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GENDER ALERT

Gender and Displacement in Lebanon
at the Juncture of the Ceasefire



December 2024



INTRODUCTION

Between October 2023 and late November 2024, Lebanon experienced the largest escalation of hostilities with Israel since the 2006 War. Intense Israeli airstrikes coupled with evacuation orders across Lebanon, including in eastern and southern Lebanon and the southern suburbs of Beirut, resulted in mass displacement and heightened socioeconomic vulnerabilities among affected populations. As of 24 November 2024, close to 900,000 individuals were displaced due to the conflict; with women and girls making up 51 per cent of the internally displaced population.¹ Of an estimated 260,000 households, close to 21 per cent were women-led households.² Additionally, more than 80,000 Syrians and 3,466 Palestinian refugees in Lebanon were among the displaced.^{3,4} The conflict took a profound toll on people's lives. Lebanese health officials estimate that, since the escalation of hostilities on 8 October 2023, 4,047 people have been killed and 16,638 wounded, including at least 790 women and 316 children.⁵

Following the ceasefire reached on 27 November 2024, around 80 per cent of internally displaced persons (IDPs) are estimated to have returned to their places of origin.⁶ However, many others are unable to return to their communities due to damage and destruction, as well as restrictions imposed by the Israeli Army.^{7,8} Of the 20 per cent that remain internally displaced, 52 per cent are women and girls.⁹ Despite the ceasefire, the impact of the escalation remains deeply felt across Lebanon. The mass displacement has challenged host communities already struggling to cope with the prolonged and multi-layered social and economic crisis in Lebanon since 2019.

UN Women collected and analysed data to deepen understanding of the gender dimensions of the conflict and derive gender-focused recommendations to inform humanitarian response and recovery efforts. This aims to help ensure that relief and recovery does not perpetuate pre-existing gender inequalities and contribute to transformative approaches to empower

women premised on equal relationships between women and men. As commonly witnessed in other contexts, this latest Gender Alert confirms that while the conflict impacts civilians indiscriminately, women and girls have been disproportionately affected due to multiple and intersecting forms of discrimination that heighten their exclusion and risks. Pre-existing gender inequalities may exacerbate women's rights and well-being during conflict, including loss of assets and income, due to the disruption of markets, destruction and damage of infrastructure, deaths of household members and heightened exposure to sexual and gender-based violence (SGBV). This latest survey confirms that women need cash assistance (80 per cent), there is a scarcity of employment, and that women are responding to decreased household income by entering informal working arrangements (23 per cent) or increasing unpaid care work in the home (82 per cent). Women are also resorting to negative coping mechanisms, such as reducing food intake (74 per cent), impacting their health or well-being or that of their family members. Vulnerable women, including women with disabilities, older women, gender-based violence survivors and migrant workers face additional risks.

Recognizing the gendered impacts of the conflict and the specific barriers that restrict access to humanitarian assistance for women, girls and marginalized groups, particularly with so many displaced women and girls still unable to return, this Gender Alert draws the attention of humanitarian, development and peace actors to consider the disproportionate gendered impact of conflict on women and girls and maintains that gender equality and women's empowerment are fundamental to humanitarian action in conflict contexts and central to promoting resilience. Considering the potential fragility of the situation; the findings offered by this Gender Alert provide insights to mitigate harm to affected populations, including women and girls.

1. IOM. 2024. [Lebanon Displacement Matrix](#), as of 25 November 2024. These numbers do not include individuals that were not tracked.
2. UN Women extrapolation, informed by data from the Multisectoral Needs Assessment 2023 and IOM Displacement Matrix.
3. UNHCR. 2024. Lebanon Emergency Regional Update. 20 November. [Available here](#).
4. UNRWA. 2024. Situation Report #13 on the Lebanon Emergency Response as of 12 November 2024. [Available here](#).
5. Ministry of Public Health. 2024. Report delivered on 4 December. [Available here](#).
6. IOM. [Lebanon Displacement Matrix](#). The highest number of IDPs was recorded on 24 November, at 899,725 people. By 11 December, this had dropped to only 178,817 IDPs (52 per cent female) remained still internally displaced.
7. OCHA. 2024. Lebanon: Flash Update #48 - Escalation of hostilities in Lebanon, as of 28 November 2024. [Available here](#).
8. IOM. 2024. Lebanon Displacement Matrix. Mobility Snapshot - Round 65 Flash Update as of November 30. [Available here](#).
9. IOM Displacement Matrix 12 December 2024 [accessible here](#).

