

Rapid Gender Analysis:

Situation of Displaced Adolescent Girls and Young Women in Lebanon

November 2024



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Most importantly, we are deeply grateful to the girls and women who participated in the survey. Their willingness to share their experiences and insights has provided the foundation for this report and its recommendations. Their voices are at the heart of this work, and we hope this study contributes to meaningful change in their lives and communities.



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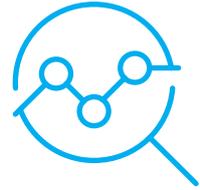


I. Executive Summary

The situation in Lebanon has been worsening for the past years pushing more and more men, women, boys, and girls into the darker shades of vulnerability. UNICEF Lebanon conducted a Rapid Gender Analysis (RGA) that aimed at identifying the priority vulnerabilities, risks and experiences faced by women and girls who were displaced due to the war in Lebanon. The RGA adopted a mixed-methods approach, using both qualitative and quantitative data. The quantitative data consisted of a closed-ended survey administered to a sample of 500 adolescent girls and women ages 11 to 24 years who were accessing services provided by two implementing partners (TDH Lausanne and Fe-Male). The qualitative part of consisted of focus group discussions with frontline workers. The data was collected between mid-October and early November.

The main concerns reported by displaced girls and young women were lack of privacy, unsafe access to sanitation, deterioration of mental health, restrictions on girls' movements and lack of awareness of GBV and PSEA reporting mechanisms. A majority of 69% reported not having privacy where they reside during displacement, with 43% of girls and young women reported feeling unsafe to access toilets at night, and 42% reported feeling unsafe to access showers. The impact of the escalation on mental health of displaced girls and young women residing in shelter and host communities was considerable with 80% reporting their mental health becoming worse after September 23rd, with 42% not feeling comfortable to request mental health services. Restrictions on girls' movements was reported mostly for those residing in shelters due to safety concerns which leads to an increase in girls' isolation. Lack of awareness on how to report GBV and PSEA among girls and young women, with 57% not aware of GBV reporting mechanisms and 61% not aware of PSEA. It is important to note at girls and young women reported good access to medical services for both Lebanese and non-Lebanese.

Additionally, the situation for displaced non-Lebanese girls and young women was worse compared to their Lebanese counterparts when looking at the ability to identify suitable shelters, at relationships with friends, family and the community, the unsafe access to basic services and lack of privacy. Indeed, identifying suitable shelters by non-Lebanese is still a vast challenge due to discrimination which raises protection concerns, especially for most vulnerable non-Lebanese families due to intersecting vulnerabilities such as women headed households, families with high number of children, families with children with disabilities. Lastly, displaced girls and young women were on survival mode and still processing their new realities, with boredom becoming part of their daily lives as time passes.



II. Background

The ongoing hostilities in Lebanon have thrust the country into a humanitarian crisis. Intense airstrikes and armed conflict have caused massive displacement, particularly in southern Lebanon, the Bekaa region, and Beirut's southern suburbs. By late November 2024, the Lebanese government estimates over 1.2 million people affected by the conflict, with 878,497 IDPs already counted by IOM (69% women and children) including 191,000 IDPs residing in collective shelters with limited access to basic services. These disruptions have significantly increased the demand for food, shelter, health services, and protection. Approximately 70 percent¹ of displaced women report feeling unsafe in their new environments, often lacking secure channels to report incidents which contributes to a climate of insecurity and fear in displacement shelters and within host communities.

Compounding the crisis are Lebanon's longstanding system-level vulnerabilities. Economic instability and weak social safety nets have left many families vulnerable to the rising food prices and limited safe, formal livelihoods. Displacement is leaving women and girls vulnerable to negative coping strategies, including reduced food intake, exploitative labour, and child marriage. Concurrently, barriers to accessing quality healthcare, particularly maternal, sexual and reproductive health services, have severe implications for women's and girls' well-being. Limited access to menstrual health supplies also compromises health.

