WOMEN'S HUMANITARIAN VOICES: Covid-19 through a feminist lens in LEBANON
The Feminist Humanitarian Network is a member-based network of grassroots, local and national WROs, regional networks, international NGOs, and individuals working to strengthen the agency and amplify the voices of women in emergencies, and to transform the humanitarian system into one that is guided by feminist principles. It further facilitates space for its members to share experiences in humanitarian settings and develop collective solutions to overcome patriarchal practises and barriers.

Two FHN members, the Palestinian Women’s Humanitarian Organisation (PWHO) and the Lebanon Family Planning Association for Development and Family Empowerment (LFPDAE), led research in Lebanon to better understand the challenges women’s rights organisations (WROs) and other local organisations working to advance women’s rights face in responding to the Covid-19 pandemic, and the feminist solutions and community-based responses that they adopted.

Key findings

Staff from WROs and organisations representing marginalised groups have responded to the pandemic by:

- adapting their existing programmes and moving activities and training online, supplying digital devices and delivering support and assistance through video calls and hotlines;

- responding directly to the Covid-19 crisis through awareness raising activities, provision of cleaning materials and personal protective equipment (PPE) and prioritisation of health, medical and psychosocial services for the most vulnerable.

The research finds that despite their critical response to the pandemic, WROs and local organisations have not been involved in strategic level decision-making. The coordination of WROs and local organisations at the implementation level decision-making. The coordination of WROs and local organisations has been limited, hindering their ability to effectively respond to the pandemic.

Key Recommendations

1. The Lebanese government and authorities should develop a clear, comprehensive and gender-sensitive plan to respond to Covid-19 in consultation with a range of stakeholders including women and women’s organisations, refugees and other disadvantaged groups;

2. Donors and the international community should provide funding for humanitarian and development interventions simultaneously to meet the specific needs of different social and demographic groups to enable grassroots WROs and NGOs to work towards a sustainable future while meeting immediate needs;

3. The Lebanese government, donors and the international community must work together to improve access to rights, decent and paid work, healthcare and education and to provide better living conditions for all marginalised and disadvantaged groups including women, refugees and other vulnerable groups.

Images have been provided by the Palestinian Women’s Humanitarian Organisation of their Covid-19 response work, and by the Lebanon Family Planning Association for Development and Family Empowerment and showcase information on Covid-19 and reproductive and sexual health services in South Lebanon.
level has not been replicated at the strategic level. This has to some extent been due to the different ways geographical areas and demographic groups are governed. The Covid-19 pandemic has exacerbated existing socioeconomic problems in Lebanon and has had a disproportionately negative impact on women, although all social and demographic groups have been negatively affected. Innovative responses from WROs and local organisations have helped to mitigate some of these impacts:

- some elderly are better connected to family and friends through social media;
- girls, sometimes excluded from activities outside home, have been able to participate in online activities;
- inclusive video calls have been used to deliver successful medical and healthcare support and training to households which has encouraged other family members, and not just the women, to contribute to the medical and healthcare needs of relatives.
The local NGO sector in Lebanon is vibrant and extremely active. Most employees are women. Although an NGO may often be known as a ‘Lebanese’, ‘Palestinian’ or ‘Syrian' NGO, most adopt an inclusive approach and include refugee and host populations in their activities. This report is based on information from over 20 organisations working among Lebanese, Palestinian, and Syrian populations during the Covid-19 pandemic in 2020 in Lebanon. The research adopted a qualitative methodology and information was gathered using individual free-flowing, semi-structured interviews and three focus group discussions conducted in person and online in December 2020 and early January 2021.

The participating organisations are predominantly what the Feminist Humanitarian Network (FHN) describes as women’s rights organisations (WROs) – grassroots women’s organisations focusing on the empowerment of women through education, vocational training, and psychosocial support as well as the promotion of women’s rights, and the provision of women’s health services. Several of the participating organisations work with children and adults with disabilities and their families providing specialist expertise. A few organisations that participated provide support to all genders and age groups but, for the purposes of this report, focused their responses on their programmes for women and girls. Information was gathered from the participating organisations about their work in different locations in Lebanon including inside official Palestinians refugee camps and unofficial settlements for refugees.

