Disability Under Siege

Impact of COVID-19 on Persons with Disabilities in Lebanon

Case Study Report

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Delivering a transformational step change in education provision for children with disabilities in conflict-affected states

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Background

Located on the eastern shore of the Mediterranean Sea, Lebanon, with an area of 10452 km2, is a small country in the Levant and the Middle East. Accurate data about Lebanon's population does not exist. However, population estimates range around six million, which includes Syrian refugees, Palestinians, and migrants from different countries.

Lebanon has faced many emergency crises, natural disasters, and wars in the last decades, however, since late 2019, the country is experiencing overlapping crises with its worst economic crisis in decades, social unrest, and political instability. On top of that, the COVID-19 pandemic that reached the country in February 2020, and the 4th of August Beirut Port Blast have aggravated people's vulnerability and intensely increased the level of poverty in the country. While people residing in Lebanon are struggling to cope with such overlapping crises, this study aims to investigate the impact of the overlapping crises and the COVID-19 on people with disabilities in Lebanon and identify the significant discrimination they might have experienced across healthcare and education sectors.

This chapter examines the impact of these overlapping crises and the COVID-19 Pandemic in Lebanon by reviewing, and analyzing the policies, practices, and COVID-19 awareness campaigns, governmental and non-governmental organizations, UN agencies, disability organizations have adopted to respond to the diverse needs of people with disabilities residing in Lebanon.

COVID-19 pandemic in Lebanon

First confirmed COVID-19 Case

The Lebanese Ministry of Public Health confirmed that Lebanon's first documented Coronavirus (COVID-19) case [1] was on Friday, February 21, 2020, while another two suspected infected cases were being investigated and were transferred to a hospital for quarantine. According to Reuters, [2], the first confirmed case is a female Lebanese citizen, 45 years old, who reportedly arrived in Beirut from the city of Qom in Iran, and was immediately taken to isolation after showing symptoms on the aircraft which has a total number of 150 passengers. The Lebanese Minister of Public Health, Dr. Hamad Hassan, has asked the remaining passengers to stay isolated at their homes for fourteen dates in line with the World Health Organization (WHO) precautions measures, and requested that passengers who showed symptoms later, would be tested and quarantined. Moreover, the Ministry of Public Health offered a hotline so people could call if they

[1] Garda World (2020, February 21). Lebanon: First case of coronavirus (COVID-19) confirmed February 21. Retrieved May 10, 2021 from https://www.garda.com/crisis24/news-alerts/316346/lebanon-first-case-of-coronavirus-covid-19-confirmed-february-21

[2] Reuters (2020, February 21). Lebanon confirms first case of coronavirus, two more suspected. Retrieved May, 10 2021 from https://www.reuters.com/article/us-china-health-lebanon-minister-idUSKBN20F225

showed or experienced any symptoms. As the situation was considered stable, the ministry of public health did not take any decision during that period to suspend flights coming from Tehran, or any other country that had reported cases of the COVID-19 virus as the authorities were following and monitoring any suspected cases arriving in Lebanon for the past 10 days since the first reported case was documented.

First lockdown date

However, with the exponential growth patterns of COVID-19 cases in other countries, the Lebanese authorities decided to shut down public transportation and banned flights to Iran, Italy, China, and South Korea on February 22, 2020. As the confirmed cases were three cases a week after the first reported case, authorities have requested to close all daycare centers, schools, and universities. On March 6, 2020, (twenty-two cases) and all nightclubs, pubs, gyms, and theatres in the country were closed. A week after, on March 11, 2020, sixty-four cases were reported and authorities had to take precautionary measures to slow the spread of the virus by closing all malls, restaurants, tourist sites, and public gardens. As the reported infected cases reached ninety-nine cases by mid-March 2020, the Lebanese government declared "public mobilization" by closing all the borders, with the full lockdown of nonessential services and ordered people to stay at their homes to limit the growth spread of the virus (Khoury. P, Azar,E., & Hitti. E, 2020) [3]

During the lockdown time, the Ministry of Public Health operated on securing personal protective equipment (PPE), purchased additional ventilators, prepared hospitals by assigning COVID-19 wards to treat severe and emergency cases, and trained staff on testing capabilities. Moreover, it increased the number of COVID-19 ready hospitals from 1 to 15 hospitals (Khoury. P, Azar.E, & Hitti. E, 2020) [4]

Phased reopening date

As the growth factor value reached less than 1 and the total confirmed cases were 710 cases by the third week of April 2020, the Lebanese government decided to reopen the country based on the low risk of transmission and the high effects of the closure on the country's economic situation. Accordingly, on April 27, 2020, the authorities introduced a phased reopening, whereby sectors with low risk of transmission and high effects on the country's economic situation can operate their businesses again, separated by intervals of 10 to 14 days, to allow other businesses

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[3] Khoury. P, Azar.E, & Hitti. (2020, January 28). COVID-19 Response in Lebanon Current Experience and Challenges in a Low-Resource Setting. Retrieved May 10, 2021 from https://jamanetwork.com/journals/jama/fullarticle/2768892

[4] Khoury. P, Azar.E, & Hitti. (2020, January 28). COVID-19 Response in Lebanon Current Experience and Challenges in a Low-Resource Setting. Retrieved May 10, 2021 from https://jamanetwork.com/journals/jama/fullarticle/2768892

with a higher risk of transmission and lower economic situation to reopen gradually. The airport was reopened on July 1, 2020 (Khoury. P, Azar.E, & Hitti. E, 2020) [5].

According to the Ministry of Public Health, the total confirmed COVID-19 cases reached 2542 cases and 38 deaths by mid-July 2020. While the Ministry of Public Health introduced the polymerase chain reaction (PCR) tests as a condition on travelers to enter the country as a precaution measure to limit the spread of the infection, more aggressive measures should have been taken, as testing remains a challenge for many people including migrant workers, refugees, people with disabilities, and people with low- income.

Beirut Port Blast and COVID-19

On August 4, 2020, a blast in Beirut's port area caused immense damage to the city, killing approximately 200 people, and leaving 6,500[6] injured and over 300,000 displaced. Many local, and international non-governmental organizations (NGOs), UN agencies, and civil society groups rushed to assist and provide medical support for casualties and people affected by the blast and provide temporary shelters for affected families. This comes on top of the significant effects of COVID-19 on people, which resulted in expanding the spread of the virus among people. According to World Vision Lebanon[7] the number of confirmed COVID-19 cases was 5,062 confirmed cases and 65 deaths on 6 August 2020. The number of people infected by the COVID-19 virus increased drastically after the blast whereas 500-600 cases were reported per day. The International Rescue Committee estimated that increase in the number of COVID-19 cases has reached 220% since mid-August, and 18,375 confirmed cases and 172 deaths are reported since the start of the pandemic. (Sherlock, R. 2020) [8].

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[5] Khoury. P, Azar.E, & Hitti. (2020, January 28). COVID-19 Response in Lebanon Current Experience and Challenges in a Low-Resource Setting. Retrieved May 10, 2021 from https://jamanetwork.com/journals/jama/fullarticle/2768892

[6] CARE, ESCWA, & UN Women (2020, October 28). *Rapid Gender Analysis of the August Beirut Port Explosion: An Intersectional Examination – Lebanon*. ReliefWeb. Retrieved May 10 2021 from: https://reliefweb.int/report/lebanon/rapid-gender-analysis-august-beirut-port-explosion-intersectional-examination

[7] World Vision Lebanon (2020, August 6). *COVID-19+ Beirut Explosion Crisis Emergency Response: Situation Report* ReliefWeb. Retrieved May 10 2021 from: https://reliefweb.int/sites/reliefweb.int/files/resources/Lebanon_Sitrep_COVID-19_Beirut%20explosion%20crisis_20200806%20%282%29.pdf

[8] Sherlock, R (2020, September 2). After Explosion, Lebanon Sees a Spike in Coronavirus infections. Retrieved May 10 2021 from:

https://www.npr.org/sections/coronavirus-live-updates/2020/09/02/908726243/after-beirut-explosion-lebanon-sees-a-spike-in-coronavirus-infections

According to the World Health Organization Lebanon (WHO, 2020)[9], several major hospitals were damaged by the blast and had to close, and three others were partially damaged, which resulted in losing around 500 hospital beds.

As Lebanon sees a spike in Coronavirus infections, the government tried to impose another lockdown after mid-August but failed to impose it, since many people lost their homes and had to either live in temporary shelters or became homeless (Sherlock, R. 2020) [10].

COVID-19 in 2021 and the second lockdown

The number of infected COVID-19 cases increased drastically since the beginning of the year 2021. More than seventy-seven thousand new cases were recorded; with an average of 3,885 new cases per day. Intensive Care Units (ICU) almost reached their full capacity at 90.5% across the country and 100% in Beirut, according to the World Health Organization. Many patients were treated in hospital parking lots since hospitals reached their full capacity. Shortages of oxygen and ventilators in hospitals have been reported. Doctors and nurses faced difficult choices, having to decide who should be put on ventilators and/or receive oxygen. Many people who could afford to buy expensively priced oxygen generators, purchase oxygen generators or ventilators so they use them at home, whenever available (OCHA, 2021)[11]. With the devastating financial crisis, the country is facing, medical supplies have diminished as dollars have grown scarce. With the overlapping crises of the economic situation and the increased number of affected cases, the Lebanese government had to announce another lockdown restriction in the first week of January 2021 (Arabic News, 2021)[12] the Lockdown was extended till the end of February to allow the government to gain time until the first vaccine arrive (France 24, 2021)[13]. The updated number of cases till this report is written (14

[9]World Heath Organization Lebanon (2020, August- December). Beirut Port Blast: Emergency Strategic Response Plan. Retrieved May 10 2021 from: who-lebanon-strategic-response-plan-27.9.20.pdf

[10]Sherlock, R (2020, September 2). After Explosion, Lebanon Sees a Spike in Coronavirus infections. Retrieved May 10 2021 from: https://www.npr.org/sections/coronavirus-live-updates/2020/09/02/908726243/after-beirut-explosion-lebanon-sees-a-spike-in-coronavirus-infections

[11] OCHA (2021, February, 17). On-the-record updates: the COVID-19 situation in Lebanon, 17 February 2021. Retrieved May 12, 2021 from: https://reliefweb.int/report/lebanon/record-updates-covid-19-situation-lebanon-17-february-2021

[12]Arabic News (2021, January 04). Lebanon Orders Three Weeks Lockdown. Retrieved May 10 2021 from: https://www.arabnews.com/node/1787241/middle-east

[13]France 24 (2021, January 22). Lebanon extends lockdown by two weeks as Covid-19 deaths soar Retrieved May 10 2021 from:

May 2021), the total number of Coronavirus cases are 534,968, deaths 7569, recovered 492,270 (Worldsmeter, 2021))[14].

