

SITUATION ANALYSIS ON GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN LEBANON



gender-based violence

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FORWARD

Violence against persons with disabilities (PWD) in general is a widespread phenomenon. More than one billion people, over 15% of the world population, are estimated to live with some form of disability (WHO, 2011). Millions of persons with disabilities worldwide suffer from physical, social, economic, cultural, and legal barriers that limit their access to education, health care – including sexual and reproductive health – employment, care, and protection systems, which places them at a greater risk of living in poverty and makes them more vulnerable to violence, including GBV (UNFPA, 2018)ⁱ.

Women and girls with disabilities encounter persisting challenges due to discrimination, marginalization, social exclusion, stigmatization, and recurrent failure to ensure their social inclusion and effective participation in public life. They live in more stringent social adversities, compared to persons without disabilities. There is a sort of agreement between the different stakeholders (persons with disabilities, public entities, UN agencies, and local and international non-governmental organizations), international reports, and literature on violence, indicating that women and girls with disabilities are more vulnerable to violence compared to men with disabilities and women in general.

Globally, it has been estimated that one in three women aged 15 years and older have experienced various forms of gender violence in their life, including intimate partner violence and non-partner sexual violence (WHO, 2021). Women and girls with a disability are at a higher risk of violence and experience different levels of marginalization and vulnerabilities (Burghal, 2019). This is corroborated by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol, which recognizes in its Preamble (17) “that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation”ⁱⁱ.

The 2030 Sustainable Development Agenda also called upon all states to recognize the rights of persons with disabilities on equal grounds with their peers and seek to end violence against all girls and women, including women with disabilities. Goal 10 in particular seeks to reduce inequalities as well as empower and promote the social, economic and political inclusion of all, irrespective of age, sex or disabilityⁱⁱⁱ.

Since 2019, Lebanon has been facing unprecedented multidimensional political, economic, social, and security crises. All these factors aggravated the vulnerabilities of people, including those with disabilities. In Lebanon, data on gender-based violence (GBV) against women and girls with disabilities are largely lacking, making it difficult to assess the prevalence of this violence, its forms, levels, and determinants, such as what types of disability are more subjected to GBV, who the perpetrators are, and in which geographic locations, among others. Nevertheless, there is anecdotal evidence that GBV against women and girls with disabilities is more prevalent than GBV against men and women without disabilities.

i. Young Persons with Disabilities: Global Study on Ending Gender-Based Violence, and Realizing Sexual and Reproductive Health and Rights, UNFPA, July 2018.

ii. Convention on the Rights of Persons with Disabilities, art. 1, G.A. Res. 61/106, U.N. Doc. A/ RES/61/106 (Dec. 13, 2006)

iii. See <https://www.un.org/sustainabledevelopment/inequality>.
World Health Organization & World Bank. (2011). World report on disability 2011. World Health Organization. <https://apps.who.int/iris/handle/10665/44575>
World Health Organization. (2021). Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. World Health Organization. <https://apps.who.int/iris/handle/10665/341337>.
Burghal, Waseem. (2019). Women and girls with disabilities: Needs of survivors of gender-based violence and services offered to them. United Nations Population Fund. <https://reliefweb.int/report/occupied-palestinian-territory/women-and-girls-disabilities-needs-survivors-gender-based>

In a recent situation analysis on persons with disabilities conducted by the Ministry of Social Affairs with support from UNFPA and ESCWA, it was found that women and girls with disabilities face three-dimensional discrimination since they are females, have a disability, and are the poorest among the poor. Women and girls with disabilities are often at greater risk of violence, abuse, persecution, neglect, and/or exploitation. A total of 80% of women and girls with disabilities live in low and middle-income countries and are at a higher risk of being poor, less educated, and at a greater societal disadvantage than men with disabilities (WHO, 2011).

The high rate of unemployment, low salaries, difficulty in obtaining medical care, scarcity of educational opportunities, lack of access to services and programs directed at women, and the increased risk of suffering from physical and sexual persecution, are all social aspects that women with physical or mental disabilities must face. This pervasive and deep-rooted discrimination that women have typically suffered and found it difficult to confront affects many aspects of their lives such as education, work, marriage, family, economic status, and rehabilitation. Even though Lebanon adopted the 220/2000 law on the rights of persons with disabilities, no executive decrees were passed to ensure its implementation, and one of the primary issues with the law is its limited definition of disability.

As human rights, protection, and GBV state actors, it is our fundamental responsibility to protect and promote the rights of all people we serve, especially vulnerable women and girls, in humanitarian/conflict situations. To this end, we need to understand the specific needs and vulnerabilities of women and girls with disabilities, the environment, and the existing capacities of relevant stakeholders.

Through this research, UNFPA Lebanon provides a thorough analysis of the context of GBV against women and girls with disabilities in Lebanon by mapping the available services; analyzing major gaps and challenges related to service delivery; and identifying the roles and responsibilities of stakeholders and service providers, including stakeholder coordination, legislation and policies, capacity, prevention and response services, the referral process and accountability.

The last section of the study provides recommendations and proposes interventions to enhance the protection system for women and girls with disabilities in Lebanon, taking into consideration the complexity of the multi-layered crises that resulted in increased GBV vulnerabilities on women and girls with disabilities, the refugee population, migrants, the LGBTQI community, the poorest of the poor, and female heads of households. As the development/humanitarian community moves forward in its shared responsibility to leave no one behind, UNFPA hopes this study will serve as an instrumental resource for all concerned partners in Lebanon toward disability inclusion in GBV programming.

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LIST OF ACRONYMS

CEDAW	Convention on the Elimination of Discrimination against Women
CMR	Clinical management of rape
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DPOs	Disabled People's Organizations
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
HR	Human Rights
ILO	International Labor Organization
INGOs	International Non-Governmental Organizations
ISF	Internal Security Forces
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
MEHE	Ministry of Education and Higher Education
MoJ	Ministry of Justice
MoL	Ministry of Labor
MOPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
NCDA	National Council of Disability Affairs
NCLW	National Commission for Lebanese Women
NGOs	Non-Governmental Organizations
PDC	Person with Disability Card
PHCC	Primary Healthcare Centers
PSS	Psycho-Social Support
PwD	Persons with Disabilities
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UPR	Universal Periodic Report
VAW	Violence Against Women
WHO	World Health Organization

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1

GENERAL OVERVIEW OF DISABILITY, VIOLENCE AND GENDER AT THE LOCAL AND INTERNATIONAL LEVELS

1.1 GENERAL OVERVIEW OF THE CONTEXT

Lebanon is facing converging crises that have led to almost unique and tragic humanitarian conditions. These include the Syrian crisis since 2011, and the ensuing highest concentration of refugees per capita worldwide in Lebanon. With a Lebanese population of 4.2 million, the country also hosts just over 1 million registered Syrian refugees, 42,000 Palestinian refugees from Syria, 6,000 Iraqi refugees, and nearly 450,000 refugees from Palestine¹.

The deteriorating economic conditions since 2019 that have resulted from the total collapse of the financial and banking system and the devaluation of the Lebanese pound by 80% since October 2019, are contributing to a lack of basic commodities such as food, housing, and health care. Prospective planning carried out by the UN system warns that the medium-term risks of economic deterioration in Lebanon threaten to generate adverse conditions that will worsen the situation of persons with disabilities. Specifically, if livelihood opportunities keep shrinking, while competition for work keeps increasing, this could further depress wages, increase tensions in communities, “and further degrade living and working conditions, especially for the most vulnerable – the poor, persons with disabilities, youth and women” (UNS, n.d., p. 6, §14).

On August 04, 2020, an explosion at the port of Beirut devastated the city, killing nearly 200 people, wounding more than 6,000, and making 300,000 people homeless. The explosion exacerbated the fragile economic conditions, through the imposed shutdown of the port – the vital vein of the economic movement in the country. The economic losses as an immediate result to the blast were estimated between 2.5 and 3.5 billion US dollars. In addition, the coronavirus pandemic intensified poverty and economic hardship, as well as existing gender inequalities, including an increase in Violence against Women (VAW) and girls. Incidents of harassment, discrimination, and verbal, physical, and economic abuse have been documented, with groups such as refugees, youth, (LGBTQI+), migrants, people with disabilities, the elderly and female-headed households being particularly vulnerable. It is critical to emphasize that the government has not yet implemented a coordinated or robust support plan.

All the above has exacerbated the pre-existing vulnerabilities that women and marginalized groups in Lebanon face, making life worse for most Lebanese women, especially those who already suffer from the effects of multifaceted discrimination, such as immigrant and refugee women, women with special needs, and women who live on the margins and are considered invisible. Those community groups endure multiple levels of exclusion based on social identities, including gender, disability, religion,

1. Case-Study_WRC-UNICEF-Lebanon_FINAL.pdf

and sexual orientation. Direct and indirect violence against marginalized people is high, with violence “intensifying in frequency, extent and nature when gender and disability intersect.” An indicator of women’s low political and economic empowerment ranked Lebanon 145 out of 153 countries in the 2020 Global Gender Gap report. People with disabilities, estimated to be nearly 15% of the population, are subject to a state policy of isolation and encounter stigma and discrimination².

However, violence against women and girls with disabilities is an underreported and under-analyzed problem: there is a lack of acknowledgment and resources directed toward addressing the violence experienced by women with disabilities. Although the collection of data on people with disabilities has increased, the information is often not separated by sex or gender, making it difficult to study the effects of GBV on people with disabilities, specifically women and girls.

1.2 BACKGROUND OF THE STUDY

Around the world, more than 1 billion women, men, boys, and girls are living with some form of disability. Although most people will experience a disability at some point in their lives, understanding the meaning of disability and its impact on the individuals’ ability to be active participants in social, economic, socio-cultural, and political life remains a challenge. Physical, social, and legal barriers continue to limit access to education, health care – including sexual and reproductive health (SRH) – employment, leisure activities, and family life for millions of people with disabilities worldwide³.

The World Report on Disability indicated that the population groups at the highest risk are the poorest members of society, the elderly, and women.

The 2030 Sustainable Development Agenda also called upon all states to recognize the rights of persons with disabilities on equal grounds with their peers and seek to end violence against all girls and women, including women with disabilities. Specifically, Sustainable Development Goal 10 aims to reduce inequalities, empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, or disability.



Worldwide, **Women and girls with disabilities** are two to five times more likely to be victims of such violence than women and girls without disabilities.



6 out of 10 women with intellectual disabilities report being sexually abused.



34% of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime.



Sterilization of women with disabilities without their knowledge or consent is a widespread form of violence, in particular affecting members of ethnic minorities such as Roma women ⁴.

2. https://www.ifes.org/sites/default/files/ifes_identity_and_politics_in_lebanon_october_2020.pdf

3. Final_Global_Study_English_3_Oct.pdf (unfpa.org)

4. <https://feps-europe.eu/wp-content/uploads/2021/06/Gender-based-violence-against-women-and-girls-with-disabilities.pdf>

Persons with disabilities, particularly women and girls, face numerous difficulties accessing sexual and reproductive health services. One main factor is stereotyping persons with disabilities as people with strong sexual desires or without sexual needs. Other reasons could be associated with the limited awareness of the sexual and reproductive health rights of people with disabilities, inadequate training and poor interventions for such services, and physical and cultural barriers, such as stigma, poverty, and isolation within institutions and homes. These factors may increase the exposure of women with disabilities to sexual abuse and sexually transmitted infections, prohibit them from accessing essential services, and subject them to harmful health care practices or medical procedures, such as forced sterilization, abortion, and involuntary use of contraceptives⁵.

This observation raises questions as to the capacity to offer appropriate services and design programs and interventions to ensure that millions of persons with disabilities can realize their rights and have access to education, health care, rehabilitation services, employment, leisure activities, and full social inclusion alongside their peers without disabilities. Within the same context, there is some agreement among the various stakeholders, as well as international violence research and literature, that women and girls with disabilities are more vulnerable to violence than women in general. This is corroborated by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol, which recognizes in its Preamble (17) “that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation”⁶.

5. https://palestine.unfpa.org/sites/default/files/pub-pdf/Women%20and%20Girls%20with%20Disabilities_0.PDF

6. https://palestine.unfpa.org/sites/default/files/pub-pdf/Women%20and%20Girls%20with%20Disabilities_0.PDF

2

INTRODUCTION, STUDY METHODOLOGY, AND OBJECTIVES

2.1 INTRODUCTION

In Lebanon, 900,000 people (approximately 15% of the Lebanese population) and 22% of Syrian refugees are estimated to be living with a disability, according to the study *Disability Assessment among Syrian Refugees in Jordan and Lebanon*, Humanity Inclusion (2018). Also, 2% of the Palestinian refugees live with a disability, according to the number of disability cards issued by Moussawat Association. However, this number is not an accurate estimation due to the lack of data available on this community in Lebanon. People with disabilities are one of the most vulnerable and socially excluded groups in any crisis. These individuals may be hidden in homes, overlooked during the needs assessment, and not consulted in the program development process. While gender-based violence (GBV) affects women, girls, men, and boys, most survivors globally are women and girls. People with disabilities have difficulty accessing GBV programs due to diverse societal, environmental, and communication barriers, thus increasing their risk of violence, abuse, and exploitation⁷.