The research findings aim to capture the experiences of the participating organisations operating during the Covid-19 pandemic in Lebanon to understand:

- the impact of the pandemic on the refugee and host populations of Lebanon;
- how the work of local organisations was affected and how they responded;
- the extent to which organisations participating in the research were involved in coordination mechanisms designed to respond to the pandemic at the local, national, and international levels

The report summarises the lessons learned and provides recommendations for the international community to improve the working relationship between WROs and other local organisations and international stakeholders to maximise the impact of their collaboration.

**The impact of Covid-19 in Lebanon**

Lebanon is facing multiple challenges in addition to the Covid-19 pandemic. Per capita, Lebanon hosts the largest number of refugees in the world, including Palestinians in Lebanon (PRL), Palestinians from Syria (PRS), and Syrian refugees. Their presence attracts international funding and assistance, but puts a strain on infrastructure, services and employment opportunities which creates tensions between refugees and hosts. Lebanon has longstanding economic problems that are expected to continue and deteriorate in the long-term. In 2020, the Lebanese Lira fell 80 percent against the US Dollar and banks have restricted how much money can be withdrawn from accounts, applied low exchange rates to foreign currency, and prevented many savers from accessing their accounts. Local organisations also face difficulties in receiving and accessing donor funds in their bank accounts. One organisation reported that it was unable...
to pay its staff for seven months although the staff continued to work throughout this period.

Unemployment is high and increasing and the presence of large numbers of refugees has saturated the informal job market, increasing competition for work among the most vulnerable groups. It is estimated that as many as 60 percent of working Lebanese work in the informal economy. Refugees in Lebanon face restrictions on their right to work so either opt for work in the agriculture, construction or cleaning sectors which are legal and often undertaken as daily labour, or work illegally regularly receiving only half the pay of a Lebanese person in the same position. High rates of inflation mean that basic food stuffs and supplies are becoming unaffordable for many.\(^5\) It was estimated that, by the end of 2020, 50 percent of the population of Lebanon would struggle to buy adequate food.\(^6\) In 2020, an estimated 55 percent of Syrian households lived below the survival minimum expenditure basket of 2.9 USD per person, per day.\(^7\) A 2015 survey concluded that poverty among PRL is at 65 percent and among PRS at 90 percent including ‘9 percent living in extreme poverty unable to meet their...essential food requirements.’\(^8\)

Discontent with the government and protests are expected to continue in the long-term.\(^10\) The ongoing economic crisis in Lebanon has been exacerbated by the Covid-19 pandemic and also made it difficult for the people and the government to respond. The most vulnerable live in overcrowded, poorly ventilated conditions without access to clean water, proper sewerage systems and reliable electricity. Simple handwashing, laundering clothes at temperatures high enough to kill Covid-19, social distancing and quarantining are not possible for many people.

For example, thousands of households that were displaced by the Beirut Blast were forced into temporary accommodation or moved in with relatives. Fifty-seven percent of Syrians live in overcrowded, unsafe shelters that are judged to be below humanitarian standards.\(^11\) An estimated 45 percent of the PRL live in one of the 12 densely populated official camps, while the rest are scattered among 156 recognized gatherings or are self-settled among the host population.\(^12\) PRS, Syrian refugees and vulnerable Lebanese have also settled in Palestinian camps and gatherings as well as in poorer areas of Lebanon adding to the overcrowding and infrastructure pressures.

Without enough money for food, few people can afford face masks, hand sanitiser and cleaning products for the home. The government has tried to impose measures to reduce the spread of the virus including lockdowns, but the majority of people work as daily labourers – if they do not work, they do not eat. The government does not support those who are not working. International restrictions on travel and national restrictions on the opening of cafés, bars and restaurants have severely damaged the Lebanese tourist industry and service sector which employs many refugees and vulnerable Lebanese people.

The Beirut Blast on 4 August 2020 killed over 200 and injured 6,500 people. An estimated 300,000 were displaced and a large part of the capital destroyed. The World Bank estimates that the disaster caused up to 8.1 billion USD in damages and losses.\(^9\)
The Covid-19 pandemic has exacerbated existing social, economic and political problems in Lebanon which in turn have made it difficult to respond with measures to limit the spread and impact of Covid-19.

