

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	770
Land:	Libanon
Kilde:	United Nations Population Fund (UNFPA) og Global Protection Cluster
Titel:	Gender-based violence
Udgivet:	Marts 2023
Optaget på baggrundsmaterialet:	1. juni 2023

CRISIS OVERVIEW

Lebanon is currently managing significant political and economic crises that for the last several years have thrown the entire country into turmoil. After years of political instability, mass protests against the government of Lebanon (GoL) broke out in 2019, contributing to a rapid economic decline that was worsened by the onset of the global COVID-19 pandemic. Months into the pandemic, in August 2020, a blast rocked the Port of Beirut (the third-largest non-nuclear explosion in history), draining the country's grain supplies, killing almost 200, and displacing an estimated 300,000 people ([CARE, 2020](#)).

Since 2019, the Lebanese pound has lost more than 90 percent of its value ([OCHA, 2021](#)). After being an upper-middle income country for 25 years, Lebanon is now classified as a lower-middle income country ([World Bank, 2022](#)). The World Bank has characterized the financial crisis among the worst in the last 150 years ([OCHA, 2022](#)).

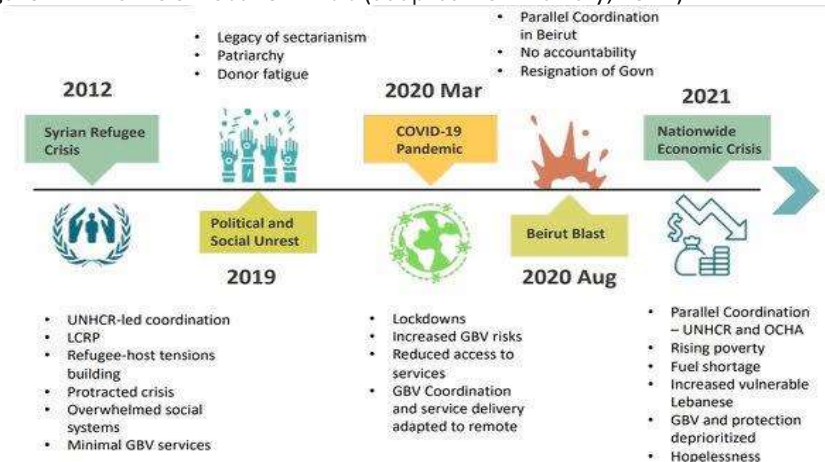
The financial collapse has created a humanitarian crisis for the Lebanese, among whom the risk of extreme poverty has tripled since 2019 ([OCHA, 2021](#)). The country is struggling with electricity blackouts, fuel and water shortages, and the near collapse of the banking sector and public services. The GoL estimates that 3.2 million people (approximately 58 percent of the Lebanese population) are currently in need of humanitarian support, with nearly 50 percent of the country below the poverty line and 90 percent of Syrian households living in extreme poverty ([GoL and UN, 2022](#)). Among these, female-headed households are particularly vulnerable to shocks ([OCHA, 2022](#); [WFP, 2020](#)). Lebanon is also experiencing a cholera outbreak due to deteriorated water and sanitation conditions which was first identified on October 6th and has now spread to at least 2,700 cases nationally ([WHO, 2022](#); [Daniel, 2022](#)).

Even before the current crisis, Lebanon was struggling to meet the needs of its refugee population—one of the largest in any country in the world. Lebanon hosts approximately 450,000 Palestinian refugees, of whom approximately 209,000 live in one of the 12 refugee camps designated for Palestinians and managed by UNRWA ([GoL and UN, 2022](#)). Since the 2011 onset of the war in Syria, Lebanon has also been home to an estimated 1.5 million Syrian refugees, and is currently hosting an estimated 33,040 refugees from other countries, including Iraq, Sudan, Ethiopia and Egypt ([GoL and UN, 2022](#)).

As a result of the non-encampment policy applied by the Government for Syrian refugees, no formal refugee camps have been established for refugees other than Palestinians. Most refugees live among host communities across the country and in informal collective and tented settlements. This means that the refugee populations are particularly vulnerable to host community instability insofar as there is greater competition between host and refugee communities for increasingly scarce resources, such as shelter and water and other commodities ([UNHCR, 2021](#)). The most recent report from the Social Stability Working Group in Lebanon notes that 37 percent of Lebanese refugees reported negative inter-communal relations, which represents a 16-percentage-point increase from 2018. Women and girls in particular — especially those living in female-headed households and sub-standard shelter conditions — reported an increased perception of insecurity ([Lebanon Inter-Agency Social Stability Working Group, 2022](#)).

Lebanon also hosts an estimated 250,000 migrant workers, mostly women from South and South East Asian and African countries, such as Bangladesh, the Philippines, Sri Lanka, and Ethiopia ([Human Rights Watch, 2022](#)). Research from the Anti-Racism Movement (ARM) suggests that the COVID-19 lockdowns and economic instability contributed to the loss of work for over 50 percent of the migrant population (cited in [Yalla Coalition, 2021](#)) in Lebanon.

Figure 1. Timeline of Lebanon Crisis (adapted from Raftery, 2022)



As is explored in greater detail below, for Lebanese, refugee and migrant women and girls, the accelerating crises have resulted in increased risks for exposure to gender-based violence (GBV), including sexual exploitation, sexual harassment, sexual violence, child marriage, and intimate partner violence.

Even before 2019, Lebanon was characterized by widespread gender inequalities. Legal protections for survivors of GBV continue to be limited, and although progress has been made in recent years in improving the availability of GBV services, the current economic downturn has meant that accessibility is a challenge for many women and girls in Lebanon.

This Secondary Data Review covers the period 2018-2022, focusing primarily on the compounding crises that have erupted in Lebanon since 2019.

KEY TAKEAWAYS

Key priorities

- In the short-term, address emergency response needs for the growing humanitarian population in Lebanon, focusing on ensuring access to basic services for GBV survivors and those at risk through regular mapping of services and capacity building to meet gaps in services (including in the health sector for both GBV and RH services).
- Target specific needs that are particularly acute because of the multiple recent crises, such as mental health care and sexual and reproductive health (SRH) needs for survivors of GBV.
- Prioritize SRH needs of GBV survivors and those at risk, including supporting access to menstrual supplies and sanitary products for adolescent girls and women.
- Work with the most at-risk (and often invisible or underserved) women and girls, including addressing the rights and safety of female migrant workers; women and girls of various sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); supporting women and girls with disabilities to access safe spaces and other services; facilitating access to formal and informal education for girls who are currently out of school as a result of COVID-19 and/or the economic downturn.

- Scale up cash programming (linked to GBV risk mitigation) in the current context of mass economic destabilization, ensuring adherence to best practice for safe cash distributions to avoid doing harm to women and girls at risk of GBV. Consider scaling up training and capacity building on safe and ethical cash distributions to women and girls.
- Prioritize risk mitigation work across sectors to ensure that all emergency interventions that have scaled up to address the crises affecting all of Lebanon are taking GBV prevention and mitigation into account, including through the development of monitoring indicators for key sectors, e.g., WASH, livelihoods, nutrition, and shelter.
- Introduce a comprehensive strategy and effective and coordinated activities to strengthen women's access to justice.
- Introduce a focus on GBV survivors who are persons with disabilities and ensure strengthened access to assistance services.
- Given the increased disclosure of GBV against men, introduce adapted activities to address GBV against men and boys, including boys associated to street work.

Key geographic areas

- The whole of Lebanon, with some targeting of specific geographic areas to address GBV issues affecting different populations, e.g., greater Beirut to target at-risk female migrants and individuals with diverse SOGIESC; south Lebanon for increased risk of child marriage among Lebanese populations; and the whole of Lebanon to work with unregistered Syrian refugee women and girls.

Key vulnerable groups

- Adolescent girls
- Female migrant workers, including female heads of household
- Women and girls with disabilities
- Sexual and gender-nonconforming women and girls (e.g. lesbian, bi, non-binary and trans women and girls)

LEGAL SYSTEM AND JUSTICE

The legislative framework relating to GBV is not strong in Lebanon, particularly linked to equality in personal status between males and females (e.g. in terms of inheritance, marriage rights, child custody, etc.). Implementation is also a big challenge. Many deep-rooted sociocultural practices disincentivize, stigmatize, and even endanger women and girls who seek justice, particularly gender justice, and services to challenge these norms and help women and girls overcome such barriers are largely insufficient.

While the law is applied equally to registered refugees and Lebanese, access to justice is particularly challenging for undocumented Syrian refugees, who have limited legal protection. Another group particularly affected by the lack of legal rights and protection are female domestic migrant workers, of whom the MENA and Arab States region has the highest concentration in the world. These workers are bound by the *Kafala* system that excludes them from protection under national labor legislation. To protect their immigration status, domestic workers are bound to the rules set by their employer. This immense power imbalance puts female domestic migrant workers at risk of violence and exploitation ([Egyptian Feminist Union et al, 2019](#); [Auon, 2020](#); [Amnesty International, 2019](#)).

Rule of law: Rule of law is in place in Lebanon and shows some positive gains. For example, there is near gender parity in the judiciary in Lebanon, as well as the proliferation of dedicated police desks for women and children, and increasing participation of women in the legal sector ([ESCWA, 2018](#)).

