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Disability Inclusion Survey Results

May 2023

Introduction

It is estimated that between 10 and 15 percent of the population in Lebanon has physical, sensory, intellectual, or mental disabilities¹. The legal framework on the rights of persons with disabilities is limited, and lacks enforcement; gaps in access to education, health services and enabling environment remain a challenge. From a societal perspective persons with disabilities face adverse political, social, cultural, and economic conditions. The current economic and financial crisis in Lebanon severely impacted the whole population, however persons with

disabilities are more likely to be left behind while struggling to meet basic needs and access essential services.

The World Food Programme (WFP) has made a commitment through its Disability Inclusion Roadmap and 2023 Workplan² to support the implementation of the UN Disability Inclusion Strategy (UNDIS)³. WFP Lebanon has stated its commitment to Disability Inclusion (DI) through the 2023-2025 Country Strategic Plan (CSP) with specific indicators to meet within various areas⁴.

Disability Inclusion Study

The disability inclusion study aimed at exploring various areas and themes including:

- 1** Understanding and disaggregating the demographics of the group based on the selected sample
- 2** Socio-economic situation of targeted group and their families and how it compares to similar households without members with disabilities
- 3** Effective reach and potential barriers and protection elements specific to this group
- 4** Wider societal factors and how they impact on persons with disabilities

Key areas/assumptions included:

- 1** Economic profile: assuming that households with member with disabilities have requirements that incur additional costs and have reduced opportunity to access income
- 2** Effectiveness and reach of assistance: assessing if WFP assistance is reaching and including the most vulnerable and to what extent WFP is meaningfully engaging with persons with disabilities
- 3** Social environment: exploring how persons with disabilities are perceived by society and within the family and what is the level of control and input of individuals over decision-making

1- K4D, 2018. [Situation of persons with disabilities in Lebanon](#)

2- World Food Programme, 2023. [Disability Inclusion Workplan](#)

3- United Nations, 2023. [Disability Inclusion strategy](#)

4- World Food Programme, 2023. [Lebanon country strategic plan \(2023–2025\)](#)

Methogology

Quantitative

Sample size: 1,081 surveys collected

Data collection period: November-December 2022


Modality: In person data collection

Of the adult participants, 33 percent **required assistance** to participate in the interview; **carers or parents** were interviewed in the case of minors

Results


1. Demographics

Gender

 **Male:** 56 percent

Female: 44 percent

Age

 **Under 18 years:** 32 percent

18 to 64 years: 59 percent


Above 64 years: 9 percent

Nationality

 **Lebanese:** 31 percent


Non-Lebanese: 69 percent

Employment

 **Unemployed:** 82 percent – 90 and 74 percent of female and male participants respectively


Employed/occasional work: 18 percent

Access to technology

 **Have access:** 67 percent – of which 22 percent were female headed HH and 78 percent male

Do not have access: 33 percent

Assistance modality

 **Cash for food:** 29 percent


Food e-cards: 27 percent

NPTP: 21 percent

Multi-purpose cash: 13 percent

In-kind: 10 percent

Education

 **Adult illiteracy among Lebanese:** 38 percent

Adult illiteracy among non-Lebanese: 35 percent

Adult Illiteracy: 53 percent female, 27 percent male

Lebanese Children with access to some form of schooling: 60 percent

Non-Lebanese Children with access to some form of schooling: 39 percent

Female children with access to some form of schooling: 45 percent

Male children with access to some form of schooling: 37 percent

Qualitative

Focus group discussions: 16 group discussions with 127 participants (46 percent male, 54 percent female)

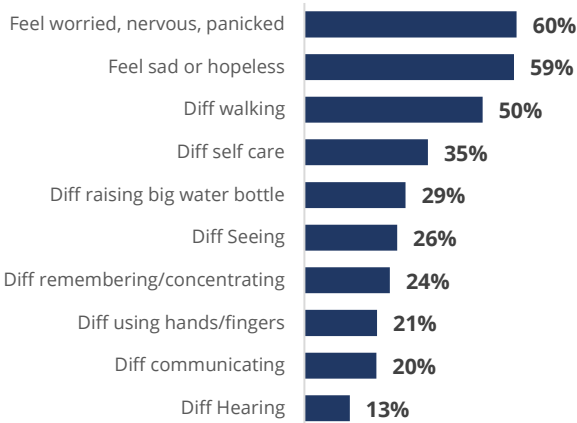
- 14 FGDs with assisted members
- 2 FGDs with non-assisted members