Impact on women

Without doubt, the pandemic, combined with Lebanon’s multiple crises, has had a negative impact on all aspects of life for all social and demographic groups but particularly for women. Local organisations report that this is because women take primary responsibility for managing the house and raising the children, even if they are in paid employment. They are responsible for the welfare and wellbeing of the family so take the lead in cleaning the home and clothing, and the provision of hand sanitiser and soap if the household can afford them. Women also prepare meals which is difficult on a reduced budget and with increasing food prices. In addition to household responsibilities, women who worked outside the home found themselves working from home, juggling housework, childcare, and paid work. As many households are struggling financially because of inflation and/or men are unemployed, women have taken on additional paid work to help support their families on top of their household responsibilities. Schools have been closed so children have been studying at home and it is the women who are the main supporters of home learning.

Women who have been working from home lacked reliable internet access and devices to go online; mobile telephone and computer ownership has been prioritised for men so, when men leave the house with the only mobile telephone or computer in the family, women are unable to work and children cannot access their online schooling.

Impact on children’s education

A huge concern among all in Lebanon, including local NGOs, is the impact of the pandemic on education as schools have been shut for most of the year as part of the national Covid-19 response. Educational provision in Lebanon is already under serious strain as schooling was disrupted from October 2019 by the widespread protests over the economic crisis and government corruption. Lebanese state schools and UNRWA² schools are overcrowded and running double-shift systems to accommodate children from Syria as well as the Lebanese and Palestinians living...
in the country. UNRWA has experienced chronic underfunding for decades, and this has been exacerbated by the complete withdrawal of funding from the United States in 2019 and 2020. Consequently, all UNRWA services are struggling to meet the needs of the PRL and PRS including education services. State education has long been considered to be of poor quality and around two thirds of Lebanese children attend private schools, rather than state schools. The economic crisis has forced parents to withdraw their children from fee paying schools which they can no longer afford and, instead, place their children in the already over-stretched and underfunded state system.

The closure of schools and switch to online classes has deepened the educational inequalities in Lebanon. Many children lack access to reliable internet and electricity supply and devices to use online. In overcrowded households, it is difficult for children to find a quiet place to study and, if their parents are uneducated, they receive little help from home with their lessons. Grassroots organisations complain that some teachers lack the skills to deliver lessons online or that the curriculum has not be adapted to take account of the remote mode of delivery or the fact that in the previous months, many children, as a result of the disruption caused by the protests and delays in delivering classes online, missed significant amounts of schooling. Some staff noted that boys seemed to find it more difficult to remain focused during online lessons than the girls.

**Impact on men**

Many respondents stressed that Covid-19 has also impacted on men, particularly because many are unemployed or working for low wages so are unable to provide for their families. In a country where many believe that the man is responsible for providing for his family while his wife takes care of the home and the children, it is psychologically difficult for men to be in a position where they are no longer able to support the household. Despite being out of work, male and female NGO staff criticised the men who take no responsibility at home and spend their days in cafes and socialising with their friends without taking any precautions against the virus and risk spreading it among their households when they return home.

**Long-term and livelihood impacts**

Local NGOs believe that there will be long-term negative impacts from the pandemic and the restrictions introduced to limit the spread of the virus. These include the loss of earnings, food insecurity, mental health, repercussions from increased domestic violence, missed education and lost educational and training opportunities. All these issues precipitate downward trends and the use of negative coping mechanisms such as reduced food consumption, selling of assets, child labour, and early marriage. All of which are common negative coping mechanisms among vulnerable groups in Lebanon and all of which have potential generational impacts.
Funding and support

All respondents reported that it has been easy to agree changes with donors to divert funding from planned operations to support the Covid-19 response. For example, budgets for transport were used to pay for staff smartphones to be recharged. Most respondents stated that they secured additional funding to finance their pandemic response and several reported that donors initiated contact to ask what funding was needed to tackle Covid-19. The donor response reflects the strong and longstanding relationships many local NGOs have with their donors.

Despite this positive relationship, several respondents expressed concern that funding priorities for Lebanon are shifting from development to emergency interventions and that donors are often prioritising the immediate pandemic response over longer-term needs and other crises Lebanon is facing. As grassroots local NGOs, including WROs, define Lebanon as being in chronic crisis, they have been combining development and humanitarian responses for decades. They regard abandoning development programmes to focus on humanitarian response as regressive, and stress that longer-term interventions should be maintained to ensure that Lebanon can work towards sustainable solutions as well as address immediate needs. Respondents recognise that the donor countries are facing their own economic problems and might be forced to reduce their international aid budgets to meet needs at home.

