



Rapid Gender Analysis

**Gender, Conflict and Internal Displacement
in and from South Lebanon**

February 2024



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Acknowledgements

This RGA, funded by CARE, has benefitted from the valuable contributions from colleagues in CARE International in Lebanon as well as regional and global CARE support teams, especially Maya Andari, Charbel Doumit, Micheal Adams, Nour Beydoun, Delphine Pinault, Sulafah Al-Shami and Laura Tashjian. This report also benefited from the technical inputs of UN Women, specifically Jumanah Zabaneh and Aida Orgocka.

The views in this RGA are those of the author alone and do not necessarily represent those of CARE or its programs, donors or other partners.

Cover page photo: CARE International in Lebanon

Citation: Diab, J. L. (2024), Rapid Assessment: Gender, Conflict and Internal Displacement in and from South Lebanon, CARE International in Lebanon.

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Abbreviations

FGD	Focus group discussion
GBVIMS	Gender-Based Violence Information Management System
GBV	Gender-based violence
IDI	In-depth interview
IDP	Internally displaced person
KII	Key informant interview
LGBTIQ+	Lesbian, gay, bisexual, trans, intersex, queer, asexual ¹
MDW	Migrant domestic worker
MoPH	Ministry of Public Health
Mt.	Mount
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
RGA	Rapid gender analysis
SADD	Sex-and age-and disability disaggregated data
SDC	Social development centres
SGM	Sexual and gender minority
SRH	Sexual and reproductive health
UN	United Nations
WiTD	Women in all their diversity
WRO	Women's Rights Organizations
WLO	Women's Led Organizations

¹ The '+' represents minority gender identities and sexualities not explicitly included in the term LGBTIQ.

Executive Summary

The overarching objective of this Rapid Gender Analysis (RGA) is to highlight the differential impacts of the growing insecurity at Lebanon's southern border for men, women and other vulnerable populations such as migrant domestic workers, refugees, and those with diverse sexual identities. The specific objectives are to: (1) Unpack potential shifts in attitudes, behaviours, roles and responsibilities among men and women within the household and community that may enable or prevent more equitable participation in humanitarian program planning and response, especially among internally displaced populations; (2) Identify the gender-based constraints (including gender-based violence and mobility restrictions) that hinder equitable participation or access to humanitarian services/resources/programs; (3) Understand the direct and indirect impacts of the conflict on health, livelihood, shelter, safe access to essential services and resources, including solidarity networks; (4) Generate actionable recommendations for CARE and other humanitarian stakeholders to design and implement more inclusive, equitable and targeted program interventions around key priority areas.

RGA findings highlighted the ways in which women across all identity categories who experienced intersectional vulnerabilities before the escalation of conflict around the Israel-Lebanon border, face heightened barriers to opportunities and humanitarian resources once the crisis escalated. These more vulnerable populations include refugees (particularly Syrian), women-headed households, the elderly, domestic migrant workers, those living with disability and those who identify in diverse sexual orientations and gender identities. Although the region has faced recurring conflicts since decades, each shock further destabilizes communities across Southern Lebanon (particularly those already socio-economically disadvantaged in hard-to-reach areas), causing significant infrastructure damage, road closures, supply chain disruptions, soaring inflation rate and increased displacement. The challenges to establishing safe shelter, accessing essential health services (including appropriate GBV and mental health support) and sustaining livelihoods are compounded for communities that experience pre-existing inequalities. Although evolving coping mechanisms and solidarity networks provide a lifeline of support for women and displaced groups, social safety nets and resilience building initiatives are inhibited by continued insecurity in the region, lack of legal protections and cultural misperceptions across groups.

Key Findings

- For domestic migrant workers, refugee and IDP and those identifying as LGBTQI+ mutual aid groups and seeking local solidarity networks are essential in securing essential services, creating advocacy channels and build social safety nets.
- Women in urban regions hold more influencing power over household decisions than those in rural areas.
- Female refugees/IDPs, domestic migrant workers and LGBTQI+ individuals reported barriers to accessing sexual and reproductive health services as well as other essential health services.
- The psychological toll of the current violence is triggering overwhelming levels of stress, anxiety, and fear across the community, especially affecting children and those with memories of migration and conflict.
- Overcrowded shelters lack gender-sensitive considerations and amplify risks of GBV, particularly exploitation and harassment.
- Economic coping strategies from the long-standing economic crisis is taking a toll on livelihoods and the ability of households to save, leading women and other vulnerable groups to be exposed to disproportionate safety and protection risks.

The report closes by highlighting both short-term and long-term recommendations by key sectors targeted to humanitarian actors, INGOs and local agencies. A few critical and intersectional components of the recommendations are summarized below:

- 1) **Ensure that all actors consistently collect and share sex, age and disability disaggregated data (SADDD)** and prioritize transparency and the sharing of non-identifiable data collected, in order to ensure greater access to information and reduce duplication.
- 2) **Systematically examine barriers to access services for marginalized populations and, through community consultation and increased safety and protection audits,** seeking to bridge gaps exacerbated by the economic crisis and discrimination.
- 3) **Strengthen and support existing social safety nets and improve security measures for displaced populations,** through participatory and locally led processes to assess safety and protection needs.
- 4) **Launch public awareness campaigns to reduce stigma and discrimination** against internally displaced persons, refugees, and members of the LGBTIQ+ community.
- 5) **Ensure that all front-line humanitarian actors are trained on the basic concepts of GBV, disclosures and safe referrals** and that information regarding GBV services is made accessible, considering barriers to information faced by more marginalized and vulnerable groups.
- 6) **Establish child-friendly spaces with early childhood development (ECD) activities within shelters and appropriate private spaces** for pregnant and breastfeeding women, peer to peer exchange among mothers and information sharing initiatives.
- 7) **Increase direct funding to WRO and WLO that focus on GBV risk mitigation strategies and gender transformative approaches,** specifically for Syrian refugee groups and Syrian women safe spaces.
- 8) **Launch a consultative process with conflict affected populations, including women in all their diversity,** on strategies to bring greater social cohesion and integration for marginalized communities such as refugees, MDW, those who identify as LGBTIQ+, those living with disability, etc.
- 9) **Work closely with local actors to advocate for improved legal protections for vulnerable groups** around GBV, arbitrary detention, safeguarding against exploitation, abuse and harassment, ensuring safe access to resources, services and opportunities- particularly for refugees, MDW and LGBTIQ+ communities.
- 10) **Focus on nexus programming that prioritizes long term resilience building,** including social and behaviour change initiatives on gender equality (including for those with and diverse gender identities).

