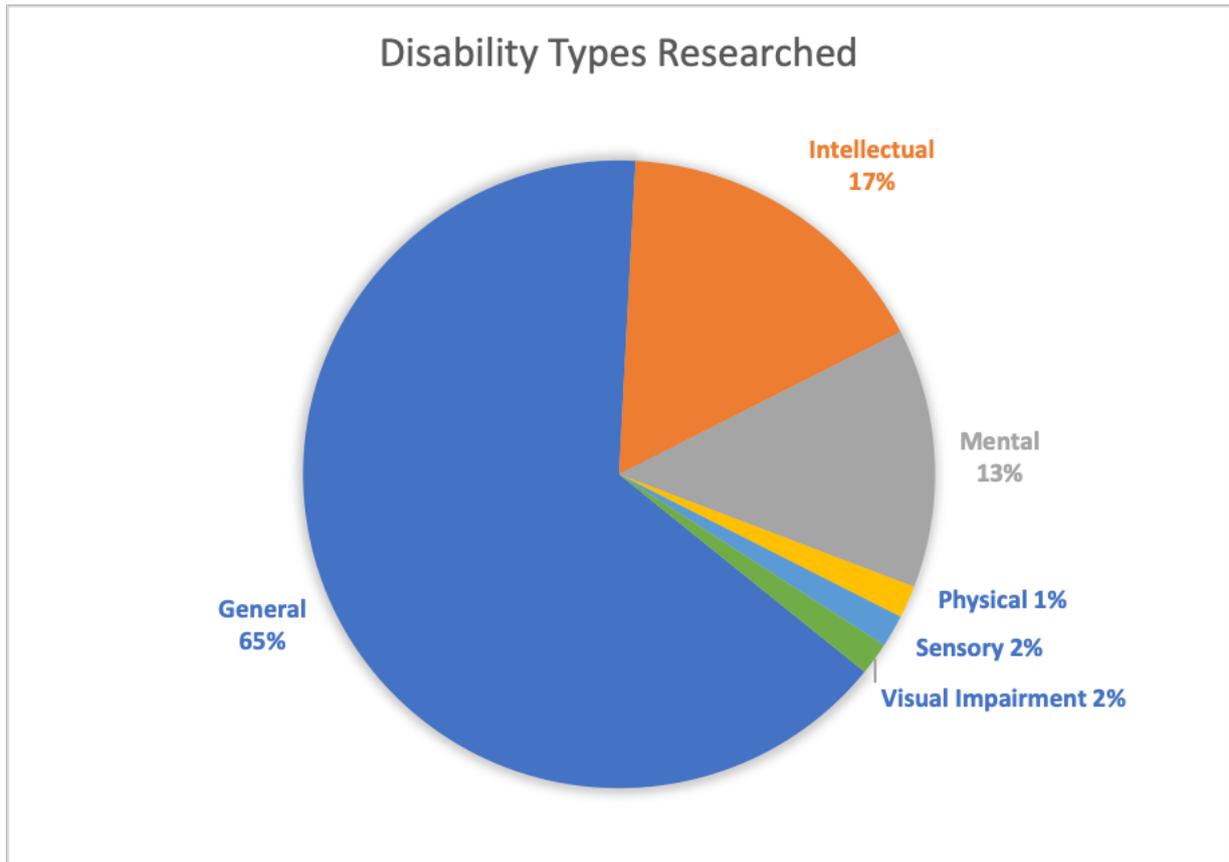
Figure 2: Sources of Published Research about Disability in Lebanon



**Figure 3: Trends in Published Research about Disability in Lebanon**

### 13.2 Literature analyzed according to disability type

As explored in this review, physical disabilities and any disability which is more visible are typically prioritized over less visible disabilities such as sensory, intellectual, and mental disabilities – including learning difficulties. The following figure represents the distribution of research by disability type.



