

# **INTERNATIONAL RESCUE COMMITTEE**

## **Support for Social Recovery Needs of Vulnerable Groups in Beirut (P176622)**

### **Socio-Economic Assessment**

**25 August 2021**

## ABBREVIATIONS AND ACRONYMS

3RF	Reform, Recovery and Reconstruction Framework
AFD	Agence Française de Développement
CAS	Country Assistance Strategy
CCSAS	Clinical Care of Sexual Assault Survivors
CMR	Clinical Management of Rape
COVID-19	Coronavirus Disease of 2019
CPF	Country Partnership Framework
CPI	Consumer Price Index
CSOs	Civil Society Organizations
ESRS	Environmental and Social Review Summary
ESSN	Lebanon Emergency Crisis and COVID-19 Response Social Safety Nets Project
EU	European Union
FCV	Fragility Conflict and Violence
FHH	Female-Headed Households
FM	Financial Management
FPI	Food Price Index
GBV	Gender-Based Violence
GBVIMS	Gender Based Violence Information Management System
GOL	Government of Lebanon
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Services
IIA	Interim Implementation Agency
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
IRC	International Rescue Committee
LBP	Lebanese Pound
LCRP	Lebanon Crisis Response Plan

LFF	Lebanon Financing Facility
M&E	Monitoring and Evaluation
MAPS	Methodology for Assessing Procurement Systems
MEAL	Monitoring Evaluation Accountability and Learning
MHPSS	Mental Health and Psycho-Social Support
MMU	Mobile Medical Units
MoPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
MWMP	Medical Waste Management Plan
NCLW	National Commission for Lebanese Women
NGOs	Non-Governmental Organizations
NMHP	National Mental Health Program
PDO	Project Development Objective
PEERS	Partnership Excellence for Equality and Results System
PHC	Primary Healthcare Centers
PMT	Program Management Team
POB	Port of Beirut
POM	Project Operations Manual
RDNA	Rapid Damage and Needs Assessment
SbS	Step-by-step
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
SH+	Self Help Plus
SOP	Standard Operating Procedures
TPMA	Third Party Management Agent
UN	United Nations
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WBG	World Bank Group
WHO	World Health Organization

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## 1. INTRODUCTION

The August 4, 2020 Port of Beirut explosion compounded Lebanon's existing economic and social challenges and disproportionately affected Beirut's vulnerable populations. Since the explosion the efforts of civil society have been crucial for recovery and rehabilitation efforts. Several obstacles remain that challenge the effectiveness, inclusivity and sustainability of the broader recovery and rehabilitation process, which include coordination challenges between ongoing efforts and the ad hoc or temporary nature of interventions. The situation of Beirut's population remains precarious and the need for support to recovery and reconstruction efforts urgent.

Supporting Beirut's Immediate Social Recovery Services: The project will focus on reducing vulnerabilities prevalent amongst three groups affected by the blast in Beirut: (i) survivors of Gender-Based Violence (SGBV); (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and/or those facing limitations related to being a person with disabilities and older persons. Supporting Beirut's Immediate Social Recovery Services interventions will entail providing grant financing directly to a selected number of NGOs, to enable them to provide social services to reduce vulnerabilities in these groups.

This will be achieved by supporting non-government stakeholders that are engaged and have a track record in delivering social recovery services and working with target groups by improving their capacity to participate in the broader social recovery and reconstruction processes.

The World Bank has selected the International Rescue Committee (IRC) to act as the Intermediary Implementing Agency (IIA) to implement the Supporting Beirut's Immediate Social Recovery Services project. The IRC will take on project management, grant provision and/or procurement of services from NGOs and will be responsible for the fiduciary supervision of the selected NGO partners.

## 2. PROJECT DESCRIPTION

The project objective is to support the immediate social recovery needs of vulnerable groups who remain impacted by the port of Beirut explosion.

This will be done by supporting non-government stakeholders that are engaged and have a track record in social recovery services by improving their capacity to participate in the broader social recovery and reconstruction processes.

### **Project Components**

The project includes the following 2 Components: (1) Support for Social Services for Vulnerable Groups affected by the Explosion, and (2) Capacity Building and Project Management

#### ***Component 1. Support for social services for vulnerable groups affected by the explosion***

This component will finance NGOs to provide social services to vulnerable groups affected by the crises including: (i) survivors of GBV; (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and Persons with Disabilities and OPs facing limitations related to their disabled or elderly status. Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers will be targeted across these beneficiary groups. The component includes the following three sub-components: (i) Enhanced Support for Survivors of GBV in Beirut; (ii) Enhanced Support for psycho-social wellbeing in Beirut; and (iii) Enhanced Support for to Persons with Disabilities and OPs. In order to undertake these activities, a total of 28 grants and 9 service agreements will be entered in with local NGOs.

#### **Sub-Component 1.1 Enhanced Support for Survivors of GBV in Beirut**

This component will provide support for a small-scale effective, inclusive and sustainable model for non-

government support for social services for survivors of GBV as well as first responder service workers. The project will finance holistic services for survivors of GBV by NGOs in line with international good practices. Support will be provided for (i) expand the capacity of existing shelters to include GBV services; (ii) case management; (iii) psycho-social support; (iv) life skills; (v) referrals for tailored services, including medical services and psychosocial and legal assistance, and (vi) provision of education for children in shelters.

In addition, this sub-component will also finance:

- Capacity-building, training, and ongoing mentoring with full range of adapted tools, materials, training and coaching for service providers in the non-government and public sectors.
- Adoption of Standard Operating Procedures (SOP) and protocols for supporting different categories of GBV cases especially in the context of the Covid-19 pandemic, including on safe and integrated digital case management systems and protocols. This will include supporting the implementation of GBV case management, including technical support and supervision for GBV response staff/ case workers (for example, including support to suicidal and self-harming survivors in line with IRC Mental Health and Psychosocial Support in Emergencies (MHPSS) COVID-19 learning series<sup>1</sup>, WHO mhGAP humanitarian intervention guide<sup>2</sup> and WPE program tools) and case management supervision. Moreover, the support will include a comprehensive integrated package of primary and secondary health care referral services through the available Ministry of Public Health (MOPH) networks and responding to specialized needs of boys and girls survivors of GBV as well as children from survivors. Additionally, discussions would be convened with all stakeholders to consider adopting the SOP as a permanent component of case management, thus ensuring sustainability of services during any emergency or period of constraint.
- Offer support towards improving GBV Information Management Systems (GBVIMS); particularly aimed at upgrading GBVIMS to a more user-friendly and easy access version, providing further training to enhance skills related to preserving the security and confidentiality of data shared by survivors; operating and maintaining safe and integrated digital case management systems; public information sharing, and complaint management mechanisms.
- Training for staff/volunteers responding to the national hotline as well as other front liners on GBV Core Concepts and Safe Referrals.

The project will also support awareness raising of GBV and availability of services via community communication channels and the development of a social media communication strategy and dissemination of information to women and girls and other vulnerable and at-risk groups. Extensive consultations have already been undertaken with civil society organizations working with survivors through the WB's partners on the ground. Through the Citizen Engagement program and outreach activities, via the NGO sector, survivor inputs would be considered during the design for implementation. Moreover, while no additional analytical work is possible under the scope of this project, the social norms surrounding GBV and gender inequalities are structural factors that cannot be ignored in any serious medium to long-term strategy to address these vulnerabilities. Accordingly, the findings of pre-existing research and analytics conducted by stakeholders in Lebanon, as well as the extensive experience of partners on the ground, will be integrated in the implementation approach of this sub-component.

The proposed activities are in alignment with existing but limited country systems for survivors of GBV and build upon extensive consultations with government agencies, national and international NGOs, UN agencies and bi-lateral donors. The activities are aligned with the National Women Strategy endorsed by

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<sup>1</sup> IRC MHPSS COVID-19 Learning Series (IRC, 2020)

<sup>2</sup> mhGAP Humanitarian Intervention Guide (WHO, 2015)

*National Commission for Lebanese Women (NCLW)* (in consultation with relevant concerned Ministries), and in line with the National Women and Children Safeguarding Strategy endorsed by Ministry of Social Affairs (MOSA) (and UNICEF in coordination with concerned Ministries). In addition, it will contribute to operationalizing the National GBV Standard Operating Procedures (SOP), under leadership of MOSA and ownership\endorsement of Ministry of Justice, Ministry of Interior and Municipalities, Ministry of Public Health and NCLW. The project will also work closely with and through the network of the MoPHs SDCs to ensure that existing initiatives build on existing initiatives.