Introduction

Background

This Rapid Gender Analysis (RGA) takes place against the backdrop of an ongoing humanitarian crisis in the region due to the escalating violence in Gaza, which has spilled into the border region of Southern Lebanon. The increased military activity across the border since October 2023 has led to destruction, mass internal displacement² and amplified security threats on the Lebanese-Israeli border and across the country. As of February 20, 2024, 89,817 individuals (52% females) have been displaced from south Lebanon due to the ongoing hostilities along the Blue Line.³ About 80% of these internally displaced persons (IDPs) are reported to be living with host families, 17% renting houses, and 1,043 hosted in 14 collective shelters, with five located in Tyre, seven in Hasbaya, one in Saida, and one in the Beqaa.⁴ Additionally, dozens of schools have been closed in Southern Lebanon affecting at least 6,000 children and taking a severe toll on the mental health and protection of children, families and communities.⁵ As the death toll rises amidst severe economic crisis, those most vulnerable to current and continued shocks are women and female-headed households who are more likely to face unemployment due to discriminatory social norms and multidimensional poverty compared to men.⁶ Women across all identity categories experience increased vulnerabilities, especially refugees, the elderly, migrant workers, those living with disability and those who identify in diverse sexual orientations and gender identities, face heightened barriers to opportunities and resources prior to the current outbreak that is further exacerbated as the humanitarian crisis continues. Although the region has faced recurring conflicts since decades, each shock further destabilizes communities across Southern Lebanon (particularly those already socio-economically disadvantaged in hard-to-reach areas), causing significant infrastructure damage, road closures, supply chain disruptions, soaring inflation rate, increased displacement, and challenges the growth of community social safety nets and resilience building initiatives.⁷

Rapid Gender Analysis Objectives

The overarching objective of this RGA is to highlight the impact of the rise of tensions at Lebanon's southern border on women and men in all their diversity, and highlight their unique needs, barriers and opportunities for interventions and programming. The specific objectives are to:

- Unpack how attitudes, behaviours, roles and responsibilities among men and women within the household and community may enable or prevent more equitable participation in humanitarian program planning and response, especially among IDP populations.
- Identify the gender-based constraints (including gender-based violence and mobility restrictions) that hinder equitable participation or access to humanitarian services/resources/programs.
- Understand the direct and indirect impacts of the conflict on health, livelihood, shelter, safety and access to different resources, services, and information for women and men and other vulnerable groups.
- Generate actionable recommendations to aid CARE and humanitarian actors to design and implement programming that addresses the needs of vulnerable groups in all their diversity.

² UNOCHA (2023), Lebanon: Flash Update #11 - Escalation of hostilities in south Lebanon, 08 February 2024.

³ UNOCHA (2024), Lebanon: Flash Update #12 - Escalation of hostilities in south Lebanon, 23 February 2024, <https://reliefweb.int/report/lebanon/lebanon-flash-update-12-escalation-hostilities-south-lebanon-21-february-2024>

⁴ UNOCHA (2023), Lebanon: Flash Update #7 - Escalation of hostilities in south Lebanon, 27 December 2023, <https://reliefweb.int/report/lebanon/lebanon-flash-update-7-escalation-hostilities-south-lebanon-27-december-2023>

⁵ UNICEF (2023), Children hit ever-harder by Lebanon's unrelenting crises, <https://www.unicef.org/press-releases/children-hit-ever-harder-lebanons-unrelenting-crises>

⁶ UN Women, International Alert, et al (2023), Gender Alert on the Conflict in South Lebanon, https://www.international-alert.org/app/uploads/2024/01/Gender-alert-on-the-conflict-in-south-lebanon_.pdf

⁷ Justin Salhani (2023), Beyond Hezbollah: The history of tensions between Lebanon and Israel, Al Jazeera, <https://www.aljazeera.com/news/2023/10/17/beyond-hezbollah-the-history-of-tensions-between-lebanon-and-israel>

Methodology

This Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, in all their diversity. It is built up progressively to provide practical programming and operational recommendations using a range of primary and secondary data to understand gender roles and relations and how they may change during a crisis. The RGA is the recommended tool cited in the IASC's Gender Handbook for Humanitarian Action⁸ and applies CARE's Gender Analysis Frameworks⁹ adapted to shorter timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. Building on CARE's existing RGA framework, tools, and expertise, this RGA relies on a qualitative approach with an intersectional lens to capture diverse perspectives and experiences of conflict affected populations and inform short-term and long-term humanitarian programming.

Data was collected from December 2023 to January 2024. The geographic areas included Beirut, Mount Lebanon, Akkar, North Lebanon, South Lebanon and the Beqaa Valley. These areas were identified based on the presence of ongoing CARE programming, safety considerations and accessibility. An initial literature review was completed prior to, and in parallel to, the data collection phase. Qualitative methods implored a purposeful sampling frame, and all data was triangulated and validated throughout the analysis process. Specifically, this approach encompassed (detailed breakdown in Annex III):

- **6 Focus Group Discussions (FGDs)** with participants aged 18-60+ from North Lebanon, the Beqaa and Mount Lebanon (total: 19 females and 11 males);
- **32 In-depth Interviews (IDIs)** with participants aged 18-60+ from Beirut and South Lebanon including 6 IDPs from South Lebanon, 7 participants who identify as LGBTIQ+ and 3 migrant domestic workers (total: 20 females and 12 males).
- **15 Key Informant Interviews (KIIs)** with experts from local and international humanitarian organizations, as well as UN Agencies and municipalities.
- **Literature and Document Review** of reporting and studies produced by CARE and UN Women, local and international humanitarian organizations, as well as UN Agencies.

All interviews, FGDs and other discussions were conducted in accordance with recommended ethical practices in research, particularly with respect to ensuring respondents safety, anonymity, protection of data, informed consent with risk mitigation measures in place. A 'Do No Harm' approach was strictly followed with relevant considerations to the safety and voluntary participation of respondents throughout the process. The methodology was finalized in close collaboration with CARE, UN Women and local stakeholders who supported the identification of respondents in the primary data collection phase and facilitated the on-the-ground process.

This RGA faced **two key limitations** in the data collection phase that may have limited the scope of analysis and will be further explored in future iterations of this RGA process. These limitations required additional resources and limited the size and scope of this RGA exercise:

- 1) Accessing respondents, especially in the South of Lebanon, was challenging due to deteriorating security situation across Lebanon's southern border. This limited the ability of the team to reach identified respondents, who were at times actively migrating, required adaptation in methodologies and flexibility.
- 2) Connectivity and power issues (when interviews were conducted over Zoom or other portals), particularly in South Lebanon, led to shorter periods of data collection, adaptations to shorter tools, and additional safety precautions around data security.