COVID-19 and Healthcare sector for vulnerable groups

The Lebanese ministry of public health (MOPH) put its efforts to control the spread of the COVID-19 virus. During the initial phase, one public hospital was designated for testing, quarantine, and medical treatment. Then, most major university hospitals designated a COVID-19 ward for treatment, testing, and quarantine. Moreover, additional public hospitals across Lebanon were prepared (Khoury. P, Azar.E, & Hitti. E, 2020) [15].

Whilst the government took measures to control the spread of the virus, it is vital to investigate to what extent its ministries acknowledged the needs of its population and vulnerable groups such as socioeconomically disadvantaged families, children, teenagers, elderly, migrants, refugees, and people with disabilities. According to the United Nations High Commissioner for Refugees (UNHCR), migrant workers and displaced people represent 30% of the country's population, many of whom live below the minimum wage and live in crowded camps or shared properties with others. On the other hand, there are no accurate statistics or official data about the total number of people with disabilities, since the Ministry of Social Affairs (MoSA) only documents persons who are registered for a disability which is estimated to be around 80,703(Shuayb,I., & Doueiry,S., 2021) [16]. On the other hand, UNESCO estimate that people with disabilities exceed 15% of the total population. This counts to a minimum of 600,000 persons and four percent (160,000 people) have permanent disabilities if we consider the total population to be four million as the study was done in 2013 and excluded the Syrian Refugee population (Shuayb,I., & Doueiry,S., 2021) [17]. As these vulnerable populations constitute around 45% of the total population, it is important to investigate to what extent the government targeted its services, secured hygiene supplies, offered testing, and gave them access to healthcare services.

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https://www.france24.com/en/middle-east/20210122-lebanon-extends-lockdown-by-two-weeks-as-covid-19-deaths-soar

[14]Worlds Meter (2021, May 14). Lebanon Corona Virus. Retrieved May 10 2021 from:

https://www.worldometers.info/coronavirus/country/lebanon/

[15]Khoury. P, Azar.E, & Hitti. (2020, January 28). COVID-19 Response in Lebanon
Current Experience and Challenges in a Low-Resource Setting. Retrieved May 10, 2021 from
https://jamanetwork.com/journals/jama/fullarticle/2768892

[16]Shuayb,I & Doueiry,S. (2021, April). Mapping the Inclusivity of Needs Assessment and Reconstruction Initiatives During Beirut Blast Recovery Response. Retrieved May 14 2021 from:
https://disability-hub.com/wp-content/uploads/2021/04/Beirut-Recovery-Assessment-after-Beirut-Blast-accessible-pdf-final.pdf

[17]Shuayb,I & Doueiry,(2021, April). Mapping the Inclusivity of Needs Assessment and Reconstruction Initiatives During Beirut Blast Recovery Response. Retrieved May 14 2021 from:
https://disability-hub.com/wp-content/uploads/2021/04/Beirut-Recovery-Assessment-after-Beirut-Blast-accessible-pdf-final.pdf

According to Reuters (2020) [18], Syrian refugees did their best to protect their families from coronavirus by keeping their camp as clean as they could following the cleaning guidelines and awareness sessions delivered by UN agencies, but many could not afford to buy soap, sanitizers, or face masks. Health Minister Hamad Hassan stated that refugee health care was a shared responsibility by the state and United Nations agencies, but he said the international community had been slow to react to the crisis. On the other hand, the UNHCR refugee agency delivered awareness campaigns and distributed hygiene materials on refugee committees to prevent the spread of the virus. Refugees in need to go to the hospital could not afford the ride or pay for treatment, which is another challenge highlighted by Reuters (2020) [19]Discriminatory restrictions on Syrian refugees that do not apply to Lebanese residents were another challenge faced by many refugees. According to Human Rights Watch (2020)[20], around 21 Lebanese municipalities have introduced discriminatory restrictions on Syrian refugees who do not have or apply to Lebanese residents as part of their efforts to battle Covid-19. Moreover, Human Rights Watch (2020)[21], highlighted that the lack of information about hygiene and ways to protect themselves against infection and their inability to access healthcare was one of the main challenges that many Syrian refugees encountered.

Testing and tracing were other procedures that the (MOPH) adopted on 22 February 2020 to monitor the spread of the COVID 19 virus. People with symptoms as well as people exposed to patients were tested with facility quarantine of all patients testing positive, while those with asymptomatic conditions were requested to isolate themselves at their homes. With the lack of technological resources to trace the cases, the ministry of health collaborated with the municipalities to trace all cases manually, while enforcement of home isolation was achieved through local municipalities and community efforts. Whilst such efforts were made to limit the spread of the virus, many refugee communities in different camps across Lebanon could not

[18]Reuters (2020 March,19). Without soap or sanitizer, Syrian refugees face coronavirus threat. Retrieved May 14 2021 from: https://www.reuters.com/article/us-health-coronavirus-lebanon-refugees/without-soap-or-sanitizer-syrian-refugees-face-coronavirus-threat-idUSKBN21635U

[19]Reuters (2020 March,19). Without soap or sanitizer, Syrian refugees face coronavirus threat. Retrieved May 14 2021 from: https://www.reuters.com/article/us-health-coronavirus-lebanon-refugees/without-soap-or-sanitizer-syrian-refugees-face-coronavirus-threat-idUSKBN21635U

[20]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[21]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

access such services as they could not access health care due to their under-resourced living conditions (UNHCR)[22].

Not only did refugees and migrant workers face discrimination and exclusion during the COVID-19 pandemic, but also people with disabilities in Lebanon encountered the same barriers.

According to Human Rights Watch (2020)[23], people with disabilities encountered barriers in accessing healthcare. They have never been consulted in preparing the government's emergency response, and most of the provided COVID-19 information was inaccessible.

Although Law 220/2000 outlawed discrimination against people with disabilities, many people with disabilities yet encounter significant barriers around the built environment, health, education, employment, and poverty. While people with disabilities in Lebanon were marginalized long before the COVID-19 pandemic, their needs were completely overlooked by the Lebanese government during the COVID-19. During the lockdown restrictions, local and international disability non-governmental organizations (NGOs and INGOs), received a large volume of calls from people with disabilities to secure necessary medications and respirators for underlying health conditions (Human Rights Watch, 2020)[24]. With the absence of inaccessible COVID-19 hygiene information campaigns, many private initiatives and international organizations such as UNICEF, Lebanese Federation of the Deaf, and the Disability Hub- Centre for Lebanese Studies- Lebanese American University have produced some accessible material and campaigns about COVID-19, yet not all the life-saving information is accessible for people with disabilities. Accessible information about preventing infection and spreading with COVID-19 is critical for people with disabilities due to the increased need for touching either objects or other mobility aids (Fund et al., 2020)[25]. While the World Health Organization(2020) [26]recommends that these products are frequently disinfected, this may not always be possible as people with disabilities either lack the knowledge of how to clean their aids properly (International Disability Alliance, 2020) [27]or do not have funds available to purchase cleaning

[22]UNHCR (2019, December 23). VASYR 2019—Vulnerability Assessment of Syrian Refugees in Lebanon. Retrieved May 10 2021 from: https://reliefweb.int/report/lebanon/vasyr-2019-vulnerability-assessment-syrian-refugees-lebanon

[23]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[24]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[25]FUND, W. F. W., CBM & DFAT(2020). Disability inclusion and COVID-19: Guidance for WASH delivery: Guidance for Water for Women Fund implementing partners. Guidance Note – COVID-19. Melbourne, Australia: Water for Women Fund.

[26]WORLD HEALTH ORGANIZATION (2020). Disability considerations during the COVID-19 outbreak. World Health Organization.

[27]International Disability Alliance (2020, June 17). Barriers in accessing information during COVID-19: Stories from the Arab region. Retrieved May 14, 2021 from:

products (McKinney et al., 2020) [28]. Blind people and people with visual impairments are also at increased risk due to their need to touch tactile surfaces to obtain information on their environment (Fund et al., 2020)[29]. Moreover, people with a variety of impairments may struggle to keep their distance from others, due to the need for receiving care or assistance (Emirie et al., 2020) [30].

While the Lebanese Ministry of Public Health (MOPH) held many media press conferences to update its public about the COVID-19 situation in Lebanon, none of the government's communication strategies included qualified sign language interpretation for televised announcements. The need for sign language interpretation was by far the most common requirement identified in reports (Arab Organization of Persons with Disabilities (AOPD) [31]. However, not all deaf people understand signs; therefore, captions are also a crucial requirement to ensure information is accessible (International Disability Alliance, 2020g) [32]. Another identified barrier lies in the fact that most hospitals and testing centers/ units in Lebanon were inaccessible for people with disabilities, which hindered many people with disabilities from taking the PCR tests or being admitted to hospitals. Moreover, most people with disabilities infected with COVID-19 are often separated from their caregivers or personal assistants, which can lead to their care needs not being met, as well as potentially leaving patients with communication impairments unable to communicate effectively with healthcare staff (Guidry-Grimes et al., 2020)[33]. This is particularly concerning in cases where children are being separated from their

https://www.internationaldisabilityalliance.org/covid19-arab-region

[28]McKinney, E. L., McKinney, V. & Swartz, L. (2020). COVID-19, disability and the context of healthcare triage in South Africa: Notes in a time of pandemic. African Journal of Disability, 9
World Health Organization.

[29]FUND, W. F. W., CBM & DFAT(2020). Disability inclusion and COVID-19: Guidance for WASH delivery: Guidance for Water for Women Fund implementing partners. Guidance Note – COVID-19. Melbourne, Australia: Water for Women Fund.

[30]Emirie, G., IYASU,AYASU, Genzahegne, K., Jones, N., Presler- Marshall, E., Tilahun,K.,Workneh,F.& Yadete,W(2020). Experiences of vulnerable urban youth under covid-19: the case of youth with disabilities. COVID-19 Series Ethiopia Policy Brief. London: Gender & Adolescence: Global Evidence.

[31]Arab Organization Of Persons With Disabilities(AOPD) 2020. Call to Action: Inclusion of Women with Disabilities and Migrant Women Workers in Covid-19 Response and Recovery Plans. Beirut, Lebanon: Arab Organization of Persons with Disabilities (AOPD).

[32]International Disability Alliance IDA (2020, May,18). Cut from the World: Pandemic experience for hard of
hearing persons in Nepal. Retrieved May 14, 2021 from:
https://www.internationaldisabilityalliance.org/nepal-covid19

[33]Guidry-Grimes, L., Savin, K., Stramondo, J. A., Reynolds, J. M., Tsaplina,M Burke,T. B., Ballantyne,A.Kittay,E.F,Stahl,D,Scully, J. L., Garland-Thomson,R., Tarzian, A., Dorfman,D.& Fins, J. J. 2020. Disability Rights as a Necessary Framework for Crisis Standards of Care and the Future of Health Care. The Hastings Center report, 50, 28-32.

parents or caregivers, due to either the child or one or both parents being infected with COVID-19 (Singh et al., 2020)[34].