### **Sub-Component 1.2 Enhanced Support for psycho-social wellbeing in Beirut**

This sub-component supports vulnerable individuals and households in the Greater Beirut area to improve their psycho-social wellbeing. Support will be provided mainly for the following two psychos-social interventions:

- Fine tuning/adaptation of Step-by-Step (SbS)<sup>3</sup> program in an initial phase to support provision to a range of target groups including youth, persons who have lost livelihoods, Persons with Disabilities, and migrants in Lebanon.
- Adaptation of Self Help Plus (SH+)<sup>4</sup>, to the local context and target groups including employees, health workers, and NGO workers as well as the development of a protocol for online delivery in English and Arabic.
- The selected specialized NGOs organization will work closely with The National Mental Health Program (NMHP) in the MoPH and WHO specialists to assist with:
- Recruiting and training master and councillor e-helpers and facilitators, and resourcing NGOs to deliver services training using the existing WHO training tools for delivery of the programs, adapted for local context.
- Monitoring the delivery of interventions to target beneficiaries.
- Conduct technical debriefing sessions with stakeholders to support future adaptation to make necessary adjustments to the program after implementation and provide refresher trainings.
- Identifying cases and referring them to different levels of specialized services (i.e. case management, psychotherapy, management through mhGAP protocols and advanced psychiatric services.
- All products and materials developed will be subject to NMHP-MoPH review.

In addition, this sub-component will include:

- Developing and piloting a program for Training for Managers and Small Business Owners on how to support the mental health of their staff.
- Development of a new and improved software platform for delivery of the Step-by-Step program suited for implementation in Lebanon and building on results from findings of recent research trials of the intervention.<sup>5</sup>
- Development and implementation of sensitization and awareness programs on mental health awareness in general and specifically for participation in SbS and SH+ interventions. This awareness component support the operationalization of the community component of the NMHP

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<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/30225240/>

<sup>4</sup> SbS and SH+ are previous collaborations between the World Health Organization (WHO) and the National Mental Health Programme

<sup>5</sup> This will be built as an open source product for other countries to be able to use the Application.

strategy.

### **Sub-Component 1.3 Enhanced Support for to Persons with Disabilities and OPs**

The project will provide support for the implementation of services through specialized NGOs and CSOs to improve access to quality healthcare for Persons with Disabilities and Older Persons, through outreach, at-home health, physiotherapy services and other interventions<sup>6</sup>. Specifically, the project will support: (a) the undertaking of a local pilot participatory needs assessment; (b) training of caregivers to deliver at-home therapies including physiotherapies; and (c) development of peer-to-peer activities and self-help groups.

As part of this initiative the project will develop and pilot an Identification, Counselling and Referral portal through the CBR program for Persons with Disabilities and OPs in order to match potential beneficiaries to existing services.

In addition, the project will support:

- Mobile Medical Units (MMUs) and their outreach teams in identifying Persons with Disabilities and older persons in remote and hard-to-reach parts of Beirut who are at risk of being excluded due to: a) lack of assistive devices, b) inaccessible physical environments, and c) unaffordability and lack of accessible transport. These MMUs can then provide transport and referrals to NGO CBR teams, and therefore play a supporting role to the CBR initiative more broadly.
- Capacity building and financing for NGO-run Primary Health Care Centres (PHC) for the procurement and delivery of assistive devices (e.g. crutches, hearing aids and visual aids) along with the provision of promotive, preventive, therapeutic (including NCDs, essential and life-saving medications), rehabilitative and palliative services. This activity will only be implemented if aligned to existing MoPH-approved service plans, whereby distribution is done in a coordinated manner with leading local stakeholders. The project will align with and engage in a system of distribution of assistive devices. The principles underpinning the distribution will be derived from the WHO's 'Guidelines on the provision of assisted devices in less-resourced settings'<sup>7</sup>, which outlines how devices should be resourced and distributed.
- Finally support will also be provided for the development of NGO led social media communication strategy and dissemination of information aimed at reducing stigma related to Persons with Disabilities and OPs and inform potential beneficiaries of available services.

All activities for this sub-component will, wherever possible, be synchronized and aligned with existing services and plans approved by the MoPH and MoSA and current CSO initiatives targeting Persons with Disabilities. The IRC, together with local NGOs will work with MoPH and MoSA to ensure that there is synergy and in doing so develop a set of protocols.

### **Cross-Cutting Component Support to migrant domestic workers and refugees working as domestic workers**

It is estimated that at least 24,500 migrants were directly affected by the blast – having lost their

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<sup>6</sup> While Children with Disabilities represent a critical sub-group of the most vulnerable populations, the project cannot directly address their needs considering that they have a unique set of needs which requires further expertise and specialization that cannot be covered due to the project's limited finances.

<sup>7</sup> For full guidance see here: <https://www.who.int/publications/i/item/guidelines-on-the-provision-of-manual-wheelchairs-in-less-resourced-settings>

livelihoods<sup>8</sup>. The situation for many has deteriorated since then. The enhanced support for survivors of GBV and support mental health and Persons with Disabilities initiatives are open to all migrants and refugees. In addition, within each of these initiatives, provision has been made to develop sensitized awareness-raising material targeting migrant (domestic) workers, including dissemination plans and identifying local community focal points and NGOs to provide support for outreach and referrals, to migrant and refugees domestic workers will in need for SGBV, psycho-social and physical rehabilitation services. However, due to the limited financial resources and the complexities of the challenges faced by the refugee and migrant population in Lebanon, the services delivered through this project will only target them indirectly as described above.

### **Component 2. Capacity Building and Project Management**

This component will finance project management costs over the project life. The International Rescue Committee has been selected to be the Interim Implementation Agency (IIA). Costs of the IIA include management and consultancy fees and operations and administrative costs for the management and supervision of the project activities. Project management activities by the IIA will include: (i) overall project management, fiduciary and safeguards management; (ii) providing technical assistance and institutional strengthening measures; (iii) developing and implementing a monitoring and reporting plan to provide visibility of the results and a transparent model for the development and implementation of all activities.

All capacity building support to beneficiary NGOs will be gender sensitive and will also be made accessible and without segregation to Persons with Disabilities. Specific solutions will be developed to tackle common challenges such as physical inaccessibility and barriers to full inclusion in social services or stigmatization.

## **3. PURPOSE OF THE SOCIO-ECONOMIC ASSESSMENT**

The purpose of the socio-economic assessment is to provide an analysis of the socio-economic conditions of the individuals and groups affected by the project, and to provide an overview of the demands and needs of the targeted beneficiaries.

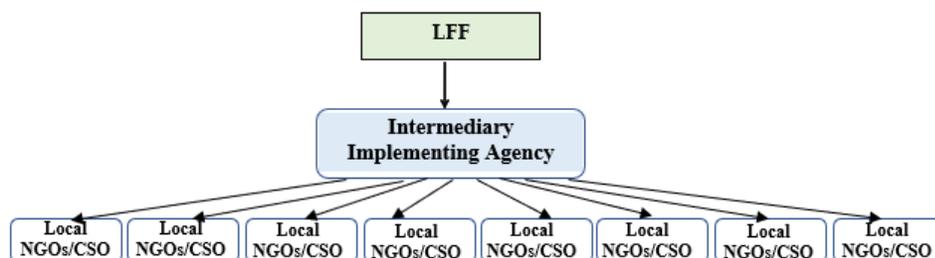
## **4. RESPONSIBLE GOVERNMENT INSTITUTIONS AND INTERNATIONAL AND LOCAL NGOS**

Due to the current political context in Lebanon, the central involvement of non-governmental and civil society actors in recovery and small-scale reconstruction efforts is crucial in order to restore trust in existing institutions. The architecture of the NGO-financing mechanism is designed to ensure that there is transparency, legitimacy, and oversight, particularly in terms of citizens' recognition and acceptance of interventions. These implementation arrangements aim to ensure that reconstruction and reform efforts are underpinned by inclusive and meaningful citizen engagement efforts.

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<sup>8</sup> IOM; Well-Being and Security of Migrant Workers in Lebanon Deteriorate Since Beirut Blast, <https://www.iom.int/news/well-being-and-security-migrant-workers-lebanon-deteriorate-beirut-blast>, dd 10.16.20

Figure 1: NGO Funding Mechanism



(Figure is for illustrative purposes and not a representation of the number of NGOs/CSOs the project will work with)

Governance arrangements for the LFF is included under the broader 3RF institutional architecture under which this project operates. Broad strategic direction, oversight of implementation and coordination across stakeholders and financing will be provided by the 3RF Consultative Group (CG). Under this, the LFF Steering Committee will guide and monitor disbursement of funds through the NGO-financing window and implementation of 3RF activities. The LFF trust fund management for the NGO financing window will be entrusted to the care of a trust fund manager and team that will be part of the 3RF Secretariat. The Secretariat’s Program Management Team (PMT) would be responsible for administration and regular progress and financial reporting. The PMT also be responsible for preparing a program level results framework. The PMT will also be responsible for program level work plans and budgets that will be endorsed by the 3RF Steering Committee. An Independent Oversight Body, to be established as part of the 3RF, will monitor the use of LFF funds and implementation of all interventions.