The official statistics in Lebanon on disability are reported through the number of officially recognized Personal Disability Card (PDC)⁸ holders. In terms of coverage, as of December 2020, 117,000 persons with disabilities had registered and received the PDC. Out of the 117,000, 61% are males, 39% are females, 52% are with a physical disability, 31% with mental disability, 9% with hearing impairment, and 8% are with visual impairment, which accounts for 2.6% of the population. While this figure is comparable to other estimates of disability in the region, it is significantly lower than international estimates, which suggest that persons with disabilities account for 10–15% of the population (e.g., the World Health Organization (WHO) and Disabled World). There are several reasons for the low rates of reported disability, including the definition and classification of the disabilities used, the stigma associated with reporting disability, the low take-up of the PDC, and other factors that will be discussed further below.

15% of the Lebanese population and 22% of Syrian refugees are living with a disability.

7. https://resourcecentre.savethechildren.net/pdf/gbv_cw_guidance_on_disability_inclusion.pdf/

8. The number of disability cards increased from 110,000 registered until 2018 to 117,000 until 2020. Source: MOSA Disability Rights Programme 2020

Women and girls with disabilities are at a greater risk of violence, abuse, persecution, neglect, and exploitation. They are faced with social challenges displayed by high rates of unemployment, low salaries, difficulty accessing medical care, scarcity of educational opportunities, and poor access to services and programs directed at women. This pervasive and deep-rooted discrimination is difficult to confront and vastly impacts their lives by interfering with their education, work, marriage, family, economic status, and rehabilitation.

Moreover, a needs assessment conducted in 2017 confirmed that women, children, and youth with disabilities in Lebanon and their caregivers face a range of GBV-related risks. These include child marriage, exploitation, Intimate Partner Violence (IPV), and sexual harassment by male community members⁹ Additionally, women, children, and youth with disabilities report a lack of information and awareness on GBV-related services and how to access them due to inadequate policies and standards, negative attitudes, challenges against physical access, poor availability of information, communication, lack of service provision, inadequate funding, and lack of involvement of women with disabilities in decisions that directly affect their lives¹⁰.

Despite this, in Lebanon, there remains a dearth of literature regarding the risks of abuse, and barriers to seeking and getting help among girls and women with disabilities. The lack of attention to this issue from both disability and violence researchers has contributed to the victimization of women and girls with disabilities¹¹.

2.2 OBJECTIVES

The objective of this study is to analyze the context of GBV against women and girls with disabilities in Lebanon through mapping the available services, analyzing major gaps and challenges related to service delivery, identifying the roles and responsibilities of stakeholders and service providers, including stakeholders' coordination, legislation and policies, capacity, prevention and response services, the referral process and accountability. The situation analysis will be followed by a set of recommendations to improve the protection and services for women and girls with disabilities exposed to GBV.

9. https://resourcecentre.savethechildren.net/pdf/gbv_cw_guidance_on_disability_inclusion.pdf/

10. WRC & UNICEF, 2018b, p. 13

11. https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf

2.3 METHODOLOGY

To meet the objectives of the study, the research team adopted a gender and inclusive approach, which consisted of undertaking a desk literature review followed by qualitative data collection through focus group discussions (FGDs) and key informant interviews (KIIs). The analysis of the findings led to the development of the key recommendations.

Desk Review

The research team conducted a desk review of all available literature and studies at the international and local levels, in addition to international conventions and treaties related to women and the rights of persons with disabilities, Lebanese laws and legislations related to disability rights, the penal code, operating procedures and internal policy guidance of several service providers, as well as a review of programs and policies related to disability and violence.

Focus Group Discussions and Key Informants Interviews (KIIs)

- » FGDs and KIIs provided contextual information that was useful for the development of the key recommendations.
- » Three (3) focus group discussions (FGDs) were conducted: One(1) with service providers; one (1) with women with disabilities living in Palestinian camps; one (1) with girls with disabilities.

	Nb of Lebanese men	Nb of Palestinian men	Nb of Lebanese women	Nb of Palestinian women	Nb of Lebanese girls	Nb of Palestinian girls	Total
FGD with service providers	1	1	3				5
FGD with women with disabilities			2	8			10
FGD with girls with disabilities					7	4	11
TOTAL							26

- » Sixteen (16) key informant interviews with representatives from 12 key stakeholder organizations were conducted: Five (5) interviews with 2 public entities¹²; nine (9) interviews with local and international NGOs providing GBV and disability services in particular; two (2) interviews with UN agencies to assess services offered to women and girls with disabilities who are survivors of GBV.

12. Four interviews with four different departments were conducted with MOSA

PUBLIC ENTITIES

MOPH	Head of disability department *
MOSA	Director General
	Head of PwD rights program
	Head of section of disability
	Head of the department of family affairs

LOCAL AND INTERNATIONAL NGOS

HI	Head of Lebanon Office
LECORVAW	President
LUPD	Head of association
ECIL	Head of association
Lebanese Federation for the Deaf (LFD)	Director
HIMAYA	Child protection head office and consultant
Moussawat	Director
ABAAD	Senior Technical Coordinator Protection Capacity Building Coordinator

UN AGENCIES

UNICEF	Gender and Inclusion Officer
ESCWA	Disability Consultant

** Position*

2.3.1 Main challenges

This study was conducted during a challenging period in Lebanon specifically at the economic, political and security levels, and while preparations for the Lebanese parliamentary elections were underway amid an intense political atmosphere.

The main challenges were:

- » The originality of the topic for many of the interviewees and focus group discussion participants.
- » The limited number of reports and resources on disabilities in general in Lebanon, and more so when it comes to documentation of the violence against women and girls with disabilities.

- » Some of the institutions invited to participate in interviews or FGDs – both governmental and civil –had difficulty in mandating the right person to provide the required information due to the lack of existing approaches.
- » NGOs, DPOs, and governmental units had other priorities, as they were trying to respond to urgent needs and following up on the national parliamentary elections.
- » The inconsistent attendance of government employees caused by the national economic crisis, especially the fuel shortage, affected the completion of some interviews.

2.3.2 Facilitating factors

- » UNFPA'S assistance and support facilitated the communication with the ministries of Justice and Labor. Despite that, the Ministry of Justice (MOJ) was not responsive, and we received a delayed answer from the Ministry of Labor asking for an extension that went beyond the deadline for the completion of this study.
- » UNFPA flexibility regarding the set timeline.
- » Although the originality of the topics confused the stakeholders, there was a consensus on the importance of addressing gender-based violence against women and girls with disabilities.

3

CONCEPTUAL FRAMEWORK AND RELEVANT DEFINITIONS

“Because women with disabilities make up a significant part of the world’s population, principles of fairness and equality require that the world engage in a vigorous discussion on how to end violence against them.”

Forgotten Sisters - A Report on Violence Against Women with Disabilities : An Overview of its Nature, Scope, Causes and Consequences, Stephanine Ortoleva and Hope Lewis, 2012.

Disability rights cannot be guaranteed in a context that does not affirm the equality of all women. Discrimination against people with disabilities, combined with patriarchal attitudes toward women, puts women and girls with disabilities at a higher risk of violence. Although women with disabilities experience many of the same forms of violence facing all women, when gender and disability intersect, violence takes on unique forms, has unique causes, and results in unique consequences.

Disability is a complex and ever-changing concept. Individuals with mobility impairments may experience disability differently than those with intellectual disabilities. Those born with disabilities may have a very different experience of disability than those who encounter an impairment later in life.

Furthermore, women with disabilities who are also people of color, members of minorities or indigenous groups, lesbians, transgendered, intersex, or live in poverty, may encounter specific forms of violence and discrimination. These intersections must be explored in greater depth to ensure that the complexities of violence against women with disabilities are adequately understood and addressed¹³.

Hence, in this review, the term “gender-based violence” is used to reflect the fact that violence stems from power relations and gender hierarchies and can also be perpetrated against boys, men, women, and girls, and goes beyond sexual and physical violence to include psychological, economic, and legal violence, discrimination, and early marriage.

13. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2133332

3.1 DEFINITIONS AND CONCEPTS OF GENDER AND GENDER-BASED VIOLENCE

To unify the understanding of GBV concepts, the following definitions are adopted:

Gender

Refers to the roles and responsibilities of men and women that are created in our families, societies, and cultures. The concept of gender also includes the expectations held about the characteristics, aptitudes, and likely behaviors of both women and men (femininity and masculinity). [...]The concept of gender is vital because, applied to social analysis, it reveals how women's subordination (or men's domination) is socially constructed. As such, the subordination can be changed or ended. It is not biologically predetermined nor is it fixed forever¹⁴.

Gender-Based Violence (GBV)

An umbrella term for violence directed toward or disproportionately affecting someone because of their actual or perceived gender identity. The term "gender-based violence" is primarily used to underscore the fact that structural, gender-based power differentials around the world place women and girls at risk for multiple forms of violence.

This includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty, occurring in public or private life. While women and girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also used by some actors to describe targeted violence against lesbian, gay, bisexual, transgender, and intersex (LGBTQI) populations. In these cases when referencing violence related to norms of masculinity/femininity and/or gender norms¹⁵.

What is Violence against Women and Girls (VAW)?

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, occurring in public or private life¹⁶. VAWG is not only limited to women; it also includes girls.

COMMON FORMS OF GBV INCLUDE¹⁷:

- » Physical, sexual, and psychological violence occurring within the family, including harmful battering, sexual abuse of female, on-spousal violence and violence related to exploitation and other traditional practices that are harmful to women.
- » Physical, sexual, and psychological violence occurring within the community, including rape, sexual abuse, and sexual harassment in the workplace, educational institutions or elsewhere, trafficking in women by forcing them into prostitution.
- » Physical, sexual, and psychological violence perpetrated or condoned by the state, wherever it occurs.

14. https://nclw.gov.lb/wp-content/uploads/2021/12/2021_Gender-Based-Violence-Lexicon.pdf

15. Ibid

16. Ibid

17. Ibid

The two terms “forms” and “types” of gender-based violence (or abuse) are often used interchangeably, even in international literature. However, it has been approved on the use of the word “form” as referring to the framework in which violence occurs and the word “type” to refer to the means used to impose control.

Physical Violence	Refers to a bodily harm suffered from the application of immediate and unlawful physical force. It also encompasses violence resulting in the victim's death.
Psychological Violence	Any intentional conduct that seriously impairs another person's psychological integrity through coercion or threats. Psychological violence can take the form of, for example, coercion, defamation, verbal insult, or harassment. Psychological abuse can be verbal or non-verbal ¹⁸ .
House Detention	Detention at home and deprivation from access to any kind of help, reporting or communication flows, threat of removing care and host.
Sexual Violence	<p>Acts of a sexual nature against one or more persons or that push such person or persons to engage in an act of a sexual nature by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression, or abuse of power, or by taking advantage of a coercive environment or persons' incapacity to give genuine consent¹⁹.</p> <p><i>Forms of sexual violence include rape, attempted rape, forced prostitution, sexual exploitation and abuse, trafficking for the purpose of sexual exploitation, child pornography, child prostitution, sexual slavery, forced marriage, forced pregnancy, forced public nudity, forced virginity testing, etc.</i></p>
Economic Violence	<p>Behaviors that control a victim's “ability to acquire, use, and maintain resources thus threatening her economic security and potential for self-sufficiency”. Economic abuse can be manifested in one (or more) of the following forms: economic control, employment sabotage, and economic exploitation.</p> <p><i>Economic violence is sometimes used interchangeably with financial abuse. Financial abuse focuses specifically on individual money and finances and not economic resources (e.g., transportation, a place to live, employment, and education)²⁰.</i></p>
Medical Violence	Such as manipulation in medicating and deprivation of crucial and needed medical care ²¹ .

18. https://nclw.gov.lb/wp-content/uploads/2021/12/2021_Gender-Based-Violence-Lexicon.pdf

19. Ibid

20. Ibid

21. Ibid

3.2 DEFINITIONS AND CONCEPTS OF DISABILITY

The definition of disability continues to evolve over time. It is important to remember that persons with disabilities are not a homogenous group; they have different capacities and needs and contribute in different ways to their communities.

Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD) states:

“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”.

The national Lebanese Law 220/2000 defines a person with a disability as “a person whose capacity to perform one or more vital functions, independently secure his personal existential needs, participate in social activities on an equal basis with others, and live a personal life that is normal by existing social standards, is reduced or non-existent because of partial or complete, permanent or temporary, bodily, sensory or intellectual functional loss or incapacity, that is the outcome of a congenital or acquired illness or from a pathological condition that has been prolonged beyond normal medical expectations”.

Impairment Disability²²	Persons with long-term physical, mental, intellectual, or sensory difficulties, combined with barriers, attitudes, and environments that prevent them from effectively participating in their society on an equal basis with others.
Intellectual Disability²³	The limitation or lack of a range of intellectual functions, such as reasoning, problem solving, and learning, accompanied by a limitation or lack of adaptive behavior that would cover a set of daily social skills. Intellectual disability is part of developmental functional disparities and differences. Examples are Down syndrome and cerebral palsy.
Discrimination on the Basis of Disability²⁴	Defined as exclusion, elimination, marginalization, or restriction based on sensory, physical, intellectual, or mental disparities and differences, with the goal of or leading to deprivation, termination, or limitation of the full and effective realization, enjoyment, or practice of basic rights and freedoms in all civil, social, economic, cultural, and other fields. It also includes deprivation of reasonable accommodations and additional measures and adaptations
Sensory Impairments²⁵	This includes individuals who are deaf or have difficulty hearing, as well as individuals who are blind or have low vision (finding it hard to see even when wearing glasses).
Psychosocial Disabilities²⁶	These include individuals who experience mental health difficulties that, in interaction with discrimination and other societal barriers, prevent their participation in the community on an equal basis with others.