METHODOLOGY

The assessment methodology combined a secondary review of existing data with primary data collection in November 2024 through survey and social media analysis, as well as consultations with local women-led organizations (WLOs) to ensure inclusivity, depth and contextual relevance.

- **A targeted rapid needs assessment survey** with UN Women's humanitarian programme beneficiaries. This cohort included **114 women, predominantly from southern Lebanon**, who had previously received support in June and July 2024. The survey aimed to identify the top needs and challenges faced by women since their displacement.¹⁰ However, as with all convenience samples, findings are indicative.
- **Harvesting of over 11,000 social media posts** on X, Instagram, YouTube, TikTok, Facebook, and other online platforms covering war-related content (from September and October 2024). The analysis identified recurring themes, discussions and sentiments, including on shelters, safety and access to services.
- **Key informant interviews** with representatives of **four Women Led Organizations (WLO): Abaad, FeMale, KAFA and the Lebanese Union for People with Physical Disabilities (LUPPD)**. The analysis validated key issues emerging from the social media analysis and explored gender dynamics that may be shaping individuals' experiences, both during the conflict and the humanitarian response.

10. This cohort included women who had been displaced prior to September 2024, and after September 2024.

Photo: Nour Abdul Reda/ UN Women Lebanon



GENDER & HUMANITARIAN NEEDS

KEY FINDINGS

PROTECTION

The year-long conflict and the escalation of hostilities between September – November 2024 as well as the ensuing ceasefire have been associated with varied protection needs and concerns. In a series of updates¹¹ several such concerns have been described by the Protection Sector established under the [Lebanon Response Plan \(LRP\)](#) including widespread psychosocial distress, increase in exposure to all forms of violence, abuse and exploitation including labor exploitation, gender-based violence (GBV) and violence and exploitation of migrants and marginalized groups, increase in community tensions; and increase in the numbers of persons with disabilities and their isolation. Those who are returning are faced with damaged infrastructure, limited access to basic services, and concerns about safety and stability including risk of unexploded ordnance (UXO) in their home areas.¹²

Finding 1: Gender-based violence against women has increased; yet conflict has been a deterrent to reporting.

The Gender Based Violence (GBV) Information Management System (IMS) has indicated an increase in the reported number of cases of violence against women in the past few years.¹³ KAFA data suggest an increase in reporting cases of GBV in the last two months, with an increase in women calling for help. UN Women survey data suggest the same: 39 per cent of interviewed women perceived that violence against women has increased since September 2024 and 23 per cent reported that it stayed the same. Yet, the conflict has also served as a deterrent to reporting GBV incidents, per experiences reported by WLOs, suggesting that the number of GBV incidents may be higher.



39%

of respondents perceived that **violence against women has increased** since September 2024



We saw increases in GBV cases during the last two months but with very low reporting. Our team was able to identify many GBV cases, but women did not want to report this, due to the fear of stigmatization, retaliation or being kicked out of shelters.... Displaced women were fearful for their existence during the war. Being displaced and belonging to a certain group or community, they were already perceived as risky and threatening to the communities they were displaced to. So, when GBV occurred, women wanted to be as invisible as possible and not talk about it. One woman expressed this by saying that she preferred to bury herself until the war ends from the fear of stigma and fear of being kicked out from where she was.”

— Abaad

11. Please see relevant OCHA Flash Updates in which protection concerns and actions to address these through the Protection Group have been described. The most recent update is [available here](#).
12. OCHA. 2024. Lebanon: Flash Update #50. Escalation of hostilities in Lebanon. As of 12 December 2024. [Available here](#).
13. [See here](#) for the most recent Mid-Year Narrative Report – 2024 of the Lebanon Gender-Based Violence Information Management System.

Finding 2: Interrupted services have impacted the assistance provided to GBV survivors.