Against this backdrop of a renewed intensification of the conflict and increased displacement, the international community must deliver a gender-responsive humanitarian response that addresses the immediate needs while fostering resilience and empowerment for women and girls. Women and girls – especially adolescent girls, those with disabilities, pregnant and lactating women, and female-headed households – must remain at the forefront of a humanitarian response that prioritizes equity in action to achieve equality in results.



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¹ 2024 UNFPA Lebanon Situation Report #3 - November 2024 https://www.unfpa.org/sites/default/files/resource-pdf/Lebanon%20Sitrep%203_October%2015-31%202024.pdf



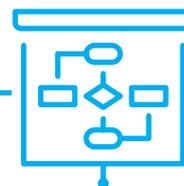
III. Purpose and Objective

UNICEF conducted a rapid gender analysis (RGA) to quickly gather and analyse the unique needs, risks, and vulnerabilities faced by displaced girls and young women (11 – 24 years) in the South, Beirut, Tripoli and Chouf areas in Lebanon. The RGA examined the gendered impacts of the ongoing crisis and outlines actionable insights that can guide humanitarian response efforts coordinated by UNICEF and partners. The primary aim was to ensure a coordinated, multisectoral humanitarian response that adjusts to the specific challenges and inequalities affecting displaced adolescent girls and young women and inclusive of their voices and leadership in decision-making.

Additionally, this RGA focused on identifying the priority vulnerabilities, risks and experiences faced by women and girls. UNICEF is concurrently working to ensure that boys – from infancy and early childhood through adolescence and early adulthood are supported with age- and gender-responsive support. This RGA, however, is informed by an underlying equity principle which affirms that men’s and boys’ access to resources and assets (social, human, physical, financial) place them, on the whole, at a comparative advantage regarding their resilience to shocks and abilities to navigate displacement.



IV. Methodology & Limitations



The study adopted a mixed-methods approach using quantitative and qualitative data collection and analysis. The quantitative part entailed a short survey administered face-to-face with adolescent girls and women ages 11 to 24 years and the qualitative part entailed focus group discussions (FGDs) with frontline workers from two implementing partners².

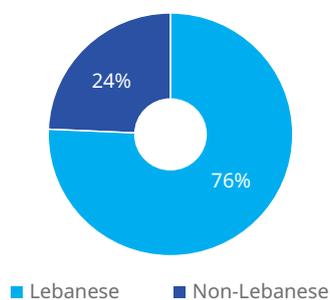


A. Participants

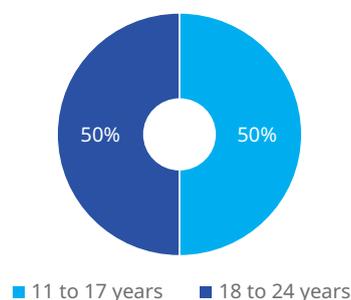
Using convenient sampling, the quantitative survey was administered to 504 adolescent girls and young women. The participants were displaced due to the war in Lebanon and resided with host families, in collective shelters or on the streets. Participants average age was 17, ranging from 11 to 24 years. Most of the respondents (76%) were Lebanese, 20 percent were Syrian refugees, and the remaining four percent were Palestinian refugees.

Out of the total sample, eight percent of respondents reported having some type of disability. Sixty-six percent resided in the collective shelters, 32 percent resided with host families, and the remaining two percent reported being homeless. More than half (55%) of all respondents have been displaced once, 27 percent were displaced twice, 12 percent were displaced three times, and the remaining seven percent were displaced more than three times.

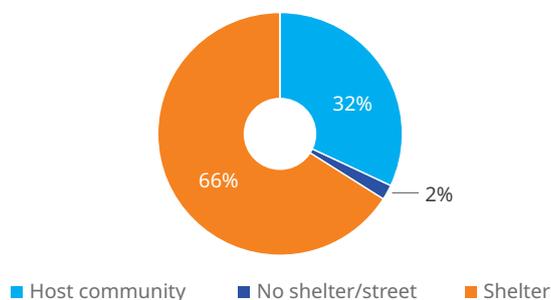
Nationality breakdown



Age breakdown



Occupancy Type



² Terre des Hommes (TDH) Lausanne and Fe-Male.

