



Needs Assessment of Syrian Refugees with Disabilities in Central and West Bekaa, Lebanon

MPDL Lebanon, July 2012

1. INTRODUCTION

The current crisis in Syria has been going on for well over a year and the situation remains volatile and is in fact worsening over time. This is highlighted by recent descriptions of the conflict as an actual civil war, the recent assassinations of the Minister of Defence and other top ranking officials and the increased level of violence of the conflict in general terms. These factors suggest it is highly unlikely that the security situation in Syria will be improving enough in the near future as to allow the safe return of the refugees and displaced persons to their homes.

At the time this report is completed, the number of Syrian refugees registered with the Office of the UN High Commission for Refugees (UNHCR) in the neighbouring countries has reached over of 108,000. The Lebanese government is coordinating closely in the northern region of the country with UNHCR and is recently starting to implement some actions in the Bekaa Valley for the refugees settled in this area. With Lebanon hosting over 30,000 refugees, the local and international organisations as well as local authorities in the Bekaa especially, have a major role in the emergency service provision and are carrying out an admirable job given the limited resources and often difficult circumstances.

This particular needs assessment has aimed at analysing the current situation of persons with disability mainly in the Bekaa area, for the most part due to the current resources and facilities that MPDL currently has, although the fact that the Bekaa has been a region where refugees have received less attention until relatively recently.

As has been made clear throughout this assessment, the services covered by the various actors mentioned previously include elements of protection, health, education and psychosocial support, shelter, water and sanitation (WASH) and distribution of food and non-food items. Funding, however, is very limited and, for the most part only some of the most essential needs are being covered effectively.

In all cases, and with the single exception of a needs assessment and project implemented by Handicap International in the Bekaa Valley, persons with disability (PWD) have not been taken into consideration in any way, neither specifically nor in a horizontal manner, in the actions that any of the aid actors have set in place until this time. This does of course mean that their rights and specific needs are therefore not being considered and they are suffering from a violation of their basic human and specific rights. This situation can easily set in motion a worsening of the person's physical and mental condition, but it can also contribute greatly to put their families at greater risk and vulnerability during the emergency situation, due to the high costs associated with caring for the needs of a PWD.



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According to projections in the recently reviewed Syria Refugee Response Plan (RRP) by UNHCR for the second half of the year 2012, the projected number of refugees that are expected to be in Lebanon by December 2012 are about 40,000, although with sudden upsurges in violence during July, this number dramatically increased as up to 30,000 new refugees crossed the border in one week. This kind of events may still take place as the conflict evolves, thus highlighting the fact that estimates are only that and not fully confirmed data of course.

With a generally accepted proportion of 10-15% of PWDs in a given population sample, the potential number of PWDs amongst the Syrian refugee population could reach between 4,000 and 6,000. This number, however, according to this and other needs assessments, appears to be higher than the indicators provided by UNHCR to date. This could be due to a number of reasons, but a minimum of 2.5% or 1,000 persons with disability amongst the Syrian refugees up until December 2012 would be consistent with the statistics available at this time through UNHCR, which remains the main and most reliable source of information for the Syrian refugees in Lebanon.

The aim of this assessment is on the one hand to highlight the fact that the needs of PWD are not being met for the most part, whether their condition is due to the conflict or whether it is a pre-existing condition. With this report and its dissemination, MPDL aims to raise awareness among the numerous actors working for the Syrian crisis to follow the international legislation laid out through the Convention for the Rights of Persons with Disabilities (CRPD) and to take special consideration for the specific needs of this highly vulnerable group and ensure, as much as possible, that they develop activities or actions that are in fact inclusive.

On the other hand, this report aims at identifying the most important needs that have been observed in the field for PWDs to both direct MPDL's efforts within this emergency and to inform other actors (donors and implementing agencies) about the gaps being left in the emergency efforts with regards PWDs.

2. PROBLEM STATEMENT

The efforts made by the numerous local and international organisations in Lebanon to attend the Syrian refugees are very significant and are reaching large numbers of refugees. However, the needs are much larger than the resources and funding available and many refugees are still left unattended or they are often confused about what services are available to them and who can or is providing them.

Regarding persons with disability in particular, the initial assessment made by MPDL was that even within UNHCR the classification of PWDs was not accurate enough to allow the identification of the real numbers of persons or the general conditions they had. As UNHCR was to begin their mass registration in the Bekaa Valley for the first time from April 2012, MPDL collaborated with UNHCR to provide training and information to their registration staff as to the most general categories of PWDs they could use during this process. By categorising PWDs within a clearer classification system and through the sharing of their statistics, UNHCR has developed a more comprehensive data base of the refugees that is at the same time inclusive. This major step is essential for any actors interested in



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targeting this highly vulnerable population group and will significantly improve aid efforts for them, as it has indeed done in the frame of this assessment.