A particular challenge in Lebanon linked to legal protections for GBV is the personal status laws. There are 18 sects and 15 personal status laws. These laws cover marriage, divorce, child custody, and inheritance and are informed by religious thoughts, beliefs and traditional laws ([Human Rights Watch, 2022](#)). Judges presiding over personal status circuits are often male ([Oxfam, 2018](#)).

Women's rights: Lebanon has ratified the Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),¹ but has not ratified the Convention on Consent to Marriage, Minimum Age of Marriage, and Registration of Marriage ([UNICEF and UNFPA, 2018](#)).

In 2014, the Parliament passed the country's first Law on the Protection of Women and Family Members from Domestic Violence (DV). While the law covers some protection concerns for women and related policing and court reforms, including provisions for protection orders, it left women at risk of marital rape and other forms of abuse ([ICJ, 2019](#)). In December 2020, the parliament amended the domestic violence law to expand its scope to include violence related to—but not necessarily committed during—marriage, enabling women to seek protection from their ex-husbands. But it still does not criminalize marital rape ([Human Rights Watch, 2022](#)).

Lebanon developed a ten-year National Strategy for Women which was adopted by the national government in 2011. The Ministry of Social Affairs in Lebanon developed the *MoSA National Plan to Safeguard Children and Women* ('the National Plan'), signed in October 2014. The National Plan provided the first framework to promote GBV programming and protocols, prioritizing services for all vulnerable groups, including refugees ([EU Regional Trust Fund, 2019](#)).

In 2017, the National Commission for Lebanese Women (NCLW) drafted a National Action Plan aimed at accelerating progress towards specific social, economic, and political reforms under the national strategy, including abolishing Lebanon's reservations to the CEDAW convention, amending all discriminatory national laws, and removing barriers to entry for women in liberal professions (NCLW, 2017). In 2019, the Minister of State for the Economic Empowerment of Women and Youth launched the National Strategy for Combatting Violence against Women and Girls (2019-2029) ([GoL, 2019](#)).

¹ Lebanon ratified CEDAW with reservations to Article 9 regarding the right to acquire, change, or retain one's nationality and Article 16 regarding the right to choose a family name.

Figure 2. [Women, Business, and the Law, 2022.](#)

	QUESTION	ANSWER	LEGAL BASIS
Mobility	Can a woman choose where to live in the same way as a man?	Yes	No restrictions could be located
	Can a woman travel outside her home in the same way as a man?	Yes	No restrictions could be located
	Can a woman apply for a passport in the same way as a man?	Yes	Passport Law, Art. 6: Passport application procedures
	Can a woman travel outside the country in the same way as a man?	Yes	No restrictions could be located
Workplace	Can a woman get a job in the same way as a man?	Yes	No restrictions could be located
	Does the law prohibit discrimination in employment based on gender?	Yes	Labor Code, Art. 26
	Is there legislation on sexual harassment in employment?	Yes	Law on Criminalizing Sexual Harassment and the Rehabilitation of its Victims, Arts. 1 and 2(B)
	Are there criminal penalties or civil remedies for sexual harassment in employment?	Yes	<i>Criminal:</i> Law on Criminalizing Sexual Harassment and the Rehabilitation of its Victims, Arts. 1 and 2(B) <i>Civil:</i> Law on Criminalizing Sexual Harassment and the Rehabilitation of its Victims, Art. 5
Pay	Does the law mandate equal remuneration for work of equal value?	No	No applicable provisions could be located
	Can a woman work at night in the same way as a man?	Yes	No restrictions could be located
	Can a woman work in a job deemed dangerous in the same way as a man?	Yes	No restrictions could be located
	Can a woman work in an industrial job in the same way as a man?	No	Labor Code, Art. 27 and Annex 1
Marriage	Is there no legal provision that requires a married woman to obey her husband?	Yes	No applicable provisions could be located
	Can a woman be head of household in the same way as a man?	Yes	No restrictions could be located
	Is there legislation specifically addressing domestic violence?	Yes	Law on the Protection of Women and Family Members Against Domestic Violence; Law No. 204 on Amending Law on the Protection of Women and Family Members Against Domestic Violence
	Can a woman obtain a judgment of divorce in the same way as a man?	No	Constitution of Lebanon, Arts. 9 and 19
Parenthood	Does a woman have the same rights to remarry as a man?	No	Constitution of Lebanon, Arts. 9 and 19
	Is paid leave of at least 14 weeks available to mothers?	No	Labor Code, Art. 28
	Does the government pay 100% of maternity leave benefits?	No	Labor Code, Art. 29
	Is paid leave available to fathers?	No	No applicable provisions could be located
Entrepreneurship	Is there paid parental leave?	No	No applicable provisions could be located
	Is dismissal of pregnant workers prohibited?	Yes	Labor Code, Art. 52
	Does the law prohibit discrimination in access to credit based on gender?	No	No applicable provisions could be located
	Can a woman sign a contract in the same way as a man?	Yes	No restrictions could be located
Assets	Can a woman register a business in the same way as a man?	Yes	No restrictions could be located
	Can a woman open a bank account in the same way as a man?	Yes	No restrictions could be located
	Do men and women have equal ownership rights to immovable property?	Yes	Constitution of Lebanon, Art. 7
	Do sons and daughters have equal rights to inherit assets from their parents?	No	Constitution of Lebanon, Arts. 9 and 19
Pension	Do female and male surviving spouses have equal rights to inherit assets?	No	Constitution of Lebanon, Arts. 9 and 19
	Does the law grant spouses equal administrative authority over assets during marriage?	Yes	Constitution of Lebanon, Arts. 9 and 19
	Does the law provide for the valuation of nonmonetary contributions?	No	Constitution of Lebanon, Arts. 9 and 19
	Is the age at which men and women can retire with full pension benefits the same?	No	Women: No applicable provisions could be located. Men: No applicable provisions could be located
	Is the age at which men and women can retire with partial pension benefits the same?	No	Women: No applicable provisions could be located. Men: No applicable provisions could be located
	Is the mandatory retirement age for men and women the same?	Yes	Women: Labor code, Art. 55. Men: Labor Code, Art. 55
	Are periods of absence due to childcare accounted for in pension benefits?	No	No applicable provisions could be located

In December 2020, parliament passed a law criminalizing sexual harassment for the first time in the country which provided important protection by making sexual harassment a crime and outlining whistleblower protections. However, the law fails to meet international standards including that it was not integrated with existing labor laws, occupational safety and health laws, and equality and nondiscrimination laws ([Human Rights Watch, 2022](#)).

Nationality laws in Lebanon do not allow women to pass their nationality on to their children, or they limit this right to cases in which the father is unknown or stateless. This inequality in nationality laws contributes to statelessness for children and can impede children's access to education and social services ([Dalacoura, 2019](#)).

In April 2021, the Sunni court raised the minimum age of marriage to 18, intending to decrease the rates of child marriage. Despite this, child marriage rates continue to increase in Lebanon, with the South of Lebanon reporting the highest percentage of child marriage in Lebanon in 2022 (GBVIMS, 2022).

Refugee rights: The government introduced new residency policies for refugees in January 2015 to reduce the burden on state services, causing an estimated 70 percent of Syrians to lose legal status. These individuals are restricted in their movement and cannot work, access healthcare, or send their children to school. There are multiple and intersecting barriers to renewing legal residency (for those who were registered with UNHCR prior to 2015) and registering births and marriages. These include financial barriers such as fees and transportation costs, lack of knowledge of necessary identity documentation, and fear of deportation (DRC, 2021).

Women's lack of documentation is also reinforced by gender norms and households choose to prioritize registration for male breadwinners who tend to travel more frequently outside the home. These barriers put Syrian women and girls at greater risk of multiple forms of violence, including child marriage and sexual exploitation. The onset of the COVID-19 pandemic has become an additional barrier to access legal documentation, particularly in terms of registering life events. Intermittent closure of government institutions (such as General Security

Offices (GSO) or Personal Status Departments (PSD)) but also the reduced capacity of legal service providers to offer legal assistance due to the closure of offices and the implementation of preventative measures to combat the spread of COVID-19, has resulted in the inability of many refugees to renew or obtain legal documentation or acquire supporting documents (DRC, 2021).

LGBTIQ+ rights: In Lebanon, a colonial-era law (Article 534 of the Penal Code) criminalizes “sexual intercourse against nature” and has been interpreted to prosecute individuals for their sexual orientation and gender identities. This extends to the denial of protected right of assembly, higher risk of arrest and harassment and other violations of rights. The prohibition against public indecency in the Penal Code is also used to justify the arrests and detention of LGBTIQ+ individuals ([Yalla Coalition, 2021](#)).

Access to justice: Since August 2022, the majority of Lebanon’s judges have been on strike, drastically impacting the functioning of the judiciary system and reducing women’s access to justice ([Houssari, 2022](#)). However, even before the strike, data collected through the Gender-Based Violence Information Management System (GBVIMS) indicates that 40 percent of survivors have declined referrals to legal assistance services ([GBVIMS, 2021](#)). A 2018 Oxfam study of access to justice in Egypt, Jordan, Lebanon, and Yemen found that going to court is considered a last resort for women, and if they do go to court, it is more often for resolving disputes related to personal status matters ([Oxfam, 2018](#)). This is especially the case for Syrian refugee women in Lebanon, of whom less than 50 percent reported knowledge of formal or legal ways to resolve incidents of GBV ([UN Women, 2022](#)).