Consultations: Organisations of Persons with Disabilities (OPDs) were consulted

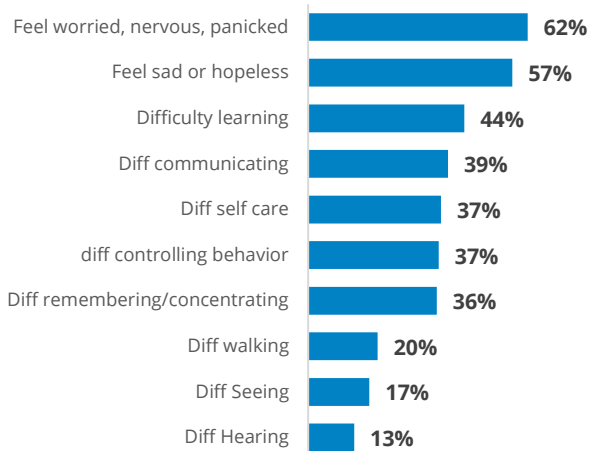
Interviews: 5 informant interviews with livelihoods participants

2. Disability Profile

Adults



Children



- **85 percent** of participants reported experiencing more than 1 type of difficulties, prevalence slightly higher for female participants
- **30 percent** of households have more than 1 member with disabilities – 47 percent female, 53 percent male

In comparison adult illiteracy level among respondents without disabilities receiving In-kind assistance is at **10 percent**

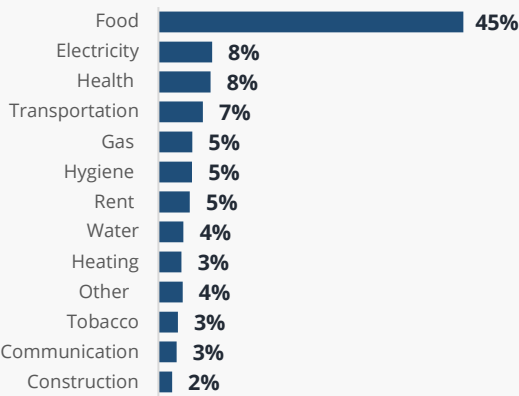
Results

3. Economic Profile

Food registered the highest expenditure share for surveyed households having members with disabilities, followed by electricity, health, and transportation. The four major areas for expenditures are in line with households without members with disabilities. In terms of food expenditure share categories, 40 percent of households with members with disabilities are allocating more than half of their expenditure to food, out of which 10 percent spend more than 65 percent of their expenditures on food. In-depth group discussions revealed the need for specialized food for households with members with complex disabilities and 66 percent of participants in a targeted follow-up consultation reported difficulty affording specialized food.

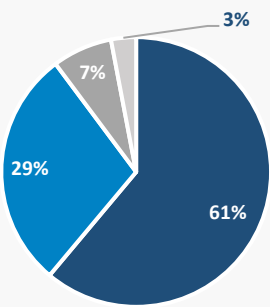
In line with evidence related to 'the additional cost of disability' the percentage of expenditures related to health and medical provision was found higher in participant households in comparison with households without members with disabilities. Targeted follow-up consultation also highlighted that for 90 percent of respondents the biggest gap encountered in meeting the needs of members with disabilities was affordability of health services and medications. Results were consistent across groups.

