



May UPDATE

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FUNDING

Agencies and the Government of Lebanon have requested USD 2.48 billion in the 2016 Lebanon Crisis Response Plan (LCRP). As of 31 March, agencies reported to having received USD 468 million.

REGISTERED SYRIAN REFUGEES

A total of 1,048,275 individuals are currently registered with UNHCR in Lebanon

LEBANON

INTER-AGENCY UPDATE

MAY DEVELOPMENTS

Launch of 2016 VASyR

The Vulnerability Assessment of Syrian Refugees (VASyR) was launched this month, aiming to provide a multi-sectorial overview of the vulnerabilities of Syrian refugees in Lebanon. This year's exercise will be the fourth since the beginning of the Syria crisis. UNHCR, UNICEF and WFP conducted training for 270 researchers who will have visited over 4,995 refugee families for data collection, covering over 900 locations in Lebanon in June. The preliminary findings are expected to be released by the end of June 2016.

Background and rationale

With the Syrian conflict now into its sixth year, humanitarian operations need to adapt their responses to ensure a sustainable and adequate level of assistance to vulnerable households and individuals.



Credit: UNHCR

The VASyR, conducted annually in Lebanon since 2013, has provided a far better understanding of the living conditions of Syrian refugees at the regional and country levels, and has provided results widely used by the humanitarian community for planning purposes and programme design, among other things. The data collected constitutes valuable information on the vulnerability of Syrian refugees in Lebanon from different perspectives: education, economic, food security, health, non-food items, protection, shelter, and water, sanitation and hygiene (WASH).

In this context, the VASyR exercise is an important element in confirming or adjusting the Lebanon Crisis Response Plan (LCRP) planning cycle. Data will also be valuable for targeting purposes, since it provides new information on the profile of households in need of assistance.

Objective

The main objective of the 2016 VASyR is to provide an updated multi-sectorial overview of the vulnerability situation of Syrian refugees in Lebanon, through assessing the food security, the degree and types of vulnerability at the Kaza level, updating the vulnerability profiles to support the targeting of the population most in need, and gathering beneficiaries' feedback on their current vulnerability situation and the impact of the targeting exercise. The study will further analyze the main changes in the living conditions of Syrian refugees, compared to previous years.

Education Updates:

- In May, an outreach campaign was launched for the second round of the Accelerated Learning Programme (ALP) which will be rolled out by the Ministry of Education and Higher Education (MEHE) in June 2016, targeting 9,000 out-of-school-children who missed two years of schooling or more.
- On 10 May, the UN together with MEHE organized a one-day Higher Education Operational Workshop to maximize access to higher education opportunities in Lebanon for Syrian refugees and vulnerable Lebanese youth.
- MEHE issued a circular listing the registration dates for the academic year 2016-2017 for children who were registered in 2015-2016 in both first and second shift classes in the Lebanese public schools.
- MEHE continued its preparations of the second Reaching All Children with Education (RACE) initiative. RACE aims to address refugee needs while investing in strengthening the public school system. A series of workshops took place where MEHE, UN agencies and international donors continued the elaboration of the RACE II log frame, and provided valuable inputs for the RACE II executive summary. The latter was presented by the Lebanese Minister of Education and Higher Education at the IMF and World Bank Spring meetings in Washington DC.
- On May 11, the MEHE organized a donor meeting. During this meeting, the Minister of Education presented updated numbers on enrollment and briefly discussed RACE II.
- Planning for the joint UN-MEHE Back-to School (BTS) campaign started on 23 May 2016.

Mental Health services in Lebanon:

In 2014, the Lebanese Ministry of Public Health (MoPH) launched the National Mental Health Programme (NMHP) with the mission of ensuring the development of a sustainable mental health system that can swiftly respond to the mental health needs of the Lebanese and other nationalities living in Lebanon.

