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# Funding schemes and support towards gender-based violence prevention and sexual and reproductive health in Lebanon: a critical analysis of their impacts on human rights defenders

Yara Tarabulsi

## ABSTRACT

Since 2019, Lebanon has undergone multiple economic, political, and social crises that have exacerbated the heavy burdens on its population, including poverty, unemployment, and economic precarity. The ramifications of these recent shocks for gender-based violence (GBV) and access to sexual and reproductive health (SRH) services are particularly stark, which has drawn the attention and concern of funders and international actors around the world. As flows of funds from foreign countries become increasingly crucial for the legitimacy and position of the ruling class and rehabilitation of the economy, and as international aid is increasingly scrutinised due to concerns about corruption and transparency post-Beirut port explosion, it becomes more important to critically analyse these financial flows and their impact on women human rights defenders' activities. This article seeks to critically evaluate the financial flows since 2012 going towards issues of GBV and SRH, considering the different actors, initiatives, and populations for which they are earmarked. Further, it examines how these funding strategies affect women activists. The article presents a review of the context of GBV and SRH, and access to protection and SRH services in Lebanon. Subsequently, it presents an analysis of how aid is directed to issues of GBV and sexual and reproductive rights, and its impact on feminist activism using data from desk-based research and interviews with decision-makers, co-ordinators, officers, and activists from international, regional, and local organisations. Finally, it offers a set of conclusions and observations on funders and actors responsible for aid planning.

Depuis 2019, le Liban a traversé plusieurs crises économiques, politiques et sociales qui ont encore alourdi les fardeaux pesant sur sa population, y compris la pauvreté, le chômage et la précarité économique. Les ramifications de ces chocs récents pour ce qui est des violences sexistes (VS) et de l'accès aux services de santé sexuelle et reproductive (SSR) sont tout particulièrement frappantes, ce qui a suscité l'attention et la préoccupation de bailleurs de fonds et d'acteurs internationaux du monde entier. Tandis que les flux de financements provenant de l'étranger deviennent de plus en plus cruciaux pour la légitimité et la position de la classe dirigeante et la réhabilitation de l'économie, et que l'aide internationale se retrouve de plus en plus sous la loupe en raison des préoccupations concernant la corruption et la transparence depuis l'explosion du port

## KEYWORDS

Humanitarian aid; gender-based violence; sexual and reproductive health; funding flows; women and feminist activists

de Beyrouth, il devient plus important d'analyser sous un angle critique ces flux financiers et leur impact sur les activités des défenseuses des droits humains.

Cet article cherche à présenter une évaluation critique des flux financiers qui, depuis 2012, sont consacrés aux questions liées aux violences sexistes et à la santé sexuelle et reproductive, en prenant en compte les différents acteurs, initiatives et populations auxquels ils sont destinés. Il examine par ailleurs l'incidence de ces stratégies de financement sur les femmes activistes. Ce document présente un examen du contexte des VS et de la SSR, et de l'accès aux services de protection et de SSR au Liban. Il présente ensuite une analyse de la manière dont l'aide est dirigée vers les questions liées aux violences sexistes et à la santé sexuelle et reproductive, et de son impact sur l'activisme féministe, à l'aide de données tirées de recherches documentaires et d'entretiens avec des décideurs, des coordonnateurs, des responsables et des activistes issus d'organisations internationales, régionales et locales. Enfin, il propose un ensemble de conclusions et d'observations sur les bailleurs de fonds et les acteurs chargés de la planification de l'aide.

Desde 2019 Líbano ha experimentado múltiples crisis económicas, políticas y sociales que han agravado las pesadas cargas soportadas por su población: pobreza, desempleo y precariedad económica. Las ramificaciones que estas recientes conmociones han tenido en la violencia de género (GBV) y el acceso a servicios de salud sexual y reproductiva (SRH) son especialmente duras; ello atrajo la atención y la preocupación de financiadores y actores internacionales de todo el mundo. A medida que los flujos de fondos procedentes de otros países son cada vez más cruciales para la legitimidad y la posición de la clase dirigente y la recuperación de la economía, y en tanto la ayuda internacional está cada vez más sometida a escrutinio debido a la preocupación que ocasionan la corrupción y la transparencia tras la explosión ocurrida en el puerto de Beirut, se vuelve más importante analizar críticamente estos flujos financieros y su impacto en las actividades de las defensoras de derechos humanos.