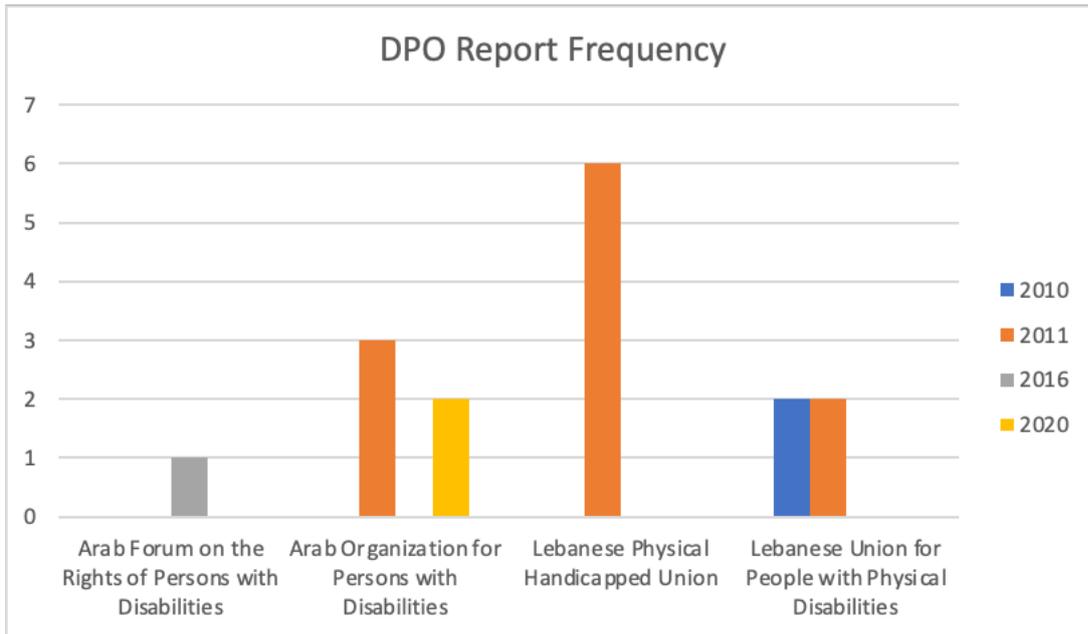
**Figure 4: Disability Types in Published Research about Disability in Lebanon**

### **13.3 DPO reports analysis**

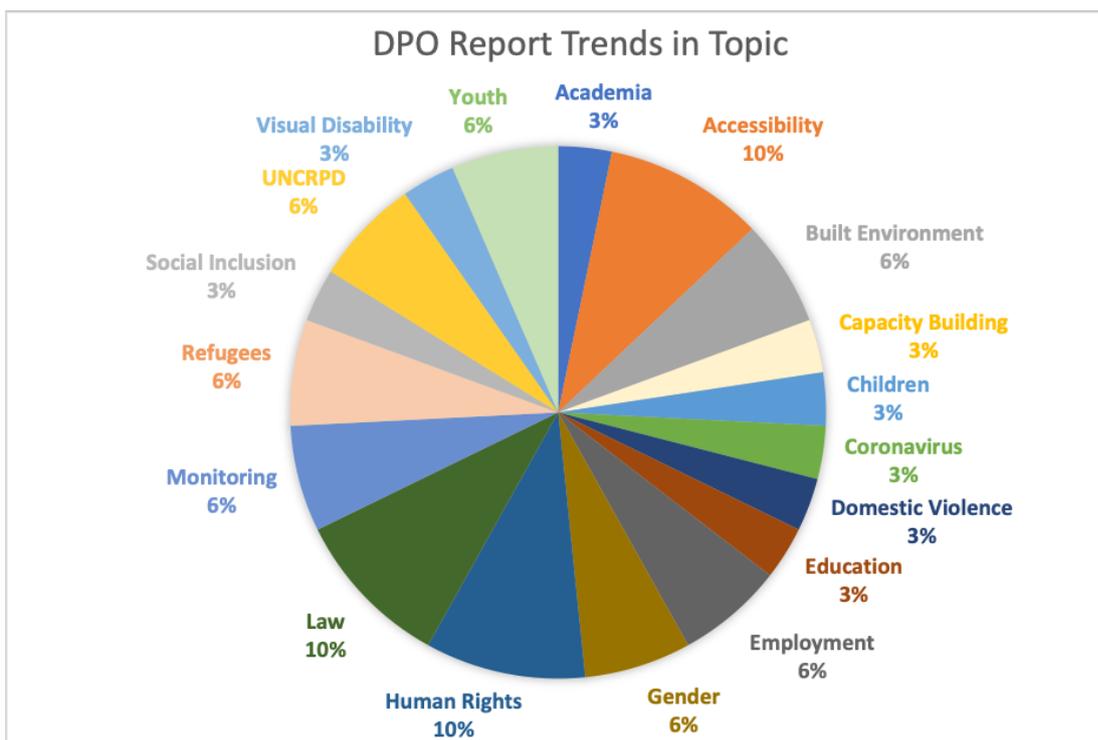
The information and reports emanating from DPOs themselves provides great information from the disability perspective about the issues they are advocating for and their experiences in Lebanese society. Unfortunately, as identified by one interviewed disability mobilizer (Makarem, 2020) reporting and documentation is often not possible under the resource constraints faced by DPOs. Therefore, the reports sourced for this section are of a limited sample. It should also be noted that DPOs will often provide consultation and expertise to International Organizations, but the reports will be published by the INGO, and not the DPO – therefore misrepresenting the reach of DPO reporting. The following figures represent some of the trends and reporting from DPOs in Lebanon in the last 5 years. <sup>3</sup>