Whilst the Lebanese Ministry of Health posted statistical information about the number of infected cases, death tolls, and specified the districts across Lebanon, there was no information about people with disabilities who might have caught the virus or are dead after being infected by the virus. One spokesman with visual impairment mentioned in his interview with the International Disability Alliance in Lebanon, that he was unaware of any cases of people with disabilities getting infected with COVID-19, which made him wonder about the possible ways of help that might be offered by nursing and medical staff to infected people with disabilities whether at home or in hospital (International Disability Alliance, 2020)[35]. Another spokesman with Down Syndrome shared her fears and worries about catching the virus and having to be admitted to Hospital.

COVID-19 and Educational sector

The recent COVID-19 pandemic has put tremendous strain on most educational institutions in the world. It is estimated that at least 1.5 billion children and their families were affected by school closures. In the context of Lebanon, the COVID-19 pandemic, the recent political upheaval, and the Beirut explosion of August 4, 2020, that destroyed a large part of the city and several schools, have added more educational challenges in teaching and learning for low-income families, refugees and people with disabilities. On 29 February 2020, most schools and universities had to close, including special education schools and centers. Whilst some private schools relied on online teaching during the 17 October uprise closure, many were less prepared to move to online learning during the lockdown restrictions. Many private special schools could not provide remote one-to-one educational or therapy sessions for children with cognitive impairments, which added pressure on parents who could not support their children's educational needs. Whilst, most children with disabilities in Lebanon are deprived of enrolling in the mainstream educational system, few can enroll but most schools lack reasonable accommodations that allow them to learn (Human Rights Watch, 2020)[36]. Although some schools have set online distance learning teaching and learning methods are often inaccessible and do

[34]Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G. & Joshi, G. (2020(. Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. Psychiatry Res, 293.

[35]International Disability Alliance (2020, December, 4). Pandemic Plus Economic Crisis plus massive explosion: Voices from Lebanon. Retrieved May 10, 2021 from: https://www.internationaldisabilityalliance.org/blog/pandemic-plus-economic-crisis-plus-massive-explosion-voices-lebanon

[36]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

not accommodate the needs of students with disabilities. As some Lebanese schools were damaged by the Beirut blast and many were hit hard by the economic crisis, many international organizations such as United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, and Food and Agriculture Organization (FAO) played a leading role to ensure students with and without disabilities continue to learn remotely. However, the lack of funding resources for education restricted many schools and special education centers from providing inclusive education for students with disabilities. Many special schools are owed substantial amounts of funding by the government and therefore struggle to deliver quality education. The school closure has also prevented many children with disabilities enrolled in the special institutions from getting the resources and services they used to have such as healthcare and food supplements (Human Rights Watch, 2020)[37].

The lack of disability-specific resources, slow internet connection, learning materials in inaccessible formats, and the inability of many parents to purchase learning devices prohibited many children with disabilities from gaining access to remote learning (International Disability Alliance, 2020) [38]. Whilst the ministry of education had ordered schools to close, it neither provided clear guidance on continuing educational curriculum remotely nor provided accommodations or educational technological devices for families who could not afford to buy tablets and computer devices. With the absence of clear guidance from the ministry of education, many special educational institutions and disability local and international non-governmental organizations, took the lead and initiative to tailor their curriculum and deliver their teaching methods remotely (Human Rights Watch, 2020)[39] Another major barrier was lack of education among parents and caregivers, particularly among children who are first-generation learners with parents/caregivers who are illiterate.

COVID-19 Vaccination

On 11 March 2020, the World Health Organization (WHO) director has announced that the COVID-19 has been characterized as a pandemic caused by a Coronavirus (World Health

[37]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[38]International Disability Alliance IDA (2020,April 24) Autistic students in South Africa: how has their life changed? Retrieved May 14,2021 from https://www.internationaldisabilityalliance.org/autism-sa-covid19

[39]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

Organization, 2020)[40]. With the increased number of affected cases and the increase in death tolls in North America, most scientists and medical teams in different countries concluded that they would certainly unite their efforts and collaborate to develop some sort of immunization program. Two medical companies, namely Moderna and Pfizer secured funding to develop quickly COVID-19 vaccine, taking into consideration some safety concerns with this approach of COVID-19, given the short time constraint and the side-effects from live attenuated viruses can take time to onset. By mid-summer 2020, Moderna and Pfizer had established themselves as the leaders in the race to develop a COVID-19 vaccine. The two companies were both the only companies to take the mRNA vaccine approach, publishing initial Phase I/II clinical trial data on July 14th for Moderna, and on August 12th for Pfizer. (Brothers. W, 2020) [41]. On November 9, 2020, Pfizer and BioNTech announced that the Vaccine candidate was found to be more than 90% effective in preventing COVID-19 in participants without evidence of prior SARS-CoV-2 infection in the first interim efficacy analysis (Pfizer, 2020) [42]. Similarly, Moderna's efficacy rate was approximately 95%, where the number of symptomatic COVID-19 cases in the treatment arm of the trial was only 11 compared to the 185 cases in the placebo arm. Both Pfizer and Moderna have taken these results to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) (Brothers. W, 2020) [43]. On December 11, 2020, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (U.S Food and Drug Administration FDA, 2020) [44] .

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[40]World Health Organization WHO (2020, March 11). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. Retrieved May 12, 2021 from: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

[41]Brother. W (2020, December 03). A Timeline of COVID-19 Vaccine Development. Retrieved May 12, 2021 from: https://www.biospace.com/article/a-timeline-of-covid-19-vaccine-development/

[42]Pfizer (2020, November 09). Pfizer and BioNtech Announce Vaccine Candidate Against COVID-19 Achieved Success in First Interim Analysis from Phase 3 Study. Retrieved May 12, 2021 from: https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-vaccine-candidate-against

[43]Brother. W (2020, December 03). A Timeline of COVID-19 Vaccine Development. Retrieved May 12, 2021 from: https://www.biospace.com/article/a-timeline-of-covid-19-vaccine-development/

[44]U.S. Food and Drug Administration FDA (2020, December 11). Pfizer-BioNTech COVID-19 Vaccine. Retrieved May 12, 2021 from:

In preparing for vaccine deployment, the Lebanese government, with the support of the World Bank and other partners, has conducted the COVID-19 vaccine readiness assessment, established a National COVID-19 Vaccine Committee, and prepared a National COVID-19 Deployment and Vaccination Plan (NDVP) which seeks to vaccinate 80 percent of the total population (citizens and non-citizens residing in the country) (World Bank, 2021) [45].

Lebanon began its national COVID-19 vaccination campaign on Sunday, February 14, 2021. The first doses of vaccines were given to frontline medical workers and the elderly. The first batch of the Pfizer-BioNTech vaccine to arrive in Lebanon was made up of 28,500 doses. Lebanon signed a deal with Pfizer-BioNTech for 2.1 million doses of the coronavirus vaccine to be delivered over the next four quarters. These vaccines will be complemented by 2.7 million doses obtained through COVAX. The rollout will be monitored by the World Bank and the International Federation of the Red Cross and Red Crescent Societies to ensure safe handling and fair and equitable access for all populations residing in Lebanon. (OCHA, 2021) [46]. High-risk populations including high-risk health workers, above 65 years of age, epidemiological and surveillance staff, and population between 55-64 years with co-morbidities were prioritized to be given the vaccine, through a multi-phase roll-out plan in line with WHO recommendations. By prioritizing these groups, the country's vaccination program has the potential to reduce the consequences of the pandemic (World Bank, 2021) [47]. According to (OCHA, 2021) [48], while the Ministry of Public Health announced that the vaccine will be distributed to everyone on an equal basis, the online registration form to receive the vaccine through COVAX requires a form of valid documentation. Requesting such a requirement can prohibit many people from taking the vaccine, mainly because some of them are Lebanese nationals with civil documentation and

https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

[45] The World Bank (2021,February, 12). World Bank and IFRC Support Independent Monitoring of COVID-19 Vaccine Campaign in Lebanon. Retrieved May 12, 2021 from: https://www.worldbank.org/en/news/press-release/2021/02/12/world-bank-and-ifrc-support-independent-monitoring-of-covid-19-vaccine-campaign-in-lebanon

[46] OCHA (2021, February, 17). On-the-record updates: the COVID-19 situation in Lebanon, 17 February 2021. Retrieved May 12, 2021 from: https://reliefweb.int/report/lebanon/record-updates-covid-19-situation-lebanon-17-february-2021

[47] The World Bank (2021,February, 12). World Bank and IFRC Support Independent Monitoring of COVID-19 Vaccine Campaign in Lebanon. Retrieved May 12, 2021 from: https://www.worldbank.org/en/news/press-release/2021/02/12/world-bank-and-ifrc-support-independent-monitoring-of-covid-19-vaccine-campaign-in-lebanon

[48] OCHA (2021, February, 17). On-the-record updates: the COVID-19 situation in Lebanon, 17 February 2021. Retrieved May 12, 2021 from: https://reliefweb.int/report/lebanon/record-updates-covid-19-situation-lebanon-17-february-2021

unregistered refugees. Moreover, around two-thirds of Syrian newborn babies to Syrian refugee parents are without a birth certificate registered with the Lebanese authorities (OCHA, 2021) [49]. On the other hand, people with disabilities in Lebanon were not given a priority in obtaining the vaccine. Whilst, a National COVID-19 Vaccine Committee was established to monitor the vaccine campaign, the committee did not have a person with disability representative, and the right for the vaccine for people with disabilities was outlooked. This has led many local and international disability organizations, disability advocates, and activities to call for their right to be included in the vaccine plan. For example, the Disability Hub- Centre for Lebanese Studies at the Lebanese American University, issued a statement and a video campaign entitled "Our Rights to survive entitles Our rights to obtain the vaccination" so that people with disabilities can be included in the vaccination plan (Disability Hub,2021)[50].

COVID-19 information and awareness campaigns

Since the first COVID-19 case was confirmed, the Lebanese government developed a national strategic communication campaign to raise awareness and limit the spread of the COVID-19 virus. The first communication campaign was launched 4 days after detecting the first case of COVID-19. The main strategy centered around flooding media outlets with information by health care professionals, talk shows hosted physicians and public health experts, and public service messages featuring physicians were streamed through social media and television outlets, in addition to governmental directives around "stay home" orders and prevention (Khoury. P, Azar,E, & Hitti. E, 2020) [51]. Whilst these campaigns included high knowledge levels on prevention such as hand hygiene, avoiding crowds, and abiding by stay-at-home orders, it is vital to review these campaigns and information to identify to what extent such useful information is accessible for people with different disabilities.