Due to the lack of local NGOs that meet the WB’s fiduciary requirements and standards to receive and manage grants, an Intermediary Implementing Agency (IIA) with World Bank required fiduciary capacity and project management expertise, was selected as “Grant Recipient”. The International Rescue Committee was selected as the IIA as part of a competitive selection process, in which 7 international NGOs submitted an expression of interest. Legal and fiduciary due diligence of the IIA was carried out by the World Bank before signing a Grant Agreement with the IRC. Accordingly, the IRC will serve as “Project Management Unit” to implement activities through grants to local NGOs, take on the role of fiduciary supervision of the subcontracted NGOs and will set out reporting standards. Partnering NGOs will have to comply with reporting standards set out by the IIA in order that the latter can report to the WB and ensuring there is a documentation trail that allows for independent audits. In addition, NGOs will be bound to the WB Environmental and Social Framework<sup>9</sup>, as applicable to their interventions.

## 5. COUNTRY CONTEXT, DEMOGRAPHIC PROFILES AND GEOGRAPHIC DISTRIBUTION

### COUNTRY CONTEXT

On August 4, 2020, a massive explosion in the Port of Beirut (POB) resulted in over 200 deaths, wounded over 6,000 and displaced 300,000 people.<sup>10</sup> Beyond the severe loss of life, due to the blast’s scale and location, the impact on public infrastructure and on economic activity was and continues to be significant. Beirut’s population density, the concentration of economic activity in the affected areas, especially commerce, real estate and tourism, and the damage to the port itself, meant that the blast was

<sup>9</sup> <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

<sup>10</sup> World Bank Group; European Union; United Nations. 2020. Beirut Rapid Damage and Needs Assessment. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/34401>

particularly damaging to prospects of economic recovery. The Rapid Damage and Needs Assessment (RDNA) estimated damages of US\$3.8–4.6 billion, economic losses of US\$2.9–3.5 billion, and a priority recovery and reconstruction need of US\$1.8–2.0 billion.<sup>11</sup>

The explosion came at a time when Lebanon faced a multitude of compounding challenges that include economic and banking crises, a severe balance-of-payments deficit, and recurring social unrest, and the onset of COVID-19, which exposed and exacerbated pre-existing vulnerabilities.<sup>12</sup> In 2019-2020, a shortage of US dollars in the market resulted in parallel exchange rates, as well as capital controls – an unprecedented situation for Lebanon’s historically free capital account. A survey administered before COVID-19 found that 220,000 jobs had been temporarily or permanently lost between October 2019 and February 2020, one-third of companies reduced their workforce by 60% on average and 12% ceased or suspended their operations.<sup>13</sup> On March 7, 2020, the Government of Lebanon (GoL) defaulted on US\$1.2 billion Eurobond debt. Much of Lebanon’s current economic and social crisis is attributable to a system of corrupt elite capture that has failed to deliver adequate services to its people. The impact of the COVID-19 pandemic further exacerbated the precarious situation in the country. The pandemic overloaded a crippled public health infrastructure, exposing decades of underinvestment for public services. As of June 21, 2021, 543,505 cases have been reported, with over 7,822 deaths due to the pandemic.<sup>14</sup> The 12-month inflation rate rose steadily in 2019-2020 and sharply from 10% in January 2020, to 46.6% in April, 89.7% in June, and in August, 120 %. Importantly, inflation is a highly regressive tax, affecting the poor and vulnerable disproportionately, as well as people on fixed income, such as pensioners.<sup>15</sup>

Compounded by the global economic shock presented by COVID-19, disruptions in international food supply chains and trade networks exacerbate Lebanon’s food security vulnerabilities. Lebanon’s remittances dropped by 20%, from 3.9 billion U.S. dollars in the first half of 2019 to 3.1 billion dollars in the first half of 2020, according to Bank Byblos’ ‘Lebanon This Week report’<sup>16</sup> Furthermore, the restrictions on movement to combat the pandemic have hindered food-related logistic services, disrupting food supply chains and jeopardizing food security for millions of people. The higher levels of export restrictions particularly leave food-importing countries vulnerable to commodity price fluctuations. The CPI (Consumer Price Index) witnessed an annual inflation of 133% between October 2019 and November 2020ii, while Food Price Index (FPI) registered an inflation of 423% – representing an all-time high since on a monthly basis in 2007.<sup>17</sup> This is particularly relevant as Lebanon imports at least 80% of its food supplies (ESCWA 2016). As a result of these crises, the real GDP growth of Lebanon contracted by 20.3% in 2020 and a further contraction of about 9.3% is projected for 2021. These severe economic crises forced over 55% of the Lebanese population below the poverty line.<sup>18</sup>

## DEMOGRAPHIC PROFILES

An estimated 150,000 women and girls affected by the blast have been displaced, relocating to temporary accommodation or shared shelters where they are at greater risk of GBV.<sup>19</sup> A survey found that 84.5% of the women affected by the blast were female-headed households (FHH) and that these households were more likely (52%) than male-headed households (48%) to have at least one member with a physical or

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<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Conducted by InfoPro: <http://www.businessnews.com.lb/cms/Story/StoryDetails/7423/220,000-jobs-lost-estimated-by-InfoPro>.

<sup>14</sup> World Meter Coronavirus <https://www.worldometers.info/coronavirus/country/lebanon/>, dd June 21, 2021

<sup>15</sup> Lebanon Economic Monitor, Fall 2020.

<sup>16</sup> Bank Byblos (February 2020) Lebanon This Week ‘Lebanon’s expats’ remittances drop by 20% in H1 of 2020 in Xinhuanet.

<sup>17</sup> World Food Program (December 2020) Lebanon, VAM Update of Food Price and Market Trends.

<sup>18</sup> <https://www.worldbank.org/en/country/lebanon/overview>

<sup>19</sup> IRC (August 2020) <https://www.rescue.org/press-release/beirut-150000-women-and-girls-displaced-following-blast>

mental disability resulting from the blast.<sup>20</sup>

Older persons are more at risk of vulnerabilities especially since disability is positively correlated with ageing and is more prevalent for those aged 65 years and above. In Lebanon, nearly 7.5 percent of the population is aged 65 and above, with an age dependency ratio of 48.4 percent in 2020, falling dramatically since the end of the 1960s to reflect the increasing size of the country's labour force, defined as those aged between 15 and 64. Nevertheless, Lebanon is among the countries in MENA experiencing a fast rate of ageing, where the percentage of people aged 65 and older is expected to double by 2030. Among persons with disabilities over 65, women consistently represent the majority in the MENA region.<sup>21</sup> This is particularly relevant considering that nearly 63.8 percent of older persons in Lebanon are estimated to have noncommunicable diseases, and that most longer-term care is provided by family members, mainly women.<sup>22</sup>

Vulnerable groups specifically supported by the project will include women and children survivors and at risk of GBV, people with mental health challenges, Persons with Disabilities and older persons. Included are also migrants and refugees working as domestic workers in Beirut. It is important to mention here that no data is available nor can be feasibly collected to measure what percentage of the still vulnerable populations of women and children are covered under the scope of the project. This is due to a number of challenges including i) determining whether the new beneficiaries are availing of the services because of the projects' interventions as opposed to simply availing of services; ii) there are no means to measure the percentage of women who are FHH not be able to differentiate from external studies data, what impact exogenous factors have in order to attribute any change to our intervention; iii) the intervention aims not only at creating additional space but also improving the quality of existing services to current and future caseloads of survivors.

## **GEOGRAPHIC DISTRIBUTION**

The targeted population will be that within the geography of Beirut and surrounding areas, however some activities due to their nature will have nation-wide reach. In particular: for the GBV component, all the shelters will be located in Beirut and Mount Lebanon. Therefore, all the activities that are included in the first component will be delivered in these two areas. However, the capacity building and the awareness campaigns components will be delivered across Lebanon.

Health services will be provided in the aforementioned shelters along with some home visits for Older Persons and those health services will be linked with Primary Health Care Centers (PHCCs). The main focus for the services will be in Beirut, however, some services will be provided through an electronic platform, which might benefit people outside of Beirut.

Since the area of intervention is limited to Beirut and Mount Lebanon, people living in these two areas will be reached through the different activities, as well as those living in surrounding areas who might be seeking services and support from organizations present in Beirut and Mount Lebanon. Staff and front-line workers providing support services to these groups will also benefit from the project through technical knowledge, training and capacity building. Members of the general population will be impacted by awareness campaigns.

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<sup>20</sup> UN Women, OCHA, ACTED, 'Emerging Gender Analysis: Gender findings from a multi-partner multi-sectoral needs assessment of the Beirut Explosion', (August 2020)

<sup>21</sup> ESCWA, 2018. [https://www.unescwa.org/sites/default/files/pubs/pdf/disability-arab-region-2018-english\\_1.pdf](https://www.unescwa.org/sites/default/files/pubs/pdf/disability-arab-region-2018-english_1.pdf)

<sup>22</sup> UN Department of Economics and Social Affairs, 2019

## 6. ASSESSMENT OF CONDITIONS AND NEEDS OF THE TARGETED POPULATION

### ASSESSMENT OF SOCIO-ECONOMIC CONDITIONS AND NEEDS

The pandemic and ensuing lockdowns have disproportionately affected the poor, refugees and other vulnerable populations disproportionately, on a global scale as well as on a national scale. In Lebanon, a wide range of vulnerable groups have been negatively impacted by the pandemic ranging from the loss of livelihoods of informal workers and micro-entrepreneurs, additional economic insecurity for refugees and migrants, to the overlook of the health needs of the elderly and the disabled.<sup>23</sup> Lockdown measures to fight the pandemic, topped by the global recession, have resulted in permanent and temporary lay-offs with particularly detrimental effects on informal workers. Syrian refugees have experienced particular economic hardship in 2020: there was a 44% increase in refugees under the Survival Minimum Expenditure Basket (SMEB), meaning that 89% now cannot meet their basic needs and are prone to a deprivation of a series of rights.<sup>24</sup> In addition, 83% of migrants surveyed in May 2020 reported that they struggled to make payments for food in the last 30 days.<sup>25</sup> Older people suffer from a lack of health and protection systems. Persons with disabilities have also been disproportionately affected by interrupted health services and social support at home, including personal assistance.<sup>26</sup>

The blast further exacerbated socioeconomic hardship, undermined trust in governmental institutions and increased existing pressures for emigration. Even before the explosion, the fallout of the economic crisis and the pandemic had led to a significant increase in poverty and a shrinking middle class. Projections estimate that poverty rates have surged from 28% in 2019 to 55.3% in 2021, bringing the total number of poor Lebanese to about 2.7 million.<sup>27</sup> These developments increase pressures for emigration. Such deprivations have further degraded the relationship between people and the state. Grievances with the political system and dissatisfaction with the state's mismanagement of the economy and its entrenched corruption resulted in nationwide protests in late 2019. Since then, intermittent social unrest highlights the needs for a new social contract between citizens and the government. In a survey conducted by the World Bank among victims of the blast, the overwhelming majority of respondent's report having "no trust at all" in political parties, the Council for Development and Reconstruction (CDR), or municipalities.<sup>28</sup>

**Access to social services and challenges to access.** In recent years, the protection context in Lebanon has drastically deteriorated. Lebanon has witnessed a series of compounded crises, placing the country on the brink. On top of the pre-existing refugee crisis, Lebanon now faces the most severe economic and financial collapse since the civil war, further compounded by COVID-19, political turmoil, and the Beirut Port Explosions. These conditions have deepened pre-existing vulnerabilities and compounded underlying issues of gender equality and discrimination in Lebanon, resulting in heightened risk of GBV and other forms of violence as well as in households and individuals being forced to adopt negative coping mechanisms.

Specifically, in Beirut and Mount Lebanon, the destruction of shelters resulted in increased risks of GBV for women and girls. Thousands of women and girls are residing in partially damaged houses, temporary

<sup>23</sup> <https://www.unicef.org/lebanon/media/5616/file>

<sup>24</sup> <https://reliefweb.int/report/lebanon/vasyr-2020-key-findings-2020-vulnerability-assessment-syrian-refugees-lebanon>

<sup>25</sup> <https://migration.iom.int/reports/lebanon%E2%80%94migrant-worker-vulnerability-baseline-assessment-report-may-july-2020>

<sup>26</sup> Lebanon: People with Disabilities Overlooked in Covid-19. Human Rights Watch

<sup>27</sup> Lebanon Economic Monitor, Spring 2021

<sup>28</sup> Ranking on a 5 point scale, where 1 = "no trust at all" and 5= "complete trust." Average score was 1.2 for political parties, 1.5 for CDR, and 1.7 for municipalities. Survey not strictly representative due to its design. Source: <http://documents1.worldbank.org/curated/en/899121600677984471/pdf/Beirut-Residents-Perspectives-on-August-4-Blast-Findings-from-a-Needs-andPerception-Survey.pdf>

relocation sites or shared shelters. Privacy and dignity may be undermined, while increased GBV risks are expected to result from inadequate and insecure living conditions. Many women and children are living in homes without windows and doors. Coupled with pre-existing GBV, increased risk of intimate partner violence, and early marriage, the protection environment for women and their children has deteriorated.

The main challenges to accessing GBV services are mainly lack of financial resources, lack of services, stigma, tension and harassment. The shelters and transitional shelters supported under the project will be providing the needed services to women and their accompanied children (shelter, life skills, PSS, case management, medical support, and education). All of the shelters will be using a survivor-centered approach that prioritizes confidentiality, dignity, safety and respect, and promote survivor healing from GBV.

Additionally, for the past years, the Child Protection sector faced many difficulties in finding safe places for children, especially adolescent boys, who were exposed to abuse and violence from within the home and/or the community and require a safer place, especially that the alternative care programs are still shy and are facing a lot of implementation challenges.

These difficulties have resulted in many children having to return to the places where they were abused, or to where they were referred to; places that are neither suitable nor qualified in dealing with children. In consultations by the IRC over the past few years with different actors in Lebanon who are working with children in need of protection under the judicial umbrella, it emerged how much these challenges limit their ability to protect them.

In addition to the above, women who reach out to the shelters to seek protection, are unable to protect their children if they are boys, due to the lack of sufficient shelters for them. Shelters are not considered the best and the permanent solution for child protection, so associations working in the field of child protection, in cooperation with the Lebanese justice system, should consider developing alternative care programs as priority. Working to establish boys' shelters with alternative care program under this project will support these children to be safe and to heal in a healthy and safe space.

The economic crisis is also extending to the health sector in Lebanon which has led to significant inaccessibility to essential and emergency health services, scarcity of medicines, and even loss of health human resources who have been leaving the country to seek better opportunities abroad, all of which have had a direct impact on residents, with the share of households having difficulties in accessing health care rising to 36 percent at the end of 2020.<sup>29</sup> Hospitals are also struggling to provide patients with urgent and necessary life-saving medical care due to the government's failure to provide private and public hospitals with the funds it owes them. The situation in the country has also negatively impacted mental health wellbeing among different population groups.<sup>30</sup>

The COVID-19 pandemic has also compounded the poverty and economic hardship many face. Although the pace of vaccination has picked up especially among Lebanese, the numbers of registered refugees planning to take the vaccination are low either due to the lack of trust in the system or to the lack of belief in its efficiency.<sup>31</sup> The National Social Security Fund and insurance companies in Lebanon have also been struggling to keep up with the crisis, increasing the pressure on those providing medical services in Lebanon.

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<sup>29</sup> Lebanon Economic Monitor, Spring 2021

<sup>30</sup> Fouad FM, Barkil-Oteo A and Diab JL (2021) Mental Health in Lebanon's Triple-Fold Crisis: The Case of Refugees and Vulnerable Groups in Times of COVID-19. *Front. Public Health* 8:589264. doi: 10.3389/fpubh.2020.589264

<sup>31</sup><https://www.worldbank.org/en/news/feature/2021/06/18/vaccinating-refugees-lessons-from-the-inclusive-lebanon-vaccine-roll-out-experience>

Several assessments conducted after the Beirut Port blast highlight the priority areas for recovery and reconstruction, as well as the main weaknesses in the social safety net system in Lebanon. Consultations carried out by the World Bank with local CSOs and NGOs in December 2020 revealed heightened vulnerabilities amongst the following three population groups affected by the blast in Beirut:

- a) survivors of Gender-Based Violence (GBV);
- b) those suffering from deteriorated psycho-social wellbeing;
- c) and the elderly and Persons with Disabilities.

## **SURVIVORS OF GBV**

Prior to the Beirut Port blast, women in Lebanon had been under a range of economic and social pressures due to the ongoing crises and have been facing different societal inequalities. Civil society organizations have highlighted both the lack of sufficient safe spaces and resources, and the dire need to scale up service provision of integrated GBV and sexual and reproductive health services to reach the most vulnerable and marginalized in Beirut and the rest of Lebanon.<sup>32</sup> Civil society organizations also reported that increasing levels of poverty were intensifying drivers of GBV, forcing women to resort to risky measures for survival that are shaped by the inequalities they regularly face, including girls working in the streets or sex industry.<sup>33</sup> In losing their livelihoods, women are among the most vulnerable for food insecurity, with many becoming increasingly reliant on negative coping strategies such as skipping meals and incurring debt.<sup>34</sup> Compounding matters, survivors of GBV experience difficulties in reporting incidents or accessing services due to the limited access to communication devices, lack of privacy, stigma, or the presence of perpetrators within the same household. Additionally, a recent survey revealed that the second most common form of GBV in the country was forced and early marriage of girls.<sup>35</sup> This risk may increase given ongoing economic pressures on many household incomes.

GBV also affects men and boys, including within the refugee and migrant communities. Some of these men and boys are at risk of being coerced into unwanted sexual acts or may be forced by circumstances to engage in survival sex. In conflict situations, men and boys are also at risk of forms of sexual violence. In a 2017 rapid assessment of male refugees from Syria in Lebanon (aged 12-24), 10.8 percent had experienced an incident of sexual harm or harassment in the previous three months, of which none had accessed support services.<sup>36</sup> Data in Beirut/Mount Lebanon indicates that in 2020, 21% of child sexual abuse survivors are boys under the age of 18<sup>37</sup>.

The COVID-19 outbreak increased the risk of GBV, particularly after the first strict lockdown that had been put in place to prevent the spread of the virus. This trend has been recorded worldwide in countries which enforced strict lockdowns.<sup>38</sup> Lebanese authorities reported a marked increase of 51% in the number of

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<sup>32</sup> United Nations Population Fund, Gender Based Violence Annual Report 2020, UNFPA, Lebanon.

<sup>33</sup> <https://aiw.lau.edu.lb/news-events/aiw-updates/the-aiw-statement-of-lebanon-tra.php> (ABAAD)

<sup>34</sup> Socio-Economic Impact Assessment Lebanon – UN (PDF)

<sup>35</sup> IRC, (August 2020), <https://www.rescue.org/press-release/beirut-150000-women-and-girls-displaced-following-blast>

<sup>36</sup> UNHCR, (Oct 2017), Sexual Violence Against Men and Boys.

<sup>37</sup> Gender-Based Violence Information Management System (Feb 2021), Annual Overview of Incidents of GBV in Relation to Lebanon’s Situation 2020, Lebanon.

<sup>38</sup> Relief Web (May 2020) Impact of COVID-19 on the GBV Situation in Lebanon, Inter-Agency GBV Task Force Lebanon - May 2020, <https://reliefweb.int/report/lebanon/impact-covid-19-GBV-situation-lebanon-inter-agency-GBV-task-force-lebanon-may-2020>

incoming calls to the GBV hotline related to domestic violence from February 2020 to October 2020.<sup>39</sup> During strict lockdowns, household tensions can spiral as families are confined to their homes; job insecurity can cause stress, anxiety, and an environment where the likelihood of intimate partner violence can be heightened. This is compounded by pre-existing inequalities, the different waves of political uprisings and the devaluation of the Lebanese pound which have triggered one of the worst socio-economic crisis since the Civil War. GBV case managers have reported an increase of survivors reaching out to their hotlines particularly due to the restrictions on face-to-face services, with physical assault and psychological/ emotional abuse as the most prominent type of incidents reported<sup>40</sup>. The pandemic and ensuing lockdowns have also restricted freedom of movements and survivors' ability to seek help or support from the survivor's social network. Care Lebanon reports that the GBV response and prevention services have slowed down since the pandemic, while access to legal protection for survivors has been delayed due to the courts closure.<sup>41</sup>

The Beirut Port blast exposed women, girls, men and boys to displacement, precarity and further vulnerability to GBV and mental health issues. An estimated 150,000 women and girls affected by the blast have been displaced, relocating to temporary accommodation or shared shelters where they are at greater risk of GBV.<sup>42</sup> A survey found that 84.5% of the women affected by the blast were female-headed households (FHH) and that these households were more likely (52%) than male-headed households (48%) to have at least one member with a physical or mental disability resulting from the blast.<sup>43</sup> Moreover, FHH were more likely than their male counterparts to report medical care and hygiene kits as their primary needs.<sup>44</sup>

Migrant domestic workers (the vast majority of them being women) and the refugee populations experience compounded vulnerabilities from heightened risks of GBV, food insecurity, and lack of safe housing in Lebanon. Findings from the International Organization for Migration (IOM) indicated the need for shelter is now more prevalent among migrant workers, with 21% of migrant workers reporting a lack of shelter as the main problem they are facing due to the explosion,<sup>45</sup> compared to only 1% prior to the explosion. In addition, it is estimated that between 51% and 54% of the Syrian refugee population in Lebanon is under the age of 18.<sup>46</sup> While many of these children face risks related to poverty, food insecurity, lack of access to healthcare, and forced labor, girls are also vulnerable to additional gendered risks including child marriage, domestic violence and intimate partner violence, sexual exploitation and assault, as well as intimidation and fear of violence within their communities.<sup>47</sup> Among Syrian refugees, the most reported forms of violence against women and girls include physical assault, domestic and sexual violence, emotional abuse, denial of resources, and forced and child marriage.

**Accessibility of services.** The GoL with support from the UN address GBV for vulnerable Lebanese and Syrian refugees under the Lebanon Crisis Response Plan 2017-2021 (LCRP), by reducing risks and

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<sup>39</sup><https://executive-bulletin.com/ngo/monitoring-a-marked-increase-in-the-number-of-violence-cases-the-national-commission-for-lebanese-women-nclw-calls-upon-mps-to-adopt-amendments-to-domestic-violence-law>

<sup>40</sup> Gender-Based Violence Information Management System, Annual Overview of Incidents of GBV in Relation to Lebanon's Situation 2020, March 4<sup>th</sup>, 2021

<sup>41</sup>[http://www.careevaluations.org/wp-content/uploads/CIL\\_RapidGenderAnalysis\\_COVID-19\\_FINAL-2007022.pdf](http://www.careevaluations.org/wp-content/uploads/CIL_RapidGenderAnalysis_COVID-19_FINAL-2007022.pdf)

<sup>42</sup> IRC (August 2020) <https://www.rescue.org/press-release/beirut-150000-women-and-girls-displaced-following-blast>

<sup>43</sup> UN Women, OCHA, ACTED, 'Emerging Gender Analysis: Gender findings from a multi-partner multi-sectoral needs assessment of the Beirut Explosion', (August 2020)

<sup>44</sup> Ibid.

<sup>45</sup> <https://migration.iom.int/reports/lebanon%E2%80%94migrant-worker-vulnerability-baseline-assessment-follow-report-september-2020>

<sup>46</sup> UNHCR (2019) 101 Facts & Figures on the Syrian Refugee Crisis", Vol II, Beirut, Lebanon.

<sup>47</sup> BMC Women's Health Continuum of sexual and gender-based violence risks among Syrian refugee women and girls in Lebanon, <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-01009-2#ref-CR9>

improving access to quality services. Specifically, the plan supports the Ministry of Social Affairs' Social Development Centres (SDC) and local organizations through technical and financial support for the development of national strategies and plans.<sup>48</sup> At the community level, it engages community members on awareness raising and community-based initiatives, while at the individual level, women, men, boys, and girls from Syria and vulnerable Lebanese are targeted. Services offered include individual counselling, referrals or direct provision of healthcare, psychosocial support and mental health services, legal services and shelter support, information and service mappings, hygiene promotion and women's rights, as well as emotional support groups.<sup>49</sup> In addition to the LCRP, the UN Strategic Framework (2017-2020) includes the reinforcing of different line ministries to implement and mainstream child protection and GBV in their related policies, primarily through its engagement with government under the LCRP.<sup>50</sup>

**Challenges to the accessibility of services.** Support to public institutions under the LCRP has continuously increased, since 2015, however, due to the multiple crises many of the positive gains made under the response are expected to be reversed.<sup>51</sup> Accordingly, by seeking to support this increasingly vulnerable group, the World Bank will build on these efforts and apply its Gender Equality Strategy<sup>52</sup> to tackle the GBV challenges faced in Lebanon by enhancing the victims', mostly women's, voice and agency and leveraging partnerships with institutions on the ground.

## PSYCHO-SOCIAL WELLBEING

The amalgam of the different crises affecting Lebanon have had a dire effect on the psycho-social wellbeing of its population, where levels of stress, worry, and pain soared to record levels in 2019, even before the shocks of the COVID-19 pandemic and the Beirut Port explosion. In 2019, Gallup data showed that Lebanese adults have experienced the most emotional blow between 2018 and 2019 worldwide. Their Negative Experience Index rose 18 points, while their Positive Experience Index score dropped 12 points.<sup>53</sup> The percentage of Lebanese who experienced sadness more than doubled, from 19% to 40%, and nearly twice as many were angry in 2019 (43%) compared to 2018 (23%). A national representative survey in Lebanon conducted prior to the Syrian conflict showed that one in six people met criteria for at least one mental disorder, with 27% of these classified as "serious".<sup>54</sup>

An exacerbating economic and political crisis, COVID-19 and the Beirut Port blast have further heightened negative feelings and experiences for many, particularly vulnerable people in Beirut. Traumatizing events, loss, separation, GBV, financial struggles or drastic changes in social and living conditions are likely to lead to people experiencing several distressing psychological reactions, which might have short or long-term impacts on people's mental health and psychosocial wellbeing. The explosion as well as its political and economic shockwaves have affected most families, their community structures, schools and workplaces, increased risks and exacerbated pre-existing vulnerabilities and inequalities, particularly around gender. The results of several surveys undertaken since the blast have shown that a significant number of respondents have experienced and continue to experience mental health issues.<sup>55</sup> Many refer to this as

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<sup>48</sup> Government of Lebanon and United Nations, Lebanon Crisis Response Plan (LCRP) 2017-2020 (updated 2021)

<sup>49</sup> Ibid

<sup>50</sup> United Nations Strategic Framework, Lebanon (2017-2020)

<sup>51</sup> Government of Lebanon and United Nations, Lebanon Crisis Response Plan (LCRP) 2017-2020 (updated 2021)

<sup>52</sup> <https://openknowledge.worldbank.org/handle/10986/23425>

<sup>53</sup> Ray, J. (Nov 2019), Gallup, Political, Economic Strife Takes Emotional Toll on Lebanese, <https://news.gallup.com/poll/325715/political-economic-strife-takes-emotional-toll-lebanese.aspx>,

<sup>54</sup> Karam, Elie G et al. (2006) Prevalence and treatment of mental disorders in Lebanon: a national epidemiological survey. *The Lancet*, 367, 1000 – 1006.

<sup>55</sup> World Bank (Aug 2020) Rapid Damage and Needs Assessment that took place in Beirut, Lebanon, between August 5 and 31, 2020.

negatively impacting on their personal well-being and their sense of social inclusion and connection to their families and communities.

**Accessibility of services:** The GoL and the UN primarily channel activities on mental health and psychosocial support to both vulnerable Lebanese and displaced Syrians through the LCRP's Protection Sector. Currently, services are targeted to 53,231 Persons with Specific Needs (among which are also included persons with disabilities and older persons), to benefit, through case management, from individual counselling and psychosocial support. This support is also made available for survivors of GBV and, through coordination with the Child Protection Sector, for children identified as vulnerable in the GoL's RACE II Strategy, which falls under the regional No Lost Generation strategy.<sup>56</sup>

### **Elderly and Persons with Disabilities**

Conditions for PWD and Older Persons (OPs) had been deteriorating since 2019 due to the compounding crises which affect PWDs and older persons disproportionately.<sup>57</sup> These pre-existing and structural vulnerabilities prior to the Beirut port blast exacerbated the vulnerabilities of Persons with Disabilities and older persons. In fact, at the end of 2019, the Ministry of Social Affairs – which had previously delivered services to Persons with Disabilities – rescinded its support services due to budgetary shortages. In turn, civil society partners providing services to Persons with Disabilities and Older Persons recorded a significant increase in their Lebanese caseload over the course of 2020.<sup>58</sup> In late May 2020, a Rapid Needs Assessment conducted by HelpAge International in Beirut identified that 68% of people aged 50 and above had at least one disability or impairment.<sup>59</sup> Elderly women who live alone are particularly vulnerable, given their greater likelihood of not having access to savings, pensions and other social protection instruments.<sup>60</sup>

The heightened needs of Persons with Disabilities and Older Persons during and after crises have been well-documented with strong evidence showing that these needs are often overlooked.<sup>61</sup> In the immediate aftermath of the blast, cash assistance and shelter support were identified as key areas for emergency support, while access to medical supplies and services were identified as top priorities for Persons with Disabilities and older persons in the medium to longer term. In a survey of a sample of residents of the Beirut port blast area from all age groups, 34% reported that their family had difficulties accessing health services and 45% reported difficulties accessing medicines.<sup>62</sup> This was a particular concern for 65% of older person-headed households who have a chronic disease that require medicine and are at a heightened risk of contracting COVID-19.

**Accessibility of services.** To support the elderly and disabled Syrian refugees and vulnerable Lebanese, the GoL and the UN LCRP strategy guided programming for 2020, specifically by the Persons with Specific

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<sup>56</sup> Government of Lebanon and United Nations, 'Lebanon Crisis Response Plan' (LCRP)

<sup>57</sup> See IASC Key Messages on Applying IASC Guidelines on Disability in the Covid-19 Response. here: <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/iasc-key-messages-applying-iasc-guidelines-disability-covid-19-response>.

<sup>58</sup> Interview with Protection partner on 11/12/2020.

<sup>59</sup> <https://www.helpage.org/newsroom/latest-news/beirut-blast-rapid-needs-assessment-highlights-long-term-healthcare-amongst-priorities-for-recovery/>

<sup>60</sup> UN Women, Salti and Mezher. Women on the verge of an economic breakdown (Lebanon)

<sup>61</sup> See for instance, Kett M et al., for International Disability and Development Consortium. Disability in conflict and emergency situations: focus on tsunami-affected areas. 2005 ([www.iddconsortium.net/joomla/index.php/conflict-and-emergencies/key-resources](http://www.iddconsortium.net/joomla/index.php/conflict-and-emergencies/key-resources), accessed 30 March 2010)

<sup>62</sup> <https://www.helpage.org/newsroom/latest-news/beirut-blast-rapid-needs-assessment-highlights-long-term-healthcare-amongst-priorities-for-recovery/>

Needs sub-committee under the Protection Sector. The sub-committee identified that in 2020, gaps in support to Persons with Disabilities were particularly at risk of emerging. Activities conducted by sector partners include: (i) upgrades to physical infrastructure for Primary Health Care Centres (PHC); (ii) development of local service mappings to increase awareness of, and access to, services; (iii) support to Mobile Medical Units (MMUs); (iv) provision of cash vouchers to subsidize transportation costs; (v) procurement and delivery of assistive devices; and (vi) improvements to at-home physiotherapy services. In addition, the Shelter sector strategy targets people with specific needs, particularly those with physical disabilities impacting on mobility which often includes the elderly. The UN's Strategic Framework also mentions UN-led support to elderly and Persons with Disabilities in the form of access to services from Social Development Centres.<sup>63</sup>

## 7. LEGAL AND ADMINISTRATIVE FRAMEWORK

### GBV survivors

The legal framework for GBV in Lebanon presents shortcomings, inadequate remedies, and a narrow definition of gender-based violence.<sup>64</sup> In December 2020, the Lebanese Parliament passed a law that further protects women and household members from domestic abuse. While the passing of the law criminalizes sexual harassment and approved amendments intended to strengthen the country's existing law on domestic violence, advocates say gaps remain both in the law and in how it is applied.<sup>65</sup> Due to the difficult economic conditions and fiscal challenges, along with the impact of the COVID-19 pandemic, the demand for GBV response and prevention services has increased but the capacity of the multiple NGOs and CSOs involved in this response has been stretched, with reduced support from the government.