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<sup>3</sup> Sourced from Daleel Madani ([daleel-madani.org](http://daleel-madani.org)) and DPO websites  
Lebanon Literature Review



**Figure 5: DPO Report Frequency**

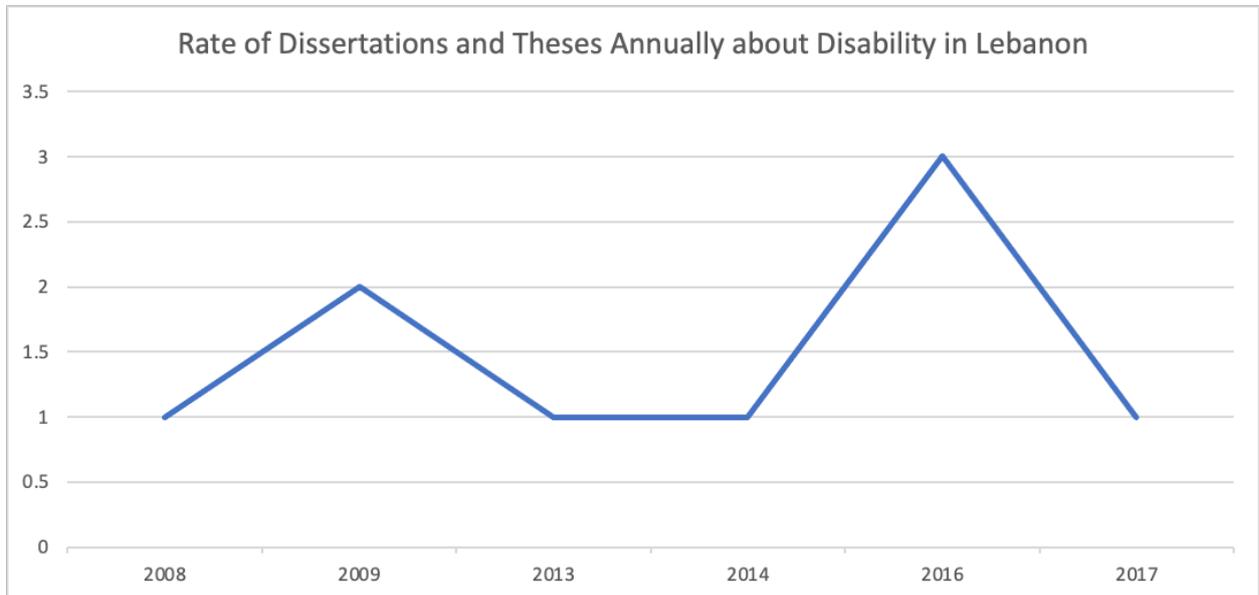


**Figure 6: DPO Report Trends in Topic**

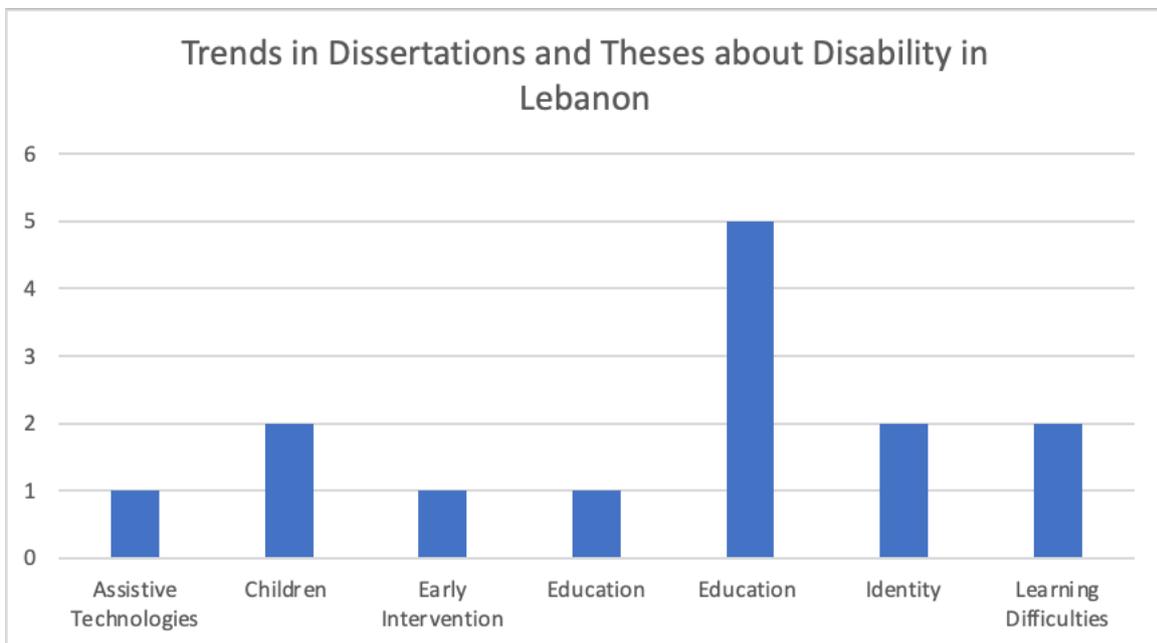
Shifts in the research landscape can be seen through the trends and perspectives emerging from theses and dissertations. Thesis and Dissertation databases have been reviewed to identify the prevalence of theses on disability since 2000. Trends in the specific disability topics