Demographic Profile

While an overview of the demographic distribution and refugee registration in various governorates of Lebanon remains difficult to ascertain, including updated sex, age and disability specific figures, population estimates from multiple sources place the demographic data as follows:

⁸ <https://www.gihahandbook.org/#en/Section-B/Topic-1>

⁹ <https://genderinpractice.care.org/core-concepts/gender-analysis-framework/>

- In the Beqaa, the total population is 540,000.¹⁰ As of January 2023, the total number of registered Syrian refugees in the Beqaa stood at 318,713 individuals.¹¹
- North Lebanon has a total population of 790,951.¹² As of 31 December 2022, there are 226,508 registered Syrian refugees, 124,008 of them reside in T5 while the remaining 102,500 refugees reside in the Akkar Governorate.¹³
- Similarly, South Lebanon has 590,078 residents.¹⁴ The South hosts almost 115,000 Syrian refugees, with the largest number living in Saida, Tyre and El Nabatiyeh.¹⁵
- In Beirut and Mount Lebanon, which have a combined total population exceeding 2,000,000.¹⁶ As of 31 December 2022, Beirut and Mount Lebanon Governorates host 177,782 registered Syrian refugees.¹⁷ Additionally, there are around 10,000 refugees and asylum-seekers from other countries such as Iraq and Sudan.¹⁸

Overview of Vulnerability Categories

In addition to Lebanon's long-standing challenges with regards to gender equality, equity and inclusion,¹⁹ the mass internal displacement resulting from the ongoing armed clashes between Israel and Lebanon significantly exacerbates pre-existing gender inequality and insecurity.²⁰ This RGA highlights the following population groups:

Refugees and IDPs

Refugee and IDP women often bear the brunt of social and economic upheavals, and face heightened risks of violence, exploitation, and limited access to essential resources. Additionally, the disruption of traditional support structures and loss of income and livelihood during displacement exacerbates gender inequalities, leaving women more vulnerable to discrimination and marginalization in new environments as they seek new means of economically thriving. Women and girls often face heightened risks, including increased exposure to gender-based violence, exploitation, and trafficking in displacement settings.²¹ The breakdown of social structures and safety nets during displacement can further limit their access to essential services like healthcare and education.²² Additionally, the issue of internal displacement in Lebanon is compounded by the absence of a comprehensive legal framework specifically addressing the rights and needs of internally displaced persons (IDPs).²³ The lack of legal protection and support mechanisms for IDPs has created bureaucratic challenges in their ability to rebuild their lives and return to their homes safely.

¹⁰ <https://www.citypopulation.de/en/lebanon/admin/>

¹¹ UNHCR (2023), Beqaa (Zahleh), <https://www.unhcr.org/lb/bekaa-zahle#:~:text=The%20UNHCR%20Sub%20Office%20Zahle%20covers%20the%20entire%20Beqaa%20valley,Bekaa%20stood%20at%20318%20713%20individuals.>

¹² <https://www.citypopulation.de/en/lebanon/admin/>

¹³ UNHCR (2023), North, <https://www.unhcr.org/lb/north-tripoli-and-qobayat#:~:text=As%20of%2031%20December%202022,percentage%20residing%20in%20informal%20settlements.>

¹⁴ <https://www.citypopulation.de/en/lebanon/admin/>

¹⁵ UN OCHA (2019), Lebanon: South and El Nabatieh Governorates Profile (October 2018), <https://reliefweb.int/report/lebanon/lebanon-south-and-el-nabatieh-governorates-profile-october-2018>

¹⁶ UNHCR (2023), Mount Lebanon (Beirut), <https://www.unhcr.org/lb/mount-lebanon-beirut#:~:text=The%20local%20population%20in%20Beirut,such%20as%20Iraq%20and%20Sudan.>

¹⁷ Ibid

¹⁸ Ibid

¹⁹ UN OHCHR (2022), The fight for gender equality in Lebanon, United Nations, <https://www.ohchr.org/en/stories/2022/05/fight-gender-equality-lebanon>

²⁰ Andrea L. Wirtz, Kiemanh Pham, Nancy Glass, et al (2014), Gender-based violence in conflict and displacement: qualitative findings from displaced women in Colombia, *Conflict and Health* 8(10), <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-10>

²¹ Alexander Vu, Atif Adam, Andrea Wirtz, et al (2014), The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis, *PLOS Currents* 6, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012695/>

²² Francesca Bastagli, Rebecca Holmes and Rana Jawad (2019), Social protection in Lebanon: a review of social assistance, UNICEF, https://www.unicef.org/lebanon/media/5671/file/Lebanon_social_protection_report_ODI.pdf.pdf

²³ Alexander Vu, Atif Adam, Andrea Wirtz, et al (2014), The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis, *PLOS Currents* 6, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012695/>

Female Headed Households

Compounding inequalities faced by refugee or IDP female headed households further amplifies their vulnerabilities. These households encounter distinctive challenges due in patriarchal foundations that define more limited social norms for women and yet require female head of household to be both the sole economic provider and caregiver. At the same time, the absence of male counterparts exposes women to increased risks of violence and harassment, economic insecurity and difficulties accessing essential services. Limited financial resources lead to more challenging circumstances around meeting basic needs such as food, shelter and healthcare. This economic instability heightens the risk of poverty and reduces the household's capacity to respond to continued shocks.

Sexual and Gender Minorities

Discrimination, stigma, and limited legal protection creates a complex environment in Lebanese society for individuals that identify as LGBTIQ+, both in stable environments and further heightened in situations of displacement. Such social stigmas, fuelled by cultural and religious factors, can lead to exclusion, harassment and increased conditions for gender-based violence (GBV). Lebanon's legal landscape, while providing some protections, lacks comprehensive anti-discrimination legislation for sexual orientation or gender identity, leaving individuals vulnerable to discrimination in areas such as employment, education, and healthcare. The criminalization of same-sex relationships further compounds the challenges and sense of isolation faced by the LGBTIQ+ community, impacting the well-being, mental health and resilience building conditions across the community. Additionally, based on key informant interviews, support services and resource (such as health services tailored to the needs of sexual and gender minorities) for the LGBTIQ+ community are predominantly centralized in Beirut and Mount Lebanon, posing significant challenges for those residing in South Lebanon and rural areas.

Persons Living with Disability

Persons living with disability in Lebanon face compounded vulnerabilities, exacerbated by a multitude of socio-economic and cultural factors that have become more tense as a result of the conflict. Accessibility remains a significant challenge with inadequate infrastructure and public spaces often inaccessible to those with mobility impairments and other types of accessibility barriers. Moreover, the intersectionality of disability, gender and displacement can amplify the risks of discrimination, violence, and limited access to essential services, including healthcare and education. Social norms and stigma surrounding disability additionally creates severe barriers to employment opportunities and political participation, creating further isolation and marginalization for those living with diverse types of disability.

