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A RAPID GENDER ANALYSIS OF THE AUGUST 2020 BEIRUT PORT EXPLOSION: An Intersectional Examination

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Acronyms

BEmOC	Basic Emergency Obstetric Care
FGD	Focus Group Discussion
FHH	Female-headed Households
GBV	Gender Based Violence
HoH	Head of Household
IOM	International Organization for Migration
KIs	Key Informants
LBQT	Lesbian, Bisexual, Queer, and Trans
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer
LRC	Lebanese Red Cross
MDW	Migrant Domestic Workers
MHH	Male-headed Households
MHPSS	Mental Health and Psychosocial Support Services
MSNA	Multi-Sectoral Needs Assessment
NGO	Non-Governmental Organizations
PHC	Primary Health Center
PWD	Persons with Disabilities
RGA	Rapid Gender Analysis
SADDD	Sex, age, and disability disaggregated data
SGBV	Sexual and Gender-based Violence
SRH	Sexual and Reproductive Health
WASH	Water, Sanitation and Hygiene

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Executive Summary

On August 4 2020, the devastating Beirut explosion shook the whole city to its core, taking the lives of 191 persons (120 males, 58 females, and 13 unspecified), wounding at least 6,500 , and leaving 300,000 people displaced. Prior to the explosion, Lebanon's crisis has been underpinned by extreme structural gender inequalities: Lebanon ranks 145 out of 153 countries in the World Economic Forum Global Gender Gap Report, due to low rates of women's economic and political participation and patriarchal socio-cultural norms. The impact of the explosion compounded with the worst economic crisis in the history of Lebanon and the COVID-19 pandemic is likely to significantly push back what gains have been made on gender equality in the country.

191 LIVES TAKEN

120
MALES

58
FEMALES

? 13
UNIDENTIFIED

AT LEAST

6,500 WOUNDED

300,000 DISPLACED

This joint rapid gender analysis (RGA) of the Beirut port explosion assesses how diverse women, men, girls, boys, and gender minorities were affected by the events of August 4, with a close look at the specific impact on older, disabled, refugee, migrant, and LBQT (lesbian, bisexual, queer, and trans) women.

The assessment combined a secondary review of existing data with primary data collection. Secondary analysis included reviewing 45 reports, sitreps, and needs assessments published by United Nations (UN) agencies, international and non-governmental organizations (I/NGOs) since the explosion and conducting gender analysis on three quantitative datasets from assessments carried out in response to the explosion. Primary data consisted of 16 key informant interviews (KIs), 4 focus group discussions (FGDs) with 17 participants, and 16 community interviews - a total of 49 people overall.

Key Findings

Gender demographics, roles and responsibilities of the affected population



Photo: UN Women/ Dar Al Mussawir

Women with increased vulnerabilities are a sizable portion of the affected population, with 51% of the affected population identifying as female headed households, and 8% as elderly women living alone. There is an almost even split between households that self-identified as female headed households (FHH) (51%) and male headed households (49%) within the explosion range, a figure of FHH's that is much higher than the best available national average of 18% for both Lebanese and Syrian refugee households. FHH were more likely to have family members over 60 living with them (58%) than male-headed households (42%). They were also more likely to have household members with physical disabilities (56% FHH versus 44% MHH) and chronic illness (56% FHH versus 44% MHH), and report requiring chronic illness medication. Older women living alone constituted 8% of the assessed population living in the explosion radius. Because of higher rates of physical disabilities among older people, combined with increased inability to leave their homes, limited economic means and fears around COVID-19, older women are struggling to access assistance.

Gender and the humanitarian/volunteer response



Photo: UNFPA Lebanon

The assessment found a substantial gender data gap in the humanitarian assessments informing the response to the Beirut explosion, where 16 of the 45 UN and I/NGO assessments published since the incident were gender blind, and did not include sex-disaggregated or gender-related findings. Women took a significant role in both the informal and formal humanitarian response including within traditional male roles such as civil defense, however, some KIs described discrimination and harassment against female responders, some of whom felt unsafe in the affected areas of the explosion. While commendable in many ways, the informal nature of the response where a significant amount of assistance is being delivered via untrained and unofficial volunteers has opened potential for discrimination and/or exploitation with little or no accountability. Interviewed Syrian women reported being left out or facing more difficulties accessing explosion-related assistance. Four of the seven female Syrian refugees interviewed mentioned they were discriminated against by people distributing assistance (unknown affiliation of formal or informal responders), with some experiencing verbal abuse. Moreover, the assessment found that some assistance provision has not accounted for the access challenges faced by women, older people, people with disabilities (PWDs), LGBTIQ+ persons, and migrant and refugee women and men.

Health



Photo: UNESCWA Lebanon

Women and marginalized groups remain in urgent need of health services- especially first aid. According to the Ministry of Public Health (MoPH) records, as of September 3rd, more men/boys than women/girls died in the explosion: of the 191 fatalities, 63% were male, 30% were female and 7% are still unknown. It appears that females were more likely to have been injured in the explosion. According to a World Vision assessment, 21% of assessed households reported having an injured member and, of the injured household members, 60% were female. Additionally, marginalized groups, particularly migrant workers, persons with disabilities, Syrian refugees and LGBTIQ+ persons reported they have not received full first aid care due to physical access, affordability, discrimination and documentation barriers.

Mental Health

Feelings of despair and hopelessness, anger, frustration, agitation, and anxiety are exponentially growing amongst the affected population of all identities. Despite patriarchal norms which can prevent men from seeking mental health support, some mental health and psychosocial support (MHPSS) responders reported an increase in men seeking their services, suggesting that the collective trauma of the explosion may be reducing stigma related to seeking mental health support. Older people and trans women reported facing more barriers than other respondents in receiving MHPSS services because they are less likely to leave their homes to seek services due to fears around COVID and gender discrimination respectively.

Sexual and Reproductive Health

The explosion has reduced availability and access to reproductive health services for pregnant and lactating women. Pregnant and lactating women constitute a small but important proportion of those affected by the blast. According to the Lebanese Red Cross (LRC)-led Multi-Sectoral Needs Assessment (MSNA) surveying over 17,500 households, approximately 5% of the population reported family members who are pregnant or lactating, or 1 in 20 households. Of LRC-assessed households reporting pregnant or lactating women, 40% reported needing healthcare in support of infants and mothers.

Shelter



Photo: UN Women/ Dar Al Mussawir

Protection risks created by the destruction of people's homes and shelter go beyond infrastructural damage, and include increased risk of gender-based violence (GBV) and the mental health impact of losing one's home, identity and safe space. Many women reported feeling unsafe in their homes due to damages that remain unrepaired or with temporary repairs, while others reported feeling unsafe sharing accommodations with acquaintances. The assessment found that the risk of eviction and homelessness seems to be higher than it was before the explosion, particularly for migrant workers and the LGBTIQ+ community. Housing discrimination resulting from racism, transphobia, homophobia and lack of documentation is limiting shelter options amongst displaced marginalized groups. Safe public spaces for people in the LGBTIQ+ community have also been lost given that neighborhoods most heavily affected by the blast – Karantina, Bourj Hammoud, Gemmayze, and Mar Mikhael - had been considered the safest areas for LGBTIQ+ people to live within Beirut, and the country as a whole.

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Protection and GBV



Photo: UN Women/Allison Joyce

Sexual and gender-based violence risks have increased exacerbated by factors such as multiple families living in crowded settings, a lack of public streetlights, household stress, and, according to some KIs, an increase in military/police presence. Although GBV services remain available, GBV survivors reported having fewer resources and less time to focus on their GBV-related needs, needing to instead prioritize their own basic needs and that of their families. Some respondents felt that some state security forces patrolling the affected areas do not provide a sense of safety and contribute to feelings of insecurity; one case study of police instigated sexual harassment against a woman in the aftermath of the explosion is documented.

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Livelihoods



Photo: UN Women/ Dar Al Mussawir

Loss of women-led businesses and exclusion from economic opportunities in the reconstruction and

recovery process will lead to a significant reduction in employment opportunities for women. Women are currently employed in construction related sectors at extremely low rates and will likely be sidelined from these economic opportunities. According to the LRC-led MSNA, FHH were 10% less likely than MHH to report at least one member had generated income in the past two weeks. Female migrant domestic workers (MDWs) were particularly impacted by job loss, as many have been abandoned by their employers. Preliminary data suggest there was a high number of women-led businesses in the explosion radius. According to an assessment led by Mercy Corps, of 1,164 businesses across 24 neighborhoods in Beirut approximately one in five were owned by women. According to a UN Women/Stand for Women assessment, half of female-led businesses will not be able to reopen without some form of assistance.

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Food security and coping strategies



Photo: UN Women/ Dar Al Mussawir

Loss of material and financial resources has exacerbated existing food insecurity. The potential gendered impact of this requires monitoring and targeted analysis. Food insecurity appears to be particularly impacting migrant workers (a vast majority of whom are women): 42% of migrants surveyed by the International Organization for Migration (IOM) following the explosion reported experiencing hunger or thirst, compared with 11% of the Lebanese population. Several respondents - particularly youth and refugees interviewed - reported that they are coping with the current situation by preparing to leave Lebanon.

Recommendations

The recommendations put forward in this report echo and emphasize the direct asks, requests, and demands from the women and marginalized groups affected by the explosion.

- International and local humanitarian organizations must do more to reach and include marginalized groups. This includes designing and implementing specific interventions for older women and men who remain a highly vulnerable group in explosion affected areas and developing partnerships with organizations working with PWDs.
- Assistance packages must be tailored for FHHs, including elderly women living alone, who make up a significant percentage of those in the affected area and who have larger numbers of household members in need of humanitarian assistance, and are less likely to have a member of their household working.
- Health services must be provided for free, and at home, for those who are unable to access on-site services, including MHPSS.
- Shelter interventions must mainstream efforts to decrease homophobia, transphobia, and racism within the housing market, and fund safe emergency shelter options for migrant domestic workers and LGBTIQ+ populations.
- All humanitarian staff and response volunteers must be trained on the survivor-centred approach to safely responding to GBV disclosures and SEA. Humanitarian assessments must continue to conduct intersectional gender analyses, and utilize participatory and feminist research methods, which are more empowering for persons of concern.
- As the response moves from humanitarian to economic recovery, women, PWDs, LGBTIQ+ persons, older people, and survivors of domestic violence, must be prioritized for job opportunities and enrollment in livelihoods programming to enable them to recover from the impact of the explosion.

Photo: UNESCWA Lebanon

Introduction

At 6:08 PM on August 4th 2020, two explosions occurred at the Port of Beirut causing widespread casualties and material damage. The explosion killed 191 persons (120 males, and 58 females, and 13 unspecified) and wounded at least 6,500.¹ Based on government estimates, more than 300,000 men and women were displaced, and an estimated 40,000 buildings damaged.