22. https://palestine.unfpa.org/sites/default/files/pub-pdf/Women%20and%20Girls%20with%20Disabilities_0.PDF

23. Ibid

24. Ibid

25. Women's Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

26. Ibid

“Disability is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.”

World Health Organization

Disability, however, is not just a health problem or impairment. Societal attitudes and the environment play a significant role in people’s experience of disability and their access to activities. Many elements can limit their access to activities. There are various barriers, including:

Attitudinal Barriers	Negative stereotyping, social stigma, and discrimination by staff, families, and community members affect a disabled person’s access to and inclusion in society.
Communication Barriers	Information may be presented in formats that are not accessible for persons with disabilities, including those with visual, hearing, and intellectual/ psychosocial disabilities.
Environmental or Physical Barriers	Buildings, roads, and transport may not be accessible for persons with disabilities.
Policy and Administrative Barriers	Rules, policies, systems, and other norms may disadvantage persons with disabilities, particularly women and girls. Improving access and inclusion for people with disabilities requires interventions to remove these different types of barriers in GBV activities ²⁷ .

27. Women’s Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

4

OVERVIEW OF THE LEGAL AND CONSTITUTIONAL LANDSCAPE OF NATIONAL AND INTERNATIONAL MECHANISMS

According to a joint assessment conducted by several Lebanese associations focusing on persons with disabilities in 2015, the underlying cause behind the violation of persons with disabilities' rights lies with the state of laws in Lebanon. Specifically, the associations highlight the non-ratification of the UN Convention on the Rights of Persons with Disabilities and the lack of national legislations aligned with the internationally recognized rights.

4.1 INTERNATIONAL NORMATIVE FRAMEWORK ON WOMEN AND GIRLS WITH DISABILITIES

Through setting international norms and standards, the international community recognizes the need for the gender perspective and the empowerment of women with disabilities to achieve equal access to all human rights and development for all, including persons with disabilities.

Implementing the Convention on the Rights of the Child (CRC), the Convention on the Elimination of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD) together enable a more comprehensive human rights-based approach that considers specific vulnerabilities related to age, gender, and disability that result in violence and discrimination against women and children and women and children with disabilities. In combining the mandates of all three treaties, backed by the overall framework of the Universal Declaration of Human Rights, a powerful rights framework emerges to vindicate the rights of women and children within the private and public spheres²⁸.

The Convention on the Elimination of all Forms of Discrimination against Women is considered the universal chart for women's rights to ensure the rights of girls and women with disabilities and includes references to women and girls with disabilities under several rules, such as Rule 4 on Support services, Rule 6 on Education, and Rule 9 on Family life and personal integrity.

The Convention on the Rights of Persons with Disabilities recognizes that women and girls with disabilities are often at greater risk, both inside and outside the home, of violence, injury, abuse, neglect or negligent treatment, maltreatment, or exploitation. To address this concern, the Convention on the Rights of Persons with Disabilities has taken a two-track approach to promote gender equality and empower women with disabilities. One of its principles is to ensure equality between men and women, and article six (6) is devoted to women with disabilities.

28. <https://www.un.org/disabilities/documents/Publication/UNWCW%20MANUAL.pdf>

Article 6: Women with disabilities

1: States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2: States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

United Nations-Department of Economic and Social Affairs Disability

Moreover, the 2030 Agenda for Sustainable Development calls on states to promote inclusive development that recognizes the right of persons with disabilities to equal access to education and employment, among others.

A vivid example would be how disability is referenced in various parts of the SDGs, specifically in parts related to education, growth, employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs. For instance:



Goal 4:

Inclusive and equitable quality education and promotion of life-long learning opportunities.



Goal 8:

Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all.



Goal 10:

Reduce inequality within and among countries by empowering and promoting the social, economic, and political inclusion of all, including persons with disabilities.



Goal 11:

Make cities and human settlements inclusive, safe, and sustainable.



Goal 17:

Strengthen the means of implementation and revitalize the global partnership SDG sustainable development.

The collection of data and monitoring and accountability of the SDGs are crucial.



The Lebanese government has signed the following international conventions and treaties:

- » In 1948, Lebanon contributed to the drafting of the Universal Declaration of Human Rights and adhered to it in the preamble to the constitution.
- » In 1971, Lebanon joined the International Convention on the Elimination of All Forms of Racial Discrimination.
- » In 1972, Lebanon acceded to the International Covenant on Civil and Political Rights, but it did not join the Second Optional Protocol attached to it regarding the abolition of the death penalty.
- » In 1972, Lebanon joined the International Covenant on Economic, Social, and Cultural Rights, but it did not join the Optional Protocol attached to it regarding the mechanism for accepting individual complaints.
- » In 1991, Lebanon joined the Convention on the Rights of the Child, and the Optional Protocol on the involvement of children in armed conflict was signed in 2002.
- » In 1996, the Lebanese State signed the Convention on the Elimination of All Forms of Discrimination against Women. However, this conclusion included reservations on basic topics, the second item of Article 9 related to nationality, and items (c), (f), (d), and (g) of Article 16 related to personal status, in addition to a reservation on Article 29 thereof. Nor has it acceded to the Optional Protocol thereto.
- » Lebanon has ratified 50 ILO Conventions, including 7 of the 8 fundamental conventions which address key human rights issues including: Forced labor, child labor, freedom of association, and equal opportunity and treatment at work. These conventions emphasize the principle of non-discrimination, which includes situations of servitude or preference based on race, color, sex, religion, political opinion, social origin, HIV, sexual orientation, gender identity, or other as it leads to nullifying or weakening equal opportunities or treatment in employment or profession. The most important to highlight is Lebanon's ratification on C159 – Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159)²⁹. Therefore, Lebanon should be considered as committed to provide PWDs with the assistance and support to gain skills aligned with their functionality and capacities with the aim of finding suitable employment opportunities.
- » In 2007, Lebanon signed the Convention on the Rights of Persons with Disabilities, without joining the Optional Protocol attached to it.

29. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312304

There are agreements that Lebanon has not ratified or acceded to yet, the most important of which are:

- » Lebanon has not acceded to the 1951 Asylum Convention and its protocols. However, it is one of the countries that historically host refugees. Lebanon has not taken any steps to ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.
Lebanon is not a party to the UN Convention on the Rights of Persons with Disabilities, having merely signed it.

At the same time, Lebanon signed the UN Convention, implicitly recognizing the rights set out in the treaty and that the rights in the Convention are internationally recognized since the Convention has entered into force after being ratified by over 100 states. Consequently, the lack of ratification does not exempt the Lebanese State from developing national laws corresponding to the provisions of this UN treaty (JS15, n.d., p. 1).

In 2015, Lebanon adopted the 2030 Agenda for Sustainable Development with its 17 goals, which represent a framework for countries to set policies that ensure the eradication of poverty and the improvement of the conditions of the world and its inhabitants.

4.2 NATIONAL NORMATIVE FRAMEWORK ON WOMEN AND GIRLS INCLUDING THOSE WITH DISABILITIES

Article 12 of the Lebanese Constitution states that every Lebanese has the right to be employed by the government. There is no advantage for one over another except in terms of merit. Both the constitution and civil law do not guarantee gender equality in access to political and citizenship rights. However, they do not explicitly refer to gender equality. There is no text that defines or prohibits discrimination on the basis of gender in line with Article 1 of the CEDAW.

There are still several legal, institutional, and social obstacles that prevent women from fully enjoying their rights.

The Citizenship Law engenders discrimination by not allowing a woman to pass on her nationality to her foreign husband or children, while men can pass on their citizenship to their foreign wives. There is also a fear that providing citizenship to the growing number of Syrian and Palestinian refugees in the country would tip the balance toward some religious groups. As a result, thousands of men and children are stateless in Lebanon, which means they have restricted access to government services, education, employment, and inheritance.

Despite the progress made in the removal of the penal code from articles that discriminate against women, some texts still contain many discriminatory articles, most notably Article 252 on the basis of which it is still legally possible for the perpetrator of the so called “honor killings” to benefit from the commutation of the sentence; Articles 503 to 521 of the Penal Code which address rape, acts of indecency, statutory rape, and kidnapping. Article 503 defines the crime of rape as “forced sexual intercourse [against someone] who is not his wife by violence or threat³⁰.

30. <https://www.hrw.org/news/2016/12/19/lebanon-reform-rape-laws#:~:text=The%20parliamentary%20committee%20is%20still,wife%20by%20violence%20or%20threat.%E2%80%9D>

Moreover, under the Lebanese law, Articles 539-546 state that abortion is illegal under all circumstances. It was not until October 1969, that the Presidential Decree No.13187 allowed abortion only to preserve the woman's life, if in danger (United Nations, 2001)³¹. The law that is governed by eight articles prohibits the dissemination of information on abortion or methods used to facilitate it, the selling or acquisition of objects that are designed to perform it, in addition to punishing any woman who induces abortion and any other person who aids her to do so (United Nations, 2001). Even with the woman's consent, under the law, the person who performs an abortion is subjected to one to three years of imprisonment and the woman herself is subjected to six months to three years imprisonment³². Also, the Lebanese penal code continues to discriminate against women in other matters, such as, for example, imposing different penalties for adultery on women and men. A married woman who has an extramarital affair can be imprisoned from three months to two years, whereas the punishment for the same crime for a man is one month to one year. A married man can only be tried for adultery if he engages in extramarital sex in the conjugal home, or if he has a "stable" extramarital relationship (Articles 487, 488, and 489)³³.

4.2.1 Protecting women from violence in Lebanon

The Lebanese Parliament approved Law No. 293 "Law on the Protection of Women and Other Family Members from Domestic Violence" on April 1, 2014, and this law is considered important not only to protect women from violence inflicted on them in the private sphere, but as a legal entry point for the prevention of gender-based violence. It includes all women residing in Lebanon.

It was also approved to abolish Article 522 of the Lebanese Penal Code that exempts the rapist from punishment in the event of a valid marriage contract with the victim. Civil society organizations are still calling for the abolition of Article 518 and the amendment of Articles 505 and 519 related to this chapter.

Lebanon lacks a civil law regulating personal status. There are 15 sectarian personal status codes for each recognized religious sect, including 12 Christian sects, five Muslim sects, and one Jewish sect, where independent confessional courts (except for the latter) supervise their implementation. This fragmented management is considered one of the most important aspects of discrimination and inequality against Lebanese women, specifically in the pivotal aspects of their lives, including marriage, divorce, child custody, and property rights.

In the same context, Lebanese legislation permits child marriage, which is a violation of many of Lebanon's international obligations and is considered a violation of children's rights in the matter of protection. Despite the amendments made by some sects regarding the age of marriage, most sects still recognize child marriage as valid, and therefore it is legal for minors to marry, despite Lebanon's ratification of the Convention on the Rights of the Child and despite not making reservations to the second paragraph of Article 16 of the Convention on the Elimination of All Forms of Discrimination against Women, which states that "the betrothal or marriage of a child shall have no legal effect, and all necessary measures must be taken, including legislation, to establish a minimum age for marriage and to make it mandatory to register marriage in an official registry".

31. <https://theaproject.org/sites/default/files/Newest-Abortion-Position-Paper.pdf>

32. Ibid

33. <https://www.hrw.org/news/2011/08/11/lebanon-law-reform-targets-honor-crimes>

In a move that marked progress by criminalizing sexual harassment and providing protection for those who report it, Lebanon passed a “law criminalizing sexual harassment and rehabilitating its victims” on December 21, 2020. However, this law does not rise to the level of the Convention on the Elimination of Violence and Harassment, which provides for governments to address violence and harassment at work through a “holistic, integrated, and gender sensitive approach,” including through laws relating to employment, occupational health and safety, equality and non-discrimination, and criminal law. The law treats sexual harassment as a crime, ignoring preventive measures, labor law reforms, monitoring, and civil remedies³⁴.

4.2.2 Protection of refugee women in Lebanon

Refugee women in Lebanon suffer from accumulative discrimination based on asylum and the resulting social and economic openness that overlaps with discrimination based on gender. What distinguishes the status of refugee women in Lebanon is the existing violation of their civil rights due to the non-approval and ratification of the Convention on the Rights of Refugees and the Casablanca Protocol, which guarantees non-discrimination between refugees and citizens in civil rights. The most important categories of refugees currently in Lebanon, in order of their arrival to Lebanon, are the Palestinians who came to Lebanon following the establishment of the State of Israel in 1948 and the Syrians following the outbreak of the Syrian revolution in 2011³⁵.

Palestinian refugee women suffer from the brunt of chronic asylum, deprivation of civil rights, and dependence on the international community represented by the United Nations Relief and Works Agency for health, education, and relief services. Many forms of violence and discrimination are imposed on them, with widespread underage marriage in their environment. Refugee women and Lebanese citizens share the burden of discrimination resulting from the gaps in the application of personal status laws and the discriminatory culture against women when entering the labor market available to them, with regard to wages and other types of abuse.