Legal aid services for women are provided by a combination of government services, bar associations and/or civil society organizations that can include advice, representation and legal literacy. These services are often free of charge, but their availability may be hampered by the lack of continuity in funding, particularly in the current crisis ([Lebanese Republic, 2019](#)).

Internal Security Forces and Judicial Police in Lebanon, in collaboration with NGOs, provide investigation, security and protection, legal counseling and representation, plus an emergency hotline for domestic violence. Lebanon has

declared that failure by law enforcement officers to address violence against women and girls (VAWG) cases appropriately would result in disciplinary action and suspension from service. However, since the economic collapse, there has been an overall reduced level of law enforcement ([Plan International, 2022](#)).

HEALTH SYSTEMS

The recent crises in Lebanon have had a profound impact on the delivery of health services. In the Vulnerability Assessment of Syrian Refugees (VASyR) undertaken in 2018, access to health services was assessed as stable, with 87 percent of households indicating they received required health care ([VASyR 2018](#)). By contrast, the OCHA Emergency Response Plan 2021-2022 notes that:

“Lack of reliable electricity, fuel and water supply threatens daily operations of hospitals and health facilities, including intensive care units, dialysis units, cold chain requirements, sterilization and diagnostic procedures. Currency exchange rates and cash flow restrictions on US Dollars have limited international purchasing power for essential medicines, supplies and various reagents while local suppliers – including pharmacies – suffer similarly depleted stocks. These combined factors threaten continued operation of health facilities and pharmacies. Outstanding reimbursements owed to hospitals by the Ministry of Public Health (MoPH) further compound cash flow woes. Financially-driven layoffs of health workers, transition to non-clinical employment with better salaries, and emigration of human resources continue unabated.” ([OCHA, 2021b](#)).

Clinical Management of Rape (CMR) Protocols: Prior to 2012, medical care for survivors of sexual violence and intimate partner violence (IPV) was not included as part of the services provided within the various public and private protocols and health care workers were not regularly trained on CMR and IPV care. In 2013, to address existing gaps, the CMR Taskforce (CMR TF) was established with the Ministry of Public Health (MoPH) and UNFPA to coordinate and advocate efforts at the national level for increased access to quality and “empathetic” medical response for adult and child survivors in selected health facilities ([UNICEF, UNFPA and MoPH, 2020](#)). The CMR TF, headed by the MoPH and UNFPA, consists of UN

agencies, including UNICEF, WHO, and UNHCR, and several national and international NGOs, such as IRC and ABAAD ([UNICEF, UNFPA and MoPH, 2020](#)). A national CMR strategy was launched in 2021 (Raftery, 2022).

To ensure availability of and accessibility to CMR services for all GBV survivors, public and private hospitals as well as primary healthcare (PHC) centers have been selected by the CMR and the GBV TFs in consultation with MoPH as CMR service providers. Since 2012, these facilities have been receiving Post-Exposure Prophylaxis treatment (PEP) kits, also known as Reproductive Health (RH) kit no.3, from UNFPA. GBV actors contracted by UNFPA replenish these PEP kits regularly. However, ensuring consistent availability of PEP drugs in the facilities has been challenging because there is no system in place to track expiration dates and consumption. Efforts to monitor PEP kits are insufficient as there has been no consensus among actors about a reporting mechanism on usage and replenishment of PEP kit supply ([UNICEF, UNFPA and MoPH, 2020](#)).

Before the crisis, UN agencies piloted a program for health providers that involved whole-of-facility training on the clinical management of rape, with the goal of improving rape survivors' access to appropriate care; building capacity of health care providers; and enhancing coordination with the Ministry of Public Health and the Ministry of Social Affairs. All medical personnel were trained on clinical management of rape procedures and protocols, with nurses and midwives also trained on referral pathways, GBV concepts and issues related to early marriage to support prevention as well as response to GBV. In addition to medical staff, training on GBV was also conducted across health centers to ensure survivors are treated appropriately by all staff. The MoPH has institutionalized the training to support its sustainability (UNICEF, 2017). Static and mobile "safe spaces" are another intervention that supports access to health and psychosocial support (PSS) services for women and girls, including hard-to-reach women and girls (UNFPA, UNHCR, IRC, UNICEF, IMC, 2015).

Sexual and Reproductive Health (SRH): The deteriorating economic situation in the country has meant that a high percentage of women and girls are unable to afford to buy menstrual pads and resort to unsanitary, and potentially dangerous methods of coping with their periods. According to the COVID-19 rapid needs

assessment carried out in April 2020, 66 percent of the girls living in Lebanon cannot afford to buy sanitary pads and other related products. The problem is exacerbated by a fear of stigma from speaking out and demanding the needs and rights of girls and women, as the topic is still considered taboo ([Plan International, 2021](#)).

Findings from a follow-up assessment conducted in 2021 further suggest that women from different communities are experiencing access problems to menstrual supplies, forcing them to adopt new coping mechanisms. This access worry is resulting in mental stress and in some cases physical repercussions for a considerable number of girls and women. The lowest income brackets are suffering the most severely and in particular the Syrian refugee community; however, the struggle is nationwide with regions previously considered comparatively affluent such as Mount Lebanon also being affected ([Plan International, 2021](#)).

Government health structures: Notably, the Lebanon Crisis Response Plan for 2022 identifies the need for improvement of government health services for women and girls, specifically noting the need to target adolescent girls. The health sector commits to tackling:

"Social stigma, especially RH-seeking behaviours for adolescent girls. The sector will aim to have a female gynecologist available in each health facility and a female and male health worker to reach girls and boys with age-appropriate reproductive health information." ([GoL, 2022](#)).

The LCRP also plans to continue to scale up the capacity of health facilities to respond to and refer GBV cases, including cases of child marriage and child pregnancy ([GoL, 2022](#)).

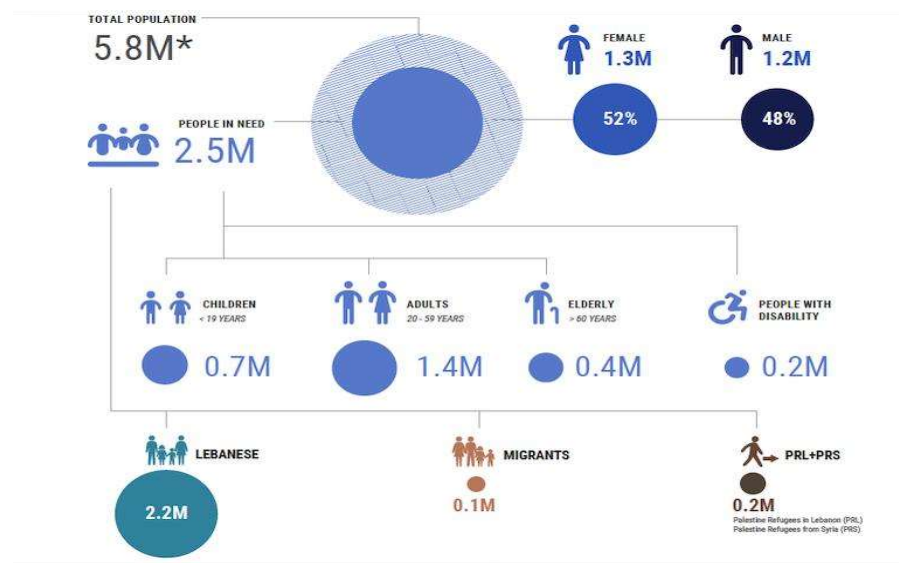
SOCIODEMOGRAPHIC ENVIRONMENT

Since October 2019, the Lebanese pound has lost more than 90 percent of its value, leading to a year-on-year inflation of 120 percent between May 2020 and May 2021. The sharp devaluation in the Lebanese pound has eroded living standards and wiped-out life savings, as residents grapple with triple-digit inflation rates for 15 consecutive months ([OCHA, 2021a](#)).

The total inflation from December 2019 to October 2021 reached 519 percent, peaking at 1874 percent for food and non-alcoholic beverages. This has resulted in the sharp decline of household purchasing power and increasing poverty rates across population groups. In addition, the economic crisis has contributed to a gradual breakdown of public services such as health care, water, hygiene and sanitation (WASH), and education, further worsened by the fuel crisis, which began during the summer of 2021, and has largely impacted the country's electricity supply since, with critical consequences for the health, water, transport, and telecommunication sectors ([REACH, 2022](#)).

Lebanon's deterioration has had a profound impact on all its populations. OCHA estimates that there are currently 2.5 million Lebanese, migrants and Palestinian refugees living in Lebanon who are in need of humanitarian assistance ([OCHA, 2022](#)). An additional 1.5 million Syrian refugees and 13,000-14,000 refugees from other countries, including Iraq, Sudan, Ethiopia and Egypt, have significant humanitarian needs ([UNHCR, 2018](#)).

Figure 3. Humanitarian Needs in Lebanon ([OCHA, 2022](#)).