The Beirut explosion occurred against the backdrop of the COVID-19 pandemic and a deep economic crisis, described by experts as the worst in Lebanon's recent history. Further, Lebanon's humanitarian crisis is underpinned by extreme structural gender inequalities: Lebanon ranks 145 out of 153 countries in the World Economic Forum Global Gender Gap Report², due to low rates economic participation, political representation, and patriarchal socio-cultural norms. Prior to the explosion, UN Women estimated the economic contraction would result in an estimated 22% reduction in women's overall employment in 2020.³ Since the pandemic and consequent lockdowns, a majority of women and girls in Lebanon have observed an increase in harassment and/or gender based violence (GBV) within their households and communities.⁴ Other marginalized populations, including female-headed households, domestic migrant workers, refugees, persons with disabilities, older people, and Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) persons, also experienced increasing physical, health, financial and social insecurity in the months leading up to the explosion.⁵

Within the context of overlapping crises combined with highly patriarchal norms and structural gender inequalities that relegate women as secondary to men, understanding how the Beirut explosion explosion has impacted women, men, gender minorities and other marginalized groups such as older people, persons with disabilities (PWD), refugees and migrants is critical to plan and implement an effective humanitarian response and recovery. The gender analysis at hand also comes in response to demands from feminist, women's rights, and LGBTIQ+ actors in Lebanon to have a better gendered understanding of the situation

- 1 Calculated from the official MoPH record of fatalities as of September 3, 2020; gender breakdowns of the injuries have not yet been reported.
- 2 World Economic Forum, "Global Gender Gap Report", 2020
- 3 Nisreen Salti and Nadine Mezher, "Women on the Verge of Economic Breakdown," September 2020
- 4 Inter-Agency SGBV Task Force Lebanon, "Impact of COVID-19 on the SGBV Situation in Lebanon", May 2020
- 5 The National Commission for Lebanese Women (NCLW), the United Nations Entity for Gender Equality and Women's Empowerment (UN Women), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), "Gender Alert on Covid-19. Access to Justice and Gender-Based Violence", Issue No. 3, June 3, 2020

Objectives

The Rapid Intersectional Gender Analysis (RGA) for Lebanon has the following key objectives:

- i) To identify and analyze differences in how the Beirut explosion impacted women, girls, men, boys, and gender minorities, including their intersectional identities: LGBTIQ+ persons, older people, persons with disabilities, refugees and migrants (within the broader context of the COVID-19 pandemic and economic crisis);
- ii) To inform the Beirut Explosion humanitarian response and recovery interventions with the voices of women, LGBTIQ+ persons, and other marginalized people and groups.

Methodology

Partners utilized feminist and participatory research methods⁷ by i) focusing the assessment on issues raised by women, girls, and gender minorities, ii) conducting the assessment with the goal of fostering social change, and iii) consulting persons affected throughout the research process. Aligned with feminist participatory models, affected persons and key informants from the women's rights, migrants' rights, and LGBTIQ+ rights movements were all invited to review the gender assessment. Of all interviewees, two of persons affected and 2 key informants were able to review the gender assessment before it was finalized; all 49 persons partaking in interviews and focus groups discussions will receive a copy of the assessment.

The assessment methodology combined a secondary review of existing data with primary data collection. To the extent possible, the assessment relied on conducting gender analysis on primary data from other humanitarian assessments in effort not to exacerbate the reported assessment fatigue following the explosion. Specifics on data collection and analysis for the RGA are further elaborated as follows:

1. Secondary data review

- The gender assessment partners reviewed more than 45 reports, sitreps, needs assessments, and social media accounts published by UN, INGOs and activist organizations since the explosion for information

specific to the needs of women, men, boys, girls and other groups such as older people, migrant workers and persons with disabilities. Information from these assessments is included throughout the report as relevant.

- In addition, assessment partners conducted gender analysis on three quantitative datasets from the assessments carried out in response to the explosion. These were 1) a Multi-Sectoral Needs Assessment (MSNA) of 17,576 households within the explosion radius led by the Lebanese Red Cross (LRC)⁸; 2) an assessment of damages to women-led businesses conducted by UN Women and the NGO Stand for Women; and 3) a Rapid Needs Assessment of 1,242 households in the explosion radius conducted by World Vision.⁹

2. Primary data collection

To complement the findings of the secondary data and to further explore relevant themes, assessment partners conducted a series of interviews and focus group discussions (FGDs) with affected persons and responders. All primary data was collected according to the following key themes: gender roles and relations, access to services and information, decision-making, participation, protection and gender-based violence (GBV) concerns, security, justice, livelihoods, and water, sanitation and hygiene (WASH). Persons affected were interviewed from Karantina, Geitawi, Gemmayze, Mar Mikhael, Bourj Hammoud, with some displaced in areas within the Greater Beirut areas/districts (most notably Mount Lebanon): Dekwaneh, Baabda, Furn el Chebek, Mkalles, and Jbeil. These were as follows:

- **16 key informant interviews (KIs)** with first

8 The LRC began implementing an MSNA on 6th August and ultimately aims to assess every household in the blast area. As of 18th September, they had assessed 17,576 households in the Ashrafieh, Bashoura, Bourj Hammoud, Central Beirut, Gemmayze, the Port area and Saifi neighborhoods, collecting information on household demographics, vulnerabilities, housing damages, income, assistance received, and needs. Findings in this report are therefore based on the LRC dataset published on 18 September and, unless otherwise specified, disaggregated according to the gender of the HoH for entries where the gender is known.

9 World Vision completed a rapid needs assessment on 28 August 2020. This assessment was conducted using a "non-probabilistic purposive sampling method" where the worst-affected areas and those with the highest pre-existing vulnerabilities were prioritized for assessment. World Vision collected data on the ways in which the explosion affected households (displacement, injury, missing persons and psychosocial distress), housing damages, access to food, and the reported needs. Full SADD are available for findings around household vulnerabilities while information on needs and housing damages are disaggregated according to the gender of the HoH.

responders at volunteer initiatives or NGO, mental health professionals, academics. Of the 16 KIs, 12 were women and 4 were men. KIs were semi-structured, where questions were included or excluded based on the specific profile, experience and knowledge base of the respondent.

- **4 FGDs** with: i) 8 older women, ii) 3 migrant women, iii) 3 women from the LGBTIQ+ community, and iv) 3 women in reproductive age (18 to 45 years old). Due to the COVID-19 pandemic, FGDs were conducted remotely via Zoom on 10

and 11 September 2020. In addition to the key themes, FGDs collected information specific to the impact of the explosion on women's sexual and reproductive health (SRH).

- **16 interviews with community members** representing a variety of intersecting identities: men, women, refugees, trans women and older people. Interviewees were purposively sampled based on age, displacement status and sexual and gender identity to ensure an intersectional lens. Identification was through the RGA partners' networks and program beneficiaries.

Table 1 below summarizes primary data collected for this assessment disaggregated by gender:

Table 1 Data collection for RGA

Data Collection Category	# male respondents	# female respondents	Total
FGD	0	17	17
KIs	4	12	16
Community Interviews	2	14	16
Total	6	43	49

These interviews were conducted between 7 and 14 September. All interviews were conducted in English or Arabic, based on the preference of the respondent. In response to the COVID-19 pandemic, most interviews were conducted by phone, but a small number occurred in person. Interviews were transcribed in real time and all Arabic transcripts were translated to English. Analysis of quantitative data was carried out using Excel and SPSS. All findings were disaggregated by gender and additional exploratory analysis around age and nationality was conducted as needed. Qualitative data was analyzed using NVivo software according to nodes based on a predefined analytical framework. All findings were integrated with key takeaways from the secondary data review and validated with assessment partners in a participatory data analysis workshop that took place on September 18th.

Limitations

There are two main limitations on data collection and analysis for this RGA. First, although a significant volume of secondary data has been included in this analysis, due to time and COVID-19 restrictions primary data collection was limited to qualitative interviews with 49 people. Findings must therefore be contextualized within the identities of

respondents the RGA team was able to reach. It was not possible to locate and conduct interviews with more people experiencing limited mobility, such as PWDs, or without internet or phone credit. Because of the need to conduct interviews remotely, some interviews were interrupted or cut off, and interviewers struggled to engage interviewees for more than thirty-minutes. There was insufficient time to convene groups of persons representing other potential vulnerabilities such as female-headed households, migrants, trans men and gender non-conforming persons for community or key informant interviews. In addition, there was limited secondary data available on the situation for boys and girls and no interviews were undertaken with any persons under the age of 18. There was also a limited review period for persons interviewed and directly affected by the explosion to review and fully endorse all report findings.

Second, limited gender and age specific findings were available for the secondary data review. One third of the 45 UN and NGO reports did not include findings relevant to gender and age, and could not be used to inform gender analysis (this topic is further discussed in the report). The LRC-led MSNA, the main quantitative dataset available on the explosion, only includes information on the sex of the head of household (HoH) rather than sex, age and disability disaggregated data (SADDD) for the entire households. Moreover, for the 2,274 interviews

10 To our knowledge, no non-binary or gender non-conforming persons were interviewed for this report. Not all interviewers may have asked interviewees about their gender identity; likewise, some interviewee may have felt uncomfortable revealing their gender identity.



Photo: UNESCWA Lebanon

that occurred with respondents who were not the HoH, sex information for the HoH was not collected. Therefore, these entries are excluded from the analysis. Although the LRC began collecting additional sex-disaggregated data in early September, the data was not usable for this report. As with any rapid assessment, further analysis of gender dynamics in relation to the on-going crisis is always recommended to fill in gaps.

Findings

Gender Roles and Responsibilities (responders and affected persons)

- ***There is an even split between households that self-identified as female headed households (FHH) (51%) and male headed households (MHH) (49%) within the explosion range, much higher than the best available national average of 18% FHH.***
- ***FHH more commonly had family members over 60 and family members with disabilities living with them than MHH.***
- ***Older women living alone constitute 8% of the assessed population living in the explosion radius. These women are at heightened risk of exploitation and may struggle to access in-person assistance.***

Gender Demographics of Affected Households

According to LRC-led MSNA assessment, there is an even split between households that self-identified as FHH¹¹ (51%) and male headed households (49%) within the explosion range. In much of Lebanon, women are not usually considered or defined as heads of households unless no adult male is living permanently in the household. This is because patriarchal social norms dictate that the head of a household (HoH) is always a present adult man, even if a woman's economic contribution to the household's maintenance is the same or greater or if the adult man is the son, friend or relative of the women present. While there is no official figure of FHH amongst the Lebanese population in Lebanon due to lack of census data, according to a survey on labor force and household living conditions carried out by the Central Administration of Statistics and the International Labor Organization in 2019, the national average of FHH was approximately 18%.¹² Notably, there was a lower rate of FHH among Syrian households (39%) in the affected areas, though this still constitutes double the national average for Syrian

11 A female-headed household (FHH) is a household in which an adult female is the sole or main income producer and decision-maker, where a male-headed households (MHH) is led by an adult male.

12 The Labour Force and Households' Living Conditions Survey (LFHLCS), with a sample size of 40,000 households, covered various issues relating to socio-demographic statuses, education and employment characteristics. This survey collected full demographics of all households sampled; this figure reflects the sex proportions of respondents who identified themselves as the heads of household.

households which is also estimated at 18%.¹³

The equal representation of female headed households in the affected areas is therefore both high and surprising. While reasons for this are not immediately clear, one potential explanation is that some of the neighborhoods in the explosion radius perhaps included households with less traditional sociocultural norms, such as young people living together, foreign nationals in Lebanon for work reasons (migrant domestic workers and others), LGBTIQ+ persons, and short-term renters¹⁴ compared to other humanitarian contexts throughout the country with more conservative gender norms and traditional and heteronormative family settings.

In terms of household demographics, it is also worth noting that both the LRC-led and World Vision assessments showed that while MHH more commonly included children, FHH were more likely to have at least one older member. Data from the LRC-led MSNA indicated that 58% of FHH had at least one older member compared with 42% of MHH, implying FHH will be more in need of assistance targeted towards meeting the needs of older people.

Relatedly, FHH are also more likely to be caring for those with chronic health issues (or have chronic health issues themselves). Around 56% of households assessed in the LRC-led MSNA in the explosion affected area reported a family member with a chronic illness or critical medical condition. Of these, FHH (56%) were more likely than MHH (44%) to have household members suffering from these conditions. For this reason, FHH were also more likely to report a need for chronic illness medication. This is likely influenced by the fact that such a high number of FHH were older women living alone, meaning they themselves

13 UNHCR, UNICEF and WFP, "Vulnerability Assessment of Syrian Refugees in Lebanon", December 2019
14 Deeper study and analysis of gender dynamics is needed to make this claim, and this analysis should be understood as a potential explanation.