Refugees with disabilities are not enrolled in any social protection held by the state and rely on accessing any service or inclusion opportunity on NGOs and INGOs.

4.2.3 Legal protection framework for women with disabilities

The move toward a rights-based approach for working with persons with disabilities has gained significant international momentum over the past decade with the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Persons with disabilities have a right to protection in situations of risk or humanitarian crisis and to access services and participate in GBV programs and activities on an equal basis to others³⁶.

In Lebanon, the legal transition toward laws protecting the rights of people with disabilities has been slow, and the government continues to use a medical model where people think that persons with disabilities need to be treated through medical interventions before they can actively participate in the community, as opposed to a rights-based approach to disability where persons with disabilities have the right to access equal opportunities and participate in society. It also emphasizes that all

34. <https://www.hrw.org/ar/news/2021/03/05/378078>

35. <https://www.abaadmena.org/documents/ebook.1598182372.pdf>

36. Women's Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

individuals have a responsibility to promote, protect and ensure this right and that persons with disabilities should have the capacity to claim these rights³⁷.

Lebanon passed Law 220 in 2000, which acknowledges the rights of people with disabilities to education, health, and other basic services. This law was made possible due to extensive lobbying and advocacy conducted by DPOs in Lebanon for almost two decades. Law 220 holds the government accountable for implementing strategies to include people with disabilities in social and economic life. The law immediately established the National Council of Disability Affairs (NCDA), tasked with overseeing national planning to put Law 220 into effect. Unfortunately, the structure of the NCDA places it under the authority of one ministry, which results in poor accessibility and sharing of necessary services to individuals and organizations³⁸. The NCDA is chaired by the minister, and its decisions are implemented by the Ministry of Social Affairs. Hence, if the NCDA needs information, the only way to get it is through the minister, and the council has no formal access to other ministries³⁹.

In some cases, well over a decade after the adoption of this law, the concerned ministries had not issued any application decrees. More broadly, the Lebanese government and parliament have taken a course of inaction on the rights of persons with disabilities. Almost no actions were taken to set up the decrees, procedures, policies, budget lines⁴⁰.

Even though Lebanon signed the CRPD seven years after this law was passed, the convention has yet to be formally ratified. This poses major challenges for the community and signals a lack of commitment from government officials to institutionalize the rights of people with disabilities, leading to their marginalization and widespread discrimination, exclusion, and violence, at home and in public.

A 2015 review conducted by psychiatrists working in Lebanon, focusing on laws related to mental health, concluded that these laws do not conform to international standards, such as those in the UN Convention on the Rights of Persons with Disabilities. The authors found an absence of clear legislation that would protect patients from abuse or orient Lebanese psychiatrists' decisions. This leaves medical practitioners facing clinical dilemmas in their practices. The authors base their conclusions on an analysis of Lebanese laws regarding the treatment and legal protection of persons with mental disabilities, criminal laws on offenders with mental disorders, and laws regulating incapacity. A comparison between these texts and international standards on the rights of persons with disabilities demonstrates "the recurring contradiction between them" (Kerbage, El Chammay, & Richa, 2016, p. 48).

A study carried out in 2016 on the status of prisoners with mental or psychological illnesses under the Lebanese criminal law shows that domestic legislation falls far short of international human rights standards, such as those adopted in legal texts at the UN and the Council of Europe. The current Lebanese laws and judicial practices incarcerate people with mental health conditions who committed a crime "pending healing" of their mental health condition, rather than being imprisoned only for the duration of their sentence with possible parole, or at least until their mental state is deemed not to pose a security risk (Catharsis & Sharaf el-Din, 2016, pp. 17–50).

All these protection laws and reporting policies remain inaccessible to women with disabilities, who still face challenges regarding protection, access to information, reporting, and legal services.

37. Ibid

38. https://www.ifes.org/sites/default/files/ifes_identity_and_politics_in_lebanon_october_2020.pdf

39. <https://www.article19.org/data/files/medialibrary/37983/Disability-and-access-to-information-in-Lebanon,-31-May-2015,-English.pdf>

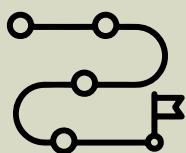
40. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13920/Disability_in_Lebanon.pdf?sequence=234&isAllowed=y



OVERVIEW OF THE NATIONAL MECHANISMS, STRATEGIES AND POLICIES ON WOMEN AND GIRLS INCLUDING THOSE WITH DISABILITIES

The main official institution responsible for addressing women's issues and advocating for gender equality in Lebanon is the National Commission for Lebanese Women (NCLW), which was established as an independent agency to advise the government, public institutions, and ministries on women's issues.

Although national strategies and plans of action aiming at promoting gender equality and combating gender-based violence are developed in alignment with international mechanisms to hold decision-makers accountable for promoting gender equality, these strategies and plans do not directly address the issue of women with disabilities. This might be due to the fact that Lebanon did not ratify the CRPD.



The national strategies and plans of action developed in Lebanon with an aim to promote gender equality and combat violence against women:

» The National Action Plan for Lebanon to Implement UNSCR 1325⁴¹ on Women, Peace, and Security:

Considered among the most important recent achievements of the National Committee to lead and coordinate national efforts to implement the 2030 Development Agenda, it provides a comprehensive national framework for Lebanon's long-term stability and security and constitutes a cornerstone for achieving the 2030 Sustainable Development Goals. By adopting this plan, Lebanon is committed to involving women in political dialogues and peace-building efforts and increasing their representation in the security forces. It is also committed to promoting their participation and representation in local and national governance structures⁴².

» The National Strategy for Women in Lebanon (2011-2021):

It focuses on 12 areas of intervention. The main strategic objectives include the abolition of all discriminatory laws against women and the adoption of laws to protect them from sexual violence, in addition to their access to health services with a particular focus on mental health and awareness-raising. The objectives of the National Strategy for Women are also concerned with women's participation in political life.

» The National Strategy to Combat Violence against Women and Girls in Lebanon:

Launched in 2019, the Strategy and its Action Plan were initiated by the former Office of the Minister of State for Women's Affairs and developed in partnership with the United Nations Population Fund (UNFPA) in Lebanon and the United Nations Economic and Social Commission for Western Asia (UN ESCWA) through a fully participatory approach. After the formation of a new government in January 2020 and the dissolution of the Office of the Minister of State for Women's Affairs, NCLW was entrusted with the coordination and monitoring of the VAWG Strategy, which covers all women in Lebanon, including refugees, the elderly, and people with disabilities, with the aim of realizing gender equality. The Strategy and its Action Plan are holistic, inclusive, and inter-sectorial centering around the "Five Ps" of due diligence, ensuring that the state takes responsibility for preventing, protecting, prosecuting, punishing, and providing redress for survivors of violence, in line with international human rights laws and instruments.

41. UNSCR 1325 makes the promotion of gender equality and the empowerment of women a matter of global peace and security, closely related to the negotiation of peace agreements, the planning of refugee and internally displaced persons camps, peacekeeping operations, and the reconstruction of war-shattered societies. Responding to women's needs would also contribute to lasting peace. The strength of Resolution 1325 was reinforced by the adoption of other resolutions by the Security Council related to issues of women, peace and security.

42. <https://www.lb.undp.org/content/lebanon/ar/home/news-centre/pressreleases/NCLW.html>

6

STATUS OF SERVICES FOR WOMEN WITH DISABILITIES

The persons with disabilities in Lebanon who are considered at higher risk of violence, abuse, and exploitation are⁴³:

- » Women and girls with disabilities who live outside of families and/or who lack networks of supportive persons.
- » Women, men, girls, and boys who have intellectual disabilities, as well as those who are deaf or have severe hearing impairments, tend to be the most excluded and face higher levels of discrimination. “There is a risk that perpetrators will target these individuals, assuming that no one will believe them if they report abuse”.
- » “Female caregivers of children with disabilities – particularly single women caring for children with disabilities” experience high risks of sexual exploitation.
- » Female caregivers whose husband has a disability, particularly when the impairment is not a birth condition. These women may be forced to take on new roles and tasks in the household and the community when their husbands can no longer fulfill these roles. Thus, they “may be seen as ‘easy targets’ for exploitation”. One risk factor behind this is that gender roles have shifted; caregiving women are working, as opposed to their husbands. Another risk factor is that caregivers’ households may be under growing economic stress (WRC & UNICEF, 2018b, p. 5).
- » Adolescent girls with disabilities. They are often excluded from activities and often lack information and networks of supportive peers. They are at high risk of early marriage and can face specific threats of gender-based violence.

Available services for people with disabilities are very restricted; there is no disability pension, nor is there any provision or acknowledgment of a right to an assistant. In addition, inaccessible schools for students with disabilities disproportionately affect access to education and livelihoods, especially for the younger groups.

Professional and educational opportunities are scarce due to discrimination, poor infrastructure, and a lack of reasonable accommodations in many environments. Many public buildings and outdoor spaces are not accessible.

43. Women’s Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

“ In Lebanon, 117,000 people (roughly 2% of the population) are officially registered as people with disability.”

Ms. Najwa Cherri - Director of card issuance centers at the Ministry of Social Affairs

Low registration for a disability card could be a result of many factors, including stigma or lack of information. The number of people who hold disability cards (PDC) does not reflect the reality of the PwDs in the country. All the international standards suggest that persons with a disability represent 10-15% of the population (example: WHO and Disabled World). This discrepancy could be attributed to many factors:

- » These are the number of persons who applied and were granted a disability card, and this is the only official record of the state. No disabilities are registered or reported on birth or diagnosis. Therefore, any person who was not issued a “disability card” is not counted as a person with a disability.
- » MOSA disability card is only given to Lebanese people; therefore, any non-Lebanese PwDs living in Lebanon are by default excluded from official records.
- » The definition of a person with a disability and the classification adopted by the state according to Law 220/2000, which remains valid until now, focus on medical aspects and is limited to four types of disabilities. As a result, many applicants for a disability card are being rejected.
- » The number of centers issuing the disability card is eight across the country, and in most cases, the physical presence of the PwDs is required. The key challenge remains the lack of accessible and affordable transportation to reach the center⁴⁴.

Additionally, there are disparities in the number of PDC holders across genders. Disaggregation of data by age and gender shows that there are more men/boys than women/girls with disability. According to CAS 2004 data, 64% of men in Lebanon have a specific disability compared to 35% of women (ESCWA and League of Arab States, 2014).

The UNDP RPA (2016) also finds that 58.2% of males and 41.8% of females report disability. The causes behind this gender disparity may be related to the fact that women and girls refrain from reporting disability due to cultural issues and stigma (KII with MOSA; Social Impact Inc. 2012).

In a study conducted by FPS (Foundation Promotion Social) in 2018, mapping the accessibility of health services for PwDs in Lebanon, the sample of non-holders of disability cards reported the following reasons for not holding the card: had never heard of it (48%), will not benefit them (40%), and to avoid social stigma (3%). The remaining 9% refused to answer.

While the PDC was expected to ensure the holders’ access to a wide range of benefits, the only advantage it has is limited to the provision of some medical and hygiene supplies such as diapers, urine tract bags, mobility aids, and assistive devices.

44. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13920/Disability_in_Lebanon.pdf?sequence=234&isAllowed=y

Unemployment rates are high among the PwDs in Lebanon since the Lebanese State has not implemented and enforced the legal provisions on employment stipulated in Law 220/2000 for persons with disabilities. The employment quota of PwDs in each company (3%) is not imposed as stated in the law. Moreover, there are poor policies that prevent persons with disabilities from working, as the labor market remains exclusive and inaccessible (80% of persons with disabilities “are not or have never been employed” (CESCR, 2016, p. 4, §21). The unemployment rate reaches an estimated 90% among Palestinian refugees with disabilities⁴⁵.

The lack of overall social protection in the country, combined with the lack of implementation of Law 220/2000, leaves the most vulnerable members of the population outside the coverage of the formal social protection systems. Those excluded from that framework are, among others, persons with disabilities, elderly, the unemployed, foreign workers, women, and farmers⁴⁶.

Due to this structural context, persons with disabilities are subjected to discrimination, violation of their rights, marginalization, exclusion, and violence.

6.1 PROTECTION AND GBV SERVICES FOR WOMEN AND GIRLS WITH DISABILITIES

“Many existing programs aimed at preventing gender-based violence fail to account for the unique dangers and challenges that women with disabilities face. These women have been left behind and at risk due to a lack of targeted attention and solutions.”

Disability and Gender-Based Violence: ADD's International Approach. A Learning Paper, ADD International

Previous needs assessments in Lebanon highlighted that family members, communities, and service providers often view persons with disabilities through a medical or charitable model; thus, failing to recognize social factors, such as age and gender, that may increase their vulnerability to gender-based violence, and hamper their inclusion in prevention and empowerment efforts⁴⁷.

It is evident that there is a data gap on services offered to women and girls with disabilities who are survivors of GBV. These are the following:

- » Listening and counseling services
- » Case management and referral to specialized services
- » Health services

45. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13920/Disability_in_Lebanon.pdf?sequence=234&isAllowed=y

46. https://reliefweb.int/sites/reliefweb.int/files/resources/2015_12_07_solidar_ois_case_study_lebanon.pdf

47. Women's Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

- » Mental health and psycho-social support
- » Legal aid services (legal advice - representation in courts)
- » Judicial and security services
- » Shelter services
- » Livelihood services
- » Prevention and risk mitigation services including awareness raising, community engagement, advocacy and lobbying for policy and legal changes, capacity development programs, etc.
- » Others.