OCHA anticipates that the humanitarian crisis will continue to deepen for all populations in Lebanon if the economy continues to slide and political instability remains ([OCHA, 2022](#)). Particular humanitarian needs for different groups are further detailed below:

Lebanese: An estimated 2.2 million Lebanese have been negatively affected by the economic downturn and are in need of humanitarian assistance ([OCHA, 2022](#)). [Multidimensional](#) poverty has doubled over the last two years, affecting more than 80 percent of the households living in Lebanon. Around a third of them have fallen into extreme multidimensional poverty, with female-headed households reporting particularly high incidence ([OCHA, 2022](#)). The rising cost of food is prohibitive for many vulnerable households who struggle to meet dietary needs despite spending the bulk of their income on food.

300,000 Lebanese were temporarily displaced by the Beirut blast, relocating to homes of family and non-permanent, makeshift shelters ([IDMC, 2020](#)). These impoverished conditions, including unsafe shelter, exacerbated risks of GBV for poor Lebanese women and girls.

Palestinians living in Lebanon: The approximately 209,000 Palestine Refugees in Lebanon (PRL) are also vulnerable, repeatedly marginalized and outside of social protection schemes ([GoL and UN, 2022](#)). Even before the crises, PRL had limited access to livelihoods due to restrictions on their right to work in several professions, and frequent discrimination within the workplace. Despite their long-standing presence in Lebanon, they are unable to own or inherit property. Many are dependent on daily/ seasonal labor, but the significant deterioration in their living conditions is affecting their physical and mental wellbeing, contributing to tensions which have sometimes escalated into violence in the Palestinian refugee camps and increasing the protection risks faced by women, children and older persons. Palestinian refugees in Lebanon without official identity documents and residency in Lebanon ("non-ID Palestinians") are even more restricted in their livelihood options as they are often unable to move around freely and are even more vulnerable to discrimination in the workplace ([OCHA, 2022](#)).

Syrian refugees: The VASyR conducted in 2021 found that 88 percent of Syrian refugee households were still below the Survival Minimum Expenditure Basket (SMEB), the absolute minimum amount required to cover lifesaving needs, similar to 2020 (89 percent) but significantly higher than the 2019 level (55 percent). On

average, the monthly expenditures per capita were two thirds the SMEB (down from 120 percent in 2019), implying that Syrian refugee households were not meeting the minimum living standards. Syrian refugees were mostly employed in low skilled jobs in agriculture, construction, and other services (restaurants, hotels, etc.). The participation in the labor force was 47 percent, and 53 percent of the population was inactive. Fifty-nine percent of men were employed compared to only 9 percent of women. (VASyR, 2021). Data collected through UNHCR's 'Monitoring of the Effects of Economic Deterioration on Refugee Households (MEED, Wave I) in March 2020 showed that 47 percent of refugees reported buying food on credit and the average level of debt increased from 1,672,500LBP (in 2019 VASyR data) to 2,012,470 in the MEED Wave I (MEED Wave 1, 2020).

In an assessment conducted by Plan International among adolescents and young people, Syrian participants were much more likely to report incidences of violence outside the household (11 FGDs) than were Lebanese participants (3 FGDS) or Palestinian ones (1 FGD). This finding aligns with the frequent reports by Syrian participants regarding the magnitude of the discrimination they face from Lebanese individuals primarily, but Palestinian individuals as well – discrimination that translates into different forms of abuse and harassment. In the KIIs, stakeholders confirmed the existence and even the rise of tension against Syrians when receiving monthly aid from the UN or other organizations. This tension has been ongoing for the past ten years and has been focusing on competition for low skilled jobs since the beginning of the Syrian crisis. It is increasing today due to the economic crisis and the impoverishment of Lebanese (Plan International, 2022).

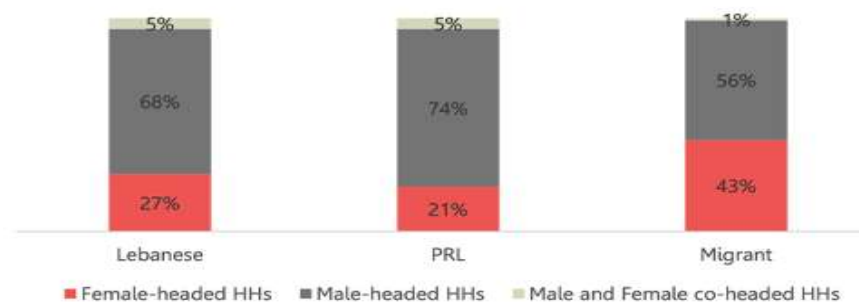
Migrants: There are some 250,000 migrant workers living in Lebanon, the majority of whom are women. Research from the Anti-Racism Movement (ARM) suggests that the COVID-19 lockdowns and economic instability contributed to the loss of work for over 50 percent of the migrant population (cited in Yalla Coalition, 2021). However, this population appears to have rebounded somewhat in terms of employment, with the multi-sectoral needs assessment from 2021 indicating that employment is generally higher among migrants than other population groups in Lebanon (REACH Lebanon, 2022). Nevertheless, migrants have always been a vulnerable population group in Lebanon, facing barriers to accessing services and assistance, as well as protection concerns such as sexual exploitation, trafficking, statelessness among children, evictions, forced and unpaid labor, and suicide.

When loss of employment occurs, migrants can end up in sub-standard shelters or crowded living conditions and struggle to pay rent (OCHA, 2022).

Among all these affected populations, there are specific sub-groups with additional specific protection needs, as highlighted below:

Female-headed households: Female-headed households are among those that are most vulnerable to the economic downturn in Lebanon, and figure most prominently among the migrant population. In Lebanon, men are favored in divorce laws; women from various groups (e.g. Sunni, Shia, Muslim, and Druze) who seek divorce may have to go through lengthy processes, and/or may only succeed in being granted a divorce if they give up rights to any finances (Fakih & Braunschweiger, 2015). This not only makes it very difficult (and unlikely) women will leave abusive husbands, but if they do leave, being the head of the household is very challenging. Female-headed Syrian households are more likely to live in informal and non-permanent settlements and lack access to improved water sources (VASyR, 2021).

Figure 4. Proportion of Female-Headed Households (FHHs) among Lebanese, PRL, and Migrant populations in Lebanon. (REACH Lebanon, 2022).



People with disabilities: Information about people with disabilities is limited. The VASyR from 2021 identified 9 percent of the Syrian refugee population to have a disability, with 30 percent of Syrian households with at least one member with a disability. The prevalence of disability varied from one Lebanese governorate to another. El Nabatieh governorate ranked first with the highest disability

prevalence of 16 percent, while Mount Lebanon ranked last with the lowest prevalence of 7.5 percent ([REACH Lebanon, 2022](#)).

Notably, an estimated 7,000 people were injured by the Beirut bombing, resulting in short- and long-term disabilities that required immediate medical interventions, rehabilitation, and support with accessing assistive devices such as wheelchairs, crutches, and hearing aids. According to research from Human Rights Watch, government services for persons living with disabilities resulting from the Beirut blast were limited due to the economic crisis. The vast majority of emergency response interventions were undertaken by Lebanese civil society organizations and international NGOs ([Human Rights Watch, 2021](#)).

Data from the MEED, Wave 1, found that Syrian refugee households with persons with disabilities were 14 percentage points more likely to report that their levels of debt had “significantly increased” than households without persons with disabilities. Persons with specific needs often have a heightened economic vulnerability due to additional costs associated with their specific needs, coupled with mobility barriers faced in accessing employment ([MEED Wave 1, 2020](#)). Other factors contributing to increased economic stress include the high cost of tuition at schools with special education programs and limited access to disability benefits and assistance ([IFES et al, 2022](#)).

Disability is generally viewed as taboo in Lebanon, and women with disabilities, who are often considered unable to engage in marriage and motherhood, face intensified discrimination and marginalization ([IFES et al, 2022](#)). In research on women with disabilities in 2021, data showed their access to services was limited due to inaccessibility, stigma, lack of inclusivity, absence of skilled service providers, etc. Women with disabilities may experience particularly limited mobility due to safety concerns about transport systems. Children with disabilities also face severe discrimination and are reportedly at risk of being turned away from school as a result of stigma or lack of capacity among education providers ([IFES et al, 2022](#)).

Human Rights Watch has argued that the general lack of information about people with disabilities may be attributed to i) the absence of an adequate or centralized data collection system; ii) the national definition of disability; Lebanon relies on a

medical model of disability rather than a social or rights-based model; and iii) the fact that, as a result of the authorities’ inaction and negligence towards the rights of people with disabilities, the latter generally do not expect any state response or support, and thus do not officially declare their disabilities ([Human Rights Watch, 2021](#)).

According to a study conducted by Humanity and Inclusion in October 2021, women and girls with a disability in Lebanon face greater exposure to violence including gender-based violence (GBV), exploitation, coercion, and abuse than those without a disability and they also face significant challenges accessing GBV services due to a variety of physical, societal, environmental and communication barriers; all factors that increase, their risk of violence, abuse, and exploitation. More specifically, women, girls, men and boys with intellectual and mental impairment appear to experience higher levels of sexual assault and abuse than other disability types, and Syrian refugee households which have a member with a disability report that they experience safety and security concerns more regularly than households which don’t have a member with disability (Humanity and Inclusion, 2022).