Este artículo pretende evaluar de manera crítica los flujos financieros dirigidos a atender cuestiones de violencia de género y de salud sexual y reproductiva desde 2012, teniendo en cuenta a los diferentes actores, iniciativas y poblaciones a los que se destinan. Además, examina cómo las estrategias de financiación afectan a las mujeres activistas. Así, el documento presenta una revisión del contexto de la GBV y la SRH, como también del acceso a servicios de protección y de SRH en Líbano. Posteriormente, utilizando datos provenientes de la investigación documental y de entrevistas con responsables de la toma de decisiones, coordinadores, funcionarios y activistas de organizaciones internacionales, regionales y locales, realiza un análisis acerca de cómo se dirige la ayuda hacia las cuestiones de la GBV y los derechos sexuales y reproductivos, y cómo impacta en el activismo feminista. Por último, ofrece una serie de conclusiones y observaciones sobre los financiadores y los agentes responsables de la planificación de la ayuda.

## Introduction

Since 2019, Lebanon has undergone multiple economic, political, and social crises that have exacerbated the heavy burdens on its population, including poverty,

unemployment, and economic precarity. The ramifications of these recent shocks for gender-based violence (GBV) and access to sexual and reproductive health (SRH) services are particularly stark. Events like the COVID-19 pandemic, economic crisis, and 2020 Beirut port explosion have drawn the attention and concern of funders and international actors around the world. However, this phenomenon is not new: Lebanon has been the recipient of humanitarian funding since the early years of the Syrian civil war, when the massive refugee influx highlighted and worsened pre-existing issues of poverty, violence, and even destitution in the country (Development Initiatives and Norwegian Refugee Council 2019). These funds, many part of large-scale and long-term interventions, have covered various sectors, including issues that specifically affect women. As fund flows from foreign countries become increasingly crucial for the legitimacy and position of the ruling class (Merhej and Ghreichi 2021) and for rehabilitation of the economy, it becomes more important to critically analyse these financial flows, the types of actions they support, and how that in turn affects local actors' activities. Given the urgency of the problems mentioned above and the grave consequences they may have on women's well-being, as well as the general neglect of gender in discussions around the topics of aid and transparency in Lebanon (see Grunewald *et al.* 2017; Mar-dini 2021), it is important to consider the resources going to gendered issues in these debates.

Initiatives responding to conflict or post-conflict conditions have been subject to much scrutiny (Duckworth 2016; Kanyako 2016). This is in part due to the ways in which they conceive of crisis as a state of exception, or an aberration in time rather than a chronic condition that gives rise to new meanings and relations (Vigh 2008). Writings on humanitarian intervention, particularly in sub-Saharan Africa, have emphasised the ways in which humanitarian aid and design fail to develop integral and transformative measures that contribute to correcting the injustices predating conflicts and exacerbated during crisis (Williams and Opdam 2017). Ultimately, this reflects the asymmetry between donors and recipients, in which donors have a disproportionate ability to set agendas and set the terms for development and humanitarian discourse (Britton 2006; Li 2007). This paper will explore the aforementioned tensions and critically assess their implications on feminist activists' advocacy efforts towards bringing attention to and preventing GBV and providing SRH care, from a feminist perspective.

### **Methodology**

This paper expands on an unpublished report on GBV in Lebanon and Tunisia by the Columbia University Global Health Justice and Governance Program (Samari *et al.* 2020). It included legal, policy, donor funding, and literature reviews for the period from 2015 to 2020, as well as key informant interviews with GBV and sexual and reproductive health rights (SRHR) actors, which were conducted in Lebanon in July and August 2019. The current paper extends that analysis to cover the 2012–2020 period and incorporates 35 semi-structured interviews conducted between April and June 2021 with key informants. Interviewees included decision-makers, co-ordinators,

officers, and activists from international, regional, and local organisations, which advocate for women's SRHR and prevention of GBV. Interviews with activists focused on the challenges they perceive in tackling GBV and guaranteeing SRHR in Lebanon. Interviews with officials from international donor organisations, United Nations (UN) agencies, and feminist funds inquired about their priorities and criteria for supporting such initiatives in Lebanon. Sources of information for desk-based research included the UN Office for the Coordination of Humanitarian Affairs' (UNOCHA) Financial Tracking Service (FTS), as well as various reports, news articles, periodic reports, or project evaluations by civil society organisations (CSOs) or international agencies.