The FGDs included purposefully selected frontline workers; the key selection criteria was their direct work with displaced adolescent girls and women. A total of 10 participants were recruited across three FGDs, each consisting of three to four participants. Participants were recruited from two UNICEF partners, TDH-Lausanne and Fe-Male, working in the South, Beirut, Tripoli, and Chouf areas.



B. Survey Tools and Focus Group Guide

The study used a structured survey consisting of 22 close-ended questions. The survey included questions on demographics, access to services, feeling of safety using the toilet or bathroom, engagement in household chores, relationship status with friends, family, and community, mental health situation, and knowledge on reporting violence and sexual abuse and exploitation allegations. Respondents took approximately 10 minutes to complete answer all of the questions.

UNICEF developed a semi-structured FGD guide to explore frontline workers' perceptions of the situation of displaced girls and young women. The FGD guide consisted of 17 open-ended questions and covered the following themes: general trends, safety, access to services, relationship in household and with community, spending time and dreams and aspirations. The FGD sessions required around two hours to complete.



C. Limitations

The RGA findings do not apply to the general population as it is only targeting a specific population and non-probabilistic sample was used. Also, respondents' familiarity with the data collectors can bias their responses. To mitigate this bias, all participants were informed that their responses were strictly confidential and TDH/Female staff collecting the data were trained to protect their privacy. Participants were reminded that they have the right to refuse participation or withdraw at any time without any impact on their access to services or relationship with TDH/Female staff. Another limitation is the inability to report on the situation of women and girls not living with host families or in shelters. The data collectors attempted to reach this group; however, due to security situation, data collectors were only able to speak with 11 respondents and thus this RGA does not report these findings.



D. Data Analysis

For the quantitative survey data, analysis was conducted using IBM SPSS Statistics software. Descriptive statistics were calculated to summarize participant demographics and response distributions. The qualitative data from the FGDs were analyzed using a thematic analysis approach. Field notes were compiled and organized, allowing for systematic review and identification of recurrent themes across discussions.



E. Ethical Considerations

Ethical approval for this study was obtained from HML IRB (#973LEBA24), ensuring compliance with ethical guidelines and standards for research involving human participants.



V. Results

This section summarizes key results and presents more detailed thematic results (See A – J).

The main concerns reported by displaced girls and young women were lack of privacy, unsafe access to sanitation, deterioration of mental health, restrictions on girls' movements and lack of awareness of GBV and PSEA reporting mechanisms. The report found:

- Privacy in shelters and in host communities was a protection concern for displaced young women and girls with a majority of 69% reporting not having privacy where they live.
- Accessing showers and latrines was an important safety concern for girls and young women mostly residing in shelters. Specifically, 43% of girls and young women reported feeling unsafe to access toilets at night, and 42% reported feeling unsafe to access showers. Some risk mitigation measures have been identified and are implemented by women and girls in shelters.
- Impact of escalation on mental health of displaced girls and young women residing in shelter and host community was considerable with 80% reporting their mental health becoming worse after September 23rd. This was coupled with 42% not feeling comfortable to request mental health services (44% for Lebanese compared to 33% for non-Lebanese), aside from the gap in available services.
- Restrictions on girls' movements was reported mostly for those residing in shelters due to safety concerns which leads to an increase in girls' isolation.
- Lack of awareness on how to report GBV and PSEA among girls and young women, with 57% not aware of GBV reporting mechanisms and 61% not aware of PSEA. Most are aware that humanitarian aid was free.

