LEAVING NO ONE BEHIND: Making Persons with Disabilities Visible in Lebanon's Crisis

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Photo caption: HI team conducting rehabilitation assessments in Beirut Sport City shelter ©HI/ Lebanon Team

Ending Exclusion Amid Crisis

For the thousands of persons with disabilities caught in the crossfire, the current escalation has had a significant impact. Amid this crisis, they are among the hardest hit and often the most overlooked. As of early March 2026, over **1,600 households headed by a person with a disability** were identified in collective shelters[1], highlighting the scale of

[1] Government of Lebanon / Disaster Risk Management (DRM) Shelter Monitoring Data, March 2026

vulnerability at the household level. At an overall population level, persons with disabilities are estimated to represent **around 10% of Lebanon's population — more than 400,000 individuals**[2], meaning that the impact of exclusion extends far beyond those formally identified.

While at least **2,469 persons with disabilities** have been officially identified in collective shelters, this number is a fraction of the reality. Available data confirms their presence in displacement settings, including **1,300 persons with physical disabilities, 761 with mental disabilities, 481 with hearing impairments, and 338 with visual impairments**[3]**.** However, many more remain invisible, living in informal conditions or stranded in cars and unfinished structures, as official systems were not built with their inclusion fully considered. This goes beyond a response gap; it constitutes a breach of their right to safety.

The ceasefire reached on 16 April 2026 offers a critical, though fragile, opening to reduce harm and enable movement. While displaced people have the right to voluntarily return [4] to their areas of origin, such returns must be safe, informed, and dignified. This requires specific measures to ensure the inclusion of persons with disabilities, who face disproportionate barriers to mobility, access to information, services, and adequate housing. Without deliberate and inclusive planning, return processes risk reinforcing existing inequalities and exposing persons with disabilities to further harm. Ensuring their full and meaningful inclusion is therefore not optional, but a legal and operational imperative.

Systemic Barriers to Humanitarian Assistance: Exclusion By Design

1. Humanitarian response: Do not systematically consider disability inclusion

The humanitarian response in Lebanon is characterized by **systemic barriers to disability inclusion**, which is not yet consistently integrated as a mandatory standard across the Humanitarian Program Cycle. Key gaps include the lack of **disability-disaggregated data**, limiting the visibility of persons with disabilities in assessments, planning, and resource allocation, alongside **insufficient budget allocation**, persistent barriers to **physical accessibility** including limited provision of information in accessible formats and gaps in inclusive communication, targeted outreach, and referral systems continue to restrict equitable access to services.

In addition, the limited participation of **Organizations of Persons with Disabilities (OPDs)** in decision making undermines meaningful participation and accountability, resulting in responses that do not reflect lived realities or priority needs.

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[2] https://www.unicef.org/lebanon/media/13546/file/Future%20of%20Children%20Report%20Oct%202025%20EN.pdf

[3] Shelter Monitoring

[4] https://www.france24.com/en/southern-lebanon-residents-return-home-to-devastation-after-ceasefire

During **evacuations**, many persons with disabilities are unable to evacuate safely or are forced to abandon essential assistive devices, medication, and support systems, placing them at heightened risk and increasing vulnerability during displacement.

2. Collective shelters and the limits of protection

The reality of collective shelters, including those designated as inclusive, tells a different story. In shelters designated as being accessible, persons with disabilities still have to deal with overcrowded pathways and toilets that are only accessible by stairs. Without electricity, privacy, or adapted facilities, these spaces become environments that increase the risk of falls and social isolation.

The absence of electricity, lighting, and privacy undermines dignity and creates a **dangerous situation**. For individuals with limited mobility and women with disabilities, these are not just temporary difficulties; they are systemic obstacles that increase the risk of violence, falls, and social isolation. **Accessibility is not a luxury or an optional add-on; it is a minimum humanitarian standard requirement that is not yet consistently met.**

3. Health systems strained

The ongoing strain on Lebanon's health system has particularly affected persons with disabilities, resulting in reduced access to essential care, including medications for chronic conditions and sustained follow-up. Rehabilitation services, which were scarce even before the crisis, have now vanished from hospitals, leaving the injured without a path to recovery or independence. Assistive devices that are essential for mobility, communication, and daily functioning are not always available through the health system. Many have been lost during displacement, with no clear mechanisms for replacement. Without these devices, individuals lose the ability to move, communicate, and access even basic services.

Call for Action

To deliver an Inclusive humanitarian response in Lebanon, disability inclusion must move from voluntary consideration to mandatory compliance, grounded in **International Humanitarian Law, the Convention on the Rights of Persons with Disabilities, and The Amman Berlin Deceleration**

- **Humanitarian Funding (The 15% Commitment):** There is no inclusion without funding. Donors must align with global commitments by ensuring a **minimum of 15% of humanitarian funding** directly supports disability inclusion. Without this dedicated resource, inclusion remains conceptual rather than operational.
- **Systematic Disability Inclusion on Humanitarian Response:** Humanitarian actors must move from ad hoc support to systematically mainstream disability inclusion across response phases. This includes adopting inclusive design, ensuring physical accessibility alongside accessible communication through multiple formats (such as

braille, Easy to read, and audio- visual materials), Additionally, integrate inclusive referrals, targeted outreach, and humanitarian worker capacity building to identify and meet the specific needs of persons with disabilities.

- **Humanitarian Data (Ending Invisibility):** The mandatory use of **disability-disaggregated data**, including the Washington Group Questions, must be enforced across all assessments. **Without data, persons with disabilities remain invisible in planning, funding, and response**
- **Collective Shelters (Enforcing Accessibility):** Collective shelters designated for persons with disabilities must meet minimum accessibility standards as an immediate condition of operation. Existing sites must be urgently retrofitted, and at least **one fully accessible shelter in every district** must be guaranteed.
- **Health system (Restoring Independence):** ensure the continuity of **rehabilitation services during emergencies**, such as physiotherapy and MHPSS, to prevent long-term impairments. Plan for a sustainable integration of disability within primary health care services.
- **Guarantee the participation of** Organizations of Persons with Disabilities (**OPDs) in decision-making:** OPDs must be formally and permanently included in the country's Emergency Cell and in all high-level Humanitarian coordination platforms.
- **Expand disability-inclusive social protection**: Immediate and sustained funding is required to strengthen and expand the **National Disability Allowance** into a predictable, rights-based, and age-inclusive social protection mechanism.
- **Inclusive Return and Recovery Planning:** humanitarian and governmental actors must ensure that return and early recovery frameworks are disability-inclusive from the outset. This includes removing physical, informational, and institutional barriers to return, prioritizing accessible housing and services, and ensuring that persons with disabilities can make informed and voluntary decisions about return, in safety and dignity.
- Without **a permanent cessation of hostilities**, humanitarian actors face severe constraints in reaching affected populations, conducting needs assessments, and delivering life-saving assistance.

Without immediate actions, persons with disabilities will continue to be excluded from life-saving assistance.