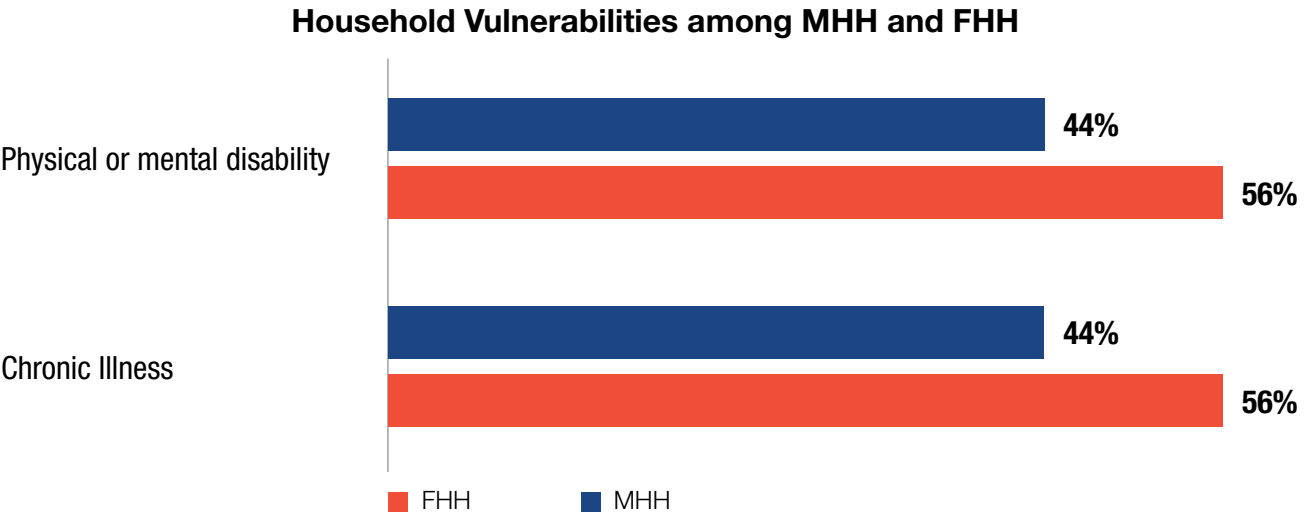


need chronic illness medication. In addition, households identifying as FHH (58%) were more likely than MHH (42%) to have at least one household member over the age of 60 to care for.

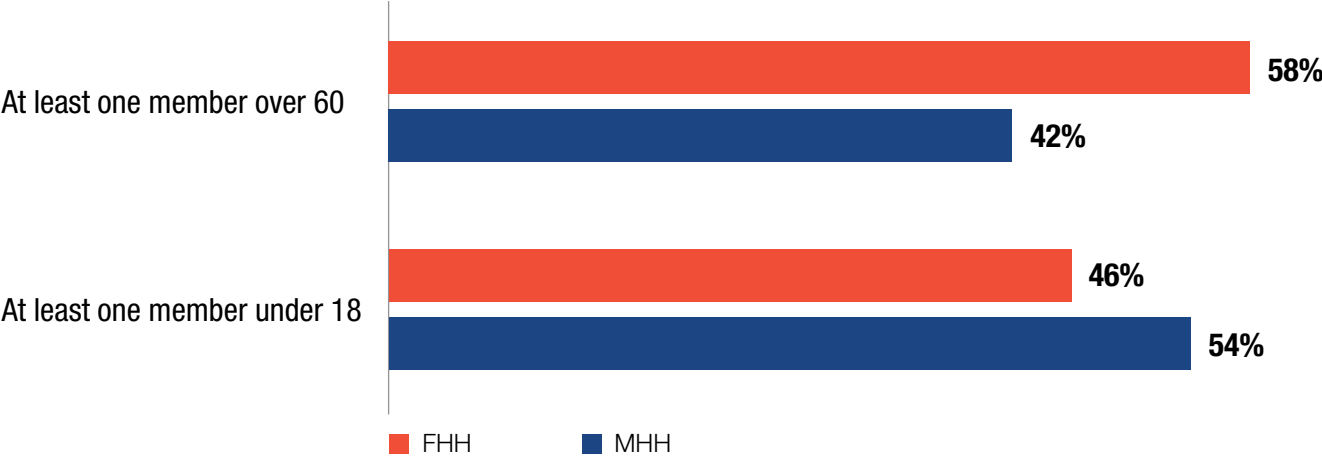
Household Gender Norms

Combined with the fact that FHH are more likely to be caring for older household members and household members with disabilities (and are typically the primary caretakers for children), the explosion appears to have increased women’s unpaid workload. Several KIs underlined this, discussing how the role of women as the family caretaker had been reinforced following the explosion, particularly as now their family members were more likely to be injured, disabled and/or psychologically distraught. Dealing with the impact of the explosion on the family compounds women’s emotional distress that had already increased as a result of the COVID-19 outbreak and subsequent lockdowns.¹⁵

15 Panagoulia, "Rapid Gender Analysis COVID-19 and Beyond", CARE International in Lebanon, May 2020



Household Demographics (source: LRC-led MSNA)



Existing gender norms may continue limiting women’s ability to access assistance and participate in the response; this appears to be the case among some populations more than others. Respondents who were refugee Syrian women corroborated findings from previous research on their limited decision-making power,¹⁶ describing strong patriarchal norms around work and freedom of movement and how their husbands or other men in their family prevent them from working. These limitations may mean that they have a lesser role in decision making around their families’ response to the explosion than their Lebanese counterparts.

Unique Risks of Older Women

According to the assessment findings, there is reason to believe there are high numbers of older women living alone in the explosion radius and that many of these women are vulnerable. Estimates from the LRC-led MSNA suggest that older women living alone comprise approximately 8% of households in the explosion affected area. Of the 2,018 household heads surveyed whose spouse died at some point in their life (not in direct relation to the blast), almost 90% were women.¹⁷ Considering that older women are less likely to have worked throughout their lives, and therefore less likely to have savings, access to pensions and other social protection instruments,¹⁸ older women represent a vulnerable group. Moreover, older people are more likely to have a physical disability.¹⁹ An assessment in Lebanon by HelpAge International in June 2020 found that from a sample of 486 people, 68% of people over the age

El Feki, Heilman, Barker, "Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa", UN Women and Promundo-US, 2017
17 Lebanese Red Cross, "Multi-sector Needs Assessment (MSNA)", September 2020
18 Salti, Mezher, UN Women "Women on the verge of an economic breakdown" Lebanon, Forthcoming Report
19 The United Nations Department of Economic and Social Affairs, "Ageing and disability"

8% of assessed households in the Beirut explosion affected radius were older women living alone



Photo: UN Women/ Dar Al Mussawir

of 50 had at least one disability impairment²⁰.

Furthermore, older women struggle to access assistance because, according to KIs, they are either unable or unwilling to leave their homes. A woman leading one of the volunteer response groups said, “Older [people] were the most neglected after the explosion, as they were isolated and unable to reach any service by themselves.” Given the high numbers of older women living alone, the risks they face, and the barriers they face in accessing assistance, humanitarian responders must pay special attention to this group and consider how best to target and tailor assistance to meet their needs.

Participation of Women and Girls in the Response

In the aftermath of the explosion, women and girls were observed in huge numbers in the streets in varied roles. Women were pivotal to the explosion response as first responders: volunteers for the clean-up efforts, organizers of fundraising initiatives, and frontline responders, with many stepping into roles traditionally held by men. Four KIs (activists and first responders) specifically highlighted the active participation of women. A women’s rights activist in Beirut noted how many of the fundraising and volunteer initiatives were led by women: “If you look at funding initiatives from Lebanese expats and the initiatives to save old Beirut, they’re led by women. We see women going into houses and taking surveys. Society has the perception that women don’t go onsite because [the sites are] messy, dirty or dangerous, but since the explosion women are all on site.”

Importantly, the active involvement of women and adolescent girls contributed to a more inclusive response. For example, a male Civil Defense worker noted, “I saw ... a dominant role of girls in the response as first responders. They were working the tasks normally held by men like removing dead bodies and going to the explosion area to help with the response. This made a huge difference because some of the injured people were women and this made them more comfortable due to the cultural barriers”. This trend builds on the active participation and leadership of women during the October 2019 protests²¹ and community-based humanitarian interventions during the financial crisis, where women and adolescent girls who have not typically participated in political activism or civil society organizations have become more engaged. Women’s ongoing engagement with civil society and community organizing could create space for the evolution of more inclusive social and gender norms.

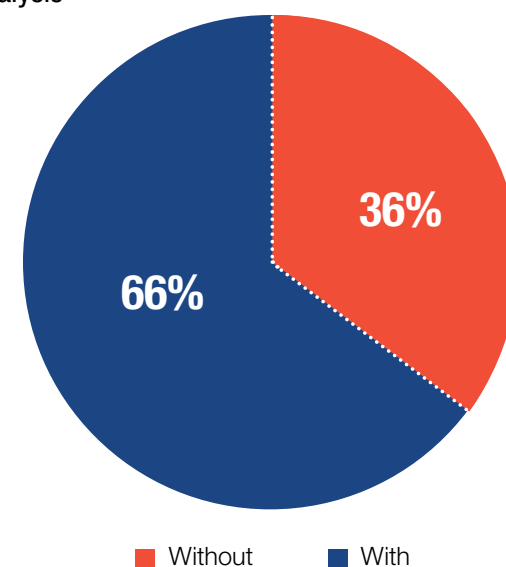
²⁰ Help Age international, “COVID-19 Rapid Needs Assessment of Older People”, June 2020, (Gender disaggregated findings not available.)

²¹ Wilson, Zabaneh, Dore-Weeks, “Understanding the Role of Women and Feminist Actors in Lebanon’s 2019 Protests”, UN Women, 2019

Gender and the Humanitarian/Volunteer Response

- **There is a substantial gender data gap in the onset of the response to date**
- **Fear of discrimination, threats, and abuse prevent women, particularly refugees and trans women, from accessing assistance**
- **While commendable in many ways, the informal nature of the response where a significant amount of assistance is being delivered via untrained, unofficial volunteers opens potential for discrimination and/or exploitation with little or no accountability**
- **Despite the increased risk of harassment, women and girls were highly active as responders to the crisis and as political actors, challenging defined patriarchal gender roles in community engagement and activism.**

Sample of 45 UN and NGO assessment reports on the explosion with disaggregated findings and/or gender analysis



This report identifies several gender-related issues in the Beirut explosion’s humanitarian response over the past two months. First, there is a sizable gender data gap in the humanitarian and volunteer assessments informing the response to the Beirut explosion. Second, the female responders reported facing harassment. Third, and perhaps in no small part linked to the fact that a large part of the response is being delivered by informal actors like small volunteer groups or charities, discriminatory practices and fear of harassment or abuse are deterring potential beneficiaries from receiving assistance, particularly women. Lastly, some assistance provision has not accounted for the access challenges women and marginalized groups are facing. These themes are further explored in the following section.

Gender Data Gap

From a sample of 45 UN and NGO assessments published over the past two months in response to the explosion, over one third of them lacked sex disaggregated or gendered findings. When gender analysis was included within assessment findings, the mention of gender was often limited or marginal. As one women’s rights activist in Beirut remarked on the explosion, “the gender conversation [in reference to the explosion] is almost absent.” When the “gender conversation is absent,” and there is limited concrete information on how the explosion impacts women, men, and gender minorities differently, marginalized groups’ narratives and needs are left out of the response. Disaggregation and analysis by disability was almost completely neglected. If the Beirut Explosion response seeks to leave no one behind, humanitarian actors in Lebanon must work close this emerging humanitarian gender data gap.