Additionally, the situation for displaced non-Lebanese girls and young women was worse compared to their Lebanese counterparts when looking at the ability to identify suitable shelters, at relationships with friends, family and the community, the unsafe access to basic services and lack of privacy. Analysis revealed:

- Identifying suitable shelters by non-Lebanese is still a vast challenge due to discrimination, which raises protection concerns, especially for most vulnerable non-Lebanese families due to intersecting vulnerabilities such as women headed households, families with high number of children, families with children with disabilities,
- Displaced Lebanese women and girls reporting relatively good relationships with friends, family and community even after the September 23rd escalation, with significant difference among non-Lebanese. Indeed, more non-Lebanese young women and girls reported a distant relationship with community, friends and family compared to Lebanese, leading to further isolation among non-Lebanese women and girls (27% Lebanese reported a well-connected relationship with their community, with only 7% for non-Lebanese). This is important since relationships between friends, family and community is crucial for girls and young women, especially during displacement, due to the usual increase in isolation and fragmentation of support networks in emergencies. Good relationships usually lead to less isolation and stronger support networks.
- Non-Lebanese feeling more unsafe to access basic services compared to Lebanese due to discrimination and fear of maltreatment. In particular, 74% of Lebanese respondents had access to essential needs, compared to 66% among the non-Lebanese.
- More non-Lebanese women and girls (77%) reporting not having privacy compared to their Lebanese counterparts (66%).

It is important to note that girls and young women reported good access to medical services for both Lebanese and non-Lebanese and good access to basic needs for Lebanese only. Displaced girls and young women reported 11 hours average of care work in the preceding seven days, which usually impacts girls and women's access to learning and employment. Lastly, displaced girls and young women were on survival mode and still processing their new realities, with boredom becoming part of their daily lives as time passes.

The next section outlines detailed RGA results (and charts) for ten thematic areas:

- | | |
|--|-------------------------|
| A. Access to Shelters | F. Care work |
| B. Privacy (Safety) | G. Interrelationships |
| C. Health Services | H. Mental Health |
| D. Essential Needs (or the REVISED HEADER) | I. GBV/PSEA |
| E. Sanitation (Safety) | J. Time Spent (Changes) |



A. Access to shelters

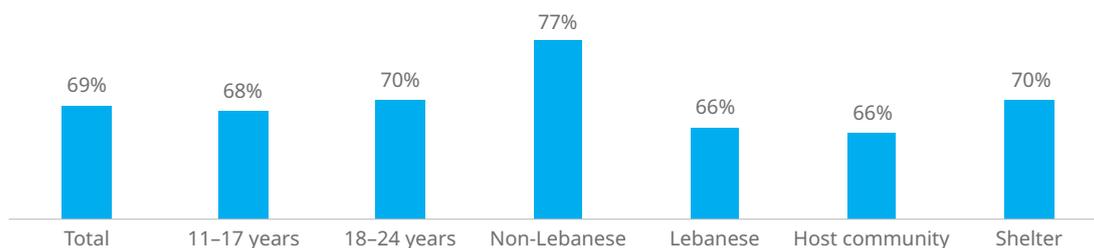
Frontline workers reported challenges faced by Syrian girls and young women to find suitable shelters due to discrimination. This was leading to tremendous safety concerns, especially for most vulnerable Syrian families due to intersecting vulnerabilities such as women headed households, families with high number of children, families with children with disabilities.



B. Privacy

Privacy in shelters and in host community is a main concern for displaced young women and girls, which links to feeling of safety. The majority (69%) reported not having privacy where they live. The results did not differ between age groups and occupancy type. However, there was a 10 percentage points difference between Lebanese at 66 percent and non-Lebanese at 77 percent.

Percentage of girls and women who do not having privacy where they live



C. Health Services

Frontline workers reported that most women and girls have safe access to medical services with transportation cost being main access barrier. Of the total respondents, 62 percent reported having access to health services. There was a four percentage points difference between girls of ages 11 to 17 and women ages 18 to 24, with 64 percent and 60 percent, respectively. Similarly, 63 percent of Lebanese participants had access to health services as opposed to 60 percent of non-Lebanese participants. When accessing the health services, 19 percent reported feeling unsafe, 37 percent felt normal, and 44 percent felt safe.



