



# Disability Inclusion in the Syrian Refugee Response in Lebanon

## Field Visit Summary: May/June 2014

### Introduction

More than 2.8 million refugees have fled Syria since the conflict started in March 2011, with the vast majority seeking safety and security in neighboring countries.<sup>1</sup> Lebanon now hosts the largest numbers of Syrian refugees in the region, with over one million people registered with the UN High Commissioner for Refugees (UNHCR).<sup>2</sup> UNHCR and its partners are working to meet the needs of a growing refugee population in Lebanon through a variety of community-based protection mechanisms, including an expanding network of Community Development Centers (CDCs) and a growing number of Refugee Outreach Volunteers (ROVs).

There are currently 28 CDCs across the country supporting the delivery of services and community empowerment activities to both Syrian and Lebanese communities. ROVs are refugees who volunteer to provide insight into protection priorities, identify community-based solutions to problems and refer refugees in need of urgent support. As of June this year, there were 330 ROVs operating in the community, with plans to increase this to 1,000 by the end of 2014.

Since 2013, the Women's Refugee Commission (WRC) has been partnering with UNHCR Lebanon, conducting field visits to identify strategic entry points to promote access and inclusion in humanitarian assistance, and strengthening case management systems. Findings from previous field visits are documented in the report *Disability Inclusion in the Syrian Refugee Response in Lebanon*.

This summary describes the findings and next steps from the WRC's third field visit to Lebanon conducted from May 18 – June 17, 2014. This visit sought to:

- identify and document positive practices for disability inclusion in community center and outreach programming; and
- provide recommendations on entry points for disability inclusion in community outreach and case management training/capacity development.

### Methodology

WRC disability program staff worked in partnership with UNHCR community development staff to identify key

stakeholders and refugees to include in consultations in Bekaa Valley, Tripoli, Qobayat, Mount Lebanon and south Lebanon. Information was gathered through meetings and group discussions, including a total of 86 humanitarian actors and 252 refugees (of which 91 were ROVs). Group discussions were primarily held at community centers and targeted persons with disabilities and their families already accessing services. All refugees and actors consulted were briefed on the purpose the discussion and gave their consent to participate. Of the refugees who participated, 60 percent were women and girls, and nearly a quarter were persons with different types of disabilities.

### Key Findings

While distinct gaps in specialized services (e.g., health and rehabilitation) remain, there are a growing number of positive examples of inclusion in community center and outreach activities across the country that have the potential to both prevent and respond to the protection concerns of persons with disabilities. The following factors were identified as contributing to successful inclusion across these positive examples:

- **Partners and ROVs had positive attitudes towards working with persons with disabilities.** They perceived they have a responsibility to include persons with disabilities, and were focused on identifying and highlighting the skills and capacities of these individuals.
- **Persons with disabilities had a support network,** such as a family member or friend who was also attending the community center. A number of ROVs are also facilitating access by either escorting individuals, or arranging for a neighbor or family member to do so.
- **Persons with disabilities and their families felt that they could trust and rely on the community center staff or ROVs.** This relationship of trust was built primarily through ongoing communication and interaction, and the provision of direct peer and/or psychosocial support.
- **ROVs had a structured connection to a community center,** enabling them to provide more reliable and comprehensive information about services offered.

- **Transportation assistance was available** either as organized services or allowances for travel costs to and from the center.

*“He and his sister wait by the door each day for the van to arrive. Though he does not communicate much verbally, he always smiles and laughs when he is greeted by the van driver. I feel like he is safe with the driver and the staff at the center. My son enjoys being outside and interacting with other children his own age.”* (Mother of a young boy with intellectual disabilities in Wadi Khaled.)

The barriers and ongoing gaps continue to hinder the full and effective participation of persons with disabilities in community center and outreach activities:

- Many families have fear of stigmatization and are reluctant to include their family member in mainstreamed activities as this was not a common practice in Syria.
- Families who are overwhelmed by multiple and complex problems often have difficulty conceptualizing the benefits to participation in activities at the community center level.
- The knowledge and attitudes of staff and ROVs towards persons with disabilities vary and many perceive persons with disabilities as needing only separate and specialized services. They are therefore unlikely to target them for community center activities, even when they are identified as vulnerable to social protection issues.
- Environmental accessibility of centers for adults with physical disabilities: Most facilities are rented from private landlords, and in some cases accommodations are financially prohibitive.
- Distance and time for those with new impairments: Those who are adjusting to a new physical disability may experience challenges in reaching centers, due to added transportation expenses, time and fatigue.

Persons with disabilities continue to face protection risks as a result of multiple and complex unmet needs, which cross both medical and social dimensions. There remains a tendency to refer the vast majority of persons with disabilities to service providers for rehabilitation and provision of aids and devices, sometimes failing to undertake a comprehensive protection assessment. Overall, case managers who understand the factors that increase both vulnerability and resilience to protection concerns were more likely to appropriately identify persons with disabilities at high risk of violence, abuse and exploitation, and to conduct a more com-

prehensive assessment and case action planning process.

## Recommendations and Next Steps

The positive practices identified in the course of this field visit have been documented by the WRC, UNHCR and partners and can be accessed online at: [http://wrc.ms/dis-ab\\_inc\\_Leb](http://wrc.ms/dis-ab_inc_Leb). Other tools and resources to consider include:

- Guidelines on disability inclusion that can be integrated into checklists and standards for community center and outreach programming.
- A tool to support frontliners to better understand different protection concerns and levels of risk for timely and appropriate referral to case management agencies.
- A module on case management of persons with disabilities that can be delivered by agencies providing training on protection case management, including child protection and gender-based violence case management.
- Participatory activities on interacting with persons with disabilities and care-givers that can be integrated into training for ROVs, community center staff and social workers.
- A guidance note on working with isolated individuals in communities targeting ROVs and other frontliners who may run community activities now and in the future.

The WRC commends UNHCR and its partners for their commitments to advancing disability inclusion across the Syrian refugee response in Lebanon, and extends thanks to the organizations and refugees who participated in this field visit.

### For more information, please contact:

Emma Pearce, Senior Disability Program Officer, Women's Refugee Commission: [emmap@wrcommission.org](mailto:emmap@wrcommission.org)

Betsy Sherwood, Disability Program Officer, Women's Refugee Commission: [betsys@wrcommission.org](mailto:betsys@wrcommission.org)

## Notes:

1 Data last updated on June 12, 2014.

<http://data.unhcr.org/syrianrefugees/regional.php>.

2 Data last updated on June 16, 2014.

<http://data.unhcr.org/syrianrefugees/country.php?id=122>.

3 Refugee Outreach Volunteer Initiative: Building stronger linkages, enhancing outreach and community-based protection, UNHCR Lebanon, January 24, 2014.

