IN FOCUS

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WOMEN'S NEEDS AND GENDER EQUALITY IN LEBANON'S COVID-19 RESPONSE

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Women's and girls' immediate and long-term needs must be addressed and integrated into Lebanon's response, in order to both ensure women's access to services and human rights, and to enable women to equally continue to contribute to shaping the response. Based on lessons learned from other epidemics, namely Ebola and Zika virus, this paper outlines gender issues related to the COVID-19 outbreak and response in Lebanon. Recommendations are proposed for immediate and longer-term action.

Global COVID-19 Response

On March 11, 2020, the WHO declared the corona virus (COVID-19) a global pandemic. Originating in Wuhan province of central China in late 2019, the corona virus has since spread to 166 countries to date. With the first case detected in Lebanon on February 19th, COVID-19 poses significant risks for the country. COVID-19 reaches Lebanon at a time of historic and devastating economic crisis, rising unemployment, the application of informal capital controls which have stemmed imports (including critical health imports) and a weak social protection system. The potential short and longer-term consequences of this for Lebanon are exacerbated by issues of urban overcrowding, both within formal and informal refugee camps and settlements, and across the country more broadly. All pandemics magnify existing inequalities; class, ability, age and gender. Purely as a physical illness, the data so far suggests that COVID-19 appears to affect women less severely the men. However the secondary effects of the pandemic, on domestic violence, employment and unpaid work, risk disproportionately impacting women and girls, and rolling back hard won gender gains.

As the Government of Lebanon and partners work to prevent and respond to COVID-19, immediate health needs are the urgent priority for all – Lebanese citizens, refugees and migrants, including domestic workers. In delivering these, women – as health care workers, social workers, domestic workers and at home carers – are the bulk of the front-line responders. At the same time, work to mitigate the longer term economic and social impact of the crisis must also begin now.[1]

Lebanon's social, legal, and political foundations are built upon a system and structure of patriarchy in which women are seen as secondary to men, and as responsible for the unpaid work in the domestic sphere – cooking, cleaning, caring for the sick, elderly, and children. With health systems overloaded and children at home due to school closures, women across

1 World Bank, "The Socio-Economic Impacts of Ebola in Sierra Leone," 2015, https://www.worldbank.org/en/topic/poverty/publication/socio-economic-impacts-ebola-sierra-leone.

the country, are picking up the burden, from home schooling, to caring for family members, to ensuring high levels of cleanliness.

UN Women data from 2017 finds that just over 50 percent of men in Lebanon say that they have ever participated in domestic work, compared to close to 90 percent of women, and only 33 percent of women state that they recall their fathers or another men ever having participated in at least one domestic task.[2] The same study generated some of the only prevalence data on domestic violence against women in Lebanon to date, finding that 1 out 3 women in Lebanon reported ever experiencing gender-based violence.[3] These markers of discrimination are mimicked in within the labour market and economy, and across society. Standing at 145 out of a total of 153 countries according to the Global Gender Gap Report 2020, Lebanon has one of the highest overall gender gaps[4] in the world, and amongst the lowest rates of women's political participation (149 out of 153 countries) and labour market participation (139 out of 153 countries).[5]

Key Gender Issues Related to the COVID-19 Outbreak in Lebanon

Based on lessons learned from other epidemics, namely Ebola and the Zika virus, the below outlines key gender issues for COVID-19 responders in Lebanon.

