

RIMS

Referral Information
Management System

DRC DANISH
REFUGEE
COUNCIL



**MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK**
Danida



Funded by
European Union
Humanitarian Aid

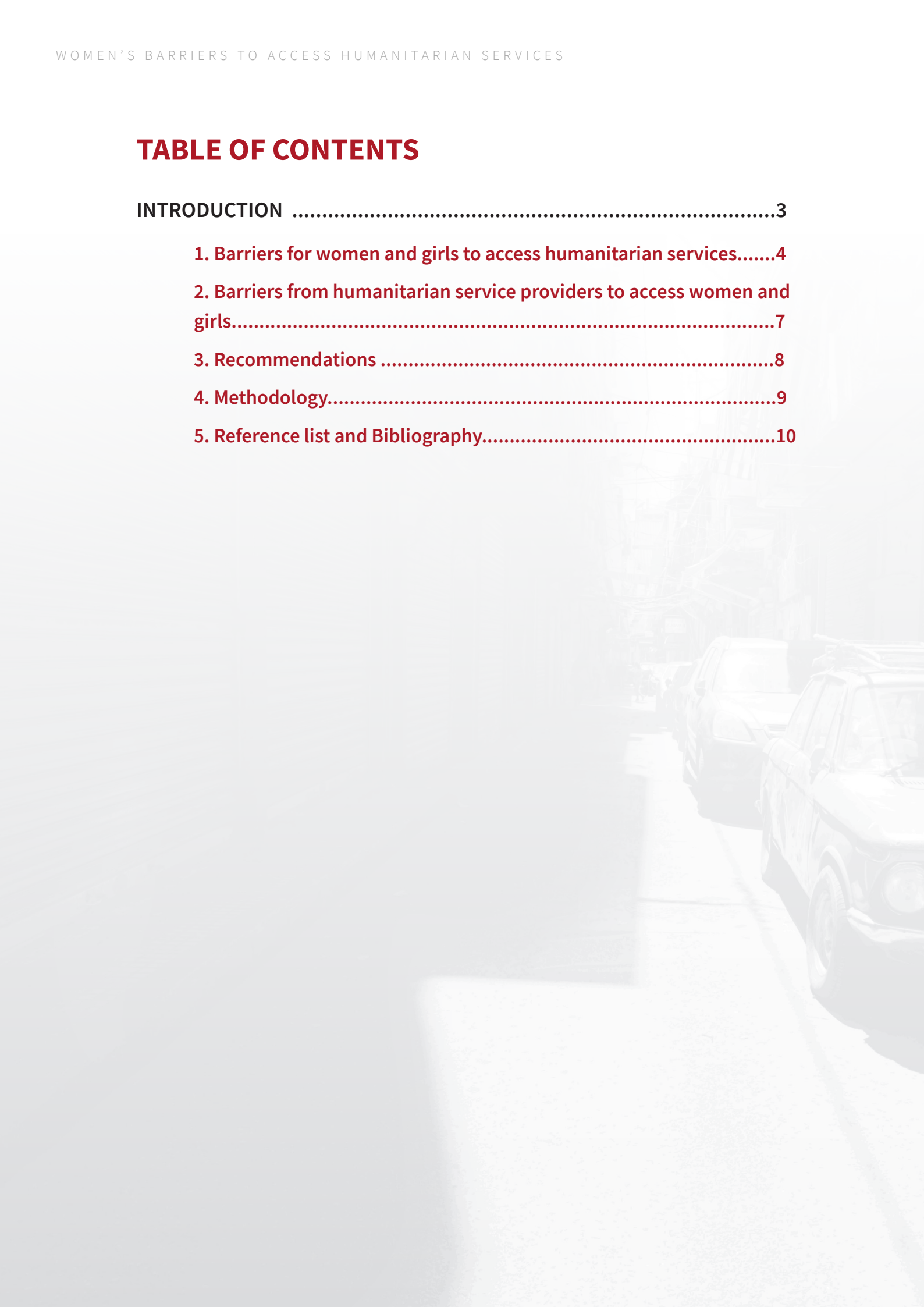
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WOMEN'S BARRIERS TO ACCESS HUMANITARIAN SERVICES



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INTRODUCTION

With the multiple crises affecting Lebanon, vulnerable communities are increasingly relying on humanitarian services, yet the COVID-19 pandemic, and the fuel crisis, have created unique challenges which disconnect humanitarian actors from the communities that they work with. New ways of working must be adopted to maintain connection and communication with vulnerable communities in need of humanitarian services, to ensure that they can actually benefit from them. Improving humanitarian actors' knowledge of existing barriers faced by communities to access humanitarian services, is essential in order to adopt relevant and targeted strategies to maintain communication access to humanitarian services for the most vulnerable and at-risk.