Adolescent girls and young women: In research undertaken with adolescent girls and young women by Plan International in 2021, regardless of age, nationality and location, adolescent girls and young women reported common barriers related to education and livelihoods, as well as access to protection and SRH services. In most cases, these barriers stem from social norms related to prohibitions against adolescent girls and young women engaging in activities outside the household, as well as security concerns of parents for their daughters related to GBV ([Plan International, 2022](#)).

Indeed, adolescent girls and young women report being exposed to catcalling, stalking, inappropriate touching, and rape when on the streets or in public spaces in general. As such, research participants reported they voluntarily avoid walking on the streets, especially if alone or at night, or are forbidden to do so (by their parents and brothers) ([Plan International, 2022](#)).

When asked if they are equipped with sufficient and correct information regarding SRH, the majority of the research participants reported that they only know the

basics and they believe that they should learn more about these topics and also about the other sex's body. The lack of awareness on the notion of consent in an intimate context seemed to be an issue that was mentioned by the majority of female participants ([Plan International, 2022](#)).

A recurrent trend in Lebanese adolescent girls and young women's answers was that there was a lack of awareness amongst both female and male partners around sexuality and sexual rights when having their first adolescent relationships. Lebanese girls and young women openly shared their relationship experiences, which indicated a gap in their knowledge (both female and male) about informed consent ([Plan International, 2022](#)). This lack of knowledge, exacerbated by the cultural stigma surrounding the discussion of sexual topics, contributes to the susceptibility of girls to sexual coercion ([Plan International, 2022](#)).

Older adults: Lebanon has the highest proportion of older adults in the Arab states, constituting 11 percent of the country's population ([ILO, 2022](#)). Older adults in Lebanon are vulnerable to the economic crisis and struggle to meet their basic needs. The devaluation of currency following the Beirut explosion caused the value of savings and benefits to diminish ([ILO, 2022](#)). The collapse of support systems, including family networks, government programs, and NGOs, has left older people without a source of income ([ILO, 2022](#)). Older women are affected by disparities over their lifetimes and are more likely to experience mistreatment and GBV due to a lack of support systems ([UNFPA, 2021](#)).

LGBTIQ+: Research from Oxfam in the wake of the Beirut explosion found that not only did LGBTIQ+ persons lose their houses and jobs, but also access to the only few (and scarce) existing safe spaces (cited in [Yalla Coalition, 2021](#)). Subsequent research from the Yalla Coalition found that LGBTIQ+ persons in greater Beirut were not accessing healthcare, suffered unemployment, and the majority felt unsafe when venturing out from their homes due to the risk of verbal and physical attacks ([Yalla Coalition, 2021](#)).

RESPONSE ENVIRONMENT (BASIC NEEDS)

Previously many services in Lebanon were offered through the private sector. Since the economic collapse, people in need of assistance have turned to public services,

overwhelming an already weak public service system and creating challenges in access to services across all sectors.

Evidence suggests women and girls may face particular barriers to services. The MSNA conducted in 2021 found that among households (HHs) with at least one woman or girl (Lebanese n=1831; PRL n=256; migrant n=254), the proportion of HHs reporting women and girls having access to key support services within 30 minutes from their HH by their usual means of transport were extremely low, and suggested barriers in terms of both information and availability. Indeed, roughly 30 percent of HHs from the three population groups reported not having information about the access to the listed services. ([REACH, 2022](#)).

Food security: In the 2021-2022 Emergency Response Plan, OCHA offered a comparison between pre-2019 issues of food insecurity among Lebanese, noting an unpublished rapid poverty assessment conducted in 2016 that found that 2.5 percent of the Lebanese were food insecure at that time. In sharp contrast, food insecurity affected 22 percent of Lebanese households in March/April 2021, with the highest prevalence found in the North governorate (27 percent) and the lowest in Mount Lebanon governorate (16 percent) ([OCHA, 2021b](#)).

According to the 2021 VASyR, the share of households with poor daily dietary diversity (<4.5 food groups per day) almost tripled from 8 percent in 2019 to 21 percent in 2020 and 22 percent in 2021 ([VASyR, 2021](#)). The cost of the food Survival Minimum Expenditure Basket (SMEB) in January 2022 was about 10 times higher than the cost of the basket in October 2019 (an increase of 1,140 percent). The recent Lebanon Nutrition SMART survey showed that across various population groups, over 40 percent of children under age five and women of reproductive age suffer from some form of nutrition-related anemia. Approximately 7 percent of children are stunted, an indicator of chronic malnutrition, a situation likely to worsen if food insecurity increased ([OCHA, 2022](#)).

OCHA highlights that women, girls, and female-headed households are more prone to food insecurity due to patriarchal norms and gender roles. Out of the estimated 210,000 migrants currently living in Lebanon, of which 75 percent are women, 43 percent (90,300) are vulnerable to food insecurity, adopting negative coping strategies due to lack of food or money to buy food ([OCHA, 2021b](#)). Research

undertaken by George Washington University and CARE in 2019 found that multiple SEA/SH and GBV risks exist throughout the aid distribution process in the areas of food security, WASH, shelter, and cash assistance. In particular, refugee women and girls identified the point of distributions and transportation to and from those locations as particularly risky ([GWI and CARE, 2020a](#)).

Notably, in the LCRP for 2022, the food security sector made specific commitments to addressing GBV by implementing the IASC GBV Guidelines in food security interventions, including supporting women in agriculture ([GoL, 2022](#)).

Livelihoods: According to OCHA, Lebanese women have exited the labor market at higher rates than men, often having to prioritize domestic and care duties in the family. Gender inequity means women in Lebanon are less likely to have savings or income, or access assets that would help them cope with the current crises. ([OCHA, 2022](#)).

In the 2021 MSNA, there was a 28 percent unemployment rate among all individuals surveyed (across all population groups). However, unemployment among women (36 percent) was significantly higher compared to men (23 percent). Unemployment, particularly for women, was extremely high outside of Beirut and Mount Lebanon. In line with the findings of previous large-scale surveys, men (70 percent) were twice more likely to participate in the labor force compared to women (35 percent) ([OCHA, 2022](#)). As noted previously, the employment rate was generally higher among migrant individuals, with 67 percent aged 18 to 59 reported as working outside of their HHs in the 30 days prior to data collection, against 45 percent of individuals in Lebanese HHs and 35 percent of individuals in PRL HHs ([REACH, 2022](#)).

Not surprisingly, access to livelihoods is even more challenging for Syrian refugees. The VASyR for 2021 found that Syrian refugees were mostly employed in low skilled jobs in agriculture, construction, and other services (restaurants, hotels, etc.). The participation in the labor force was 47 percent, and 53 percent of the total adult Syrian refugee population was inactive. Fifty-nine percent of men were employed compared to only 9 percent of women ([VASyR, 2021](#)).

Water, Sanitation, and Hygiene: Almost four million people are at immediate risk of being denied access to safe water in Lebanon. In addition, it is estimated that nearly 1.7 million people could have access to only 35 liters a day as a result of power rationing, a decrease of almost 80 percent against the national average of 165 liters pre-2020. Furthermore, the loss of access to the public water supply system is forcing families to forego their basic needs and resort to harmful coping mechanisms, which particularly affect children and women. If the public water supply system collapses, the cost of water from alternative sources will increase by 200 percent a month, which is already not affordable for most of extremely vulnerable households as it represents 263 percent of the monthly average income ([OCHA, 2022](#)).

Health: As noted previously, the health sector is in crisis. Health actors estimate that up to 20 percent of nurses and 40 percent doctors have left the country with hospitals across the country experiencing a shortage of specialized staff in critical functions. Moreover, in 2021 many hospitals reduced their bed capacity by 50 percent or more due to fuel shortages, migration of human resources and overstretched capacities ([OCHA, 2022](#)).

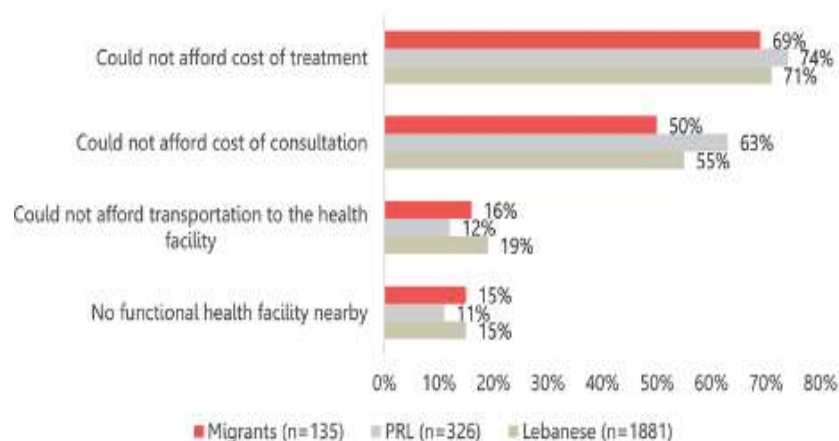
Maternal mortality more than doubled in 2021 with 45 reported cases of maternal death compared to 18 cases in 2020 and 16 cases in 2019. ([OCHA, 2022](#)).

