

## Health: Gender and Inclusion Tip Sheet

### Lebanon's Flash Appeal 2020/ Emergency Response to the Beirut Port Explosion

#### Introduction

This document aims in supporting the Health Sector partners to promote a better gender balance in their response and to ensure that needs of the vulnerable people are meaningfully represented. Please consult UN Women should any gender analytical support be needed: Olivia Schmitz ([Olivia.schmitz@unwomen.org](mailto:Olivia.schmitz@unwomen.org)) and Claire Wilson ([Claire.wilson@unwomen.org](mailto:Claire.wilson@unwomen.org)). For support on PSEA, please contact Eva Modvig ([modvig@un.org](mailto:modvig@un.org)).

#### Health: Why Does Gender Equality Matter?

Limited access to health care for the population affected by the explosion is exacerbated for vulnerable groups such as women, girls, boys, LGBTIQ+<sup>1</sup>, elderly and persons with disabilities and chronic illnesses. Nine hospitals were damaged, six partially and three completely out of the 16 operating in Beirut. At least 23 primary healthcare centres (PHC) were severely impacted, with four totally damaged. An assessment conducted by UNFPA found a lack or absence of maternity services in most of the field hospitals visited. Beyond physical wounds, mental health issues such as anxiety, sleeplessness, or night terrors are likely to be particularly experienced by those in the explosion site, including children.

It is critical to understand how the Beirut blast affects women, men, girls, boys, and other gender minorities to plan and implement an effective humanitarian response. In certain parts of Lebanon especially in poorer urban settings and rural areas, women are more likely to be food insecure, more likely to be unemployed, have less access to social protection, more likely to be a survivor of gender based violence (GBV), more likely to not have legal residence (as a refugee or migrant), and more likely to not have access to adequate shelter (as a female headed households). Taken in its totality, this makes women less resilient to shocks – they are less likely to have savings, a bank account, extensive social networks beyond their family, limited access to public spaces, and access to urgent social protection – all things critical in enabling individuals and families to respond to disasters such as the Beirut blast.

#### Needs Assessment and Analysis

- ✓ Make sure that sex-age-disability disaggregated data (SADDD) is collected to address the particular needs of women & girls.
- ✓ Ensure a gender balance/diversity in assessment teams.
- ✓ Include protection referrals while doing assessment, when qualified staff are present.
- ✓ Assess specific needs diverse groups: women, men, girls and boys as well as for at risk-groups such as LGBTIQ+, elderly, persons with disabilities and capacities of the health system to respond to these needs.
- ✓ Ensure analysis of the composition of the affected population and identifying the most vulnerable groups, including detailed information on the causes of women and girls' lack to health access.

#### Strategic Planning and Resource Mobilization

- ✓ Include budgeted resources for protection, prevention of sexual exploitation and abuse (PSEA) and gender.
- ✓ While planning staffing, plan for enough staff to take on important protection work: including protection managers, GBV specialist, social workers, and PSEA focal points.
- ✓ Include resources for gender, PSEA and protection assessments so that health services consider protection needs.

#### Implementation and Monitoring

- ✓ Utilize SADDD for implementing programmes/ projects, monitoring purposes, and measuring outcomes.
- ✓ Ensure that all persons are able to access health services: mechanisms are put in place to ensure individuals who have limited mobility or documentation limitations (older and disabled persons, women restricted for cultural reasons, refugees, migrants, IDPs).
- ✓ Set-up gender-responsive, inclusive, and confidential feedback and complaint mechanism including SEA: reporting measures for health staff and beneficiaries. Ensure oversight of distributions by aid workers (female and male) who are trained on sexual gender-based violence (SGBV) and PSEA and codes of conduct are signed by contractors. Make sure that communities/beneficiaries have information on how and where to report misconduct.
- ✓ Raise awareness among female and male health workers on the GBV and SOGIE (consideration for sexual orientation, gender identity and expression).

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<sup>1</sup> Lesbian, Gay, Bisexual, Transgender and gender diverse, Intersex, Queer and questioning