Expenditures share

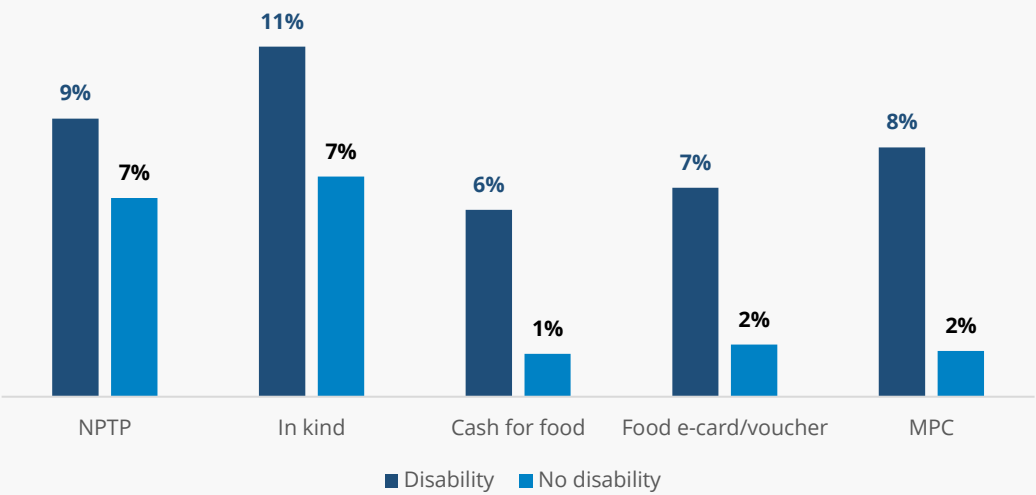


Food expenditure share

- Less than 50%
- 50% to 65%
- 65% to 75%
- More than 75%



Comparison of health expenditure share between HH with and without disability

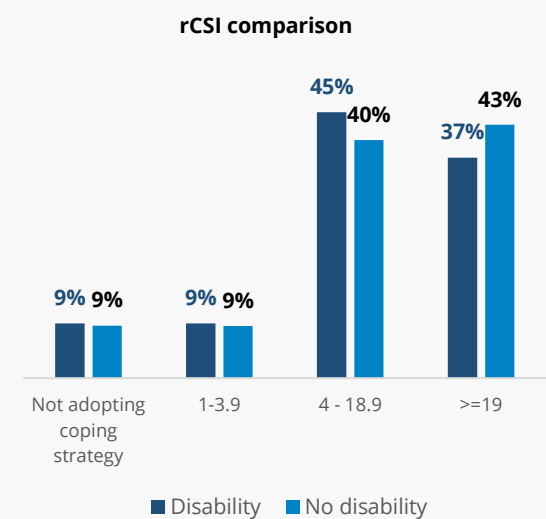


Results

4. Coping Strategies

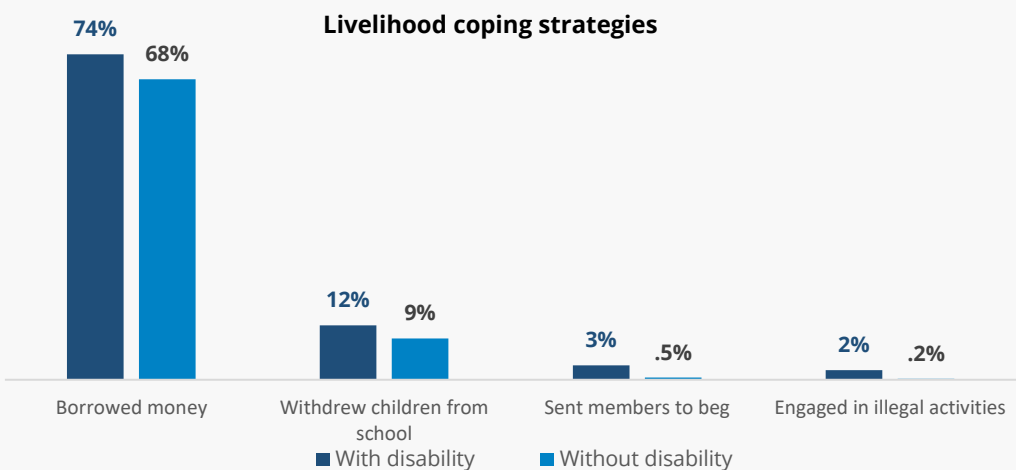
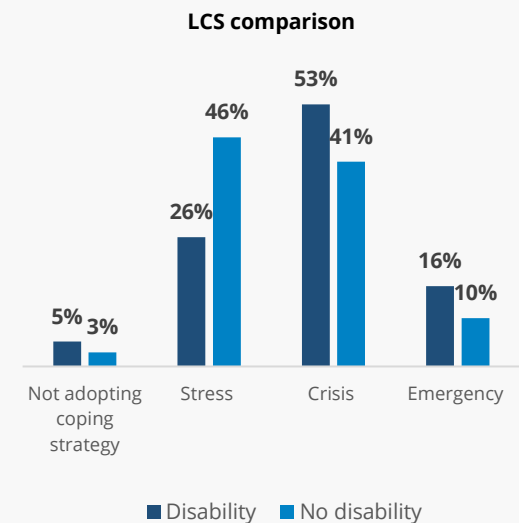
Reduced Coping Strategies

Around 90 percent of surveyed households adopted at least one food consumption-based coping strategy. **The reduced Coping Strategies Index (rCSI)** is an indicator used to compare the hardship faced by households due to shortage of food. The index measures the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage. A higher rCSI reflects that households adopt more and severe strategies to address their access to food. Around 45 percent of households with members with disabilities had an rCSI category between 4 and 18, which indicates limited ability to access food. Whereas 37 percent of households had an rCSI above 19 which reflects serious challenges to access food. Feedback generated from the focus group discussions shed light on food consumption adaptation affecting all families, including modification in food quantity, quality or both. Specific issues were raised in relation to particular food needs for children and adults with complex disabilities. For instance, families with members who cannot consume solid food, have severe allergies, or need supplements to avoid deterioration of conditions, often need to make choices over what to prioritize, as specialized food will incur higher costs.



