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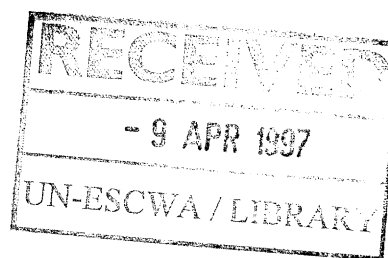


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**DISABLED PERSONS IN LEBANON**

by

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## Summary

### 1. Statistics available on disabled persons in Lebanon

Lebanon suffers from a weak statistical base and studies on the disabled are as rare as other field studies and statistical surveys. The most comprehensive study on the subject is probably the "Enumeration and classification of disabled persons in Lebanon" of 1981, which utilized the comprehensive survey method. Previous studies are for the most part sketchy.

This study covered 19,974 disabled persons of various categories from all regions of Lebanon. Using this figure as a basis, the number of disabled persons in 1981 was estimated at approximately 43,896. The current number of disabled persons may be ascertained by adding 5 per cent, which gives approximately 80,000.

### 2. Institutions for disabled persons in Lebanon

In Lebanon there are approximately 50 state-approved institutions concerned with the disabled; they all belong to the private sector and co-operate with the Public Directorate for Social Affairs (the Department of Social Revitalization) and other Government bodies which support these institutions by providing daily expenses for treatment and care, loans and grants for building, equipment and appliances, as well as training and study grants.

The majority of the disabled in Lebanon live with their families; approximately 3,000 disabled persons live in care institutions. There are not enough institutions for the number of disabled persons.

### 3. Disability trends

Disability trends in Lebanon are characterized by an increase in the number of cases of physical disability resulting from random shelling, car bombs and military confrontations. In addition, there are psychological problems resulting from anxiety, fear, disturbance and nervous states, especially in children.

### 4. Classification of types of disability

Disabilities may be classified in two main types: physical disabilities and mental disabilities.

Physical disabilities include the blind, the deaf, the dumb, amputees, paralytics, chronic rheumatics and the deformed. This category also includes cases of multiple disability where persons suffer from more than one disability at the same time.

Mental disabilities are divided into two categories: the mentally retarded and the mentally ill, in addition to the category of socially unadjusted persons who cannot be integrated in schools or public activities.

## 5. Social and economic consequences

Lebanon is today in dire economic straits. The purchasing power of the Lebanese pound has dropped by 150 times and this crisis has had an impact on the situation of the disabled.

According to the 1981 enumeration, only one quarter of disabled persons received any kind of care; three quarters of the physically disabled have received no treatment at all.

There is a low level of public awareness and willingness to accept the problems of disability.

The system of shelter, care and rehabilitation provided by the Lebanese State through the Department of Social Revitalization covers only 30 per cent of the costs of the disabled taken into care. In addition, there are problems in rehabilitation and difficulties in getting the disabled accepted by educational and vocational institutions as well as a refusal to employ disabled persons.

## 6. Government policies

Government services offered to the disabled are practically limited to the efforts of the Department of Social Revitalization, which has concluded agreements with 22 care institutions. The total amount expended by the Department in 1988 was only about \$US 150,000. The Lebanese State, for numerous political and economic reasons, is not today in a position to assume its responsibilities regarding social problems in general and with respect to the disabled in particular.

## 7. Main recommendations

- (a) To undertake a new study to enumerate and classify disabled persons, utilizing a comprehensive survey to get a clear scientific picture of the current state of disabled persons in Lebanon;
- (b) To train specialized instructors and give support to training centres for workers with the disabled;
- (c) To support centres for the care of the disabled that have been damaged by the events in Lebanon in order to rebuild and re-equip them;
- (d) To introduce grant-supported workshops to train the disabled and provide work for them after training;
- (e) To enact legislation that guarantees everyday facilities for the disabled.