### Psycho-social wellbeing

The mental health sector in Lebanon has been undergoing a major reform, initiated by the National Mental Health Programme in 2015. Progress has been made as shown by the external mid-term evaluation conducted in 2018,<sup>66</sup> for the implementation of the National Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy (2015-2020).<sup>67</sup> That being said, the COVID-19 pandemic as well as the severe economic crisis and the Beirut port blast significantly increased the toll on the mental health of the population and highlighted even more the need for scalable evidence-based mental health interventions. The inter-sectoral Mental Health and Psychosocial Support (MHPSS) action plan developed for COVID-19<sup>68</sup> and for the Beirut port blast,<sup>69</sup> combined with ongoing reform of the national Mental Health System, provide an opportunity to effectively scale-up low intensity interventions. A previous

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<sup>63</sup> United Nations Strategic Framework (UNSF) Lebanon (2017-2020)

<sup>64</sup> <https://www.icj.org/wp-content/uploads/2019/07/Lebanon-Gender-Violence-Publications.pdf>

<sup>65</sup> <https://today.lorientlejour.com/article/1249052/despite-major-steps-forward-in-domestic-violence-law-coronavirus-lockdowns-expose-the-many-shortcomings-that-remain.html>

<sup>66</sup> <https://www.moph.gov.lb/userfiles/files/Report-Mid-term%20evaluation%20of%20the%20Lebanon%20Mental%20Health%20Strategy%202015-2020.pdf>

<sup>67</sup> [https://www.moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1\\_1-English.pdf](https://www.moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1_1-English.pdf)

<sup>68</sup> [https://www.moph.gov.lb/userfiles/files/National%20Action%20Plan-MHPSS%20response%20to%20the%20COVID-19%20outbreak%20in%20Lebanon-V1\\_0.pdf](https://www.moph.gov.lb/userfiles/files/National%20Action%20Plan-MHPSS%20response%20to%20the%20COVID-19%20outbreak%20in%20Lebanon-V1_0.pdf)

<sup>69</sup> <https://www.moph.gov.lb/userfiles/files/National%20Action%20Plan%20for%20the%20MHPSS%20Response%20To%20Beirut%20Explosion%20Disaster.pdf>

collaboration between WHO and the National Mental Health Programme dating back to more than 4 years had led to the development and testing of a guided e-self-help intervention (SbS)<sup>70</sup>, that was due to transition into an implementation research phase in January 2021 for all Arabic and English-speaking persons living in Lebanon, has been delayed due to a lack of resources. As part of its 'Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health', the WHO has developed a range of relatively low cost and rapidly scalable psychological interventions for use in settings affected by adversity such as Lebanon. Additionally, the work under the No Lost Generation strategy also aligns with the national Child Protection Policy, developed by the Ministry of Education and Higher Education, in the form of its education personnel and psychosocial support counsellors. A combination of United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), United Nations Children's Emergency Fund (UNICEF) and others provide these services to both refugees from Syrian and vulnerable Lebanese, while United Nations Relief and Works Agency for Palestine Refugees (UNRWA) provides these services to Palestinian refugees.

### **Elderly and Persons with Disabilities**

In 2000, Lebanon adopted Law 220 on the Rights of Disabled Persons (Law 220/2000). The law articulates a set of rights integrating citizens with disabilities into social and economic life, through employment, transport, and housing quotas, and guarantees of health and educational services. However, many of these commitments have not been fulfilled due to inadequate access to information for Persons with Disabilities about their rights and services, and no coordinated national response from relevant ministries and civil society. The Ministry of Social Affairs in collaboration with the United Nations Economic and Social Affairs (UN-ESCWA) and United Nations Population Fund (UNFPA) is currently developing Lebanon's first national strategy for Persons with Disabilities.

## **8. ANALYSIS OF POTENTIAL SOCIAL RISKS RELATED TO THE PROJECT IMPLEMENTATION**

The overall project interventions are expected to have predominantly positive social impacts as they aim to provide support to survivors of GBV through (i) emergency shelter; (ii) case management; (iii) psychosocial support; (iv) life skills; (v) referrals for tailored services, including medical services and psychosocial and legal assistance, and (vi) provision of education for children in shelters. These interventions are designed to reduce vulnerabilities and contribute to systemic changes in supporting GBV survivors. The project will also provide enhanced support to people with psychosocial, and mental health problems including youth, persons who have lost livelihoods, people with disabilities and migrants in Lebanon. In addition, it will provide enhanced support to people with disabilities and older persons by improving access to quality healthcare for these vulnerable groups through outreach, physiotherapy services and mobile health units and rehabilitation services.

The project interventions are aimed to support all identified vulnerable groups regardless of their nationalities. However, project activities may involve the following social risks: 1) potential perception of exclusion amongst vulnerable groups thus resulting in rising social tensions; 2) exclusion of some intended beneficiaries due to limited resources, weak coordination, outreach or communication plans; 3) barriers to accessing the project's grievance mechanism in order to address concerns in a timely manner, resulting in potential reputational risk to the project. Additional risks include safeguarding risks, including of Sexual

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<sup>70</sup> <https://pubmed.ncbi.nlm.nih.gov/30225240/>

## EXISTING SOCIAL TENSIONS AND DISCRIMINATION AGAINST TARGETED VULNERABLE GROUPS

The deterioration of Lebanon's economic situation in light of the shortage in fuel and electricity power cuts and the lift of subsidies on basic and essential goods combined with the political crisis are leading to paralysis in most government and other sector functions. The existing scarcity of goods, unemployment and deteriorating public services have contributed to heightened discontent, which together with perceptions of aid bias towards specific groups has led to inter- and intra-communal tension, particularly among refugees and Lebanese host communities.<sup>71</sup>

However, a Protection Monitoring Report published by IRC in April 2021<sup>72</sup>, that aimed to discuss the impacts of the Beirut Port explosion 7 months on, revealed that when comparing self-reported 'assistance required' versus 'assistance received', Syrians were less likely to report receiving the assistance required compared to Lebanese community members. This may be indicative of discriminatory practices in aid distribution; however, it should be cautioned that the sample size of Syrians reached in the protection monitoring study was small (46 respondents only compared to 212 Lebanese respondents). For example, while 85% of Syrians reported that they *required* cash assistance, only 72% reported receiving cash assistance. Similarly, while 67% of Syrians reported requiring food assistance, only 61% reported receiving food assistance. For all types of assistance, Syrian refugees reported receiving less than they required, in stark contrast to Lebanese respondents. For example, while 85% of Syrians reported that they required cash assistance, only 72% reported receiving it, compared to 82% of Lebanese counterparts reporting both requiring and having received cash assistance. Similarly, while 67% of Syrians reported requiring food assistance, only 61% reported receiving food assistance, while despite only 46% of Lebanese reporting requiring food assistance, 68% received it.

Noting the limitation of the small sample size, this finding correlates with anecdotal reports (also shared during Protection Working Group meetings) that Syrian refugees were often excluded from distributions. Several Syrian respondents stated that "priority was given to the host community" or reported that there was "favoritism" in assistance delivery, whereby people who did not suffer any property damage had nonetheless received assistance. It is important to note that the immediate humanitarian response was not limited to humanitarian agencies but conducted by a wide range of actors. Frontline responders included political organizations, religious groups, grass-roots community initiatives and individual charitable support, as such these various initiatives may have had varying levels of adherence to humanitarian principles of impartiality, neutrality, and independence.

A Situation Update from the Inter-Agency Lebanon Crisis Response Plan<sup>73</sup> conducted between January and May 2021, also showed discriminatory practices as well as social tensions within vulnerable groups. Discriminatory practices were revealed targeting refugees in accessing shops including increasing food prices for beneficiaries, access restrictions on non-Lebanese, preventing non-Lebanese to enter shops before a certain time, and a requirement for proof of legal residency. Tensions-related incidents in shops or at fuel stations with customers fighting over goods were also witnessed during March and April 2021. The Situation Update also highlights Online tensions and antagonistic sentiments were published on social media by Lebanese accusing Syrian refugees of benefiting and stocking subsidized goods, which could

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<sup>71</sup> World Food Programme Multipurpose Cash Assistance In Lebanon: Social Cohesion And Stability Between Syrian Refugees And Host Communities. ODI for CAMEALEON A qualitative study June 2020

<sup>72</sup> International Rescue Committee – Beirut Port Explosions – Seven Months On (April 2021)

<sup>73</sup> Inter-Agency Lebanon Crisis Response Plan (LCRP) Situation Update – Operational Environment in Lebanon (January – May 2021)

potentially lead to decreased protection space in the medium-term. While the reported percentage of negative community relations between Lebanese and Syrians dropped from a high of 43.4% in the middle of 2020, to 24.5% in January 2021, this figure had risen again by May 2021 to 29.7%.

Economic and labour tensions significantly increased in February 2021 as reported in the Situation Update. Most of these incidents were demonstrations and riots against the extension of lockdown measures. Access to jobs and income remains the primary driver of tensions. Recent tensions monitoring from May 2021 found that 52% of Lebanese and Syrian respondents cited job competition and 25% cited access to services and utilities as the primary reasons for inter-communal tensions. With the unemployment rate soaring to 40% and more than 60% of the country’s youth unemployed, tensions are expected to increase. Disputes between business owners/employers and employees related to labour, involving demands for salaries and benefits, are becoming more common.