were also assessed. It was also noted which academic departments and specialties these theses were emanating from. The results can be seen below.<sup>4</sup>



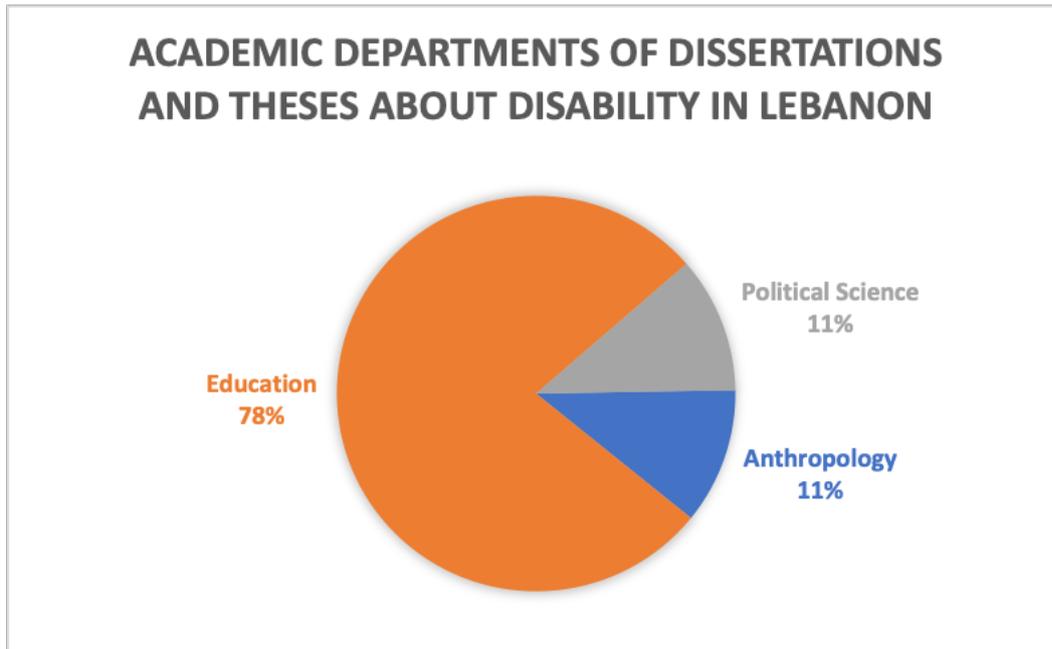
**Figure 7: Rate of Dissertations and Theses Annually about Disability in Lebanon<sup>5</sup>**



**Figure 9: Trends in Topics in Dissertations and Theses about Disability in Lebanon**

<sup>4</sup> Found through Open Access Theses and Dissertations (OATD) and ProQuest

<sup>5</sup> There are likely many more dissertations and theses on this subject since 2015, but they may not appear in databases due to administrative delay.