A review of the social protection initiatives, programs, strategies, and operations adopted by the state, especially the MOSA, disclose that PwDs are not targeted or classified as a specific vulnerable population at risk of GBV, resulting in the lack of specific protection services tailored to their needs.

The most recent local training materials and manuals developed by various NGOs in Lebanon engaged in addressing Child Protection and GBV issues do not include an inclusive tool that responds to the different types of disabilities. The reporting mechanisms and national helplines supported by the NGOs and the International Security Forces are not accessible for people with disabilities, such as persons with hearing or visual impairments.

This assignment seeks to evaluate these services, their status, quality, suitability, and accessibility to women with disabilities.

7

STUDY FINDINGS

According to the focus group discussions conducted with women beneficiaries, girls, and service providers, participants did not anticipate the topic of the study to be revolving around violence and expressed their under-preparedness to answer questions related to GBV against women and girls with disabilities, which could reflect the lack of recognition these issues receive at the national level.

The findings of the FGDs and interviews highlight that women and girls with disabilities are subject to various forms of complex and multi-layered violence, such as abuse, assault, discrimination, exclusion, and exploitation. In addition, the participants stated that the complicated Lebanese situation, especially the economic collapse, imposes additional abuse on PwDs by limiting their access to basic rights and resources. These women are at a greater risk of mistreatment since they are fully dependent on their families and caregivers, who are experiencing frustration and high levels of stress.

7.1 PERCEPTION OF VIOLENCE

According to the interviews with stakeholders and FGDs with service providers and women and girls with disabilities, participants defined violence as any behavior practiced against another person that compels them to do things against their will. Respondents agreed that violence is a harmful unconsented act committed by one person against another. However, the interviewees did not differentiate between the practiced violence against people with disabilities and violence in general. And only GBV actors emphasized the gender and power dynamic issues as a basis for conducting acts of violence.

7.1.1 Forms of violence

Based on the interviews with stakeholders, women and girls with a disability in Lebanon are exposed to many forms of violence and discrimination. These were listed as the following: Acts of intimidation, discrimination, isolation, marginalization, exclusion, aggression, detention, insult, sexual abuse, rape, lack of awareness of GBV activities, and inaccessibility to communication tools and information. They explained that violence against women with disabilities is not limited to the known forms of abuse.

All participating Lebanese and Palestinian women and girls reported cases of physical aggression, sexual harassment, intimidation outside the home, manipulation in accessing medications, deprivation of education and assistance, limitation to food accessibility, and house detention. The respondents declared being subject to more than one act of violence from their families, society, or work.

In addition, some girls reported experiencing or witnessing a forced marriage justified by social norms and beliefs of the community. Also, discrimination between men and women within the disabled community was reflected in one of the FGDs; one participant mentioned that men prefer to marry a woman without a disability. All interviewed women and girls felt marginalized and discriminated against as a direct cause of their disability. The majority confirmed that their gender increased their vulnerability to violence compared to men with disabilities. Few girls reported experiencing discomfort in public places, especially while using public transportations.

7.1.2 Factors that increase the risk of violence

Based on the focus group discussions and key informant interviews, various factors were identified to increase the risk of violence among women and girls with a disability. These are the following:

The type of disability is a key determinant factor of violence. Almost all participants agreed that girls with intellectual disabilities are at a higher risk of violence, abuse, exploitation, intimidation, rape, and house detention compared to girls with other kinds of disabilities. This results from the misconceptions prevailing in society that portrays persons with intellectual disabilities incapable of identifying and reporting harassment. The aggressors could be caregivers, family members, or any other person.

Poverty and access to education play a significant role in Gender-Based Violence. Women and girls with disabilities who have access to protection, rehabilitation, and education within institutions and care services experience less exposure to GBV. Participants mentioned incidents of violence mainly among girls and women locked within the household and relying on their caregiver's support.

Lack of information in reporting and acting against Gender-Based Violence. Participants in the FGDs confirmed that poor access to information about protection procedures and reporting is the main factor for GBV.

“ Being a refugee and living in a camp with limited resources and challenging economic conditions is a major factor that increases our vulnerability and exposure to various types of violence.”

*Palestinian women
partaking in the FGD*

7.2 STATUS OF SERVICE DELIVERY AND RESPONSE TO THE NEEDS OF WOMEN SURVIVORS OF VIOLENCE

As identified by the participants, the status of service delivery and response to the needs of PwDs women survivors of violence is influenced by various factors, which can be categorized into 1) laws and regulations adopted 2) position of the refugees in the country, and 3) the presence and type of disability.

Some stakeholders highlighted the lack of promotion and availability of GBV disability-related services at the national level.

“Interventions and initiative are seasonal, occasional, and limited. We need national resources and services assessment to set a comprehensive national roadmap”.

Stakeholder

This could be explained by the medical approach adopted by the government, where PwDs require medical treatment before their integration within the community, which results in their exclusion and limits their assistance to mere medical services.

Another factor that determines the status and delivery of GBV services is the presence of and type of disability. According to the interviewed service providers and stakeholders, services provided by DPOs for girls and women are the same for men with disability. However, compared to women and girls with disabilities, women without disabilities receive additional GBV services, including rights-awareness activities, advocacy actions, protection services and protocols, access to information, and social engagement. Additionally, one of the interviewees claimed that the progress made at the level of advocacy and accessibility to protection services within the feminist movements was not inclusive of women and girls with disabilities. Furthermore, a shortage in available resources adapted to the nature and type of disability was observed. Various types of disabilities, such as intellectual and sensory impairments, do not have special services suited to the needs of the PwDs. Hence this situation increases the marginalization and vulnerability of these individuals and deprives them of accessing preventive, protective, and care services that address the risks of violence and reduces its psychosocial and physical impacts.

In addition to the factors stated previously, interviewees mentioned that the uptake of health, psychosocial, legal, and other services among women and girls with disabilities is also affected by their availability, accessibility, and quality.

Availability	Due to the limited budget allocation by official bodies such as MOSA, the availability of services is limited. By extension, service providers do not have the full capacity to respond to the cases of survivors of violence. Furthermore, GBV and protection services for women and girls with disabilities are exclusively available upon request since they are not mainstreamed in core services and plans.
Accessibility	The geographical distribution of the GBV actors is more concentrated in major urban areas as opposed to rural areas and Palestinian camps, where services are limited and inaccessible.
Quality of services	All stakeholders revealed a national need to ensure staff's readiness to provide services using an inclusive technique. To increase the quality of services, the concerned staff should receive specialized training, especially GBV workers, to intervene and/or refer cases of violence to their respective specialized assistance.

7.2.1 Protection services offered to women and girls with disabilities

“Currently we act in reactive manners, when a women or girl with disability reaches out to our services asking for protection, we try to serve and refer; We need to shift to the proactive manner, where we learn how to outreach cases, adapt our tools and processes to be more inclusive and accessible”.

GBV stakeholder

Based on the key informant interviews, a list of protection services was identified, including their status, sustainability, accessibility to women and girls with disabilities, quality of services, and comprehensiveness.

A. Listening and counseling services

GBV stakeholders agreed that their listening and counseling services provided at their static facilities/ safe spaces are not always accessible to affected individuals, leading to a breach of the most important guiding principles of working with survivors of violence, which are put in place to ensure the safety, security, and accessibility of individuals to the services.

B. Case management and referral to specialized services

Case management services are one of the cores and initial response interventions for GBV survivors. Multiple national mechanisms, such as GBV, SGBV, CP and CMR working groups, and national GBV SOPs, were arranged to improve the quality-of-service provision for the affected population. However, these mechanisms are not inclusive to the people with disabilities nor mainstreamed within the multi-sectoral assistance.

Hence, stakeholders mentioned the need to develop new infrastructure strategies to respond to the motor challenges of those unable to attend a service facility. In addition, the sensitization and training of GBV staff and frontline workers on the needed skills may be required to better respond to the needs of the concerned population.

C. Health and sexual and reproductive health services

Primary Health Care services, such as vaccines, general medicine, and check-ups provided by Primary Health Care centers (PHCCs) are considered the primary destination for health services as stated by women and girl beneficiaries in the FGDs. This is congruent with the data collected from key informant interviews, which accentuated the role of the medical approach implemented for PwDs in the Lebanese law in prioritizing the health sector and medical services instead of specialized services responding to disability needs. PHCCs are affiliated with MOPH and operated by international health organizations, such as WHO, UNRWA, and International Medical Corps, among others, or the private sector. Nevertheless, these mentioned services are not sensitive to gender and disability. The participants agreed that the medical staff does not possess the desired skills to adapt their practices and diagnostic procedures to the needs of PwDs. Besides, a significant number of PHCCs were identified as inaccessible to people with physical disabilities and other types of disabilities; they are not equipped with essential communication tools, diagnostic laboratories, and radiology services to respond to the different needs of individuals with disabilities. Also, the financial crisis reduced the number of services provided by MOSA to almost zero. One of the stakeholders mentioned that women with disabilities are not receiving hygiene tools, diapers, or urine incontinence bags.

“I see doubting looks in their eyes and sometimes they ask me directly, why, as a woman in a wheelchair, unmarried, would you come to see the gynecologist! As if the rest of my organs have lost their value just because I lost my ability to move”.

Woman participating in the FGDs

As for sexual and reproductive health, participants recognized these services as inaccessible to people with disabilities, especially women and girls, as a repercussion of prevailing stigma and social norms in society. Interviewees expressed concerns about the shortage of available information regarding SRH and advocacy actions being non-inclusive of women and girls with disabilities. One of the participants explained the discrimination PwDs face when seeking gynecological services.

In addition, interviewees warranted that sexual and reproductive health workers do not have the acquired information, tools, and skills to handle PwDs, which could be explained by the shortage of sensitization and awareness activities enforced within the communities and health facilities across the country.

D. Mental health and psycho-social support

The key informant interviews identified psycho-social support (PSS) services as one of the core activities of GBV interventions. PSS are continuous services that rely on training tools, intervention materials, and qualified human resources. However, stakeholders mentioned that these tools are not inclusive or sensitive to PwDs and cannot respond to the needs of individuals with sensory disabilities. Moreover, DPOs reported their unawareness of the availability of mental health services catered to persons with disabilities.

E. Legal aid services (legal advice, representation in courts, raising legal awareness)

According to the interviewed GBV actors, legal aid services are provided despite difficulties related to the length of the legal procedures and their high financial cost. However, the interviewees stressed that these services are unavailable to women with disabilities due to a lack of information concerning legal aid providers, procedures, and legal awareness. A gap in the data on the number of persons with disabilities who accessed legal aid was noted.

F. Judicial and security services

The key informant interviews concluded that the existing laws in Lebanon fail to respond to the needs of PwDs. Based on the participating DPOs, amendments are needed to ensure that disabilities are not excluded from the legal provision. DPOs agreed not to develop standard operating procedures within the judicial and security sector and to treat individuals on a case-by-case basis. Moreover, stakeholders explained that women's prisons and stations of arrest are not accessible to women and girls with disabilities. They reported a shortage of communication facilitators for individuals with sensory impairment, braille for people with visual impairment, and ramps for people with physical disabilities. However, one of the stakeholders argued that a communication facilitator is present at the facility to assist people with hearing impairments when needed.

A common concern that was expressed by the stakeholders and beneficiaries is related to the law enforcement bodies, mainly ISF members and hotline responders to GBV cases (1745 or 112). The participants stated that these members are not trained, sensitized, or familiarized with dealing with GBV PwDs victims, despite the availability of training programs provided by various GBV actors that equip them with the essential and adequate tools and skills needed to manage GBV survivors. Some stated that these programs are not inclusive of the needs of people with disabilities. Hence, all the above-mentioned challenges place women and girls with disabilities at a higher risk of discrimination, neglect, verbal aggression, violence, and intimidation in judicial and security service facilities.

“A man with hearing impairment was arrested for two weeks, waiting until the police office recruited a sign-language technician to conduct the investigation session”.

Interviewed stakeholder

G. Shelter services

GBV shelters in Lebanon are managed by local GBV actors. There are no official mechanisms and reference to frame their work. The availability of these services is directly dependent on the funds received. As for the characteristics of these shelters, some are physically accessible and equipped with ramps for individuals in wheelchairs but remain inaccessible or inadequate for women with other disabilities as they lack the required technical communication and intervention tools. Women and girls in the FGDs reported their lack of information of such existing shelters and expressed concern about accessing these services freely due to their infrastructure, location, and transportation.

H. Livelihood services

The main factors that hinder women with disabilities from accessing livelihood opportunities, as per the respondents, are:

- » The non-sensitivity of the association's environment to PwDs' needs and rights.
- » The poor enforcement of the Labor law quota of having 3% PwDs among an association's employees.
- » The misconception regarding PwDs' ability to handle responsibilities in the work field, mainly for women, since there is a preference for male disabled employees as stated by the beneficiaries.