On the other hand, the Situation Update report also revealed that nationwide, eviction threats and evictions (individual and collective) remain a critical concern for refugees and migrants, mainly due to the inability to pay rent but increasingly due to tensions with landlords and/or host communities. Field reports indicate that tensions over rent remain high, and some 10,501 individuals remain at risk of collective eviction, as well as tensions over relocation of evicted individuals to a new location (i.e. the difficulty for refugees to find another shelter easily, or not being accepted by members of the new community).

The deteriorating situation is also leading to increased inability for vulnerable population to pay rent, causing tensions with landlords, coupled with increased concerns that landlords may begin requesting rental fees in US dollars which coincides with increased eviction threats as landlords begin to invest in their land instead of hosting informal settlements. However, as highlighted in the Situation Update, while a few Lebanese have engaged in acts of violence against Syrians, many more have demonstrated remarkable solidarity with the refugee community. As of March 2021, 15% of refugee households reported that they were aware that Lebanese neighbours supported refugee families during this time. However, this represents a decrease from 20% in February 2021. The most frequently reported types of support provided are: 46% agreeing to reduce rental fees or postpone payment, 36% helping to buy or share food, 25% allowing to buy on credit, 24% providing financial support and 23% providing psychological support.

## **SOCIAL RISKS IDENTIFIED AND MITIGATION MEASURES**

Potential social risks related to the project implementation, and their proposed mitigation methods, are listed below:

*Table 1: Identified risks and mitigation measures*

<b>Social Risk</b>	<b>Mitigation Measures</b>	<b>Implementation timeline</b>
Due to the potentially large number of NGOs and CSOs that will participate in the project, there is the possibility of coordination risks emerging between NGOs working on similar initiatives and in similar localities, particularly if the funding is non-LFF. This might be confusing for beneficiaries and residents alike	The IRC is an active participant in the coordination of social services where NGOs share their initiatives and minimize risks of overlaps. On an ongoing basis, the IRC will ensure that work is synchronized across the sectors and will communicate regularly with actors working in the sector throughout the program to ensure a	From the moment local NGO partners are selected to deliver services in the first two months of the project, throughout the project implementation

<p>leading to low uptake, reduced trust and beneficiaries delaying their access to services, with knock on effects on their levels of vulnerability.</p>	<p>coherent, coordinated service for targeted groups to access.</p>	
<p>The risk that Lebanese and non-Lebanese vulnerable groups that were affected by the crises have the perception of being excluded from the social services provided.</p>	<p>A robust and widely disseminated grievance mechanism will be put in place as well as a transparent and widespread communication of the criteria for service provision; regular and inclusive stakeholder consultations will be conducted as per the Stakeholder Engagement Plan (SEP) to ensure active participation and feedback from all stakeholders that can inform successful implementation of the project and ensure transparency throughout the project life-cycle.</p>	<p>IRC currently operates a robust grievance mechanism in place. This mechanism is active and described in the Stakeholder Engagement Plan (SEP), and will be further adapted to the specificities of this project in collaboration with local NGO implementing partners. This will take place once partners are selected, which will take place in the first two months of project implementation.</p>
<p>Perceptions of inadequate prioritization or delays in addressing stakeholders' needs may lead to alienation on the part of targeted population.</p>	<p>To mitigate this risk, an accessible and responsive beneficiary feedback/grievance redress mechanism (GRM) will be developed, which will include uptake channels for anonymous complaints. In addition to this mechanism, the IRC continuously seeks feedback from beneficiaries through local partners and stakeholders throughout implementation of activities, and has a process in place to review and adapt interventions (in consultation with the donor) based on emerging learning and needs through regular Project Cycle Meetings and as per the SEP.</p>	<p>As above.</p>
<p>Risk of SEA/SH towards targeted population</p>	<p>The IRC operates a comprehensive reporting, handling, and investigations mechanism to ensure a survivor-centred approach to safeguarding</p>	<p>The IRC's approach to GBV and SEA risks is in place through IRC's existing policies</p>

	<p>misconduct, including SEA and SH. IRC’s Guidelines for a Survivor-Centered Approach to Reporting Safeguarding Misconduct, which is part of IRC’s Beneficiary Safeguarding Policy which guides this process. The process is overseen by IRC’s Ethics and Compliance Unit (ECU), which counts with one of the largest teams of investigators in the NGO sector. In addition, the IRC will prepare a Gender-based Violence (GBV) Action Plan to assess and manage the risks of GBV and SEA throughout the project.</p>	<p>and will remain in place throughout project implementation. The GBV Action Plan will be prepared within 60 days after project effectiveness as per the provisions of the Environmental and Social Commitment Plan (ESCP). Once approved, the GBV Action Plan is implemented throughout Project implementation</p>
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**9. RECOMMENDATIONS: HOW THE SOCIO-ECONOMIC ASSESSMENT FINDINGS CAN INFORM PROJECT DESIGN AND IMPLEMENTATION.**

The following reflections and lessons can be drawn from the socio-economic assessment, which will inform the continuous improvement and implementation of the project:

1. **Evidence from settings affected by conflict and crises has repeatedly shown the importance of adopting a people-centered approach to recovery and reconstruction.** As highlighted in the WB’s FCV Strategy for 2020-2025, exclusion, inequalities and perceptions of injustice can drive fragility, further exacerbate tensions between different societal groups, and threaten the legitimacy of existing power dynamics. Accordingly, providing social assistance to the vulnerable groups identified under the scope of this project allows the WB and its partners to engage with and support citizens, civil-society, and community-based organizations more systematically through a targeted approach. Inclusive and equal access to the services described under the scope of this project will be prioritized, and the partners on the ground carefully vetted, particularly to avoid creating perceptions of elite capture or corruption and prevent the escalation of population grievances<sup>74</sup>.
2. This socio-economic assessment highlights the significant social impact of the Beirut Port explosion, and the pressing need to provide support for the most vulnerable populations, especially for women, persons with disabilities, the elderly and migrant workers. **The assessment showed that these vulnerable groups have been left more vulnerable by the crisis, including as a result of trauma and the lack of shelter, caregivers and access to rehabilitation and emergency services.** Accordingly, this project is in line with the immediate-term priorities identified by the RDNA, mainly the strengthening of the provision of social services, improving the capacity of social workers, investing in psychosocial support and referrals to specialized mental health services. This support will also be provided through

<sup>74</sup> FCV Strategy 2020-2025, World Bank, 2020.

a systematic and inclusive approach focused on fostering collaboration and partnership with a broad range of stakeholders such as CSOs, humanitarian organizations and local NGOs<sup>75</sup>.

3. **Considering the emergency and social recovery nature of the project, the team will ensure that all measures are implemented in a transparent and time bound manner, particularly considering the high socioeconomic risks.** In order to avoid aggravating the population's grievances and provide emergency services, it is critical to avoid time-consistency problems and capture by specific interests by communicating in a clear and transparent manner the rationale for supporting specific NGOs and CSOs, and the duration of interventions, with clear and credible end dates and measures to ensure sustainability. This strategy is outlined in the Stakeholder Engagement Plan.
4. As learned from experience from the IRC's co-leading the National Case Management Task Force in Lebanon, the resilience of beneficiaries and ability to address the multiple socio-economic challenges that they face (as outlined in this assessment) is built through empowerment and prevention activities. To achieve sustainability of GBV response, it is essential to foster local capacity not only to respond, but also to prevent violations. In addition, recent experience has shown that Lebanon's unstable political-economy has immediate knock-on effects on socio-economic conditions, and these changing circumstances require innovative thinking and adaptations of existing approaches to specific contextual needs. The IRC is currently already engaged with local organizations to build the capacity of these organizations in terms of GBV case management through its yearly GBV coaching program that is supported by UNHCR. Also, the IRC is conducting several other trainings on GBV Core Concepts, Identification, and Safe Referrals as well as Outreach Strategy, Community engagement, focused PSS activities, and Child Marriage.
5. **Mental health issues and disabilities, especially for older persons, are pressing issues in fragile environments,** particularly after repeated and overlapping rounds of crises such as those that Lebanon has experienced with the financial crisis, COVID-19 pandemic and Beirut Port Explosion. In order to address these issues, this project builds on the approach developed and tested by the WHO and the NMHP in Lebanon and seeks to scale up its implementation on the ground. Additionally, the project will also rely on the practical experience of its implementing partners, including the IRC and local partners in Beirut, in providing support to the disabled and the elderly, as well as psycho-social assistance, to citizens and denizens of Lebanon.

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<sup>75</sup> Beirut Rapid Damage and Needs Assessment, World Bank, 2020