The ministry of public health (MOPH)[52] produced 103 videos and animated awareness campaigns about COVID-19, prevention of COVID-19, quarantine, self-isolation, COVID-19, mental health, COVID-19 vaccines. Although the videos included vital information about the COVID-19 itself, safety measures, prevention, and procedures to follow if a person got infected, however, there

[49] OCHA (2021, February, 17). On-the-record updates: the COVID-19 situation in Lebanon, 17 February 2021. Retrieved May 12, 2021 from: https://reliefweb.int/report/lebanon/record-updates-covid-19-situation-lebanon-17-february-2021

[50] Disability Hub (2021, March, 26 Our Rights to Survive Entitles Our Rights to Obtain the Vaccination حقنا في البقاء يفرض حقنا في الحصول على اللقاح. Retrieved May 12, 2021 from: https://disability-hub.com/covid19-statement/

[51] Khoury. P, Azar.E, & Hitti. (2020, January 28). COVID-19 Response in Lebanon Current Experience and Challenges in a Low-Resource Setting. Retrieved May 10, 2021 from https://jamanetwork.com/journals/jama/fullarticle/2768892

[52] Ministry of Public Health (MOPH) (2021) Awareness Campaigns. Retrieved May 12, 2021 from: https://www.moph.gov.lb/en/view/25580/protective-measures-coronavirus-

was no attention to the needs of people with disabilities, and ways to prevent the spread of the virus. Moreover, the videos themselves were mostly inaccessible for a diverse need of users. Only 6 videos out of the 103 videos or only 5% of the videos included Lebanese Sign Language interpretation, while close captioning has never been used in all the videos. Whilst animation was used to simplify and convey important information, many of the written information did not include voice-over or audio description and were inaccessible for people with visual impairments. Moreover, the Ministry of Public Health (MOPH) website and the IMPACT platform for lockdown permission and vaccine registration were inaccessible for people with disabilities, the elderly, people with little language and IT literacy. Likewise, the press conferences and updates about the COVID-19 in Lebanon delivered by the Minister of public health (MOPH) or any spokesman from the ministry of health were inaccessible for people with disabilities.

The United Nations International Children's Emergency Fund in Lebanon (UNICEF) [53] dedicated a full page at its website that includes information about COVID-19, preventive measures, tips and guidance for families, COVID vaccines, campaigns, and related news and stories. The campaign section included 7 categories (Vaccinated campaign, COVID- 19 vaccination, hashtag #time to abide, RHUH, safe return to school, how are you with corona? and the hashtag #the real test). The vaccinated and COVID-19 vaccination campaigns included written information and posters about the vaccination, however, the poster images are inaccessible for people with visual impairments. While the "Time-to abides" campaign included sign language in its video and written subtitles in the English language, it did not include Arabic subtitles or closed captioning. Similarly, the RHUH campaign included two short videos with no Arabic or English subtitles, and they did not have any sign language interpretation or audio descriptions for its content. Back to school campaign is composed of 5 animated short videos without any subtitles or sign language interpretation. While UNICEF collaborated with the National mental health Program at the Ministry of Public Health (MOPH), Ministry of Education (MEHE), and the World Health Organization (WHO) as part of the COVID-19 response and youth engagement (particularly on mental health components and had 3 short zoom video recordings entitled "Keefak/ keefik", they did not include any representatives or youth with disabilities in such initiative. Moreover, the three videos did not include any sign language interpretation, nor subtitles and therefore are inaccessible for people with hearing impairments. The real test video campaign, although included a person with mobility impairment in its video, however, the video itself did not have any sign language interpretation, Arabic subtitles, audio description for visual content which made it inaccessible for people with visual and hearing impairments.

[53] UNICEF(2021) COVID-19 in Lebanon . Retrieved May 12, 2021 from: https://www.unicef.org/lebanon/covid-19-lebanon

United Nations Population Fund (UNFPA) [54] published in May 2020, infographics that included key messages to promote the inclusion of people with disabilities in the COVID-19 response. The infographics with alternative descriptive text (Alt-Text) were provided in English, Arabic, Spanish, French, Russian, Chinese, and Portuguese languages, and hence they were accessible for people relying upon on-screen reading software.

Acknowledging that most of the awareness video campaigns were inaccessible for people with hearing impairments or the Deaf community, the Lebanese Federation of the Deaf(LFD) [55]produced many awareness campaigns with sign language interpretation about COVID-19, its prevention, stay home, and vaccination and posted there on their Facebook page.

Similarly, the Disability Hub- Centre for Lebanese Studies at the Lebanese American University (DH)[56] included in its website a wide variety of information about COVID-19, and its impact on people with disabilities. Most of the posted information is produced by different local and international disability organizations in Lebanon. Moreover, the Hub produced an awareness campaign entitled "If the Corona pandemic did not exclude anyone, why does social justice not include us all". The campaign composed of 4 videos shed light on the rights for healthcare, education, employment, and mental health for people with disabilities. The animated videos included an audio description of the visual content and subtitles in English and Arabic which made the whole content accessible for diverse people with disabilities. On the other hand, the Disability Hub produced an accessible awareness campaign about the right to vaccination for people with disabilities which included close captioning for the auditory information.

[54] UNFPA (2020, May) COVID-19 and Persons with Disabilities: Key Messages. Retrieved May 12, 2021 from:
https://www.unfpa.org/resources/covid-19-and-persons-disabilities-key-messages
[55] Lebanese Federation of the Deaf (2021) Lebanese Federation of the Deaf Facebook Page. Retrieved May 12, 2021 from:
https://www.facebook.com/lfdeaf/
[56] Disability Hub (2021) COVID-19. Retrieved May 12, 2021 from:
https://disability-hub.com/covid-19/

Lebanon Case Study Methodology

Different qualitative methods are used to identify the impact of COVID-19 on persons with disabilities in Lebanon.

Desk Review

This study reviewed 37 available research studies, reports, policies, procedures, notes, and rapid analysis reports conducted by the governmental authorities such as the ministry of public health, international NGOs, and UN agencies such as UNICEF, UNHCR, international disability organizations such as IDA and OCHA. Moreover, the study reviewed reports published by the World Bank, World health organizations, and Human Rights Watch.

Social Media COVID-19 awareness Campaign Analysis

The study reviewed and analyzed different social media campaigns produced by the Lebanese government, local and international NGOs, and disability organizations. The review aims to analyze to what extent the COVID-19 awareness campaigns and media information represented people with disabilities in their media content and the accessibility level for the content particularly for people with visual, hearing, and cognitive impairments and the elderly.

Virtual Personal Interviews

18 personal (virtual) interviews were conducted with parents of students with disabilities under 18 years old, a student with disabilities above 18 years old, local disability organizations, and stakeholders from the educational and healthcare services. Researchers conducted open-ended questions covering the following 7 *sections*.

Services provided before and after the Pandemic amidst Local Instabilities

Service Evaluation and satisfaction

IT and technology knowledge, internet and accessibility features

Emotional and mental health services

Medical health services

COVID-19 knowledge and information

COVID-19 vaccination evaluation

Limitations

Several limitations restricted researchers from conducting a full evaluation of the impact of COVID-19 on persons with disabilities in Lebanon. The study generates recommendations from analyzing and evaluating 18 virtual interviews with educational stakeholders, local and international disability organizations and teachers and parents, and students with disabilities to

ensure that people with disabilities and other vulnerable groups are included during and after the pandemic.

The four limitations are:

- The duration for obtaining the IRB approval which took almost 4 months (26 March- 25 June) restricted the researchers to conducting interviews with teachers, university faculty members, and university students as they were busy with final exam preparations. However, the researchers used this period to review the literature, reports, and studies and prepared a list of potential participants who fit within the scope of the research. 18 participants took part in the study and they represented different government representatives, local and international nongovernmental organizations, disability organizations, and parents and students with disabilities in one month.

- The electricity power-cuts and the slow internet connections in Lebanon hindered the researchers from reaching a representative sample of interviewees from the education and healthcare services in Lebanon. Interview flow, interview recordings, and note-taking were constantly interrupted and researchers had to compensate by resorting to WhatsApp calls and voice notes in cases when interviewees had mid-interview interruptions in the connection.

- Essential governmental stakeholders from the ministry of education, health, and social affairs did not take part in virtual interviews as no response/follow-up to interview invitations was received.

- Leading private education offices rejected interview invitations.

Research Ethics Statement

The research project with Protocol Title: Case Study on People with Disabilities under COVID-19: A Qualitative Study in Lebanon and Jordan has been approved by the Lebanese American University, Institutional Review Board (LAU IRB) on 25 June with IRB protocol number:

IRB #: LAU.STF.MS3.25/Jun/2021

Lebanon Interview Findings and Discussion of Key Findings

Lebanon Interview Findings

The researchers conducted virtual interviews with the following ten service providers: three bodies within two different UN agencies, three local non-governmental disability organizations, one disability social worker, one private special learning institution, one private inclusive school,

and one private higher education institution, all of which offer different services tailored to different disabilities.

One UN body provides targeted programs for children with severe to moderate disabilities, aiming to implement social and educational inclusion. The second supports Palestinian and Syrian refugee students with visual impairment and learning difficulties through an identification-intervention system, therefore offering learning support for teachers as well as assistive devices, speech/psychological therapy sessions, and financial support for students. Similarly, the third UN body is a school within a UN agency that caters to Palestinian and Syrian refugee students, specifically with physical impairment, visual impairment, mild autism, and diabetes, excluding severe disabilities.

The first local non-governmental disability organization tailors its services for children with mild to severe autism, via individualized education programs (IEPs) delivered through participatory courses such as crafts, vegetation, yoga, musical therapy, and sports. The second one provides educational and therapeutic services for children and the elderly with learning difficulties, intellectual disabilities, and different levels of autism. The third local non-governmental disability organization provides services for children with visual impairment who are registered in public or private schools. These services include the provision of a special educator at school, assistive technology devices, transportation, as well as accommodation of books into accessible formats.

The disability social worker supports Palestinian and Syrian refugee students with autism, paralysis, hearing impairment, muscle dystrophy, and amputations. Services delivered focus on their wellbeing and happiness by having them participate in manual and tactile activities within inclusive social settings.

The private special learning institution offers educational services for people with hearing impairment according to an early intervention program.

The private inclusive school delivers minor, partial, and full educational and therapeutic interventions for students with special needs according to individualized plans set out by special educators, school counselors, and speech and psychomotor therapists, all while having these students integrated within the school's social life and activities.

The IT Accessibility Office within the private higher education institution is concerned primarily with IT business development, digital accessibility, and assistive devices for students with special needs registered in that university.