Harassment and Gender Discrimination Against Female Frontline Responders

KIs described discrimination and harassment against female responders. Some women were told they could only perform certain non-physical duties and were subjected to harassment. A female activist described feeling frustrated by men thinking that women were unable to perform physical labor. “He thought I couldn’t carry a box. Then he told me ‘I’m so strong’ [for carrying the box]. There’s still this idea that women can’t carry boxes.” A female Civil Defense worker also noted how she observed female aid workers being verbally harassed by community members during the response. Another female activist said, “The explosion site was not safe. There was a lot of harassment and empty buildings. I felt scared, and this impacted my ability to respond. Going into a building, you didn’t know what’s inside.” Despite facing harassment and potential risks of GBV, women and girls responded actively and immediately to the needs of those in explosion radius.

“The blast site was not safe. There was a lot of harassment and empty buildings... Going into a building, you didn't know what was inside.”
- Female volunteer responder

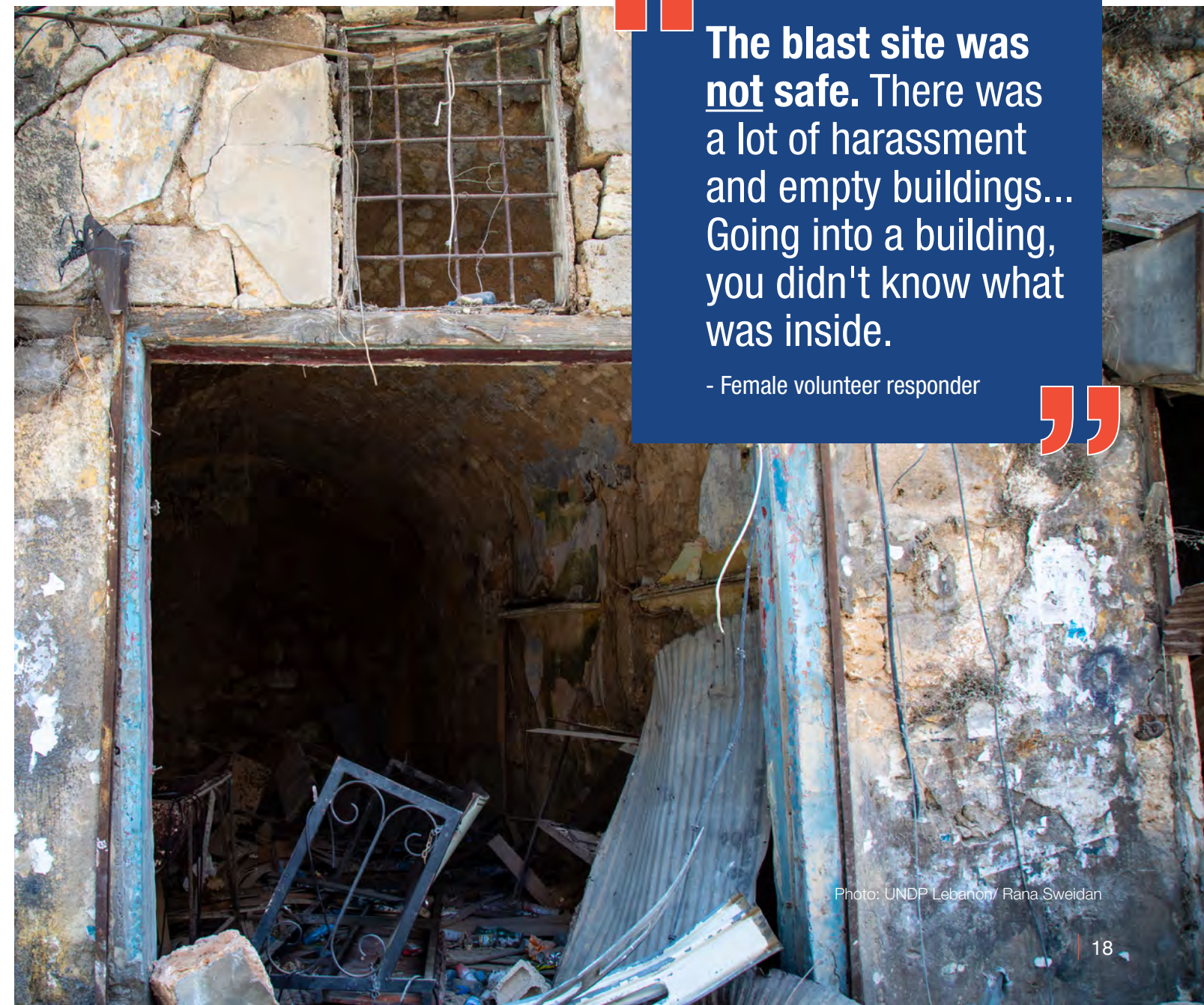


Photo: UNDP Lebanon/ Rana Sweidan

Female Beneficiaries Fear of Discrimination or Mistreatment

The perception that Syrians were being left out or facing more difficulties accessing explosion-related assistance was widespread among KIs. Several respondents flagged concerns about increasing tensions between communities around the competition over the resources and aid. These respondents reported that there has been discrimination against women and non-Lebanese in aid distribution, including verbal abuse. Four of the seven female Syrian refugees interviewed mentioned they were discriminated against by people distributing assistance. A female refugee said, “I think these services are being given to men more than women because they think women lie and that men are more ‘honest’”. She went on to say, “This discrimination against Syrians and women with regards to services was present before; however it was indirect. It used to be through looks or with the use of one word. Now, it is direct. They say it as is.” Two Syrian women said they were told that “aid is for the Lebanese.” Some Syrian women also said they were afraid to attend in-person distributions because of the potential for harassment or abuse. One woman said, “We fear for girls; therefore, we don’t send them but rather have men go.”

Three female respondents reported verbal abuse and threats directed at Syrian women by people providing assistance. These women reported witnessing Syrian women being subjected to “verbal insults and nasty looks”. One woman said an aid worker told her he would “snatch the hijab off her head if she came any closer.” Another Syrian woman who was trying to collect a food parcel was told, “Is it not enough that you Syrians stole our country, you want to steal our food too?” by the man distributing the food. A respondent also witnessed an aid worker tell an older Syrian woman that “if she came any closer he would break her legs.” Migrant workers reported being subjected to similar discrimination. A migrant woman from the FGD recounted how her friend had attempted to collect a food parcel only to be told that “aid is only for the Lebanese”. KIs and community respondents also reported trans women were being prevented from accessing assistance due to fear of abuse and discrimination. Respondents reported being afraid to provide IDs to receive assistance out of fear of abuse given that their IDs may not accurately represent their gender identity. Furthermore, they reported feeling afraid when the Lebanese Army conducted house visits to distribute assistance for the same reason.

While the grassroots nature of the explosion response has had many positive outcomes, its informality could open up potential for exploitation coupled with limited or no accountability. While I/NGOs and UN agencies typically have ways of reporting abuse and exploitation, these do not exist for many volunteer groups. One of the volunteer workers observed, “Fake NGOs conduct door to door assessments in order to collect data and pictures so

they can benefit from donations.” A mental health hotline responder noted that women he spoke to expressed concern over “whether some people might be robbers or NGO workers”. This is further evidenced by the fact that an 82-year-old interviewee said that although she had been visited and/or received assistance from multiple groups, the interviewer for this study was the first person she encountered wearing a vest and was clearly identified as an aid worker. Although the volunteer efforts are truly commendable, at the same time the decentralization of the response and its largely volunteer workforce open up potential for untrained, unofficial aid workers to take advantage of their power without accountability.

CASE STUDY:

Syrian woman subjected to verbal abuse while receiving aid

Salwa* and her family moved to Bourj Hammoud after their home was severely damaged in the explosion. To save on rent, they are now living with a group of people she is not familiar with. She isn’t sure whether her situation – living with acquaintances in an undamaged building – is better than the situations of many of her friends who stayed in damaged buildings and tell her they are afraid that someone might intimidate or harass them at any point.

Salwa received food, mattresses, clothes, medicine and cleaning supplies after the explosion. However, at some of the distributions she was told “these services are for Lebanese only and Syrians should not even think about approaching”. She said although aid workers she spoke with said distribution sites were safe for women and girls, once she saw a Syrian woman she knew be subjected to verbal insults and nasty looks from a group of people delivering aid (unspecified if these were humanitarian actors or informal volunteer responders). Once she saw a Syrian woman she knew be subjected to verbal insults and nasty looks from aid providers. This racist abuse, she says, is deterring Syrians – particularly women – from seeking assistance. Racism towards Syrians makes her and other women in her community afraid to go outside. “Syrian women will not come out because they fear someone in the street will harass them. We’re even afraid of Lebanese women bullying us”. The most important thing that aid providers can do, she says, is ensure there is fair distribution of aid delivered in a way that is safe for them to reach.

**name changed for confidentiality*

Information Access

Respondents said they most commonly received information on available assistance through word of mouth, house visits, and observation. Some said they “walk on the streets” to find assistance, ask their neighbors for referrals, and/or wait for volunteers to conduct house visits. One respondent also noted that she watched the news to see where assistance tents were being established. While at least five respondents said they received information on assistance through house visits, it was noted that services available via door-to-door distributions were limited. There were no discernable gender differences found in terms of how information on assistance is obtained, but certain marginalized groups do face challenges actually collecting assistance, discussed below. Gendered differences in access to information should continue to be explored and monitored.

Physical Access Challenges

Older people and PWDs also faced physical access challenges to receiving assistance. Three KIs working on the response noted older people and those with physical disabilities were unable (or faced serious challenges) going down to the streets to receive assistance. Therefore, the only way to reach them was for aid workers to go door-to-door. According to a hotline responder, this resulted in neglect since many distributions were being handed out via agency tents in the street in the first weeks following the explosion. In addition to these barriers, there is fear, particularly for older people, that COVID-19 preventative measures are not being taken seriously for those requesting assistance. This concern was voiced by at least three older respondents.



Photo: UNFPA Lebanon

Health

(including mental health and sexual and reproductive health)

- **Marginalized groups, particularly migrant workers, PWDs, Syrian refugees and LGBTIQ+ persons reported they did not receive full first aid care due to physical access, affordability, discrimination and documentation barriers**
- **Estimates show that men were more likely to have been killed, but women were more likely to have been injured in the explosion**
- **Despite patriarchal norms which often prevent men from seeking mental health support, some MHPSS responders report an increase in men seeking their services, suggesting that the collective trauma of the explosion may have had a secondary effect of further normalizing men seeking mental health support**
- **Marginalized groups such as older people and trans women report facing more barriers in receiving MHPSS because they are less likely to leave their homes to seek services**
- **At least 5% of the assessed households affected by the explosion included pregnant or lactating women (approximately 1 in 20 households), and of these 40% reported needing healthcare in support of infants and mothers**

The ongoing economic crisis and COVID-19 pandemic has led to a drop in the continuity of essential health services, as well as an acute shortage of medications and medical equipment.²² The explosion compounded this reality, damaging nine out of the sixteen hospitals in Beirut (six partially and three completely). At least 23 Primary Healthcare Centres (PHC) were impacted, with four totally damaged.²³ An increasingly dysfunctional public health system and the climbing prices of private care have meant that many are unable to afford health services. In addition to severe financial limitations, certain groups of Lebanese and a large segment of the non-Lebanese populations face the additional barrier of needing an ID to access healthcare. This is particularly true for Syrian refugees, migrant workers, and trans women and men, who often do not have updated identification documents. Syrian refugee women in particular, are less likely to have legal residency

compared to Syrian refugee men.²⁴ This section explores how dynamics around affordability and discrimination have affected access to healthcare for different groups during and after the explosion.