Livelihood Coping Strategies

The Livelihood Coping Strategies (LCS) is an indicator used to understand the medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Around 95 percent of households reported having to adopt some form of livelihoods and asset depletion coping strategies. Around 53 percent of households with members with disabilities adopt crisis level coping strategies, compared to 41 percent of households without members with disabilities. The crisis level livelihood coping strategies include selling productive assets and reducing the expenditure on health and education. Moreover, around 16 percent of households with members with disabilities adopt emergency level coping strategies, compared to 10 percent of households without members with disabilities. Emergency level coping strategies include sending members to beg, engagement in illegal activities and withdrawing children from school.



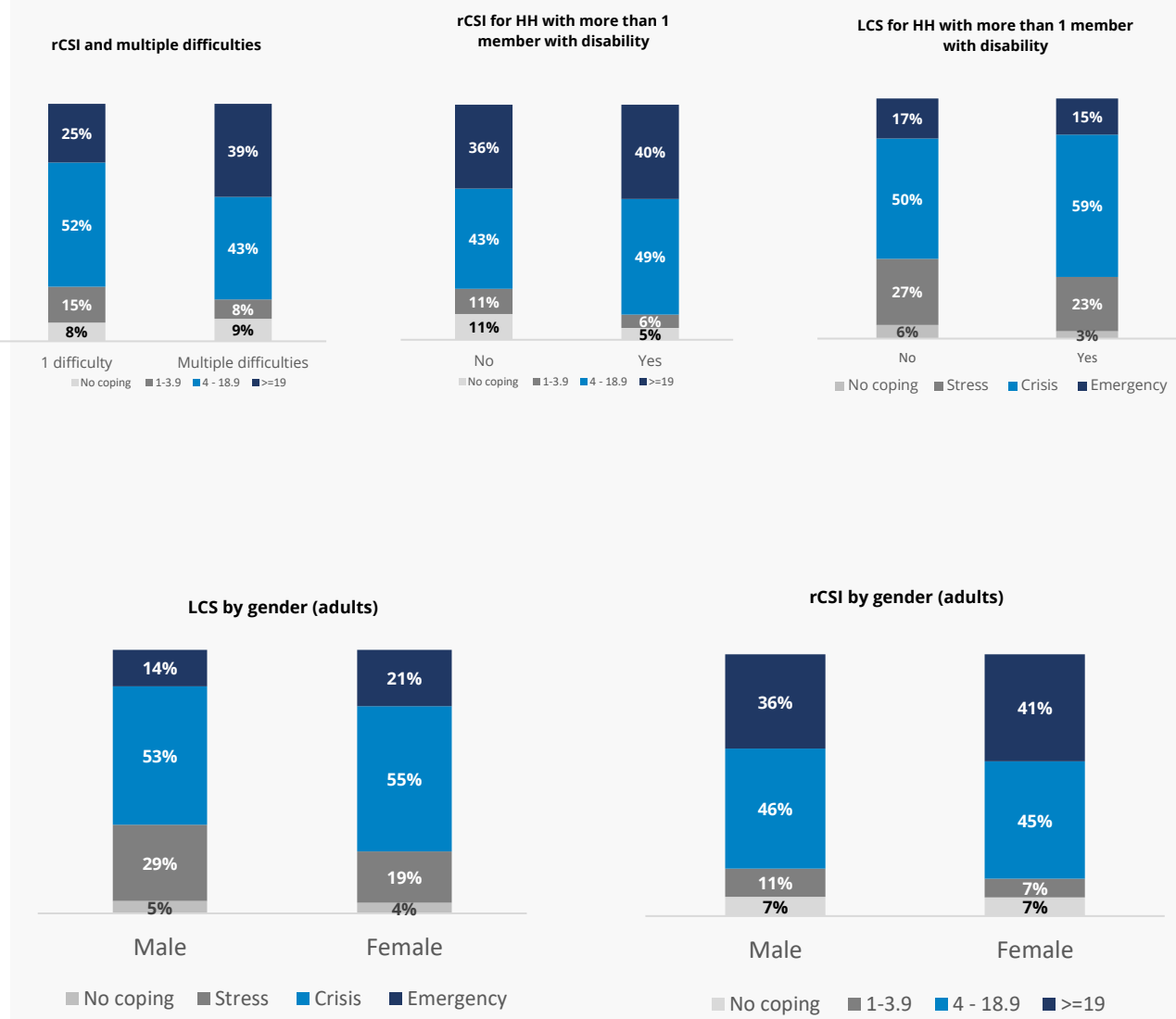
Results

4. Coping Strategies

The comparison of livelihood coping strategies between households having one member with disabilities and households with more than one member with disabilities showed that the latter adopt or rely on more severe strategies to address basic and essential needs. For instance, 74 percent of households with more than one member with disabilities adopt crisis or emergency livelihood coping strategies compared to 67 percent of households having one member with disabilities. Similarly, almost 90 percent of households with more than one member with disabilities have an rCSI above 4 compared to around 80 percent of households with one member with disabilities.

Moreover, households with members facing multiple difficulties are more likely to adopt more severe or more frequent reduced coping strategies. Results showed that around 40 percent of households having members with multiple difficulties have an rCSI above 19 which reflects serious challenges to access food, compared to 25 percent of households with members having on difficulty.

Among female adult respondents, 21 percent reported the reliance on emergency livelihood coping strategies, compared to 14 percent of male counterparts. Additionally, 41 percent of female adults registered a reduced coping strategies index score above 19 compared to 36 percent of males.



Results

6. Barriers and support mechanisms

Barriers

Some of the barriers hindering access to assistance have been raised through the survey, while focus group discussions and targeted consultations allowed for an in-depth overview. It was evident that inclusion and accessibility are affected by barriers beyond the humanitarian assistance architecture. The issue of the highly inaccessible environment in Lebanon was widely discussed and raised, as well as stigma and perception of safety. As a result, persons with disabilities often tend to limit engagements outside of their homes. Regarding the reported barriers to accessing assistance the majority highlighted the physical environment such as the higher cost of transportation and the inaccessible or overcrowded sites. Moreover, participants shed light on issues related to communication and information sharing stating that often the format adopted for the communication material is not suitable, in addition to attitude issues or lack of skills to deal with specific types of disabilities such as hearing impairments.