Services during the Pandemic amidst Local Instabilities

Although these ten interviewees used to provide different educational, healthcare, and training services for parents and people with disabilities before the pandemic, most of their services could not cover all needs across the country even before the pandemic, irrespective of their location or scale. This is due to the multi-fold crisis in Lebanon that has aggravated people's vulnerability ever since late 2019: the worst economic crisis in decades that has increased the level of poverty

in the country to 80%, social unrest, political instability, the COVID-19 pandemic, the 4th of August Beirut Port Blast and lack of fuel supply. Eight out of these ten service providers discussed the destabilizing impact endured by these events.

One of the interviewed disability organizations expressed how political instability, such as governmental resignations, led to a delay in efforts and services such as the distribution of disability cards needed for medical support. Interviewees also discussed lack of fuel and the consequential inaccessibility to the internet interrupted access to online services and highly stressful circumstances. Two interviewees reported reduced services due to Revolution-related road closures. Four expressed financial deficiencies resulting from the country's economic failure whereby expenses increased while funding remained unchanged, rendering education and healthcare services more inaccessible. Interviewees pointed out how this has led to budget cuts on educational, therapeutic, and technology-related services, the rise in parent and student need for social protection, the imbalance between teacher workload versus devaluated incomes, and finally, doubt in the continuity of their organization's existence.

Amidst all the mentioned complications imposed on service providers during the pandemic, findings reveal the complete absence of governmental action. All ten service providers interviewed asserted the lack of any form of government aid or even follow-up to any request for help from governmental agencies such as the Ministry of Social Affairs or the Ministry of Health. Two interviewees reported their ineligibility to even apply for aid due to their beneficiary group or the short time interval since their operation.

Findings from interviewing the ten service providers revealed that the spread of the COVID-19 pandemic on top of the multi-fold crisis in Lebanon obliged these organizations to alter their methods of providing services to cater to people with disabilities. All ten had to resort to delivering online services to abide by the lockdown, which had all educational institutions, including disability/inclusive organizations, stop the in-person activity.

For that, organizations chose different online tools to deliver their services. Six interviewees used WhatsApp. For example, the disability social worker stated how WhatsApp was a good tool for their services that mainly target the wellbeing of people with disabilities. She explained:

"We are not specialists. We mainly focus on their happiness and on helping them feel integrated."

Other tools were used as well; four organizations used Zoom, one used Microsoft Teams, and one using Google Forms and Live Worksheets. Only the organization catering for people with hearing impairment mentioned using multiple platforms at once to ease lesson delivery during online learning.

For the use of these online platforms and online resources, five interviewees mentioned providing teacher training. One of the UN agencies provided training sessions in partnership with a private university. Those included training on rehabilitation sessions, community engagement,

and adapting COVID-19 information to make it accessible to students with disabilities. Similarly, the E-learning unit within the IT Accessibility Office at the private higher education institution established guides and held awareness sessions for teachers to share what digital accessibility means and the tools available to achieve it. Their main focus was on how to accommodate content for diverse types of disabilities: alternative text, color schemes (for color blindness), screen readers (for visual impairment), letter size (for visual impairment), line spacing (for dyslexia), captioning for videos and presentations as well as clear visibility of lips to allow for lip-reading (for hearing impairment), microphone-recording of classes (for students with hearing aids) and sign language interpretation (during events).

Guidelines were also provided for students to ease their transition to using online platforms. However, one of the local non-governmental disability organizations mentioned that only older students were eligible to receive PowerPoint presentations about using online platforms to be able to access the online classes while younger dependent students required parental assistance. In such cases, parental assistance and involvement were needed as mentioned by four interviewees. On that note, another local non-governmental disability organization, catering for children with mild to severe autism, explained how communication with students was maintained asynchronously via Parent WhatsApp groups. Image packages were designed and distributed to one hundred families. The packages were used as communication tools between parents and their children with autism, and instructions were given to limit TV time at home as children with autism are highly sensitive to their surroundings. In other words, as two interviewees explained, parental assistance somehow compensated for the absence of special educators whose services are most effective face to face. Two other organizations mentioned the inability to compensate for speech and psychomotor therapy sessions.

Therefore, since not all services could be available online, some organizations, particularly the ones catering for students with autism, intellectual difficulties, and hearing impairment, chose to resort back to in-school learning while following safety measures. One interviewee explained:

"To allow for lip-reading parallel to safety measures of having to cover the mouth-nose area with masks, teachers wore face shields since transparent masks were not practical and caused suffocation. Students wore regular face masks."

Despite the obstacles faced by certain categories of service providers, three organizations mentioned developing a flexible plan for delivering their services, which in turn necessitated extra effort teachers made beyond working hours. A common plan was shared by two of the 3 UN bodies interviewed. They provided both synchronous and asynchronous classes to accommodate for the lack of internet and devices in households. Synchronous classes were scheduled from 8:00 am till 11:00 am or 9:00 am till 12:00 pm, according to the timeframe of highest student participation that reached a 50%-70% attendance percentage. Asynchronous lessons took form in sharing content in diverse forms. The content was shared in text format on

this UN agency's platform which is accessibly designed for all students, in a visual format through videos, PowerPoint presentations, and animations via WhatsApp groups, and finally in auditory format through short voice notes also shared via WhatsApp groups. Students were then given the timeframe of 1 day to participate by sharing their work via WhatsApp with their teacher as well as sharing video recordings of themselves performing the skill at hand. Also, an online assessment was adapted; it was respective of each student's abilities, level of participation, and homework completion instead of tests and quizzes.

Finally, aside from academic and therapeutic services, two interviewees mentioned delivering safety and health services. They provided oxygen machines and masks according to need as well as PPEs (personal protective equipment) to all organizations in Lebanon, including 120 organizations caring for children with disabilities.

Service Evaluation and Satisfaction amidst Local Instabilities

In addition to interviewing ten service providers, the researchers also conducted virtual interviews with eight service recipients who have disabilities, or with their parents if they were below eighteen, to investigate their satisfaction with the services provided and the impact of COVID-19 on accessing online educational and healthcare services.

Three virtual interviews were conducted with parents of students with disabilities under eighteen years old and living in Lebanon. The students were specifically distributed among the Beirut, Nabatiyye, and Bekaa districts. All three parents had a child with autism spectrum. The first parent has a female child with severe autism along with medical conditions including hypothyroidism, autoimmune diseases, and chronic arthritis. The child is registered in a private special learning school. The second parent has a male child with severe autism and education difficulties. Finally, the third parent has a male child with autism and no medical complications, and the child is registered in a school within a UN agency.

Four interviews with school/university teachers were carried out. The first interview was conducted with a professor at an inclusive higher education private institution, the second with a professor at a higher education program for people with disabilities, the third with a professor who has a hearing impairment and teaches at a public/private inclusive school, and the fourth with a professor who has a visual impairment and teaches at public and another private university.

Finally, one virtual interview was conducted with a high school male student with a physical disability who transitioned from school to university during the pandemic. He is registered in a private university to major in computer science.

Firstly, similar to the interviewed service providers, all interviewed service recipients discussed the Lebanese multi-fold crisis and its impact during the pandemic: lack of fuel and the consequential inaccessibility to the internet interrupted access to online services, lack of/limited number of technological/communication devices per household, and high levels of stress.

The interviewed student shared:

> *"The pandemic re-activated the uncertainty and therefore emotional stress students went through during the period of the October revolution."*

Parents voiced out:

> *"With all the stress of the country, parents had to take in so much."*

All three interviewed parents similarly mentioned being left out of any form of governmental aid, considering that, disregarding the pandemic, special education in Lebanon is very expensive and not funded by the government. As for medical services, the parent of the female child with autism and medical complications explained how the child's medical expenses during COVID-19 were covered by private insurance companies as parents were not eligible to receive governmental insurance due to the terms of their employment. Similarly, the interviewed student with physical disabilities recounted the meeting organized by the ministry of education that included seven students with disabilities. During this meeting, the students were asked to share the struggles faced during online learning; however, no action or follow-up took place by the government.

Finally, in light of the above discussion assessing services during COVID-19 in Lebanon, fourteen out of nineteen interviewees concluded that access to education and healthcare services during COVID-19 in Lebanon was not inclusive and inequitable. The main reason associated with this went back to the lack of governmental preparedness, planning, and follow-up, as was explained by the representative of the private special learning institution:

> *"Inclusion is currently an overreach in Lebanon. The governmental system lacks one designed classification modality and unified guidelines on providing equitable services, hence allowing each organization the liberty to follow its program and service."*

Findings from all nineteen interviews with service providers and recipients revealed that COVID-19 had both positive and negative impacts on education and healthcare services, although the negative impacts listed outnumbered the positive ones.

Four interviewees mentioned a dissonance between in-school learning tools and curricula for online learning; the curriculum was ineffectively adapted based on quantity reduction instead of skill acquisition, and that disoriented teacher and student efforts.

Three interviewees mentioned the irrelevance of online assessment and online follow-up; the lack of surveillance stripped credibility away from online assessment and rendered it dysfunctional. Similarly, the break in the interpersonal relationship between students and teachers no longer allowed teachers to properly assess the students' level of skill acquisition, as explained by one of the interviewed teachers:

> *"In face-to-face teaching, teachers can know their students better and identify their strengths and weaknesses. Online, teachers cannot know if students are independent and learning alone, or if someone is helping them."*

To elaborate on the above, eight interviewees mentioned regression in performance levels of student and academic employees. One of the professors explained:

> *"As a teaching process, online learning was fine, but the issue is that I noticed that there is a lower performance in online learning than in physical learning."*

This was validated by the parent of the child with severe autism and education difficulties who stated:

> *"To compensate for the regression in academic performance, my son was with students of grade one instead of students of his class: grade four."*

As for employees within educational institutions, some lost "stamina" for maintaining their standard operating mode of productivity, while others were much more productive at home without having to go through "the hustle of driving and traffic" as explained by one of the service providers interviewed.

Six interviewees discussed online learning disregarding disability. To start with, one of the UN bodies explained that mainly average and below-average students found difficulty in the material taught online. This was also confirmed by one of the teachers:

> *"Some students, with or without disabilities, were just not responsive to any online stimuli and would fail to make any individual effort to participate."*

Three interviewees related this regression in academic performance to students' inability to maintain continuous concentration due to lack of discipline and tangibility in virtual classes. The parent of the child with autism and no medical complications explained that in-class teaching is more alert and keeps attention spans longer especially when samples and experiments are shown.

Furthermore, four interviewees related the above to the inappropriateness of the home as an academic setting. The professor who has visual impairment said:

"Online learning is making every house a school, and this is a problem."

Failure to avoid the clash between the home and the school was explained by a lack of academic team readiness by nine out of the fourteen disability organizations and teachers, while three stated the opposite.

Interviewees highlighted a complete or partial lack of academic team readiness due to rejection of new teaching methodologies, having skills that cannot be used for online teaching, or due to lack of training.