Limited Access to First Aid After the Blast for Marginalized Groups

Of the **21** migrant workers assessed who sustained injuries, **8** did not receive full medical care.

Marginalized groups faced challenges accessing emergency services in the immediate aftermath of the explosion and the following days. While many explosion victims reported not being charged for the first aid services they received directly following the incident, others – particularly those with lesser injuries or who waited to receive care – were unable to pay for necessary health services. For example, a KI providing frontline support to persons with disabilities noted that one of the beneficiaries of their organization “still had glass in his hand” because he was unable to afford treatment.

Migrant workers, Syrian refugees and trans women also reported being afraid to seek treatment because they couldn’t afford it, and in some cases, because they would be asked for documents at the hospital. Migrants and refugees may have irregular legal status or their documents withheld by their sponsor, and trans peoples’ gender identity may be incorrectly reflected on their documents, putting them at risk. According to the Migrant Worker Vulnerability Assessment Follow-Up Report published by the IOM, of the 21 migrant workers whose family or friends sustained injuries in the explosion or who sustained injuries themselves, 8 did not access emergency services.²⁵ According to one of the FGD respondents who is a migrant worker, this is likely because they could not afford it: “I know several migrant persons (men and women) who were affected by the explosion. One girl was hurt during the explosion and her employers died in the explosion. When she went to seek care for her

injuries at the hospital, there was no one who could pay for her because her employers had just been killed. She had to pay herself. She did not have enough money so she did not receive full treatment.” The same is true for many Syrians: a nurse working in a wound care clinic noted “very few Syrian refugees came to the clinic, stating their inability to afford it.”

Further, although some of these groups may have received first aid on the day of the explosion, many did not receive

the full medical treatment they needed. As of September 18th, approximately 6% of respondents in the LRC-led MSNA reported they still had need for immediate medical care. A representative of an NGO serving LGBTIQ+ persons said, “[Trans women] were able to access medical first aid after the explosion, but medical follow-up and further consultation is very hard for LGBTIQ+ individuals, whether Lebanese or refugees to access given the constant discrimination they face from services providers and the high cost.”



6% of assessed households were still in need of immediate medical care following the explosion.

Photo: UNFPA Lebanon

22 HRW, “Lebanon: Hospital Crisis: Endangering Health,” December 2019

23 Assessment & Analysis (A&A) Cell, “Analysis of humanitarian needs in Greater Beirut. Situation Analysis”, August 25, 2020, Updates from WHO, August 14 2020 and updates from Health Cluster, August 22, 2020

24 UNHCR, UNICEF and WFP, “Vulnerability Assessment of Syrian Refugees in Lebanon”, December 2019

25 International Organization for Migration (IOM), “Migrant Worker Vulnerability Baseline Assessment Report. Post Explosion”



Photo: UNDP Lebanon/ Rana Sweidan

Gender Dynamics of the Beirut Explosion Casualties

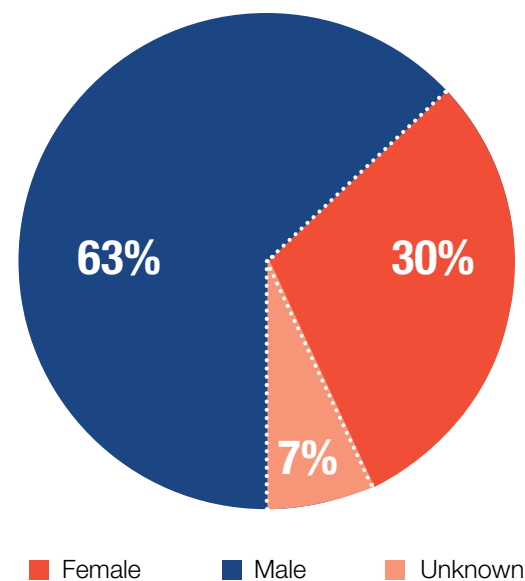
According to the MoPH records as of September 3rd, more men/boys than women/girls died in the explosion: of the 191 fatalities, 63% were male, 30% were female and 7% are still unknown. The high number of men and boys killed in the explosion may be due to the fact that the majority of port workers, day laborers, and migrant workers at/or around the port area were men.²⁶ However, it appears that women were more likely to have been injured in the explosion. According to a World Vision assessment, 21% of assessed households reported having an injured member and, of the injured household members, 60% were female.²⁷

FGD respondents noted this is likely because women were more likely to have been at home at the time of the explosion; this is particularly true for older women.

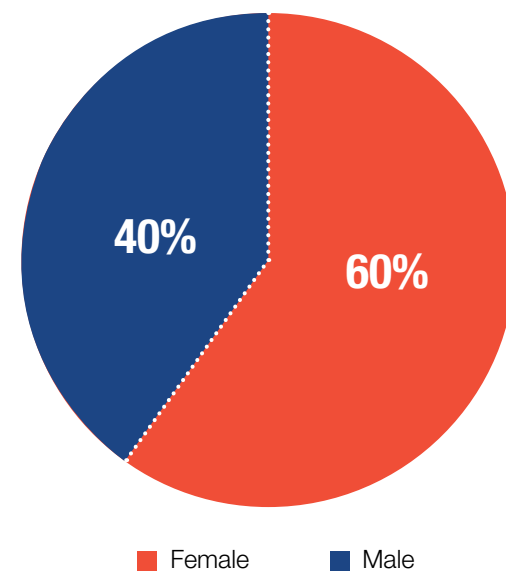
²⁶ ACTED, UN Women and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "Emerging Gender Analysis: Gender Findings from the Multi-Partner Multi-Sectoral Needs Assessment (MSNA) of the Beirut Explosion", August 2020

²⁷ A gender analysis of the official Ministry of Public Health (MoPH) list of injured and fatalities are pending due to data access.

Deaths by Gender due to the Beirut Blast
(source: Official MoPH, 9/3/2020)



Injuries by Gender due to the Beirut Blast
(source: World Vision Sample of 1,242 households, 8/28/2020)



Likewise, a representative from a national disability rights organization noted an increase in persons with physical disabilities following the explosion, with an assessment underway. One of the FGD respondents, for example, had a broken hip and several fractured ribs that were limiting her ability to perform regular daily activities. If women were more likely to have been injured and therefore to have short- and long-term physical disabilities, it is likely they will need longer-term health services.



Photo: UNDP Lebanon/ Rana Sweidan

Mental Health

The Port Explosion has deeply affected mental health in Lebanon, not only for those who were in the explosion radius but across society. The effect of the explosion on mental health was one of the most discussed subjects during the interviews that were conducted as part of this assessment and has been well-documented in others. The negative impact on mental health has been exacerbated by re-traumatizing events such as the September 10th port fire and the September 15th building fire in downtown Beirut, combined with the further deteriorating political and economic situation.

Respondents of all identities commonly reported feelings of despair and hopelessness, anger, frustration, agitation, and anxiety. Some also reported being unable to sleep, fatigue, loss of appetite and feeling isolated. Some refugees from Syria as well as older Lebanese persons who survived the Lebanese civil war stated being re-traumatized by the explosion. Social stigma and misconceptions about mental health are likely to prevent women and men from seeking support and specialized assistance, particularly in the emergency context where "people go into 'emergency' mode – they need their house fixed, rather than addressing how they feel". While many of these issues were common for everyone, there are differences in the ways the mental health of men, women and groups such as children, older people and LGBTIQ+ persons were impacted by the explosion, explored in sections below.

Mental health of men

Gender norms around masculinity related to 'emotional strength' and playing the role of family provider are creating mental health problems for men and stopping some from seeking MHPSS to help them cope with the explosion. Respondents and community members felt that the financial impact and unemployment caused by the explosion are particularly harmful to the mental health of men due to the expectation that men must provide for their families. Additionally, one mental health responder said that compared to women, it was harder for men to reach out for help. Recounting her experience providing immediate psychological first aid in homes after the explosion she reported, "Men want to ask for help, but they don't know how. They are supposed to handle it better because 'they are men'.... we need other men to get engaged and say- we need more men to get engaged and say, it's ok we are ok to express our feelings."

On the other hand, MHPSS responders noted that the explosion seemed to have opened up more space for men to discuss mental health issues. A mental health responder noted that more "traditional" men had sought her services since the explosion. A male mental health hotline worker also mentioned a rise in men who are calling for their services. It may be that the intense and unprecedented collective trauma of the explosion has allowed for some men to break through gender barriers around expression and seek out mental health support. Having these MHPSS services opened the pathway for men to express their feelings more' and could be an opportunity to confront the traditional perception of masculinity and the taboo associated with mental health issues.

Mental health of women

In the World Vision assessment, women (68%) were more likely than men (32%) to report psychosocial distress. However, this large disparity is possibly due to the fact that discussing and seeking mental health support is more normalized for women and therefore they are more likely to report it. Common mental health issues women reported were irritability, sleeplessness, anger and anxiety. Two female KIs reported being easily frustrated, leading to impatience towards their children. *“Now, the stress is getting to me and I find myself being angry at [my daughter] out of nowhere. I can’t even sleep.”* MHPSS responders and some community respondents shared the sentiment that women seem to be coping with the explosion and its aftermath better than men because it is more accepted for them to share their emotions; therefore, they have better tools for handling trauma. Many women interviewed seemed more concerned about the mental health of the men in their social networks because they personally felt better able to cope with trauma.

Mental health of older people

At least five KIs and community members expressed concern over the deterioration of the mental health of the older people, who they believe *“lost hope”* after the explosion. As evidence, a mental health hotline responder noted a rise in calls from older people contemplating suicide. One respondent mentioned how older people may feel that they are a *“burden”* to their younger relatives: *“There is an older lady who keeps praying for her children to come across better days and not be bothered by her in case she becomes a burden.”* Older people living alone are also likely to feel isolated and lonely. A nurse working in a wound care clinic observed, *“we noticed that some people kept coming to the wound clinic just to be able to talk to someone, particularly older people who have no children in the house and felt lonely.”* As previously discussed, since older people are less likely to leave their homes to seek services, they are also less likely to receive MHPSS services.

Mental health of children

There is evidence that children have been seriously traumatized by the explosion and its aftermath. According to World Vision, 14% of children assessed were suffering from psychological distress and at least four community respondents reported their children were experiencing post-traumatic stress disorder-like symptoms following the explosion, however this figure is likely low since many respondents declined to answer the question. One mother said, *“my children are afraid of any noise. My 11-year-old son is unable to go to the bathroom alone.”* While more

information is needed on the impact of the explosion on children, preliminary evidence shows high potential for psychological distress.

Mental health of LGBTIQ+ persons

The loss of homes is particularly damaging to the mental health of LGBTIQ+ persons because many have nowhere else to go. Additionally, LGBTIQ+ interviewees noted that many LGBTIQ+ persons may lack access to “traditional” channels of dealing with trauma, such as MHPSS services, family support (if, as in many cases, they are not accepted by those families), and support from faith-based outlets due to discrimination. A representative of an LGBTIQ+ organization reported that they received an increased number of calls from the LGBTIQ+ people expressing suicidal thoughts following the explosion. Since many trans women continue to face difficulty in leaving their homes to access services due to transphobia/homophobia, they expressed the need for in-home MHPSS services.

Dwindling Access to Sexual Health and Reproductive Rights

The explosion has limited availability and accessibility of the reproductive health services through reducing the capacities of some of the health centers and further limiting affordability and access of women to the services. Pregnant and lactating women constitute a small but important proportion of those affected by the explosion. According to the LRC-led MSNA surveying over 17,000 households, approximately 5% of the population reported family members who are pregnant or lactating, or 1 in 20 households. This figure is corroborated by the World Vision assessment, which put the figure at 7%. Of LRC-assessed households reporting pregnant or lactating women, 40% reported needing healthcare in support of infants and mothers.

