

A RAPID GENDER ANALYSIS OF THE AUGUST 2020 BEIRUT PORT EXPLOSION: An Intersectional Examination

Executive Summary

On August 4 2020, the devastating Beirut explosion shook the whole city to its core, taking the lives of 191 persons (120 males, 58 females, and 13 unspecified), wounding at least 6,500, and leaving 300,000 people displaced. Prior to the explosion, Lebanon's crisis has been underpinned by extreme structural gender inequalities: Lebanon ranks 145 out of 153 countries in the World Economic Forum Global Gender Gap Report, due to low rates of women's economic and political participation and patriarchal socio-cultural norms. The impact of the explosion compounded with the worst economic crisis in the history of Lebanon and the COVID-19 pandemic is likely to significantly push back what gains have been made on gender equality in the country.

This joint rapid gender analysis (RGA) of the Beirut port explosion assesses how diverse women, men, girls, boys, and gender minorities were affected by the events of August 4, with a close look at the specific impact on older, disabled, refugee, migrant, and LBQT (lesbian, bisexual, queer, and trans) women.

The assessment combined a secondary review of existing data with primary data collection. Secondary analysis included reviewing 45 reports, sit-reps, and needs assessments published by United Nations (UN) agencies, international and non-governmental organizations (I/NGOs) since the explosion and conducting gender analysis on three quantitative datasets from assessments carried out in response to the explosion. Primary data consisted of 16 key informant interviews (KII), 4 focus group discussions (FGDs) with 17 participants, and 16 community interviews – a total of 49 people overall.

Key Findings

Gender demographics, roles and responsibilities of the affected population

Women with increased vulnerabilities are a sizable portion of the affected population, with 51% of the affected population identifying as female headed households, and 8% as elderly women living alone. There is an almost even split between households that self-identified as female headed households (FHH) (51%) and male headed households (49%) within the explosion range, a figure of FHH's that is much higher than the best available national average of 18% for both Lebanese and Syrian refugee households. FHH were more likely to have family members over 60 living with them (58%) than male-headed households (42%). They were also more likely to have household members with physical disabilities (56% FHH versus 44% MHH) and chronic illness (56% FHH versus 44% MHH), and report requiring chronic illness medication. Older women living alone constituted 8% of the assessed population living in the explosion radius. Because of higher rates of physical disabilities among older people, combined with increased inability to leave their homes, limited economic means and fears around COVID-19, older women are struggling to access assistance.

Gender and the humanitarian/volunteer response

The assessment found a substantial gender data gap in the humanitarian assessments informing the response to the Beirut explosion, where 16 of the 45 UN and I/NGO assessments published since the incident were gender blind, and did not include sex-disaggregated or gender-related findings. Women took a significant role in both the informal and formal humanitarian response including within traditional male roles such as civil defense, however, some KIs described discrimination and harassment against female responders, some of whom felt unsafe in the affected areas of the explosion. While commendable in many ways, the informal nature of the response where a significant amount of assistance is being delivered via untrained and unofficial volunteers has opened potential for discrimination and/or exploitation with little or no accountability. Interviewed Syrian women reported being left out or facing more difficulties accessing explosion-related assistance. Four of the seven female Syrian refugees interviewed mentioned they were discriminated against by people distributing assistance (unknown affiliation of formal or informal responders), with some experiencing verbal abuse. Moreover, the assessment found that some assistance provision has not accounted for the access challenges faced by women, older people, people with disabilities (PWDs), LGBTIQ+ persons, and migrant and refugee women and men.

Health

Women and marginalized groups remain in urgent need of health services- especially first aid. According to the Ministry of Public Health (MoPH) records, as of September 3rd, more men/boys than women/girls died in the explosion: of the 191 fatalities, 63% were male, 30% were female and 7% are still unknown. It appears that females were more likely to have been injured in the explosion. According to a World Vision assessment, 21% of assessed households reported having an injured member and, of the injured household members, 60% were female. Additionally, marginalized groups, particularly migrant workers, persons with disabilities, Syrian refugees and LGBTIQ+ persons reported they have not received full first aid care due to physical access, affordability, discrimination and documentation barriers.

Mental Health

Feelings of despair and hopelessness, anger, frustration, agitation, and anxiety are exponentially growing amongst the affected population of all identities. Despite patriarchal norms which can prevent men from seeking mental health support, some mental health and psychosocial support (MHPSS) responders reported an increase in men seeking their services, suggesting that the collective trauma of the explosion may be reducing stigma related to seeking mental health support. Older people and trans women reported facing more barriers than other respondents in receiving MHPSS services because they are less likely to leave their homes to seek services due to fears around COVID and gender discrimination respectively.