The lack of consideration and sometimes even the knowing exclusion of PWDs within the emergency aid efforts has been a surprising finding of this assessment. Only one actor was identified in the field as taking into specific consideration this group of persons (Handicap International, HI), while the vast majority of the remaining actors, including UN agencies working in the field, are not applying an inclusive policy to their activities, whatever these are. In an emergency setting where the needs of able persons are already underserved, PWDs once again fall through the cracks and are seldom discussed.

In general, therefore, in absence of horizontal and inclusive policies and actions throughout the interventions being carried out in the field in Lebanon, highlights the need to develop actions that do specifically include PWDs, working in close collaboration with other agencies to favour the improvement of their own activities in terms of inclusion of PWDs.

3. METHODOLOGY

In order to obtain a better knowledge of the needs and problems that PWDs amongst the Syrian refugee population in Lebanon are facing in the Bekaa Valley, MPDL attended numerous coordination meetings both in the Bekaa and Beirut (both sectorial and general), as well as meeting individually with different actors of interest to this needs assessment.

The main actors for the Syrian refugees in the Bekaa Valley at the time were Dar el Fatwa and UNHCR, and both agreed to facilitate MPDL with information and statistics regarding the refugees registered with both parties. Given that UNHCR only started their registration process in the Bekaa in April 2012, after the initiation of this assessment, Dar el Fatwa was the first option. However, they were only able to provide data for a very small number of refugees, not enough to develop a significant needs assessment.

Through UNHCR and as their registration process for the Bekaa Valley started, MPDL developed a training session for UNHCR registration staff in order to provide them with basic information and knowledge to allow them to classify persons with disabilities into four basic categories. These categories were:

- a) Motor disability, such as an amputation, cerebral palsy, hip dislocation, etc.
- b) Mental, cognitive or intellectual disability, such as mental retardation, Down Syndrome or autism.
- c) Sensory disability, for example visual, hearing or speech impairment due to physiological factors.
- d) Multiple or complex disability, which includes cases in which two or more of the above mentioned categories of disabilities are present in a person.

After this training session, UNHCR was able to provide more detailed and reliable information about the numbers of persons with disabilities in the Bekaa Valley and to a point, also in the north of



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Lebanon, where the data was clarified. This information is used by both MPDL and Handicap International as the main parties with specific interest in the protection of PWDs and has provided valuable insight into the general numbers of PWDs. However, the actual registration and classification of the PWDs and the accuracy of this registration cannot be verified or confirmed independently because non-implementing partners of UNHCR cannot access until this moment the contact information of the refugees through UNHCR due to privacy constraints, and as a result it is not possible to confirm whether or not all PWDs are being registered accurately or whether some cases are being missed.

In order to obtain more specific details about the needs of PWDs, UNHCR agreed to have MPDL staff present at the registration centre for a week during the registration in Saadnayel, during which MPDL met face to face with 37 families of PWDs in order to get their contact details to arrange individual home visits for the assessment phase. During the implementation of the home visits, however, some of these families were not available, or did not in fact have a disability to be considered, plus some additional families were identified through the presence in the field. In total, 41 families were assessed finally, using a questionnaire adapted to the circumstances of the Syrian refugees and aimed at obtaining as much information as possible about the condition of the PWD and of his/her family.

The information obtained through these questionnaires was collected in a database from which the information presented in the following section was taken.

4. RESULTS

As UNHCR does not share the names and contact information of the registered refugees with non-implementing partners, such as MPDL's case, MPDL sent staff to the registration centre in Saadnayel, Bekaa, while the refugees were registered in order to directly meet the families of PWDs and obtain their contact information if they were willing to participate in a needs assessment. Through several days, MPDL obtained details of 37 PWDs and carried out individual home visits over a period of 1 week. The final number of PWDs visited finally increased due to individual referrals from some of the families, but at the same time increasing the final number of persons assessed to 42. However, one of these families informed MPDL staff that they were moving to the northern area of the Bekaa and they were, therefore, referred to HI, thus bringing the total number of families considered in this assessment to 41 PWDs.