According to an assessment conducted by UNFPA, the blast reduced some services available to pregnant and lactating women. Of the 55 healthcare centers assessed, 80% had obstetrician/gynecologists and 72.7% had midwives.²⁸ Other maternal and newborn health services such as post-partum care, antenatal care, and tetanus shots, are available in 50-60% of the facilities.²⁹ The explosion therefore impacted available services for the households with pregnant and lactating women through reducing the capacities of some of the health centers that would typically serve them. At the secondary care level, the maternity wards of three key hospitals were completely shut down as well as many private clinics that used to provide reproductive health services in the affected area.

²⁸ UNFPA, “Primary Health Care Centers Assessment. Summary Findings. Post Beirut Explosion”, August 2020

²⁹ Ibid.

Shelter

- *Protection risks created by the destruction of people’s homes and shelter go beyond infrastructural damage, and include increased risk of GBV and the mental health impact of losing one’s home, identity and safe space.*
- *Women in particular feel unsafe in their homes due to damages that remain unrepaired or with temporary repairs.*
- *Housing discrimination resulting from racism, transphobia, homophobia and lack of documentation is limiting shelter options amongst displaced marginalized groups.*
- *Risk of eviction and the rate of homelessness is now higher than it was before the blast, particularly for migrant workers, and the LGBTIQ+ community – disproportionately impacting trans people.*

Physical and Emotional Insecurity

The overwhelming physical destruction and loss of homes from the explosion have not only generated material and financial losses, but have created significant protection risks. These include the risk of GBV, where marginalized groups feel particularly unsafe in damaged homes or in temporary new homes, including while living with friends, relatives, or strangers. The perceived lack of safety in damaged homes disproportionately affects older people, PWDs, refugees, and groups of women who spend more time at home.

At least three female community members, two participants in the FGD and one KI reported they or those they know feel unsafe in their homes due to damages that remain unrepaired or with temporary repairs (nylon windows, wooden doors). A female Syrian refugee said, *“Our door is ruined at home so for that reason any slight push will let someone into our home...People whose homes are damaged do not feel like they are living securely because literally anyone can just come in.”* On top of this, three KIs reported that landlords are exploiting the situation by forcing their tenants to pay for repairs. One noted that women may be more vulnerable in these situations since they tend to be less informed about property laws.



- Female interview respondent



Photo: UN Women/Joe Saade

Insecurity Due to Lack of Privacy and Isolation

Syrian refugee women who were displaced to the homes of relatives or friends reported feeling insecure due to the resulting lack of privacy. One woman felt uncomfortable sharing the bathroom in the accommodation she was staying in with acquaintances of her husband. One SGBV service provider reported that a Syrian refugee woman displaced from her home was forced to stay on the streets in the aftermath of the explosion, where she was sexually harassed, until an NGO found her a safe place to stay. Others still were forced to remain in damaged houses. Syrian respondents pointed out that while many Lebanese with damaged houses are able to stay with family, Syrians have no such option. A frontline responder working for the Civil Defense said, “*Syrians are unable to leave their homes, even if they are heavily damaged by the explosion.*” Syrian community respondents noted that since many were unable to pay for repairs nor for their rent independently, they had to move in with non-relatives.

Some respondents suggested that the emotional trauma of losing one’s home and primary safe space was greater for women. This was explained as being due to women’s stronger relationships to the home based on the fact that they spend more time there on average performing domestic and care responsibilities. At least two respondents noted that women seem more concerned with fixing their houses than the men in their family. This connection seems to be particularly strong for older people who have lived in their homes for a long time. Six KIs mentioned that older people are “*refusing to leave their homes*” because of their deep attachment to the homes and their weaker physical health. Many older people are therefore staying in damaged homes, and as previously noted, many of them are alone. While some older people may have relatives or neighbors who frequently visit and take care of them, others are extremely isolated and lacking consistent support, all within an unsafe home.

Housing Discrimination Against LGBTIQ+ People

LGBTIQ+ persons, especially trans women displaced by the explosion are among the worst positioned to find housing due to discrimination and homophobia. This is compounded by being less likely to have the option of living with their family, who may be abusive or unaccepting of their gender identity or sexual orientation. A female NGO worker for an LGBTIQ+ organization noted that many LGBTIQ+ persons living in the Mar Mikhael/Gemmayze area had lost their homes; 61 LGBTIQ+ individuals registered with their organization needed shelter. Further, in order to find housing, trans women often need to conceal and misrepresent their gender identity in order to be accepted by landlords.

After convincing their landlords, trans people then need to ensure their safety amidst their neighbors. One trans woman said, “*I live in Sin El Fil now. They look at me like I’m a bitch.*” Another trans woman noted, “*other areas are not safe for trans people...There are so many people that discriminate.*” While housing and shelter is always a challenge for many LGBTIQ+ people, particularly trans people because of discrimination and poverty, the explosion has made finding an affordable home in an area they feel safe even more difficult.

Further to the point, some of the neighborhoods most heavily affected by the explosion – Karantina, Bourj Hammoud, Gemmayze, and Mar Mikhael - were considered the safest areas for LGBTIQ+ people to live within Beirut, and the country as a whole. KIs noted this is due to the wider presence of foreigners and a higher number of businesses and residences where LGBTIQ+ people feel comfortable. One of the trans women interviewees said, “*I love the [Gemmayze/Mar Mikhael] area so much. The areas affected by the explosion were safer than other areas due to the foreigners, more open-minded people, even when they are not LGBTIQ+... Before, this area was sort of safe for transwomen – we could hang out at cafés, at bars – now this area doesn’t exist.*” Missing from much of the Beirut explosion analysis is how the explosion destroyed one of Lebanon’s safest public spaces for the LGBTIQ+ community.

With few housing options available, trans women who lost their homes have opted to move in with other trans people. According to an NGO worker, conditions in these homes are often overcrowded and the people living there are particularly vulnerable to abuse by authorities who may target vulnerable LGBTIQ+ persons.

Housing Discrimination Against Migrants

Migrant women and men suffer from racism and perpetual housing discrimination due to insecure legal status or lack of proper identification. These issues have been particularly salient during the mass displacement from the explosion. Findings from the IOM’s Migrant Vulnerability Baseline Assessment Follow-Up Report indicated the need for shelter is now more prevalent among migrant workers, with 21% of migrant workers reporting a lack of shelter as the main problem they are facing due to the explosion. Prior to the explosion, only 1% of the surveyed migrant workers reported that safe shelter was amongst one of their top three needs.³⁰

In addition, the explosion is causing evictions, especially for migrant workers. Since the economic downturn and

30 IOM, “Migrant Worker Vulnerability Baseline Assessment Report. Post Explosion”, September 2020

the lockdown, there has been a well-documented trend of kafala sponsors abandoning female migrant domestic workers on the streets or in front of their embassies; this has only grown worse following the explosion.³¹ At least one migrant worker FGD participant was evicted because the landlord’s brother lost his home in the explosion and the landlord wanted him to stay there. For these reasons, migrants have voiced a desire to return to their home

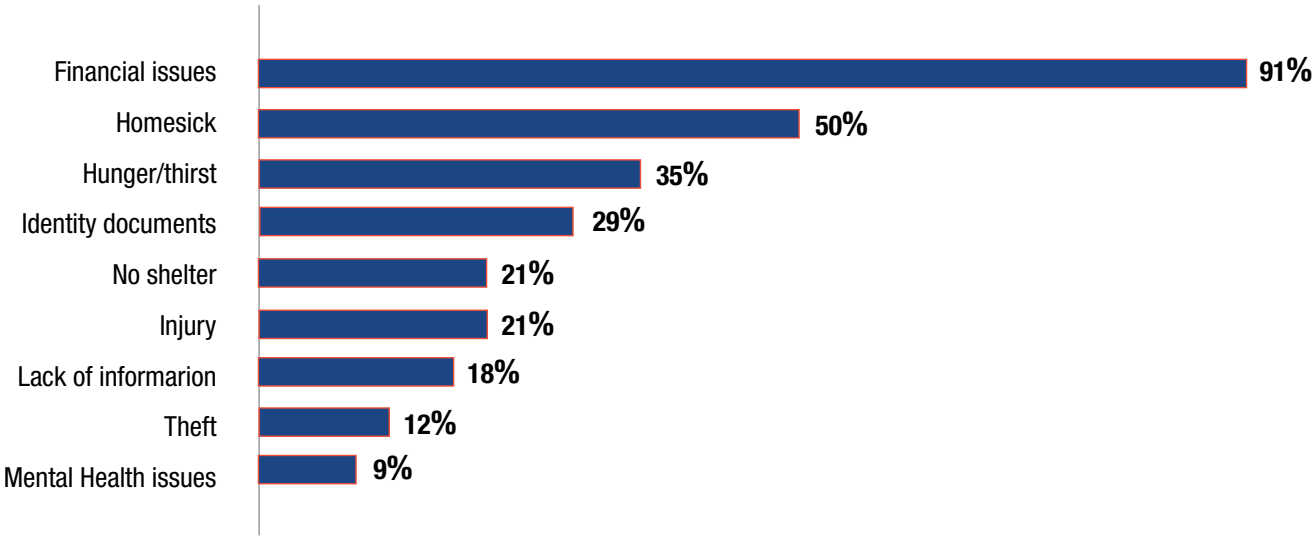
31 Lonnquist, “Hardships for Lebanon’s Migrant Domestic Workers Rise”, Human Rights Watch, September 14, 2020

countries since the explosion: 74% of the 99 migrant workers surveyed by IOM reported that they are planning to return to their country of usual residence within the next three months. However, many are not able to pay for their ticket and are left stranded.

The assessment also inquired about gender differences in housing, land and property rights, including legal ownership and tenancy, but it was unable to draw any significant conclusions.

Main issues faced by female and male migrant worker households following the explosion

(Source: IOM Assessment, September 2020, Sample size of 297 migrants, 76% female and 24% male)



WASH



Photo: Care Lebanon

Apart from buildings close to the explosion area that sustained heavy damages to WASH infrastructure, it does not appear that access to WASH was significantly reduced by the explosion. Most KIs said their washing and toilet facilities were either unimpacted by the explosion or were quickly fixed. Some neighborhoods, particularly Karantina, were already suffering from reduced water supplies due to the economic crisis, but only two respondents mentioned any issues specifically related to the explosion. Shortfalls in women’s dignity items were reported after the explosion and the cost of basic hygiene items is rising due to the explosion and overall economic crisis.³² One woman who had to move in with other families expressed feeling unsafe accessing toilets in shared accommodation and that the increase in house residents using the water had led to shortages. Respondents in this assessment did not feel their washing and toilet facilities were drastically impacted as an overall trend but the explosion seems to have worsened the existing water shortages, particularly in crowded accommodations.

32 Lonnquist, “Hardships for Lebanon’s Migrant Domestic Workers Rise”, Human Rights Watch, September 14, 2020

Protection and GBV

- **Risks of multiple forms of sexual and gender-based violence increased as a result of the explosion, such as multiple families living in crowded settings, a lack of street lights, and an increase in military/police presence**
- **GBV survivors have fewer resources and less time to focus on their GBV-related needs, instead prioritizing basic needs and the needs of their families after the explosion**

Prevalence of GBV

There is limited data on the prevalence of GBV incidents, both sexual and non-sexual, following the explosion. While the COVID-19 pandemic in Lebanon showed a clear indication of increased incidence,³³ information to date, including from the GBV Information Management System data, does not show any increase in incidence since the explosion (as of this writing).³⁴ The Internal Security Forces (ISF) did, however, release a statement that sexual extortion³⁵ complaints had doubled between July 2020 and August 2020: 47 complaints were filed in July, while 96 were filed in August.³⁶ This increase is concerning and deserving of additional research. However, it is only indicative of one type of GBV and not representative of wider Beirut or national trends. GBV incidence trends aside, the assessment indicated other important findings regarding GBV risk following the explosion.