To overcome these challenges, interviewed GBV actors proposed implementing socio-economic empowerment activities in women and girls' safe spaces. Nevertheless, they revealed that these activities depend solely on the availability of funds and that current vocational training specialties are traditional rather than tailored to the market needs and are non-inclusive and non-accessible to women with disabilities. The stakeholders identified Moussawat as the only association available that provides support to women and girls with disabilities by helping them find job opportunities through administering specialized vocational training sessions and establishing small-scale projects.

"I hold a B.A in Arabic literature, preparing my MSc, and the best chance I have to work is to be recruited as a clerk, or for basic administrative executive tasks such as typing..."

Woman in FGD

I. Prevention and risk mitigation services including awareness

In Lebanon, the intersection between GBV actors and PwDs service providers is limited to the initiatives led by the responsible organizations. According to the stakeholders, these activities, listed below, are periodic and lack strategic planning, mainstreaming, coordination, and complementarity factors.

- » UNICEF conducts matching and accompaniment programs in Lebanon by training DPOs on detecting and managing cases of GBV following the GBV guiding principles.
- » The National Federation of the Deaf, in coordination with KAFA NGO, trains the staff on approaching GBV survivors.
- » "Self-Advocacy" Association members conduct inclusion international training on GBV issues.
- » The Lebanese Union for People with Physical Disabilities (LUPD), in collaboration with the International Red Cross (IRC), is developing and implementing a new training toolkit, adapted and inclusive for PwDs, for case workers and case managers.
- » ABAAD and LUPD are implementing a joint program to support CSOs in drafting unified policy platforms and establishing operational coalitions.

- » The National Commission for Lebanese Women (NCLW) is launching an online training platform for self-development targeting Arab young women with disabilities.

At the advocacy level, the institutions advocating for the rights of PwDs in Lebanon are affected by decentralization, inconsistency, unorganized leadership, and scarcity of resources. These institutions are channeling their resources into two main initiatives: (A) an initiative led by the International Labor Organization (ILO) on social protection for persons with disabilities and (B) drafting reforms and changes to replace Law 220 with legislation in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Abdulla, 2020; Kabbara, 2020). The stakeholders acknowledged LUPD as the leading actor in advocating for PwDs, especially on political participation issues. However, they also highlighted that even though advocacy and campaigning are core activities within the GBV sector, they are not accommodating to women and girls with disabilities.

J. Rehabilitation and education

The stakeholders in the key informant interviews noted that academic, occupational, and technical services are available and protected by the state through a partnership contract between MOSA and the specialized institutions. These contracts cover the basic services, such as speech, physical, and occupational therapy. As for the educational facilities, they are mainly based in Beirut and Mount Lebanon. One of the DPO's representatives explained that girls enrolled in their institutions from the age of four benefit from a number of programs, such as formal and non-formal education, vocational training, daycare activities, and optional internal stay. However, the seats and accommodations are limited.

“We do not have the luxury to choose, protest, or change institution, we are anxious about keeping our seat”.

Respondent

In addition, DPO's representative confirmed during the interview that the actual classification of persons with disabilities, as stated by the Ministry of Social Affairs, excludes girls with learning disabilities and places them at a higher risk of dropping out of school and being subjected to forced/ early marriage and forced labor. It was also noted that educational institutions in Lebanon lack sufficient knowledge and sensitization to dealing with GBV cases among persons with disabilities, which places these girls at an increased threat of abuse.

7.2.2 Services for refugees

The status of refugees in the country influences their uptake of such services. The Lebanese Law 220/2000 that aims to advance the rights of persons with disabilities by providing full coverage and access to health, education, rehabilitation, employment allocation, and tax exemptions with zero discrimination in terms of gender, failed to protect Palestinian refugees with disabilities. Some sources affirm that Law 220/2000 only applies to Lebanese nationals since Palestinians are considered foreigners under Lebanese national laws (JS15, n.d., p. 8; UNRWA, 2017, p. 4). Such sources conclude that even if Law 220/2000 is fully implemented and enforced, it would still not cover the rights of Palestinian refugees with disabilities, thus leaving a problematic gap (JS15, n.d., p. 8).

Based on the FGDs with Palestinian women and girls with disabilities, it is evident that refugees with disabilities are not enrolled in any social protection services held by the Lebanese State and rely on NGOs and INGOs to access services or inclusion opportunities.

UNRWA is considered the principal service provider for Palestinian refugees with disabilities but is limited to providing education and hospitalization aids. On the other hand, refugees observe the Moussawat Association as the leading NGO in the Palestinian refugee camps that provides services for people with disabilities. They created a system of care, established rehabilitation and intervention programs, and developed a disability card similar to the one issued by MOSA. Furthermore, the “Humanity & Inclusion” organization provides therapeutic services and direct family support to Lebanese, Syrians, and Palestinians with disabilities.

7.3- GAPS AND CHALLENGES

The interviewees discussed the numerous challenges faced by the organizations working in the field of disability in Lebanon, including the limited availability of funds. These are listed below:

- » Weak coordination between relevant stakeholders at the national level; some services are duplicated, and some are lacking or non-existent.
- » Notable gap at the level of planning, screening, assessing the needs, gathering the data, and reaching women and girls with disabilities.
- » Absence of national networks, protocols, protection policies, general knowledge, and awareness activities for women and girls with disabilities who are survivors of violence.
- » Limited advocacy for the rights of women and girls with disabilities. Occasional campaigns are planned and implemented by national committees and institutions but do not lead to remarkable impact and change.
- » Community and social constraints prevent women and girls with disabilities from disclosing their experiences with violence and abuse.
- » Shortage of data available on violence and disability, especially among women and girls.
- » Limited access to information and poor knowledge on identifying and reporting incidents of violence.
- » Shortage of programs available for survivors of violence among women and girls with disabilities. These programs usually fail to respond successfully to the needs of these women.


The primary gap discussed by all the stakeholders participating in the key informant interviews is the absence of a national protection strategy and relevant policies, which threatens and impedes the integration of persons with disabilities in general and women and girls in particular. Significant failures in the content, implementation and enforcement of laws, policies, and practices were noted. Participants mentioned that Disability Law No. 220/2000 does not contain an explicit provision regarding requirements to protect persons with disabilities from violence. In addition, the Lebanese State has not yet adopted a human rights-based approach to disability, which explains the absence of rights-based policies and programs for people with disabilities.


8

KEY ROLES AND RESPONSIBILITIES OF STAKEHOLDERS AND SERVICE PROVIDERS

To address the issue of GBV against women and girls with disabilities, there are many actions to be taken. Responsibilities and responsiveness must be sectorial and extended to multiple agents and entities.

The table below lists the main actions needed to initiate a roadmap for improvement as per the respondents' answers and points of view:

 Key objective 1: LEGAL REFORM AND REVIEW OF THE LAWS	
Actions to be taken	Responsible stakeholder
Review Law 220/2000 and take correction action for the actual classification of disabilities by adopting the universal human rights-based approach of functionality instead of medical approach.	MOSA, DPOs, Parliament, UN agencies
Include, within Law 220/2000, explicit provision on requirements for protecting persons with disabilities from violence.	MOSA, DPOs, Parliament, UN agencies
Include in the penal code explicit reference to violence that might affect persons with disabilities.	MoJ, Parliament, GBV actors, UN Agencies
Develop and amend protection laws.	MoJ, Parliament, GBV actors, UN agencies
Activate the implementation of the Labor Law in terms of making mandatory the employment of 3% of workers with special needs.	MoL, Parliament, DPOs, UN agencies

 Key objective 2: NATIONAL SCREENING CONCERNING PWDS	
Actions to be taken	Responsible stakeholder
Develop a national mechanism of outreach and data collection from all DPOs and entities that have access to PwDS.	MOSA, MOPH, MEHE, Ministry of Internal Affairs, CAS and concerned DPOs
Conduct a national survey to collect data on the accurate number of PwDs, disaggregated by gender, age, and nationality.	MOSA, MOPH, MEHE, Ministry of Internal Affairs, CAS and concerned DPOs



Key objective 3:

DEVELOPMENT AND AMENDMENTS OF POLICIES AND PROTECTION MECHANISMS

Actions to be taken	Responsible stakeholder
Adopt inclusive approaches across new and existing national strategies and guiding protocols concerning gender equality and women's rights.	NCLW, MOSA, GBV actors, DPOs, UN agencies
Review current women and protection strategies to mainstream GBV against women and girls with disabilities within ministries' mandates.	NCLW, MOSA, GBV actors, DPOs, UN agencies
Develop national GBV SOPs and referral pathways for women and girls with disabilities or amend the existing GBV SOPs to include explicitly the needs of women with a disability who are also survivors of GBV.	NCLW, MOSA, GBV actors, DPOs, UN agencies
Reactivate the role of the national committee of PwDs affiliated to MOSA, by resuming its meetings and work plan.	MOSA, DPOs
Create, under the NCDA, a complaints mechanism for women with disabilities survivors of violence.	MOSA, DPOs, GBV actors
Create a National Observatory to monitor cases of violence and collect relevant data on the subject. women and girls with disabilities should be included in this observatory.	MOSA, NCLW, MoL, ISF, GBVs actors, child protection actors, DPOs, UN agencies
Develop appropriate policies, SOPs, and protocols for the security sector, mainly the Internal Security Forces, to comply with the needs and protection requirements of women with disabilities.	ISF, GBV actors, DPOs
Develop policies and procedures to protect women with disabilities in the labor market.	DPOs, GBV actors, MoL
Oversee and inspect employment installations to protect women with disabilities from exploitation and abuse.	DPOs, GBV actors, MoL



Key objective 4:

DEVELOP SECTORIAL STAFF CAPACITY TO RESPOND TO GBV AGAINST DISABLED WOMEN AND GIRLS

Actions to be taken	Responsible stakeholder
Mainstream the GBV concepts in all capacity-building programs and curricula adopted by DPOs for rehabilitation, education, and others.	DPOs, MOSA, GBV actors
Conduct national capacity-building programs for workers in the fields of protection, GBV, and disabilities to create a common understanding of the main related core concepts to protect women with disabilities from violence and document best practices in case management.	GBV actors, DPOs and MOSA
Capacitate the GBV and CMR working groups with the necessary knowledge on PwDs and GBV against disabled women and girls to tackle and address the SRHR for this category.	DPOs, GBV sector, UN agencies
Capacitate the medical staff to offer services that consider and respond to the needs of women with disabilities, ensuring the application of best practices in service delivery.	MOPH, DPOs, GBV sector, UN agencies
Train law enforcement and police personnel on best practices while dealing with and serving persons with disabilities.	GBV sector, DPOs, ISF and UN agencies
Raise awareness of employers in the private sector on the rights of women with disabilities.	MoL, GBV sector, DPOs
Raise awareness on violence, existing services, reporting mechanisms, and referrals for beneficiaries with disabilities and their families.	DPOs, MOSA, GBV sector, UN agencies



Key objective 5:

UPDATE QUALITY STANDARDS OF SERVICE DELIVERY TO WOMEN AND GIRLS SURVIVORS OF GBV

Actions to be taken	Responsible stakeholder
Adapt the shelters in terms of policies, procedures, and physical environment to accommodate women survivors of violence with all types of disabilities.	GBV sector, DPOs, MOSA, UN agencies
Adapt PHCCs to the needs of women with disabilities, including physical accessibility (e.g. ramps), instruments, and equipment.	MOPH, DPOs, GBV actors, UN agencies
Raise awareness and provide health education on GBV, reproductive health, and other issues for women and girls with disabilities.	MOPH, DPOs, GBV actors, UN agencies
Offer psycho-social support, counseling, and rehabilitation services.	GBV and DPOs
Offer health insurance, cash assistance, and economic empowerment services to female survivors.	MOSA, MOPH, GBV actors
Raise awareness on violence risks, available protection services, reporting mechanisms, and referrals for beneficiaries with disabilities and their families.	MOPH, DPOs, GBV actors, UN agencies

GENERAL RECOMMENDATIONS

Based on the desk review, analysis of findings of the key informant interviews and focus group discussions, the following recommendations are suggested:



At the Legal level:

- » Ratify and sign the Convention on the Rights of Persons with Disabilities and its protocol.
- » Evaluate Law 220/2000 in alignment with international treaties/ conventions and issue relevant implementation decrees, procedures, policies, and budget lines to protect women and girls with disabilities in Lebanon.
- » Review the government's classification of disability types to encompass individuals of all disabilities, including those with intellectual disabilities.
- » Enforce the implementation of the 3% quota of the labor law that compels employers to recruit 3% of their staff from persons living with a disability.



At the Policy level:

- » Ensure the contribution and representation of all concerned ministries in the National Council of Disability Affairs (NCDA) to improve the availability and accessibility of services and data for people with disabilities.
- » Adopt inclusive approaches across new and existing national strategies and guiding protocols to promote gender equality and women's rights.
- » Increase the number of centers responsible for issuing disability insurance cards to ensure accessibility for individuals from all governorates.
- » Develop internal organizational gender-sensitive policies at the national level to enforce the integration of persons with disabilities in the private sector and protect their rights at work.
- » Develop policies that cater to the needs of people with disabilities in the Judicial and Security services. For example, specialists in sign language should be recruited and readily available to communicate with persons with hearing impairment.
- » Enforce monitoring and control mechanisms in the private sector to ensure adequate enactment of the labor law for people with disabilities.
- » Develop a National Standard Operating Procedures and establish adequate referral pathways to unify the management mechanism for women and girls with disabilities survivors of GBV.