As well as funding, local NGOs received training and hygiene kits from international organisations including NGOs, UNDP and UNICEF.

Coordination, decision making and women’s leadership

It is clear from respondents that coordination on a strategic level between local NGOs and other local, national, and international actors has not happened. Coordination and communication for implementation, has occurred at a local level and, to a limited extent, at a national level. The experiences of the participating organisations have differed. Some respondents stated that they have not been involved in any coordination for the Covid-19 response. These different experiences are explained by the diverse areas of expertise of the organisations involved and the different ways in which geographical areas and demographic groups are governed. Palestinian camps and gatherings fall outside the jurisdiction of the Lebanese state and services are provided by UNRWA and UNDP. Syrian refugees are supported by UNDP and UNHCR. Central government is weak so municipalities are

In addition to donor funding, several local NGOs report receiving more donations than usual from the Palestinian Diaspora and individual donors, especially at the end of Ramadan.
the most important authority in daily life. Their effectiveness and governance style varies depending on which political group is in control. Palestinian NGOs have little direct contact with the Lebanese authorities although they liaise with municipalities in certain areas. UNRWA usually liaises with the government on behalf of the Palestinians and, in the case of Covid-19, cooperated with the Ministry of Public Health (MoPH). Lebanese NGOs may liaise with the Lebanese government, but some do not.

The Palestinian camps lack a single recognised entity that has the authority to take decisions and implement them. UNRWA provides services in the camps but does not control them. It liaises with the camp authorities, the Popular Committee and the Security Committee. These comprise the dominant political factions in the camps although there are often several committees because there is no consensus about which faction should control them and there is no open and transparent electoral process among camp inhabitants to determine which political factions should have overall responsibility. Consequently, the committees lack legitimacy and the capacity to develop strategies for managing the camps. Local NGOs approached the Popular Committees and Security Committees urging them to take action to discourage socialising, close cafés, encourage Covid-19 safety measures and promote quarantine as a means of preventing the spread of the virus. At the start of the pandemic there was some interest from the Popular and Security Committees but this has faded and the Committees have shown little leadership and active support for the activities designed to tackle Covid-19.

UNRWA had limited resources to respond to the pandemic so it decided that each camp should form a committee to coordinate the response which would be led by the camp services officer based in each camp. This initiative never really started, as high infection rates among UNRWA camp-based staff resulted in a lack of capacity. However, some respondents reported that UNRWA participated in crisis committees or health committees active in the camps involving a number of local and international NGOs and UN entities. UNRWA also provided some training for raising awareness about Covid-19 to local NGOs.

Ultimately, in the camps, local NGOs assumed responsibility for managing the response to Covid-19. They coordinated their activities by allocating different areas of the camps to different organisations to ensure that all parts of the camps were covered and to avoid duplication. Some coordinated through existing mechanisms such as the child protection network or women’s protection network present in many camps. In al-Buss Camp in the south of Lebanon the child protection network includes 22 organisations. The Palestinian Civil Defence is a volunteer organisation of young men and women operating in the camps and it supported camp sanitisation and awareness raising activities. The Palestine Red Crescent Society (PRCS) also provided training and supplies of PPE and sanitiser. One respondent commented that the Palestinian NGOs seem to coordinate more effectively during crises than during periods of relative calm. Another respondent reported that grassroots organisations had been effective in sharing their experiences and lessons learned. However, a couple of Palestinian NGOs reported weak coordination at the local level and others complained that there had been no clear structure or decision-making processes meaning that there is no comprehensive plan for tackling Covid-19 among local NGOs.
Lebanese NGOs and WROs also worked through crisis committees formed by local leaders to coordinate their work with each other, international NGOs, UN entities and local municipalities to raise awareness, distribute PPE and sanitise neighbourhoods. Lebanese NGOs received training from the Lebanese Red Cross. The Lebanese Red Cross also provided transport to hospital for Lebanese and Palestinians infected with Covid-19.

Some respondents reported that their organisation had no contact with others about the Covid-19 response and received no support. Several reported that local level coordination with municipalities had often been poor and that overall coordination in Lebanon had been weak.