Increased Risk of GBV

Risks of GBV, sexual abuse, harassment and exploitation have increased as a result of the explosion. The explosion caused widespread household instability, financial insecurity and family tensions, which can exacerbate domestic violence caused by unequal gender relations. The mass displacement of 300,000 men, women, and gender minorities puts vulnerable groups at risk of exploitation as they seek new shelters (see: GBV trends in shelter section, page 27. Structurally, the lack of public street lighting and electricity in affected areas places

33 NCLW, UN Women, UNFPA, WHO, "Gender Alert on Covid-19. Access to Justice and Gender-Based Violence", Issue No. 3, June 2, 2020.

34 GMV Information Management System, Internal Data, October 2, 2020.

35 Sextortion refers to the broad category of sexual exploitation in which abuse of power is the means of coercion, as well as to the category of sexual exploitation in which threatened release of sexual images or information is the means of coercion.

36 The General Directorate of Internal Security Forces, <http://isf.gov.lb/ar/article/9113032>.



Photo: Care Lebanon

women, girls, and gender minorities at greater risk of assault or harassment while walking or transporting after dark.

One female respondent remarked, *"Listen, I'm a big girl – I'm scared to drive back home – we know all of what has happened increase violence. I mean, there are no light on the streets – and I'm not talking about Bekaa or the North, I'm talking about Hamra and Badaro."*

In addition to the lack of public street lights and other structural concerns, the increased presence of police and military could create protection risks. Some KIs felt that some state security forces patrolling the affected areas do not provide a sense of safety and security, and in some cases, security forces contribute to sexually harassing and/or intimidating citizens (see: GBV trends in justice and security section, page 31).

Access to GBV Services

GBV services for remain available, but reporting GBV may become even more difficult because of a push to focus on other concerns in the aftermath of the explosion. Three frontline GBV case management service providers raised that GBV survivors (whose abuse pre-date the explosion) are prioritizing their *"other needs,"* rather than having the time, resources, and emotional labor to engage in GBV prevention and response programming, from case management to PSS sessions. One GBV case manager in Beirut said that since the explosion, "women are not currently prioritizing GBV as a concern, they are focusing on other needs and concerns, mainly on providing basic needs." Clinical management of rape (CMR) facilities in Beirut remain functional, despite reported damage to 16 (out of 55) primary healthcare centers.³⁷

Sexual Exploitation and Abuse (SEA)

This study did not uncover any incidents of SEA. However, as previously discussed in the section on gender and the humanitarian response, the mass influx of local and international humanitarian responders and new community-based and volunteer initiatives means that it is vital that volunteers and aid workers have measures in place to protect against SEA. This is particularly important considering the high SEA incidence reported in Lebanon: according to a 2019 survey by Transparency International, 23% of the assessed population had either experienced sexual extortion (coerced sex in exchange for government

37 UN Women, "The Beirut Blast: What Humanitarian Response Needs to Know on Gender", August 17, 2020

services) or knew someone who had.³⁸ Findings pointed to a few cases of humanitarian aid workers and/or volunteer responders not identifying themselves to affected persons, which increases the risks of SEA and prevents survivors from holding perpetrators accountable. Like in all global humanitarian contexts, significant reliance on assistance, and increasing economic vulnerabilities, creates a power imbalance between responders and affected individuals which can increase the risk of SEA which must be actively addressed and monitored.

Impact on Sex Work

The precarious environment and widespread economic fragility, with many persons losing shelter and livelihoods following the explosion, has also increased the likelihood of persons forced into sex work or sex trafficked. Many trans women, in particular, relied on sex work as their primary livelihood before the explosion, with multiple trans sex workers living and working in Karantina and Bourj Hammoud. Two respondents noted that loss of homes has further reduced the livelihoods of trans women who work as sex workers out of their homes. One Lebanese trans woman reported that the explosion has had a significant impact on trans female sex workers, and that the resulting loss of shelter and livelihoods from displacement has led to forced sex work of trans women in some instances. Following the explosion, some trans female sex workers who used to work in their own homes and control their own work, began to be hired out and exploited by others.

38 Kukutschka, R, and J Vrush, "Global corruption barometer Middle East and North Africa," Citizens' views and experiences of corruption." Transparency International, 2019

Justice, Security and Accountability

- **A majority of women and gender minorities consulted do not feel protected by the police who are patrolling the affected areas**

There has been a significant increase in the presence of army and police in the explosion area. This made some respondents feel safer, while others, particularly LGBTIQ+ persons and women, felt less safe. Five respondents and FGD participants mentioned that on the whole, women, migrants and LGBTIQ+ persons do not trust the police to respond to issues of harassment (particularly when police are themselves the harassers). This is largely due to patriarchal and discriminatory practices among members of law enforcement, but also because of perceived general incompetence. One trans woman said she was subjected to abuse by a Lebanese Army soldier who told her she “*should die*”. One other respondent described a serious incident where a police officer in Gemmayze “*sprinted two blocks to try and coerce her into giving him his phone number.*” Due to racism and often issues around legal status and documents, migrant women continue to not be able to utilize the police for protection. A MDW from Sri Lanka voiced her sentiment about the police, “*whatever happens, we cannot complain. They would throw us in jail instead of punishing the attackers.*”

Instead of turning to police to report offenses, women, non-Lebanese and LGBTIQ+ persons often depend on NGO hotlines for emergency support and concerns. This can place an overwhelming burden on organizations that provide protection and services to these marginalized groups, while also working on structural reforms and rights promotion.

The assessment inquired about gender differences in demand for political accountability for the explosion, but did not generate significant findings.

CASE STUDY:

Woman harassed by ISF officer

Nour* was walking down Armenia Street on September 7 when a police officer ran after her to ask for her phone number. She refused and continued walking away. He followed her, insisting that she give him her phone number. With the help of another woman working for an NGO, she managed to shake him off. But Nour wanted to seek justice, so the two of them found the officer who had harassed Nour to confront him about what he had done. He denied having made her uncomfortable or doing anything wrong, claiming he was “only trying to be friendly”. The other officers around him did not help – just looked on while Nour and her ally argued with the harasser.

After deliberating the risks of potential retribution, Nour decided to share her experience on Facebook to warn other women about this officer and to see whether other women had experienced similar issues. The post went viral; it was shared 221 times, with many people tagging the ISF in the comments. To Nour’s surprise, the ISF followed up with her the next day, saying they had punished the perpetrator and reassigned him to another job. The ISF officer who followed up also noted that there’s a hotline that can be called to report harassment and encouraged her to spread the word. Nour pointed out that the entire street was full of police who should have helped but instead passively looked on, and that if her post had not gone viral, nothing would have happened. “This is the case for countless women every day,” she said, “and now the police are everywhere. The ISF took interest because my case gained popularity, but what happens to the women who don’t have access to such a platform or who are too afraid?”

**name changed for confidentiality*

Photo: UNDP Lebanon

Livelihoods and Economic Recovery

- **Marginalized women’s prospects for decent paid and sustainable employment have become even more limited as a result of the explosion**
- **Women-led businesses in the affected areas are more likely to hire female employees; therefore, loss of women-led businesses leads to fewer employment opportunities for women.**

The explosion furthered Lebanon’s economic fragility, causing economic losses between \$2.9 and \$3.5 billion³⁹ and shutting down the Port, a main channel of economic activity. For those in traditional family settings, this particularly impacts men who are more likely to be seeking paid work as the primary breadwinner. Seven community members and three KIs were concerned by how men are struggling to find work and provide for their families. While the crippling economic impact of the explosion is well known and documented, gender inequality in Lebanon’s economy post-explosion remains sidelined and under-discussed. Initial evidence following the explosion mirror patterns of wider national trends,⁴⁰ where marginalized women have less access to work, less job retention, do not receive equal wages, are relied upon for unpaid work, and lack protections from sexual harassment and exploitation. In the immediate response to the explosion, many paid work opportunities were in male-dominated sectors: the shelter repairs of fixing windows, doors, and walls, and other household maintenance related to plumbing, water, or electricity. The construction sector will inevitably shape much of the reconstruction and recovery process and offer new jobs⁴¹. Women are currently employed in these sectors at extremely low rates, and will likely be left behind from these economic opportunities.

With the explosion causing further job loss, migrant women, PWDs, and the LGBTIQ+ community, who experience significant employment discrimination already, are even less likely to find temporary or sustainable livelihoods. According to the LRC-led MSNA, FHH were 10% less likely than MHH to report at least one member had generated income in the past two weeks. Evidence from the IOM baseline study suggests that female migrants were more likely than male migrants to lose employment after the explosion, although male migrants were unemployed

39 World Bank with the European Union and the United Nations, “Beirut Rapid Damage and Needs Assessment”, August 31, 2020

40 NCLW, UN Women, UNFPA, WHO, “Gender alert on Covid-19 Lebanon. Women, Gender and the Economy”, Issue No. 2, May 15, 2020

41 World Bank with the European Union and the United Nations “Beirut Rapid Damage and Needs Assessment”, August 31, 2020

at higher rates before the explosion.⁴² Some displaced households with live-in MDWs abandoned them leaving them with no livelihoods. This follows an escalating trend of sponsors illegally breaking their obligation to provide shelter to MDWs as per their contract.



Photo: UN Women/ Dar Al Mussawir

LOSS OF WOMEN-LED BUSINESSES AND INCLUSIVE SPACES

Preliminary data suggest there was a fairly high number of women-led businesses in the explosion radius. According to an assessment of 1,164 businesses across 24 neighborhoods in Beirut led by Mercy Corps, approximately one fifth were owned by women. Women-led businesses were more likely to be smaller and unregistered: half of women led businesses were unregistered compared with about one-third of male-led businesses. Women-led businesses are also more likely to employ more women than businesses led by men. According to the Mercy Corps assessment, female employers employed 1.54 women on average (out of an average of 2.2 employees), while male employers employ 0.95 women on average (out of an average of 3.3 employees).⁴³ This is corroborated by an assessment of 99 women-led businesses damaged in the explosion completed by UN Women and the NGO Stand for Women, where almost 70% of employees in these businesses were women. The implication is that a loss of women-led businesses also leads to a loss of employment opportunities for women and according to Stand for Women, half of these businesses will not be able to reopen without some form of assistance.

42 International Organization for Migration (IOM), “Migrant Worker Vulnerability Baseline Assessment Report. Post Explosion” September 2020

43 Mercy Corps, “Beirut micro, small, medium enterprise (MSME) Joint Rapid Needs Assessment”, September 2020.

Food Security

Loss of material and financial resources has exacerbated existing food insecurity due to the economic crisis. At least three community respondents and three KIs mentioned that they themselves or community members felt food insecure and were reducing their food intake as a response to the economic crisis. In addition, 42% of migrants surveyed by IOM following the explosion reported experiencing hunger or thirst, compared with 11% of the Lebanese population.⁴⁴

There were no significant findings on gender differences in terms of food insecurity, although it is an area that should be monitored and assessed more thoroughly, particularly given the risk of women limiting their own portion sizes within families as observed in other emergencies.⁴⁵

44 IOM, "Foreign Nationals MSNA Analysis", September 2020.

45 CARE International, "Rapid Gender and Protection Analysis Cyclone Kenneth Response Cabo Delgado Province, Mozambique", 2019.