Women GBV survivors were among those most affected by the precarious displacement conditions and the limited availability of protection and legal services. Those survivors who have initiated legal cases in courts now face heightened risks, as the interruption of services has left them without access to the legal support that they need. According to KAFA, women are facing substantial disadvantages in family court proceedings, including the reluctance of fathers to pay child alimony, citing financial strain caused by the war. This leaves women and children at greater risk of not having the necessary resources to survive. Where the courts give the custody of children to men, they are demanding that their ex-wives provide housing for the children in exchange for visitation rights. In addition, the rapid pace of displacement has prevented many GBV survivors from taking essential documentation with them, creating additional barriers to accessing legal services. According to KAFA, case management and assessment of GBV cases in the South have been suspended. Currently there are no women's safe shelters in the South, so KAFA is referring women and children in need to shelters in Beirut, although transportation possibilities are limited due to the current situation.

Finding 3: Migrant domestic workers, the majority of whom are women, are among the most marginalized groups at risk of GBV.

As of August 2024, 70 per cent of the migrant population in Lebanon was female. 99 per cent of live-in migrant workers were women.¹⁴ Lebanon's kafala system, which ties workers to a single employer,¹⁵ has left many migrant workers homeless and unprotected during displacement. Advocacy campaigns and activists have documented many cases of employers abandoning migrant workers, leaving them without shelter or support. Without legal documentation, migrants are unable to leave. With no recourse or support to be sheltered in the collective spaces made available for the Lebanese population, migrant women and girls are left exposed to trafficking and may resort to other negative coping strategies.¹⁶

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Gender-based violence occurred in silence throughout the war and was underreported. These women faced layers of stigma, and reporting a GBV incident in a shelter often added another layer of fear, stigmatization and risk of retaliation. There was a lot of pressure to remain silent about GBV, as displaced women feared that addressing or bringing up GBV incidents would further marginalize them. The fear of stigmatization, lack of specialized services or counselling exacerbated the situation during that period, leading to an increase in femicide. These cases were not identified early due to the absence of systems for intervention, leaving women unable to seek help at the onset.”

— Abaad

“

It was very difficult to document and legally follow up on GBV case management, especially for migrant domestic workers. Many of them were left on the streets without shelters or designated refugees and we had much difficulty securing shelters for them. In addition, many migrant workers had their legal documents confiscated by their employers and were refused access to them, which made it challenging to process any legal action.”

— KAFA

14. IOM. 2024. Migrant Presence Monitoring. August. [Available here](#).

15. The Kafala system links a worker to one employer and in the process, their rights and agency are removed. The employer takes the worker's passport, they are exempt from the country's labor protections and although they can be fired, they can never quit.

16. For witness accounts, [see here](#).



Photo: Dar Al Mussawir / UN Women Lebanon



37%

of respondents indicated that **caregiving responsibilities has increased** since September 2024

Finding 4: The mental health and psychological well-being of women and girls has been severely impacted by the war, with additional care responsibilities exacerbating their suffering.

Interviewed women reported experiencing elevated stress and anxiety levels, with women citing nearby shelling, bombings and explosions as triggers for traumatic memories of past wars and conflicts. Feeling unsafe was a recurring theme, with women expressing a constant sense of fear. The war has exposed women and girls to profound emotional and psychological harm, the effects of which could last a lifetime. More than half of all women interviewed (53 per cent) shared that they bear the primary responsibility for caregiving, including providing emotional support to family members. In fact, 85 per cent of surveyed women indicated that their unpaid care work has either increased (38 per cent) or remained the same (47 per cent) since their displacement. More women who were displaced after 23 September 2024 (52 per cent) reported an increase in the unpaid care than those who were displaced since 8 October 2023 (27 per cent). This role often comes at the expense of their own emotional well-being, as they prioritize the needs of others while receiving little or no support for themselves.

Finding 5: Burdens on women are exacerbated by displacement and inadequate living conditions.

Women continue to bear the primary responsibility for caregiving, managing household resources and maintaining family cohesion. For 62 per cent of interviewed women with children, caregiving tasks – such as feeding, cleaning and providing physical care for children – are seen as a mother’s duty. Since 23 September, caregiving responsibilities have increased for 37 per cent of women, while 51 per cent reported that their burden has remained the same. Women attributed the increase to challenges associated with many children being out of school or engaged in online learning, which was compounded by the high cost and limited Internet access in remote areas. The strain was noted to be particularly intense in shared living spaces, where the presence of multiple families or large numbers of individuals in the absence of adequate provisions and facilities, such as kitchens and washing machines, requires additional efforts for maintaining basic hygiene, cleaning, cooking and caregiving. Many women also reported providing support to extended family members, such as nephews and nieces, while caregiving in constrained shelter environments leaves them with little to no opportunity for breaks.