> *"Online education was not an accepted practice in Lebanon. People rejected the idea of having to suddenly, in little time, change ways of production which they had been accustomed to for years."*

On the other hand, the IT Accessibility Office within the private higher education institution explained that the implementation of digital accessibility had already been in process for 2

years before COVID-19. It was then expedited during the pandemic, but teachers were not obliged to comply with accessibility standards. Another example was given by the teacher at a higher education program for people with disabilities who explained that ever since the October revolution, the team had already provided the students with optional online learning tools.

This is why three interviewees mentioned the benefits of maintaining and strengthening the use and knowledge of technological tools as means of student-teacher communication. One of the organizations for students with autism explained how online services can be maintained as an alternative in case of future emergencies, weather conditions that prevent students from arriving at the center, student sicknesses, etc.

While lack of academic-team readiness affected the performance of services delivered, five out of nineteen interviewees also discussed the effect of parental unavailability on service efficiency, particularly for students with disabilities.

> *“Lack of parent cooperation makes online learning somewhat impossible.”*

To explain, the interviewed student with physical disabilities stressed the importance of parental support for the acquisition of time management skills, for creating a suitable learning environment, and for assistance in the usage of assistive devices. Interviewees discussed the drawbacks of lack of parental support on students with hearing impairment and on students with mild to severe autism who cannot autonomously and independently access the internet through phones or laptops. Parents, however, could not always be available.

Answers received from parents validate the latter point where three out of all three parents interviewed mentioned lack of parental readiness to cater for their children’s academic needs, particularly for children with disabilities, unless parents had been well-trained. For example, one of the parents explained how she was able, along with her spouse, to accommodate her time and be creative in entertaining and educating their children only because they worked in the field of inclusion and had flexible work hours; however, she voiced out her concern about other parents:

> *"Parents were sometimes the main source of the problem depending on their attitude. It’s a partnership between us and the school. I tried out things with my daughter, I told the teachers about them, and then they implemented them. So, there was trust and communication. But we are just parents. We cannot be therapists or special educators. It is not our duty, and schools should not put this pressure on parents. Mutual accountability is needed."*

Similarly, the parent of the student with severe autism and education difficulties expressed:

> *"Our children need a lot of tools to be able to learn, and because I have completed the Applied Behavioral Analysis training, my home was prepared, and I am taking care of his therapy sessions. I was like a shadow teacher ready to explain if anything was unclear. Other parents were not able to be present at home with them.”*

In other cases, students with disabilities were discriminated against by their parents. As explained by one of the UN-bodies interviewed:

> *"Parents became overwhelmed with responsibilities, and not all of them were able to support their children at home. This is especially true for those who chose to spend time teaching their other children who do not have disabilities instead of their child who has a disability."*

On that note, eleven out of eighteen interviewees discussed the inefficiency of online learning for people with disabilities. It was mentioned that students with severe autism, students with visual impairment, students with hearing impairment, high functioning students with attention deficiency, and students who need a special educator benefited the least from online learning as they needed targeted means of communication. The representative from the non-governmental disability organization catering for children with visual impairment emphasized:

> *"There were teachers who gave half the curriculum, and students with disabilities took half of this half, meaning 25% of what they are supposed to learn per year."*

It was also mentioned that general efficiency in online learning necessitated relying on one universal language for ease of communication: spoken languages; however, as stated by the teacher with hearing impairment:

> *"Students who needed to learn sign language, or who needed to learn via sign language, failed to do so online. Sign language is a real language on its own, with its grammar and idiolects and dialects; however, it was not provided with the needed space to be taught online."*

However, six out of eighteen interviewees discussed the potential of online learning being efficient for people with disabilities. It was mentioned that students with intellectual disabilities, hearing impairment, and mobility impairment could benefit from online learning, This would also be true for students with autism and those with low self-esteem who "were happier when isolated from class hustles".

Finally, one of the local non-governmental disability organizations highlighted the efficiency of online learning in developing student independence:

> *"During in-school learning, to understand a certain topic, it takes an hour of explanation until everyone understands; however, online, you are restricted with the zoom timeframe. The students, therefore, will need to be independent and try to find answers later through friends, the internet, or YouTube, instead of only relying on the teacher."*

IT and Technology Knowledge, Internet, and Accessibility Features

The IT Accessibility Office within the private higher education institution described accessibility in technological devices as a worldwide requirement by law:

> *"Key solutions for conferencing tools are global, and they all have accessibility features. We just need to turn them on and know about their availability. We were able to achieve 60% of accessibility through built-in features that we did not know were there before COVID-19."*

Descriptions of characteristics of accessibility features received from multiple interviewees revealed a lack of knowledge about their availability:

"Platforms are free and simple. We used YouTube, WhatsApp, TikTok, PowerPoint, Google Maps"
"Zoom allows for screen share, cameras, and a built-in chat for Q and A."
"PowerPoint Presentations with simple text and proper spacing are accessible."

The answers of another five interviewees were more specific to accessibility features:

"We use synchronous Smart Boards and touch screen laptops."
"There are specific Applications for speech therapists."
"There are Applications for oral transcription."
"I rely on talking software, on programs such as JAWS and MVDA."

Interviewees aware of accessibility features listed the deficiencies of the latter. The main point mentioned by the interviewees highlights the inaccessibility of these features with context; accessibility features are highly costly and therefore are not affordable amidst the economic crisis in Lebanon. Another contextual deficiency is the lack of Braille letters in laptop keyboards distributed in the Lebanese market. Interviewees also discussed performance deficiencies of accessibility features. Screen readers are limited to certain languages, image accessibility through alternative text does not serve academic purposes, automated sign language is unavailable for synchronous learning platforms, compatibility between assistive devices and assistive technology is not available, and finally, synchronization between software updates and already set up accessibility settings is not consistent. These performance deficiencies mentioned by the interviewees had them conclude that currently, available accessibility features would fail to replace the power of a teacher's presence, particularly for children with attention or mental deficiency, who require active engagement, and for children with mild to severe autism, who cannot autonomously and independently access the internet through phones or laptops. The last covered area was quality assurance and testing tools of accessibility, where the lack of human intervention in the testing process renders these tools only partially effective.

As stated by the teacher with visual impairment, the above-mentioned deficiencies result from the lack of proper investment in designing accessibility features:

"Technology development companies do not design their programs for accessibility and therefore do not invest in these features. They depend on specialized companies for designing accessible devices and programs or for adapting already existing ones."

Minimal knowledge about accessibility features stems out from minor/occasional usage of technological devices in the first place, before the pandemic. Two service providers catering for children with autism and visual impairment explained this, based on the needs of their student group that requires services focused on manual and tactile activities for stimulating sensory processing. However, nine interviewees mentioned resorting to electronic devices before COVID-19 to cater to diverse modes of information acquisition. Electronic devices, such as iPads and

laptops, were provided as note-taking techniques when pen and paper were not the best tools for the child. Visual tools, such as videos, smart boards, movies, and presentations, were used for visually-oriented students. Assistive technology, including braille devices and screen readers, were used for users with visual impairment, and smart programs were used for Applied Information for students with hearing impairment.

With the shift in teaching techniques, the need for assistive devices grew; however, a lack of financial capacity to provide assistive devices was mentioned by the majority of interviewees. Three mentioned connections with NGOs for the provision of assistive devices. However, two mentioned the need for parental effort in accommodating and finding alternatives to set up accessibility features on student devices.

> *"In theory, there are applications and special devices for adaptation, but there is no support to provide them. In Lebanon, this is a huge barrier. Our therapists are very aware of what is needed, and they accordingly try to find free apps to accommodate. However, it is not always a solution."*

Finally, while most service providers failed to provide assistive devices, all three interviewed teachers mentioned not being asked for any assistive devices by their students, one of whom stated:

"Some students do not know what to request."

Emotional and Mental Health Services

Fourteen out of nineteen interviewees mentioned the social stress and panic faced by teachers, students, and parents as a result of confinement, excess of information, news of deaths, as well as family and friends leaving the country view the deteriorating situation in Lebanon.

Six interviewees particularly explained how this stress was experienced more severely by children with disabilities who had already struggled with lack of motivation, before online learning, due to how much effort they needed to put into education. Interviewees mentioned how students with hearing impairment felt "tired and disoriented". Students with epilepsy faced anxiety due to duty overload. Students with intellectual disabilities felt "alone and depressed" and expressed missing their campus, friends, and teachers. Students with autism became restless and hyperactive due to isolation; their activities were already limited to center visits, which were no longer an option during the lockdown.

To support the wellbeing of students, the majority of efforts included staying in contact with students through counseling sessions via WhatsApp, social hours, encouraging artistic media of expression, and finally providing parents of students with autism awareness videos about routine and autism tantrums. Despite efforts, two interviewees expressed how virtual mental health sessions were not the most effective since a safe space for talking could not as easily be simulated online. These sessions were rather standardized due to the over-stretching of organizations which reduced their efforts of tailoring their services. Other support

mechanisms included canceling academic requirements and giving extended time for homework submission.

It is also important to note that two interviewees mentioned that parents and teachers were also addressed in mental health support activities as they struggled to perform the roles they assumed as educators and caretakers. For that purpose, group online sessions were organized for communicating emotions.

Medical Health Services

While people with disabilities in Lebanon were marginalized long before the COVID-19 pandemic, their medical needs were completely overlooked by the Lebanese government during the pandemic as well. The COVID-19 lockdown restrictions and the risk of contracting COVID-19 in healthcare centers and hospitals limited parents from taking their children with disabilities for regular medical checkups. The parent of the child with severe autism and medical complications expressed:

> "Our inability to visit her pediatrician due to the pandemic led to the accumulation of health issues which could have been resolved earlier. Instead, they were aggravated and required surgeries."

Similarly, while no accurate official data is available about the total number of people with disabilities (PwDs) in Lebanon, a lack of statistics on PwDs prevails during the pandemic. Whilst the Lebanese Ministry of Health posted statistical information about the number of COVID-19 infections and death tolls for each district across Lebanon, there was no official data collected about people with disabilities who might have caught the virus or who passed away due to the virus. Eight interviewees confirmed the above and reported not having any statistics on the number of PwDs who contracted the COVID-19 virus. Numbers were only known internally and individually, within organizations. It was explained by five interviewees that children with disabilities, particularly with autism, did not contract the virus as much. This was because parents had to strictly abide by the safety measures to keep their children safe as they could not express symptoms vocally. PwDs contracted the virus in cases where their parents had to leave home for work and get exposed to the virus.

COVID-19 Knowledge and Information

Since the first COVID-19 case was confirmed, the Lebanese government developed a national strategic communication campaign, based on spreading information via media outlets, to raise awareness and limit the spread of the COVID-19 virus. However, governmental COVID-19 campaigns that include information on virus symptoms, precaution measures, vaccine information, and vaccination procedures were reported to be inaccessible by all 18 out of 18 interviewees because accessibility was not the main component addressed during the design of COVID-19 information.