Many NGOs reported that they followed the Covid-19 safety protocols issued by the MoPH and the World Health Organization (WHO) although they do not seem to have been consulted on the development of national protocols or on how national or international protocols could be rolled out in Lebanon. The organisations participating in this research noted that civil society, including women’s organisations, have been excluded from decision-making and strategic planning. They were critical at the apparent lack of a national plan and several respondents felt that the government was not taking the situation seriously enough. Local NGOs acknowledge that they have received support from international NGOs and donors and from the UN but they argue that they have not been consulted or included in decision-making. Many INGOs and UN agencies held webinars to discuss the pandemic, but respondents reported that after having discussed the situation and identified the problems there was no practical follow-up or support.

An initiative led by UN Women was designed to promote the views of local women’s rights and feminist activist organisations in Lebanon about how to respond effectively to the multiple crises, including the Covid-19 pandemic, the country is facing. Several of the NGOs that participated in this research contributed to what UN Women termed, ‘A Charter of Demands’. The aim of the charter is to put the needs of women and girls at the centre to ensure a gendered response to the crises. They argue that needs assessments must be gendered and that women must have equal access to food security, cash assistance, shelter, mental health and psychosocial support, sustainable livelihoods, employment opportunities and financial and technical support for women’s businesses. Systems and mechanisms to tackle gender-based violence must be strengthened and women must have access to healthcare and reproductive health services. Above all, women must be actively involved in the design, planning and implementation of emergency response and recovery interventions which should include taking on leadership positions.

The EuroMed Feminist Initiative held a policy dialogue in September 2020 involving political and civil society actors from seven Euro-Med countries including Lebanon. The dialogue identified ways to combat violence against women and girls and strengthen women’s rights in the context of the Covid-19 pandemic. Organisations involved in this research also participated in the dialogue. The conclusions to the policy dialogue noted that the pandemic has had a disproportionate impact on women and, in line with the Charter of Demands, calls for increased participation of women in public life and decision-making and the design and implementation of responses, increased economic participation of women, more effective action to combat violence against women and girls and action to combat gender stereotypes through the media and education.
KEY FINDINGS: ALTERNATIVE FEMINIST SOLUTIONS

The grassroots response to the pandemic

WROs and organisations representing marginalised groups in Lebanon are used to responding to crises and adapting to rapidly changing circumstances. The Lebanese state provides relatively little for its population, including healthcare and education, which is shared with Syrian refugees and the services for PRL and PRS are compromised by UNRWA funding shortages. Now, with the support of international funding, NGOs provide educational, vocational, and health services that in many countries would be provided by the state in addition to a wide range of livelihoods support, psychosocial support, awareness raising on numerous issues as well as responding to emergencies. A number of the respondents describe Lebanon as in a state of chronic crisis and simultaneously provide development assistance and humanitarian assistance tailoring responses to different households in the same areas.

Respondents recognised the need to educate themselves about the pandemic and to take steps to help limit the spread of the virus. One respondent admitted that initially they thought responding to Covid-19 was outside their organisation’s area of expertise but quickly realised that there would be a widespread impact on its programmes and participants and that there were many ways in which it could work to reduce the impact of the pandemic.

In response, the organisations participating in this research launched awareness raising campaigns employing a variety of methods including social media, posters and leaflets; and distributing food parcels and other items containing information about the virus. Organisations also distributed face masks and hand sanitiser and some staff, wearing PPE, stood at the entrances to refugee camps to take people’s temperatures and explain what measures to take to minimise the risk. Some awareness raising has been targeted at specific groups such as pregnant women and households with chronically ill members or members with disabilities. Respondents coordinated with crisis committees and the Palestinian Civil Defence to sanitise the camps, and with the municipalities and local crisis committees to sanitise neighbourhoods. Some people are afraid to leave their homes even to buy food or attend medical appointments. One respondent suggested that such people should be offered practical support and that mobile clinics could be provided to treat people too afraid to travel to a clinic or hospital.