LIVELIHOODS AND FOOD SECURITY

The conflict has had a direct impact in terms of lost or reduced income and livelihoods. The [Lebanon Interim Damage and Loss Assessment](#) estimates that 166,000 individuals have lost their jobs, corresponding to a loss of USD \$168 million in earnings. Soaring prices for essentials like electricity, heating and cooking have made household management a struggle.¹⁷ Hyperinflation further declined purchasing power, worsening the accessibility and affordability of basic goods and services.¹⁸ UN Women identified social media posts and official statements from local authorities highlighting their struggles to enforce measures aimed at alleviating the economic pressures on displaced and vulnerable populations. Weak enforcement of price controls has further exacerbated these challenges. Since the escalation on 23 September 2024, the demand for food has also surged, particularly among displaced communities. The latest integrated food security analysis reports assessed that the population in need of urgent food and humanitarian assistance is 2.0–2.49 million people,¹⁹ approximately 35–40 per cent of the country's population of 5,773,493.²⁰

Finding 1: The conflict has rendered many women-led households more economically vulnerable.

From pre-conflict assessments, it was clear that vulnerable women-led households faced significant challenges in managing household expenses for essentials, such as electricity, heating and cooking.²¹ As of June 2023, World Bank data show that Lebanese female-headed households with children under the age of 14 face higher poverty rates (nearly 80 per cent); typically have six members; about half of these household heads have only primary education; most do not participate in the labour market (75 per cent); most struggle to meet basic needs



80%

of respondents identified the need for **cash assistance as a priority**

(78 per cent); and the majority rely heavily on informal loans.²² Indeed, in the survey conducted by UN Women more than 80 per cent of the women identified the need for cash assistance as a priority, highlighting the severe economic pressures vulnerable women face; of these, 68 per cent cited lack of cash assistance programmes, while 34 per cent highlighted the scarcity of employment opportunities as a critical challenge. Price volatility and weak controls are leaving displaced women – many of whom rely on precarious income sources, such as their support networks – increasingly vulnerable. This volatility will likely worsen economic hardships, further deepening vulnerabilities of women-headed households and perpetuating cycles of gender inequalities.

Finding 2: The conflict has increased women's precarious and informal employment.

Women's labour force participation in Lebanon has historically been low.²³ This is attributed mainly to sociocultural norms, limited access to childcare and ongoing economic instability.²⁴ In the current conflict, among respondents, 23 per cent actively sought informal employment to cope with the rising living costs. However, lack of regulatory oversight in the informal sector leaves women particularly susceptible to exploitation, harassment and unfair income, with limited legal support available in an already challenged legal system.

17. For example, white rice and wheat flour prices remained stable in August, with the latter recording prices 31 per cent higher year-on-year as a national average. [Lebanon Key Message Update: Spike in staple food prices widening consumption gaps among the very poor, August 2024 - Lebanon | ReliefWeb](#)

18. [Flash Appeal: Lebanon, October - December 2024 \(October 2024\) \[EN/AR\] | OCHA](#)

19. FEWS NET. 2024. Conflict drives mass displacement and high food prices, resulting in crisis. October 2024 - January 2025 projected outcomes. [Available here.](#)

20. Per WHO data as of 2023 [available here.](#)

21. Lebanon has been struggling with an energy crisis for the past 30 years due to lack of investments. Citizens have increasingly turned to private generators to fill the gap left by the State electricity company (Electricité du Liban). [See here for a recap of the crisis.](#)

22. World Bank. 2023. [Lebanon Poverty and Equity Assessment 2024](#). p. 38.

23. Central Administration of Statistics (CAS) and International Labour Organization (ILO). 2022. [Lebanon follow-up Labour Force Survey](#). January.

24. UNESCWA. 2022. [Women's economic participation in Lebanon: A mapping analysis of laws and regulations.](#)



48%

of respondents stated they often **went hungry in the last seven days**

Finding 3: Displaced women face heightened food insecurity.