### GBV and SRH in Lebanon: an overview

High rates of GBV in Lebanon predate the recent crises, with at least one out of three married women experiencing intimate partner violence (Keedi *et al.* 2017). The COVID-19 pandemic and its consequent lockdowns, the economic crisis, as well as the Beirut port explosion have had a disproportionate effect on women, and notably on the occurrence of GBV. Data from the Gender Based Violence Information Management System (GBVIMS) indicates a 5 per cent increase in the proportion of women survivors in 2020 (98 per cent) compared to 2019 (93 per cent) (GBVIMS 2021). The Internal Security Forces (ISF) also affirmed that calls reporting domestic violence almost doubled in 2020, and the CSOs, ABAAD and KAFA, have stated that calls increased threefold to an average of 938 per month (National Commission for Lebanese Women (NCLW) *et al.* 2020a).

Data gathered by GBVIMS also showed a 5 per cent increase in the proportion of cases of intimate partner violence reported between 2019 and 2020 (from 66 to 69 per cent). Most cases reported by GBVIMS involved physical assault (38 per cent) or psychological abuse (33 per cent). Moreover, the GBVIMS notes that reported street assaults increased by 75 per cent between the second and fourth quarters of 2020, likely due to the lack of street lighting and emptiness of public spaces in the aftermath of the port explosion (*ibid.*). Access to legal services has been challenging since before the crisis. In 2016, GBVIMS reported that 54 per cent of survivors declined referrals to legal services, and 43 per cent declined security and/or protection services citing fear of negative consequences such as loss of child custody, or in the case of non-Lebanese residents, fear of deportation or detention due to lack of documentation (GBVIMS 2016).

Data on access to and use of SRH services in Lebanon is extremely scarce. A 2019 study with 825 participants found that total contraceptive use amongst the sample was 55.6 per cent, with a total demand of 67 per cent and unmet needs of 11.4 per cent. The study also found that the rate of use of family planning methods has remained stagnant over the past four decades. This could reflect a likely lack of awareness of SRH services, limited access to them, lack of education about SRH, and stigma surrounding the issue (El Khoury and Salameh 2019). A 2021 study of 795 Syrian refugees found use of contraceptives was approximately 40 per cent, due to difficulties in access (Usta *et al.* 2021). Other known data include maternal mortality. Maternal mortality in Lebanon is at a relatively low

rate of 29 deaths per 100,000 births, in contrast to the global rate of 211, but it has been following a concerning increasing trend since 2010 (World Bank [n.d.](#)). Period poverty has also become a pressing issue. A report found that 66 per cent of the 249 adolescent girls surveyed were unable to afford sanitary pads or other menstrual hygiene products as prices skyrocketed after the economic crisis. Of these adolescent girls, 55 per cent were Syrian and more likely to lack physical access to those products (Plan International Lebanon [2020](#)). In 2020, the Ministry of Public Health (MoPH [n.d.](#)) reported a 45 per cent decrease in pregnant women's access to reproductive health services and public health clinics. Contraceptives, like other medicines, were unavailable in many clinics (NCLW *et al.* [2020b](#)).

### **Lived realities: Lebanese law, access to protection, and SRH services for citizens and non-citizens**

The Lebanese legal framework itself contributes to perpetuating violence against women, and there has been insufficient state commitment to securing women's well-being and health. Scholars and researchers have pointed out that regulatory frameworks and national legislation in Lebanon disadvantages women and puts them at more risk of vulnerability to violence than men (Shehadeh [2010](#); Salameh [2014](#); Human Rights Watch [2015](#); Dabbous [2017](#)). As such, women's vulnerabilities are exacerbated in the face of hostile laws and policies, which, as will further be shown, do not consider the needs and interests shown by data on GBV on access to SRH care. Prior to considering any way that GBV protection and SRH initiatives might support women better, we must look at the broader legal structure shaping women's possibilities in the country.

Personal status codes, established in 1936 by decree, allow for 15 religious tribunals to legislate and regulate personal matters such as divorce, custody, and inheritance.<sup>1</sup> These tribunals also enjoy significant discretion and autonomy in the implementation of these laws. Lebanon's personal status codes are different across confessions, but one pattern is clear: they are strongly in favour of men and offer women little protection in case of abuse in all domains of life (Human Rights Watch [2015](#); Salameh [2014](#); UNDP *et al.* [2018](#)). This discriminating environment is also reflected in Lebanon's relationship with international conventions and treaties. While the state signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1997, it has made significant reservations to articles concerning equality in roles and responsibilities in marriage, parenthood, and divorce, amongst others. These reservations reiterate the state's endorsement of traditional gender roles as reflected in Lebanon's legal system and promote women's vulnerability and subordination within the family, which is conducive to violence.