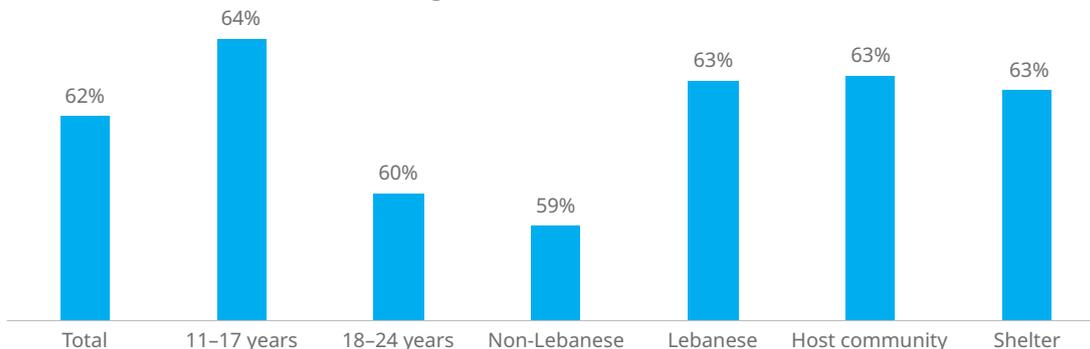
D. Access to grocery items

With regards to accessing grocery items, 72 percent reported having access. The results show variation between nationalities and occupancy type. Specifically, 74 percent of Lebanese respondents had access to grocery items, compared to 66 percent among the non-Lebanese. There was an eight percentage points difference between those living in the host community (79%) and those living in the collective shelters (71%). In terms of safety when accessing grocery items, 26 percent reported feeling unsafe, 33 percent felt normal, and 41 percent felt safe. Safety levels also varied by age, nationality, and occupancy type.

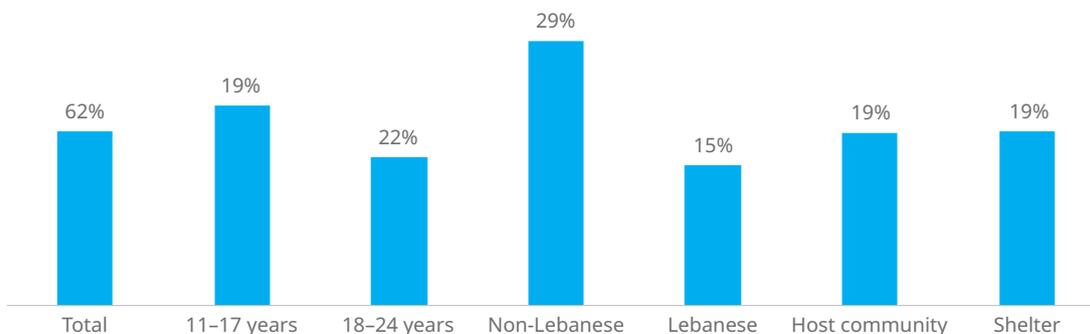
Twenty nine percent of girls ages 11 to 17 felt unsafe accessing grocery items, compared to 23 percent among women ages 18 to 24. Lebanese participants felt less unsafe compared to non-Lebanese participants, at 23 percent and 35 percent respectively. As for those living in the host community, 20 percent felt unsafe, whereas as those living in collective shelters 29 percent felt unsafe.

Feedback from frontline workers were in line with the quantitative results whereby Syrian young women and girls have less safe access to basic services compared to their Lebanese counterparts due to experience of discrimination from service providers and fears of maltreatment from communities on the way to access basic services.