The Elderly

Older population groups in Lebanon rely heavily on social safety nets within their immediate families and community, which have become increasingly fragile and disrupted as a result of growing rates of displacement, political and economic instability and inadequate social support systems. These vulnerabilities are further magnified when considering gender dimensions. Elderly women, in particular, often encounter intersecting forms of discrimination and marginalization due to deeply ingrained gender norms and inequalities. Women typically have lower access to financial resources, healthcare, and social services throughout their lives, resulting in increased vulnerability in old age. Additionally, cultural expectations often place caregiving responsibilities on older women, further limiting their ability to access support and maintain their own well-being as they age.

Migrant Domestic Workers

Migrant domestic workers in Lebanon, mostly represented by women, encounter intersecting forms of discrimination and exploitation due to their gender and immigration status. The escalation of conflict has led to more women turning to this avenue of the informal economy as a means of sustaining their livelihood. These women are frequently subjected to long working hours, low wages, physical and verbal abuse, and restricted freedom of movement. Furthermore, the kafala system, which ties a worker's legal status to their employer, leaves many migrant domestic workers vulnerable to exploitation and abuse with limited recourse to legal protection or support services.²⁴

²⁴ Jasmin Lilian Diab, Banchi Yimer, et al (2023), *The gender dimensions of sexual violence against migrant domestic workers in post-2019 Lebanon*, *Frontiers in Sociology (Section: Migration and Society)*, Vol. 7,

Findings and Analysis

Gender Roles and Responsibilities

Lebanon's patriarchal society, deeply rooted in traditional gender roles and power dynamics, significantly shapes the lives of women across various regions.²⁵ The control of resources and variations in women's roles within the household are key determinants of women's agency, with urban areas like Beirut and Mount Lebanon offering more access to educational and economic opportunities than more rural regions, such as North Lebanon, Beqaa, and South Lebanon. However, patriarchal norms persist nationwide, leading women to balance (and at times trade off) societal expectations with personal aspirations.²⁶ In more conservative and rural regions, gender disparities are more pronounced, reinforcing traditional caregiving roles and limiting women's participation and access to resources and opportunities in the public sphere. Although women in urban areas may engage in more formal employment, they continue to bear multiplying caregiving and household responsibilities. The division of unpaid domestic labour illuminates the intricate dynamic of societal norms and power structures deeply ingrained in Lebanon's patriarchal fabric.

Refugee and IDP women are particularly limited to the household through unpaid care work given their limited access to formal employment and overall precarious conditions.²⁷ Migrant domestic workers, predominantly women, experience blurred lines between domestic and professional responsibilities and face increased risks of exploitation by employers.²⁸

Decision-Making

Decision-making power within households varies across regions, with women in urban areas exerting more influence and ability to challenge traditional norms, while women in rural regions often have a more limited capacity to influence household decisions.

Decision-making regarding humanitarian services in Lebanon is intricately linked to household dynamics and entrenched patriarchal norms. Qualitative data showed that in South Lebanon and the Beqaa, patriarchal norms predominantly place men, especially the designated household head, in control of registering for humanitarian services, determining access, and deciding whether female family members can avail themselves of these services. Women in these regions experience limited ability to influence these spheres, particularly in matters related to sexual and reproductive health services and financial support. In contrast, in Mount Lebanon, Beirut, and to a lesser extent, North Lebanon, women generally have increased ability to influence decisions related to accessing humanitarian services, although power dynamics in financial support often favour male partners.

In refugee communities, decision-making, especially for women aged 18-35 and those who married young, is typically controlled by male figures, especially around labour eligibility and use of financial resources. Based on RGA qualitative data provided by women, this lack of influence around decision making restricts women's access to essential services. For migrant domestic workers, employers often control humanitarian aid allocated to them, extending to resources like food, sanitary products, and hygiene items within households. Regardless of region or nationality, the male household head emerges as a central figure in decision-making about humanitarian services. In the case of female-

https://www.frontiersin.org/articles/10.3389/fsoc.2022.1091957/full?&utm_source=Email_to_authors_&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Sociology&id=1091957²⁵ Abir Chebaro (2023), Missing: Vital Voices of Lebanese Women in Politics, The Arab Institute for Women, Lebanese American University, https://aiw.lau.edu.lb/images/Chebaro%2C%20Aqlam%202023_For%20Publishing%20UPDATED.pdf

²⁵ Abir Chebaro (2023), Missing: Vital Voices of Lebanese Women in Politics, The Arab Institute for Women, Lebanese American University, https://aiw.lau.edu.lb/images/Chebaro%2C%20Aqlam%202023_For%20Publishing%20UPDATED.pdf

²⁶ Kate Rougvie (2018), Exploring Gender Norms in the Lebanese Internal Security Forces, *Al-Raida* 42(1), pp. 6-19, https://genderandsecurity.org/sites/default/files/Rougvie_-_Explorg_G_Norms_Lebanese_ISF.pdf

²⁷ ILO (2022), Lebanon Follow-up Labour Force Survey – January 2022 Fact Sheet, https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_844837.pdf

²⁸ *Ibid*

headed households where a prominent male is not present, then women note they are able to take key decisions that affect their life and household.

Mobility

Refugee women and migrant domestic workers grapple with mobility constraints shaped by legal and social factors. Support networks within migrant communities play a crucial role in enhancing mobility and offering emotional and practical solidarity, despite limitations imposed by the Kafala system. Through mutual aid and collective resilience, migrants find avenues to meet their essential needs while fostering a sense of belonging and solidarity. These networks also serve as platforms for advocacy and collective action, amplifying migrant voices and challenging oppressive structures.

Qualitative data confirms that the pre-existing challenges faced by women with reduced mobility, specifically the elderly²⁹ and those with disabilities³⁰, have been amplified due to the conflict. The intersectional forms of discrimination and insecurity faced by the elderly and those living with disability³¹ create an increased sense of vulnerability as social networks are disrupted and their economic viability is challenged in the face of increased displacement. Discrimination against women with disabilities and the elderly is pervasive, impacting their ability to move freely within both public and private spheres and hindering their ability to build resilience.

Local Participation within Rights-Based Organizations

Lebanese women exhibit substantial engagement with women's organizations across the country. This was found to be true across all age categories. These organizations serve as vital platforms for advocacy, solidarity and community support. Lebanese civil society is active in a range of rights-based initiatives, spanning issues such as gender-based violence (GBV), reproductive rights and economic empowerment. Based on RGA findings, the overwhelming majority of women participating in these initiatives hail from the Beirut greater region. Respondents cited participation factors such as ease of access, close proximity of organizations, a feeling of connectivity, value in networking with “like minded” people and importance of awareness raising in Lebanese society. While women from other regions also expressed their widespread engagement in various organizations and initiatives, they cite challenges related to transport and infrastructure barriers that inhibit them from engaging more with the organizations, advocacy groups and networks that are most meaningful to their lives.

In contrast, refugee women in Lebanon show comparatively limited engagement with women's organizations or rights-based initiatives. The barriers to participation that were cited by respondents included language barriers, fear, and the challenges of navigating a new cultural context. These barriers were flagged across various age groups interviewed, along with efforts made to bridge these pre-existing challenges. As one key informant explains: “we know that in many cases Syrian women feel excluded by women from the host society. This is why we work on focusing much of our work on them specifically, without necessarily engaging Lebanese women in the same space all the time.”

Migrant domestic working women (MDWs) and members of the LGBTIQ+ community in Lebanon are notably active in organizations that specifically target and cater to their unique and intersectional needs. These groups, based on RGA findings, expressed a deep value in the solidarity found through their participation in organizations that seek to address the challenges and discrimination they face. Migrant domestic workers, in particular, reported that they often rely on these organizations for legal aid, support networks and initiatives promoting their rights and well-being once they have escaped abusive employers' households. Similarly, respondents that identify as LGBTIQ+ expressed that they view their participation in local organizations as a form of protection from their own homophobic families, communities and wider society.

²⁹ Charbel El Bcheraoui et al. (2015), Perception of ageism and self-esteem among Lebanese elders at home and abroad. *Lebanese Medical Journal*. The Lebanese medical journal vol. 63,1: 27-33. doi:10.12816/0009916

³⁰ ABAAD (2022), The Status of Women with Disabilities in Lebanon, A Snapshot of Socio-Political and Economic Impacts From an Intersectional Lens, <https://www.abaadmena.org/wp-content/uploads/documents/ebook.1658233221.pdf>

³¹ Elisabeth Langmann and Merle Weßel (2023). Leaving no one behind: successful ageing at the intersection of ageism and ableism. *Philosophy, ethics, and humanities in medicine: PEHM*, 18(1), 22. <https://doi.org/10.1186/s13010-023-00150-8>

According to respondents, while transportation, distance and access are key factors in hindering their participation, these networks of solidarity and support are seen as an essential lifeline. As a respondent identifying as LGBTIQ+ from the North explains: “[...] no matter where you live, I live in Akkar, if you are LGBTIQ+ and you know there is a safe space and community for you, you will risk it all to make it there. We have commuted for hours from the North to Beirut sometimes for an event, a seminar, a service, a party. These safe spaces and the organizations that foster them are crucial. We are not counted in society outside these spaces. What these organizations do for us is all we have. While maybe a straight cisgender woman would not commute all the way to Beirut, you bet a trans woman would risk it all in order to make it.” Similarly, a MDW participant currently residing in South Lebanon shares: “[...] my employers don’t leave me alone too much, but when they do, I leave the South with a friend of mine, and we seek the services of migrant domestic worker-led organizations in Beirut. My friend once went there for legal advice, and I went there for some health support. These organizations, once we learn of them, are all we have. Women’s organizations outside Beirut...don’t see us as women, they see us as workers.... I will certainly take the risk to be in a space like that. Sometimes, I spend all the money I have on the commute itself.” Syrian respondents shared their experience in their struggle to find groups of solidarity; they expressed that women’s organizations were not always perceived as “safe spaces” for women who are non-Lebanese. “Syrian-led or refugee-focused organizations are much fewer. We do not exactly have our own space as refugee women to engage and participate openly and freely without feeling like we are unwanted to a certain extent.”

As a group, men in Lebanon exhibit less engagement with women's organizations. According to male respondents from the RGA, their involvement is often restricted to specific awareness sessions on topics such as GBV, parenting, and anger management. Men were found to participate when called upon but did not report seeking out participation. Among refugee men more specifically, attendance at women's organizations or standalone sessions is often linked to financial compensation or the necessity to fulfil requirements for non-cash or material assistance. Thus, their participation was seen more as an economic opportunity than a form of meaningful engagement that can shift attitudes, cultures, or social dynamics.

“Engaging with affected communities is essential in addressing these challenges effectively.”

– KII, Beirut Greater Area

Access to Services

Health: Sexual and Reproductive Health Rights and Mental Health

The deteriorating security situation in South Lebanon has created significant barriers for women and girls’ access to crucial sexual and reproductive health (SRH) services, hygiene facilities, and gender-sensitive health care— especially at the level of social development centres (SDCs). Respondents reported that as displacement has increased, they have been cut off from safe access to reproductive health information, contraceptives, and critical maternal care services; this lack of information has led to elevated risks for women during pregnancy and childbirth. Those located in overcrowded shelters reported that shifting priorities within the healthcare infrastructure left women with inadequate support for their reproductive health needs. For sexual and gender minorities who are also refugees, these challenges are further exacerbated by social stigma and discrimination, resulting in a double marginalization and increased fears to seek out health services. Respondents that identify as LGBTIQ+ and refugees reported that the lack of legal protections and cultural discrimination create elevated risk of violence and harassment for them as they seek health services. Even pre-crisis, many faced threats within their own communities, leading to a heightened sense of vulnerability and fear for their safety that has been further exacerbated.

Before the escalation of the crisis, refugee women and MDW in Lebanon also encountered systemic barriers to accessing essential health services. The *Kafala* system, governing the employment of migrant domestic workers, restricts their ability to seek assistance independently. Thus, refugee women and MDW grappled with limited access to essential health services, as well as the economic opportunities and legal protections to ensure their health rights will be met. Respondents reported challenges such as language barriers, cultural insensitivity and discrimination within the health

system, in some cases leading to being turned away.

The mental and psychological toll of the current violence and confusion is additionally impacting the wellbeing of the community. Women reported experiencing overwhelming levels of stress, anxiety, and fear, triggered by explosions and nearby shelling. Memories of past conflicts heighten this distress, particularly among those affected by the Lebanese civil war and the 2006 war.³² Moving between homes in Beirut and South Lebanon creates a greater sense of instability and fear for their safety that has had a significant impact on daily lives, disrupting routines and causing a heavy emotional burden within families, especially for women who hold the traditional role of caregiving within the household.³³ Additionally, some women report feeling intense despair and abandonment within their communities, compounded by financial pressures and the growing impact of emotional distress on children (especially those separated from their families).³⁴

Shelter

In South Lebanon, the heightened insecurity along the border has led to unprecedented challenges related to displacement and the search for safe accommodations given limited financial resources and safe alternatives. Overcrowded shelters designated for safety in certain regions of South Lebanon (in Rmeich and Tyre) create compounding challenges and risks, particularly for women, girls, refugees and those with diverse gender identities. Qualitative data from the RGA highlighted the following limitations in collective shelters set up as a response to the humanitarian crisis: (1) inadequate measures and infrastructure in place to ensure physical safety and protection for women and those with diverse gender identities, specifically related to gender-based violence (GBV) and harassment; (2) lack of sufficient lighting; (3) women expressed the lack of privacy from men and the need for separate spaces for facilities; those who identify as LGBTIQ+ also expressed a need for privacy given their increased security risks in overcrowded environments (4) improved access to SRH services, including maternal and child healthcare; (5) mental health needs unmet within shelter infrastructures to address trauma and stress associated with displacement; (6) absence of continued learning opportunities for children, especially for girls; (7) Respondents highlighted difficulties in accessing adequate hygiene services and sanitation facilities, especially related to menstrual hygiene; and (8) need to recognize the diverse needs based on age, gender, ethnicity, mobility and other relevant factors.

“The dire situation underscores the urgent need for humanitarian intervention to address the immediate safety and protection concerns of women in South Lebanon. Efforts should be directed towards establishing alternative channels for legal support, protection services, and safe spaces for survivors to ensure their well-being amid the challenges posed by the armed conflict.”

– KII, Beirut Greater Area/South Lebanon

The overcrowded conditions and lack of gender-sensitive care further amplifies the risks of exploitation and violence within shelters. Women and girls in these spaces encountered difficulties accessing specialized care tailored to their unique needs, including psychological support, counselling services, and appropriate services to provide professional GBV interventions. These issues compound overarching vulnerabilities of displaced individuals, especially for non-Lebanese women, and further intensify when intersecting with identities within the LGBTIQ+ community. Additionally, several municipalities have explicitly stated that they will only welcome Lebanese citizens, excluding refugees and other migrants. Such exclusionary practices place those without Lebanese citizenship at a disadvantage, particularly women across all identities and those with diverse sexual orientations, denying them access to essential shelter and support services.

Livelihoods

From 2020-2024, the country has been mired in an unprecedented and prolonged economic crisis, marked by political uncertainty and a bleak economic outlook.³⁵ The sharp devaluation of the

³² International Alert, KAFA, UN Women and USJ (2023), Gender Alert on the Conflict in South Lebanon.

³³ Ibid

³⁴ International Alert, KAFA, UN Women and USJ (2023), Gender Alert on the Conflict in South Lebanon.

³⁵ ANERA (2023), Southern Lebanon's Unofficial War and Escalating Crisis, <https://reliefweb.int/report/lebanon/southern-lebanons-unofficial-war-and-escalating-crisis>

currency, coupled with rising living costs, has led most people, including Lebanese citizens and refugees, heavily relying on international aid and foreign dollars.³⁶ The ongoing economic crisis coupled with the deteriorating security situation in Lebanon is placing immense strain on the sustainability of many livelihoods, especially impacting the economic viability of those already experiencing pre-existing vulnerabilities such as women, MDW and female headed households.

As the security situation in southern Lebanon remains unstable, those who are displaced place increased economic pressure on communities in the north as more people seek alternative income generating opportunities. Lebanese women, particularly those residing in areas severely affected by economic downturns, experience the ripple effect of the economic strain on accessing crucial services. In regions like North Lebanon, Beqaa, and South Lebanon, limited economic opportunities translate into constrained health and social services and limited educational opportunities. The deteriorating economic climate has strained public services, leaving Lebanese women grappling with reduced quality and availability of essential resources.

Refugee women, female-headed households and MDW reported facing heightened economic challenges seeking alternative livelihood opportunities and faced pressures to accept high-risk employment, harassment in the workplace and exploitation. The absence of legal protection, low wages, and uncertain employment conditions contribute to their financial instability and the inability to build savings. Refugee and MDW are also often committed to sending remittances to their families, which further limit their household income and ability to thrive. Those displaced reported needing to use the most of their earnings and savings to temporarily relocate or secure long-term rental accommodations in “safer” areas for undetermined amounts of time as the safety of the border region remains uncertain. The ongoing economic crisis and escalating security situation in Lebanon have not only affected the livelihoods of women but have also posed challenges to their capacity for savings. According to respondents across all diversity categories, displacement has put a severe strain on the ability of families and communities to build their lives, secure livelihoods and access essential services that will lead to “prolonged and long-term challenges” and impacts, especially for those most vulnerable.

Coping Mechanisms

Although displacement and ongoing instability have created severe disruptions across Lebanon, affected communities are adapting to changing circumstances, especially those with more access to the Beirut and North Lebanon. Prior to the current escalation and ongoing, notable coping mechanisms that were highlighted by Lebanese women including the followed:

- **Diversification of income sources:** Women are exploring multiple income streams, engaging in freelance work, small-scale entrepreneurship, or participation in the informal sector to mitigate the impact of economic downturns.
- **Community support networks:** Women are leveraging community and professional networks for resource-sharing and mutual support. Initiatives like community-based cooperatives or microfinance endeavours are emerging as coping mechanisms.
- **Skill development:** In response to shifting job markets, women are investing in skill development and training programs to enhance their employability and open new avenues for income generation.
- **NGO assistance:** NGOs play a pivotal role in providing essential services to Lebanese women. Initiatives focused on healthcare, education, and livelihood support become crucial lifelines in the face of dwindling state resources.

Refugee women, particularly those from Syria, often face a challenging context with limited access to formal education and employment opportunities. Despite these challenges, they are leveraging skills such as handicrafts or agricultural knowledge. Coping mechanisms identified by refugee women include:

³⁶ Mercy Corps (2023), Thematic Report: Understanding remittances as a coping strategy amidst Lebanon's crises - Opportunities and challenges for aid actors, November 2022, <https://reliefweb.int/report/lebanon/thematic-report-understanding-remittances-coping-strategy-amidst-lebanons-crises-opportunities-and-challenges-aid-actors-november-2022>

- **Home-based income generation:** Many refugee women engage in home-based income generation activities, including crafting goods, producing homemade food products, and taking on odd jobs within their communities.
- **Support from NGOs:** NGOs provide crucial support, offering vocational training, microfinance opportunities, and assistance in establishing small businesses to enhance the economic resilience of refugee women.
- **Collective initiatives:** Some refugee women participate in collective initiatives, pooling resources and skills to create cooperative ventures that contribute to their livelihoods.

Migrant domestic workers in Lebanon often face precarious working conditions and limited access to formal channels for skill development. However, they bring diverse skills in caregiving, household management, and other domestic tasks. Coping mechanisms for this community include:

- **Remittances:** Migrant domestic workers often send remittances to their families back home, serving as a crucial coping mechanism for both the worker and her family. As expressed by participants from the community, sending money abroad is also a form of saving, as they do not have secure places for their money in Lebanon.
- **Community networks:** Migrant domestic workers form networks within their communities, sharing information about employment opportunities, lodging complaints, and providing mutual support in navigating challenges.
- **Advocacy and Human Rights organizations:** Some migrant domestic workers benefit from the support of advocacy organizations including Women’s rights organisations that offer legal assistance, counselling, and resources to empower them in the face of exploitation.

While Lebanese women leverage educational and professional networks, refugee women and migrant workers often turn to community-based initiatives, vocational training, and collective efforts to sustain their livelihoods.

In areas such as Mount Lebanon and Beirut, the capacity to save is often influenced by higher incomes, increased economic stability, and access to financial instruments in these urban areas. Coping mechanisms for these women are possible through:

- **Two-income households:** Families in Mount Lebanon and Beirut, where both partners contribute to the household income, allow for increased capacity for savings. This is facilitated by a more diversified income base, allowing for the allocation of funds to savings.
- **Budgeting and financial planning:** Some Lebanese women reported adopting budgeting strategies and financial planning to optimize their savings potential, navigating the economic challenges while prioritizing future financial security.

Protection

Gender-Based Violence (GBV)

The intensification of armed conflict in South Lebanon has exacerbated already limited protection measures and GBV case management mechanisms. According to respondents, the closure of government offices and legal institutions due to the conflict has created a vacuum in crucial support systems (such as GBV case management), creating barriers to seeking justice and perpetuating an environment of impunity and inequality. These offices often play a pivotal and essential role in providing legal assistance, issuing protection orders, and facilitating the necessary interventions to safeguard survivors of GBV – especially in South Lebanon. According to respondents, GBV was reported as a pressing protection concern for women in Lebanon, cutting

“I can confirm that GBV knows no regional, age, gender or nationality. That it is first and foremost enabled by a patriarchal society, and that it is second protected by the lack of implementable legislation around it for all women.”

– Key II, Beirut Greater Area

across regions, age groups, gender identities, economic levels and nationalities. Respondents from GBV service providers reinforced the overwhelming culture of impunity in Lebanon, as well as the lack of implementation of national laws around sexual harassment, namely Law 293³⁷ and Law 205.³⁸ While there is a general perception that GBV rates are higher in rural areas, key informants emphasize that GBV knows no geographical boundaries, age distinctions, or nationality and that barriers to reporting, given a culture of impunity, are a significant factor. Yet, respondents also indicated that proximity to GBV support resources play a significant role in reporting rates, with those in Beirut having options that are "closer to home" and potentially more access to tailored support. Access to shelters and organizations providing GBV services and support is not uniform across all regions. Women from all nationalities residing in Beirut and North Lebanon generally have greater access to these vital resources. However, IDP respondents shared that disruption of social structures exposes them, notably women, to increased risks of exploitation and discrimination, particularly whilst attempting to seek protection services and aid outside their areas of conventional residence.

As per the 2022 annual report on Gender-Based Violence Information Management System (GBVIMS) in Lebanon, the majority of GBV survivors, comprising 95%, were women.³⁹ Children were reported to be involved in 17% of the incidents.⁴⁰ The primary nationalities associated with GBV incidents were displaced Syrians, constituting 74%, followed by Lebanese nationals at 23%, and individuals of other nationalities at 3%.⁴¹ Economic barriers, social isolation and challenges of cultural adaptation are reported to contribute to the increased vulnerability of Syrian refugee women to GBV.⁴² Similarly, MDW face increased vulnerabilities to GBV due to their lack of access to justice systems as well as the sponsorship (Kafala) system that governs them.⁴³ GBV is also an issue deeply affecting the LGBTIQ+ community, particularly affecting trans* individuals, according to insights from RGA respondents and multiple nationwide studies.⁴⁴

Conclusion & Recommendations

Lebanon finds itself at a critical juncture, grappling with a confluence of crises, including an escalating economic downturn, heightened security concerns, and the profound impact of internal displacement. In light of these challenges, addressing the layers of this multifaceted crisis requires a nuanced and collaborative approach in both immediate and long-term strategies to respond to the specific humanitarian needs of the most vulnerable populations and build resilience. Recommendations below reflect key learnings from this RGA and targeted to humanitarian actors, INGOs and local agencies: This RGA report should be updated and revised as the crisis unfolds to fill data gaps on the most vulnerable populations; by applying updated gender analysis to a humanitarian response plans, more effective and appropriate programming can be developed to ensure aid is tailored to the specific and different needs of crisis affected populations.

³⁷ Law No. 293/2014 on the protection of women and other family members from domestic violence

³⁸ Law No. 205 to Criminalize Sexual Harassment and [for] Rehabilitation of Its Victims.

³⁹ Philomena Raftery, Jinan Usta, et al (2023), Gender based violence (GBV) coordination in a complex, multi-crisis context: a qualitative case study of Lebanon's compounded crises (2019–2023). *Confl Health* 17, 50, <https://doi.org/10.1186/s13031-023-00543-8>

⁴⁰ Philomena Raftery, Jinan Usta, et al (2023), Gender based violence (GBV) coordination in a complex, multi-crisis context: a qualitative case study of Lebanon's compounded crises (2019–2023). *Confl Health* 17, 50, <https://doi.org/10.1186/s13031-023-00543-8>

⁴¹ Ibid

⁴² Sophie Roupetz, Stephanie Garbern, et al (2020), Continuum of sexual and gender-based violence risks among Syrian refugee women and girls in Lebanon. *BMC Women's Health* 20, 176. <https://doi.org/10.1186/s12905-020-01009-2>

⁴³ Jasmin Lilian Diab, Banchi Yimer, et al (2023), The gender dimensions of sexual violence against migrant domestic workers in post-2019 Lebanon, *Frontiers in Sociology (Section: Migration and Society)*, Vol. 7, https://www.frontiersin.org/articles/10.3389/fsoc.2022.1091957/full?utm_source=Email_to_authors&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Sociology&id=1091957

⁴⁴ The Legal Agenda (2020), Report on Sexual and Gender Based Violence in Lebanon, https://english.legal-agenda.com/wp-content/uploads/LA_SGBV_Report-2021-1.pdf

Short-Term Recommendations

Overarching

- Ensure that all actors consistently collect and share sex, age and disability disaggregated data (SADDD) and prioritize transparency and the sharing of non-identifiable data collected, in order to ensure greater access to information and reduce duplication.
- Launch public awareness campaigns to reduce stigma and discrimination against internally displaced persons, refugees, and members of the LGBTIQ+ community.
- Actively involve women and other relevant vulnerability groups in the planning, decision making and implementation of humanitarian response plans
- Increase direct funding to WRO and WLO that focus on GBV risk mitigation strategies and gender transformative approaches, specifically for Syrian refugee groups and Syrian women safe spaces.

Health

- Ensure SRH, including maternal and child health care remain a priority by observing the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH), including ensuring survivor centered approaches, the clinical care of sexual assault survivors and access to contraception.
- Include women front-line health workers in decision-making spaces to improve the design of targeted health responses, specifically in relation to providing more inclusive healthcare, GBV risk mitigation audits, and mental health and psychosocial support strategies
- Ensure that safe and accessible MHPSS services are made available in locations where services are limited. Provide both offline and online services to mitigate access issues, whether caused by safety risks or barriers to movement for older people and persons with disabilities, in addition to the lack of access to online services.
- Communicate and reduce stigma about the importance and value of psychological support, particularly among men and LGBTQIA+ people, so they can reach out to without fear of discrimination or stigma.