Among the displaced women interviewed, 32 per cent identified food security as one of the primary challenges they are facing, with many reporting insufficient resources to meet their food needs. Many women shared being responsible for securing food and caring for children, often at the expense of their own nutritional needs. In most of the reported cases, adult women self-identified as eating the least in the family, followed by adult males. Close to 48 per cent of the women interviewed stated they often (three to 10 times) went hungry in the last seven days. Almost all respondents who identified food as a major challenge cited high food prices or costs as the primary barrier (99 per cent), followed by insufficient support for large families and lack of access to distribution points. In response, women resorted to negative coping strategies, such as reducing meal sizes or frequency (74 per cent), skipping meals (48 per cent), consuming less nutritious or more affordable food when other options are unavailable (32 per cent), and seeking assistance from organizations or community kitchens (26 per cent).

Finding 4: Vulnerable non-displaced women have been excluded from food aid while seeking assistance.

Women who are affected but not displaced reported that food aid is often prioritized for displaced individuals only, further increasing their own vulnerability. Faced with limited formal employment opportunities or job loss in the context of conflict, they rely on informal, low-paying or precarious work. The need to take any jobs to counter food scarcity may result in exploitation, loss of agency, feeling ashamed to ask for food assistance and further stigmatization.

SHELTER AND WASH

As of 25 November 2024, close to one fifth of Lebanon's population was displaced. While close to 21 per cent were housed in 1,015 shelters;²⁵ others depended on crowded and hardly affordable housing or relied on family and friends. By 11 December 2024, of the 178,817 IDPs (52% women and girls) who were still displaced, approximately 3 per cent were registered as residing in 65 collective shelters.²⁶ With winter well underway, the situation had become increasingly critical as many existing shelters lacked insulation or heating to handle seasonal challenges. Overcrowded shelters and insufficient infrastructure create public health risks, often resulting in an increase in spread of infectious diseases, particularly in the context of low vaccine coverage and lack of privacy.²⁷ Shelter challenges have been presented in a series of situational updates.²⁸ The following findings draw on the specific concerns related to women and girls during the escalation of conflict, with likely repercussions for those still remaining in shelters or crowded co-residential spaces.

Finding 1: During the two months of escalated conflict, rising rental costs, restrictive rental terms and a severe shortage of shelter spaces rendered internally displaced women, including women-led households, more vulnerable.

At the time of data collection, nearly half (49 per cent) of displaced women interviewed reported resorting to co-renting spaces with other families, relatives or neighbours, due to limited rental availability and affordability. Indeed, vulnerable women-led households had fewer resources pre-conflict,²⁹ which likely may have impacted adequate shelter accommodation. Among survey respondents, almost twice as many women-led households reported challenges in accessing safe shelter than those women who did not lead a household (18 versus 8 per cent, respectively). Four of the displaced respondents reported that they were forced to return to unsafe or damaged homes due to the lack of alternatives.

25. IOM Mobility Snapshot, 25 November 2024 [available here](#).

26. IOM Mobility Snapshot, 12 December 2024, [available here](#).

27. REACH. 2024. Escalation of Conflict - Review of Public Health Risks, 28 September 2024. [Available here](#).

28. See Situation Updates provided by OCHA Lebanon.

29. UN Women. 2023. [Multi-Sectoral Needs Assessment 2023: Gender Snapshot](#).

Finding 2: Temporary shelters with limited or non-existent private spaces for women and girls increased safety and protection concerns.

Overcrowded shelters or living in shared accommodation with other families, offering little to no privacy, exposed women and girls to heightened risks of violence and harassment.

Many of the women interviewed expressed fear of harassment and discomfort due to the lack of personal space and safety. For instance, one displaced Syrian refugee, who was co-renting a space with other families, reported struggling to protect her 13-year-old girl from sexual harassment. According to social media analysis, shared and overcrowded facilities, such as bathrooms, were a major source of fear for women and girls, particularly at night, where their privacy and safety were perceived as compromised.

In addition to limited privacy, shelters were rarely adequately prepared for winter. Women interviewed reported significant concerns over caring for children in unsafe, unsanitary environments, leading to heightened physical and mental health challenges. As displacement for some families will likely persist in the short term, the absence of adequately insulated and heated shelters will exacerbate these risks as temperatures continue to drop.