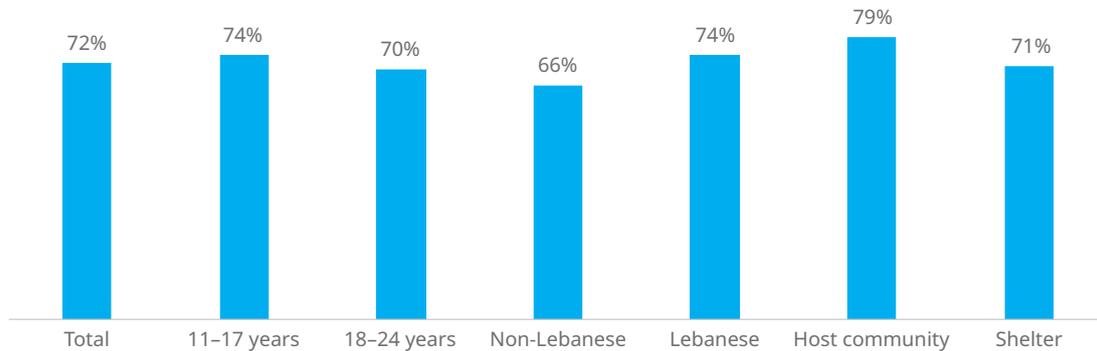
Percentage of girls and women who reported having access to health services



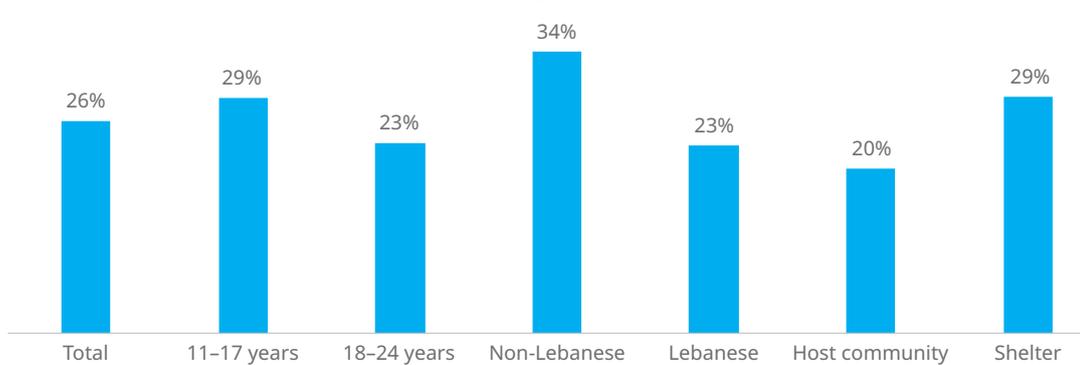
Percentage of girls and women who felt unsafe accessing the health services



