



Impact of COVID-19 on Persons with Disabilities in Lebanon

Policy Brief

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

Introduction

Over the last two years, Lebanon has experienced overlapping crises including the Covid pandemic, the catastrophic port blast, and the dire economic and political situation with 80% of people now living below the poverty line and 7% of children now in child labor, a 7-fold increase. In March 2021 GCRF Network+ 'Disability under siege' Research Network was commissioned by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to conduct case studies in Jordan, Lebanon, and Palestine to investigate the impact of Covid-19 on persons with disabilities. The research had the following aims:

- Inform the UNCRPD analytical framework to support a multi-sectoral response to increased social, educational, economic, and health challenges arising from the pandemic
- Identify future and emerging research priorities and gaps
- Develop resilience to future challenges – at individual, community, national and global levels
Informing future priorities for research collaboration between researchers and the UNCRPD

Research Questions and Methodology

1. How has the COVID-19 pandemic affected access to services, including health, education, and community services for persons with disabilities?
2. What are the effects of the COVID-19 pandemic on persons with disabilities by age, gender, and types of disability across the sectors of health, education, and economic status (including physical and mental health status)?

Methodology

A desk review was undertaken of 37 available research studies, reports, policies, procedures, notes, and rapid analysis reports conducted by the governmental authorities such as the ministry of public health, international NGOs, and UN agencies such as UNICEF, UNHCR, international disability organizations such as IDA and OCHA.

We reviewed social media content to analyze to what extent the COVID-19 awareness campaigns and media information represented people with disabilities in their media content and the accessibility level for the content particularly for people with visual, hearing, and cognitive impairments and the elderly.

Eighteen personal (virtual) interviews were conducted with parents of students with disabilities under 18 years old, a student with disabilities above 18 years old, local disability organizations, and stakeholders from the educational and healthcare services

Limitations

Several limitations restricted researchers from conducting a full evaluation of the impact of COVID-19 on persons with disabilities in Lebanon. These limitations included a lack of cooperation and engagement from essential governmental stakeholders from the ministry of education, health, and social affairs. Also, poor electrical supply and internet connections hindered the ability to reach a representative sample. Similarly, obtaining the IRB approval took almost 4 months and therefore restricted principal investigators from conducting more interviews.

Findings

The outcome findings of interviews conducted for this study revealed that most people's lives and daily activities were affected by Covid-19 lockdown restrictions, including people with disabilities who faced barriers before the pandemic; however, these barriers were aggravated during the Covid-19 that coincided with a multifold crisis in Lebanon. Five main themes are identified at the policy and decision level and the healthcare, and academic services levels.

Destabilizing Effect of Multifold Crisis in Lebanon

Findings reveal the major destabilizing impact of the multifold crisis in Lebanon, happening parallel to the pandemic, on service recipients and service providers. Healthcare and education services were therefore rendered inaccessible during the pandemic. Findings reveal that service providers faced the risk of discontinuing their services as they struggled with financial deficiencies resulting from the country's economic failure whereby expenses increased while funding remained unchanged. Service recipients, people with and without disabilities, struggled with receiving online services due to their limited ability in purchasing technological/ communication devices, and due to the country's lack of fuel and the consequential inaccessibility to the internet. As a result of the highly stressful circumstances in Lebanon with COVID-19 restrictions, service recipients and service providers experienced stress, anxiety, panic, depression, disorientation, loneliness, and hyperactivity.

Lack of Inclusive National Preparedness and Response Plan

Findings attribute inaccessibility to education and healthcare services during the pandemic to a lack of governmental preparedness, planning, and follow-up. To explain, lockdown restrictions necessitated the closure of all educational institutions including inclusive schools and disability organizations whose services would not be efficiently delivered online. Also, there was no governmental action to cover the high special education expenses of students with disabilities or their medical expenses. Similarly, political instability such as governmental resignations delayed efforts and services, such as the distribution of disability cards. Also, whilst the Lebanese Ministry of Health posted statistical information about the number of infected cases, death tolls, and specified the districts across Lebanon, there was no official data collected that related to the number of people with disabilities who might have caught the virus or who died after being infected.

Lack of access to routine healthcare services

Covid-19 lockdown restrictions and the risk of contracting COVID-19 in healthcare centers and hospitals meant people with disabilities were limited in their ability to access health services for routine medical checkups. This resulted in compiled health complications.

Absence of accessible Covid-19 awareness campaigns and information

Governmental Covid-19 awareness-raising campaigns were reported to be inaccessible. Civil society and disability-led organizations played an important role in awareness-raising and information dissemination to compensate for the lack of accessible information provided by the government.

Inaccessibility to COVID-19 vaccination

The National COVID-19 Deployment and Vaccination Plan did not consider people with disabilities in their design or planning. For example, a disability could only be indirectly recorded under the "other" or

“diseases” or “chronic illness” categories on the Impact registration platform. Also, the “Impact” vaccination registration platform was reported to be inaccessible.