Through the home visits, MPDL has identified that the needs for PWDs and indeed, Syrian refugees in general, are pressing and of a wide range. The conditions in which the majority are living are often completely unhygienic (no toilets in tent gathering that usually lead families to use their tents as such as well as having to eat and sleep in the same space), dangerous and create important vulnerabilities. Although there are a number of actors in the field and the refugees are informed through a specific Service Note during the UNHCR registration process about what each one does and how to contact them, the reality is that almost all the refugees interviewed reported not understanding the significance of this note, creating much confusion about who is doing what and where. However, taking into consideration that UNHCR has been present in the Bekaa Valley for a relatively short period, much has been accomplished, with many families having access to distribution kits through Dar el Fatwa (Sunni authority that has led the aid to the refugees in the



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Bekaa from the early moments of their arrival) and, although the refugees were usually unaware of it, UNHCR. In addition, it is reasonable to assume that some families may not have been completely straightforward with MPDL staff regarding the services they were receiving if they felt that this might put them at a disadvantage with regards receiving additional support.

Regarding the PWD needs, the lack of furniture or basic utilities in the majority of the shelters usually includes even mattresses that were thick enough to allow them to sleep with minimum comfort. For PWDs this can be especially tough, as their mobility is often very limited and they could suffer from further deterioration of their condition quite rapidly. The main worry in this situation is that the health costs of the most life-threatening cases are barely being covered by the agencies in the Bekaa, thus consultations and check-ups for chronic cases such as for PWDs are beyond the scope of any implementing agency at this time. In addition, most families were seen to lack much information about the condition of the PWD and how it can be treated to improve their condition. Therefore, the assessment has confirmed that this group of persons needs to receive specific and comprehensive attention that can reduce the negative impact the displacement is having on their physical, health and social condition. The main data that can be derived from the visits are presented in Annexe 1.

In the current emergency situation, the special needs and rights of PWDs have barely been taken into account and this was highlighted during this needs assessment when the problem of lack of inclusion of children with disabilities was identified in the frame of the Child Friendly Spaces (CFS). This was discussed with the different agencies that are implementing and indeed, only one agency was seen to have taken this into consideration in any way, including UNICEF, which is funding several of these spaces. Through several meetings with these actors, MPDL has established the following needs that require attention: adaptation of the child-friendly spaces (for the most part public schools or the centres of partner local NGOs), provision of certain key materials for their activities as well as capacity building for their staff to ensure the actual inclusion of any children with disabilities that are identified by both MPDL and HI. Discussions are still underway, but in order to facilitate the use of resources and ensure inclusion of all children as soon as possible in the emergency activities, MPDL has tried to secure funds for these activities, although without luck to date.

The attitudes of the host population in the Bekaa were observed during this needs assessment as being quite negative, with negative reactions when searching for a particular gathering or area of Syrian. At the same time, however, the few items that some families had in their shelters (including old TV sets, fridges, etc.) were usually donated by local Lebanese persons. However, with time moving on and the stay of the refugees being prolonged into the future indefinitely, the attitudes are generally reported as becoming worse, with increased bullying and aggressions towards Syrian, both adults and children. This can also be observed through the high cost of rental of shelters (both rooms and tents), which many refugees are barely managing to cover if at all. The wages for Syrian refugees are also much lower than for a Lebanese worker (175\$/month average according to our assessment), which is creating a situation where Lebanese workers are losing their jobs to make way for cheaper labour, thus worsening the image of the Syrians in the area. In addition, the lack of access to drinking and potable water will become a bigger problem during the summer months and this is not to forget that the lack of clothes is also an important vulnerability and inevitably makes the refugees stand out in the communities they are living.



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In summary, the assessment carried out has highlighted the fact that PWDs need to receive specific protection from the intense violations of their rights that they are facing. Starting from raising more awareness amongst all actors in the field, to actually working on the problems to improve their condition and, as much as possible, consider the long-term improvement of the family by building capacities and awareness amongst them about the inclusion of the PWD in their families and society in general, especially as two thirds of the PWDs identified are children under the age of 18.

5. CONCLUSIONS

Perhaps the lack of awareness about inclusive activities and policies and certainly their implementation is relegating PWDs to a forgotten and excluded group. Without a doubt, there are many and important urgencies to be covered during an emergency setting, but the fact that this group of people is hardly even mentioned and rarely taken into account is something that should give international agencies, particularly UN agencies, food for thought and perhaps raise discussions on how to make emergency efforts more inclusive as a general rule, wherever an emergency situation may come up. A campaign to develop inclusive policies throughout these agencies could be a start, but more importantly, efforts towards improving the emergency response procedures could ensure an immediate application of inclusive policies within emergency settings.

It is important that specifically vulnerable groups of refugees, such as those with disabilities or with other special needs, be taken into consideration in a growing manner as the emergency response develops. The needs of these persons will only increase over time and the sooner they are considered in a specific and also horizontal manner the better.



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Annexe 1. Main Statistics derived from the home visits to 41 Syrian refugees with disabilities in Central and West Bekaa.

**MAIN DATA OF INTEREST FROM MPDL NEEDS ASSESSMENT OF SYRIAN REFUGEES WITH DISABILITIES
JUNE 2012**

Demographic Data	No. PWDs	41
	No. Male PWDs	25
	No. Female PWDs	16
	Age 0-17 years old	27
	Age 18-60 years old	12
	Age over 60 years old	2
	No. of Households	35
	Avg Household Members	6
Economic and Social Status	Main source of support during displacement	NGOs or other service providers
	Average declared income during displacement	175.28 \$ per month
	Major Expenditures (most common, in order)	Food, House articles, Rent of shelter
	Private Means of Transportation	Yes (1), No (40)
	Relation with Lebanese Population	No relation (27), Good (14)
Shelter Conditions	Avg No. of Rooms per Household	3
	Type of Shelter (most common, in order)	Tent without rent, Rented tent, Rented House/Appartment
	Shelter Structural Conditions	Bad (31), Moderate (10)
	Shelters with Access to Sanitary Network	15 (of 41 PWDs)
	Shelters with Access to Electricity	31 (of 41 PWDs)
	Shelters with Access to Telephone	26 (of 41 PWDs)
	Shelters with Access to Drinking Water	12 (of 41 PWDs)
	Shelters with Access to Heating/Cooling System	12 (of 41 PWDs)
	Home Appliances Available (in order)	Gas bottle, TV, Washing Machine, Refrigerator, Satellite TV
	Furniture Conditions	Bad (39), Moderate (2)
	Accessibility Shelter	No (39), Yes (2)
Family Medical Care and Conditions	Medical Care Provider	UNHCR (36 of 41 PWDs)
	Family Members with Chronic Diseases	6
Condition of PWDs	Types of Disability: Cerebral Palsy	12
	Types of Disability: Spina Bifida	1
	Types of Disability: Erp's Palsy	1
	Types of Disability: Down Syndrome	3
	Types of Disability: Cognitive Disability	4



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Types of Disability: Hearing Impairment	9
Types of Disability: Visual Impairment	6
Types of Disability: Speech Impairment	6
Types of Disability: Congenital or Accident-Caused Deformity	4
Types of Disability: Others (eg Epilepsy, to be diagnosed...)	9
Cause of Disability: Unknown	19
Cause of Disability: War-Related	3
Cause of Disability: Accident	4
Cause of Disability: Other Causes (eg During Pregnancy, Disease/Infection...)	15
PWD's Health Status: Stable Health Condition (ie situation is developing as expected with no additional acute problems)	25
PWD's Health Status: Chronic Diseases (e.g. heart disease, diabetes, etc.)	3
PWD's Health Status: Disability-Related Permanent Medication	11
PWD's Health Status: Others (eg fast deterioration of sensorial ability)	2
Main Caregiver (in order)	Mother, Sister, Wife, Him/Herself, Brother, Both parents, Father
Family's Basic Knowledge about Disability and Treatment	Yes (17), No (24)
PWD's Independence Level: Total Dependence	7
PWD's Independence Level: Moderate Independence	28
PWD's Independence Level: Total Independence	6
PWD's Education Level: Never Attended School	19
PWD's Education Level: Attended School in Syria	3
PWD's Education Level: Dropped out of School	19
Physical Rehabilitation Received in Syria or in Lebanon	Yes (9), No (32)
Requirement for Rehabilitation (different types) while in Lebanon	Yes (34), No (7)
Using Assistive Device (AD)	Yes (6), No (35)
Type of AD Being Used (in order)	Glasses, Crutches, Artificial Eye, Wheelchair, Walker
Assistive Device Requirement	Yes (31), No (10)
Persons Requiring Urgent Devices	22
Type of AD Required: Splints	8
Type of AD Required: Hearing Aid	10
Type of AD Required: Glasses	4
Type of AD Required: Wheelchair	5
Type of AD Required: Walker	3
Type of AD Required: Crutches	1
Type of AD Required: Artificial Eye	2
Type of AD Required: Daily Living Activities Support	5



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	Type of AD Required: Others	5
	Total Number of Urgent Devices required	23