## I. STATISTICS AVAILABLE ON DISABLED PERSONS IN LEBANON

### A. Introduction

Many third world countries suffer from an insufficiency or complete absence of statistics in various fields which rely on numerical data as a scientific base for the formulation of development plans and policies. Lebanon too faces this problem, indeed it is one of the countries where for many reasons the lack of statistics is greatest. Some of these reasons have to do with the nature of the political regime, which is based on the principle of sectarian equilibrium.

Ever since the beginning of the 1960s, when the Earford mission came to Lebanon, there has been an urgent need to carry out surveys and field studies. The first comprehensive study of the labour force in Lebanon was done in 1970. One might also note a rapid study carried out by a Lebanese association in 1980, which estimated the number of disabled at approximately 103,000. The disabled fared no better than other categories in terms of comprehensive field studies until the gap was filled by a study entitled "Enumeration and classification of disabled persons in Lebanon", carried out in 1981. It is perhaps the only study that has made a complete survey of the various types of disability and may be considered the most important scientific document on disability in Lebanon. Since that time there has been no major statistical work in that field. In spite of the eight years that have elapsed since it was carried out, the data it provided may be still be used to estimate the numbers of disabled. Therefore, we have basically relied on that study and attempted to supplement it through interviews, investigations and consultations with a number of governmental and non-governmental offices concerned with the disabled, so that our report might give as clear a picture as possible of the current situation of disabled persons. If, as already mentioned, there has been no new study available for utilization, we would nevertheless stress the need to prepare such a study today.

### B. Enumeration and classification of disabled persons

The study entitled "Enumeration and classification of disabled persons in Lebanon" was prepared in 1981 on the occasion of the International Year of Disabled Persons. It was supervised by a governmental committee headed by the Director-General for Social Affairs, with technical supervision by the Director of the Social Training Centre. The purpose of the study was to become better acquainted with the disabled in Lebanon in order to provide them with training, treatment and rehabilitation services, with the following general objectives:

- To respond to the proclamation by the United Nations of 1981 as the International Year of Disabled Persons;
- To ascertain how many disabled persons there are in Lebanon and their distribution among the various groups of the Lebanese people in the different regions of Lebanon;
- To ascertain the reasons for and factors leading to physical and mental disabilities;

- To obtain comprehensive data on the number of disabled persons and their geographic distribution according to the variables of sex, age groups, religion, social situation and demographic situation;
- To determine the potential for developing rehabilitation and expanding the services that ought to be provided.

This field study, as distinct from individual statistical research, adopted the method of a comprehensive survey for which no less than 300 team leaders and field investigators were recruited and registration centres set up in all parts of the country. House visits were made in cases where people had failed to come forward to the registration centres.

Field research was carried out by means of a questionnaire with 93 questions about disabled persons, including age, sex, type of disability, origin of disability, religion, denomination, social situation, marital status and place of residence.

The physically disabled were divided into two groups:

- The blind, the deaf, the dumb and amputees;
- Paralytics, the deformed and rheumatics.

The mentally disabled included:

- People with eplepsy and Down's Syndrome;
- The mentally retarded and those with recognizable mental illnesses.

A total of 19,974 disabled persons were enumerated in the various groups. This figure naturally does not represent the total number of disabled persons in Lebanon in the year the study was carried out. All the disabled persons identified were listed by name according to their actual place of residence as well as the place of residence indicated on their identity cards, with the following results:

- The complete information sought by the questionnaire was obtained for 18,321 disabled persons;
- Partial information was obtained for 921 disabled persons;
- Names and type of residence only were obtained for 832 disabled persons.

The geographic distribution of disabled persons, totalling 18,321 physically disabled and 5,940 mentally disabled, according to the questionnaires, which were sorted by computer, was as follows:



Physically disabled:

		<u>Percentage</u>
Beirut Governorate:	2,055	11.20
Beirut Suburbs:	3,280	17.90
Mount Lebanon Governorate:	2,377	12.97
Northern Governorate:	4,237	23.13
Southern Governorate:	3,505	19.13
Beqa'a Governorate:	2,867	15.65

The highest proportion of disabled persons was in the Northern Governorate (23.13 per cent), immediately followed by the Southern Governorate (19.13 per cent). It is worth noting the similar proportions of disabled persons in the Southern Governorate (19.13 per cent), Beirut Suburbs (17.90 per cent) and the Beqa'a Governorate (15.65 per cent). Such similarity was also observed in the proportions of disabled persons in Mount Lebanon Governorate (12.97 per cent) and Beirut Governorate (11.20 per cent).