1. Increased vulnerability to Gender-Based Violence (GBV)

COVID-19 self-isolation measures likely to increase domestic violence rates: COVID-19 self-isolation measures are likely to increase domestic violence rates: Anecdotal evidence from the COVID-19 pandemic has already highlighted the increased vulnerability of women and girls to domestic violence, as reported in China.[6] Quarantine and isolation policies, critical to flatten the exponential growth curve of the pandemic, will exacerbate the conditions for those who already experience, or are vulnerable to, domestic violence, as victims and survivors may be in isolation with their abusers. Isolation paired with increased economic downturn are also likely to exacerbate individual and household stress, and in turn increase domestic violence and child protection issues. Similar trends may be observed for sexual and gender minorities who are at risk of domestic violence.[7]

> Beijing + 25 Global Data Analysis:
> **Violence against women and girls**
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> Globally, 17.8 percent of women experienced violence at the hands of an intimate partner in the previous 12 months. Reporting rates are low: in most countries with available data, less than 40 percent of the women who experience violence seek help of any sort.
>
> Women's Rights in Review: 25 Years After Beijing (UN Women, 2020)

Gender-based violence and exploitation and abuse in public spaces is likely to increase: Outside of the home, gender-based violence and sexual exploitation are also likely to increase alongside increased social vulnerability and poverty.

2 UN Women and Promundo, "Understanding Masculinities: Results from the INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES) – MIDDLE EAST AND NORTH AFRICA Egypt, Lebanon, Morocco, and Palestine," 2017,https://imagesmena.org/wp-content/uploads/sites/5/2017/05/IMAGES-MENA-Executive-Summary-EN-16May2017-web.pdf.

3 Ibid.

4 The gender gap is the difference between women and men as reflected in social, political, intellectual, cultural, or economic attainments or attitudes.

5 World Economic Forum, "Global Gender Gap Report 2020," 2019, http://www3.weforum.org/docs/WEF_GGGR_2020.pdf.

6 Zhan Wanqing, "Domestic Violence Cases Surge During COVID-19 Epidemic," Sixth Tone, March 2020,http://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic.

7 Barkawi, Ben,"Coronavirus lockdown exposes LGBT+ people to family abuse in Middle East," Openly, March 18 2020, https://www.openlynews.com/i/?id=0880b357-da90-43a4-8ac7-36009a699482,

Contexts of high vulnerability and need have the potential to exacerbate risks of sexual exploitation and abuse. Those with access to key goods and services, or perceived access, are in positions of power to leverage access, and manipulate and exploit vulnerable populations.

In addition, women may face increased fear and violence as they travel through urban or rural public spaces where streets and transport are much more deserted, given the need for self-isolation and social distancing during the COVID-19 outbreak. This may disproportionally affect female domestic migrant workers, who are the make up the bulk of Lebanon's cleaning labor force, and are continuing necessary movement.

Life-saving violence prevention and response services are likely to be disrupted: The Ebola pandemic demonstrated that multiple forms of GBV are exacerbated within crisis contexts, placing women and girls at greater risk of exploitation and sexual violence.[8] Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with addressing COVID-19. Even where basic essential services are maintained, a collapse in a coordinated response between different sectors, i.e., health, police and justice and social services response, due to social distancing measures will mean that sectors will be challenged to provide meaningful and relevant support to women and girls who are experiencing violence.

As government and non-government actors struggle to respond to the size and scope of the COVID-19 pandemic, overstretched health services will invariably divert resources away from essential services that women need, including pre- and post-natal health care and contraceptives, and exacerbate an existing lack of access to sexual and reproductive health services, and gender based violence prevention and response services.

2. Unemployment, economic and livelihood impacts for the poorest women and girls

COVID-19 is likely to have a long-term impact on women's labour force participation in Lebanon: The impact of COVID-19 across the global economy will be profound, and will have a disproportionate impact on women's employment rates and income generation, given the gendered pay gap and women's relative marginalization from the labour market (both formal and informal). In the Arab region, ESCWA is estimating a $42 billion dollar decline in GDP as a result of COVID-19, and the loss of 1.7 million jobs in 2020.[9] As women are encouraged to take leave from the paid workforce to take on greater unpaid care work within the home, their jobs are likely to be disproportionately affected by cuts and lay-offs, as seen throughout and after the Ebola crisis.[10] Such impacts risk further rolling back the already fragile status of women's labor force participation, while limiting women's ability to support themselves and their families. This will have particularly severe consequences currently standing at 29% in Lebanon[11], on female headed households.