Interviewees listed the following groups as the ones mostly excluded from accessing this information: people with visual impairment, hearing impairment, autism, and mental/intellectual disabilities, particularly the children within these categories. Other less mentioned groups were people with a limited level of knowledge and children, disregarding disability. Two interviewees with disabilities expressed a sense of helpless frustration and an acquired level of independence as a result of being excluded from receiving information, long before the pandemic:

> *"There are always campaigns without voice-over, not only during COVID-19. So we are used to it, and we search for other alternatives."*

> *"People with disabilities have their support systems, in all life matters, who probably filled in their knowledge gap about the pandemic."*

However, individual efforts were made by UN agencies, local disability organizations, NGOs, private organizations, scout teams, schools, universities, parents and teachers, and special educators to compensate for this lack of accessibility imposed by the government during the pandemic. Efforts focused on developing new awareness campaigns based on storytelling, fictional characters, the representation of PwDs, and adaptation of governmental campaigns to include sign language, captioning, and animations. Efforts then focused on the circulation of this accessible material. Interviewees noted that government information dissemination techniques focused on media coverage via Television and social media. This coverage is not accessible to all types of disabilities including children with autism. The parent of the student with autism shared her struggle with her child's acquisition of the information:

"COVID-19 information was easily forgotten by children with autism. He needed to be kept reminded about safety precautions."

Therefore, modes of information transmission for students with autism and intellectual disabilities varied and were discussed by the two local non-governmental organizations supporting children with autism: student engagement was central in this case. Students were thus asked to role-play and record instructional videos on how to apply precaution measures such as hand-washing. Also, information was shared via study flashcards for proper acquisition. In other cases, precaution instructions were communicated with parents.

COVID-19 Vaccination Evaluation

In preparing for vaccine deployment, the Lebanese government established a National COVID-19 Vaccine Committee and prepared a National COVID-19 Deployment and Vaccination Plan. The plan included the Impact registration platform, one that people living in Lebanon used to get registered for receiving the vaccine. Feedback on both the Impact vaccination platform's accessibility and on the PwD vaccination days was available from interviewees who are within the age range that is eligible to get vaccinated or those who have children within that age range. Otherwise, interviewees did not know the subject.

Five of the interviewees noticed and stated that the vaccination platform did not include a section on disabilities. They explained how a disability could only be indirectly recorded under the "other", "diseases" or "chronic illness" categories. As stated by the UN agency supporting children with disabilities:

> *"People with disabilities are included under the 2b stage vaccination priority, but the Impact platform did not collect information on disability. How would people with disabilities, therefore, access the vaccine if the platform does not include them initially?"*

On that note, three interviewees explained that priority for people with disabilities should have been irrespective of their disability but rather based on medical condition and age, which in turn also dictate their dependence on caregiver support; they explained that protecting caregivers from the virus requires vaccination of the care receiver.

Two interviewees mentioned being registered for the vaccine via the institutions they are employed at and one explained how schools received clear governmental guidelines for registering their teachers for the vaccine. However, no guidelines were communicated for the registration of students with disabilities, leading the interviewee to comment on the lack of consideration for students with disabilities in receiving the vaccine.

As for the Impact platform accessibility, according to those who accessed the platform to register, seven mentioned it being inaccessible to people with specific types of disabilities. The ones mentioned were mental, intellectual, and visual impairments. Also, another seven described it to be inaccessible to members of the older generation who are not accustomed to digital processes. Finally, three interviewees described it as accessible only to people with minimum educational background. "It is fine if you can read", mentioned the disability social worker. Only one accessibility feature was mentioned, which is the availability of the platform in two languages, English and Arabic.

This reveals how people with disabilities were not consulted during the design phase of the platform, as stated by the organization supporting children with visual impairment:

> *"Despite PwDs being represented within the ministries of Health and Social Affairs, their organizations could not successfully guide the ministries into designing an accessible and inclusive vaccination platform."*

As for vaccination marathons, they were set up to vaccinate any member registered on the Impact platform on a walk-in basis. Interviewees described these marathons as good and motivating approaches only for people without disabilities. The two organizations catering for children with autism explained how children with autism cannot receive their vaccines via a vaccination marathon; children with autism cannot take part in big crowds. Having to take two vaccine shots increased the risk of children with autism rejecting another trip to the vaccination station in case of a bad experience at the center during their first shot. Parents of children with

autism, therefore, chose to not vaccinate their children during the vaccine marathon of people with disabilities.

Receiving the vaccine as a person with a disability was therefore not a simple process, and it was not made any simpler by governmental decisions. People with disabilities had to submit their disability card, while only a small number of PwDs are registered for the card. Submission of a medical report, instead of the disability card, was later accepted after one of the UN agencies negotiated with the Ministry of Social Affairs; however, people with disabilities did not have the needed time or money to prepare for this requirement with short notice. Similarly, all vaccination centers should have been designed accessibly. Instead, only specific, private, accessible centers were provided for the PwD vaccination marathon, and accessibility measures were limited to physical ones. The teacher with hearing impairment expressed:

> *"The language, the attitude… the whole atmosphere was not hospitable. It is patronizing in a sense"*

Therefore, a limited number of PwDs were able to get vaccinated during the marathon, as the statistics shared by the UN agency catering for children with disabilities reveal:

> *"Only 9% of people who got vaccinated during the 2-day PwD vaccination marathon were people with disabilities."*

It is also very important to mention that one interviewee stated that only the AstraZeneca Vaccine centers were accessible, further reducing the accessibility of PwDs to safe vaccination, considering that this vaccine cannot be administered to people with certain medical conditions.

One of the interviewed UN agencies pushed for at-home vaccination services, but their request was not approved. Other attempts were made to secure vaccines for students with disabilities via private parties or via the COVID-19 committee, but these attempts failed due to political reasons and to lack of follow-up, respectively.

Considering all of the above-mentioned exclusion from the right to vaccination and accessibility to the marathon, there was, again, a sense of helplessness by three interviewees and an acquired level of independence as a result of being constantly excluded. The teacher with visual impairment stated:

> *"I don't know if I can blame the ministry for lack of consideration of PwDs taking into consideration everything going on in the country."*

Discussion of Findings

Findings from analyzing the services before and during the Covid-19 revealed that the pandemic harmed both people with and without disabilities. However, it was more harmful to people with disabilities who encountered barriers in accessing healthcare and educational services in Lebanon.

Six main themes are identified at the policy and decision level and the healthcare, and academic services levels.

Destabilizing Effect of Multifold Crisis in Lebanon

Findings reveal the major destabilizing impact of the multifold crisis in Lebanon, happening parallel to the pandemic, on service recipients and service providers. Along with the devastating economic crisis, several major hospitals were partially/completely damaged by the August 4th Port Blast in 2019 (WHO, 2020)[57], and schoolwork had been interrupted by the October 17, 2019 revolution before lockdown decisions (Human Rights Watch, 2020)[58]. Healthcare and education services were therefore rendered inaccessible during the pandemic.

Specifically, findings reveal that service providers faced the risk of discontinuing their services as they struggled with financial deficiencies resulting from the country's economic failure whereby expenses increased while funding remained unchanged. Service recipients, people with and without disabilities, struggled with receiving online services due to their limited ability in purchasing technological/ communication devices, and due to the country's lack of fuel and the consequential inaccessibility to the internet.

As a result of the highly stressful circumstances in Lebanon with COVID-19 restrictions, service recipients and service providers experienced stress, anxiety, panic, and depression. People with disabilities reported experiencing disorientation, loneliness, hyperactivity, and a sense of helplessness towards constantly being excluded and treated secondarily in all crises. A major finding highlights the weak efficiency of virtual group mental health sessions provided by schools to students, parents, and teachers because the collective online setting was not easily perceived as a safe space to tackle mental health issues.

Lack of Inclusive National Preparedness and Response Plan

Findings attribute inaccessibility to education and healthcare services during the pandemic to a lack of governmental preparedness, planning, and follow-up. The reported lack of inclusive national preparedness aligns with the government's initial marginalization of people with disabilities in Lebanon long before the COVID-19 pandemic (Human Rights Watch, 2020)[59].

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[57]World Heath Organization Lebanon (2020, August- December). Beirut Port Blast: Emergency Strategic Response Plan. Retrieved May 10 2021 from: who-lebanon-strategic-response-plan-27.9.20.pdf

[58]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[59]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

To explain, on 29 February 2020, the Lebanese government's lockdown restrictions necessitated the closure of all educational institutions including inclusive schools and disability organizations (Human Rights Watch, 2020)[60] whose services would not be efficiently delivered online. Findings show that some organizations, particularly the ones catering for students with autism, intellectual difficulties, and hearing impairment, chose to resort back to in-school learning while following safety measures.

Furthermore, findings reveal a complete absence of governmental action in support of people with disabilities and organizations representing them during the pandemic. Governmental policies even restricted OPDs to apply for aid due to their beneficiary group or the short time interval since their operation. This was the case while special schools are owed substantial amounts of funding by the government as stated by Human Rights Watch (Human Rights Watch, 2020)[61]. Similarly, no efforts were made to cover the high special education expenses of students with disabilities or their medical expenses which can only occasionally be covered by private health insurance companies. Also, political instability such as governmental resignations delayed efforts and services, such as the distribution of disability cards.

On another note, while no accurate official data is available about the total number of people with disabilities (PwDs) in Lebanon (Shuayb, I., & Doueiry, S., 2021)[62], lack of statistics on PwDs prevails during the pandemic. Whilst the Lebanese Ministry of Health posted statistical information about the number of infected cases, death tolls, and specified the districts across Lebanon on its official website, there was no official data collected about the number of people with disabilities who might have caught the virus or who died after being infected.

Lack of Access to Routine Healthcare Services

According to Human Rights Watch, people with disabilities encountered barriers in accessing healthcare during the pandemic in Lebanon (2020)[63] because hospitals reached full capacity

[60]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[61]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[62]Shuayb,I & Doueiry,S. (2021, April). Mapping the Inclusivity of Needs Assessment and Reconstruction Initiatives During Beirut Blast Recovery Response. Retrieved May 14 2021 from: https://disability-hub.com/wp-content/uploads/2021/04/Beirut-Recovery-Assessment-after-Beirut-Blast-accessible-pdf-final.pdf

[63]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

(OCHA, 2021)[64] and were inaccessibly designed (Guidry-Grimes et al., 2020)[65]. Findings prove this lack of access to routine healthcare services during the pandemic to be true. Interviewees explained how the COVID-19 lockdown restrictions and the risk of contracting COVID-19 in healthcare centers and hospitals limited parents from taking their children who have disabilities for regular medical checkups. This resulted in compiled health complications. Parents strictly abided by the safety measures to keep their children safe; PwDs contracted the virus in cases where their parents had to leave home for work and get exposed to the virus. This in turn explains the large volume of calls received by OPDs from people with disabilities to secure necessary medications and respirators for underlying health conditions (Human Rights Watch, 2020)[66].