Mentally disabled:

		<u>Percentage</u>
Beirut Governorate:	768	12.93
Beirut Suburbs:	1,097	18.47
Mount Lebanon Governorate:	861	14.49
Northern Governorate:	1,349	22.71
Southern Governorate:	1,080	18.18
Beqa'a Governorate:	785	13.22

The highest proportion of disabled persons was in the Northern Governorate (22.71 per cent), immediately followed by Beirut Suburbs (18.47 per cent) and the Southern Governorate (18.18 per cent). It is worth noting the similarity of the proportions of disabled persons in Mount Lebanon Governorate (14.49 per cent), Beqa'a Governorate (13.22 per cent) and Beirut Governorate (12.93 per cent).

C. Estimate of number of disabled persons

The 1981 study entitled "Enumeration and classification of disabled persons in Lebanon" was based on the data of the study entitled "Enumeration of the labour force", undertaken in 1970. The study comprised an estimated 65 per cent of disabled persons between the ages of 3 and 60, whose total numbers according to the data of the enumeration of the labour force and statistical calculations were estimated at 30,784.

The data of the enumeration of the labour force in Lebanon in 1970 gave 21,270 disabled persons between the ages of 3 and 65 out of a total population of 2,126,325, or 1.00 per cent. They gave 30,420 disabled persons of all ages, or 1.43 per cent of the total population.

The conclusions of the field study on the enumeration and classification of disabled persons gave the number of persons disabled as a result of the events in Lebanon as follows:

- Physically disabled of the first group (blind, deaf, dumb, amputees): 590 out of 7,203;
- Physically disabled of the second group (paralysed, deformed, rheumatic, unspecified disabilities): 652 out of 9,559;
- Mentally disabled: 179 out of 5,940,

or a total of 1,421, representing 7.76 per cent.

This made it possible to estimate the proportion of the disabled in Lebanon in 1981 as follows:

- Approximately 1.08 per cent for disabled persons from 0 to 65;
- Approximately 1.54 per cent for disabled persons of all ages (1.43 per cent x 1.078 per cent).

The number of residents in Lebanon in 1981, assuming an annual population increase of 2.7 per cent, was estimated at  $2,126,325 \times 1.02711 = 2,850,392$  persons.

The number of disabled Lebanese between the ages of 0 and 65 was thus estimated at  $2,850,392 \times 1.08$  per cent = 30,784.

The number of disabled persons enumerated in the field study was 19,974 between the ages of 3 and 60 out of an estimated total of 30,784 disabled persons.

These overall data suggest that the field study comprised approximately 65 per cent of the total number of disabled between the ages of 0 and 60.

Thus the number of disabled of all ages in Lebanon in 1981 was estimated at  $2,850,392 \times 1.54$  per cent = 43,896.

Non-statistical estimates suggest that the proportion of disabled in Lebanon today is nearly 5 per cent of the total population, according to some experts; in another estimate, this proportion rises to 10 per cent, taking in to account all age groups and including dangerous illnesses such as heart disease, diabetes, cancer, etc. However, such percentages are conjectures which have no statistical basis and may therefore not be relied upon.

## II. INSTITUTIONS FOR DISABLED PERSONS IN LEBANON

There are today in Lebanon around 50 state-approved institutions concerned with the disabled, including large centres for the treatment of the physically disabled which have physiotherapy and emergency departments, as well as centres for the fitting of limbs and appliances. During the civil war, institutions have sprung up which deal with the deaf and the dumb, the blind, the mentally retarded and addicts.

Before 1956, care was limited to providing services to the blind. However, with the spread of polio, the first hospital providing medical care and re-education for paralytics was established in 'Aley. Subsequently, the Centre for Medical Rehabilitation was established in Alousay in the southern suburbs of Beirut, and the Centre for Vocational Rehabilitation in the Hadeth area of Beirut.

It was during this period that a total of five institutes for the blind, the deaf and dumb and the mentally retarded were established in Beirut, Ba'abda and Broummana. All of these institutions were set up by the first generation of Lebanese social workers.

In 1970 the Centre for Physiotherapy and Rehabilitation was established within the Institution of Social Services in Tripoli, as well as another centre in Zghorta.

Care for the disabled has today reached a technically acceptable level, but the volume of these services remains insufficient to cope with the high level of needs.

The Lebanese State has given support to institutions concerned with the disabled since their inception, by providing either daily allowances for treatment and care or loans and grants for the foundation of institutions, or equipment and appliances and training and study grants. This has been done either directly or through the relevant international and foreign organizations.

Governmental bodies concerned with the disabled are in particular:

- The Public Directorate of Health, for the physically disabled, especially for the fitting of artificial limbs;
- The Public Directorate of Social Affairs, for vocational rehabilitation of the sensorily disabled or the mentally retarded;
- The National Employment Foundation of the Public Directorate of Labour, for special assistance with vocational training; grants and assistance are also provided by the Council for Development and Reconstruction;

Here it should also be mentioned that the disabled have begun to organize themselves in special associations and federations.

The Public Directorate of Health has agreements with over 30 institutions to pay hospitalization expenses for long-term treatment of reversible impairments; it also has agreements with specific institutions for non-reversible impairments. The Public Directorate provides nearly 300,000 Lebanese pounds (LL) a month for the purchase of artificial limbs and appliances for paralytics.

The Department of Social Revitalization of the Public Directorate of Social Affairs is the head institution for services to the disabled in Lebanon. Since its foundation in 1959, it has cared for the physically and sensorily disabled through the provision of training, rehabilitation and shelter to the deaf and dumb and the blind. In 1962 the Department concluded its first agreement with a care institution for the provision of shelter, care and rehabilitation to 25 mentally retarded children. In 1978 the number of institutions rose to four, providing rehabilitation to 260 children. In 1977 the Department set up a special section devoted to the affairs of the disabled. Since 1978, a total of 22 institutions have concluded agreements with the Department, which currently cares for 2,259 disabled persons, of whom 539 are receiving vocational training.

Returning to the enumeration and classification of the disabled, it appears that the vast majority of the disabled of various types do not reside in special institutions, as is borne out by the following figures:

Statistical tables show that the proportion of the physically disabled of the first group who reside in special institutions does not exceed 8.64 per cent, as against 89.60 per cent who live with their families.

Of the physically disabled of the second group, 5.16 per cent reside in an institution, as against 93.14 per cent who reside with their families.

The distribution of the mentally handicapped, according to age groups, is as follows:

- 3 - 5: 2.26 per cent in an institution; 94.57 per cent with their families;
- 6 - 10: 8.92 per cent in an institution; 89.26 per cent with their families;
- 11 - 60: 13.48 per cent in an institution; 85.14 per cent with their families.

The majority of the disabled in Lebanon thus reside with their families. There is evidently a great lack of care institutions in relation to the number of disabled persons.

### III. DISABILITY TRENDS

The analysis of disability trends in the statistical sense implies the comparison of numerical data derived from field studies undertaken on a periodical basis to keep a watch on disability in a given country.

As has been noted, such studies are not available for Lebanon. It is therefore difficult to make a scientific, statistical analysis of disability trends, although it is easy to conclude from conditions prevailing in Lebanon, which for fourteen years has been the scene of a merciless civil war, that disability trends are characterized by an increase in the number of physical impairments of various types, especially those resulting from random shelling, car bombs and armed confrontation.

Hardly a week goes by in which we do not read in the newspapers or hear on radio and television of people being taken to hospital for treatment and who are left with some sort of impairment.

This is not to speak of the psychological disturbance, the anxiety and fear suffered by the Lebanese and the consequent negative impact on their nervous state, especially in the case of children, who have experienced life in the bomb shelters. A quick glance at the study "Enumeration and classification of disabled persons in Lebanon" may enable us to imagine what the situation has become today, eight years after the study was carried out:

- Mentally disabled (3-5 years):

Events in Lebanon =	1	8.14 per cent
Other causes =	11	78.57 per cent

- Mentally disabled (6-10 years):

Events in Lebanon =	15	18.07 per cent
Other causes =	50	60.24 per cent

#### IV. CLASSIFICATION OF TYPES OF DISABILITY

In order to deal with the various types of disability, one must begin by classifying disabilities on the basis of field experience and not just theory.

In the study on enumeration and classification of disabled persons mentioned above, reference was made to Lebanese law and definitions of the World Health Organization (WHO) in particular.

In Lebanese law:

"a disabled person is a person whose ability to obtain and maintain work is in fact impaired by reason of a physical or mental deficiency or incapacity. The physically disabled include the blind, the deaf and dumb, amputees and paralytics. The mentally disabled or the mentally retarded include those persons who suffer from a weakness of the nervous centres which leads to a disturbance in mental growth and thus impedes social conformity."

The definition given by WHO in 1976 was as follows:

"Disability implies difficulty in performing work considered basic for the individual's daily activities such as taking care of oneself or performing socio-economic activities consistent with the individual's age, sex and natural role in society. Disability may be temporary or permanent."

On the basis of these two definitions and with the exception of the age groups below 3 and over 60, it is possible to enumerate the different types of disability in Lebanon in the following manner: disabilities are divided into two main types, physical and mental. The overlapping of disabilities has been taken into account, because disabilities are most often compound.

Physical disabilities are divided into two groups, the first group comprising the blind, the deaf and dumb and amputees. The second group includes paralytics, chronic rheumatics and the deformed.

Multiple categories of the first group are as follows: blind; deaf; blind and deaf; dumb; blind and dumb; deaf and dumb; blind, deaf and dumb; amputee; blind and amputee; deaf and amputee; blind, deaf and amputee; dumb and amputee; blind, dumb and amputee; deaf and dumb and amputee; blind, deaf and dumb and amputee.

Multiple categories of the second group are as follows: paralytic; rheumatic; paralytic and rheumatic; deformed; paralytic and deformed; rheumatic and deformed; paralytic, rheumatic and deformed.

Mental disabilities also include two groups: the mentally retarded and the mentally ill; the socially unadjusted and persons incapable of integration in schools or public life.

In general, the categorization of types of mental retardation does not go beyond a theoretical framework. Therefore, such categories should be treated with the greatest of caution, as they are incapable of yielding a consistent meaning.

#### V. SOCIAL AND ECONOMIC CONSEQUENCES

Any attempt to deal with social problems in Lebanon must begin by mentioning the economic factor inherent in the collapse of the national currency. The United States dollar, which up to 1982 was worth approximately three Lebanese pounds, is now worth more than LL 540; in other words the exchange rate of the Lebanese pound has dropped by a factor of about 150. At the same time, the minimum wage, in spite of all the increases, does not exceed \$US 40 per month.

The Lebanese pound lost most of its purchasing power as a result of high prices, and in Lebanon today, dire economic straits have imposed a burden on various aspects of daily life. There is no doubt that this crisis has aggravated the problem of the disabled, especially as their numbers have been growing constantly throughout the long years of the war.

The head of the household in Lebanon is no longer in a position to bear the costs of housing or food. In addition, the situation with respect to health and education has deteriorated in the country. Under these conditions, disabled persons have become a heavy burden on their families in their attempt to obtain relief aid from local and foreign organizations and bodies. The value of the portion of government budgets allocated to the disabled has dwindled under the pressure of inflation.

Yet the needs of the disabled are many and diverse, involving health, society, education and jobs. Comprehensive care for the disabled requires great efforts and high technology; they and their families are unable to bear the expenses of such care, especially as the majority of the disabled are either poor or from low-income groups. Funds provided by the Government do not suffice to provide for their basic needs.

