EMERGING GENDER ANALYSIS:
GENDER FINDINGS FROM THE MULTI-PARTNER MULTI-SECTORAL NEEDS ASSESSMENT (MSNA) OF THE BEIRUT EXPLOSION

August 22, 2020
On Wednesday 4th August 2020, at 6:08pm, two explosions occurred at the Port of Beirut causing widespread casualties and material damage. With over 180 dead, over 6000 injured and up to 300,000 displaced, the explosions have had a devastating impact on Beirut and will furthermore have broad, long-term negative impact on the country due to the destruction of the port and its effect on deepening Lebanon’s economic crisis.1

As Lebanon works to address the immediate needs caused by the explosions and to begin its recovery within the context of a deep economic crisis compounded by the COVID-19 epidemic, it is critical that these recovery efforts are inclusive and seek to leave no one behind, including the needs of women, girls, and LGBTIQ+ persons.

To date there has been little gender analysis from the impact of the explosion. An initial assessment undertaken by ACTED states that women, the elderly and people with specific needs (chronically ill, persons with disability, elderly headed households) are identified as the most in need of protection assistance across impacted locations.2 UN Women is working with humanitarian partners across Lebanon to advocate for and ensure that all assessments being undertaken generate gender and age disaggregated data, and that this analysis informs interventions, targeting, and recovery planning.

Below are early gender equality related findings from a first wave of the Joint Multi-Sectoral Needs Assessment (MSNA), led by LRC, collected by humanitarian partners: LRC, ACTED, NRC, MEDAIR, Save the Children, Intersos, and Solidarites. This initial sample of 4,194 interviews3 is from the explosion affected areas, specifically: Ashrafieh, Rmeil, Mdaouar, Bachoura, Saifi, Karantina, Beirut Central district, the Port, and Mina Alhosn. This is one of the first significant datasets that includes the gender of the head of household as a variable, meaning that some preliminary gender analysis can be conducted on the impact of the explosion.4 The findings summarized here provide some initial understanding of the differential impact on women, men, boys, and girls, but should not be utilized as representative statistics on gender and the explosion.

1. GENDER AND HOUSEHOLD: Almost 50% of households self-identified as female headed households, and over half of the survey respondents were women.5

- From this initial set of data, those within the explosion range self-identified as female headed households (FHH) and male headed households (MHH) was relatively evenly split (49.3% FHH to 50.7% MHH). Among the female respondents, 84.5% are the head of household, 9.1% are the wife of the head of household; 6% are daughters of the head of household.
  - This percentage of female headed households is well above the national average (18% for Syrian refugee households6; there are no accurate figures for the Lebanese population to date). It is unclear at this moment why such a larger percentage of households are reporting as female headed within the explosion site.
  - There is a smaller proportion of self-identified FHHs (27%) among the 345 assessed Syrian households.
- FHH were more likely than MHH to report that at least one member of their household has a physical and/or mental disability (58% vs 42%).

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1 World Bank, August 2020.
3 Each interview represents a household.
4 This assessment includes data on the gender of the head of household, but not on the gender breakdown of the household members.
5 Of the 4194 households assessed, 480 interviews were conducted with respondents who did not identify as the head of household; these were the daughter, son, wife, husband of the head of household or another relation. In these cases, the gender of the head of household was not assessed. Therefore, the figures in this report are based on a sub-set of 3714 households, where the gender of the head of household is known.
• FHH were more likely than MHH’s to report medical care and hygiene kits as their primary needs. Otherwise, there was no major gender difference in the priority needs reported by men and women however respondents were not asked questions regarding protection related needs.

• There were no identifiable differences between MHH and FHH in terms of household members with chronic illnesses, COVID-19 symptoms, need for first aid support, and access to healthcare and medication since the incident.

• There is also no gender difference in the ownership status of the household based on gender (ie, a FHH and MHH were equally like to be rented, owned, or hosted).

• While the inclusion of the gender of the head of household is a positive indication that women’s perspectives, needs, and concerns are being captured and considered through the assessment, gender responsiveness can be strengthened in future assessments by including indicators such as a gender breakdown of the households, the needs of specific individuals in the household, and specific indicators on safety and protection. The MSNA did not capture any disaggregated data on gender and sexual minorities, forgoing the opportunity to understanding the specific impact on households with LGBTIQ+ individuals.
2. **AGE:** Older women living alone make up a sizable percentage of those who remain in the radius of the explosion site, and of those immediately affected by the explosion.

- 13% of the overall sample were women who reported living alone, of which almost three quarters were over the age of 60.
- While more information is needed as to the needs of this group, elderly women are over represented amongst those living in poverty in Lebanon, as they are less likely to have worked throughout their lives, and therefore less likely to have savings, access to pensions and other social protection instruments.
- Given elderly women’s pre-existing economic vulnerabilities and higher potential risks of violence and exploitation for living in damaged houses alone, this marginalized group must be a priority in the current explosion response.

3. **Pregnant and lactating women are among the affected population and are requesting access to maternal and child health care.**

- The assessment identified 178 pregnant or lactating women, living in 171 households (approximately 3% of the overall household sample). Of those households with pregnant or lactating women, at least 45% said they needed access to women and child healthcare, including gynecological support, breastfeeding support, or vaccinations.

As this MSNA and other assessments continue, UN Women will be working with humanitarian partners to issue gender analysis on a regular basis and ensure it is feeding into response and recovery programming in Beirut and beyond.

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7 Forthcoming Report, UN Women, Salti and Mezher. Women on the verge of an economic breakdown (Lebanon).
9 This is a conservative estimate based on incomplete data. Of the 171 households that included pregnant or lactating women, only 133 responded to the question “Do any pregnant or lactating members need access to women and child healthcare?”. It is unclear why the remaining responses were blank. Therefore, the percent of women with this need is likely higher.