Percentage of girls and women who reported having access to grocery items



Percentage of girls and women who felt unsafe accessing grocery items



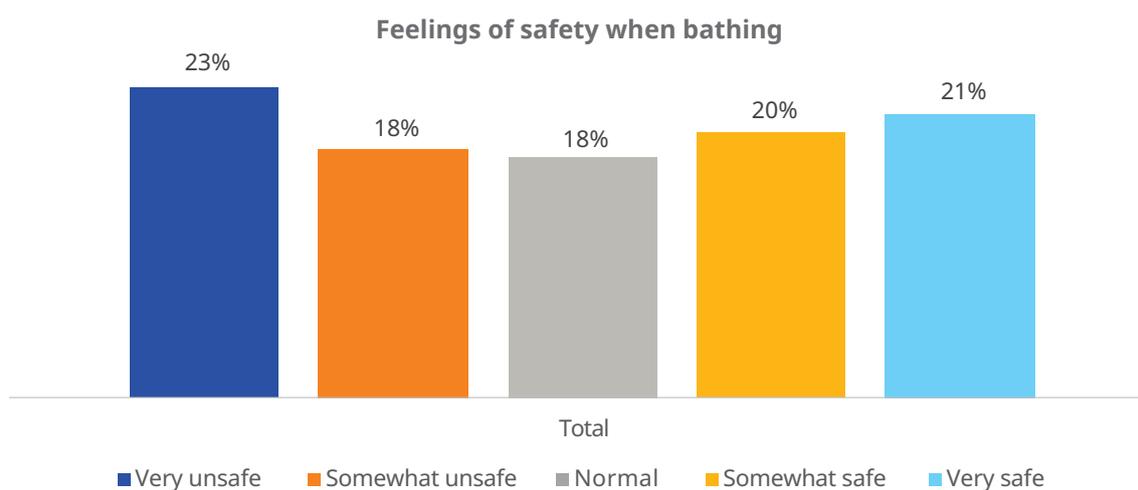
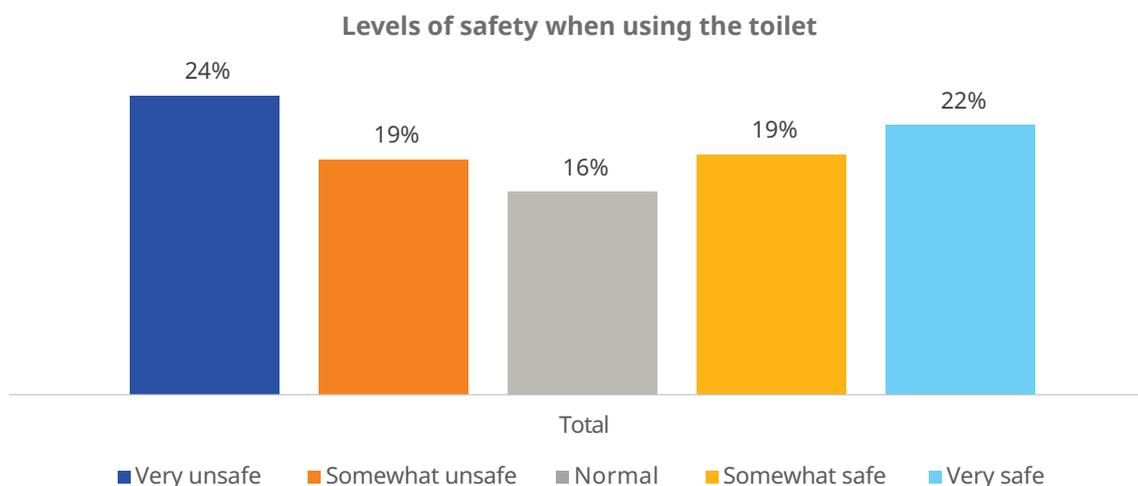
E. Sanitation Safety

Accessing showers and latrines was a major safety concern for girls and young women residing in and outside of shelters according to the qualitative and quantitative data. When asked if they feel safe accessing the toilet alone, 43 percent reported feeling unsafe, 16 percent felt normal, and 41 percent felt safe. The results show no significant variation between age groups and nationalities. However, there was a great disparity between those residing in the host community and those in the collective shelters. Specifically, 54 percent of participants residing in the collective shelter felt unsafe, compared to only 16 percent among participants residing in the host community.

As for feeling safe when bathing, 42 percent felt unsafe, 18 percent felt normal, and 41 percent felt safe. Similar to the toilet access, the results show no difference between age groups or nationalities. There was 33 percentage point difference in feeling unsafe between participants living the host community (18%) and those living in the collective shelter (51%).

Frontline workers emphasized on the unsystematic gender disaggregation or implementation of this disaggregation in shelters' toilets and showers, unsystematic availability of functional locks and light at night in shelters which puts girls and young women at higher safety risks when accessing latrines and showers. Moreover, people with disabilities face barriers to access sanitation due to lack of inclusive showers and latrines in shelters. However, girls and young women were implementing mitigation measures

with the support of their communities through scheduling women specific timings for showers, showering in their rooms or in their relatives' houses, and accessing toilets with their mothers and friends.