Finding 3: Critical gaps in menstrual hygiene management for displaced women and girls.

Access to menstrual items was identified as one of the top three priorities for displaced women, with 38 per cent reporting an urgent need for such supplies. The ongoing conflict has further restricted access to essential menstrual hygiene products, leaving displaced women and girls in unsanitary conditions, whether in shelters, informal settlements, or host family arrangements with limited privacy. In social media analysis, women mentioned inadequate or poor-quality products as another persistent challenge. In response, many resort to negative coping mechanisms, such as using improvised sanitary cloths or relying on community support networks to make reusable sanitary pads, further limiting their ability to manage menstruation safely and with dignity.



There is a significant problem with privacy due to overcrowding, which often leads to gender-based violence. In our patriarchal society, the lack of privacy reinforces men's sense of ownership and entitlement over the bodies of women and children."

— FeMale



None of the collective shelters hosting displaced communities were gender sensitive. Shower areas lacked locks and private spaces, and there were no provisions for the safe disposal of sanitary pads, drying private laundry such as underwear, or ensuring access to secure and private toilets. Measures to facilitate safe menstruation were absent, leaving women vulnerable to privacy intrusions and at risk of sexual harassment."

— Abaad



38%

reported an **urgent need for menstrual items/supplies**

HEALTH

Since 23 September 2024, infrastructure damage and proximity to areas of intense bombardment have forced the closure or evacuation of eight hospitals and 100 primary health care centres and dispensaries, according to WHO. As per social media analysis, essential medicines, including those for chronic diseases and antibiotics, have become increasingly scarce.

Finding 1: Women's health needs have been critically compromised amid the displacement crisis.

Women and girls face increased difficulties accessing health care and essential medication. Among women respondents interviewed by UN Women, one-third reported frequent or constant challenges in accessing health services, including medication. Nearly all respondents who identified health as one of the top three challenges cited specific barriers such as the high costs of health care and medication (90 per cent), a shortage of health-care-providers and services (41 per cent), lack of dedicated staff or services (37 per cent) and long travel distances to reach clinics or hospitals (21 per cent). In response, displaced women resorted to harmful coping strategies, such as stopping needed care and medication altogether (60 per cent), sharing medication among family members (36 per cent), and seeking assistance from humanitarian organizations (32 per cent). For mothers,



90%

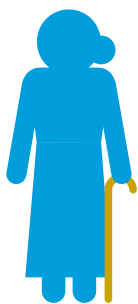
of respondents reported **high costs of health care and medication** as a major barrier

caring for their children may mean less attention to their own health needs. About 67 per cent of surveyed women with children related that they stopped needed health care and medication all together compared to 41 per cent of women without children. In contrast, 26 per cent of women with children delayed care or shared medication with family members compared to 53 per cent of women with no children.

Social norms and caregiving roles, especially caring for the sick, disproportionately expose women and girls to the risk of infection. As primary caregivers, they often come into direct contact with sick family members, further increasing their vulnerability. Caregiving in unsafe and unsanitary conditions adds significant burden to displaced women and girls, further compounding their health risks in already challenging circumstances.

Photo: Nour Abdul Reda/ UN Women Lebanon





More than
80%
of older people
live in poverty

Finding 2: There is a disproportionate burden on pregnant and breastfeeding mothers.

The United Nations Population Fund (UNFPA) estimates that 13,900 women in Lebanon are currently pregnant, with 1,550 expected to give birth in the next month.³⁰ According to the Emergency Rapid Needs Assessment (ERNA) dashboard, in the 624 assessed shelters as of mid-November, there were 528 pregnant women and 896 lactating mothers. Pregnant and breastfeeding women face significant physical and emotional challenges, exacerbated by displacement and inadequate living conditions.

Overcrowded and poorly equipped shelters leave pregnant women grappling with hygiene and safety concerns and breastfeeding mothers struggling to maintain their health and that of their infants. According to the ERNA dashboard, in the 624 shelters assessed, only 36 per cent of the needed post-partum kits essential for recovery were distributed to new mothers. Harsh winter conditions, insufficient clothing and a lack of adequately heated or insulated shelters increase health risks for both mothers and newborns. The stress and trauma are compounded for first-time mothers with no prior birthing experience.