The MSNA from 2021 found that between 50 percent and 67 percent of HHs from the three population groups (Lebanese, migrants and PRL) reported not having access to health services. The main barriers reported by HHs attempting to access these services was cost-related in the three population groups (cost of services or transportation to go to the facility) ([REACH, 2022](#)).

Notably, the research found that women and girls face particular barriers to service access. Among HHs with at least one woman or girl, the proportion of HHs reporting women and girls having access to key support services within 30 minutes from their HH by their usual means of transport were extremely low, creating barriers in terms of both information and availability. Lack of access to services to meet basic needs across all sectors in Lebanon has contributed to heightened insecurity for women and girls ([REACH, 2022](#)).

In addition, qualitative research on adolescent girls' access to primary health care found that fear, low self-efficacy, lack of awareness, gender roles, and limited relationships with healthcare providers ([Germani et al, 2020](#)).

Figure 5. Reasons for Not Seeking Health Services among Migrants, PRL and Lebanese Populations ([REACH, 2022](#)).



Mental health and psychosocial support are also critical issues for Syrian and Lebanese women. Among adult displaced Syrians living in informal settlements in Beirut, Bekaa, North, and South interviewed between 2018 and 2020 to screen for symptoms of depression, the prevalence of moderate to severe depression symptoms was 22 percent, with being a woman, widowed or reporting a neurological or a mental health condition indicated as major risk factors for depression ([GoL, 2022](#)). A Plan International assessment found that 73 percent of adolescent girls and boys (72 percent of Syrians and 81 percent of Lebanese people) and 96 percent of caregivers (94 percent of Syrians and 99 percent of the Lebanese) reported feeling stressed ([Plan International, 2021](#)). An alarming 89 percent of all surveyed adolescents (87 percent of Syrians and 96 percent of the Lebanese) are not participating in any remote or face-to-face psychosocial support activity to help them cope with stress. Girls (62 percent) were more likely to report

symptoms of stress and anxiety compared to boys (45 percent) ([Plan International, 2021](#)). In response to these critical mental health and psychosocial support needs, the government recently developed maternal mental health guidelines to support the capacity of non-mental health specialists to screen for and refer cases of maternal depression ([MoPH, 2021](#)).

Shelter: The multiple crises facing Lebanon has put an additional strain on the ability of already vulnerable populations to access affordable housing. In major cities across the country, significant proportions of vulnerable Lebanese and displaced communities live together in dense and poor urban neighborhoods. Difficulties in accessing secure, adequate and affordable housing are shared by both Lebanese and non-Lebanese low-income groups ([UNHCR, 2022](#)).

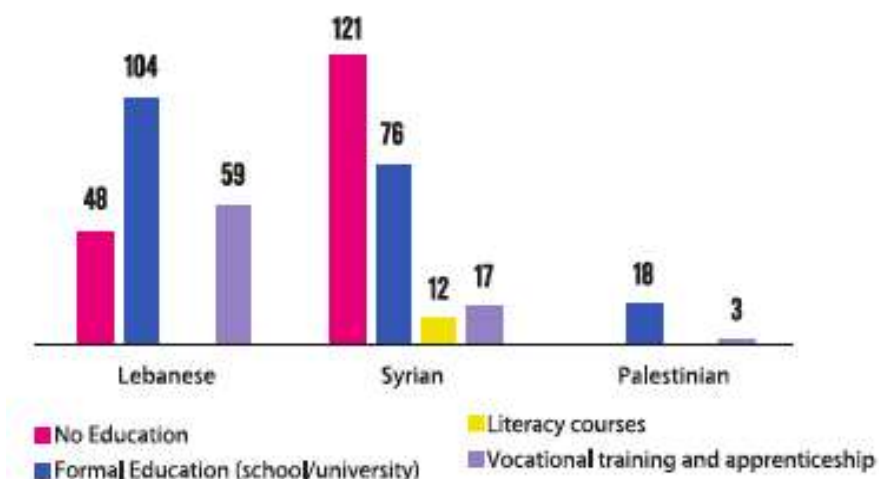
This is further exacerbated by the socio-economic and financial crises and the subsequent cuts in subsidies on fuel, food and medicine, which in turn has had a significant impact on the rental market, leading to a radical increase in rent prices for all populations. With 90 percent of displaced Syrians in Lebanon and 31 percent of Lebanese living in rented accommodations and with a substantial increase in utility fees, the ability of vulnerable families to cover rental payments is increasingly strained. This has resulted in a significant increase in both eviction threats and eviction cases and, consequently, in an increase in social tensions linked to disputes over meeting rental obligations ([UNHCR, 2022](#)).

According to the 2021 VASyR, 57 percent of Syrian refugee families are living in unsafe, poor, or overcrowded housing or tents. Many refugees are facing eviction as a result of their inability to pay rent. For displaced Syrians, average rent has increased by 18 percent across all shelter types (from 264,000 LBP in 2020 to 312,000 LBP in 2021). Debt accumulation linked to rent payment increases the risk of tension with landlords and puts displaced Syrians at risk of eviction. Rates of displaced Syrians living under eviction notice is on the rise ([UNHCR, 2022](#)).

Education: Prior to the compounding crises in Lebanon, school enrollment for Syrian refugee children was on the rise ([VASyR, 2018](#)). However, the VASyR for 2021 found a 14-percentage points drop in primary school attendance among Syrian refugees, reaching 53 percent for the scholastic year 2020-2021 ([VASyR, 2021](#)). During the COVID-19 pandemic, many schools moved to a virtual classroom, even while families lacked the resources to adapt to this learning environment.

Over 1.3 million children were affected by school closures resulting from the pandemic, with as many as 700,000 children out-of-school in 2021. In parallel, the worsening economic situation has pushed many youth to engage in ill-paid, irregular and informal work to contribute to family income. According to education partners, three in ten youth stopped education altogether, while a third of all young people are not in education, employment, or training. Keeping children out of school for long periods has made them increasingly susceptible to child protection risks and exploitative practices including child labor and child marriage ([OCHA, 2022](#)).

Figure 6. Educational Attainment in Lebanon by Nationality ([Plan International, 2022](#)).



The costs of education material and transportation remained the most prominent reasons for why refugee children did not attend the school year 2020-2021, with the data showing that this impacted girls more than boys ([UNICEF, 2022](#); [VASyR, 2021](#)). Child marriage is another leading reason for dropping out of school with an estimated fifth of all Syrian girls in Lebanon between the ages of 15 and 19, and 4 percent of Lebanese girls in the same age bracket, being married ([Coury, 2022](#)). Other important reasons for lack of access to education for girls is concerns by

parents about sexual harassment and gender-discriminatory norms prioritizing boys' school attendance over girls' ([Plan International, 2022](#)).

A report by UNICEF found that of an estimated 30,000 children in Lebanon that dropped out of school; one in ten children in Lebanon have been sent to work instead ([UNICEF, 2022](#)). Most of the jobs taken on by previous students in Lebanon are low-paying, irregular, and informal—but, for many families, this employment is necessary to keep their families afloat during the economic crisis. One out of every ten children are employed instead of enrolled in school, and most of this labor is underpaid and informal. ([Coury, 2022](#)).

Syrian refugee women are also a group in need of specialized adult education, including improving basic literacy and numeracy, to support their safety, access to services, and access to employment..

Protection: Even before the crisis, lack of protection for Syrian refugees because of their lack of legal documentation was a significant problem. As of 2018, the percentage of displaced Syrians aged 15 years and above without valid legal residency remained at 73 percent in line with the previous year (74 percent). Of the 27 percent who managed to obtain legal residency, 57 percent renewed based on the UNHCR certificate while 43 percent registered through sponsorship ([LCRP update, 2018](#)).

Those without valid legal residency lack access to basic legal services and justice systems. In 2018, only 10 percent of persons displaced from Syria indicated a willingness to notify the authorities if they are victims of assault or harassment, compared to 27 percent of Lebanese. In the case of Palestinian refugees from Syria, 68 percent felt concerned about the safety of their family, 57 percent of these individuals reported feeling insecure due to their physical and social environment, and 61 percent reported fear of deportation causing some to limit movement ([LCRP update, 2018](#)).

In 2021, a continuous decline in the rate of Syrian refugees with legal residency was noted in the VASyR, with only 16 percent of individuals aged 15 years and above holding legal residency ([VASyR, 2021](#)). Even though most Syrian children born in Lebanon have the minimum level of birth documentation issued by

doctor's or midwife's certificate (98 percent), only 31 percent have the birth registered at the Foreigner's Registry ([VASyR, 2021](#)). Lack of birth registration can lead to serious long-term consequences for those concerned. These vulnerabilities are also gendered with female-headed Syrian households being less likely to have at least one member with legal residency and less likely to have completed birth registration processes for children ([VASyR, 2021](#)).

In addition, safety concerns and the lack of legal residency result in limited mobility for Syrian women and girls and other marginalized groups. At least one in ten Lebanese, migrant and Syrian households report that female household members avoid certain areas because they are unsafe. For PRL households, this rises to one in three households where female members avoid certain areas because they are unsafe.