Vaccination marathons were inaccessible to people with disabilities especially those unable to take part in big crowds. Physically accessible centers were also limited in number and administered only one of the available vaccine brands. Receiving the vaccine as a person with a disability was therefore not a simple process and was not expedited by governmental decisions even during the “PWD Marathon”. To receive the vaccine, people with disabilities had to submit their disability card to receive the vaccine, while only a small number are registered for the card. Others had to submit a medical report that confirms their disability to be eligible to receive the vaccine. Also, this marathon later happened on short notice, and news about it was poorly spread.

Lack of preparedness for inclusive education

A key finding from interviews with students with disabilities, parents, and education providers revealed two major issues: the dissonance in using in-school learning tools for online learning and the inefficiency of online assessment and online follow-up. This resulted in regression in levels of student performance. This was revealed to be the case for students with and without disabilities. Students who struggled most included average and below-average students, students with severe autism, students with visual impairment, students with hearing impairment, high functioning students with attention deficiency, and students who need a special educator.

Attributed reasons include the ineffective adaptation of the curriculum based on quantity rather than skill acquisition, lack of diverse tools to cater to individual needs, inaccessibility of available online tools, lack of knowledge about available accessibility features, and lack of team readiness and rejection towards new teaching methodologies despite teacher training. This came together with the lack of parental readiness/availability and inappropriateness of the home as an academic and disciplined setting for concentration. Another attributed reason was the lack of assistive devices and financial inability to provide them

Recommendations

Proactive procedures must be taken in Lebanon to incorporate inclusive policies at healthcare, and academic practices that address minority and socioeconomically disadvantaged children, teenagers, elderly, migrants, and refugees, in addition to people with disabilities. Adopting a holistic inclusive approach and consulting and involving parents of students with disabilities, and people with disabilities in emergency policies, plans, and decisions made during the pandemic is recommended.

The first recommendation is to better understand and apply Lebanese Law 220 *on the Rights of Persons with Disabilities* (Law 220/2000) and the UN Convention on the Rights of Persons with Disability (CRPD) adopted in 2006. This comes hand in hand with developing clear unified criteria for the specific needs of every type of disability, designing a long-term vision for inclusion that includes accessibility measures applied in emergency policies, and lastly monitoring and reinforcing the application of accessibility measures/standards through a policy control mechanism.

The second recommendation targets education services. The Disability Hub “Back to School” action plan should be considered by policymakers to reduce the further impact on students with disabilities. This includes thoroughly assessing the financial cost related to the education needs for persons with disabilities during lockdown scenarios, revising curricula for students with disabilities based on content rather than

mere quantity reduction, and providing diverse learning tools/techniques, psychological support, and assistive devices rather than a mass distribution of standardized tools.

Therefore, the third recommendation targets academic staff and the importance of training them on a top-bottom basis so coordinators and administrators should be prepared to guide teachers. There should be a single accessible resource platform open to all which includes teacher training, training on research, and report-writing about disabilities. This should be complemented by unified criteria required to obtain Official inclusive/special education licensing for schools.

The fourth and final recommendation is to prioritize vaccination for people with disabilities irrespectively of their disability but instead, consider their medical condition and age.

Conclusion

The outcome of this study revealed that people with disabilities in Lebanon are marginalized and excluded from gaining access to public education and healthcare services before the Covid-19 pandemic, however, the barriers they encountered before became more intensified during the pandemic. The Lebanese government particularly the Ministry of Education and the Ministry of Public Health overlooked the needs of people with disabilities during the response to the pandemic. A holistic approach and proactive action plan are required with the consultation of disability organizations and disability representatives so that the diverse needs of people with disabilities are prioritized. The Lebanese Law 220 on the Rights of Persons with Disabilities (Law 220/2000) and the UN Convention on the Rights of Persons with Disability (CRPD) adopted in 2006 needs to be better understood and applied. The Ministry of Education needs to conduct a thorough assessment of the financial cost related to the education needs of persons with disabilities during lockdown scenarios. Inclusive and accessible curriculum for PWDs should be based on content and teaching tools instead of mere quantity reduction, where the provision of diverse learning tools/techniques, psychological support, and assistive devices are provided rather than a mass distribution of standardized tools. Furthermore, staff training for inclusive learning should be from top to bottom. Coordinators and administrators should be ready to accept the change and guide teachers through. Moreover, the Ministry of Education should oversee licensing for inclusive education schools that include unified requirement criteria to be met. It should also develop clear unified criteria for the specificity of the needs of every type of disability.

On the other hand, the Ministry of Public health should enhance its services, so it responds to the diverse needs of people with disabilities. Accessibility measures should be designed for before crises and part of a long-term vision for inclusion so that access to clinics and hospitals and medical information such as the Covid-19 pandemic are accessible for people with diverse disabilities. Medical staff should be trained for inclusive medical service that responds to the different needs of patients with disabilities. Provisions for reasonable accommodations, sign language interpreters, assistants/caregivers should be provided at medical centers and hospitals. Priority for Covid-19 vaccination for people with disabilities should be irrespectively of their disability but rather consider medical condition and age.

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