Women and girls face multiple and specific barriers to access humanitarian services linked to their gender. To date, no comprehensive research has been conducted to identify the exact nature of the barriers that women and girls face in accessing humanitarian services in the specific context that Lebanon is currently facing. Referral pathways are a key way to ensure that people in need of services are able to access the service they need. Referral data on the Referral Information Management System (RIMS) suggests that, since the beginning of 2021, 60% of persons of concern referred are women or girls. To improve the efficiency and accountability of referral pathways, and in turn women and girls' access to humanitarian services, it is essential to investigate the challenges faced by this population group specifically to access humanitarian services.

This report brings together RIMS referral data disaggregated by gender, discussions with humanitarian service providers providing services across all sectors and areas of Lebanon, Key Informant Interviews with female community focal points and Focus Group Discussions with women and adolescent girls, to identify current barriers that women and girls face in being informed of, and accessing humanitarian services. This report then provides evidence-based recommendations to humanitarian service providers and to inter-agency coordination groups, to adapt and strengthen their engagement with women and girls specifically, with the ultimate aim of ensuring that programs are gender-sensitive, and find innovative ways to reach women and girls and, when possible, circumvent the gendered barriers that women and girls face so they can benefit from humanitarian assistance.

This report argues that, in addition to the challenges affecting all vulnerable communities in Lebanon, women and girls face additional barriers to access humanitarian services related to their gender. At the same time, humanitarian service providers suggest that they lack specific strategies to address these barriers in particular. Indeed, they fall short of adopting gender-sensitive strategies, which, in turn, results in unequal access to information and services of women and girls. Specifically, while efforts are made to mainstream gender across programs, it remains clear that gaps remain to make data collection, outreach, targeting and programming more adapted to the specific needs and barriers women and girls face.

1- BARRIERS FOR WOMEN AND GIRLS TO ACCESS HUMANITARIAN SERVICES

According to Lebanese and Syrian women and girls, ensuring the basic needs of their household has become increasingly challenging with lack of livelihoods opportunities, and difficulties of access to necessary healthcare, medication, and education for children being mentioned most frequently. The inability to access services has become more acute due to the crippling effect of the economic crisis in Lebanon. Access is now furthermore restricted due to limited mobility linked to the fuel crisis and the inability to communicate with service providers due to lack of phone network and poor internet connections. In some instances, communities are not even able to pay for phone calls to hotlines. Women and girls have cited difficulties accessing centers where services are provided due to increases in transportation cost. Reaching out to humanitarian service providers has also proven to be challenging for women and girls, due to unresponsiveness of hotlines coupled with reduced physical presence. While many of these challenges affect all vulnerable populations, women and girls face additional barriers that are specific to their gender, which are elaborated in more detail below.

Traditional gender norms and roles: Cultural barriers related to the place women hold in traditional societies, are a major obstacle particularly for Syrian women and girls to access humanitarian services in Lebanon, according to discussions held with humanitarian service providers. This is echoed by female Key Informants in several communities, who told DRC that gendered cultural norms often prevent women and girls to access educational, professional or psychosocial support services. Furthermore, women and girls do not always have agency when it comes to deciding on what services to seek and are in some cases not allowed by their families to seek these services. In other cases, women and girls have to go through lengths in order to be able to access services and safe spaces, fearing reprisal from their family should they find out. One female Key Informant told DRC when asked about challenges for women accessing safe spaces: “When their husband or family learns of [her accessing this service], she will be barred from leaving the house, her phone will be taken away from her, and she will be stigmatized [...]. Everyone will blame her personally, and the damage will be much greater than before if the organization with which she is communicating is unable to secure a safe space and the necessary protection.” Access to certain services for women and girls is furthermore restricted due to fears of harassment, and many Key Informants reported that for example verbal harassment has increased on streets as well as in public transportation, including taxis. Women continue to be assigned the role of primary caretaker of the household, and notably of children or elderly, further affecting their freedom of movement and ability to physically reach humanitarian aid negatively. While this is applicable to all types of humanitarian aid, it is particularly acute for humanitarian aid requiring a longer-term commitment with time-intensive activities, such as livelihood activities that involve repeated physical presence. These cultural barriers are also particularly observable for adolescent girls who are taken out of school at a certain age. They are more likely to be at risk of early marriage and continue to be affected by restricted access to services based on patriarchal structures and traditional gender norms.

Expressing individual needs is often difficult for women and girls who report that it is considered a taboo for females to speak out about their personal needs as opposed to ensuring the needs of the household. Traditionally assigned gender roles and

responsibilities are negatively impacting the ability of women to prioritize their own needs, resulting in negative coping mechanisms and furthermore exposing women to serious health risks. Lack of access to sanitary pads for example has become a major challenge for women, who report resorting to using towels or other tissues instead, resulting in inflammation, infections and rashes often left untreated due to the inflation of the prices and the lack of medication in dispensaries or lack of financial means to afford the purchase of medicine in the black market. Accessing sexual and reproductive health services is also increasingly difficult for women, due to the inability to cover the cost of treatment.

Access to information on services: People often rely on community networks to know of, and access humanitarian services. Yet women have restricted access to public spaces due to traditional gender norms and roles, and therefore fewer social interactions and knowledge about services, which are paramount to accessing humanitarian aid. Women and girls in turn often rely on their immediate social network, for example parents or other community members, to know about available services to them.

As a result of the COVID-19 pandemic coupled with the fuel crisis in Lebanon, humanitarian actors are struggling to maintain their physical presence within affected communities, and affected communities do not have the same ability to physically access humanitarian services. Some women reported to walk long distances in order to reach centers where services are provided because they are no longer able to afford transportation. Relying on digital means to communicate on available services is all the more essential to maintain this engagement with communities and ensure that they make use of the available services. Communities however continue to lament the unresponsiveness of hotlines. Moreover, women and men do not have the same ability to make use of these digital means of communication. Reportedly, only one in three Syrian refugee women (2019) have regular access to a **mobile phone** for their own personal use.¹ Significant policing is reported when it comes to women's use of their phones, and social media, by their families and communities, to which men or boys are not subjected to. In addition, internet access is now increasingly challenging due to the electricity crisis and inflated prices, which jeopardizes service providers' ability to continue to heavily rely on remote means of communication to reach the most in need. Indeed, many women and girls DRC spoke to asked for more physical presence of humanitarian service providers, highlighting that they prefer direct field visits (whether through home visits or in centers) or direct phone calls (rather than messages). Many also stressed the need for SMS rather than WhatsApp due to insufficient access to internet resulting from a lack of electricity. One adolescent girl noted: "[Humanitarian service providers] should increase the number of field visits to our location and spend more time talking to us about the services and also hear us, since we are in high need to express our fears and concerns and challenges that we are facing on personal level and also with our children."

Intersectional Barriers

Barriers explained above are exacerbated by many intersectional dimensions that ultimately further hamper vulnerable women and girls in need of humanitarian assistance from accessing assistance or services, notably due to their legal or immigration status, their nationality or the absence of a nationality, and/or sexual orientation.

¹ UN WOMEN, September 2019: Addressing gender amongst Syrian Refugees in Lebanon <https://data2.unhcr.org/en/documents/download/72394>

Migrant and Domestic Women and Girls: While Syrian and now vulnerable Lebanese women are targeted by humanitarian response plans in Lebanon, there continues to be much less focus on women migrant workers who often find themselves in highly exploitative situations, presenting additional barriers to their ability to access services. Migrant workers are generally referred to specific agencies who are specialized in providing support for this population group due to their legal status; however, both their legal status coupled with significant language barriers, means that it proves challenging to connect women migrant workers to the relevant service that they need. Information dissemination and awareness raising materials or sessions are often only available in Arabic or English, effectively excluding migrant and domestic workers not literate in these languages. While, for the first time in Lebanon, the Emergency Response Plan (ERP) plans to support migrant workers, and while humanitarian service providers do not in theory discriminate when it comes to providing services, there is currently little formalized and coordinated community outreach for migrant populations. It is also believed that women migrant workers are in large parts unaware that they can be supported by humanitarian services, which highlights the need for such formalized and coordinated community outreach.

Queer Women: Queer women face significant barriers to accessing humanitarian services. Queer people in Lebanon already face structural challenges linked to the way they are perceived in a traditional, conservative society. As a result of the multitude of crises Lebanon is currently experiencing, queer communities' access to public space and services is reducing while needs escalate notably when it comes to livelihoods, shelter, protection and mental health needs.² Humanitarian programs are rarely designed to reach and include members of the queer community, who are criminalized and marginalized due to their little acceptance within communities, and who are therefore likely to be increasingly vulnerable to the current shocks in Lebanon.³ These challenges are further exacerbated for women who are members of the queer community. Lack of gender-inclusive data with only binary options of males and females when it comes to gender, is an additional barrier for humanitarian service providers to capture the extent and nature of needs that queer communities face, and therefore further hampers service providers' from designing needs-based, targeted and inclusive programming for queer communities. Recognizing some efforts of certain services to be increasingly inclusive of homosexual and transsexual males, this is not yet the case for women who reportedly face heightened explicit discrimination when attempting to access humanitarian services, and for whom services are not designed to include certain dimensions, for example in the case of trans-women accessing women safe shelter units.

Statelessness: Finally, the problem of statelessness in Lebanon has a significant gender dimension, since women cannot pass their nationality onto their children, if they cannot or do not want to determine the identity of the father. This has implications not only for women's ability to access services, but also for their children who are at risk of being stateless as a result.

2 Oxfam, 24 June 2021: <https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20Brief%20-%20Queer%20Community%20in%20Crisis%20June%202021%20.pdf> / <https://www.oxfam.org.nz/news-media/media-releases/queer-communities-at-huge-risk-in-lebanon-oxfam-research-warns/>

3 Human Rights Watch. 16 April 2020. "In Lebanon's COVID-19, Aid the Vulnerable, Including LGBT people". Available online at: <https://www.hrw.org/news/2020/04/16/lebanons-covid-19-aid-vulnerable-including-lgbt-people>

2- BARRIERS FROM HUMANITARIAN SERVICE PROVIDERS TO ACCESS WOMEN AND GIRLS

While women and girls face barriers to access humanitarian assistance, on the other side, humanitarian service providers themselves also fall short of being fully equipped to reach and respond to the needs of women in a tailored manner.

Inter-Agency Coordination: At the level of the humanitarian response, limited analysis of gender data means that the humanitarian response is not capacitated to adequately capture humanitarian needs through a gender lens, and therefore not able to adapt the overall response and the services it delivers to be gender-sensitive. It is essential to ensure that data collected is disaggregated, and that it is analyzed and used to inform programming at the highest level of the response. This includes collecting gender-inclusive data.

Humanitarian service providers: At organizational level, discussion with service providers suggested limited ways in which outreach is adapted to specifically identify women in need of services, and communication with communities on services is similarly done in a blanket manner across both males and females. This fails to take into account the many dimensions in which women are not able to be as present as males in the public space, both physically and virtually, and do not have equal access to information that require having safe and meaningful access to a phone or internet. Therefore, considering these barriers, the information disseminated by service providers is not likely to reach males and females in the same manner, unless service providers pro-actively adapt their outreach strategies to reach women.

Further, despite efforts to mainstream gender across humanitarian programs, discussions with service providers highlighted the importance to strengthen gender-sensitive approaches to programming. RIMS data for example reveals a slight upward trend in livelihood referrals for women since the end of 2020. Women and adolescent girls during Focus Group Discussions consistently pointed out that the worsening economic crisis, hyperinflation and loss of income by mostly male breadwinners has resulted in an increased need for female household members to contribute to household income. An increase in the number of women seeking livelihood opportunities also exposes a growing number of women to harassment and exploitation at the workplace or on the way to and from the workplace, an issue that is reported to have increased in communities according to Key Informants.

Livelihood opportunities for women are however still reported to be scarce and when there are, a lot of these jobs are less paid for women than for men, which is linked to the current economic situation in Lebanon as well as institutional barriers linked to a lack of legal status and ability to obtain work permits for Syrian refugees in general, and for female Syrian refugees in particular. Many women DRC spoke to also lamented that some livelihood opportunities provided by humanitarian actors were sometimes unavailable to women, and tailored mostly to men. Female key informants further reported that the current situation in Lebanon has tremendously increased existing pressure on women, who besides having to fulfil their role as caretaker of children, elderly, and the household in general, are now also shouldering the burden of contributing to household income.

Blanket programming across genders fails to account for and adapt to barriers that women face in accessing services, such as their limited ability to dedicate time to certain humanitarian programs given their roles in the household. During the design phase of the program, it is important to identify, and find ways to circumvent some of these barriers, by consulting women on their needs, challenges and potential solutions to access services. This may also require further involving males in discussions on some of these barriers that women may face, in the form of awareness sessions for example, to encourage them to be mindful of these barriers and to support women to overcome them.

One concern that has been raised, and is yet to be confirmed with data, is the fact that shortfalls in gender-sensitive programming risks to discourage women from further seeking these services, in the event that they are not able to comfortably access and benefit from these services in a safe manner. This also suggests the importance of ensuring timely and adequate collection and action on Complaints and Feedback provided by women and girls, both at organizational and at inter-agency level.

3- RECOMMENDATIONS ON WOMEN AND GIRLS' ACCESS TO SERVICES

- Humanitarian service providers to design outreach and programming on a preliminary assessment of barriers, risks and needs specific to women, and ensure that women and girls are consulted.
- Outreach and programming to be adapted to women from all population groups (migrants, queer) and the specific barriers that they face
- Disaggregated gender data to be collected at sector and organizational level to inform programming; inclusive gender data (non-binary, for example), to be included in order to capture specific challenges related to intersectionality and adapt programming accordingly
- Humanitarian service providers to prioritize female staff in home visits to increase women and girls' trust and comfort in speaking out about their needs Humanitarian service providers to prioritise female staff in home visits to increase women and girls' trust and comfort in speaking out about their needs
- Complaints and Feedback Mechanisms to be adapted to barriers women face, in order to be able to capture challenges that women and girls face in accessing services, in a more systematic manner
- Humanitarian service providers to review their outreach methodologies, and return to some traditional door-to-door methods of outreach to identify the most vulnerable who do not have access to social media, specifically with the current electricity and internet crisis
- Humanitarian service providers to identify and encourage female community volunteers to link with communities, who can be more easily approached by women and girls

- Humanitarian service providers to tailor information dissemination and awareness raising sessions considering communication barriers for women, as well as intersectional barriers to reach the most vulnerable and at-risk women in need of services
- Inter-Agency Coordination to coordinate on communication with communities and messaging specific to reach women and girls given the barriers identified
- Inter-Agency Coordination and humanitarian service providers to ensure proper staff training and dedication of resources on gender-sensitivity
- Health actors to strengthen access to sexual and reproductive health services and sanitary need for women and adolescent girls
- Livelihoods actors to investigate barriers and risks for women through consultations with women, and to mitigate and/or address them in Livelihood's programming
- Mainstreaming Protection Principles and Gender Sensitivity concepts in Livelihood activities implemented by the actors.

4. METHODOLOGY:

Findings from this report were based on mixed research methods, bringing together: **1)** referral data disaggregated by gender from the Referral Information Management System (RIMS), a common information management platform adopted by over 90 local and international organizations across Lebanon to send, receive and track their referrals, allow to identify trends and gaps in inter-agency coordination, referrals and access to services, **2)** discussions with two humanitarian organizations, and one representative of organizations providing services across all sectors and areas of Lebanon, **3)** key Informant Interviews with 19 female community focal points in the North, Akkar, Bekaa and Baalbek-Hermel in July and **4)** 8 focus Group Discussions were conducted with women and adolescent girls in the North Akkar and Baalbek el Hermel in August, to identify current barriers that women and girls face in being informed of, and accessing humanitarian services and finally **5)** secondary data reviews.

Key limitations

Data quality: Despite continuous training on data quality on RIMS, data entry errors continue to be a challenge on RIMS, affecting effective and consistent data entry and information management practices. The RIMS team has observed this challenge across humanitarian organizations, and it was necessary for some data to be discarded. Improvements on data quality are ongoing.

5.REFERENCE LIST AND BIBLIOGRAPHY

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