There is no private space for breastfeeding, not even a bed for my newborn to sleep on. My baby girl now sleeps beside me on a sponge mattress on the floor. When it's time to feed her, the men leave the room."

— Survey participant

Finding 3: People with disabilities face an additional layer of vulnerability.

More than 80 per cent of older people live in poverty, of which 60–70 per cent face challenges in accessing medication and care for chronic conditions.³¹ Pre-conflict, more women-led households were headed by older women, and these also had more people with disabilities. UN Women's rapid survey highlighted critical challenges faced by women with disabilities, including barriers to accessing assistive devices and income (46 per cent for each challenge). Social media analysis revealed other challenges such as essential medications and diapers, coupled with stigmatization.



Today, I treated five cases of miscarriage. One woman suffered from broken heart syndrome caused by the trauma of a nearby explosion near Zahraa Hospital. Another case involved a woman whose placenta detached, resulting in the death of her foetus, after she was terrified by an explosion near her home – a place that should have been safe."

— Dr Ghena Ghazeeri, FeMale



We faced a lot of difficulties in responding to the needs of displaced women and girls with disabilities across all the regions. Across the country, there are no collective shelters that are inclusive or accessible for persons with disabilities. In addition, due to the tragic health situation and bedsores, a number of women with disabilities died."

— LUPPD

30. UNFPA. 2024. Situation Report 4 (9 December). [Available here](#).

31. Lebanon: Flash Update #48 - [Escalation of hostilities in Lebanon, as of 28 November 2024 - Lebanon | ReliefWeb](#)

RECOMMENDATIONS

The following recommendations are informed by the findings of this rapid assessment, and are directed towards international, national and local humanitarian actors in Lebanon, as well as relevant stakeholders such as government partners and donors:

- **Ensure humanitarian assistance equitably addresses the needs of women, men, girls and boys in vulnerable situations**, including marginalized groups such as vulnerable women-headed households, persons with disabilities, older adults, pregnant and lactating women and migrant workers. Design and implement multisectoral interventions tailored to these groups, with continuous monitoring to adapt programmes to evolving needs.
- **Consider gender equality throughout the humanitarian response to lay the foundation for eventual recovery**. To do so, mainstreaming gender in all phases of humanitarian response must begin with a comprehensive gender analysis, including the systematic collection of sex, age and disability-disaggregated data (SADDD), ensuring that interviews and discussion groups include women and girls, and that they can both inform and participate in leading and implementing the response.
- **Ensure the direct and safe delivery of humanitarian assistance to all populations, prioritizing vulnerable groups identified in the report**. Humanitarian programming must be gender-responsive, accessible and tailored to the needs of vulnerable women-headed households, including provisions for health, childcare and protection. The participation of women, men, girls and boys, particularly from marginalized groups, is crucial in planning all humanitarian interventions, including the distribution of cash assistance, food and non-food items, and in considering accessibility, location, timing and security.
- **Protection must be central to humanitarian assistance and recovery efforts**. Ensure that information on protection services, access and rights, particularly on GBV, is widely available to all affected populations. Frontline staff should be trained to detect and refer protection cases. Additionally, there needs to be adequate funding for the protection sector, including for GBV actors to address the scale of needs and protect vulnerable populations.
- **Support women-led organizations, including through direct, flexible financing**, which plays a key role in informing gender-responsive sector interventions and can contribute to providing more inclusive and gender-responsive services to women and girls affected by the crisis. funding for the protection sector, including for GBV actors to address the scale of needs and protect vulnerable populations.



Photo: Dar Al Mussawir / UN Women Lebanon

About UN Women in Lebanon

UN Women works across the humanitarian, development and peace nexus to support national efforts to accelerate the achievement of the Sustainable Development Goals in Lebanon. More specifically, UN Women, together with UN agencies, the Government and civil society organizations, works to address the needs of vulnerable and marginalized populations living in Lebanon – Lebanese, refugees, and others – to meet their pressing needs. UN Women also seeks to bolster women’s participation in decision-making at all levels, in political leadership roles and in peace and security matters, to improve livelihoods through economic empowerment, and to end violence against women.

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