Decision making

Regarding decision making related to the assistance provided, in general if the person with disabilities is the head of the household, they often have control or input over decision making, particularly for males, while adult females usually make decision related to food purchase. Focus group discussions evidenced that members with disabilities, especially for young age and for certain type of disability such as intellectual or hearing impairments, will have little or no input into decision-making, even about decisions that directly concern them; this is further exacerbated for female family members. Several focus groups participants discussed that the person with disabilities most probably will not be aware of information related to the assistance as this will be handled by other household members.

Safety

In terms of safety perception, 27 percent of direct respondents (of which 66 percent male and 71 percent non-Lebanese) stated they did not feel safe in going to withdraw cash or purchase food. Additionally, 13 percent (of which 62 percent male and 75 percent non-Lebanese); reported that they have experienced safety threats associated with receiving assistance. From a wider perspective, targeted consultation highlighted that 86 percent of respondents did not feel safe in going out of their home, or do not go out at all.

Support and feedback mechanisms

Regarding information about support and feedback mechanisms, 42 percent of survey respondents knew who to contact for support in case of harassment or abuse, 39 percent (of which 76 percent male and 75 percent non-Lebanese) knew where and how to report threats or violations related to assistance. Out of the respondents who are knowledgeable about reporting mechanism, 77 percent were aware of call centres, 7 percent of helpdesks and 15 percent were aware of being able to refer directly to WFP or cooperating partners' staff.

There was extensive feedback on engagement mechanisms from focus groups participants. The Call Centres are the most common means of reporting. There were different levels of trust among participants; particularly among the non-Lebanese population there was concern in raising issues for fear of consequences. There was also a common perception that, particularly for persons with disabilities, issues raised were not effectively resolved, referrals are mostly related to additional needs such as critical medications or assistance for children or elderly with disabilities, but usually no support is available. It was also suggested that WFP should have a mechanism or platform specifically dedicated to persons with disabilities in order to provide accessible support for assistance, information and services.

Attitude and stigma

Feedback from focus group discussions and consultations with Organisations of Persons with Disabilities (OPDs) revealed that

persons with disabilities in Lebanon face a major environmental challenges both from a social as well as a legal perspective. The rights of persons with disabilities are not promoted nor protected and there is still a large extent of misconception, stigma and lack of understanding of disability and of the rights of persons with disabilities to have equal access, opportunity and decision making. It was reported that the most affected by harassment and bullying are children with disabilities, in their communities and at schools.

Persons with disabilities often do not go out or engage outside of their families, and participants also flagged the stigma attached to disability, particularly intellectual disabilities, and how individuals and families are harassed.

Most participants mentioned that their involvement in this study was the first of its kind and that they had not been previously involved or consulted in similar discussions or input on assistance. Participants raised that generally the environment is highly inaccessible and greatly hinders day-to-day and social activities; in addition, disability-based discrimination hampers access to opportunities such as income generating activities.

OPDs reported that, particularly women and girls with intellectual disabilities, are at high risk of gender-based violence and sexual exploitation, this is often unreported and there is lack of specialized services to support this group.

Feedback from non-assisted

Feedback highlighted that there is potentially insufficient access to information, and transparency of processes, for persons with disabilities and their families to understand available support and entitlement; this is compounded by complex processes and inaccessible systems. There was little understanding about the various types of assistance provided by WFP in Lebanon, as some were only aware of in-kind assistance. Moreover, it was frequently mentioned that assistance does not necessarily reach the most vulnerable.

Needs assessment and selection methodologies were criticized and perceived as inequitable. There was a perception that there is discrimination in service provision by both the Government, local entities and international organisations, thus failing at times to reach the most vulnerable.

Inclusive, accessible and diverse communication channels and materials are essential to ensure effective outreach. Response and interventions are not currently designed with the participation of persons with disabilities. It was recommended that Government and agencies collaborate with OPDs to ensure adequate outreach and inclusive design.

Discussions on specific challenges in meeting basic needs and particularly accessing adequate and nutritious food highlighted similar issues to assisted population. Persons with complex disabilities may often have specific nutritional needs, however mostly unaffordable.

Feedback from Livelihoods programme participants




Feedback from WFP livelihood programme participants, indicated that in terms of assistance modality this type of intervention seems to be the most transformational for this group. This was validated by feedback provided by non-assisted participating in other income generating programmes.

Respondents felt they had an opportunity to participate in productive activities as well as gaining new skills, while at the same time generating income. This provided confidence and supported them in improving their status within the family and community, and combat stigma. They also felt that by participating they were better informed about what was happening in the community and more aware of other available opportunities. It was recommended for the programme to be expanded with longer duration.

Recommendations

<p>Review existing information – data collection and validation processes; engage specialized agencies/groups for outreach</p>	<p>Consider a comprehensive vulnerability/gap assessment of selected complex cases</p>	<p>Conduct nutrition analysis for persons with complex disabilities</p>
<p>Review assessment and monitoring tools; conduct at least 1 yearly disability assessment</p>	<p>Integrate DI minimum requirements in new funding cycles including OPDs participation as entry point⁵</p>	<p>Develop partnerships with at least 2 major OPDs for strategic input and expertise</p>
<p>Establish core accessibility criteria and minimum standards for each assistance modality</p>	<p>Dedicate budgets for DI integration increasingly included into Activities and CPs operational budgets</p>	<p>Continue enhancing internal and partners' capacity for disability inclusion</p>

It is recommended that a number of pilot targeted interventions are implemented, applied to current programmes, to gain learning for mainstreaming, such as the following:

<div>Livelihoods</div> <p>Scale up inclusion and reach in livelihoods programmes; meaningful and sizeable inclusion of persons with disabilities becomes an essential element of livelihoods interventions; partner with selected OPDs for targeted projects.</p>	<div>School feeding</div> <p>Pilot engagement of parents of children with disabilities in selected school kitchens to increase attendance; and/or pilot support to schools dedicated to supporting children with disabilities in collaboration with UNICEF.</p>	<div>CBT and In-kind</div> <p>Mapping of and increasing number of accessible outlets. Community-based disability inclusion awareness activities. Training Social Workers in the social protection programme on disability inclusion concepts.</p>
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5 – As per UNDIS/UNCT score card requirements [UN Country Team Accountability Scorecard on Disability Inclusion](#)