Some people in Lebanon have questioned the existence of Covid-19, claiming that the virus is a conspiracy to increase state or Western control of people. Conversely, many people are very frightened by the pandemic which has led to bullying and stigmatisation of those who have tested positive for the virus. People fearful of the virus avoided going to see the doctor for treatment, indicated by the drop in the number of appointments. Some respondents struggled to maintain privacy when working with some target groups as people refused to meet with NGO staff inside, so meetings had to be conducted outside. Some people doubt the need to be vaccinated and that the vaccination programmes that were beginning to be rolled out towards the end of 2020 are a means of infecting people with poison or delivering microchips to monitor people. There is also a lot of misinformation about Covid-19 being spread online and by word-of-mouth so organisations are developing awareness campaigns to counter false claims and stigmatisation.
Recognizing that the Covid-19 pandemic would only compound existing economic problems, particularly for already vulnerable groups, several respondents provided direct emergency relief, including cash assistance, food, non-food items (NFIs) sanitisation kits, hygiene kits for women and girls and oil for heating. Most local NGOs offer free health and medical care but accept contributions towards their services. Services continue to be provided free of charge and it has been emphasized that contributions are not necessary. Organisations supporting persons with disabilities delivered assistive devices to households so that treatment could continue at home and individuals did not have to invest in assistive devices.

The Palestinian Red Crescent Society (PRCS) has offered PCR tests in the camps. Households in quarantine are provided with emergency assistance as well as psychosocial support and games and electronic devices for children. It has been noted that UNRWA has provided little assistance for quarantining in the camps although it suspended courses at its vocational training centre, Siblin, on the premise that it would be used for quarantine. NGOs report that few Palestinians have been able to use the facility and have been confined to overcrowded households comprising multiple generations.

Respondents noted that the immediate responses to the pandemic also included closing many of their centres, reducing face-to-face meetings and moving as many activities online as possible. The move online meant that organisations had to train their staff, not only to use the technology but also to provide remote assistance successfully. Some organisations provided specific training for their social workers and psychosocial support staff to work effectively online. NGOs increased their psychosocial services and one stated that it provided positive parenting support services online in recognition of the pressure on daily life. Another organisation rented an online platform to enable it to deliver activities and several commissioned videos about how to respond to the pandemic or to provide specialist expertise that were posted online. To monitor the success of the videos and online support, participants were asked to film themselves implementing what they had learned and either share it live or after filming so that staff could check progress and provide feedback.

Participating organisations also had to provide support to women and their families to use online platforms which often had to be delivered online. Although social media is popular in Lebanon and WhatsApp is the primary means of maintaining contact with friends and colleagues, not everyone is proficient in the technology and the lack of reliable internet access is a widespread problem. Where possible, NGOs distributed electronic devices and recharge cards for smartphones to staff and participants in their programmes to facilitate online access. Some organisations have upgraded their online resources predicting a long-term trend in increased use of the internet in their work.
Programmes which supported women to travel to markets to sell produce or which required organisations to deliver supplies for income generation projects were affected because it was more difficult to travel around the country.

Although one local organisation supporting women’s cooperatives to preserve traditional foods through drying, pickling and jam making reported that the cooperatives were able to sell all their produce to municipalities distributing food to vulnerable households affected by the pandemic. This opportunity came at a crucial time and enabled the women to reinvest the profit in more raw materials and begin another round of production. However, an expert in the food and livelihoods sector noted that it was not always possible for food distribution to rely on local production which does not always provide a balanced range of food to recipients. Possibly this is an issue to be addressed so that local solutions are available to meet local needs.

Changed ways of working

The new working practices, strict cleaning regimes at the centres and changes to programming have increased the workload for staff. There were many crises in 2020 to which local organisations have responded. Staff report feeling responsible for the health of their programme participants as well as colleagues and family members. Target populations are stressed and many are very vulnerable and in need of more support than local NGOs are able to give. Consequently, the working environment has become very challenging. In the past, local NGOs have incorporated staff care into their programming and several respondents stressed the increased importance of it during the pandemic. Some organisations provided extra psychosocial support, therapy and coping skills workshops for staff. Many respondents noted that, although they had become very efficient in holding online meetings and making decisions, the process had become very business-like and there were fewer opportunities to check
on the wellbeing of colleagues. Others commented that meetings held online are not as effective as in-person meetings for promoting innovative and dynamic programming.