Mental health and substance use strategy for Lebanon 2015-2020

In May 2015, after a process involving all key mental health stakeholders in the country, "Mental Health and Substance Use Strategy for Lebanon 2015-2020"¹ was

¹ Ministry of Public Health. 2015. *Mental Health and Substance Use-Prevention, Promotion, and Treatment- Situation Analysis and Strategy for Lebanon 2015-2020*. Beirut: Lebanon. <http://www.moph.gov.lb/Media/Documents/Mentalhealthstrategy-english.pdf>

launched as part of the NMPH, mapping strategic objectives in five main areas of action. A priority goal for this strategy is the reorientation of services towards a cost-effective community-based model, in line with human rights norms, to increase universal accessibility to high-quality preventive and curative mental health services. The strategic interventions that are being implemented to achieve this goal include:

- Integration of mental health into primary health care using the World Health Organization (WHO) mental health Gap Action Programme adapted for Lebanon
- Development of community-based multidisciplinary mental health teams
- Evidence-based psychotherapies (inter-personal psychotherapy) training
- Piloting guided self-help e-mental health services
- Rolling-out 'psychological first aid' training

Mental health and psychosocial support task force: 2016 action plan implementation

To coordinate the Mental Health and Psychosocial Support (MHPSS) response to the Syria crisis, the MoPH established the MHPSS taskforce, co-chaired with WHO and UNICEF, which includes more than 60 organizations working on the Syria crisis response in Lebanon. It aims to harmonize and mainstream MHPSS in all sectors and improve access to care. A priority for the 2016 action plan of the task force is the development of a national inter-sectoral referral system linking all levels of care, with a main focus on mental health, protection and shelter.

Protocols for crisis management are being developed under that framework to assist frontline workers from various sectors to appropriately manage crisis-affected people, and identify what type of services they need. The objectives of the 2016 action plan additionally include the development of a code of conduct for NGOs working in MHPSS, and the harmonization of recruitment criteria and benefit packages of mental health professionals working in the humanitarian field. Furthermore, mental health training for emergency room staff will be scaled-up in selected key hospitals, and a capacity-building plan for non-specialized staff will be developed and implemented.

DISABILITIES

What is disability?

The Convention on the Rights of Persons with Disabilities defines disability as follows: “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.” This definition may encompass people with temporary functional limitations who also face added difficulties when affected by crises during their treatment.



Credit: Abhijit Bhaduri/Flickr/Creative Commons

People with disabilities in Lebanon

There is broad agreement among all concerned stakeholders that people with disabilities (PWDs) among refugees and in Lebanese host communities continue to be among the most vulnerable groups; women and children being particularly at higher risk of exploitation, abuse, sexual and gender-based violence (SGBV) and isolation.

Syrian refugees with disabilities

The Lebanon Crisis Response Plan (LCRP) 2016 states that “based on the VASyR findings in 2015, it is estimated that around 30,000 displaced persons from Syria have some sort of physical, sensory or mental impairment. Older persons, persons suffering from trauma, and persons with disabilities are among the most vulnerable populations. Needs continue to exceed what service providers can cover for persons with disabilities, including the provision of rehabilitation services, assistive devices and mental health care.”

According to the latest inter-agency data, 27% of refugee households have at least one member with functional limitations, while at least 7% have one working age member with a disability. While data from partners providing services for people

with disabilities showed that up to 20 percent of the refugee population was living with impairments in 2014, the real figures are, however, likely to be higher:

“30 percent of refugees have specific needs²: one in five refugees is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; and one in 20 suffers from injury, with nearly 80 per cent of these injuries resulting directly from the conflict.”³

Disability among the Lebanese population

There is no comprehensive and fully updated information on disability prevalence for the whole Lebanese population. Nevertheless, according to the *National Health Statistics Report in Lebanon*, from the Institute of Health Management and Social Protection in cooperation with the MoPH and the WHO, which was published in 2012, the following estimations are provided:⁴

The Lebanese Ministry of Social Affairs started granting invalidity cards in 1995. By the end of 2011, the cumulative number of individual cards delivered was 77,001. There are no official data regarding the number of disabled individuals in Lebanon. However, the Ministry of Social Affairs estimates this number to be around 4% of the Lebanese population, i.e. in the range of 158,473 individuals (considering that the deficiency classification adopted is not exhaustive). The WHO, on the other hand considers it at 7% of the population, i.e. 277,328 disabled individuals.

Additionally, regarding childhood disability prevalence, some information is provided in *Children in Lebanon, Statistics in Focus (SIF)*⁵ which found that 8% of children were reported to have one or more of the disabilities mentioned.

Disability among Palestinian refugees in Lebanon

Prior to the conflict in Syria, approximately 5,000 Palestinians with a disability were registered with the Palestinian Disability Forum in Lebanon. Many Palestinian refugees from Syria have moved into Palestinian refugee camps in Lebanon, and are facing difficulties in accessing specialized services in an already stretched system. Identified challenges include: provision of assistive devices/prosthetics; rehabilitation services for people with newly acquired and long-standing disabilities; and access to mainstream and special education.

One in 10 Palestinian households in Lebanon has at least one family member with a disability. There is a strong correlation between disability and poverty in Palestinian communities in Lebanon.

² According to the inter-agency definition, specific needs would include “chronic disease, permanent disability, temporary disability or another issue”. UNHCR, WFP, UNICEF, 2015. VASyR.

³ Handicap International, HelpAge International, 2014. *Hidden Victims of the Syrian Crisis*. Available at: <https://data.unhcr.org/syrianrefugees/download.php?id=5812>

⁴ Available at: <http://www.igsps.usj.edu.lb/docs/recherche/recueil12en.pdf>

⁵ Available at: <http://www.cas.gov.lb/images/pdfs/sif/children%20-%20english.pdf>

Needs and challenges that the disabled face

Although the Syrian conflict and the experience of displacement in Lebanon have affected all the refugee community, they have disproportionately impacted vulnerable groups, such as people with disabilities and others with functional limitations, facing pre-existing situations of inequality or exclusion. As in other emergencies, this crisis has fed into the disability creation process. On the one hand, it has created new impairments, including war-related injuries and severe psychological trauma. On the other hand, it has severely affected the living conditions and autonomy of people with existing impairments, who have been confronted with the disruption or destruction of their support networks and have been forced to navigate extremely complicated systems to access basic services and protection.

‘Needs continue to exceed what service providers can cover for persons with disabilities’

[From: LCRP 2016]

Indeed, despite globally recognized legal and operational frameworks, people with disabilities and those with functional limitations are still insufficiently involved and considered in humanitarian responses. From needs assessments to response design and implementation, barriers hindering access to basic services are still widespread. While refugees with physical and functional limitations share the same difficult living conditions as the general refugee population, they face increased challenges in accessing basic services and meeting specific needs, because services are rarely made inclusive and accessible for these groups. Inclusion and accessibility might be hindered by different types of barriers, such as:

- Environmental barriers: including the lack of accessibility in the built environment, such as stairs, narrow doorways, heavy doors, uneven roads, narrow toilets.
- Attitudinal barriers: referring to the prejudice or discrimination that people may face because of their impairment. These may include negative attitudes towards people with a disability, such as name calling, bullying, but also pity and over-protection.
- Institutional barriers: which focus on policies, laws, education and practices that do not take into account different levels of function or abilities; and/or that do not take into account the right of all people to access services regardless of disability.

Support and assistance provided in Lebanon

In Lebanon, partners providing services for people with disabilities started providing basic and specific services to vulnerable people in disabling situations, including those with disabilities, injuries and temporary impairments, older people

or those with chronic diseases, covering Bekaa, Baalbak el-Hermel, North Lebanon and Akkar Governorates.

As of March 2016, and since the beginning of its operations in Lebanon, partners have provided rehabilitation to 17,787 crisis-affected people and complementary psychosocial support to 3,161 and their family members.⁶ Aside from their direct provision of specific center-based or outreach services, awareness-raising and capacity-building activities were implemented, which aimed at increasing inclusion of people with disabilities in the overall humanitarian response, in addition to technical and material support to local civil society organizations and health service providers working in rehabilitation, psychosocial support and civic inclusion.

Challenges and way forward

There is a need to:

- expand efforts to improve refugee registration systems and needs assessments for PWDs;
- facilitate accessibility (physical, material, etc.) to education;
- enhance programs that jointly address the needs of PWDs among refugees and in host communities;
- have more effective advocacy and coordination to increase visibility of PWDs in the emergency assistance plans;
- increase funding for targeted programs addressing the specific needs of PWDs;
- support local NGOs and civil society organizations to provide services to PWDs;
- improve disaggregated data collection, including better identification of people with disabilities; and
- ensure the inclusion of people with disabilities (physical, but also sensory, intellectual and mental impairments) in accountability mechanisms and community representation structures.

Agencies that contributed to this thematic update:

- Lebanese Association for Self Advocacy (LASA)
- World Rehabilitation Fund (WRF)
- Handicap International (HI)
- United Nations Relief and Works Agency for Palestine Refugees (UNRWA)

⁶ Data updated as of beginning of March 2016.

Syrian refugee inspires others through outreach network



Each morning, Ahmad sets off on his moped from his home near the northern Lebanese city of Tripoli on his way to work as a UNHCR refugee outreach volunteer, offering support and assistance to vulnerable Syrian refugees and Lebanese locals, many of whom have disabilities.

Ahmad, 31, knows only too well the importance of the work he does. Two years ago, while walking to his parents' house in his hometown of Zabadani in Syria, the former construction worker was struck by a mortar blast and lost both of his legs. Despite finding safety a short time later as a refugee in Lebanon, he relied on help from others to see him through a trying period in his life.

Together with his wife and fellow volunteer Nazmiya - as well as his moped, which he customized himself to be able to ride it with his prosthetic legs - Ahmad now travels around Tripoli providing those in need with the same support that he found so valuable when he first arrived in Lebanon.

"I had people who stood by me, young Syrian men with disabilities who held my hand when I lost my legs, so I want to do the same, I want to give back," he told visitors from UNHCR.

Aid organizations have estimated that among the more than four million refugees from the conflict in Syria, one in five has a physical, sensory or intellectual impairment. In situations of forced displacement, those with disabilities often face barriers to accessing services and are given few opportunities to play an active role in their communities.

Volunteers such as Ahmad and Nazmiya play a vital role as advocates for these individuals, helping to identify those at most risk, providing them with information and helping to reduce their sense of isolation.

"UNHCR is most grateful for the invaluable contributions made by Ahmad and Nazmiya and many others," said UNHCR Representative for Lebanon Mireille Girard.

“In its work with displaced populations, UNHCR aims to ensure the equal rights of people with disabilities and secure opportunities for their active participation in the lives of their families and communities,” she added.

Nazmiya says the work that she and Ahmad do has not only provided help and inspiration to refugees and others with disabilities, but has also helped them come to terms with their own situation.

“As a family we were isolated, we used to have the minimum contact with people. Through the program, we are in contact with people on a daily basis,” she said. “It’s an empowering experience. When you see other people with vulnerabilities, it helps you to cope with your own.”

Ahmad still faces many difficulties in his life as a refugee. As the family’s main breadwinner he has to struggle to provide enough money to house and feed the couple and their 11-month old son, and he regularly suffers acute pain from his injuries despite the medication he is prescribed.

In spite of these challenges, Ahmad credits his work as a refugee volunteer with giving him a new perspective on life. “I discovered my talents after becoming disabled. I would have never known what I was capable of if it weren’t for this accident. With this, I challenge myself to the limits.”

By Carolina Mateos and Baraka Oweyna in Tripoli, Lebanon

DONORS

Australia, Austria, Belgium, Canada, Denmark, European Union, France, Germany, Ireland, Italy, Japan, Kuwait, Luxemburg, Monaco, Netherlands, Norway, Qatar, the Republic of Korea, Saudi Arabia, Spain, Sweden, Switzerland, United Kingdom, United States of America.

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