Police records also show that Syrian women may be trapped in prostitution much more frequently than women from other nationalities. In 2015, 2016, 2017, and 2018, Syrian women comprised consecutively 63 percent, 50 percent, 63 percent, and 50 percent of the total number of women arrested by the Internal Security Forces (ISF) for engaging in prostitution activities ([Jabbour, 2021](#)).

Child protection: Children in Lebanon face a range of protection concerns, including child marriage, child labor, human trafficking, and sexual exploitation and abuse. World Vision reports that 1.5 percent and 20.2 percent respectively of Lebanese and Syrian families have at least one child, aged 3 to 18 years, engaged in child labor ([World Vision, 2021](#)). Child labor is prevalent among all population groups in Lebanon and driven by worsening economic conditions and harmful beliefs about the rights of children—the same study by World Vision also finds that 44 percent of the parents and caregivers interviewed think that involving children in paid employment enhances their life skills and 35.1 percent think it is acceptable to involve children above 14 years of age in labor ([World Vision, 2021](#)).

Corporal punishment in schools has also been noted as a major protection concern with documented cases of serious physical and psychological violence against both Lebanese and Syrian children in public and private schools ([HRW, 2019](#)). While the Ministry of Education and Higher Education launched a comprehensive child

protection policy in May 2018 which included new measures to address violence in schools, access to services for children who experience abuse remains limited ([HRW, 2019](#)). Research by Plan International further supports this point, concluding that children's lack of awareness of and access to existing mechanisms, places, and focal points where they may receive assistance if they face a protection issue points to the need to improve the way information is disseminated, among adolescents and young adults, about existing services and focal points, and the way to access them ([Plan International, 2022](#)).

One notable child protection concern not being prominently raised, is children in contact with the justice system who find themselves deprived of liberty without consideration of their "victim" status as survivors of GBV. In some instances, girls will be placed in protective custody in order to prevent them from engaging in relationships, or due to disputes with husbands.

Despite the limited data focusing on girls and young women in contact and in conflict with the law, over the last decade there has been a reported increase of 200 percent of those facing custodial measures, be it through a criminal sentence or a "protection order." Most cases of girls and female youth have no access to specialized legal aid, resulting in improper investigations, which drastically increases the likelihood that girls and female youth end up deprived of liberty. Evidence gathered shows that the lack of non-custodial measures (diversion and alternatives to detention) that cater to the specific needs of girls and female youth exposed to justice proceedings produces a higher deprivation of liberty sentences/measures.

The Al-Mubadara Detention Center, opened in 2004, is the only available detention facility for girls and female youth in Lebanon. Since its establishment, however, little information is known about the situation of girls and female youth deprived of liberty. Furthermore, there has been no analysis of the application of non-custodial measures as opposed to custodial measures, or of the judicial reasoning/practice pertaining to these cases, including, to cite a few: child and gender-responsive investigation and prosecution processes, mitigating circumstances around the GBV they experienced, tailored reintegration processes

during detention and post-release, secondary victimization and judicial bias based on patriarchal prevailing social norms ([TDH, 2021](#)).

SOCIOCULTURAL AND RELIGIOUS ENVIRONMENT

According to the 2020 World Economic Forum Global Gender Gap Report, the MENA region trails all other regions in the world in terms of progress on gender parity. Although Lebanon is more advanced on a number of gender indicators than the majority of countries in the region, it ranks 132nd out of 156 countries in the global gender gap index ([World Economic Forum, 2021](#)).

Gender bias is not only embedded in social, cultural, and religious practice, it continues to be embedded in individual attitudes and beliefs. Data published in the UNDP 2020 *Human Development Perspectives Report* indicates that gender bias among both males and females in the region is significantly higher than the worldwide average. Lebanon is fairly consistent with other countries in the region, and its gender bias across all categories of investigation is higher than the world average.

In the political category, 81 percent of men and 70 percent of women agree that men make better political leaders than women or answered 7 or below (on a scale of 10) when asked if women should have the same rights as men. In the economic category, 64 percent of men and 56 percent of women agreed that men should have more right to a job than women or that men make better business executives than women. In the physical integrity category, 86 percent of men and 83 percent of women answered 2 or above on a 10-point scale for a proxy indicator for intimate partner violence or a proxy for reproductive rights. This compares to global averages of 74 percent of men and 69 percent of women. ([UNDP, 2020](#)).

These discriminatory attitudes are often heightened against marginalized women and girls. For example, attitudes towards sexual and gender non-conforming women and girls are also extremely discriminatory, with lesbian, bisexual, transgender and queer women and girls facing immense pressure to keep their sexual orientation and/or gender identity secret. In Lebanon, transgender women face systemic discrimination through legal, economic, political, and medical institutions, preventing them from meeting many basic needs. These issues are

further exacerbated for transgender refugees and asylum seekers, who also face xenophobic and racial discrimination as foreigners ([Human Rights Watch, 2019](#)).

Similarly, women with disabilities suffer marginalization that contributes to their invisibility and lack of access to human rights and essential services. Only 2 percent of the reported cases in the GBVIMS in the first quarter of 2022 included people with disabilities, compared to an estimated global 15 percent of the total concerned population with a disability ([OCHA, 2022](#)).

Figure 7. Human Development Perspectives Report. ([UNDP, 2020](#))

Country	Political		Economic		Educational		Physical Integrity	
	% of women	% of men	% of women	% of men	% of women	% of men	% of women	% of men
Algeria	70.44	89.47	61.82	86.02	29.05	45.07	85.14	88.32
Iran	79.48	89.71	84.5	93.19	46.66	63.99	76.22	80.92
Iraq	80.21	95.71	65.85	92.37	22.07	39.75	78.81	90.78
Jordan	90.83	91.5	88.33	90.5	20.17	37.33	79.17	83.83
Kuwait	78.34	93.88	61.49	85.52	28.45	40.57	85.12	83.77
Lebanon	69.61	81.46	56.37	64.12	29.08	33.16	82.35	83.33
Libya	72.25	93.07	74.01	93.95	17.59	44.15	89.87	94.24
Morocco	55.63	82.55	59.27	85.91	15.4	23.83	76.32	88.76
Palestine	85.35	93.44	71.68	87.7	18.75	35.04	81.05	86.07
Qatar	89.95	93.46	80.6	82.92	27.98	27.16	85.78	88.99
Tunisia	67.25	88.49	68.3	89.27	17.16	31.07	78.28	88.8
Yemen	79.88	94.98	79.08	95.38	39.24	51.41	74.1	87.95
Mena/Arab States	74.75	90.19	72.38	89.95	31.30	46.23	78.75	86.25
World Average	53.03	64.01	49.68	63.18	22.41	28.68	69.71	74.09

For Syrian refugees, social norms and legal frameworks influence conventional Syrian gender roles by restricting women's and girls' opportunities, norms that stay with Syrians as they migrate or are displaced. There is significant religious, ethnic, and rural/urban diversity in Syria, though generally Syrian females face discrimination based on gender constructions. Women may be seen as feeble and overpowered, and these standards influence power dynamics within the home. Syrian females complete more hours of housework regardless of hours of salaried employment, gain less education, and marry at younger ages than males ([Bigini, 2019](#)).

TYPES OF GBV

The most common types of GBV in Lebanon appear to be **domestic violence and IPV**; some estimates suggest rates of domestic violence are as high as one in three married women and an estimated one in every two individuals know someone subjected to domestic violence. Among those households who reported in the MSNA that women and girls feel unsafe in their community, approximately 5 percent indicated that women and girls feel unsafe in their homes ([OCHA, 2022](#)).

While there is no nationally representative prevalence data on GBV in Lebanon, the GBVIMS has been operational since 2012. Data from the GBVIMS and numerous studies have shown that rates of different forms of GBV are increasing across the country, exacerbated by the multiple crises that have affected Lebanon in recent years. Following the Beirut explosion, some of the issues exacerbating GBV were multiple families living in crowded settings, a lack of public streetlights, household stress, and increase in military/police presence. The Internal Security Forces (ISF) released a statement that **sexual extortion** complaints had doubled between July 2020 and August 2020: 47 complaints were filed in July, while 96 were filed in August. Although GBV services remained available in Beirut after the explosion, 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 ([UN Women et al, 2020](#)).

GBV partners have also witnessed an increase in the risk of **GBV at the workplace** for Lebanese and migrants, with more women facing sexual harassment at their workplace because they cannot afford to lose their jobs. According to the GBVIMS

Report of quarter one 2021, 29 percent of sexual violence incidents reported happened at the workplace ([OCHA, 2021b](#)).

Still another concern—one that is particularly linked to COVID-19 and the increased reliance on the internet, is **technology-facilitated GBV**. Online sexual harassment and blackmailing reportedly increased by 184 percent in Lebanon during lockdown ([UN Women et al, 2021](#)).

The 2021 Multisectoral Needs Assessment (MSNA) pointed out that almost a third (27 percent) of Lebanese households reported having safety and security concerns for women in their community (including as being exposed to **sexual violence and harassment, kidnapping, and sexual exploitation**), and the percentage is even higher (35 percent), if girls are considered ([UNFPA, 2021](#)). Safety concerns are exacerbated for women and girls in governorates in more rural areas, with rates increasing to 49 percent of households reporting this concern in Akkar, 39 percent in the North and 38 percent in Baalbek El Hermel ([OCHA, 2022](#)).