**Figure 10: Academic Departments of Dissertations and Theses about Disability in Lebanon**



## 14 Conclusion

This review has described the current situation of people with disabilities in Lebanon. Through comprehensive and systematic review of academic and non-academic research including of grey literature from NGOs and INGOs, this review has compiled an understanding of what legal and social structures disabled persons face in Lebanon. This literature review is complemented by consultative meetings with key stakeholders and informants from within the disability community of Lebanon. The study revealed that institutional and public perspectives on disability in Lebanon have historically been medical and problematized disability and disabled people as opposed to addressing human rights and social issues. This is reflected in the state of the current literature on disability and the skewing of research and resources towards medical interventionist efforts. In spite of this, the disability movement has been working towards shifting this perspective towards a social and human rights model of disability. However, these efforts have often been thwarted by the decentralization of the movement and the shifting of DPO resources to service provision and away from mobilization efforts.

The study also highlighted a gap in academic research around disability especially in the field of social sciences, arts and humanities. Most of the existing research comes from NGOs. Intersectionality in academic research continues to overlook disability thus contributing to the marginalisation of research and academic debate. Moreover, research efforts need to be more inclusive of diverse disability types including less visible and invisible disabilities including mental health. Moreover, while most of the research on disability in humanities and social sciences is focused on education, there are many topics that continue to be paucity of disability research in Lebanon such as disability and art, and disability and sexuality. While there is emerging literature on sexuality and disability (Kohl, 2020), such research is still emerging. While the disability movement is beginning to tackle these issues, there is a great need to unpack the reasons for this gap in academia. Finally, there is a paucity of research on the disability movement in Lebanon.

To conclude, much effort is needed to mainstream disabilities in both academia as well as the rights based groups. Disability continues to be marginalised even by so called 'progressive groups'. Whilst efforts to acknowledge disability rights part of any rights based mobilisations are beginning to emerge, it's critical to capitalise on these initiatives and to raise the profile of the disability agenda. "Disability Under the Siege", has the scope and space to ignite the existing potentials that lie within disability organisations, activists and emerging community of scholars. The dynamic, audacious and vibrant Lebanese academic and disability movement offer many opportunities to unpack and address existing gaps. Research that can unpack the medical model that continue to dominate disability thinking, policy and practice, can prompt further consideration into its implications on the lives as well as the perceptions of persons with disabilities. Another aspect that this programme can contribute to is by opening a debate on knowledge production in the field of disability and the role of the academic community in various disciplines in this regard. Further research is needed to understand who, where and why are certain kind of disability research being undertaken while others are being overlooked. On a different but related matter, despite the emerging prefoliation of



intersectionality theory in most field to name a few, in social sciences, education, architecture, and urban planning in Lebanon, disability as an intersectionality is often overlooked. The programme can help highlight disability as an intersectionality that ought to be examined in any research that aims to adopt an intersectional approach. The programme can further support the emerging daring research that aims to challenge the stereotypes and conventional wisdom about disability and disability research such as disability and sexuality, disability and art, ableism, feminism and disability. Finally, understanding the disability movement, its strengths, capabilities and limitations in advocating but also bringing about change is another area this programme can examine.

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<sup>6</sup> Some Disability Studies literature is included here as it relates to the text as well as additional studies of Disability in Lebanon or the MENA region which are supplementary to this review.



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## 16 Appendix A: Disability Mobilizers and Activists in Lebanon

This table includes the names and backgrounds of the key Disability Movement activists who were consulted this study. Their perspective as mobilizers and members within the disability community was invaluable to this review. In an ideal setting, the number of key informants and the amount of time to consult with them would be unlimited, however, the reality of time constraints led to the meeting with only those on this list. Fortunately, their perspectives compliment the vast number of authors and entities from the academic, medical, and grey literature. However, it is important to note that their perspectives may not include or be able to represent the diverse and vast population of people with disabilities in Lebanon.

### Key Informants:

Number	Name <sup>7</sup>	Title or Background
1	Mr. Abraham Abdulla	<ul style="list-style-type: none"><li>• Advisor for the ILO on Social Protection</li><li>• (Former) President of the Arab Organization of Persons with Disabilities</li></ul>
2	Mr. Amer Makarem	<ul style="list-style-type: none"><li>• President of the Youth Association of the Blind</li><li>• Secretary General of the Asian Blind Union</li></ul>
3	Dr. Nawaf Kabbara	<ul style="list-style-type: none"><li>• President of the National Association for the Rights of Disabled People in Lebanon</li><li>• (Current) President of the Arab Organization of Persons with Disabilities</li></ul>
4	Ms. Sylvana Lakkis	<ul style="list-style-type: none"><li>• General Director of the Lebanese Movement for People with Physical Disability</li><li>• Second Vice-chair of Disabled People's International (DPI)</li><li>• Chairperson of the Arab Forum for the Rights of Persons with Disabilities (AFRPD)/DPI Arab Region Office</li><li>• Chairperson of Lebanese Union of People with Physical Disabilities</li></ul>

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<sup>7</sup> Each person interviewed gave oral consent for their name and the meeting notes to be included in this report.  
Lebanon Literature Review



## 17 Appendix B: Lebanon Disability Resource Map

This map of Disability inclusive or disability-focused entities was compiled primarily from the directory of the Disability Hub (Disability Hub, 2020). It has been made into a dynamic and open access Google Map which can be accessed through the following link: [Disability Map: Lebanon](https://www.google.com/maps/d/u/0/edit?hl=en&hl=en&mid=1SECOaBWPjO8I_we0OUB6s-YDBMxC3IUk&ll=34.59804010118757%2C35.500157771874996&z=8)<sup>8</sup>. The places on this map are divided in accordance with the focus area of their activities and aims. The following key below represents these categories. These categories are in no particular order. While these categories are not a perfect representation of the diverse nature of the programs of many of these institutions and organization, it does allow one to navigate through the map and locate specific services. In using the dynamic map in the browser, each category is a layer that can be removed. For example, a user may select the Blind / Visual Impairment Category layer and only view the organizations related to this disability.

Icon	Category	Description
	Women	Organizations and entities led by and/or focused on women as beneficiaries, womens' issues, or women with disabilities.
	Medical	Hospitals, medical practices, or medical practitioners focused on medical services and interventions for people with disabilities.
	Education	Educational institutions including primary schools, secondary schools, post-secondary schools, as well as organizations working towards educational inclusion efforts for students with disabilities.
	Disability / Handicap	Organizations and entities working in the general disability / handicapped space with varying levels of inclusion for diverse types of disabilities. Typically focused on mobility disabilities.
	Deaf & Hard of Hearing	Organizations, entities, and services for people who are D/deaf, hard of hearing, or have other types of hearing loss. (Please note: schools for the deaf are included in the Education category.)
	Blind / Vision Impairment	Organizations, entities, and services for people who are blind, low vision, or have other types of vision loss. (Please note: schools for the blind are included in the Education category.)
	Disability Inclusive Entity	Organizations, entities, or services which are aimed at the general public or other population but are inclusive of or include specialized services for people with disabilities. Many of which are International Non-Governmental Organizations (INGO) which have local chapters or offices.

<sup>8</sup>

Map [Linked](https://www.google.com/maps/d/u/0/edit?hl=en&hl=en&mid=1SECOaBWPjO8I_we0OUB6s-YDBMxC3IUk&ll=34.59804010118757%2C35.500157771874996&z=8) Here:



	Intellectual Disability / Autism	Organizations, entities, and services for people who have intellectual disabilities, autism, learning disabilities, developmental delays, or other similar disabilities. (Please note: schools for those within this category are included in the Education category.)
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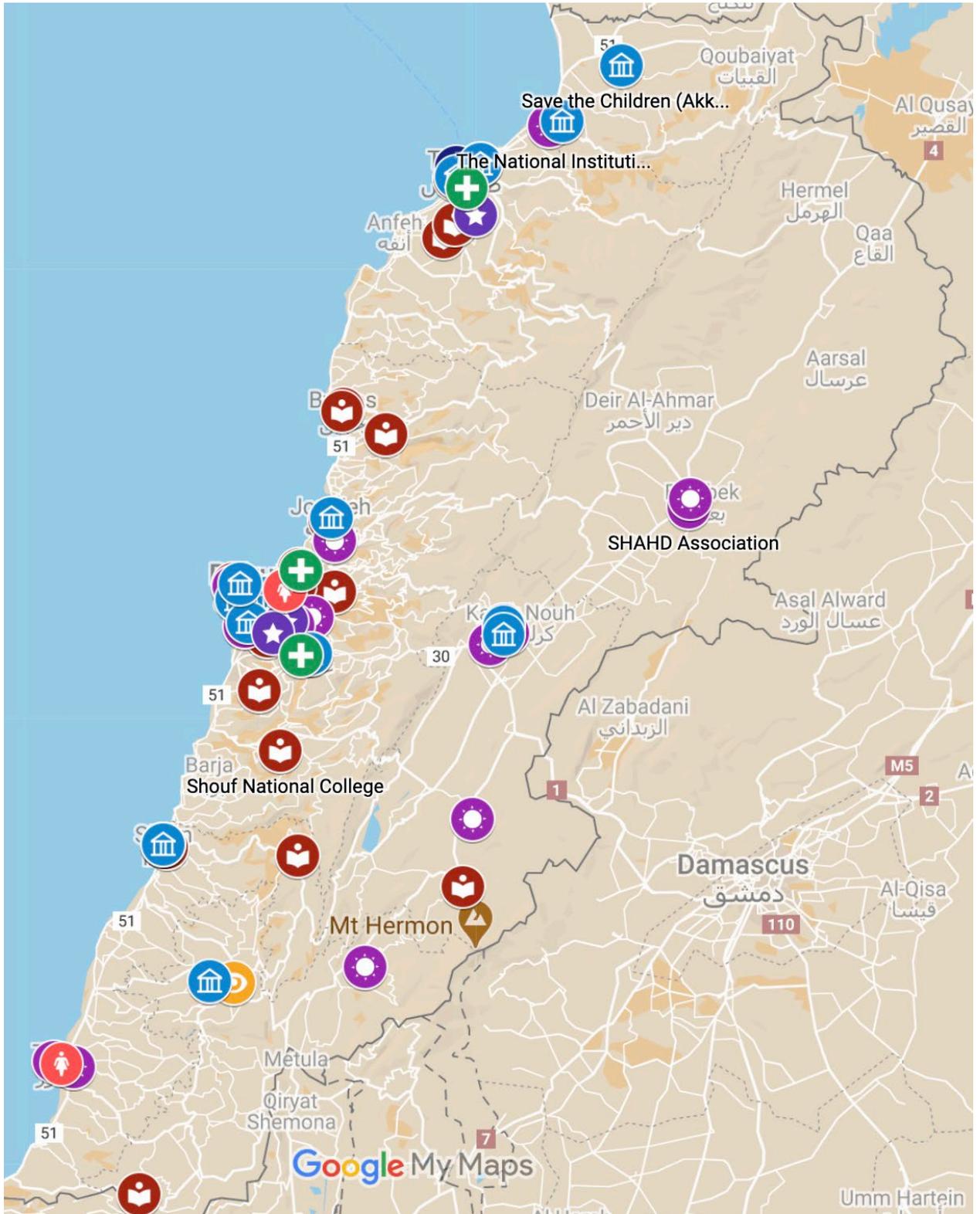


# Disability Lebanon

## Education

-  Abi Bakr El Siddeeq School - Makassed
-  Adduha High School
-  LWS USL Universal School of Lebanon
-  Phoenicia College
-  Ras Al Nabe' Institute for Learning Difficulties - Social Welfare Institution - Dar Al Aytam Al Islamiya
-  Rassoul Al-Mahabba School - Al Mabarrat
-  Rawdat Al Fayhaa School (Maarad)
-  Renaissance and Justice Association - Skills Center
-  Rissala School
-  Saint Mary's Orthodox College
-  Sagesse High School
-  Salah Eddine Education Center - Al-Ghad Al-Afdal Institutions
-  School for Children with Special Needs
-  School for the Deaf and Communication Disorders - Orphan Welfare Society
-  Service Social pour le Bien-être de L'Enfant - Liban - SESOBEL (Jezzine)







## 18 Appendix C: Lebanese Disability Mobilization and Legislation Timeline

This timeline represents the key events of Disability Mobilization and legislation in Lebanon from the last seven decades. It includes the current status of Disability Mobilization and legislation in the beginning of 2020. It also highlights the shift in thinking and key issues for the Disability Movement in Lebanon.

1950	1960	1970	1980	1990	2000	2010	2020
Recognition of Existence	Recognition of Existence	Recognition of Existence	Services	Services	Basic Human Rights	Basic Human Rights	Beyond Basic Rights