At the Capacity development level:

- » Equip law enforcement members in women's prisons and arrest stations with the needed skills to manage women and girls with disabilities survivors of violence.
- » Develop tools and mobilize resources to deal with GBV against women and girls with disabilities and integrate them within the internal policies and strategies of the law enforcement bodies.
- » Sensitize workers in the Judicial sector on gender-based violence topics against women and girls with disabilities.
- » Develop a multi-sectorial national capacity-building plan for frontline workers in the health, GBV, protection, and security sectors to prepare them to manage cases of GBV among women and girls with disabilities.
- » Implement nationwide awareness campaigns and advocacy programs to introduce the general population to the struggles of women and girls with disabilities survivors of violence.
- » Provide integrated and inclusive services to women with disabilities according to the domain of specialization of partner NGOs.
- » Conduct service mapping in each region to identify counseling or mobile safe spaces per geographic district for those in need. These counseling spaces should abide by the following requirements to ensure their accessibility and convenience for PwDs:
 - Safe ramp access with handrails for individuals with a physical disability
 - Counseling rooms are located on the ground floor in a building with a fully functioning elevator
 - Doors should be at least 90-cm wide for wheelchair access
 - Space in counseling rooms is wide enough for wheelchair users to complete a full turn⁴⁸
- » Assess the protection and GBV national services and reporting tools available in the country.
- » Prioritize economic empowerment of women and girls with disabilities when managing GBV cases.

48. Women's Refugee Commission (WRC) and UNICEF Lebanon – Disability Inclusion in Child Protection and Gender-Based Violence Programs – Guidance on Disability Inclusion for GBV Partners in Lebanon

CONCLUSION

According to the findings of the desk review, we deduced the following:

- » The non-ratification of the CRPD and reservation on CEDAW-CRC of international treaties pose significant challenges for the PwD community and signal a lack of commitment from government officials to institutionalize the rights of people with disabilities in Lebanon.
- » Lack of availability and utilization of monitoring tools to monitor and evaluate the work of ministries and private institutions entrusted with disability issues.
- » The Lebanese law on people with disabilities is not fully implemented and consists of several gaps, of which are the following:
 - Article 2: The definition excludes a wide range of disabilities.
 - Article 3: The classification of disability is outdated and does not consider the functional capabilities of people or their abilities to develop. It only adopts a medical approach, which leads to a deprivation of work and educational opportunities among persons with disabilities.
- » The law did not specify the conditions of investigation or detention of a person with a disability, nor did it stipulate the need to secure inclusive means when issuing and circulating communication tools to report gender-based violence.
- » Persons with disabilities and their families across the country have lower access to education, health, and employment, especially the poor.
- » Design of social protection schemes can undermine the inclusion of persons with disabilities:
 - Major issues related to access to services (targeting, eligibility determination, and accessibility).
 - Lack of flexibility can lead to work disincentives.
 - Inadequacy of benefits and lack of community support services.
- » Absence or severe shortage of studies and research on gender-based violence and protection services in Lebanon among women and children with disabilities.
- » Lack of data available to measure the prevalence of violence, its forms, levels, and determinants.
- » Lack of legal service provision for protecting persons with disabilities from violence.
- » Public policies and interventions addressing violence exclude women and girls with disabilities.

According to the findings of the interviews and focused group discussions, the following were deduced:

- » Girls and women with disabilities are identified as a vulnerable population subject to GBV.
- » In Lebanon, people with disabilities, specifically women and girls, face multi-layers of vulnerability, exclusion, discrimination, and violence.
- » Associations concerned with disability in Lebanon face a contextual gap in providing protection services catered to people with disabilities, specifically for women and girls.
- » There is a considerable gap in national coordination among GBV actors in the strategic planning and service provision of gender-based violence interventions for women and girls with a disability.
- » Lack of sufficient data and studies on people with disabilities, especially on women and girls.
- » Gender-based Violence experts are not equipped with the needed skills and information to manage persons with disabilities, especially women and girls.
- » Shortage in the availability of services adapted to people's type of disability. People with various types of disabilities, such as intellectual, hearing, visual, and other impairments, do not receive appropriate services catered to their needs.
- » Lack of adequate identification and safe referral pathways for women and girls survivors of GBV in the country.
- » Poor availability of violence against women protection shelters that respond adequately to the needs of PwDs.
- » Awareness services and advocacy programs are not designed to be inclusive of women and girls with sensory impairments, which hinders their participation and involvement.
- » Economic empowerment is not prioritized when responding to gender-based violence issues and is not institutionalized through a formal network.



ANNEXES: SERVICE MAPPING

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Abu Jihad Al-Wazir - Institution and Rehabilitation for Disabled and Handicapped People		Mr. Abed Asaad	abojehadalwazir@hotmail.com	(03)889201	Martyr Abu Jihad Al-Wazir Establishment for the Rehabilitation of Handicapped -Rashedieh Camp - Tyre - South Lebanon		Palestinian Institutions	Rehabilitation, education, daily activities
Association Civile pour la Sauvegarde de l'Enfant au Liban	ACSAUVEL	Mrs. Nabila Fares	acsauvel@hotmail.com	(04)920454	Nearby Champville School - Dik El Mehdi - Tamich - Metn - Mount Lebanon	www.acsovel.org.lb	NGO	Education, job aid, ergotherapy, speech and language therapy, psychomotricity, psychotherapy
Association du Foyer de l'Enfant Libanais	AFEL	Mrs. Amal Farhat	amal@afel.org.lb info@afel.org.lb	(01)489082	Sin EL Fil - Youssef Karam Street - Beirut	www.afel.org.lb/	NGO	Schooling, teachings and trainings, AFEL equips children with self-protection, autonomy and resilience so that they can re-integrate into society in a fair environment
Al-Amal Institute for the Disabled		Mr. Nassib El- Solh (director)	alamalinst@gmail.com	(04) 963330 (04) 960279	Broumana, Mounir el-Solh St., Facing Fakhreddine Restaurant - Metn - Mount Lebanon	www.amalinst.org/	NGO	Vocational training, basic assistance, empowerment
Al Hadi Institute for Deaf & Blind Children		Mr. Ismail Zein	alhadi@mabarrat.org.lb	(70)102229	Baabda, Borj Barajneh - Mount Lebanon	www.alhadi.org.lb	NGO	Education, rehabilitation, parental coaching
Al Hanan For Children with Special Needs		Ms. Hiba Al Zein	Clarissatamerhiba@gmail.com	(70)767166	Saida - Al Saray Street - Abdul Majid Bazzi Bldg.- South Lebanon	https://www.facebook.com/AlHananSchool/	NGO	education, rehabilitation, parental coaching
Al Insan wal Moustakbal		Mrs. Hoda Chamas	aiwmbednayel20@hotmail.com	(03) 825170	Bednayel - Nadi al Moustakbal - Bekaa		NGO	Education, advocacy, early intervention, public awareness, speech and language therapy, occupational therapy, youth-related services, capacity building, community outreach, child protection, gender and gender-based violence, physical therapy, research, healthcare, technical program

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Al Moasat Association - Saida		Mrs. May Hasbini	almoasat@hotmail.com	(07) 729511	Saida - South Lebanon	www.almoasat.org	NGO	Medical, educational, production and training association that serves the local community
Al Zawrak Association	felouque	Ms. Carine Mhawej	lafelouque100@gmail.com lafelouque@gmail.com	(01) 685708	Fanar - Municipality Road - Greater Beirut		NGO	Education, job aid, socio-familial intervention, ergotherapy, speech and language therapy, psychomotricity, psychotherapy
Al-Amal For Development & Social Care		Mr. Hussein Al-Jamal	info@alamal-dsc.org	(01) 812150	Tallet El-Khayyat - Oubari Str. Nader - Beirut	www.alamal-dsc.org	NGO	Education, rehabilitation, parental coaching
Amel Association	amel	Mrs. Zakiyah Koronful	info@amel.org	(01) 603227	Musseitbeh - Daoud Abou Chakra Str. Amel Bldg. - Beirut	www.amelinternational.com	NGO	Health, therapy, vocational training, protection
Association of Parents of Deaf Children	APML	Ms. Riva Hayek Constantin - President	Roudaynaaccad@hotmail.com	(09) 222574	Tal Srour - Birkeh Road, near Chocolat Carla factory, GF - Mikhael Elias Bldg., Naccache Dbayeh - Metn - Mount Lebanon		NGO	Hounselling, resource mobilization
Arcenciel	Arcenciel	Mr. Georges Xanthopoulos	georgesx@arcenciel.org	(01) 495561	Metn, Jisr el Bacha - Mount Lebanon	www.arcenciel.org	NGO	Healthcare, nursery material, occupational therapy, physical therapy, psychomotricity, psychotherapy, recreational activities, speech and language therapy, technical program
Special Kids Clinic	ASKC		rb50@aub.edu.lb/hm43@aub.edu.lb	(01) 350000 ext.5640/ 5641	AUB Medical Center - Pierre Abou Khater Bldg., 1st floor - Beirut	www.aubmc.org.lb/ patientcare/spe_cli_pro_ser/Pages/kids.aspx	private	Diagnostic, rehabilitation

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Association Al Imdad al Khayriya	imdad	Mr. Mohammad Berjawi	icec198Rehabilitation@gmail.com	(01)369073	Zkak El Blat - Beirut	www.alemdad.net/	NGO	Education, vocational training, basic assistance, empowerment
Association Haramoun		Ms. Michelle Malek	Hermon1@hotmail.com	(03)639776	Zahle - Bekaa	www.haramounmarathon.org/	NGO	Education, job aid, socio-familial intervention, physical therapy, ergotherapy, speech and language therapy, technical program
Autism Learning Institute for Applied Behaviour Analysis	ALI for ABA	Dr. Chafica Gharbieh	hggarbieh@lineone.net	(05)437048	Aley, Ain Anoub Maaroufieh Villa Gharbieh - Mount Lebanon	www.linkedin.com/company/ali-for-aba/about/	NGO	Applied behavior analysis, capacity building
Avance School		Mrs. Arlette Naim	arlette-h@hotmail.com epilepsie.liban@hotmail.com	(05)556987 (05)922755	Aley - Mount Lebanon	www.ibe-epilepsy.org/avance-lebanon-school-and-association-for-children-with-epilepsy-and-special-needs/	Private school	Education, healthcare, vocational program
CAB-Christian Association for the Blind		Mr. Michel Harika	cabblind@terra.net.lb	(01)686039	Ras Dekwaneh - Facing Tarabey Minimarket - Nearby Lady of Najat Church - Greater Beirut	cabblind@terra.net.lb	NGO	Education
Centre medical et psychopedagogique	CEMEDIPP	Mrs. Eliane Besson	ritabassil3@hotmail.com	(01) 61 3313	Medical center facing Hotel Dieu de France -Achrafieh - Beirut	www.cemedipp.com	NGO	Vocational training, basic assistance, empowerment
Ciel		Ms. Lina Zibara	Lina.zibara68@hotmail.com	(03) 395096	Baabda , Hadath - Hamra street - Mount Lebanon	https://m.facebook.com/CieL-Association-273960879317218/	NGO	Education, rehabilitation, parental coaching

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Classes Orange		Ms. Eliane Zarifé	eliane.zarife@classesorange.com directrice@classesorange.com	(03) 708 699 (04) 713 496	Metn, Bsalm - Rue principale - Immeuble Georges Lebbos - Mount Lebanon	www.classesorange.com	Other, NA	Education, rehabilitation
Dar Al Aytam		Mr. Khaled Kabbani		(06) 491411	Danniyeh - Main Highway - North Lebanon	www.daralaytam.org	NGO	Education, child protection, rehabilitation, parental coaching, vocational training
Developmental Action Without Borders/ Naba'a		Ms. Hiba Hamzi	nabaa@nabaa-lb.org	(70)539239	Saida - Al Saray Street Abdul Majid Bazzi Bldg. - South Lebanon	www.nabaa-lb.org	NGO	Education, protection, therapy, pss
Disabled Revival Association	DRA	Mr. Sulieman Qasem Musa - Chairman	dra_1992@hotmail.com	(07) 724941	Ain El Helweh Camp, Arab Ghweir, Down St. - South Lebanon		NGO	Education, job aid, socio-familial intervention, ergotherapy, speech and language therapy, psychomotricity, psychotherapy, technical program
Early Childhood Intervention, Lebanon A Subsidiary of IMAM SADR FOUNDATION	ECIL	Ms. Maliha El Sadr	malihaelsadr@ecilcenter.org	(03)826922	Beirut airport road Imam Moussa el Sadr Social and Cultural Compound - Beirut	www.ecilcenter.org	NGO	Early intervention
Fondation Al Kafaat		Mr. Ramzi Chouairy	fondation@al-kafaat.org	(05) 471555	Hadath - Beirut	www.al-kafaat.org	NGO	Education, job aid, socio-familial intervention, physical therapy, ergotherapy, speech and language therapy, psychomotricity, technical program
Forum of the Handicapped in North Lebanon		Ms. Nadia Kabbara	nawaf.kabbara@gmail.com	(70)296029	Tripoli, Mina - North Lebanon	www.theforum-lb.org	NGO	Social inclusion, healthcare, education, vocational program, physical education