The increased levels of debt and difficulties in paying rent or purchasing basic items have exposed Lebanese and migrant women and girls and other marginalized individuals to **sexual exploitation and human trafficking**, also increasing the risk of harmful coping mechanisms such as **child marriage and survival sex** ([OCHA, 2021](#)).

Sexual exploitation by humanitarian aid workers has been noted in a study conducted by IPSOS in 2019-2020. Study participants associated increased dependence on humanitarian organizations with increased risk of Sexual Exploitation and Abuse (SEA). While the survey suggested that the beneficiary's home was the location most at risk of SEA, certain vulnerable groups said that door-to-door distribution helped improve their access to aid. Key informants said that SEA is not usually reported due to fear of consequences from reporting and reluctance to interact with formal reporting mechanisms (IPSOS, 2020).

The IRC's Protection Monitoring data provides initial indications of an alarming increase in the rates of **child marriage** since the onset of the most recent crises. In the last quarter of 2020, when respondents were asked, 'what are the main safety concerns affecting girls from the household', 1 percent of respondents mentioned

child marriage. However, in comparison to the last quarter of 2021 when asked the same question, 5 percent of respondents described ‘child marriage’ as a main safety concern impacting girls—meaning that community concerns around child marriage quadrupled within the course of one year. This risk is highly specific to girls, and only mentioned in relation to boys in relatively few instances. These findings align with the observations of the IRC’s Women’s Protection and Empowerment (WPE) program that have recorded in the GBVIMS’s stark increases in the rate of child marriage, driven by caregivers’ inability to afford their children’s living costs ([IRC, 2021](#)).

According to the GBVIMS, since 2020 there has been a significant increase of the percentage of Lebanese (predominantly women) seeking GBV services (from 21 percent in 2018 to 26 percent in 2019 and 35 percent in 2020). UNFPA estimated in 2021 that 393,000 people across 26 districts are in need of GBV services, in addition to Syrian refugees ([UNFPA, 2021](#)). An estimated 50,000 PRL (of whom 89 percent are women and girls, with boys also at risk in some areas for sexual violence) are considered in need of services for violence, with large number residing in Akkar and South governorates. An additional 46,000 migrants (80 percent women, 16 percent girls, 3 percent men and 1 percent boys) are estimated to be in need of services for violence. The region with the highest number of migrants in need is Beirut and Mount Lebanon ([OCHA, 2022](#)).

GBV CONSEQUENCES

GBV seriously impacts survivors’ immediate sexual, physical, economic and psychological wellbeing, and contributes to greater risk of future health problems. The impact of violence is often more profound when it intersects with other forms of marginalization and oppression that women and girls experience based on issues such as disability, sexual orientation and gender identity, race, religion, etc., and among single and widowed women, female-headed households, and other women and girls who may be particularly isolated. For example, stateless women and girls living in Lebanon who are at risk of or who have experienced GBV may not be able to receive adequate care and support—including legal representation—because of their lack of registration, leaving those who flee potentially destitute and at further and on-going risk of sexual exploitation (DRC, 2021). Migrant

women, women and girls with disabilities, trans women and other women of diverse sexual orientation or gender identity also report not being able to access care and support, even as they indicate their high risk of GBV ([IFES et al, 2022](#); [Yalla Coalition, 2021](#); [OCHA, 2021b](#)).

Physical health effects of different forms of GBV include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems. Incidents of GBV can also lead to death. Possible sexual health effects from exposure to sexual violence include unwanted pregnancies, complications from unsafe abortions, female sexual arousal disorder, and sexually transmitted infections. Girls married early often face dangerous complications from early childbirth and an increased risk of IPV, as well as school dropout ([Bartels and Roupetz, 2018](#)).

Possible mental health problems include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality. Survivors may suffer further because of the stigma associated with GBV. The physical and psychological consequences of GBV not only inhibit a survivor’s functioning, but also impact relationships with family members and future partners.

GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. In Lebanon, sexual harassment is a particular issue for girls that may limit their participation in school ([Plan International, 2022](#)). It can further result in specific disabilities when children bear witness to such violence: injuries can cause physical impairments; deprivation of proper nutrition or stimulus can cause developmental delay; and consequences of abuse can lead to long-term mental health problems. This can create chronic patterns of violence which can lead to generational violence. Many of these effects are hard to link directly to GBV because they are not always easily recognizable by health and other providers as evidence of GBV.

At the same time that GBV increases costs to public health and social welfare systems, it decreases women and children’s abilities to participate in social and economic development. Specific costs resulting from GBV include prevention,

protection, prosecution and compensation for violence and the reintegration of women and children in society.

INFORMATION GAPS AND NEEDS

While the GBVIMS has been operational in Lebanon since 2012 and has been critically important in understanding trends in reporting different forms of GBV and issues affecting different types of women and girls in Lebanon, there is no prevalence data on the scope of the problem among Lebanese, nor among the large community of Syrian refugees. This is a significant gap. While not a priority during the emergency response phase, collecting data on different forms of GBV in different regions of Lebanon is an important government responsibility.

Another issue is that GBV remains widely underreported Lebanon. Facilitating safe and confidential services for survivors and building survivor trust in services is key. Understanding the needs of particularly vulnerable groups is a consistent challenge given their invisibility. Nevertheless, Lebanon has made some progress, detailed earlier, on understanding some of the intersectional risks and needs of migrant women, adolescent girls, women and girls of diverse SOGIESC, that can be used to inform programming.

Additional qualitative research should be conducted on the impact of the economic crisis on different forms of GBV and the specific links between increased humanitarian needs in the food security, health, and WASH sectors and increased risks of GBV. While there is growing evidence at the global level about the intersections between these issues, little research has been done in recent years to understand the specific trends, causal pathways, and risk factors in the Lebanese context. Existing research could be further expanded on under-researched groups, in particular older women and women with disabilities, as well as the extent to which the crisis has impacted the prevalence of survival sex, sexual health practices, and GBV among all populations (not only Syrian refugees).

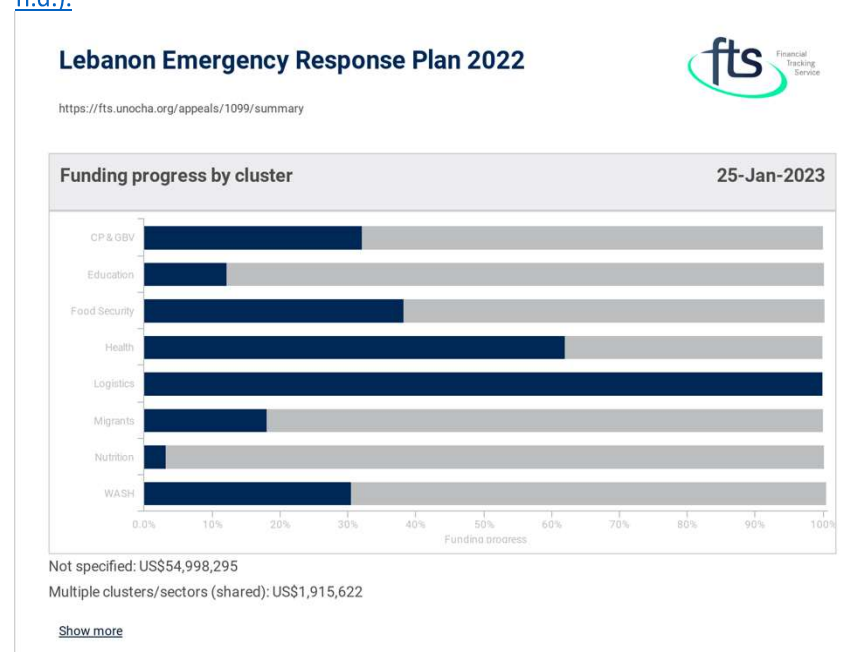
LESSONS LEARNED

This crisis is still unfolding, and as such, lessons are being learned in real time. However, emerging evidence suggests that there is a strong and predictable link between increased humanitarian needs and increased risk of exposure to GBV. And

yet, GBV remains a significantly underfunded sector in Lebanon, with the OCHA Financial Tracking Service (FTS) indication that child protection and GBV are only at 32.1 percent of funding into the first quarter of 2023.

Nevertheless, this crisis illustrates the important benefits of having existing GBV services and structures in place. For example, ongoing work with the GoL has meant that the Ministry of Social Affairs has been active in GBV coordination in the latest response. Moreover, services and outreach have been able to be mobilized in certain parts of the country because of ongoing programming. Lebanon illustrates the value of GBV programming in bridging the humanitarian/development divide to support more flexible and resilient programming in times of crises.

Figure 8. Percent of Appeal Funded by Sector ([OCHA Financial Tracking Service, n.d.](#)).



LIMITATIONS

A key limitation of this SDR is that it focuses on the period of 2018-2022, to highlight some of the more recent issues linked to the multiple emergencies affecting Lebanon. However, in some areas of this report, particularly around cultural norms, types of GBV, etc. there may be very valuable information from other time periods that is relevant to the current response.

Another limitation of this SDR is that it was drafted within a limited time frame based on a rapid document review and only documentation published in English was reviewed, and therefore likely underrepresents the full range of information available on GBV in Lebanon in this current crisis period.