The legislation specific to GBV has come under heavy criticism by activists (Salameh [2014](#); Dabbous [2017](#)). While some essential reforms have been achieved through the passing of various laws to combat trafficking, domestic violence, and sexual harassment, they represent *ad hoc* responses rather than comprehensive efforts towards systemic reforms. Marital rape remains legal in Lebanese law, and marriage to a victim can absolve a sexual

abuser of criminal penalties, especially if the victim is underage (Human Rights Watch 2020, 2021; International Commission of Jurists 2019; Legal Agenda and Legal Action Worldwide 2020; UNDP *et al.* 2018). Moreover, due to the nature of legal pluralism in Lebanon, even though domestic violence is a criminal offence, it may not stand as legitimate or sufficient grounds for divorce according to some religious courts (Human Rights Watch 2015). Survivors also have little hope of safety and anonymity and must bear the onus of presenting evidence and pursuing the case against abusers. No official body is charged with conducting independent investigations or pursuing legal proceedings should the survivor choose not to continue with a complaint, and there are no punitive mechanisms in place if an abuser violates a restraining order. NGOs providing shelter and case management also lack legal authority to act in case of a violation of the survivor's rights while they are managing their case (UNDP *et al.* 2018). As a result, Lebanese and non-Lebanese women still report fear of retaliation and mistrust of authorities as a leading cause for not reporting abuse (GBVIMS 2016).

Apart from abortion, Lebanese law has even less to say on SRHR. Articles 539–546 of the Penal Code completely prohibit abortion, including for women who have been raped. According to the Office of the UN High Commissioner for Human Rights' (OHCHR) universal periodic review of SRHR in Lebanon, ministries' familiarity with the definition of sexual and reproductive rights is generally weak. No law or policy provides for a definition of the terms consistent with international human rights frameworks. Most ministries conflate sexual and reproductive rights with reproductive health services, and available services are mostly directed to reproductive health. SRH services are supposed to be provided without discrimination; however, marginalised groups such as refugees, persons with disabilities, the LGBT community, and migrant workers have limited access to these care services (OHCHR 2021).<sup>2</sup>

Differential access to GBV prevention and protection and SRH services according to citizenship create additional barriers and risks for migrants and refugees. Syrian refugees may access health services, including obstetric care, through Social Development Centres (SDCs) in their area and education through the UN High Commissioner for Refugees (UNHCR) or arrangements with Lebanese public schools. However, their access to courts in cases of aggression, assault, and abuse is limited in practice due to high costs and their reticence to involve Lebanese authorities due to mistrust or lack of valid documentation (UNHCR *et al.* 2020).<sup>3</sup> This presents a serious risk to the well-being and safety of refugee women, whose precarious situation puts them at greater risk of violence and abuse, and who are also subject to xenophobic attacks by the host community (UN Women 2018; UNHCR *et al.* 2020; Usta *et al.* 2019). Migrant workers, the other significant non-citizen community in Lebanon, are also differentially affected by Lebanese legislation.<sup>4</sup> The Kafala (sponsorship) system, which regulates migration, does not accord basic labour rights and enables exploitation and violence by tying the worker's legal status to their employer. Most migrant women labourers are domestic workers, working in private spaces and often living with and depending on their employers for their basic needs (Mehzer *et al.* 2021; OHCHR 2021). Abuse and violence towards women migrant domestic workers have been extensively documented in Lebanon, and the state has so far



avoided any measures to combat this exploitation (*ibid.*). This, coupled with the various forms of racism and discrimination that migrant women face with respect to access to services, exacerbates their vulnerability towards various forms of violence (*ibid.*).

Such challenges coupled with the taboos and social stigmas surrounding GBV and SRH pose great risks to the health and lives of women in the country. The most glaring issue is that no form of protection for women, from shelters to ISF personnel training in GBV case management, are robust enough to ensure that women can live a life free from violence. There are no public provisions to support women who face violence, whether shelters or legal assistance. SRH services, likewise, remain limited. To compensate for this void, CSOs and activists have borne the responsibility to provide for these pressing issues.

### Large-scale funding schemes and support for GBV prevention and SRHR

This section will examine the main avenues for funding in support of GBV prevention and protection as well as SRHR. It will first explore the main funding schemes, identifying their main actors and activities. It will also investigate the strategic alliances made in order to implement, operate, and manage the GBV and SRH programmes.