8 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, GBV in Emergencies: Emergency Responses to Public Health Outbreaks, September 2018, p. 2.

9 UNESCWA, "At least 1.7 million jobs will be lost in the Arab region due to the coronavirus pandemic," March 18, 2020, https://www.unescwa.org/news/least-17-million-jobs-will-be-lost-arab-region-due-coronavirus-pandemic.

10 World Bank, 2015. The Socio-Economic Impacts of Ebola in Sierra Leone. https://www.worldbank.org/en/topic/poverty/publication/socio-economic-impacts-ebola-sierra-leone

11 CAS, Labour Force and Household Living Conditions Survey 2018-2019 Lebanon, Beirut, 2020 http://www.cas.gov.lb/images/pdfs/sif/cas_labour_market_in_lebanon_sif1.pdf

Beijing + 25 Global Data Analysis:
Women's Economic and Productive Lives

The gender gap in labour force participation among prime working-age adults (2554) has stagnated over the past 20 years, standing at 31 percentage points globally. Of those women who are employed, 58 per cent (740 million) are in the informal economy. Women aged 25-34 globally are 25 per cent more likely than men to live in extreme poverty.

Women's Rights In Review: 25 Years After Beijing
(UN Women, 2020)

Health care and social workers are disproportionately vulnerable to COVID-19 transmission: Globally, women make up 70 percent of front-line health care and social workers.[12] In Lebanon women make up 80 percent of the countries registered nurses.[13] In February, Lebanon's syndicate of hospitals estimated that around 50% of its nursing staff was working with reduced salaries, and nurses reported working longer hours.[14] It is now against this context that they are amongst the most vulnerable to catching and transmitting COVID-19.

3. Women and girls' unequal burden of unpaid care

Women and girls' unpaid domestic and care labor has, and will continue to, increase: UN Women's research from the Middle East and North Africa finds that two-thirds to more than three-quarters of men support the notion that a woman's most important role is to care for the household and just one-tenth to one-third of men reported having recently carried out domestic work, such as preparing food, cleaning, or caring for children, the sick and the elderly.[15] Lebanon's overburdened healthcare system is increasing dependencies on women and girls to shoulder care responsibilities caring for ill family members, the elderly and children. Girls home from school are also more likely than boys to be asked to contribute to domestic care, thereby missing out on home-based learning. This has the potential to increase stress, affect mental well-being, and potentially increase women's risk of transmission to COVID (when they care for the sick).

Beijing + 25 Global Data Analysis:
Unpaid Care and Domestic Work

Unpaid care and domestic work remain stubbornly feminized the world over. Women on average do three times as much unpaid care and domestic work as men, with long-term consequences for their ability to earn an income and build up assets for their later life.

Women's Rights in Review: 25 Years After Beijing (UN Women, 2020)

12 WHO,"Gender equity in the health workforce: Analysis of 104 Countries," 2019.
13 "Why Men Should be Nurses," Nurse.org, August 30, 2016, https://nurse.org/articles/Male-Nurses-And-The-Profession/.
14 Inter-Agency Situational Update on the Current Operational Environment in Lebanon, February 2020.
15 UN Women and Promundo, "Understanding Masculinities: Results from the INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES) – MIDDLE EAST AND NORTH AFRICA Egypt, Lebanon, Morocco, and Palestine," 2017,https://imagesmena.org/wp-content/uploads/sites/5/2017/05/IMAGES-MENA-Executive-Summary-EN-16May2017-web.pdf.