Furthermore, the geographical distribution of services over the various regions in Lebanon is unbalanced. Some areas are well-provided with rehabilitation centres, whereas others have none.

The study "Enumeration and classification of disabled persons in Lebanon" showed that approximately one quarter of the disabled receive some sort of care or service, and that the remaining three quarters of the physically disabled get no treatment either from the State or otherwise.

The situation is made more critical by the absence of any one agency responsible for the disabled. If a disabled person turns to the Public Directorate of Health, for instance, he is referred to one of the private institutions, and if he goes to a private institution he is sent back to the Public Directorate of Health or the Department of Social Revitalization. In many cases, the disabled person may have numerous consultations without getting any result. Thus he often becomes a victim of the disagreement between the Public Directorate of Health and private hospitals.

Hospitals do not observe the prices laid down by the Public Directorate of Health for medical equipment and artificial limbs, and the disabled person is forced to pay the difference for equipment he cannot do without. The Public Directorate defrays 10 per cent of the cost of any equipment, provided that the disabled person himself pays for the rest of the medical equipment, apparatus, wheelchairs or crutches.

The majority of institutions for the disabled were started in the 1960s and the quality of service provided varies; in general, there are no standard criteria for the quality of services. In some of these institutions, inmates are employed in tasks which have no rehabilitational or educational value. Sometimes, centres for the disabled dispense no health care and inmates suffer from sores due to bad hygiene or immobility. Disabled persons who receive no support from their families may be victims of undernourishment.

In some institutions, physically disabled children are accommodated together with mentally disabled persons and other social cases.

There is also a grave deficiency in social awareness and the degree to which members of the community are convinced of the need to address the problem of disabled children, who more than anyone require understanding and acceptance from their social environment.

The system whereby the State, through the Department of Social Revitalization, sends the disabled person to a private social institution for accommodation, care and rehabilitation, can solve only part of the problem. The expenses allowed for each disabled person, as calculated by the Department of Social Revitalization, have gradually been raised, but even today, as a result of inflation, do not exceed 30 per cent of the true cost.

Rehabilitation of the disabled is a major problem. There is difficulty in getting the disabled accepted by educational and vocational institutions, especially since these institutions are not equipped to admit this category of people: even if they are prepared administratively to accept them, the disabled either have to climb the stairs, for instance, or they find that the lift is too small.

Vocational training centres are not able to accept disabled persons or to give them any productive vocational training.

Regarding employment, the situation of the disabled resembles that of the blacks in America at the height of racial discrimination, according to one disabled person, who noted that employers do not consider the productive potential of the disabled and consistently prefer to take on able-bodied staff.

## VI. GOVERNMENT POLICIES

### A. The Public Directorate of Social Affairs (Department of Social Revitalization)

The first major turning-point in Government interest in the problem of the disabled came in 1977, when a special Department of the Disabled was set up within the Department of Social Revitalization; it was entrusted with the following tasks:

1. To care for persons suffering from a physical or organic deficiency, a low mental level or a defect in the nervous system and to contribute to giving them a productive, active life, which should ensure their psychological and material independence, through care, rehabilitation and the provision of the necessary facilities for their employment.

This provides evidence of the legislators' interest in all aspects of disability, from everyday life and psychology to facilitating living conditions, rehabilitation and training.

2. To draw up a comprehensive programme for the various stages of care and rehabilitation of the disabled and to exercise control over its applications;

3. To organize training courses in the care of the disabled, with a view to producing specialists to work in this field and to establish specialized training centres.

The Department set up a pilot centre to serve the disabled, supported by an official committee concerned with children who suffer from psychological and mental disturbances.

4. To work to define the technical specifications and conditions that should be available in the institutions for the care of the disabled.

Those specifications have in fact been drawn up and agreements with institutions are concluded on the basis of them.



5. To ensure co-ordination between the specialized organs of the State and all the institutions concerned with the disabled.

The Department endeavours to create the appropriate bases for co-operation between the government sector and the non-governmental sector regarding care of the disabled.

6. To suggest legislation to assist the disabled in improving their living conditions, rehabilitation and vocational prospects.

In general, the services performed hitherto by the Department have been restricted to providing care, accommodation and rehabilitation for the disabled, through agreements with non-governmental institutions. To date, agreements have been concluded with 22 institutions in various regions. The total value of agreements concluded concerning the disabled reached 80 million Lebanese pounds in 1988.

In the light of the conclusions of the study undertaken by the Department of Social Revitalization, the following priorities with respect to the disabled have been adopted:

(a) To adopt a policy of prevention to contain causative factors and promote early detection; to encourage guidance and promote public awareness in the pre-school period and to urge all those working with the disabled to participate in and contribute to these guidance efforts;

(b) To encourage specialization of those working in care, rehabilitation and employment of the disabled, since their numbers are highly insufficient; to work to set up a training institute, as well as to encourage training missions abroad.

The Social Training Centre of the Department, in co-operation with the United Nations Children's Fund (UNICEF), has already held a number of on-the-job training courses for workers with the disabled. Training is now the subject of particular interest on the part of the Public Directorate of Health and the University of Lebanon, which has set up a Division for Social Health Supervision, as well as the Public Directorate of National Education and the National Employment Foundation.

(a) To encourage the establishment of an experimental workshop, to be maintained by the State in its initial stages until it becomes self-supporting;

(b) To classify the services of the institutions with which the Department has agreements as regards the quality of the services provided;

(c) To establish pilot State institutions to study disabilities, treatment and rehabilitation and to supervise research and academic and vocational studies.

The National Board for the Care of the Disabled has been set up within the Public Directorate of Labour, which according to its statutes is concerned with the following matters:

(a) To undertake studies to identify the needs of the disabled;

(b) To make suggestions and put forward views in the form of draft proposals concerning the disabled, including rehabilitation, training and employment in both the public and the private sectors, protection, working conditions and co-ordination between various public and private institutions.

#### B. The Public Directorate of Health

The Public Directorate of Health is the first government department a disabled person comes into contact with when he presents himself as such. It compiles and maintains his health file. The Public Directorate of Health also makes agreements with curing institutions, within certain technical and financial conditions, on care for the disabled. The Public Directorate of Health also plays a role in the field of prevention and has also been entrusted with the care, treatment and protection of the mentally ill. The Public Directorate is empowered to act as a civilian public prosecutor. The Public Directorate of Health hopes to establish the appropriate units within its administration to lay the foundations for supervision, boosting public awareness and prevention in the field of disability.

#### C. Social security

The concern of social security for the disabled is evidenced by the section dealing with insurance against accidents at work and occupational diseases. If an employee is disabled as a result of an accident at work, social security provides him with:

1. Full coverage for medical treatment and hospitalization costs;
2. If permanent partial incapacity results, the degree of the incapacity is assessed, and on that basis the disabled person is granted a disability pension for life;
3. The social security office in some cases provides appliances or artificial limbs to the disabled person;
4. The social security office undertakes the rehabilitation of the employee, with the aim of returning him, if possible, to normal life.

Insurance against accidents at work has not yet been implemented. The social security administration hopes to eliminate this shortcoming by: drawing up a plan for disability insurance, promoting financial contributions to projects for the disabled, encouraging institutions and employers to take on disabled persons and finally by encouraging protection and the demand in the labour market.

#### D. The Educational Centre for Research and Development

The Educational Centre for Research and Development of the Ministry of Labour, National Education and Fine Arts devotes special attention to schooling and training the disabled. The Centre indirectly raised the problem of the disabled in two studies on specialized schools and education. The Centre has concentrated on ways of integrating disabled children in ordinary schools by formulating a clear policy defining the rights of Lebanese

children, ensuring the commitment of the education system to the social integration of the disabled, training teachers to assist their integration, equipping school buildings with special education facilities, preparing special educational curricula for the disabled and organizing an integrated educational structure.

However, this educational project requires practical application in the public and private schools and institutions of Lebanon.

#### E. The College of Public Health of the University of Lebanon

The College of Public Health of the University of Lebanon has three departments that deal directly or indirectly with the disabled: Physiotherapy, Rehabilitation of the Disabled and Social Health Guidance. Physiotherapy methods have been made ready to give students training in them, in co-operation with private training centres. The College of Public Health is also preparing a project to set up special experimental elementary schools attached to the Department of Rehabilitation of the Disabled. The Department of Social Health Guidance will produce graduates from the end of the academic year 1989-1990.

Finally, it may be noted that there is an awareness of the problem of the disabled at the level of government policies in Lebanon, but this awareness is not given sufficient expression. With the exception of the important role played by the Department of Social Revitalization, there is still much that should be done in this field. It is also worth noting that the proliferation of official agencies concerned with the disabled tends to give rise to duplication and a squandering of efforts.

### VII. RECOMMENDATIONS

Taking into account field studies and in particular the contents of the study "Enumeration and classification of disabled persons in Lebanon" concerning needs, decisions taken by conferences on the disabled, meetings with government officials and representatives of the private sector and taking note of plans to deal with the problems of the disabled, one may proceed from the self-evident truth that, as a result of the continuing war, the erosion of governmental and non-governmental institutions and the deterioration of the socio-economic situation, there is an urgent need to give support to the worsening problem of the disabled at all levels, and especially to increase the funds allocated to shelter, care and rehabilitation, to re-equip institutions for the disabled and to increase the number of workers with the disabled.

Below follows a summary of the main recommendations that should be heeded by governmental, non-governmental and international bodies that deal with the disabled in Lebanon:

1. To begin preparation of a new enumeration of disabled persons in Lebanon, utilizing a comprehensive survey that will give a clear scientific picture of the situation of the disabled in Lebanon in 1989, eight years after the first study, with the object of identifying the type and volume of their needs with a view to satisfying the most urgent ones;

2. To take into account the current state of war and to adopt the various rapid measures needed in the field of the disabled;
3. To urge the State, society and humanitarian institutions that want to help Lebanon to give priority to assisting institutions for the disabled which have been damaged by the events in Lebanon to rebuild and re-equip;
4. To urge institutions specialized in the care of the disabled to introduce sheltered workshops for the disabled to ensure training and work once they leave the institutions;
5. To give instructors for the disabled rapid training courses in order to meet the most urgent needs as soon as possible;
6. To recruit instructors for the disabled in coming years in order to cover the urgent needs of institutions for the disabled;
7. To give support to State institutions which provide aid in kind to the disabled, consisting of equipment, appliances and personal necessities;
8. To launch a publicity campaign on radio and television and in the newspapers to explain to the public the need to facilitate everyday life for the disabled;
9. To promote through educational programmes public awareness and understanding of the problems of the disabled and to avoid hindering their daily movements;
10. To set aside special facilities for the disabled to allow access to public places of entertainment, such as cinemas, restaurants, swimming pools, etc.
11. To urge the State to institute projects for the adaptation of roads and public buildings and to set aside special facilities to allow access to the disabled;
12. To urge the State to adopt the necessary legislation making it obligatory to set aside facilities for the disabled allowing access to all public and private buildings;
13. To urge the State to amend the law on public transport to ensure that access to wheelchairs is provided on buses.
14. To urge the State to enact legislation requiring State institutions to employ a certain proportion of disabled persons, especially in the Ministry of Posts, Telecommunications, Health and Social Affairs, and others.
15. To take international texts on the rights of the disabled as a model for Lebanese legislation.

Sources

1. "Enumeration and classification of disabled persons in Lebanon", The Public Directorate of Social Affairs, Beirut, 1981 (in Arabic).
2. "Les handicappes au Liban", Caritas, 1981.
3. "The first conference on the affairs of the disabled, 28-29 June 1986, Tripoli" (in Arabic).
4. Hisham Baroudi, "Rehabilitation of the disabled in Lebanon", report to the World Health Organization, August 1987.
5. Files and statistics of the Department of the Disabled, the Public Directorate for Social Affairs.
6. Interviews with public and private officials concerned with the disabled.
7. Field investigations by the author of the report.

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