The Lebanese state is, in its own words, ‘a non-welfare system’ (Makram Malaeb, cited in Karam *et al.* 2015), and domestic policies have largely followed that self-identification. Lebanon provides little in the way of public services, especially when it comes to services essential for women. Rather, other actors have intervened to fill the gap, largely consisting of UN agencies, foreign governments, and local CSOs. Comprehensive humanitarian funding schemes, like the ones described below, have become the main framework for addressing social issues such as GBV and SRH.

Since 2013, the Government of Lebanon (GoL) has been successfully lobbying for international aid due to the refugee crisis. It is through these arguments that the Lebanese Crisis Response Plan (LCRP), a chapter of the Regional Refugee and Resilience Plan (3RP), and other funding schemes amounting to billions of dollars have been established (GoL and UN 2021). Reported funding to Lebanon increased by 273 per cent between 2011 and 2012, and by 2,285 per cent between 2011 and 2013. Between 2013 and 2019, incoming funding stabilised at US\$1.152 billion per year on average (estimate by the author based on data from UNOCHA, 2013–2019) (OCHA, [n.d.](#)). The LCRP was designed to mitigate the effects of the influx of refugees on both the Syrian and host populations, in collaboration with the GoL, the UN and international organisations, local CSOs, and donors. Implementation is also the responsibility of the GoL, the UN, and CSOs. The strategy introduced assistance schemes for Syrian refugees and aimed to strengthen existing schemes for the Lebanese and Palestinians (GoL and UN 2021).

This funding scheme seeks to implement measures for risk mitigation and attention to cases of GBV as well as provision of SRH services, particularly through its ‘Protection’ and ‘Health’ components. Measures include hospital and MoPH staff training, funding, and training for municipality workers and SDC staff, who are often the first points of contact for refugees seeking support or services. Most importantly, it funds CSOs who attend



directly to the issue, such as ABAAD and KAFA. SRH services include obstetric care, family planning, and promotion of contraceptive use (GoL and UN 2014). The LCRP, as such, has become the main framework to address not only humanitarian but also development issues, as the scheme aims not only to provide immediate and emergency aid but also seeks to promote wider transformations for the benefit of both refugee and host communities.

The Inter-Agency Sexual and Gender-Based Violence (SGBV) Task Force was also created as part of the Lebanon Crisis Response Plan and has been active in producing data on GBV, publishing training materials, and promoting media campaigns and initiatives (Inter-Agency Coordination Lebanon 2021). The Task Force is comprised of several UN agencies and international donors, as well as international, regional, and local CSOs that offer services to survivors of GBV and/or are active in lobbying and public policy development. As for SRH, the UN Population Fund (UNFPA), along with the MoPH and collaborating CSOs, continue to be the main actors. Activities supported by donors include the training of health-care workers, initiatives against early marriage, provision of SRH services (contraception, consultations, dignity kits), and development of a five-year family planning strategy with the MoPH, with whom the UNFPA has collaborated on a Reproductive Health Programme since 1994 (MoPH, n.d.; UNFPA n.d.).

### Addressing GBV and SRHR in a humanitarian intervention

The landscape of feminist activism in Lebanon is intertwined with the growth of CSOs in the country. Prominent individual women human rights defenders work closely with or have founded such organisations in order to advocate for and address relevant issues. As such, many such activists have found themselves embedded in the crisis response as part of these CSOs, which transformed their usual activities or initiatives, due to donor agendas as well as demands from beneficiaries. Women activists interviewed for this paper largely asserted that crisis response made immediate and basic aid in the form of food or cash assistance the main priority for their organisation, while support for GBV protection and SRHR became low priority. Respondents mentioned receiving emergency funds for continuing GBV protection work, but these were related to emergency services such as case management, shelter provision, legal assistance, referrals, and psychosocial support, rather than larger lobbying and advocacy initiatives to pressure the government. SRH was addressed through the provision of 'dignity kits': packages with sanitary pads, soap, shampoo, and other hygienic products of the sort (UNFPA n.d.). These measures did not consider other services such as sexual health services (comprehensive sexual education, testing, medication, and treatment for infections, advising and referral, contraceptives) or other forms of obstetric care, support for pregnant women, or family planning.<sup>5</sup> In 2018–2019, it was estimated that there were approximately 1.23 million women of reproductive age in Lebanon (Lebanese Republic Central Administration of Statistics *et al.* 2020). The UNFPA's intervention is far from representing a comprehensive system or reaching the SRH needs of all in Lebanon, as it reports

reaching only 35,320 women of reproductive age with SRH services in 2020 (UNFPA n.d.). This echoes a longstanding issue of low coverage and lack of provision of SRH care, especially from the side of large international funders with co-ordinated funding schemes and programmes.

Amongst many other grievances, several women activists voiced their frustration with priorities being dictated by funders as part of broader projects from which it is not possible to depart. As such, activists and civil society actors in these scenarios admit feeling that development and humanitarian agendas are set first and foremost by donors and that this approach lacks the consultation and participation of civil society necessary in order to identify needs and conditions in these circumstances prior to deciding where and how funds will be directed:

The LGBTQ [population], [they are not] a priority. You have probably another priority. [International funders] influence because they give donations on that topic. The donors decided that they want to work on the Kafala system, they fund it, they put pressure, and we saw that this is moving ... The big mistake in this country is that instead of having a national agenda evaluating what are our needs, how we will advance, what we need to implement, we see there's funding for X and they go and work on X. We have funding for Y, they go and work on Y, but what are our needs? (Activist and academic, interview, Beirut, 7 June 2021)

[One of our main challenges is] the malleability of the donor to support one thing and not another and convincing them to know that the priority is not as mentioned on [their] agenda ... GBV is not a priority for some partners ... the Lebanese government not putting as a priority is also a challenge for us, for everyone working in this field. (Senior staff, CSO, interview, Beirut, 30 May 2021)

Moreover, this framework has raised the issue of sustainability for many, as funds tied to projects, schemes, or programmes put the continuity of organisations' activities in question given the programmes' end dates:

I do believe that there is investment, but it is temporary. It isn't long-term investment that may help. But in the case of gender-based violence, our investment should be on the longer term to be able to have a longer impact. (Activist and CSO founder, interview, Beirut, 15 June 2021)

There should've been a general mapping about gender needs. Funding arrived without taking women's and marginalised group's concerns into consideration. And suddenly, when the money finishes, if there's no more funding, what you do with the beneficiaries? (Activist and academic, interview, Beirut, 24 May 2021)

Moreover, certain gendered issues have been catapulted to the status of pet issues for donors. Such issues tend to be attractive, less contentious, and easier to frame than others are, yet they also serve to side-track attention and resources from more complex and rooted forms of patriarchal oppression and violence, especially in the ways that they intersect with economic, political, and social injustices. SRHR, for example, has not been subject to nearly the same amount of effort and investment as others, namely due to the taboos surrounding the topic and the unwillingness of the state to recognise it as a necessity. Child marriage, on the other hand, has been identified as a focus for funding and intervention. Campaigns have been launched to enact a new law to set

the minimum age of marriage as well as to raise awareness of the health impacts of early marriage (Faculty of Health Sciences, American University of Beirut *et al.* 2016, NCLW *et al.* 2021).

‘Pet issues’ can be used in order to target specific communities where the problem is more common, namely poor refugees who are singled out by media campaigns and awareness-raising workshops. This neglects the larger structural issues that may lead to the practices and behaviours in question. In this manner, discourses around the ‘pet issue’ present the topic as an accepted practice within the targeted community due to ‘deficient’ or ‘backwards’ cultural beliefs. However, studies have shown that attitudes towards the practice of child marriage in local communities are generally negative and can be attributed to economic downturns and impoverishment (RDFL *et al.* 2018). While child marriage is indeed a manifestation of violence against women and children and has been on the rise since the beginning of the Syrian civil war, the ways in which it is being emphasised has obscured and derailed attention from the root causes of GBV and discrimination as well as from transformative endeavours that could disrupt the current status quo (see Bessa 2019).

Such large-scale and co-ordinated efforts to fund both emergency and development issues in Lebanon have prevailed since the Syrian crisis. Nonetheless, these funding and intervention programmes present many other challenges, partly in the alliances and strategic partnerships they choose to make which further impede the possibilities of implementing transformative measures. This is an issue frequently singled out by activists, and it is a prominent fault line between activists who choose to work with the government and those who do not (Moughalian and Ammar 2019).

The GoL is a key partner in all the funding schemes outlined above, despite the structural problems previously described that it allows and enables:

The Lebanese government doesn’t have a strategy that was a resultant of the needs of the women and girls. (Activist and CSO founder, interview, Beirut, 15 June 2021)

Lebanon’s version of state feminism, the NCLW, doesn’t advocate for women in a feminist, intersectional way. (Activist and academic, interview, Beirut, 24 April 2021)

In the work that is currently being done, especially from the government, it lacks a human rights approach in a complete way. (Activist and academic, interview, Beirut, 15 June 2021)

The alliance presents a conflict for many activists, as the GoL, including the NCLW, consistently demonstrates a lack of a national commitment to the eradication of GBV and the guaranteeing of sexual and reproductive rights, deferring responsibility to civil society for providing services. The partnership has also left issues of systematic reform in this regard untouched, and the NCLW has so far failed to break with this complicity. While the NCLW and GoL have devised many strategies on women’s rights and prevention of GBV, the scale and extent of their implementation has been unclear or limited (GoL, 2019). Sexual health, in particular, has not been addressed directly by these strategies and no comprehensive actions have been taken to tackle the issue (*ibid.*). Another implication of establishing alliances with the state (whether the GoL

or NCLW), is that certain communities remain excluded from the design of these initiatives regardless of their increased needs for such measures, as they are either criminalised or ignored by the state. As such, sex workers, migrant workers, LGBT persons, women with disabilities, and the organisations that advocate for these populations, are largely left out of these interventions, and their needs are left unaddressed and unattended (see Fried and Kowalski-Morton 2008). This is the case, for example, in the National Lebanon National Action Plan on UN Security Council Resolution 1325, which does not address any of the aforementioned populations (NCLW *et al.* 2021).

### Implementing funding schemes: impacts on activist agendas

Attention to cases of GBV and provision of SRH services, as well as advocacy and lobbying for these causes, is in the greatest part undertaken by CSOs and activists in Lebanon. For GBV, activities mostly included the provision of shelter for survivors of violence, legal assistance, case management, referral for medical attention, and psychosocial support. Medical attention was limited to a small circuit of hospitals or clinics with the equipment and expertise to tend to such cases of violence. As for SRH services, organisations provided a range of options such as sexually transmitted infection testing, support for treatment, provision of contraceptives, advising and consultations, psychosocial support, and referral to trusted health-care providers (ABAAD and UNFPA 2020). Concerning both GBV protection and provision of SRH services, efforts are continuously made to distribute attention throughout all regions of the country, with mobile services often used to reach remote areas and refugee communities (UNHCR 2017). These groups also engaged in media campaigns and political advocacy regarding their respective causes, such as *Ismha Jarima* ('It's called a crime'), a campaign against domestic violence crimes, or *Jeyetna* ('It has come to us', a play on a colloquial form of calling menstruation), a campaign to raise awareness on menstrual health and tackle period poverty.

While the GoL and the NCLW are partners in funding schemes, strategies mainly focus on implementation of these goals through CSOs, headed by women activists prominent in advocacy surrounding such issues.<sup>6</sup> Despite GBV and SRHR being integral parts of funding programmes, donor agendas, and resource allocation, the GoL never issued a statement or implemented any measures on the issue. The 'NGOisation' of women's movements has been identified frequently by experts on development (Alvarez 1998; Jad 2003) as a phenomenon linked to shrinking state commitments and capacity, fragmentation of actors, privileging of wealthier, better-established NGOs and actors aligned with donor visions, as well as promotion of competition between organisations (Campbell and Teghtsoonian 2010):

There's this huge expectation that NGOs are the only ones or the only entity that should deal with gender-based violence, which is not a bad thing, but at the same time, this absolves the state or the government from its responsibility. (Activist and CSO member, interview, Beirut, 23 April 2021)

As previously mentioned, rather than systemic reforms or comprehensive and far-reaching programmes, service provision remains fragmented and limited to organisational capacities and scales of outreach. While the latter have been making efforts to diversify their beneficiaries and provide for marginalised communities and territories, these initiatives remain limited to a handful of towns, facilities, and programmes that may not substitute for an integral approach to GBV prevention and SRHR (see Mayhew 2002). The same is true of the type of attention provided: while lobbying, policy development, media campaigns, and research activities take place, during the pandemic, economic crisis, and subsequent to the Beirut port explosion activists and organisations saw their work redirected towards immediate and emergency service provision, such as shelters, legal assistance, psychosocial support, and so on. While these services are certainly much needed and critical, their scale is too limited and their reach too fragmented to be universally accessible to all those who need it. Many activists in local and international CSOs admitted that the sudden inflow of funds for basic goods and services were at times overwhelming, especially when funders instructed the money be used for services that some organisations did not usually provide:

There are a lot of organisations who have had to fill in the gaps of emergency response ... The ones who have had to take on that role were organisations that usually do a different type of work. (Senior official, funder, interview, Beirut, 13 April 2021)

When we don't have a strong infrastructure and we weren't prepared enough, we will always be going to find challenges in the work that we do, especially when it comes to humanitarian aid in the time of emergency and crisis. (Activist and CSO founder, interview, Beirut, 16 April 2021)

I think everyone was very focused on providing food, basic needs, you know? Protection services were kind of complimentary to each project, but most funds were focused on cash assistance, emergency food, hygiene kits ... I don't believe that there was even appetite from the donors' side to invest in other areas. (Senior officer, CSO, interview, Beirut, 24 May 2021)

Moreover, CSOs themselves struggled to maintain operations within the multiple public health, economic, and political crises. Their ability to withdraw foreign money donated to them was severely limited due to capital controls and the official currency exchange value in many cases dwindled the amount of their allocated money and exacerbated their issues with outreach and capacity. While some organisations would resort to unofficial exchange bureaus, this method would often not be approved by funders and could not be reported as a proper use of funds:

One challenge we have in Lebanon that we struggle with and our partners struggle with is the banking system. How do we get money in that doesn't reduce its value? Or even, how do we get money in that we can actually get out? That's a major challenge for Lebanon. (Senior official, funder, interview, Beirut, 13 April 2021)

With the whole banking system going crazy, things are not easy for us anymore ... [The banks] want to give me the money at the rate of 1,500 [and] I cannot go to [an unofficial] money exchange person because then that's the liability [for the donor who] would need their proof about the daily rate and when we did [the] exchange and all of that. (Activist, interview, Beirut, 17 June 2021)

## Conclusion

This research has identified several problems in the approach to aid and funding towards issues of GBV and SRH in Lebanon. Key findings reveal the imbalance of power between donors and local actors and show that partnership with the state results in exclusions of certain problematics and populations. Funding schemes also create an over-reliance on CSOs that suffer from limited capacity, which neglects transformations and creation of state institutions and infrastructure. Funding schemes intend to create sustainable mechanisms that would provide a solid foundation for addressing issues such as GBV and SRHR. However, they end up providing a scattered emergency response that undermines attempts at structural transformations. These findings echo critiques of humanitarian intervention, with the addition of a feminist critique that finds that patriarchal regimes remain unchallenged through these measures.

In response to these glaring gaps, feminist activists including those involved in emergency relief deplored the gaps in humanitarian policies and programmes co-opted by the GoL and funded by the donors previously mentioned. This was apparent in our interviews with such key actors. Many were vocal about the ways in which much of humanitarian response neglects the most vulnerable and, as such, continues to fail in recognising the ways in which women and girls, as well as other vulnerable groups, have been disproportionately affected by the combined effect of the blast as well as the growing economic disaster in the country. Advocacy efforts, however, were precisely those that ended up most undermined in donors' flurry to tend to the most basic needs of residents of Lebanon in response to the consequences of the COVID-19 pandemic, port explosion, and economic collapse.

In order to address these issues, donors and large-scale funders must promote efforts for structural reforms conducive to the eradication of GBV and the promotion of SRHR. They must support large-scale research and diagnostics about women's lived experience of GBV and needs for SRH services, and draw on findings in funding scheme and programme design. Additionally, funders need to implement flexible measures related to project design and disbursement of funds towards civil society partners and incorporate feedback and recommendations received from them. Further, they must support expanded alliances, especially within global feminist networks and coalitions, and increase resources for Women's Funds and Feminist Funds for the Middle East and North Africa region.

## Notes

1. There exist 12 Sunni first-instance courts, 16 Ja'fari first-instance courts, six first-instance Druze courts, one Catholic first-instance court per diocese, and one Orthodox first-instance court per archdiocese in Lebanon.
2. Lebanon has a large migrant community, with at least 34 per cent of its population consisting of non-citizens. Lebanon's 6.86 million inhabitants include about 1.5 million Syrian refugees (GoL and UN 2021), between 193,000 and 241,000 Palestinian refugees, including around 18,000 Palestinian refugees from Syria (Lebanese Palestinian Dialogue Committee *et al.* 2018). Lebanon does

not legally recognise the category of ‘refugee’, meaning that these may only seek legal residency on grounds of employment (through the Kafala system), family ties, tourism, or education (Mahdi 2021).

3. As of 2020, about 89 per cent of refugee households are believed to be living below the poverty line (UNHCR *et al.* 2020).
4. About 250,000 migrant workers live in Lebanon, of whom an estimated 76 per cent are women. Migrant workers usually hail from countries such as Ethiopia, Eritrea, Bangladesh, Sri Lanka, and the Philippines (Amnesty International 2019).
5. Family planning services are often unaddressed in humanitarian funding, as seen in Tanabe *et al.* (2015).
6. Except in certain cases where SDCs are used for assistance or referral. SDCs also rely on the support of CSOs.

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