Absence of Accessible Covid-19 Awareness Campaigns and Information

Information about preventing infection and spreading with COVID-19 is critical for people with disabilities due to the increased need for touching either objects or other mobility aids (Fund et al., 2020)[67] and for receiving care or assistance (Emirie et al., 2020)[68]. However, as assessed by Disability-led organizations such as the Lebanese Federation of the Deaf (LFD)[69], findings show that governmental COVID-19 campaigns that include information on virus symptoms, precaution measures, vaccine information, and vaccination procedures were reported to be inaccessibly designed and inaccessibly disseminated. The campaigns were reported to be inaccessible to people with visual impairment, hearing impairment, autism, and mental/intellectual disabilities,

[64] OCHA (2021, February, 17). On-the-record updates: the COVID-19 situation in Lebanon, 17 February 2021. Retrieved May 12, 2021 from: https://reliefweb.int/report/lebanon/record-updates-covid-19-situation-lebanon-17-february-2021

[65] Guidry-Grimes, L., Savin, K., Stramondo, J. A., Reynolds, J. M., Tsaplina,M Burke,T. B., Ballantyne,A.Kittay,E.F,Stahl,D,Scully, J. L., Garland-Thomson,R., Tarzian, A., Dorfman,D.& Fins, J. J. 2020. Disability Rights as a Necessary Framework for Crisis Standards of Care and the Future of Health Care. The Hastings Center report, 50, 28-32.

[66] Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[67] FUND, W. F. W., CBM & DFAT(2020). Disability inclusion and COVID-19: Guidance for WASH delivery: Guidance for Water for Women Fund implementing partners. Guidance Note – COVID-19. Melbourne, Australia: Water for Women Fund.

[68] Emirie, G., IYASU,AYASU, Genzahegne, K., Jones, N., Presler- Marshall, E., Tilahun,K.,Workneh,F.& Yadete,W(2020). Experiences of vulnerable urban youth under covid-19: the case of youth with disabilities. COVID-19 Series Ethiopia Policy Brief. London: Gender & Adolescence: Global Evidence.

[69] Lebanese Federation of the Deaf (2021) Lebanese Federation of the Deaf Facebook Page. Retrieved May 12, 2021 from: https://www.facebook.com/lfdeaf/

particularly the children within these categories, people with a limited level of knowledge, and children, disregarding disability.

Disability-led organizations such as the Disability Hub[70], UN agencies, and civil society, including scout teams, inclusive schools, universities, parents and teachers, and special educators, played an important role in awareness-raising and information dissemination to compensate for the lack of accessible information provided by the government.

Inaccessibility to COVID-19 Vaccination

In preparing for vaccine deployment, the Lebanese government established a National COVID-19 Vaccine Committee and prepared a National COVID-19 Deployment and Vaccination Plan (World Bank, 2021)[71]; however, while the Ministry of Public Health announced that the vaccine will be distributed to everyone on an equal basis, findings reveal that the Committee did not consider people with disabilities in their design of the COVID-19 vaccination plan. As explained by the Disability Hub, the committee did not have a person with disability representative, and the right for the vaccine for people with disabilities was therefore outlooked. (Disability Hub,2021)[72].

First, the "Impact" vaccination registration platform was reported to be inaccessible to the following groups: people with mental, intellectual, and visual impairments, members of the older generation who are not accustomed to digital processes, and people with minimum educational background. Not only was accessing the platform inaccessible for PWDs but it also did not include a section on disabilities. Instead, a disability could only be indirectly recorded under the "other" or "diseases" or "chronic illness" categories. Moreover, the plan excluded the vaccination of students with disabilities. While it communicated clear guidelines on how institutions can register their employees for vaccination, it failed to consider the registration of students with disabilities by their schools or organizations.

The Vaccine Committee also planned Vaccination Marathons that were set up to vaccinate any member registered on the Impact platform on a walk-in basis; however, it failed to consider PWDs particularly those unable to take part in big crowds. Physically accessible centers were also limited in number and administered only one of the available vaccine brands.

Receiving the vaccine as a person with a disability was therefore not a simple process and was not expedited by governmental decisions even during the "PWD Marathon". The latter happened

[70] Disability Hub (2021) COVID-19. Retrieved May 12, 2021 from: https://disability-hub.com/covid-19/

[71] The World Bank (2021,February, 12). World Bank and IFRC Support Independent Monitoring of COVID-19 Vaccine Campaign in Lebanon. Retrieved May 12, 2021 from: https://www.worldbank.org/en/news/press-release/2021/02/12/world-bank-and-ifrc-support-independent-monitoring-of-covid-19-vaccine-campaign-in-lebanon

[72] Disability Hub (2021, March, 26 Our Rights to Survive Entitles Our Rights to Obtain the Vaccination حقنا في البقاء يفرض حقنا في الحصول على اللقاح. Retrieved May 12, 2021 from: https://disability-hub.com/covid19-statement/

on short notice and news about it was poorly spread. Findings reveal that during the "PWD Marathon", people with disabilities had to submit their disability card to receive the vaccine, while only a small number are registered for the card. Others had to submit a medical report that confirms their disability to be eligible to receive the vaccine. Despite all efforts made by disability-led organizations and UN agencies to call for the right of PWDs to get vaccinated, the government was not cooperative.

Lack of Preparedness for Inclusive Education

A key finding of education services revealed two major issues: the dissonance in using in-school learning tools for online learning and the inefficiency of online assessment and online follow-up. This resulted in regression in levels of student performance. This was revealed to be the case for average and below-average students with or without disabilities.

Whilst, most children with disabilities in Lebanon are deprived of enrolling in the mainstream educational system, few can enroll but most schools lack reasonable accommodations that allow them to learn (Human Rights Watch, 2020)[73]. During the pandemic, online learning was not reported to be any easier. Students who struggled most included students with severe autism, students with visual impairment, students with hearing impairment, high functioning students with attention deficiency, and students who need a special educator. Attributed reasons include the ineffective adaptation of the curriculum based on quantity rather than skill acquisition, lack of diverse tools to cater to individual needs, inaccessibility of available online tools, lack of knowledge about available accessibility features, and lack of team readiness and rejection towards new teaching methodologies despite teacher training. This came together with the lack of parental readiness/availability and inappropriateness of the home as an academic and disciplined setting for concentration. Another attributed reason was the lack of assistive devices and financial inability to provide them which was also revealed by Human Rights Watch (Human Rights Watch, 2020)[74].

On the other hand, a key finding highlights how online learning proved beneficial and efficient for some students with disabilities. They include students with intellectual disabilities, hearing impairment mobility impairment, autism, and those with low self-esteem who were happier when isolated from the class hustle.

[73]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

[74]Human Rights Watch (2020, May 20). Lebanon: People with Disabilities Overlooked in Covid-19. Ensure Accessible Heath Care, Information. Retrieved May 10, 2021 from: https://www.hrw.org/news/2020/05/11/lebanon-people-disabilities-overlooked-covid-19

Recommendations and Conclusion

Recommendations

Proactive procedures must be taken in Lebanon to incorporate inclusive policies at healthcare, and academic practices that address minority and socioeconomically disadvantaged children, teenagers, elderly, migrants, and refugees, in addition to people with disabilities. Adopting a holistic inclusive approach and consulting and involving parents of students with disabilities, and people with disabilities in emergency policies, plans, and decisions made during the pandemic is recommended.

The first recommendation is to better understand and apply Lebanese Law 220 on the Rights of Persons with Disabilities (Law 220/2000) and the UN Convention on the Rights of Persons with Disability (CRPD) adopted in 2006. This comes hand in hand with developing clear unified criteria for the specific needs of every type of disability, designing a long-term vision for inclusion that includes accessibility measures applied in emergency policies, and lastly monitoring and reinforcing the application of accessibility measures/standards through a policy control mechanism.

The second recommendation targets education services. The Disability Hub “Back to School” action plan should be considered by policymakers to reduce the further impact on students with disabilities. This includes thoroughly assessing the financial cost related to the education needs for persons with disabilities during lockdown scenarios, revising curricula for students with disabilities based on content rather than mere quantity reduction, and providing diverse learning tools/techniques, psychological support, and assistive devices rather than a mass distribution of standardized tools.

Therefore, the third recommendation targets academic staff and the importance of training them on a top-bottom basis so coordinators and administrators should be prepared to guide teachers. There should be a single accessible resource platform open to all which includes teacher training, training on research, and report-writing about disabilities. This should be complemented by unified criteria required to obtain Official inclusive/special education licensing for schools.

The fourth and final recommendation is to prioritize vaccination for people with disabilities irrespectively of their disability but instead, consider their medical condition and age.

Conclusion

The outcome of this study revealed that people with disabilities in Lebanon are marginalized and excluded from gaining access to public education and healthcare services before the Covid-19 pandemic, however, the barriers they encountered before became more intensified during the pandemic. The Lebanese government particularly the Ministry of Education and the Ministry of Public Health overlooked the needs of people with disabilities during the response to the pandemic. A holistic approach and proactive action plan are required with the consultation of disability organizations and disability representatives so that the diverse needs of people with disabilities are prioritized. The Lebanese Law 220 on the Rights of Persons with Disabilities (Law

220/2000) and the UN Convention on the Rights of Persons with Disability (CRPD) adopted in 2006 needs to be better understood and applied. The Ministry of Education needs to conduct a thorough assessment of the financial cost related to the education needs of persons with disabilities during lockdown scenarios. Inclusive and accessible curriculum for PWDs should be based on content and teaching tools instead of mere quantity reduction, where the provision of diverse learning tools/techniques, psychological support, and assistive devices are provided rather than a mass distribution of standardized tools. Furthermore, staff training for inclusive learning should be from top to bottom. Coordinators and administrators should be ready to accept the change and guide teachers through. Moreover, the Ministry of Education should oversee licensing for inclusive education schools that include unified requirement criteria to be met. It should also develop clear unified criteria for the specificity of the needs of every type of disability.

On the other hand, the Ministry of Public health should enhance its services, so it responds to the diverse needs of people with disabilities. Accessibility measures should be designed for before crises and part of a long-term vision for inclusion so that access to clinics and hospitals and medical information such as the Covid-19 pandemic are accessible for people with diverse disabilities. Medical staff should be trained for inclusive medical service that responds to the different needs of patients with disabilities. Provisions for reasonable accommodations, sign language interpreters, assistants/caregivers should be provided at medical centers and hospitals. Priority for Covid-19 vaccination for people with disabilities should be irrespective of their disability but rather consider medical condition and age.