Female domestic workers are particularly vulnerable to COVID-19 transmission: Women represent approximately 73 percent of all migrant domestic workers worldwide, many of whom are supporting the care for children and the sick inside homes under working conditions that are characterized by insecurity and violence, with little or no access to social protection or the health services. The vast majority of the estimated 250,000 migrant domestic workers in Lebanon are women. These women are contracted under the kafala system, which increases their risk of suffering labour exploitation, forced labour and trafficking and leaves them with little prospect of obtaining redress.[16]

4. Low access to life-saving health information, especially by women and girls most left behind

The most marginalized women and girls may be excluded from critical, life-saving measures: Of particular concern within the COVID-19 pandemic are at-risk populations in vulnerable settings such as refugee camps, internally displaced, women with disabilities, peri-urban and urban settlements, prisons and immigration detention centers and fragile locations which are already underserved by social services, and where information and strategies such as testing, handwashing, self-isolation and quarantine will be particularly difficult - due to lack of space, resources and services. There is a critical need for targeted approaches to reach all social groups with COVID-19 prevention information and health services, considering gender identity, age, disability, education, sexual orientation, migration status, and HIV status.

5. Women's equal access to decisions making

Affected communities will need to be holistically engaged in the COVID-19 response as it continues: The Gender and COVID-19 academic working group has recommended that better inclusion of women frontline workers in all decision-making and policy spaces can improve health security surveillance, detection, and prevention mechanisms. This was likewise acknowledged and agreed by the IASC Gender Policy, which states that the knowledge, capacities and agency of women and girls, alongside those of men and boys, must be recognized and strengthened in all humanitarian action, with equitable participation in planning and programming. This includes engaging women's groups and networks at the outset of a crisis to ensure they are able to adequately inform and engage within the decisions that impact their lives.

Photo © UN Women.

16 Amnesty International, "End Kafala: Justice for Migrant Domestic Workers in Lebanon," https://www.amnesty.org/en/latest/campaigns/2019/04/lebanon-migrant-domestic-workers-their-house-is-our-prison/.

Key questions for COVID-19 stakeholders in Lebanon

The following is based on UN Women's COVID-19 check-list, issued on March 20th.[17]

1. How do we ensure women's have access to essential GBV response services – such as health centres, hotlines and shelters under the current context – where social distancing and isolation limit access? Much of this work will need to be moved online in the short term. Are PSEA services being maintained and expanded?
2. How are we targeting our economic responses? Men's incomes are higher than women's in general and in Lebanon women there are significant inequalities in terms of access to security like health insurance, unemployment benefits and other social protection. Do all national social protection packages also target working poor and unemployed women?
3. Men are overrepresented in political decision-making. Have we considered how women's voices and interests are reflected in the decision-making processes and outcomes we are leading? Have employers and trade unions representing female-dominated labor market sectors had a say? Are women's organizations, women shelters or NGOs consulted?
4. Women are poorer than men and have less economic power. When we are thinking about cash transfers, will these target individuals rather than households in order to mitigate women's economic dependence on men? Are 'cash for care' programmes possible – where women providing unpaid care are compensated for their time?
5. Are we preparing targeted interventions for single parents, the majority of whom are women, when economies slow down or even come to a halt?
6. We know that elderly women and men are at high health risk right now. Women are the majority of the elderly around the world, especially the over 80s. Yet, they tend to have lower pensions, if any, and less possibility to buy care or other services. Do we know whether they are left alone or have support?
7. When elderly-care exists, it's often women who provide it. This may be through paid work or simply through their support to their family members. What are we doing to ensure that they have protection against transmission? Are we able to provide 'cash for care' to ensure they are being paid for their work?
8. Schools are closed. Those with the resources may be moving to online or remote teaching. Are we doing enough to ensure that girls are not finding themselves caring for younger siblings or grandparents while boys continue to study?
9. Are we ensuring that maternal-care continues under safe circumstances for staff and mothers? The burdens on health systems are straining them to breaking point. How are we protecting women's health, including the health of mothers?

17 Checklist for COVID-19 response by UN Women Deputy Executive Director Åsa Regnér, UN Women, 2020,https://www.unwomen.org/en/news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner.