



Social Protection in Lebanon, From a Gender Perspective

Baseline Assessment Report

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About the authors:

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This paper was written before the Beirut Blast and it mostly covers the first half of the year. The events, implications and losses are still unknown and being assessed by several organizations. It therefore should be noted that the crisis is still unfolding and the findings reported should be read with caution. The situation is continually changing, and the available data needed to describe the situation and estimate its potential effects are at best sparse and incomplete.

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Introduction and Methodology

Lebanon has one of the highest gender gaps in the world, ranking 145 out of 153 countries in the World Economic Forum Gender Gap report 2020. This comes as a result of legal frameworks and cultural barriers that shape women's experiences. Women across the country suffer from discrimination, underrepresentation, and in-existent gender supportive policies and mechanisms, including when it comes to accessing social protection assistance where there is no concrete or reliable policy or institutional framework in place. Social protection has gradually become recognized as critical for countries to alleviate poverty, reduce vulnerability, and drive forward inclusive development.¹ There is also significant research to show that social protection can narrow gender gaps in poverty rates, enhance women's income security and access to personal income, and provide a lifeline for poor women, especially single mothers.²

This baseline report, commissioned to Beyond Group by UN Women, comes at a time of deep structural crisis in Lebanon, and at a time when the Government of Lebanon has stated a commitment to develop its first comprehensive social protection framework. The report serves as a preliminary assessment of key gender issues, needs, gaps, and priorities within social protection programs in Lebanon. It categorizes and identifies the nine priority themes of social protection in Lebanon from a gender lens, which will be further discussed in upcoming policy position papers.

1 ILO, 2017, World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals. November 29

2 UN Women, 2017, Making Social Protection Gender-Responsive: Lessons from UN Women's Work in the Eastern Caribbean. N

Assessment Criteria and Existing Baseline

Gender-Supportive Social Protection Frameworks in the World

Gender-supportive social protection policies “recognize specific needs and priorities of women and men, and purposefully and proactively tackles gender inequalities by questioning and challenging the structures, institutions and norms on which these inequalities are based, sustained, reinforced and reproduced over time.”³ Gender inequality is generally manifested across all levels of society: political, economic, social, cultural, and environmental. The lack of inclusive policies and laws hinder women’s access to opportunities and rights, like equal access to employment opportunities, equal pay, universal healthcare, political participation, education, and other rights. As a result, women face barriers to income security and often see their well-being and autonomy limited as a result. They participate less in the labor market, earn lower wages and enjoy less access to credit and other assets than men. In addition, they make up the majority of informal workers and may interrupt paid employment to take care of dependents, which compromises their access to social protection assets including health insurance and pension payments. Gender-supportive policies therefore hold particular promise for women, by helping to ensure their equal and appropriate access to social assistance.

The global adoption of the Sustainable Development Goals (SDGs) has added momentum to the discourse around social protection, especially as the establishment of social protection floors and systems were explicitly called for under Goal 1 (eradicating poverty), and Goal 5, in particular target 5.4: “Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate”.

Social protection policies should aim to reduce poverty, gender inequalities, racial inequalities and contribute to the building of a just and equal society. They offer programs that provide benefits related to employment opportunities and security, education, nutrition and health care^{4,5}. As a tool for addressing gender discrimination, the provision of childcare services can reduce the burden of care-giving from women in order for them to be more able to engage in paid employment. Another way of bridging the gender gap is by providing women (and men) with paid parental leaves. Within labor markets, social protection policies such as quotas or unemployment benefits can be used to address male biases in markets or to target female headed households unable to work. A universal pension system and universal health care can also address biases and discrimination in women’s access to paid employment, by ensuring that access to health care and support in later life is not conditioned on one’s access to the labor market. Ensuring adequate and safe maternal care and the availability of services to prevent and respond to gender based violence are equally important parts of a comprehensive social protection system. In doing all of this, specific strategies need to be put into place to ensure that marginalized women, rural women, elderly women, single mothers, LGBTQI women, and disabled women can access these services, to open a pathway for a more inclusive and intersectional framework.

3 FAO. 2018. FAO Technical Guide 1 – Introduction to gender-sensitive social protection programming to combat rural poverty: Why is it important and what does it mean? Rome. 76 pp.

4 “Social Protection.” UNICEF. Accessed November 13, 2020. <https://www.unicef.org/social-policy/social-protection>.

5 “Social Protection.” UNICEF. Accessed November 13, 2020. <https://www.unicef.org/social-policy/social-protection>.

The Lebanese Context

General Overview of Gender Priorities in Lebanon

While all of those living in Lebanon have been hit hard by the current economic and political crisis, structural gender discrimination has meant that women are being disproportionately impacted by this crisis, being laid off in higher numbers than men, facing increased unpaid care burdens at rates higher than men, and suffering from increases in gender-based violence.⁶ The below summary of major gaps in each sector helps highlighting the importance and the urgency to develop a reliable, effective, and gender-sensitive Social Protection Framework.

Education and Unemployment



While women tend to be more educated than men in Lebanon, a gender wage gap and employment segregation persists, with women concentrated in education, health and public administration. Even though the degree of sector segregation among women has declined over time, leading to a wider spread across the main sectors of economic activity for younger women, occupational segregation is still prominent in Lebanon.⁷ Even within these sectors, they tend to be clustered amongst lower skilled positions.⁸ Women are also represented within the labor market in very low numbers, (29% for women vs. 76% for men).

In addition, there is overt gender discrimination in the labor law, and the social security law does not stipulate equal benefits for spouses of working men vs. women. Current provisions on paid maternity leaves are limited, and there is no mandatory paternity leave required by law.

Reproductive and Health Rights



While fertility rates continue to drop in Lebanon⁹, women report challenges in accessing adequate maternal health care services, particularly given the current health, economic and political crisis.¹⁰ Abortion is criminalized and rape victims struggle to prove their assault due to cost and an onerous reporting process. Victims and survivors of gender-based violence also often tend to be silenced, shamed, and blamed for what happened to them rather than being offered assistance. The needs of disabled women are not being met¹¹ including access to assistive devices for different types of disabilities, rehabilitation services, etc.

Personal Status



Although Lebanon has ratified with reservations the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), there is no unified civil personal status law. Personal status laws remain to be under the mandate of religious courts, and all 15 put women at a disadvantage to varying degrees when it comes to matters of inheritance, asset accumulation, child custody, alimony and child support, etc. For instance, women have lesser rights when it comes to calling for divorce in most personal status laws, and are often dragged in a long and endless process at the religious courts unlike men who can often unilaterally call for it¹². The multiplicity of religious castes and courts in the absence of a unified, civil law makes it difficult to homogenize laws related to women's rights and

6 UN Women, UNFPA, WHO and NCLW Gender Alert Series. <https://arabstates.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-lebanon>

7 Akeel, Randa. 2009. "Gender-Based Differences Among Entrepreneurs and Workers in Lebanon." MENA Knowledge and Learning Quick Notes Series 6. Washington, DC: World Bank.

8 UN Women, World Bank, National Commission for Lebanese Women, Forthcoming, The Status of Women in Lebanon: Assessing Women's Access to Economic Opportunities, Human Capital Accumulation & Agency.

9 World Bank Databank database, <http://databank.worldbank.org/>.

10 UN WOMEN, Women on the Verge of An Economic Breakdown, 2020

11 K4D, Situation of Persons with Disabilities in Lebanon, 2018

12 HRW, 2015, Unequal and Unprotected Women Rights Under Lebanese Personal Status Laws

decrease gender-based violence and discrimination in Lebanon. Women are also discriminated against under Lebanon's nationality law, which does not allow Lebanese women to pass on their citizenship to their children or spouses. This same law allows Lebanese men to pass their nationality to their spouse.

Political Participation



Lebanon was one of the first countries in the MENA region to legislate women's right to participation in politics (1952). However, they remain gravely underrepresented in politics. As of November 2021, women represented only 4% of Ministerial positions in the current cabinet and prior to a wave of resignations in 2020, represented only 4.7% of parliamentarians. Women represent 5.4% of the country's municipal councilors and 1.9% of mukhtar's.¹³

Gender-based Violence



Cultural and societal norms, intertwined with structural gender discrimination and a culture of impunity for violence, play a significant role in reinforcing gender stereotypes and taboos, which both perpetuate violence against women and prohibits women from reporting intimate partner violence and violence against women.

Women in Lebanon face multi-layered discrimination that create vicious cycles of oppression, which leaves the country in urgent need of restructuring policies and laws regarding issues of gender equality in order for them to have economic, social, and reproductive self-determination.

The Lebanese parliament uplifted the legal framework for protecting women in December 2020, as it passed a law that criminalizes sexual harassment in the workplace, and updated the domestic violence law first issued in 2014. Both steps were welcomed as important developments but considered "not enough" by local and international stakeholders as they still lack several important protection measures and do not fall within an integrated approach to protect women.¹⁴⁻¹⁵ Individuals within the LBGTQ community, women refugees, domestic workers, and women who are disabled also face important forms of exclusion and discrimination in accessing public services and high levels of violence that is rendered invisible and often not reported.

Overview of the Lebanese Social Protection

Lebanon is characterized by limited state intervention in public policy in general, and with that, the concept of a "welfare state" has been largely absent. The convergence of a number of structural, fiscal, legal, and institutional factors have influenced the social protection system in Lebanon, which is characterized by the **lack of political consensus and a unified vision around a social protection system**. To date, Lebanon does not have a national strategic direction for social protection, including neither an agreed upon framework nor common objectives. **Limited linkages between existing social protection programs and public entities have resulted in fragmentation and duplication of spending.**

The lack of prioritization for social protection has resulted in insufficient resources being directed to the sector, and the absence of an integrated legal framework and inclusive policy specific to social protection. These factors combined with the limited institutional capacity of government for policymaking, administration, and oversight of the social protection sector has resulted in:

1. **Low coverage for formal state-led social protection programs and subsequently high levels of exclusion of vulnerable groups;**

¹³ UNDP, 2016, Women in Municipal Elections in 2016, Lebanon

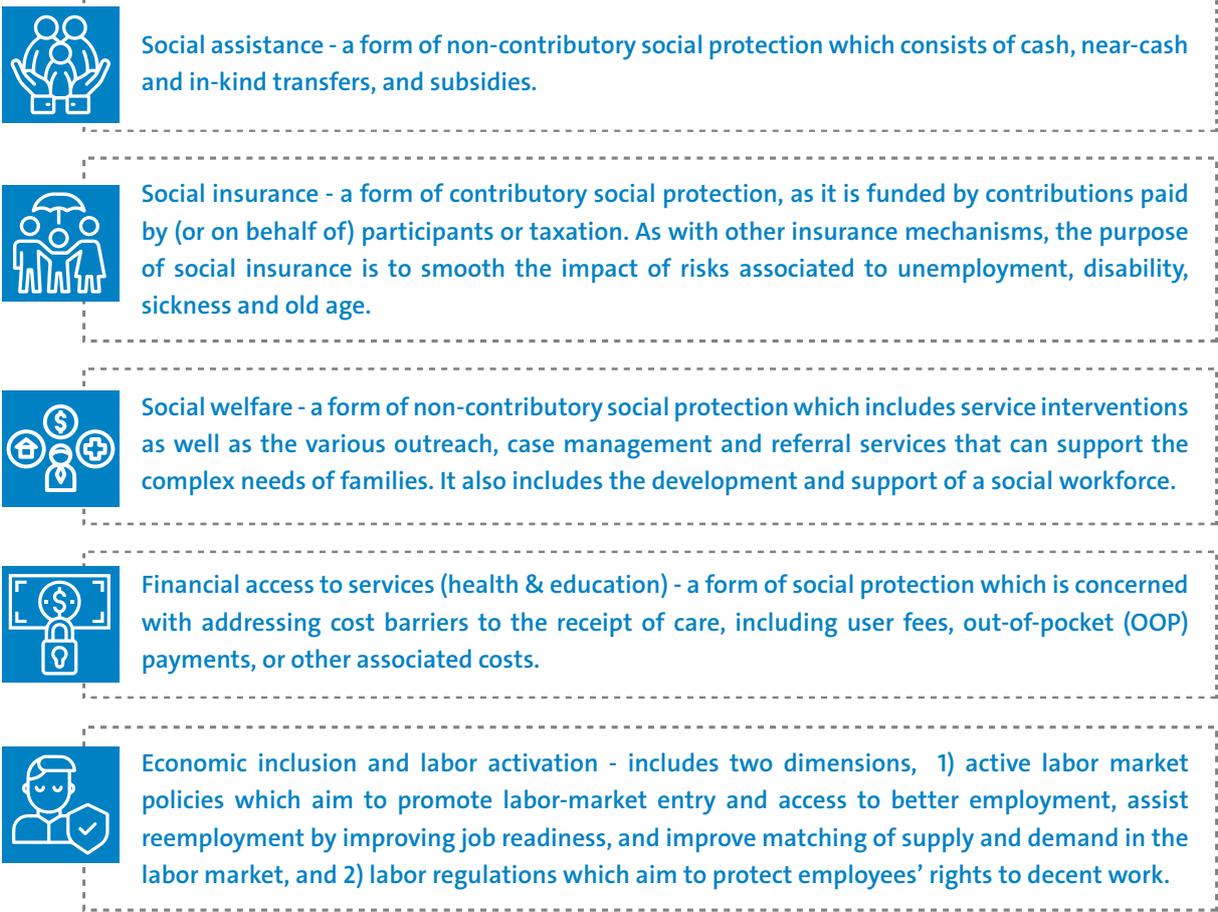
¹⁴ HRW, 2021, Lebanon Sexual Harassment Law Missing Key Protections

¹⁵ The Legal Agenda 2020, Comments on the Bill to Amend Lebanon's Domestic Violence Law

2. High involvement and reliance on the third sector/private sector in social protection service delivery. Linked to this, the prevalence of third sector and informal social protection schemes in which political parties and faith-based organizations play a critical role in the provision of basic services;

Additionally, the economic and financial crisis, COVID-19 pandemic, and the 2020 Beirut Port explosion have introduced new layers of vulnerabilities and exposed the **lack of shock-responsiveness** in existing social protection schemes. These overlapping shocks have had immense economic and social impact, with the country's GDP expected to have contracted by 24% in 2020¹⁶ and poverty rates estimated between 45% and 55%¹⁷ (before the Beirut Port Explosion). Income insecurity has also been exacerbated due to the loss of livelihood opportunities, with some sources estimating that 220,000 jobs were temporarily or permanently lost between October 2019 and February 2020¹⁸. Women are found to be more influenced by such a compound crisis and it is estimated that the women's unemployment rate would rise by 63% from 2019 to September 2020.¹⁹ Moreover, historical challenges still place pressure on the public services and local infrastructure in Lebanon, such as the Syrian refugee crisis which led to a 7-percentage point increase in overall poverty in Lebanon between 2012-2017²⁰. The large refugee response in the country has highlighted the limited capacity of the current social protection system, noting that assistance is provided to refugees under a parallel system of social support led by humanitarian agencies.

Against this backdrop, the process of developing a National Social Protection Strategy is currently to align existing efforts and promote effective integration across programs and cross-sector coordination. In the Lebanese context, social protection entails five complementary and interconnected pillars:



16 The Institute of International Finance (2020)
 17 World Bank, Forecasting Poverty Among Lebanese Population, March 2020 (unpublished Technical Note); Economic and Social Commission for Western Asia (ESCWA), Poverty in Lebanon: Impact of Multiple Shocks and Call for Solidarity (2020)
 18 World Bank, Beirut Rapid Damage and Needs Assessment (RDNA) (2020)
 19 UN WOMEN 2020, Women on the VERGE of Economic Breakdown.
 20 World Bank, The Fallout of War: The Regional Consequences of the Conflict in Syria (2020)

Criteria Selection

Assessment criteria was generated to be used in this report to help identify the gender gaps. These criteria were extrapolated based on a combination of the most relevant international criteria recommended by the Organization of Economic Cooperation and Development (OECD) and the Overseas Development Institute (ODI) to evaluate a country's social protection system and its level of gender inclusion and gender equality.

The Social Protection System Review recommended by OECD examines five dimensions of a country's social protection system: needs assessment, coverage, effectiveness, sustainability, and coherence between SP and other policies. According to OECD, these dimensions “provide a diagnostic of the main challenges for a country's social protection system and identify potential avenues for its extension and reform over the long term”²¹.

The toolkit developed by the Overseas Development Institute (ODI)²² on “How to design and implement gender sensitive social protection programs”, provides additional criteria to assess and identify the major gender related gaps that we extrapolated to use for the Lebanese social protection system.

The following criteria were selected to identify gender gaps in the social protection system in Lebanon.

Eligibility



Eligibility looks at whether women are equally entitled to benefit from SP policies and programs as men, without any form of discrimination and conditionalities based on gender. In line with human rights standards and the principle of non-discrimination, eligibility criteria in social protection schemes “must be objective, reasonable, and transparent at all level of the SP system”²³, from the design to the implementation and evaluation of the specific SP policy or program considered.

Accessibility and Coverage



Once equal eligibility to men and women is guaranteed in the SP schemes, discrimination against women can be found in the actual access and coverage. This criterion is extremely important to determine who is actually covered by SP schemes and how many are left out. Questions such as “do women have equal access to the SP mechanism considered? What percentage of women is actually covered by the SP mechanism and how many are left out compared to men?” are considered in a gender analysis of the SP system.

Adequacy & Comprehensiveness



To be effective, SP system needs to be adequate in the sense that the amount (cash transfer, vouchers, waivers) or the service provided are sufficiently appropriate to address the issue it seeks to mitigate. From a gender perspective, this can mean looking at discrimination against women in the amount of the benefit provided (lower amount of benefits provided to women compared to men) or whether the scope of what is provided is adequate to respond to the challenge.

Institutional Capacity



In the context of this gender analysis, institutional capacity looks at the capacity of government institutions and non-state actors to provide access to equitable and gender responsive SP. It includes looking at issues of coordination and collaboration amongst actors engaged in the design and provision of SP schemes, including the use of digitalization and IT mechanisms, the need for capacity building on gender related issues and providing access to adequate and good quality of SP services.

21 OECD (2018), Social Protection System Review: A Toolkit, OECD Development Policy Tools, OECD

22 ODI (2010), How to design and implement gender-sensitive social protection programmes, ODI

23 Eligibility criteria and entitlement conditions (including conditionalities), social protection and human rights website, available at <https://socialprotection-humanrights.org/key-issues/universality-of-protection-and-effective-access/eligibility-criteria-and-entitlement-conditions-including-conditionalities/>

Legal Framework



Legal framework analyses discrimination against women in policies and laws as well as the compliance of national policies and laws to international standards which aim to guarantee gender equality and gender inclusion.

These criteria will be used to identify gender gaps in the social protection system in Lebanon for each of the five pillars in the next section: social assistance, financial access to services, social welfare, social security, and activation of labor market.

Gender Gap Assessment of the Lebanese Social Protection Framework Per Pillar

Social Assistance

Overview of Social Assistance



Social assistance measures are important non-contributory SP mechanisms to economically support the most disadvantaged and poor household, including vulnerable, poor, and marginalized women. While it has already been documented that the current socio-political and economic crisis, exacerbated by the outbreak of COVID-19 and the 2020 Beirut port explosion have had dire implications on the entire population, it is worth noting that women have been disproportionately affected by these shocks as the incidence of poverty, unemployment and income insecurity is higher among women. To that end, it is increasingly important that social assistance mechanisms are gender sensitive and gender responsive²⁴.

Summary of the Main Social Assistance Programs in Lebanon

National Poverty Targeting Program

Benefits:

Food assistance through e-card vouchers in the amount of USD 27 per capita capped at six individuals per household (previously the program also provided 1) health coverage for all NPTP beneficiaries of around 43,000 households in public or private hospitals, through the waiver of 10- 15 % copayments for hospitalization, and 2) waivers for school registration fees and books at public secondary and vocational schools, but funding cuts have resulted in the discontinuation of these benefits).

Implemented by:

Ministry of Social Affairs (MoSA) – responsible for implementation and fieldwork tasks.

Central Management Unit at the Presidency of the Council of Ministers – responsible for policy, decision-making, and data classification.

²⁴ UN WOMEN et al., A RAPID GENDER ANALYSIS OF THE AUGUST 2020 BEIRUT PORT EXPLOSION: An Intersectional Examination, 2020

Social Assistance for Persons With Disabilities (PWDs)

Benefits:

PWDs with disability cards are eligible for assistance devices and fiscal/tax exemptions:

1. 30 types of assistive aids (wheelchairs, hearing aids, walkers and crutches, diapers...) distributed over 99 categories according to the type and degree of disability.
2. Exemptions from municipal fees, built property tax, customs fees, and car registration fees, for PWDs, specialized institutions and associations work in the disability field.

Implemented by:

MoSA – Rights and Access Program.

Subsidies | Bread

Benefits:

Bread price capped LBP 1,500.

Implemented by:

Ministry of Economy and Trade (MoET) - Directorate General of Grains and Beetroot.

Gasoline and Diesel

Benefits:

Excise rates in Lebanon were reduced from 33.4 US\$/liter (LBP 10,000/20 liters) to 16.7 US\$/liter (LBP 5,000/20 liters) in March 2011. Therefore, it is assumed that the optimal excise rate is set back at 33.4 US\$/ liter and the gasoline subsidy (i.e. forgone revenues) is calculated accordingly.

The diesel subsidy is calculated as per the forgone revenues from a 33.4 US\$/liter excise tax, as well as from the 10% VAT.

Implemented by:

Ministry of Finance (MoF).

Electricity

Benefits:

Since 2010, consumer power prices are set at only 55% of the production cost per kilowatt hour.

Implemented by:

Ministry of Energy and Water (MoEW).

National Social Solidarity Program

Benefits:

Emergency social assistance response to the COVID-19 crisis providing a cash transfer of LBP 400,000, primarily families with children in public school, as well as other identified vulnerable groups (the program is expected to continue with another transfer by December 2020).

Implemented by:

Ministry of Social Affairs (MoSA) & Presidency of the Council of Ministers – responsible for developing the program design.

Lebanese Armed Forces in coordination with Ministry of Interior and Municipalities (MoIM) - responsible for program registration (partly through the IMPACT platform in municipalities), administration and delivery (through the Army).

Gender Gap Identification in Social Assistance

Eligibility:

Lack of targeted social assistance programmes for specific groups of vulnerable women, including female-headed households (FHH), single women with dependents, older women and women with disabilities as well as pregnant women. In Lebanon, the National Poverty Targeting Program (NPTP) is the only institutionalized social assistance program financed by development partners and implemented by the government (MoSA). Its capacity to support the most vulnerable and disadvantaged people, including poor women, female headed households (FHH) and old women, is limited.

NPTP beneficiary lists have not been updated since 2018. The last recertification process occurred in 2017-2018, which implies that the program has not been able to respond to recent increases in vulnerability. The accuracy of PMT surveys would have already degraded considering that the data is static and insensitive to changes in income and consumption patterns, and therefore would not account for new vulnerable groups that have fallen into poverty due to the economic crisis, COVID-19 pandemic, and the 2020 Beirut Port Explosion. In January 2021, the World Bank announced a new 246 million dollars loan to expand the coverage of the NPTP and reach out to more families, however the mechanisms of implementation and targeting are still not clear and thus its influence on the gender gap in social assistance is yet to be determined.

Lack of transparency and clarity in the eligibility criteria of the newly released social assistance support (IMPACT and NSSP). In order to respond to the increased number of households who have been affected by income and other forms of shocks, new social assistance mechanisms have been launched to increase social assistance support to the most vulnerable households in Lebanon: the IMPACT database, has generated a large number of applications (around 500,000 individuals). However, to date most applications have not been processed and the largest share of applicants have been waiting to be selected. In addition, applications were submitted through municipalities and mukhtars and it is not clear whether most marginalized and excluded women would have been prioritized. The recent National Social Solidarity Program (NSSP), an emergency social assistance response to the COVID-19 crisis (managed by LAF), targets primarily families with children in public school, as well as other identified vulnerable groups, including FHH. However, program eligibility has not been based on sufficiently clear and transparent mechanisms of beneficiaries' identification and selection. It is a grant, providing a monthly cash transfer of LBP 400,000 to 130,000 households, rising to 170,000 households in the second transfer. Limited gender disaggregated data (such as % of women receiving the cash transfer, % of FHH, women with dependents or disability and older women covered by the cash transfer) is available in terms of beneficiaries.

Lack of social assistance targeting women with disabilities, despite their over representation amongst the unemployed. There are two issues that need to be remembered when analyzing social assistance mechanisms for persons with disabilities from a gender perspective. First, women are more likely to be affected by one or more disability, especially when they get older and second, women with disability are at higher risk to be left out from the labor market, putting them at higher risk to be vulnerable and in poverty. In Lebanon, out of the 4% population affected by disability, women tend to have a higher prevalence of disability compared to men. About half of the total population with disability were elderly, of which the majority (52%) were women. Moreover, only 5.5% of women with a disability are engaged in the labor market compared to the almost 25% reached by men.²⁵ Despite this, Lebanon does not have dedicated social assistance mechanisms or programs to address income support needs of women with disabilities or FHH with people with disabilities as dependents, and the current Rights and Access Program available covers only 2.6% of the total population affected by disability, with 39% of beneficiaries being female.

²⁵ Labor Force and Household Living Conditions Survey 2018-2019, CAS/ILO, 2019

There is **no social pension provided to older women** who did not contribute to social security due to **engagement in unpaid family work**.

Non-Lebanese women are left out of many social assistance (and social insurance) schemes: Social protection in the form of social assistance and insurance, is only accessible to Lebanese nationals, despite that many non-Lebanese, including migrant domestic workers and refugees who have lived in Lebanon for extended periods²⁶. The needs of refugees are partly attended to through a parallel system of support led by humanitarian agencies (UNHCR, WFP and UNICEF primarily), while migrant domestic workers have virtually no form of safety net if the contractual relationship with their employers is not honored. This is a serious oversight as these women represent some of the most vulnerable individuals in the country. According to sources available, the unemployment rate among female migrants almost doubled to 44%, from 18% prior to the economic crisis and the Beirut explosion.²⁷ Moreover, a recent vulnerability assessment of the Syrian refugee population estimates that more than 80% of refugees are living below the extreme poverty line, compared to 55% in 2019²⁸.

Accessibility and Coverage:

Lack of awareness and accessibility to NPTP, especially for the most vulnerable and poor women. Since NPTP registration process is demand driven, it might be compromised among extremely poor women and female headed households (FHH) due to mobility constraints (including where women might not be able to leave the home without a male companion or without permission), lack of patronage networks (access to local leaders in order to be able to be placed on lists) and additional costs (transport). Moreover, the lack of transparency in the outreach process of NPTP, put women at higher risk of being left out as mentioned above.

Lack of transparency in the selection and outreach process of NPTP. Although there are mechanisms in the NPTP selection process and in its Proxy Means Test (PMT) formula that should attribute a “higher weight” to FHH (who tend to have more dependents such as children, PWDs and older people, and are less likely to have pension, savings and access to health insurance), outreach and awareness raising for the NPTP program is made by Social Development Centers (SDCs) and local authorities, thus religious/sectarian affiliations might impact the selection process, with high risk of leaving women out. Indeed, the NPTP effectively covers only about 5.5% of the estimated poor Lebanese households (15,000 out of 270,000 households), with only around 2,000 households headed by women (~13% of beneficiary households)²⁹.

There is no adequate system to monitor or guarantee that women within the households targeted will have access or decision making over the cash transfer/ social assistance resources. To ensure that the assistance benefits the full household, it is important to try and create systems that allow collective decision making over the resources, and monitoring that monitors who decides how support is spent. NPTP food component shows an increase in the purchasing of healthy food and increased food diversity, which could suggest joint decision-making.

Lack of awareness/communication mechanisms and poor outreach mechanism for PWD Rights and Access Program (the disability card program). Out of the total coverage of the Rights and Access Program (about 2.6%), female registered beneficiaries are much lower than their male counterparts with only about 39% of females with disabilities registered compared to about 61% of males³⁰. This data can also be attributed to the fact that there are no adequate awareness campaigns about the Disability Card program put in place, noting that 52% of Lebanese with a disability that did not apply for the Card was because they were not aware about its existence.

26 With the exception of UNHCR and UNRWA assistance

27 Migrant Worker Vulnerability Baseline Assessment Report (Post Explosion) Beirut, Lebanon, IOM (September 2020)

28 UNHCR; UNICEF; WFP, Vulnerability Assessment of Syrian Refugees in Lebanon (2019)

29 Ministry of Social Affairs Data, 2019

30 Labor Force and Household Living Conditions Survey 2018-2019, CAS/ILO, 2019

Adequacy and Comprehensiveness:

Insufficiency of social assistance programs. The NPTP does not include cash transfers/other social assistance mechanisms that are more directly linked to life cycle risks (e.g. pregnancy, children, disability, old-age) which has a greater impact on women since they are at higher risk of life cycle shocks, and tend to have more dependents and caring responsibilities. Currently, the program's role as a productive safety net is very limited as it does not provide any linkages with other relevant programs (technical skills training/capacity building, asset transfer, job matching, etc.).

Although the Law 220/2000 on the Rights of Persons with Disability enshrined that PWD and their family should be covered by social assistance measures to alleviate disability related costs and contribute to the household's income security, such provisions remain without implementation. This is a major gap in the social assistance mechanisms since existing programs do not cover disability-related costs besides assistive devices, such as home-based human assistance, which is predominantly carried out by women.

For the NPTP Health component: The **Lack of primary healthcare or specialist consultations coverage** has a negative impact on women, especially FHH with dependents and pregnant women who are in need of these types of healthcare.

Transfer amounts of the NSSP do not take into account of the number of children and dependents. The NSSP provides a flat LBP 400,000 benefit for all covered families, without distinction between the variables that drive household consumption (number of children and dependents, prevalence of disability, etc.).

Social Insurance



Overview of Social Insurance

Social insurance schemes are contributory mechanisms which aim to prevent and protect people from the negative impact of economic and life-cycle risks, such as unemployment, maternity, sickness, disability and old age, through contributions paid by participants or through taxation mechanisms. Since women are at higher risks of being exposed to life-cycle risks and risks generated by economic turndowns, social insurance schemes are essential to prevent and protect women from the negative effects of these risks.

Summary of the Main Social Insurance Programs in Lebanon

National Social Security Fund

Benefits:

1. Sickness and Maternity branch: employee and dependents are covered for sickness and maternity healthcare, liable for 15% of all hospitalization costs and ambulatory care and 20% of medication and examination expenses excluding dental care.
2. Family and Educational Allowances branch: spouse allowance of LBP 60,000 and an additional LBP 33,000 for every child (maximum 5), 10,000 transport allowance for every day of work, education allowance with a ceiling of LBP 1,5 Million.
3. End-of-service Indemnities branch: lump sum payment equal to month wage equivalent to the last salary for every year worked (provided 20 years of service completed).

Implemented by:

NSSF (independent public institution under the tutelage of MoL).

Public Sector Schemes For Social Security (Cooperative of Civil Servants/ 4 Security Sector Schemes)

Benefits:

CSC – Health benefits: Ambulatory and dental care (75% reimbursement for employee 50% for family members). Hospital care (direct payment to hospitals 90% for the employee, 75% for family members). Insurance against work-related accidents and sickness. **Retirement benefits:** A lump-sum pension or a permanent pension equivalent to 85% of earnings paid in monthly installments. Extra lump-sum payment for retirees who complete 40 years of service. **Other benefits:** Marriage, birth and education grants in addition to an end-of-service grant to contributors in the Cooperative Savings Fund. Survivors benefits and assistance in the event of death of family members. Tariff and price discounts by agreements the cooperative holds with private commercial and non-commercial institutions. Disability pension for employees who qualify.

Security Sector Schemes – Health benefits: Ambulatory and hospital care (100% for the member, 75% for the spouse and children, 50% for dependent parents). **Retirement benefits:** Same as CSC benefits + credited years of service up to 3 years per effective year for the military depending on the security alert level. **Other benefits:** Marriage, birth and death allowances. Salary, transportation allowances, which rise progressively with promotion and rank. School and university scholarships for kids, which amount to 60%. Housing compensation at 12% of the base salary. Military housing and mutual support fund, as the interest rate does not exceed 1.5% (only for Military).³ End-of-service Indemnities branch: lump sum payment equal to month wage equivalent to the last salary for every year worked (provided 20 years of service completed).

Implemented by:

Each scheme is governed by a separate tutelage authority

Mutual Funds

Benefits:

Benefit levels vary by professional association, but these schemes typically provide health coverage and a regular pension payment following retirement.

Implemented by:

64 relevant syndicates/ unions and private funds under the tutelage authority of MoA (with few exceptions).

Private Insurance

Benefits:

Benefit levels vary based on enrollment tier.

Implemented by:

52 private insurance companies regulated by MoET.

Gender Gap Identification in Social Insurance

Eligibility:

The Social Security Law excludes workers in the informal sector which constitutes the biggest proportion of working women (estimated to be 57%)³¹. Self-employed, short time contractors, seasonal workers, casual workers, and workers in specific sector (such as agricultural workers) are excluded from the provision of the law.

The Social Security Law is not universal, and does not provide for social insurance for women engaged in unpaid work. There are no social protection mechanisms that recognize the role of women as caregivers and account for unpaid work.

Domestic workers, including migrant domestic workers are not eligible for Social Security. They have limited coverage for private health insurance. The MoL recently introduced standards terms of contract for domestic workers which should mandate coverage also for accidents on the workplace. However, the implementation of the new terms has not translated into meaningful improvements in the level of protection provided for domestic workers.

NSSF eligibility criteria for long term benefits do not take into consideration that women have shorter and more fragmented careers due to gender norms and biases. The NSSF requires from both men and women the same amount of time of service (20 years) to be entitled to its benefits, which is higher than the ILO standard (ILO convention 102 on Minimum Standards of Social Security sets a standard of no more than 15 years for both women and men). In doing this, the NSSF does not take into account that women are at a greater risk of being discontinued/out of the labor market due to their life-cycle gender related risks (such as pregnancy, maternity and childbearing as well as other care work obligations) and have more fragmented careers.

Access and Coverage:

Social security policy contains gender discriminatory provisions. Survivors pension benefits can be transferable from men to women but not vice versa, and healthcare insurance can be extended to the wife and children of a male worker but not vice-versa.

Social security system in Lebanon is extremely fragmented and there is very limited portability of benefits across sectors (e.g. from private to public and vice-versa). The lack of benefit portability across sectors has a greater impact on women given their higher likelihood to have mixed careers.

Adequacy and Comprehensiveness:

The Social security law does not cover maternity leave. Instead, entitlement to maternity benefits is an employer liability, which puts women at a greater risk of not being employed due to higher cost and perceived lower productivity during maternity compared to males.

Inadequate lengths of paid maternity leave. Although there was an amendment to the labor law (art.28) that has increased maternity leave from 7 to 10 weeks in 2014, this amount of time is still not aligned with the ILO standards that recommend a leave period of 12 weeks at a minimum.

Lack of paternity leave. The social security law and labor law do not mention paternity leave as a possibility. Paternal leave improves women's return to work and promotes greater intra-household sharing of care responsibilities.

³¹ Advancing Women's Employment in Lebanon: ILO in Action, Country brief 1

Lack of periodical pension benefits for private sector workers. Under the NSSF schemes workers only get a lumpsum payment at termination/retirement. The end of service is calculated on the basis of the last salary times number of years worked, both of which are typically lower for women (noting that there is no minimum benefit). It is worth highlighting that Lebanon is the only country in the MENA region that does not have a pension scheme for private sector workers.

Lack of a social insurance-based mechanism for employment injury compensation. A social insurance-based mechanism for employment injury compensation is envisaged in the Social Security Law but is not in fact implemented. Employers are mandated by law to provide private insurance for accidents in the workplace, but compliance is limited. As women are more likely to have mixed careers, they may be at higher risk of not being covered.

Unemployment insurance is not provided under any social insurance scheme, affecting more women than men. This is considering that women represent the vast majority of the total unemployed population (female unemployment rate is double than their male counterparts according to the latest official Labor Force and Household Conditions Survey)³².

Poor provision of family benefits has higher negative impact on women, especially FHH with dependents. The NSSF provides family benefits but the amounts are very limited. Considering that women and FHH are those with a higher rate of dependents, they then tend to be the most affected by poor provision of family benefits.

Social Welfare



Overview of Social Welfare

The majority of social welfare services in place in Lebanon aim to prevent or protect the most vulnerable children, girls and women who may be subjected to gender-based violence, or have disabilities. They do not extend to other social welfare including affordable childcare, that is fundamental to addressing the gender gap in Lebanon. In addition, the provision of social welfare in Lebanon does not sufficiently address the constant increase in demand for these services, especially since the economic inflation, outbreak of COVID-19 and more recently the 2020 Beirut Port Explosion.

Summary of the Main Social Welfare Programs in Lebanon

Social Development Centers	
Benefits: Variety of social and healthcare services.	Implemented by: MoSA

³² Labor Force and Household Living Conditions Survey 2018-2019, CAS/ILO, 2019

Provision of Social Care Services by NGOs

Institutional Social Care for Children

Benefits:

Residential care/shelter along with related services and transfers including education, food, and clothing to children from disadvantaged families.

Implemented by:

MoSA – Dept of Social Welfare

Social Care Services for PWDs

Benefits:

Various rehabilitation, education, and social care services to PWD.

Implemented by:

MoSA – Dept of Disability Affairs

General Social Services

Benefits:

Day nurseries, social services for older people/women/children, vocational training, in addition to high cost specialized services such as physical therapy, psychotherapy, psychological support, home-care for older people, and palliative care.

Implemented by:

MoSA – Dept of NGOs and Common Projects

Gender Gap Identification in Social Welfare

Eligibility:

In principle, **universal access to social welfare** should be guaranteed to all with no discrimination based on gender, nationality, age or other forms of discrimination. In Lebanon, non-Lebanese have access to social welfare services through Social Development Centers but are not covered for social care services in NGOs contracted by MoSA.

Access and Coverage:

Lack of awareness and accessibility to social welfare, including preventive, specialized, case management and intensive social welfare services. Since access to social welfare services is demand driven, accessibility for the most disadvantaged groups, including extremely poor women and FHH might be compromised, due to mobility constraints, additional transportation costs and cultural/religious reasons. This is particularly true for women in remote and rural areas, where distance, safety reasons and cultural/religious beliefs might represent barriers in accessing the SDCs and other social welfare providers (NGOs).

Social services supply may not be capable of meeting increasing demand: On average, between 30-64% of vulnerable persons' (including women subjected to violence and GBV, vulnerable children and PWD) demands remain unmet. Moreover, with the outbreak of COVID-19, and the 2020 Beirut port explosion the demand for social welfare services has exponentially increased, especially demand for GBV services. The Inter-agency SGBV Task Force Assessment Survey finds that up to 54% of respondents have observed an increase of harassment, violence or abuse against other women and girls in their household or their communities since the start of the COVID-19 pandemic³³.

Adequacy and Comprehensiveness

Lack of appropriate and affordable childcare services. Quality childcare services, such as nursery and day-care services, are essential to ensure that women receive adequate support in their care responsibilities and can remain/return to the labor market. However, in Lebanon, these types of social services are scarce and are either

33 Inter-Agency Sexual and Gender Based Violence Task Force, Gender Alert on COVID-19 Issue No. 3 (2020)

of poor quality or of high quality but expensive to the extent that the option for women to work becomes economically unaffordable.

Poor use of alternative method and family/community support result in very high rates of children and PWD in institutional care. Although alternative methods and family and community support are recommended internationally, Lebanon has one of the highest rates of children in institutional care, with a total of around 35,000 children forming around 3-4% of the total child population in Lebanon.³⁴ The majority of which are actually children from the poorest and most vulnerable families and those out of the education system, not orphans. Moreover, the quality of support provided is very poor³⁵, thus contributing to the vicious cycle of poverty and vulnerability. The same institutionalization trend can be registered among PWD, where the vast majority of PWD in institutional care are not older people but young PWD.

Lack of quality mental health and psychosocial support. Demand for mental health and psychosocial support has been increasing recently, especially among women who are subjected to domestic violence or other forms of (S)GBV (which is also rising due to the economic crisis and also the outbreak of covid-19) and those affected by traumatic events, such as the 2020 Beirut Port Explosion.

Lack of social welfare for PWD, especially home-based care which has a greater impact on women, considering that they are the primary caretaker for family dependents.

Financial Access to Services

Overview of Financial Access to Services (Health and Education)



Several gaps still exist when it comes to access to health and education services in Lebanon, especially for vulnerable populations. Three factors generally contribute to the fact that women are in greater need of healthcare services: higher prevalence of chronic diseases amongst women, more exposure to life-cycle risks (related to pregnancy and motherhood), and FHH tend to have more non-self-sufficient dependents (children, PWD, older persons).

In looking at financial access to education interventions, it is worth noting that Lebanon has never reached universal coverage, and that girls and women access education in rates roughly equal to men (and at times, at rates higher to men). Although the decrees of Law No. 150 establishes compulsory free education at the primary level for all (including refugees and non-Lebanese children), costs related to education such as transportation, food, and stationery represent an additional barrier to enroll, attend and remain in school for children.

Summary of the Main Programs in Lebanon To Support Financial Access To Services

Ministry of Public Health (MOPH) as The Insurer of Last Resort

Healthcare

Benefits:

1. Hospital care (85% direct payment to hospitals, 15% copayment for private hospitals, 10% copayment for public hospitals with some exemptions).
2. Dispensing expensive drugs for catastrophic illnesses.
3. Providing vaccines and essential drugs to public PHCs and NGO health centers.

Implemented by:

Ministry of Public Health (MoPH)

34 Social protection in Lebanon: a review of social assistance, MoSA/UNICEF, 2019

35 Social protection in Lebanon: a review of social assistance, MoSA/UNICEF, 2019

Free Primary Education

Benefits:

Fee waivers on school registration fees, parents' council fees, and books.

Implemented by:

Ministry of Education and Higher Education (MEHE)

Transfers to Free-Private Schools

Benefits:

Subsidized school registration fees and parents' council fees for enrolled students.

Implemented by:

Ministry of Education and Higher Education (MEHE)

Gender Gap Identification in Financial Access to Services

Financial Access to Healthcare

The current health financing structure tends to focus more on curative care at the expense of preventive care. One of the root causes for this is the passive purchasing mechanisms (fee-for-service payments) to healthcare providers, which creates an incentive to overuse and bill more services (supplier induced demand).³⁶ Moreover, the absence of an effective gatekeeping system induces patients to rely on secondary and tertiary care as an alternative to primary healthcare without using the PHC network.

Furthermore, financing agents in the healthcare sector are highly fragmented, as there are 6 employment-based schemes for social health insurance, in addition to approximately 64 mutual funds, 52 private medical insurance companies, and numerous NGOs which are involved in providing health services.³⁷ The specific impact of the financing context on women remains to be further studied, but it leads to an increase in the health bill and out of pocket expenditure in general.

Eligibility

The MoPH as an “insurer of last resort” is based on the principle of universal access to health care, which is one of the MoPH's key policy goals established in its five-year Strategic Plan. As a consequence, vulnerable women, including unemployed women and women engaged in unpaid family work, FHH and single women in need should be eligible to financial protection in health under the MoPH. Challenges remain in the clarity of criteria and procedures and availability of beds to translate the eligibility into access

No health coverage for non-Lebanese under the MoPH, including migrant domestic workers, the vast majority of which are women, and refugees. UN agencies and several (I) NGOs and other non-state actors provide access to healthcare to this excluded category. However, it is worth noting that non-Lebanese do have access to primary healthcare services within Primary Healthcare Centers (PHCs).

³⁶ Strengthening and extending Social Health Protection to the uncovered in Lebanon: Diagnostic and scoping study for the National Social Security Fund (NSSF), ILO, 2020 (forthcoming)

³⁷ National Health Accounts, 2017

Access and Coverage

Low coverage of health insurance: The total share of the population not covered by any type of health insurance remains high (45%).³⁸ To that end, the MoPH assists around 1.8 million Lebanese who lack formal insurance, providing hospitalization services for 250,000 cases each year on average in cooperation with public and private hospitals, and 56% of them are women³⁹. However, coverage remains far from being universal as a public opinion poll conducted by the ILO highlighted that 43% of respondents find it “very difficult” to access high-quality and affordable health care services.⁴⁰

Adequacy and Comprehensiveness

Drugs for chronic diseases are not accessible free of charge or covered in health insurance packages, the elevated costs of medication impose an additional burden on Out-of-Pocket (OOP) expenditures on healthcare

There is **no universal and comprehensive financial access to Sexual and Reproductive Health (SRH) services.**

The Country Assessment of Sexual and Reproductive Rights in 2019 highlights that, despite the fact that pre natal and post natal services are provided at PHCs, the services remain inaccessible to many women groups. Furthermore, the understanding, knowledge, and implementation of the laws pertaining to sexual and reproductive rights and services within Lebanon is not consistent... Moreover, criminalization of some practices (such as abortion), which are necessary to guarantee SRH rights, are still in force.⁴¹

Financial Access to Education

Eligibility

Under the law, all students are eligible to free compulsory primary education, although there are gaps in the mechanisms to ensure financial access to education for children for all grades (including secondary education). Here it is worth noting that the percentage of children attending secondary school has been declining, and is currently at a 65% net enrolment rate⁴².

Accessibility and Coverage

Education: Coverage of free education remains limited to the primary level in public schools. Lebanon’s education system has historically been characterized by a dominant private sector that dwarfs the public sector, where students in public schooling only accounts for 30% of the total student population (noting that 13% of the student population are in subsidized free-private schools).⁴³

Lack of financial access to education for households with children with disabilities (including FHH). Children with disabilities have very limited access to education, whether it is public or private, mainstream or specialized, formal or informal. In fact, only 1% of school-aged children with disabilities are enrolled in mainstream public schools.⁴⁴ A small step towards reversing exclusion of PWD can be considered the launch of a pilot project for inclusive education in 30 public schools.

38 Labor Force and Household Living Conditions Survey, CAS/ILO, 2018-2019

39 Hospital Contracting Reforms: The Lebanese Ministry of Public Health Experience, Health Systems & Reform, 3:1, 2017

40 Public Attitude Towards Health Care and Public Services in Lebanon – CRI, ILO, 2012

41 Country Assessment on Sexual & Reproductive rights in Lebanon, UNFPA, 2019

42 UNICEF, Country Office Annual Report, 2018

43 MEHE Data, 2019

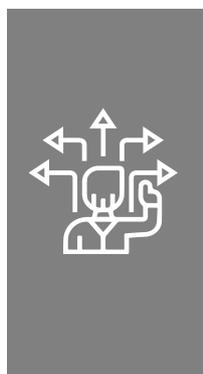
44 Situation of persons with disabilities in Lebanon, K4D Emilie Combaz, 2018

Adequacy and Comprehensiveness

Lack of national programs to support households, including FHH, with costs associated with education. Existing programs aimed at enhancing financial access to education only cover enrollment fees and parents' council fees (in some cases books as well). However, associated costs to education such as transportation, stationery, and others are not currently covered under any social protection program leading to increasing rates of dropouts. Prior to the Syrian Crisis the Lebanese net enrolment rate at primary level was only 88% for girls vs. 95% for boys⁴⁵. In 2015, the net enrolment rate at primary level was 79% for girls vs. 85% for boys⁴⁶. The only program in place that addresses associated costs to education is the WFP' school meals program, that allows WFP, in close coordination with the MEHE, to provide daily nutritious meals for up to 32,000 vulnerable Lebanese and Syrian refugee children in 13 primary schools.

Economic Inclusion and Labor Activation

Overview of Economic Inclusion and Labor Activation



There are two dimensions in social protection systems that need to be considered when analyzing economic inclusion and labor market activation policies and interventions.

1. Active Labor Market Policies/programs (ALMP), which include the following instruments: employment services, labor market training, labor intensive programs (e.g. public works), and private sector employment incentives (e.g. employment subsidies, fiscal pay incentives like wage supplements, microenterprise creation, etc.)
 2. Labor regulations
- Both these components are important tools for improving female labor force participation and protecting women from economic and life-cycle risks.
-

Gender Gap Identification in Economic Inclusion and Labor Activation

Eligibility

Active Labor Market Mechanism

Lack of active labor market mechanisms with policies or programs targeting women. Active labor market mechanisms are important to proactively work to improve female labor force participation which is notably low in Lebanon (29%). Moreover, women in managerial positions represent 29% of senior level employees compared to 71% of men, and only 30% of all businesses are owned and managed by women.⁴⁷

Lack of employment incentives for employers to hire women. This creates an implicit bias among employers which may perceive women's employment to be associated with higher financial and productivity costs (maternity leave, shorter working hours due to caregiving responsibilities, etc.).

45 N.A. Jones, E. Presler-Marshall, I. Gercama, Adolescents girls in Lebanon: the state of the evidence, Gage 2019

46 UNICEF, Country Office Annual Report, 2018

47 Page 3 of the 'Labor Force and Household Living Conditions Survey 2018-2019 Lebanon, Beirut, 2020'

Lack of a national public works program and the presence of small scale and fragmented public works initiatives led by various development partners. Discriminatory terms and conditions of work (different wage, working hours) for women in public work programs are common. A comprehensive mapping of small-scale public works programs has not been yet conducted to enable deeper insight into their level of gender-sensitivity.

Lack of gender inclusive and gender responsive TVET. Gender segregation still persists in TVET sector due to cultural norms discouraging participation of women in certain job sectors. 44% of students registered in TVET are women⁴⁸ but the numbers vary per sector, with women under represented in STEM related fields.

Labor Regulation

Discrimination in Labor law: Women are not allowed to work in certain jobs considered risky to her health and detailed in Annex 1 of the Labor law

Poor gender sensitive and gender inclusive employment protection legislation (legal obligations and incentives for employers, labor quotas, etc.)

Limited protections provided through labor market regulation due to high levels on informality, which disproportionately affect women. This is in addition to limited enforcement of labor legislation to protect vulnerable workers, including women and PWD due to the lack of labor inspection systems and mechanisms (labor arbitration councils, Ministry of Labor inspection capacity, etc.)

Accessibility and Coverage

Persistent gender wage gap due to limited implementation of art. 26 of the Labor Law. Although the amendment of art 26 of the Labor Law aims to guarantee that there is no discrimination between women and men regarding “the type of work, the amount of remuneration, employment, promotion, vocational training and clothing”, Lebanese women earn 6.5% per month less than men for the same job, while for non-Lebanese female workers, the gender pay gap rises up to 11.6%.⁴⁹

Lack of enforcement of many provisions of the Law 220/2000 on the Rights of Persons with Disabilities which aim to protect PWD employment. According to the Law, both public and private sector institutions are subject to a 3% quota on jobs for PWD where the number of employees exceeds 60. However, implementation of this provision and inspection mechanisms to investigate its compliance are absent. Women with disabilities are at a particular disadvantage, as evidenced by the fact that their labor force participation represents only 5.5%, which is about four times lower than men with disabilities (23.9%).

Adequacy and Comprehensiveness

Lack of systematic indexation of the minimum wage with higher negative impact on standard living conditions of women and FHH when considering the gender wage gap. The policy process of the minimum wage increase has predominantly been a political exercise rather than a technical one based on evidence and objective mechanisms (although Decree No. 4206 of 8/8/1981 stipulates the creation of a Price Index Committee which is required to publish a yearly cost of living index that serves as the basis for a minimum wage increase). Here it is also worth noting that low enforcement of the minimum wage law because of the high level of informal work disproportionately affects women, as they constitute a large segment of the informal labor force.

48 National Strategic Framework for Technical Vocational Education and Training in Lebanon 2018–2022, MEHE/UNICEF/ILO

49 page 67-8 of the ‘Labor Force and Household Living Conditions Survey 2018-2019 Lebanon, Beirut, 2020’.

Institutional Capacity

In this section we identify the major institutional and organizational gender capacity issues that undermine the effectiveness and efficiency of the social protection system in Lebanon. These issues are consolidated in one section for all five pillars due to the fact that most government entities implicated in social protection struggle with similar capacity constraints.

These limitations can be summarized as follows:

- **Lack of gender-sensitive and inclusion principles applied in the design of social protection mechanisms.** Gaining recognition and practical buy-in for the importance of mainstreaming gender in the design and implementation of social protection programs remains an ongoing challenge. This can be attributed to a lack of investment in raising awareness and better understanding how gender inequalities shape women's and men's vulnerability to various economic and lifecycle risks.
- **Lack of M&E system that disaggregates data and indicators by gender.** Social protection programs lack M&E systems that serve an inward-facing function of improving program functionality and efficiency and an outward-facing functionality of enhancing transparency and accountability. To that end, M&E systems should be put in place and have gender-specific impact indicators related to women's economic empowerment and inclusion, among other applicable metrics.
- **Lack of comprehensive capacity building initiatives on gender inclusion, women empowerment and other specific gender related issues.** The lack of skilled professionals, adequately trained on gender inclusion and women empowerment as well as on gender specific issues (such as women subjected to violence and (S)GBV, sexual health and rights, and specific needs of women with disabilities) perpetuates the fact the gender-blindness goes unnoticed in social protection interventions.
- **Limited mechanisms for grievance and redress.** There are very few channels that capture beneficiary complaints regarding targeting, service delivery as well as other social protection program functions, which limits the ability to mitigate inclusion and exclusion errors, enhance accountability, curb corruption and address allegations of sexual exploitation and abuse.
- **Poor coordination and referral system among programs and actors involved in providing social protection mechanisms.** There is very poor internal and external coordination and engagement of all ministries and actors that should be involved in the design and implementation of social protection mechanisms, thus risks of duplication and/or exclusion of the most poor and vulnerable households, especially women, are high.
- **Lack of use of new technology and digitalization in the administration system.** Limited utilization of digital technology across various programs (for matters of registration, claims processing, database integration, etc.) impose a high administrative burden and transactional cost, sometimes implying delays in accessing benefits.
- **Lack of effective oversight and accountability.** Public institutions responsible for ensuring oversight and accountability such as the Central Inspection and Civil Service Council struggle with limited capacity and political interference such that they are not able to fully carry out their mandate.

Legal Framework

There is no specific and coherent legal framework to regulate the social protection system in Lebanon. Therefore, an analysis of legislation must take place across a number of different laws and policies. Major legal gender gaps or gender discriminatory laws that have direct influence on social protection for women can be summarized as follows:

- **Lack of specific legal framework to regulate non-contributory social assistance mechanisms**, such as social assistance, financial access to services and social welfare. This implies that there is no clear mandate for the State to provide social assistance benefits, and as such, there are no legal safeguards for the predictability and adequacy of benefits according to a rights-based approach to social protection.
- **Matters of protection in Lebanon are regulated between the formal judicial system as well as the 15 official sectarian communities in Lebanon.** Here it is worth noting that issues related to personal status such as succession, marriage, divorce, adoption, etc. are under the legal purview of independent religious authorities, each administering a distinct set of laws designed for their respective sectarian community. Islamic personal status laws, for example, are based on the Sharia law, whereas for Christians, personal status jurisdiction falls partly under national civil jurisdiction, while Christian religious courts settle matters of marriage, divorce, and custody. Early marriage is one example where different religious communities define the minimum age of marriage, typically at 14 years for girls and 16 years for boys (although this varies depending on sect), which conflicts with Convention on the Rights of the Child that sets the minimum age for marriage at 18 years for girls and boys.

The legislative framework for protection in Lebanon includes:

- Law No. 293 of 2014 on Protecting Women and Family Members from Domestic Violence
- Law 422 on the Protection of Juveniles in Conflict with the Law or At Risk
- Law 164 on Trafficking in Persons
- Law 220/2000 on the Rights of Persons with Disabilities

Some gaps in the legal framework for the protection of women from sexual and gender-based violence include the fact that marital rape is not included in Law 293, as Article 522 of the Penal Code does not penalize forced sex if it occurs in the context of marriage. Furthermore, the law provides for a very narrow definition of domestic violence as per international standards and does not comprehensively define protection measures for children that witness domestic violence.

- **The social security law is gender discriminatory** as it does not extend equal social security benefits to women workers compared to men. The social security law 78/1963 also explicitly discriminates against women, particularly in the following articles⁵⁰:
 - Article 14: Unlike men, a wage-earning woman cannot extend her social security coverage to her spouse except if he is at least 60 years old, or if he suffers from a mental or physical disability.
 - Article 46: A male worker covered by the NSSF is entitled to a family allowance for his unemployed wife, whereas a female worker does not have the same right if her husband is unemployed.
 - Article 47: Family and education allowances for children are paid to the father if parents meet the legal requirements. The law does not recognize that a female employee is a breadwinner for her family as she is deprived of family allowances for her children except if her husband is imprisoned or unable or absent, or if she has sole custody of the children, or if she is a widow.

⁵⁰ Here it must be noted that the Law also does not guarantee paternity leave for male employees.

- **Social security legislation excludes workers in the informal sector, the majority of whom are women, including refugee and migrant workers.**
- **The Labor law discriminates against foreign workers, with negative impacts on migrant domestic workers and refugee workers (especially in the agricultural sector).**
- **Labor regulations:** The level of enforcement remains a persistent challenge with labor inspection systems and mechanisms underdeveloped, and a number of labor inspectors unreasonably low (60 inspectors across all governorates⁵¹). In addition, access to justice in the case of workplace violations is limited as the mechanisms to resolve labor disputes might not function in reality as they are intended to. For example, Article 50 of the Labor Law stipulates that labor arbitration councils should consider and reach a verdict for cases brought before them within a period of three months, however, in reality the average duration for some cases can reach up to 4 years⁵².
- **Lack of coherent and integrated employment policy.** To date, there is no policy in Lebanon designed to “promote full, productive and freely chosen employment” as per the ILO Employment Policy Convention, 1964 (No. 122).
- **The PWD legal framework is outdated and remains largely unenforced.** Law 220/2000 on the Rights of Persons with Disabilities adopts a definition of disability based on an outdated medical model rather than a social model of disability which takes into account the environmental, attitudinal and institutional barriers that people with disabilities face. Entitlements related to PWD rights to health, housing, education, employment and an accessible environment still do not have application decrees or procedures, and thus are not implemented.
- **Lebanese Mothers’ Rights in Child Custody:** Family law in Lebanon falls exclusively under the jurisdiction of religious courts, meaning each sect dictates rules regarding marriage, divorce, inheritance and custody.

The Way Forward

The overarching assessment of the social protection system in Lebanon from a gender perspective reveals that there are significant gaps that require further analysis and merit comprehensive policy solutions. The analytical framework adopted shows that the social protection system falls short on the systemic level of working to address gender biases and discrimination throughout the life cycle.

Furthermore, considering that women and girls in particular are at a higher risk of vulnerability, the way forward necessitates a more exhaustive and thorough study of the gender specific barriers to inclusion within the Lebanese context, and leveraging such an evidence base to influence policy makers. While the economic and financial crisis, the COVID-19 pandemic, and the 2020 Beirut Port explosion have elevated the urgency and importance of social protection in alleviating deprivation and promoting human capital development, it is critical to ensure that any planned reforms are inclusive and leave no one behind, particularly such that they take all diversity of needs and risks that women and girls face into consideration.

⁵¹ MoL Data, 2019

⁵² A study on the decisions of the labor arbitration councils in three governorates: Beirut, Baabda, Tripoli: First half 2014, Legal Agenda, Civil Observatory for the Independence and Transparency of the Judiciary, 2014-2015

Annex 1:

Summary Table of Identified Gender Gaps Per Pillar

Eligibility					
Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			
<ul style="list-style-type: none"> Lack of specific gender social assistance measures, targeting vulnerable and poorer women, including female-headed households (FHH), women with dependents, older women and women with disabilities as well as pregnant women Lack of transparency in the selection and outreach process of NPTP. NPTP beneficiary lists have not been updated since a long time. Lack of transparency and clarity in the eligibility criteria of the newly released social assistance support (IMPACT and NSSP). There are no social assistance mechanisms specifically targeting poor pregnant women. There is no social pension provided to older women who did not contribute to social security due to engagement in unpaid family work. 	<ul style="list-style-type: none"> The MoPH as an “insurer of last resort” is based on the principle of universal access to health care, including the most vulnerable and disadvantaged women. No health coverage for non-Lebanese under the MoPH. 	<ul style="list-style-type: none"> No specific mechanisms are in place to ensure financial access to education for children for all grades (including secondary education, nursery and day-care for early years), particularly for girls and in FHH. 	<ul style="list-style-type: none"> In principle, universal access to social welfare should be guaranteed to all. 	<ul style="list-style-type: none"> Social Security Law excludes workers in the informal sector, the vast majority of which (57%) are women. Social security law does not provide social insurance for women engaged in unpaid work. Domestic workers, including migrant domestic workers are not eligible for Social security. NSSF eligibility criteria for long term benefits do not take into consideration that women have shorter and more fragmented careers. 	<ol style="list-style-type: none"> Active Labor Market Mechanisms <ul style="list-style-type: none"> Lack of active labor market mechanisms with no specific policies or programs targeting women in place. Lack of employment incentives which benefit employers to hire women. Lack of a national public works program and the presence of small scale and fragmented public works initiatives led by various development partners. Lack of gender inclusive and gender responsive TVET. Passive Labor Market Activation Mechanisms <ul style="list-style-type: none"> Unemployment insurance is not provided under any social insurance scheme, affecting more women than men.

<ul style="list-style-type: none"> • Lack of social assistance mechanism specifically targeting women with disability or FHH with people with disability as dependents. • Non-Lebanese women are left out of many social assistances (and social insurance) schemes. 					<ul style="list-style-type: none"> • Poor provision of family benefits as well as old age/ survivor benefits, with higher negative impact on women, especially FHH with dependents and older women. <p>3. Labor Regulation</p> <ul style="list-style-type: none"> • Poor gender sensitive and gender inclusive employment protection legislation. • Limited enforcement of labor legislation. • Limited protections provided through labor market regulation due to high levels on informality.
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Accessibility and Coverage

Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			
<ul style="list-style-type: none"> • Lack of awareness and accessibility to NPTP, especially for the most vulnerable and poor women. • The NPTP does not adequately cover all households in need of income support and it is not sufficiently gender sensitive. • Lack of social assistance programs which cover life-cycle risks. • Newly released social assistance mechanism are not sufficiently gender sensitive (IMPACT, NSSF COVID-19 grants) • No adequate system to guarantee direct access to women to cash transfer/ social assistance resources. • Lack of awareness/ communication mechanisms and poor outreach mechanism for PWD Right and Access program. 	<ul style="list-style-type: none"> • Low coverage of health insurance, including among women. 	<ul style="list-style-type: none"> • Lack of financial access to households, including FHH, with children with disabilities. • Lack of mechanisms to ensure financial access to childcare, including nursery and day-care for early years. 	<ul style="list-style-type: none"> • Lack of awareness and accessibility to social welfare, especially for the most vulnerable and poor women. • Lack of adequate and accessible preventive (primary and secondary), specialized, case management and intensive social welfare services. • Increased of unmet social welfare demand due to the outbreak of COVID-19 and the Beirut port explosion on top of the Syrian influx. 	<ul style="list-style-type: none"> • Social security system in Lebanon is extremely fragmented and there is very limited portability of benefits across sectors (e.g. from private to public and vice-versa). • Social security benefits are discriminatory against women in terms of their transferability: • Survivors Pension benefits can be transferable from men to women but not vice versa. • Healthcare insurance is extended to wife and children of the male workers but no vice-versa, with a greater impact on FHH with children. 	<ul style="list-style-type: none"> • Limited respect of the art. 26 of the Labor Law as amended in 2000 and high rate of gender pay gaps. • Lack of enforcement of many provisions of the Law 220/2000 on the Rights of Persons with Disabilities which aim to protect PWD employment, with higher negative impact on women with disability.

Adequacy and Comprehensiveness

Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			
<ul style="list-style-type: none"> • Lack of social assistance programs which cover life-cycle risks. • Lack of primary healthcare or specialist consultations coverage. • The NPTP does not provide support to households, including FHH, to cover any costs associated with education. • Transfer amounts of the NSSP do not take sufficient account of the number of children and dependents. • No adequate provision of direct income support to PWD or to FHH with a dependent PWD. 	<ul style="list-style-type: none"> • A positive feature is the extension of services provided by PHCs to support healthcare costs that have a greater impact on women and children' life. • Drugs for chronic diseases are not accessible free of charge or covered in health insurance packages, disproportionately affecting women. • No financial access to Sexual and Reproductive Health (SRH) services 	<ul style="list-style-type: none"> • Lack of national programs to support households, including FHH, with costs associated with education, with higher rate of girls out of school than boys. 	<ul style="list-style-type: none"> • Poor use of alternative method and family/ community support and extremely high rate of children and PWD in institutional care. • Lack of adequate preventive and protection (S)GBV services, including child protection services. • Lack of quality mental health and psychosocial support. • Lack of Sexual and Reproductive Health and Rights services. • Lack of social welfare for PWD (including home-based care) 	<ul style="list-style-type: none"> • Social security law does not cover maternity leave that has to be paid by employers. • Inadequate lengths of paid maternity leave. • Lack of paternity leave. • Lack of periodical pension benefits for private sector workers. • Lack of minimum guarantees and solidarity mechanisms between men and women to ensure adequate levels of pensions. • Lack of a social insurance-based mechanism for employment injury compensation. • Unemployment insurance is not provided under any social insurance scheme, affecting more women than men. • Poor provision of family and survivor benefits have higher negative impact on women, especially FHH with 	<ul style="list-style-type: none"> • Lack of systematic indexation of the minimum wage • Lack of mechanisms to prevent, report and address harassment on the workplace and gender discrimination in work related issues. • Lack of labor inspection systems and mechanisms, to monitor compliance of gender non discriminatory laws and policies.

Institutional Capacity

Institutional Capacity					
Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			

- Lack of gender sensitive and inclusion issues in the design and implementation of SP mechanisms
- Short working hours and low salaries for NPTP workers, who are for the vast majority women.
- Lack of strong and reliable M&E system that disaggregate data by gender and other relevant variables, such as age and geographical areas.
- Lack of institutional capacity to develop and manage a reliable data collection system to monitor the impact of multiple and overlapping shocks on women.
- Lack of mechanisms for grievance and redress and they are not gender sensitive.
- Poor coordination and referral system among programs and actors involved in providing social protection mechanisms.
- Lack of transparency in the eligibility, outreach and registration process of SP mechanisms. (NPTP)
- Lack of use of new technology and digitalization of the administration system. (NSSF)
- Lack of mechanism to monitor gender pay gap.
- Low enforcement of the minimum wage.
- Lack of labor inspection and gender sensitive compliance monitoring mechanisms.

Legal Framework

Legal Framework					
Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			

There is no specific and coherent legal framework for SP system in Lebanon:

- Lack of specific legal framework to regulate non-contributory social assistance mechanisms
- The social security law is gender discriminatory
- Social security legislation excludes workers in the informal sector, the majority of whom are women, including refugee and migrant workers.
- The Labor law discriminates against foreign workers, with negative impacts on migrant domestic workers and refugee workers (especially in the agricultural sector).
- Lack of coherent and integrated employment policy.
- The PWD legal framework is outdated and remains largely unenforced.

Cross-Cutting Lebanese VS. Non-Lebanese Women (especially refugees & migrant domestic workers)

Social Assistance	Financial Access to Services		Social Welfare	Social Insurance	Activation of Labor Market
	Health	Education			
<ul style="list-style-type: none"> Non-Lebanese women, including migrant domestic workers and refugees, the vast majority of which are women and girls, are left out of social assistance mechanisms. UN agencies (particularly UNHCR, UNRWA and IOM) and other (I)NGOs providing social assistance to these vulnerable groups. 	<ul style="list-style-type: none"> No health coverage for non-Lebanese, including refugees and migrant domestic workers, the vast majority of which are women. 	<ul style="list-style-type: none"> The MEHE adopted a national plan entitled “Reaching all children through education” (RACE), in response to the Syrian refugee crisis. 	<ul style="list-style-type: none"> Discrimination against non-Lebanese women in accessing social welfare has increased due to an increase in social welfare demand. 	<ul style="list-style-type: none"> Social security only covers national residents in Lebanon. 	

Annex 2:

The Life-Cycle Approach

Acknowledging that every country has a unique context with a different set of social needs, development objectives, and fiscal capacity, the policies and schemes chosen in the context of a social protection system should be integrated and complementary in their functions. One approach to engineering a comprehensive social protection system is to design it with the intention of addressing risks and vulnerabilities that arise in the different stages of the human life-cycle. Rather than using a systems approach which only addresses the structural linkages of the system between the five pillars, adopting a life-cycle lens aims for a more human-centric perspective, where opportunity, equity, and resilience are streamlined across the entire continuum of age.

Below is a summary table of the identified gender gaps, from a life-cycle approach.



Children (Under 12) and Adolescents Girls

Associated Risks and Vulnerabilities:

- Girl children are particularly vulnerable to not being enrolled or to withdrawal from school, especially at secondary level, due to unaffordability of educational costs for all children and inequality of intra-households/caring responsibilities between boys and girls.
- Double burden of education and work (or care-giving in family) and therefore increased vulnerabilities of low productivity and fewer opportunities.
- Entry into high-risk employment categories, hazardous industries, prostitution.

Gender Gap in SP System:



Social Assistance:

- Lack of specific gender social assistance measures, targeting the most vulnerable and the poorer women, including FHH, women with dependents (children). The only formal social assistance intervention NPTP provides only food vouchers, and transfer amounts do not take sufficient account of the number of children and dependents.
- Lack of social assistance mechanisms (cash transfer, voucher, waivers) specifically dedicated to alleviate educational costs.



Financial Access to Services:

- Financial Access to Healthcare: Extension of financial access to healthcare services provided by PHCs to support healthcare cost that have a greater impact on women and children' life (immunization, mother and child health).

Financial Access to Education:

- Lack of national programs to support households, including FHH, with costs associated with primary education (transportation costs, food, stationery, etc.) and higher rate of girls out of schools than boys (net enrolment rate 79% for girls and 88% for boys).
- The WFP's school meals program is the only program in place, but it is not sufficient.
- Lack of mechanisms to ensure financial access to childcare, including nursery and day-care for early years.
- Lack of financial access to inclusive education.
- Only 1% of school-age children with disabilities attend public schools.



Social Welfare:

- Lack and poor quality of nursery and day care for children and other educational services.
- Lack and poor quality of services which provide adequate support to children at risk or subjected to domestic violence or exploitation
- Lack of coordination amongst services providers as well as poor capacity building on specific gender related issues, including domestic violence.
- Poor use of alternative method and family/ community support and extremely high rate of children in institutional care.



Adults Women

Associated Risks and Vulnerabilities:

- Unequal access to productive assets and credit, access to information, capacity-building opportunities. Lower access to land.
- Higher engagement rate in the informal sector, where discrimination and workers non-protection mechanisms are higher and unprotected.
- Low paid jobs, lower salaries and more fragmented careers.
- Sexual harassment in the workplace owing to societal norms.

Gender Gap in SP System:



Social Assistance:

- Lack of social assistance programs which cover life-cycle risks (NPTP). Lack of awareness and accessibility to NPTP, especially for the most vulnerable and poor women.



Financial Access to Services:

- Low coverage of health insurance, including among women.



Social Welfare:

- Lack of quality mental health and psychosocial support.
- Lack of Sexual and Reproductive Health and Rights (SRHR) services.



Social Security:

- Social Security Law exclude worker in the informal sector, the vast majority of which (57%) are women.
- Social security system in Lebanon is extremely fragmented and there is very limited portability of benefits across sectors (e.g. from private to public and vice-versa).



Active Labor Market:

- Lack of active labor market mechanisms and no specific active labor market mechanism targeting women have been put in place.
- Weak minimum wage law and high gender pay gaps. Lack of systematic indexation of the minimum wage.
- Poor gender sensitive and gender inclusive employment protection legislation (legal obligations and incentives for employers, labor quotas, etc.). Lack of employment incentives which benefit employers to hire women.
- Limited enforcement of labor legislation to protect vulnerable workers, including women and PWD (inspection, labor arbitration councils, etc.)
- Lack of labor market regulation and informalities, where the presence of women is higher than men.
- Lack of a national public works programs.
- Lack of gender inclusive and gender responsive TVET
- Lack of SP policies and mechanisms that prevent and protect women from (sexual) harassment in the workplace.
- Domestic workers, including migrant domestic workers are not eligible for Social security.



Household

Associated Risks and Vulnerabilities:

- Restricted access/ return to the labor market owing to societal norms, pregnancy, motherhood or caring for other dependents (elderly and PWD).
- Intra-household inequality (management of household resources, care responsibilities).
- Domestic violence and (S)GBV.
- Bearing costs of death and disease in the family.
- Double burden of family and income generation in case of household's break up.

Gender Gap in SP System:



Social Assistance:

- Lack of transparency in the selection and outreach process of NPTP, putting women, especially FHH with dependents, at higher risk of being left out. NPTP beneficiary lists have not been updated since a long time.
- No adequate system to guarantee direct access to women to cash transfer/ social assistance resources.



Social Welfare:

- Lack and poor quality of services which provide adequate support to women at risk or subjected to (S)GBV and other forms of violence; lack of coordination amongst service providers as well as poor capacity building on specific gender related issues, including GBV.



Social Security:

- Social security law does not provide for social insurance for women engaged in unpaid work.
- Social security benefits are discriminatory against women in terms of their transferability: Healthcare insurance is extended to wife and children of the male workers but no vice-versa, with a greater impact on FHH with children.
- Gender inequality in intra-households' engagement in unpaid homework and care responsibilities.



Parenthood and Career

Associated Risks and Vulnerabilities:

- Loss of employment or job insecurity owing to pregnancy, child and elderly care.
- Low rate of returns to labor after pregnancy.
- Burden of non-self-sufficient dependents.



Social Assistance:

- There are no social assistance mechanisms specifically targeting poor pregnant women.



Social Security:

- Unemployment insurance is not provided under any social insurance scheme, affecting more women than men.
- Social security law does not cover maternity leave that has to be paid by the employers. (employers liability model). Lack of paternity leave provision.
- Inadequate lengths of paid maternity leave to international standards (ILO Conv. 183).
- Poor provision of family benefits.



Disability and Widowhood

Associated Risks and Vulnerabilities:

- Higher risks of being exposed to stigmatization and marginalization for PWD, especially women.
- Higher risks of being unaware or left out from SP interventions.
- Double burden for FHH who take care of PWD.
- Loss of assets to late husband's benefits.

Gender Gap in SP System:



Social Assistance:

- Lack of social assistance mechanism specifically targeting women with disability or FHH with people with disability.
- Lack of awareness/ communication mechanisms and poor outreach mechanism for PWD Right and Access program.



Social Welfare:

- Lack of social welfare for PWD (including home-based care)



Social Security:

- Social security benefits are discriminatory against women in terms of their transferability.
- Survivors Pension benefits can be transferable from men to women but not vice versa.
- Lack of a social insurance-based mechanism for employment injury compensation.



Active Labor Market:

- Lack of enforcement of many provisions of the Law 220/2000 on the Rights of Persons with Disabilities which aim to protect PWD employment, with higher negative impact on women with disability.



Old Age

Associated Risks and Vulnerabilities:

- Cost of retiring from work dependency: double burden of family and income generation.

Gender Gap in SP System:



Social Security:

- There is no social pension provided to older women who did not contribute to social security due to engagement in unpaid family work.
- NSSF eligibility criteria for long term benefits do not take into consideration that women have shorter and more fragmented careers but live longer.
- Lack of periodical pension benefits for private sector workers.
- Lack of minimum guarantees and solidarity mechanisms between men and women to ensure adequate levels of pensions (e.g. minimum pensions).



Natural Disaster and Security Incidents

Associated Risks and Vulnerabilities:

- Outbreak of Covid-19.
- Beirut port explosion.

Gender Gap in SP System:



Social Assistance:

- Lack of transparency and clarity in the eligibility criteria of the newly released social assistance support (IMPACT and NSSP).



Social Welfare:

- Increased unmet social welfare demand due to the outbreak of COVID-19 and the Beirut port explosion on top of the Syrian influx.

Grounded in the vision of equality enshrined in the Charter of the United Nations, UN Women works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

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GROUP



UN Women Lebanon
5th Floor, Arab African International Bank Bldg.
Riad El-Solh, Beirut, Lebanon

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