While organisations participating in the research are looking forward to being able to meet in person more easily, they recognise that online meetings have facilitated greater participation of staff and enabled immediate problem solving. Staff have been able to attend local, national and international webinars for training, advocacy and research. Previously, these events were rarely held online so participation was limited by travel costs. Staff have learned new computer skills and noted that it is possible to carry out some of their work effectively online. One organisation reported that donors had switched to monitoring activities online and that although this was stressful, it was helpful to receive immediate feedback.

**Prioritisation and adaptation of programmes**

Although many organisations participating in the research stopped their social and cultural activities and vocational training in their initial response to the pandemic, they maintained or developed what they considered to be essential services. Several organisations opened hotlines for specific issues such as sexual and reproductive health or for groups such as vulnerable women and girls in need of psychosocial support. Rather than requiring medical patients and pregnant women to visit a health centre for a check-up, local NGOs organised safe home visits. For children or families that were too scared of catching Covid-19 to attend a centre for educational and psychosocial support, social workers made home visits.

Centres providing medical and therapy services remained open practising Covid-19 security and reduced the number of appointments per day to allow time to sterilise equipment and to prevent different households from meeting. Patients were contacted before their appointment to check that they did not have symptoms of Covid-19 and their temperatures were taken on arrival at the centres. Local NGOs increased the number but reduced the size of support groups for women and children who had experienced domestic abuse so that they could continue to run in-person support groups which were considered vital to the wellbeing of these vulnerable groups. As a means of improving mental wellbeing, one organisation reported opening their centre to small numbers of women at a time to come for a chat and a short break outside the home.
Many grassroots organisations were already engaged in educational support to children attending state and UNRWA schools who were falling behind or who were reluctant to remain in mainstream education, and they extended these activities online to offer support to children struggling with online classes.

After the first lockdown, many local NGOs reopened their centres to resume a wider range of activities. They are providing PPE and hand sanitiser, have erected screens, and clean their centres after each use. Programmes have been adapted to maintain social distance but this has increased the workload. Reducing the size of groups means providing the same activities multiple times to different groups to maintain beneficiary numbers. Centres have to be cleaned between activities which is time consuming. Many local NGOs are also providing in-person and online activities simultaneously. There is no consistent approach across the local organisations as some have trustees, donors, or senior staff who consider it too risky to reopen. NGOs that have reopened their centres, point out that vulnerable groups often live in overcrowded conditions that are difficult to keep clean, particularly the Palestinian refugee camps and gatherings and Syrian settlements, and that the centres are more spacious and offer a cleaner environment for many than their own homes.

Adaptations through technology and social media

Organisations providing therapies for households with children with disabilities began posting videos online showing
people how to continue therapy for the child at home and, where possible, providing live, online support. For appointments at the clinic, the mothers had usually taken responsibility to bring the child for therapy sessions, but when staff provided the support online, often the whole family was present. Increasingly staff noticed that other family members, and not just the mothers, provided the therapy to the child with disabilities. This has reduced the burden of responsibility on the mothers and actively involved the whole family, including the fathers and siblings, in caring for and supporting the child with disabilities. It had been noted that able-bodied and children with disabilities were able to lead separate lives, despite being in the same household. The online therapy sessions have helped to bring all the children closer together and to develop a better understanding of each other. In addition, older children have been able to take responsibility for their disabled sibling which has allowed the mother to have a break and leave the house for a short time. This has been important during the pandemic in helping to alleviate the stress for women who have assumed the main responsibility for protecting their families.

Noting the increased isolation of the elderly during the pandemic, a local NGO supporting the elderly taught them how to use social media, particularly WhatsApp video calls, to keep in touch with friends and family, including those living abroad. Respondents reported that elderly people enjoy being able to see the person with whom they are talking and those who are illiterate are able to place calls themselves using the profile pictures, rather than struggling with contact details saved on the mobile telephone or waiting for help from someone else.

Another positive aspect of moving activities online has been the increased participation of girls. Some conservative families prevent their daughters from attending activities provided at local centres because boys are present. Although respondents would prefer girls to attend activities in person, providing activities online in the future, which enables girls to participate, may be preferable to their being effectively excluded.

NGOs supported women’s cooperatives to market their produce online which they reported has been successful.