Shelter

- Ensure safe and accessible housing for the most vulnerable (especially refugees, MDW, those living with disability and those with diverse sexual identities).
- Ensure that collective shelters have sex-segregated and/or family-segregated accommodation and adapted and inclusive WASH facilities.
- Integrate child-friendly spaces with early childhood development (ECD) activities within shelters and appropriate private spaces for pregnant and breastfeeding women, peer to peer exchange among mothers and information sharing initiatives.
- Carry out participatory GBV safety audits in collective shelters to ensure safe access for vulnerability groups, especially women in all their diversities, and institutionalize these inclusive feedback channels.

Livelihoods

- Provide displaced women and men with opportunities to access vocational training and opportunities for sustainable livelihoods. Allow for flexible, part-time remote training and working opportunities where useful/ feasible for improved safety and feasibility for more marginalized groups.
- Implement targeted economic empowerment programs aimed at IDPs, particularly focusing on women in female-headed households and those living with disability. This could include skills training, microfinance initiatives and financial literacy to build sustainable income-generating opportunities. Ensure these programs consider the caregiving responsibilities that women often shoulder.
- Engage the private sector in supporting women in safe job placements, including the training and professional mentorship of displaced women and conducting systematic GBV risk assessments.

Protection

- Ensure that all front-line humanitarian actors are trained on basic concepts of GBV, psychological first aid, disclosures and safe referrals.

- Improve the accessibility of information regarding GBV services and protection from sexual exploitation, abuse and harassment (PSEAH), taking into account barriers to information faced by certain groups.
- Through a participatory and locally led process, strengthen and support existing social safety nets and improve security measures within locations with high numbers of displaced people to create safe spaces for vulnerable population groups to find connection, support, and life-saving information.

Long-Term Recommendations

- **Launch a consultative process with conflict affected populations, including women in all their diversity**, on strategies to bring greater social cohesion and integration for marginalized communities such as refugees, MDW, those who identify as LGBTQI+, those living with disability, etc,
- **Work closely with local actors to advocate for improved legal protections for vulnerable groups** around GBV, arbitrary detention, safeguarding against exploitation, abuse and harassment, ensuring safe access to resources, services and opportunities- particularly for refugees, MDW and LGBTQI+ communities.
- **Focus on nexus programming that prioritizes long term resilience building**, including social and behaviour change initiatives on gender equality (including for those with and diverse gender identities).
- **Foster improved collaboration and communication among local and international stakeholders**, including government agencies, non-governmental organizations, and international bodies. Establish regular platforms for joint initiatives and information sharing.
- **Systematically examine barriers to access services for marginalized populations and, through community consultation, seek to bridge gaps** exacerbated by the economic crisis and discrimination. Prioritize access to healthcare and education for women and girls and consider gender-specific support services that address the distinct needs of female-headed households, refugees, MDW and those with diverse gender identities.
- **Collaborate more directly with LGBTIQ+ organizations** to tailor programs and safe spaces to the specific challenges faced by the community, provide sensitivity training for service providers as well as in order to unpack the diverse needs and priorities within the community itself.
- **Ensure diverse representation** in planning committees, community meetings, policy discussions, and collaborative stakeholder engagements to ensure that women from affected communities can contribute their perspectives and needs into humanitarian response program design and implementation.

Annex 1: List of FGDs and In-Depth Interviews

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Sex and Age Disaggregated Data			
FGDs Breakdown			
Region	Age Range	Sex	Additional Notes
Mt. Lebanon, FGD 1	35-55	Mixed	5 participants
Mt. Lebanon, FGD 2	18-35	F	5 participants
Tripoli, FGD 1	35-55	M	5 participants
Tripoli, FGD 2	35-55	F	5 participants
Beqaa, FGD 1	35-55	Mixed	5 participants
Beqaa, FGD 2	35-60	F	5 participants
In-Depth Interviews Breakdown			
Region	Age Range	Sex	Supplementary Notes
South Lebanon, IDI 1	35-55	F	IDP within South Lebanon
South Lebanon, IDI 2	18-35	F	
South Lebanon, IDI 3	18-35	F	Migrant Domestic Worker
South Lebanon, IDI 4	35-55	F	
South Lebanon, IDI 5	60+	F	
South Lebanon, IDI 6	60+	F	
South Lebanon, IDI 7	35-55	F	IDP within South Lebanon
South Lebanon, IDI 8	35-55	F	IDP within South Lebanon
South Lebanon, IDI 9	35-55	F	
South Lebanon, IDI 10	18-35	F	
South Lebanon, IDI 11	18-35	F	Migrant Domestic Worker
South Lebanon, IDI 12	60+	F	Migrant Domestic Worker
South Lebanon, IDI 13	35-55	M	
South Lebanon, IDI 14	60+	M	IDP within South Lebanon
South Lebanon, IDI 15	35-55	M	
South Lebanon, IDI 16	60+	M	
Beirut Greater Area, IDI 1	18-35	F	
Beirut Greater Area, IDI 2	35-55	F	
Beirut Greater Area, IDI 3	35-55	F	IDP from South Lebanon
Beirut Greater Area, IDI 4	60+	F	
Beirut Greater Area, IDI 5	35-55	F	
Beirut Greater Area, IDI 6	60+	M	IDP from South Lebanon
Beirut Greater Area, IDI 7	35-55	M	
Beirut Greater Area, IDI 8	18-35	M	
Beirut Greater Area, IDI 9	18-35	M	
Nationwide, IDI 1	35-55	F	Identifies as LGBTIQ+
Nationwide, IDI 2	60+	F	Identifies as LGBTIQ+
Nationwide, IDI 3	35-55	F	Identifies as LGBTIQ+
Nationwide, IDI 4	60+	M	Identifies as LGBTIQ+
Nationwide, IDI 5	35-55	M	Identifies as LGBTIQ+
Nationwide, IDI 6	18-35	M	Identifies as LGBTIQ+
Nationwide, IDI 7	18-35	M	Identifies as LGBTIQ+
Total no. of participants	62 individuals		

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CARE International is a 75-year-old global confederation working to fight poverty and social injustice in the world, with a specific focus on the empowerment of women and girls. We work side-by-side with communities to understand the root causes of poverty and find innovative, locally led solutions. CARE seeks to demonstrate the results and methodologies used in our projects to ensure transparency and accountability and advance the quality of our work.

CARE International places the specific needs and rights of women and girls at the heart of all we do. It reflects our practical approach to fighting poverty, the specific technical expertise we have gained as a diverse global network and plays a critical part of our identity as an organization grounded in gender equality and women's empowerment.

UN Women is the UN organisation dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality. It works with governments and civil society to design laws, policies, programmes, and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.