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
The Ghassan Kanafani Cultural Foundation	GKCF	Ms. Ifikar Naboulsi	gkcf@cyberia.com, fgh@cyberia.com	(01) 308456	Cornich el Mazraa - Beirut	www.asfarifoundation.org.uk/ghassan-kanafani-cultural-foundation	Palestinian Institutions	Education, socio-familial intervention, physical therapy, ergotherapy, speech and language therapy, psychomotricity, psychotherapy, applied behavior analysis, technical program
House of Hope for the Blind Affairs				(08) 803180	M3alla2a - Zahleh - Bekaa		NGO	Residency services , educational services, professional services, cognitive services
Islamic Health Society	HIS	Mr. Abbas Hubballah - General Director	media@hayaa.org	(03) 287198	Haret Hreik - Beirut	www.hayaa.net	NGO	Mental health disorders services, healthcare, vocational program, counselling, public awareness
Imam Sadr Foundation		Mr. Mohammad Bassam	fhoballah@imamsadrfoundation.org.lb	(07) 741600	Tyre - Cultural Compound - South Lebanon	www.imamsadrfoundation.org.lb	NGO	Education, vocational training, basic assistance, empowerment
Institut Père Robert pour Jeunes Sourds		Mrs. Beatrice Meslem	iprjs@iprjeunessourds.net / ipr_js@yahoo.com	(09) 233590	155 Street, Yellow Zone, Shaile- Kesrwan - Mount Lebanon	www.iprjeunessourds.net	NGO	Education, vocational training
Institut de Rééducation Audio-Phonétique	IRAP	Mrs. Mona Chlala	irap@sodetel.net.lb	(04) 925937	Metn, Ain Aar Main Street - Mount Lebanon	www.irapl.org	NGO	Psychomotricity, psychotherapy, education, speech and language therapy, job aid, socio-familial intervention, ergotherapy, technical program
Karamah for Handicapped People		Mrs. Basma Mosbah Antar	karamah_dis2000@hotmail.com	(03) 789128	Saida, Ain Al Helwi - Jabal Al Haleeb Al Karamah - South Lebanon		NGO	Advocacy, legal advice

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Laetia Hatem Rehabilitation Center		Dr. Mansour Dib	admin@hogn.org - m.saade@cds-mc.com	(01) 615300 /8381	Achrafieh - Hotel Dieu de France Hospital - Beirut	www.forahappychildhood.org	NGO	Therapy sessions
Lebanese Autism Society	LAS	Ms. Arwa El-Amine Halawi - President	las@autismlebanon.org	(0) 1449988	Tayyouneh - Beirut	www.autismlebanon.org	NGO	Education, capacity building
Learning Center for the Deaf	LCD	Mr. Husein Ismail - President	hismail@inco.com.lb, lcd_lebanon@hotmail.com	(05) 954584	Sacre Coeur Hospital Crossing- Near Evangelical Church Baabda – Brazilia-Mount Lebanon	www.lcd-lebanon.org	NGO	Education, awareness, training, vocational training
Lebanese Association For Care and Education		Mr. Omar Al Masri	handicap_care@hotmail.com	(70) 988624	Jimayzat Street, Tripoli - North Lebanon		NGO	Education
Lebanese Association for Self-Advocacy		Mrs. Fadia Farah	fadia.farha@gmail.com		Sanayeh - Beirut, Lebanon	www.facebook.com/LebaneseAssociationForSelfAdvocacy/	NGO	Advocacy and training, legal advice
Lebanese Association for Rehabilitation and Development		Mrs. Hoda Bibi	hoda.bibi@gmail.com	(01) 738059	Sanayeh, Toufic Tabbara Street , Tabbara - Beirut center, 5th floor	www.taaheel.net	NGO	Rehabilitation, pss, vocational training
Lebanese Union for People with Physical Disabilities	LUPD	Mrs. Samar Tfaily	Lphu.machghara@gmail.com	(03)395 055	Raouche, Salah El Din Street Reda building - Second Floor - Beirut	www.lphu.com	NGO	Advocacy
Lebanese Institution for the Blind	LIB	Ms. Sonia Alfred Braidy - President	info@arabblind.org , albaseer@inco.com.lb		Furn el Chebak - Beirut	www.arabblind.org	NGO	Vocational program
Life Skills Development Center	LSDC	Mrs. Natalie Zgheib	elilerouss@hotmail.com t_lsdcc@hotmail.com	(71)255266	Keserwan , Ajaltoun Technical School Main Road LSDC - Mount Lebanon		NGO	Child protection, youth-related services, capacity building, education, job aid, recreational activities, ergotherapy, psychomotricity, speech

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Lebanese Universities League for the Blind	LULB	Mr. Milios Maksoud Awad - President	milios@terra.net.lb	(03) 814285 (03) 886166	Baabda-Abed Al wahab street- Mount Lebanon	milios@terra.net.lb	NGO	Advocacy and training
Lebanese Welfare Association for Handicapped	LWAH	Dr. Khaled Tofaily	lwah@lwah.org.lb	(07) 441010	Sarafand - South Lebanon	www.lwah.org.lb	NGO	Comprehensive medical and rehabilitation services
Learning Center for the Deaf and the Lebanese Federation for the Deaf	LFD	Mrs. Nadine Ismail	lcdnadine@outlook.com	(03)700584	Beirut		NGO	Sign language, early intervention program for parents of deaf babies, high school education for the deaf, advocacy
Midan Association		Mrs. Sabine Saad	ALmidan@yahoo.com	(03) 840440	Zgharta - Kfarhata - North Lebanon	www.almidan.org	NGO	Protection, education, capacity building
Dr. Mohammad Khaled Social Foundations	MKSF	Mrs. Mahasen Hachach		(71)311389	Baabda, facing makam Imam Ouza3i Ouza3i street, The Foundation Bldg.-Mount Lebanon	www.facebook.com/mohamadkhaled1958	NGO	Education, rehabilitation, parental coaching
Mosaik - Foyer de la Providence		Mrs. Sawzan Samia	info@mosaiklb.com	(07) 755112	Al Sahiye - Saïda - South Lebanon www.fdpvidence.org		NGO	Education, job aid, technical program, speech and language therapy, psychomotricity, psychotherapy
Mosan Center for Special Needs		Mrs. Rola Osseiran	ajcharafeddine@gmail.com	70763942	Tyre, Burj al Chamali Hosh Road Mosa Center - South Lebanon	mosancenter.org	NGO	Education, rehabilitation, parental coaching
Moussawat Association		Mr. Kasem Sabbah	k.sabbah@moussawat.org	(01) 818815	Saïda - South Lebanon	moussawat.net/our-mission	NGO	Therapy, child protection, assistive aids, early intervention, pss, capacity building
National Association for Medical and Social Care	NAMSC	Dr. Rajaa Mosleh	namsc89@hotmail.com	(03) 640 804	El Morjan Building - Arab University - Afif Tiby Street - Beirut		Palestinian Institutions	Vocational program, early intervention

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
National Association for the Rights of Disabled People in Lebanon	NARD	Dr. Nawaf Kabara	nard@cyberia.net.lb	(01)738297	Zarif -Toufik Tabbara Center-Rehabilitation floor - Beirut	www.nard-lb.org	NGO	Research, vocational program
National Rehabilitation and Development Center	NRDC	Dr. Weam Abou Hamdan	weam_abou_hamdan@hotmail.com	(71)918342	Semqanieh Main Road, Center Bu Ezzedine - Mount Lebanon		NGO	Family, health, education
North Autism Center	NAC	Mrs. Sabine Saad	nac.lebanon@gmail.com	(76) 676367	Zgharta - Kfarhata - Iris Frangieh Center - North Lebanon		NGO	Education, early childhood
Rahma Medical Center	RMC	Mr. Ezzat hussein Agha	info@rahmahospital.com	(03)803383	Tripoli, Zaytoun Abi Samra - North Lebanon			Medical and rehabilitation care services, offer comprehensive, acute rehabilitation programs for spinal cord injury, traumatic brain injury, stroke, neurological disorders, cardio-pulmonary disease, amputations and orthopedics, outpatient services including physical, occupational, and speech therapy
Center for the Rehabilitation of Victims of Violence and Torture	RESTART	Mrs. Manal Alam	suzanne@restartcenter.com	(76)147839	Tripoli , Dam Wil Fariz Sabalbal & Weli Bldg., Residence 5, 1st and 2nd floor - North Lebanon	www.restartcenter.com	NGO	Health, therapy, vocational training, protection
SESOBEL	SESOBEL	Mrs. Fadia Safi	direction@sesobel.org	(09)233940	Keserwan, Ain El Rihani - Mount Lebanon	www.sesobel.org		Education, rehabilitation, parental coaching
St Luke's Center	CLS	Mrs. Micheline Jebrayel	sostlukes@yahoo.com	(03)300310	Metn , Beit Mery - Mount Lebanon	www.j-diocese.org	Other, NA	Psychiatry, speech and language therapy, psychomotricity
Together for Special Education	TSA	Ms. Jouheina Rashid - President	info@epes-lb.com	(05)556610	Jounieh - Mount Lebanon	www.epes-lb.com	NGO	Education, therapy

Organization's Name	Acronym	Focal Point	Email	Telephone Number	Main Office Address	Website	Type of Organization	Services
Resource Center for Gender Equality	ABAAD	Ghida Anani	ghida.anani@abaadmena.org	+961 1 283820	Furn El Chebbak, Sector 5, 51 Bustani Street, Najjar Bldg., Ground Floor - Beirut	www.abaadmena.org	NGO	GBV services
Enough Violence and Exploitation	Kafa	Zoya Rouhana	zoya.rouhana@kafa.org.lb kafa@kafa.org.lb	+961 1 392220	43, Badaro Street, Beydoun Bldg., First Floor	www.kafa.org.lb	NGO	GBV services
Lebanese Women Democratic Gathering	RDFL	Caroline Slaibi	beirut@rdflwomen.org	00961-1-425503	Elias Medawar Street, Furn Chebbak -Shukrallah - Ground floor, facing Shalhob market	www.rdflwomen.org	NGO	GBV services
Palestinian Women Humanitarian Organization	PWHO	Olfat Mahmoud	wwlol@hotmail.com	+961 1 804713/15/14	Borj el Barajni Camp El Bass Camp	www.pwho.ngo	NGO in Palestinian Camps	GBV services
Lebanese Council to Resist Violence against Women	LECORVAW	Laura Sfeir	laura.schinder@gmail.com lecorvaw@inco.com.lb info@lecorvaw.org L_corvaw@ymail	+961 3 924089 +961 6 624060	Tripoli- Amin Mokaddem Street- Abdulwahab Bldg- 2nd floor .	www.lecorvaw.org	NGO	GBV services
Najdeh		Layla el Ali	association@najdeh.org.lb leila_najdeh@yahoo.com najdeh_dv@cyberia.net.lb	+ 961 1 302079 + 961 1 703357	Beirut- Tarik Jdide - Afif Tibi street - Amine Bldg- 3rd floor	www.association-najdeh.org	NGO in Palestinian Camps	GBV services
Mariam et Martha		Père Abdo Bou Khalil	cmm@maryamandmartha.org pabdoak@hotmail.com	+961 9 236361 +961 3 553121			Nonprofit Organization	Sheltering services for GBV survivors
Restart Center for Rehabilitation of Victims of Violence and Torture	RESTART	Suzanne Jabbour	restartc@idm.net.lb suzijab@hotmail.com	+961 1 708083	Furn El Chebbak, Main Street - Bou Chedid Center - Blom Bank Bldg. - Beirut	www.restartcenter.com	NGO	Center for rehabilitation of victims of violence and torture
Dar el Amal		Hoda Kara	daralamal@lynx.net.lb info@dar-alamal.org	+961 1 483 508	Beirut- Sin el Fil	www.dar-alamal.org	NGO	GBV services for sex workers and women prisoners
The Lebanese Association for Family Health	Salama	Lina Sabra	lina.sabra@salamalb.org info@salamalb.org	+961 1 488494	Sin el Fil - Horsh Tabet- Salem Center- 2nd floor	www.salamalb.org	NGO	SRHR services

Organization's Name	Acronym	Focal point	Email	Telephone Number	Website
Ministry of Social Affairs	MOSA	DG Abdullah Ahmad	a.h.ahmad@live.com	(01)1612850	www.socialaffairs.gov.lb
Ministry of Justice	MoJ	Judge Aymen Ahmad	aymanaahmad@hotmail.com	(03)014101	www.justice.gov.lb
Ministry of Interior	MOI	Colonel Elie Asmar	eliealasmar@gmail.com	(03)764118	www.isf.gov.lb
Ministry of Labor	MoL	DG Marleine Atallah		(01)556822	www.labor.gov.lb
Ministry of Public Health	MOPH	Pamela Zgheib	pamzeg@yahoo.com pzgheib@moph.gov.lb	(03)089976	www.moph.gov.lb
		Ghada Abou Rjeiss		(03)098188	
National Commission for Lebanese Woman	NCLW	Micheline Masaad	micheline.masaad@nclw.gov.lb info@nclw.gov.lb	(05)955101/2	nclw.gov.lb

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	Nicia Dennawi	eldannawi@unfpa.org
ESCWA	Ibrahim Abdullah	abby546@hotmail.com
WHO	Elissar Radi	radya@who.int
ILO	Zeina Mezher	mezher@ilo.org



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