Respondents involved in providing various support to households online noted, in a small number of cases, an increased participation of men in family life. Some respondents also deliberately involved men in the online sessions for psychosocial support or awareness raising about Covid-19 by allocating responsibilities to them, which has helped to reduce the workload on women. Local NGOs providing educational support have noted that parents have become more involved in their children’s learning than when the children were going out to school.
CONCLUSION

Each organisation participating in the research seemed to feel that it had responded effectively to the multiple crises in Lebanon in 2020, including the Covid-19 pandemic. They agreed that Covid-19 only exacerbated the economic crisis facing the country and that this was the main long-term threat to the refugee and host communities. The impact of the crises had a disproportionate impact on women and increased humanitarian needs. At a local level, coordination had been reasonable and financial support and expertise had been provided by the international community to facilitate implementation of activities. However, Lebanon seemed to have no overall strategy for tackling the pandemic and there was no comprehensive coordination mechanism. Local NGOs, including WROs, had not been consulted or included in any strategic planning process. Although they had been asked to participate in discussion to identify the problems facing the country and suggest solutions this had not translated into anything meaningful.

Respondents noted the following lessons learned through their responses to the pandemic:

- their resilience, ability to respond to a new threat (Covid-19) and successfully develop new ways of working;
- the need to adapt rapidly to changed circumstances and deal with several crises simultaneously providing emergency and longer-term development assistance;
- the need to continue and improve investment in staff digital skills and technological capabilities of centres;
- the value, but also the limitations of online working and, post pandemic, the need to retain online working practices where they were identified as useful, but otherwise to return to delivering activities and attending meetings in-person;
- the need to build on successful cooperation among WROs, local NGOs and other stakeholders.
RECOMMENDATIONS

The Lebanese government and authorities should:

• develop a clear, comprehensive plan that addresses, health, education, economic, political and security issues to respond to Covid-19 (and other crises) in consultation with a range of stakeholders including women and women’s organisations, refugees and other disadvantaged groups;

• actively include women’s organisations and women from all backgrounds in the implementation of the emergency response and recovery processes and promote a gendered approach that protects the role of women as they are fundamental to the wellbeing of their family and community;

• tailor support to the specific needs of different social and demographic groups in Lebanon.

Donors and the international community should:

• promote women’s participation in decision-making and support grassroots women’s rights organisations to ensure a gender-sensitive response to Covid-19 and future crises;

• provide context-specific funding for humanitarian and development interventions simultaneously so that grassroots WROs and other local organisations can work towards a sustainable future while meeting immediate needs;

• advocate for improved access to rights for all marginalised and disadvantaged groups. Promote improved living conditions, access to decent and paid work, healthcare and education for women, refugees and other vulnerable groups.

Local women’s NGOs and those promoting women’s rights are resilient and have a high capacity for designing and implementing programmes that meet the needs of the people. Their skills should be harnessed to inform strategic planning within Lebanon and the priorities for donor policies towards Lebanon.
1 Unless otherwise stated, this report is based on information provided by respondents. No information has been attributed to a specific individual.


5 Ibid, the costs of some imported and processed foods have increased by over 200% and locally grown produce by over 50% in 2020; UNRWA (2019) Where We Work, Lebanon, https://www.unrwa.org/where-we-work/lebanon (accessed December 2020).


9 World Bank, (2020b) Beirut Rapid Damage and Needs Assessment, August 2020

10 COAR (2020) Lebanon Scenario Plan, July 2020, Centre For Operational Analysis And Research, 2020


12 The gatherings areas outside official camps that contain a minimum of 15 Palestinian households (LPDC, 2018).

13 UNRWA (established in 1949) provides education, healthcare and social services in the official camps for Palestinians in Lebanon, Syria, Jordan, West Bank and Gaza. The legal framework governing assistance to Palestinians differs from all other refugee groups that fall under UNHCR’s mandate. UNRWA is the main assistance provider for PRL and PRS, but its decades-long chronic funding shortages have been compounded in the last two years by the total withdrawal of United States funding. This means that its resources are inadequate to meet the needs of the Palestinian population.


15 All the camps are divided into areas and known by different names. This unofficial method of referring to different parts of the camps is familiar to all inhabitants. Areas are often named after significant buildings such as a hospital or by the name of the village of origin of the majority of Palestinians living in that area when the camp was first settled.


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This report is part of wider FHN Research looking at the challenges and feminist solutions taken on by WROs in response to Covid-19 in 8 country contexts.