Sexual and Reproductive Health

The explosion has reduced availability and access to reproductive health services for pregnant and lactating women. Pregnant and lactating women constitute a small but important proportion of those affected by the blast. According to the Lebanese Red Cross (LRC)-led Multi-Sectoral Needs Assessment (MSNA) surveying over 17,500 households, approximately 5% of the population reported family members who are pregnant or lactating, or 1 in 20 households. Of LRC-assessed households reporting pregnant or lactating women, 40% reported needing healthcare in support of infants and mothers.

Shelter

Protection risks created by the destruction of people's homes and shelter go beyond infrastructural damage, and include increased risk of gender-based violence (GBV) and the mental health impact of losing one's home, identity and safe space. Many women reported feeling unsafe in their homes due to damages that remain unrepaired or with temporary repairs, while others reported feeling unsafe sharing accommodations with acquaintances. The assessment found that the risk of eviction and homelessness seems to be higher than it was before the explosion, particularly for migrant workers and the LGBTIQ+ community. Housing discrimination resulting from racism, transphobia, homophobia and lack of documentation is limiting shelter options amongst displaced marginalized groups. Safe public spaces for people in the LGBTIQ+ community have also been lost given that neighborhoods most heavily affected by the blast – Karantina, Bourj Hammoud, Gemmayze, and Mar Mikhael – had been considered the safest areas for LGBTIQ+ people to live within Beirut, and the country as a whole.

Protection and GBV

Sexual and gender-based violence risks have increased exacerbated by factors such as multiple families living in crowded settings, a lack of public streetlights, household stress, and, according to some KIs, an increase in military/police presence. Although GBV services remain available, GBV survivors reported having fewer resources and less time to focus on their GBV-related needs, needing to instead prioritize their own basic needs and that of their families. Some respondents felt that some state security forces patrolling the affected areas do not provide a sense of safety and contribute to feelings of insecurity; one case study of police instigated sexual harassment against a woman in the aftermath of the explosion is documented.

Livelihoods

Loss of women-led businesses and exclusion from economic opportunities in the reconstruction and recovery process will lead to a significant reduction in employment opportunities for women. Women are currently employed in construction related sectors at extremely low rates and will likely be sidelined from these economic opportunities. According to the LRC-led MSNA, FHH were 10% less likely than MHH to report at least one member had generated income in the past two weeks. Female migrant domestic workers (MDWs) were particularly impacted by job loss, as many have been abandoned by their employers. Preliminary data suggest there was a high number of women-led businesses in the explosion radius. According to an assessment led by Mercy Corps, of 1,164 businesses across 24 neighborhoods in Beirut approximately one in five were owned by women. According to a UN Women/Stand for Women assessment, half of female-led businesses will not be able to reopen without some form of assistance.

Food security and coping strategies

Loss of material and financial resources has exacerbated existing food insecurity. The potential gendered impact of this requires monitoring and targeted analysis. Food insecurity appears to be particularly impacting migrant workers (a vast majority of whom are women): 42% of migrants surveyed by the International Organization for Migration (IOM) following the explosion reported experiencing hunger or thirst, compared with 11% of the Lebanese population. Several respondents - particularly youth and refugees interviewed - reported that they are coping with the current situation by preparing to leave Lebanon.

Recommendations

The recommendations put forward in this report echo and emphasize the direct asks, requests, and demands from the women and marginalized groups affected by the explosion.

- ***International and local humanitarian organizations must do more to reach and include marginalized groups.*** This includes designing and implementing specific interventions for older women and men who remain a highly vulnerable group in explosion affected areas and developing partnerships with organizations working with PWDs.
 - ***Assistance packages must be tailored for FHHs,*** including elderly women living alone, who make up a significant percentage of those in the affected area and who have larger numbers of household members in need of humanitarian assistance, and are less likely to have a member of their household working.
 - ***Health services*** must be provided for free, and at home, for those who are unable to access on-site services, including MHPSS.
 - ***Shelter interventions*** must mainstream efforts to decrease homophobia, transphobia, and racism within the housing market, and fund safe emergency shelter options for migrant domestic workers and LGBTIQ+ populations.
 - All humanitarian staff and response volunteers must be ***trained on the survivor-centred approach to safely responding to GBV disclosures and SEA.*** Humanitarian assessments must continue to conduct intersectional gender analyses, and utilize participatory and feminist research methods, which are more empowering for persons of concern.
 - As the response moves from humanitarian to economic recovery, ***women, PWDs, LGBTIQ+ persons, older people, and survivors of domestic violence, must be prioritized for job opportunities*** and enrollment in livelihoods programming to enable them to recover from the impact of the explosion.
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