



Lebanon Rapid Gender Analysis

The State of Women, Lebanon, and COVID-19

Lebanon confirmed its first case of COVID-19 on February 23, 2020. As of June 16, 2020, this number has risen to 1,446 cases. The COVID-19 pandemic in Lebanon is a crisis during a broader socio-economic meltdown since October 2019. The Lebanese occupied the streets demonstrating against corruption, unemployment and sectarianism.

This [Rapid Gender Analysis \(RGA\)](#) highlights how the combined COVID-19 and socioeconomic crisis has impacted women, girls, boys, and men differently and recommends measures to address these needs. It included surveys and key informant interviews with 94 people and reviewed of secondary data.

“This is the first time I work outside of the house and although I was hesitant this is a great opportunity for me to learn and do something useful for my community and myself. I do not earn a lot of money but what is more important is that I feel more empowered and confident.”

- *CIL female Volunteer.*

Key Findings

- **Women have higher burdens and fewer opportunities to contribute financially in their households.** Women during COVID-19 were expected to carry out additional unpaid work including caring for the elderly, PWD and dependent family members. Only 11% of women interviewed control their own income, and only 43% of men share their income with their wives. Women are spending 83% of their time on housework, compared to only 14% for men.
- **Stress and anxiety are rising as the economic situation worsens and people fall into poverty.** CARE is seeing an increased demand for psychosocial support for women in confinement who are unable to cope with the situation, while the Inter-Agency Assessment with refugee and host communities says that 3% of women have accessed non SGBV mental health services. Increased burdens, violence, uncertainty, and economic pressures are raising stress for women. Men experience increased stress and anxiety as they feel unable to provide for their families and correspond to their traditional roles.
- **Women and girls face difficulties in accessing health services—especially sexual and reproductive health.** 42% of the of women say they cannot access family planning solutions and SRHR services due to COVID-19 and economic difficulties. 83% of them reported that fear of COVID-19 transmission is a barrier for them

accessing SRHR services, and lower income and mobility increases the barriers for access. 35% of pregnant women cannot access care, and 56% say they cannot get pre-natal vitamins.

- **Economic stresses are hitting women hardest.** 33% of women say that their incomes have been cut by more than half. 49% of women have lost jobs, compared to 21% of men. Men are also suffering from job loss, especially those who are daily workers or in the informal sector. Women report that they can no longer pay their rent and are afraid of being evicted.
- **Families are facing good shortages.** 85% of people are reducing the number of meals they eat. This is hitting women most, because 85% of women are eating smaller portions already, compared to only 57% of men. 66% of women have already started to eat lower quality food, compared to 43% of men.
- **Gender-based violence (GBV) and the risk of sexual exploitation and abuse are rising.** 54% of women say that GBV is rising. Women are highest risk of sexual exploitation and assault when they go to collect aid, while men are too embarrassed to stand in aid lines.
- **Lack of protection for extremely vulnerable groups.** The migrant and domestic workers have little legal protection under the Kafala system, putting them at risk of further exploitation and abuse with very little power to negotiate or hold their employers accountable. The economic crisis overwhelmed the LGBTI+ organizations, and with the lockdown measures, their services have diminished dramatically.
- **Information needs are different.** 71% of men want to get information over the television. By contrast, the largest number of women (46%) would prefer to receive information over social media. Only one in 3 women has consistent access to a mobile phone, and 17% of adolescent girls. 54% of women think they need more information about COVID-19, compared to 29% of men.

Recommendations

- **Consistently collect and analyze sex, age, and disability disaggregated (SADD) data and utilize it to address the COVID-19 pandemic.** It is critical that all actors involved in COVID-19 response to use SADD data to identify the differential impact on women, girls and boys, and men of different ages and with or without disabilities, and thereby plan for appropriately tailored program interventions.
- **Prioritize community engagement and participation.** Engage with key community members (community activists, women and youth led organizations, CBOs, local authorities) to better understand their needs and priorities. Tailor the interventions in response to the needs and enable the capacities of targeted population.
- **Scale up GBV responses and ensure continuity of relevant services.** Considering the increase in intimate partner and domestic violence, emotional abuse, and other forms of GBV such as SEA, donors and service providers should prioritize GBV prevention and response activities with attention to adolescent girls and associated risks (early marriage) and increase allocation of funding to GBV services that are adapted for COVID-19 response modalities including mobile units and hotlines.
- **Resume mental health and psychosocial support services for vulnerable communities in line with COVID-19 measures.** Levels of psychosocial distress are expected to rise due to the fear of infection and the socioeconomic impact of the pandemic, leading to increased anxiety and stress and potentially tensions in the household. Gender and age appropriate services should be available to refugees and host communities as well as targeted interventions for caregivers, LGBTIQ+ communities and the elders.
- **Prioritize economic empowerment and equal participation of women and men in the labor market.** Under the recovery phase, give particular attention to the informal sector and to women and men who need support to safely resume their activities. Relevant actors should explore digitalized options and ITC opportunities for women and youth, including building their capacities and skills.
- **Donors should emphasize and prioritize gender responsive programming with an emphasis on do no harm approach and PSEA as a mandatory requirement for (I) NGOs and local partners.** (I) NGOs should ensure the confidentiality of reporting procedures and access to GBV services. Give attention to groups at higher risk, such as domestic workers, LGBTIQ+, women and adolescent girls.
- **Advocate against the abusive kafala sponsorship system.** Collaborate with the humanitarian community, civil society, human rights activists, UN bodies and donors to ensure protection of migrant and domestic workers rights under the labor law in safe, equal and dignified manner.