Coping Strategies

Coping strategies such as spending less on food, spending savings, and borrowing on credit were already prevalent among the most marginalized prior to the August 4th explosion. A WFP assessment in June 2020, found that of the assessed 3,470 persons of concerns, many reported that they are no longer able to find ways of coping with their economic situations: 1 in 4 Syrian refugees (25%), 1 in 5 Palestinian refugees (19%) and 1 in 8 Lebanese (12%).⁴⁶

Several respondents reported that they are coping with the current situation by preparing to leave Lebanon. This sentiment was particularly strong amongst youth and refugees, who are overwhelmed by the multifaceted crises and concern about their future. A young woman working with an NGO in Beirut explains, "*Youth and young people are looking for a way to migrate outside of Lebanon. I personally know six people who left. I am Palestinian Syrian living in Lebanon, but I wanted to stay in an Arab country. Now [following the explosion] I'm convinced I have to leave.*"

In the absence of a strong government response, it seems there is high dependence on NGOs for basic needs. This is particularly true for LGBTIQ+ persons, migrant and refugee women and men who rarely have no other sources of assistance and can't depend on their families. A Lebanese trans woman said, "*Trans people are trying to reach NGOS for their rights. This is the only option they have for compensation, to fix other houses, to fix their houses. They are trying to survive at the minimum.*" People are also increasingly relying on community and family-based support to cope. One mental health provider remarked on how the explosion created a sense of collective solidarity. She saw many people tightening their relationships with their family members, especially parents. When family ties were weak, others often stepped in. For example, one Lesbian Lebanese woman cooked food out of her house for hundreds of LGBTIQ+ for at least 40 days following the explosion. For many, supporting the local response efforts, through volunteering and reaching out to social networks gave them hope and purpose. A male NGO field officer said, "*Supporting each other was a positive coping mechanism to pass through this emergency.*"

46 WFP, "Assessing the Impact of the Economic and COVID-19 Crises in Lebanon", June 2020

CASE STUDY:

Transwomen depend on LGBTIQ+ NGOs for assistance due to fear and discrimination

Yasmina* is a trans woman from Homs who fled to Beirut in early 2018 to escape the immense violence trans women face in Syria. She lost her home, her dog, and four friends in the explosion. "In one day [of the bombing], I experienced more than what I experienced in Syria." Before the explosion she lived in Karantina and felt somewhat safe in her identity there. "Before this area was sort of safe for trans women. We could hang out at cafes and bars. But now this area doesn't exist. When her home was destroyed, she was forced to move to Sin El Fil where she feels unsafe. "I live in Sin El Fil now. They look at me like a bitch, like I'm unaccepted." Even before the explosion, Yasmina's gender identity puts her at risk every day. Now increased police presence after the explosion has made her and other trans women feel less safe, and she has been a victim of harassment by the police. "Someone from the Lebanese Army told me I should die." Out of fear of the heavy police presence after the explosion, she doesn't go outside after 6 PM.

Her gender identity also prevents her from finding work. Yasmina hasn't had a stable income for many months. For this reason, she is almost entirely dependent on one NGO that serves LGBTIQ persons for assistance. She will not go to other NGOs because of transphobia. This LGBTIQ+ NGO, she says, is the only service available to her and other transwomen and they depend on it for services ranging from rental assistance, food and mental health to security and protection. She noted how in order to better serve trans people, NGO workers must be better trained on respecting the rights of trans people and, importantly, that services must be offered inside their homes where trans people can access them safely.

*name changed for confidentiality

Recommendations

The following recommendations are in response to the findings from this assessment, targeting international, national, local humanitarian actors in Lebanon, and relevant stakeholders including government partners and donors. They echo and emphasize the direct asks, requests, and demands from the women, men, and marginalized groups affected by the explosion.

I) To Humanitarian Organizations and Donors: Assessments, Programming, and Implementation

Targeting Marginalized Groups

- **Design and implement specific multisectoral humanitarian interventions for older women and men**, who remain a highly vulnerable group in explosion affected areas. Increase outreach efforts to reach this potentially ‘invisible’ group who may lack mobility and access to technology.
- **Develop partnerships with organizations working with persons with disabilities** to ensure continuous monitoring and understanding of needs to adapt programmes accordingly.

“[Donors] must know who is actually doing work with PWDs – they say they are doing it on paper, but they are not doing it on the ground.”
– Representative of a disability rights organization in Beirut
- **Increase advocacy and investment for structural reforms** that reduce barriers for marginalized groups’ equal access to assistance and equal rights in Lebanon’s multi-pronged and protracted humanitarian crisis. Specifically: i) Kafala reform; ii) legislative revisions of the domestic violence law; iii) pass the sexual harassment law; iv) repeal article 534 of the penal code⁴⁷; v) equal citizen rights for women iv) refugee’s right to work.
- **Increase the legal services targeting migrants and domestic workers**, particularly for those who lost shelters and livelihoods following the explosion, in order to meet the demands for growing abuse and discrimination, documentation issues, housing challenges, and need for dignified repatriation support for those seeking to leave the country.
- **Train humanitarian staff on issues to reduce discrimination against the most marginalized:** including in relation to gender; Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC); mental and physical disability, race and refugee or migrant status.

47 Article 543 of the Lebanon’s penal code criminalizes unnatural sexual intercourse, including homosexuality in practice.

“We need to train the UN more too for when they interview us. Many of them are cis and straight. They don’t know how to talk to us.”

– Trans woman formerly living in Karantina

Meaningful Participation, Community Engagement, Service Access



Photo: UNFPA Lebanon

- **Increase meaningful participation of women and marginalized groups** in humanitarian response, including around decision making in the design, implementation, management and evaluation of humanitarian interventions.

“There needs to be reflection. It needs to be a process of on-going reflection and integration of that reflection. It shouldn’t be a project, or a cycle. We need discussions with the people who are never asked.” – Feminist rights activist in Beirut
- **Provide options for in-home services and deliver door-to-door assistance** with COVID-19 precautions to ensure that vulnerable groups, who cannot leave their homes due to expense, mobility or discrimination, particularly transphobia and racism, can access assistance. This is particularly needed for MHPSS services.

“Organizations must do home visits to see the situation – to do group mental health. We are unsafe in this country to even move around.”
– Trans woman formerly living in Karantina

Assessments

- **Continue to conduct gender analyses during the crisis and relief efforts.** Understanding of the shifting gender dynamics within affected communities leads to more effective and appropriate humanitarian

assistance, tailored to the different and changing needs of women, men, boys, girls and minority groups, and **ensure that at a minimum sex, age and disability disaggregated data (SADDD) is collected and analyzed in assessments**, and seek ways to improve safe sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) disaggregated data to support marginalized groups.

- **Employ feminist and participatory research methods** which engage affected men and women as agents in research and assessment processes and are thereby less extractive. This can range from hiring persons affected to lead parts of the assessment process, review assessment tools and final reports, to ensuring that interviewees and receive copies of the assessment.

“They come to me, they leave. Lots of coming and going. They take information but there is very little that I get.”

– Older woman living in Geitawi



Photo: UNDP Lebanon/ Rana Sweidan

- **Increase the utilization of qualitative data in the response**, where the evidence lies in the lived stories of women, men, boys, girls, and gender minorities.

II) To Humanitarian Organizations and Donors: Sector Specific

Health, including sexual and reproductive health and mental health

- **Provide free, in-home health services** to those who still have yet to receive treatment for injuries they sustained during the explosion, including MHPSS. This is particularly needed for migrant and refugee women, trans people, PWDs and older people, where telehealth cannot always be a substitute. Mental health services should be prioritized in addition to primary healthcare.
- **Increase access to mental health services, particularly for men** by raising awareness and conducting groups PSS work for men to reduce stigma about men accessing mental health support. Consider a public campaign which challenges norms around men and boys’ masculinities, particularly emotions, to encourage greater openness about mental health.⁴⁸

“The most important thing is to change the stereotype of men not expressing themselves and to own up to and it’s okay for us to express what happened to us whether we’re men or women. Each person has the right to express what they have been through. We all need help.”
– Psychologist responding to frontline mental needs in Beirut
- **Increase access to SRH services for women and adolescent girls** by including information about available services in PHCs, working with local partners to develop appropriate IEC materials and sensitisation sessions, supporting the full package of lifesaving SRH services in line with the Minimum Initial Service Package (MISP), and by strengthening referral mechanisms from other humanitarian service providers.

Shelter/ Housing

- **Fund safe emergency shelter options for LGBTIQ+ populations**, which remain absent nationwide, putting these groups at severe risk of violence and abuse, and mainstream efforts to decrease homophobia, transphobia, and racism within the housing market as part of shelter projects to improve marginalized groups access to safe shelters.
- **Integrate SGBV risk mitigation measures into each step of shelter interventions** to prevent abuse, harassment, and violence. For example:

48 Care International, “Engaging men and boys learning series”

- Ensure repairs include actions to increase protection and privacy, such as doors on toilets and bathrooms, and locks on windows and doors.
- Confirm that all beneficiaries of repairs and rehabilitation are comfortable with contractors entering their homes.
- Conduct gender and protection audits

“People who are still in their destroyed homes have many fears due to insecurity in the house in terms of the absence of windows or doors, especially women and the absence of men in the house, they fear that someone will harass them.”

– Female Syrian Refugee

- **Scale-up cash for rent and rapid repairs interventions to ensure families can stay in their chosen locations.** Evictions are increasing, and tenants could be at risk of losing their long-term homes if they are left empty or not repaired. Follow the cash for rent guidance prepared by Lebanon’s Shelter Working Group.

Protection and Gender-Based Violence

- **Train humanitarian staff and response volunteers on how to refer survivors based on the survivor-centered approach:** safety, confidentiality, non-discrimination and respect. Provide staff with the GBV Pocket Guide available in Arabic and English, downloadable onto smart phones, including sample scripts of what to say to a survivor, Do’s and Don’ts and a Decision Tree.⁴⁹⁵⁰
- **Increase support for GBV services by qualified service providers** to include holistic case management including referrals to health, PSS and legal services, and referral to cash and livelihoods support where appropriate.
- **Scale-up sensitization sessions and training for security forces, ISF and the LAF** on PSEA, GBV, and LGBTIQ+ rights.

“The ISF took interest because my case gained popularity, but what happens to the women who don’t have access to such a platform or who are too afraid?” – Woman who reported being harassed by a police officer in Mar Mikael

49 A step-by-step pocket guide for humanitarian practitioners: How to support survivors of gender-based violence when a GBV actor is not available in your area.

50 A step-by-step pocket guide for humanitarian practitioners: How to support survivors of gender-based violence when a GBV actor is not available in your area.

Protection Against Sexual Exploitation and Abuse

- **Train frontline and management staff on PSEA** internally or enroll in on-going awareness sessions provided by Lebanon’s PSEA In-Country Network. Establish and communicate reporting lines for PSEA, and in absence utilize the interim hotline for PSEA reporting provided by ABAAD: +961 81 696 575.

Economic Recovery and Livelihoods

- **Prioritize job opportunities and enrollment in livelihoods programming** to women, persons with disabilities, LGBTIQ+ persons, older people, and survivors of domestic violence.
- **Utilize the cash for work (CWF) rates in Lebanon⁵¹ that are gender responsive** and include enough funding for safe transportation options for women and girls and gender minorities, and relevant social care services; inability to access to quality and affordable child care and older care services in the labor market continue to constitute gender barriers for women and adolescent mothers to access work.
- **Include gender transformative livelihoods programming** that increases equal opportunities for women to participate in non-traditional areas of work, including value chains in the construction sector, which will be intrinsic to physical recovery efforts.
- **Invest in private sector partners’ capacity to be gender equitable within livelihoods and economic recovery interventions,** including related to hiring practices and retention, flexible leave, gender responsive procurement, and sexual harassment protections.

51 CFW rates are cash stipends those partaking in livelihoods programming, including transportation and care services to increase access.



Photo: UNDP Lebanon/ Rana Sweidan

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