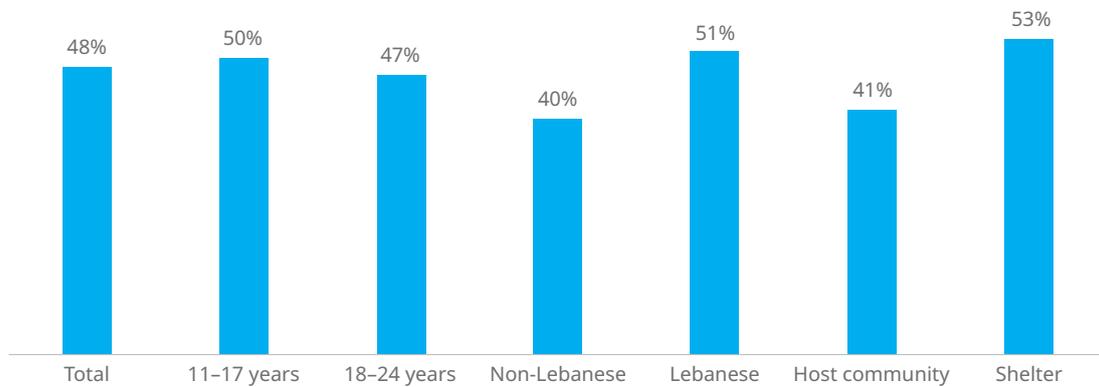


F. Care Work

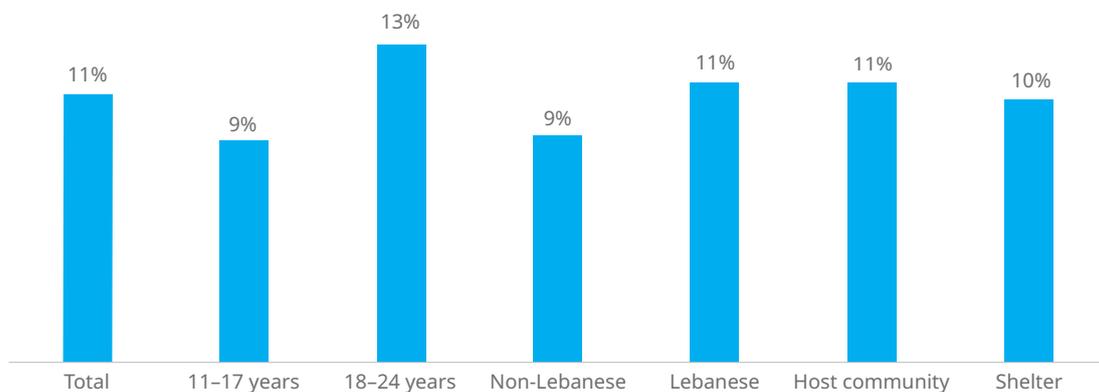
Girls and young women were asked if they were engaged in any household chores in their own place of residence (e.g., washing the dishes, cleaning the house, caring for an elderly or children, etc.) in the seven days preceding the interview. Almost half (48%) were engaged in household chores, with similar hours of work per week between age groups. As for nationalities, 51 percent of Lebanese participants were engaged in household chores as opposed to 40 percent among the non-Lebanese participants.

There was a 12 percentage points difference between those residing in the host community (41%) and those residing in collective shelters (53%). Girls and women engaged in household chores worked on average 11 hours in the preceding seven days. The number of hours increased with age, with 9 hours for girls ages 11 to 17 years and 11 hours for women ages 18 to 24 years. Also, Lebanese participants reported working 2 hours more than the non-Lebanese participants, 11 and 9 hours, respectively.

Percentage of girls and women who were engaged in household chores



Average number of hours per week of household chores



G. Interrelationships

Participants were asked to rate their relationship with their friends, family, and community. Regarding friends, 26 percent reported feeling far from their friends, 33 percent felt normal, and 42 percent felt well connected. The results vary across age groups, nationality, and occupancy type. Among women aged 18 to 24 years, 31 percent reported their relationship with their friends to be far compared to 21 percent among those ages 11 to 17 years. Additionally, the rate of friends being far is doubled when comparing non-Lebanese (42%) to Lebanese (21%). At occupancy level, there was a 10 percentage point difference between those residing in the host community and those residing in collective shelters, 32 percent and 22 percent, respectively.

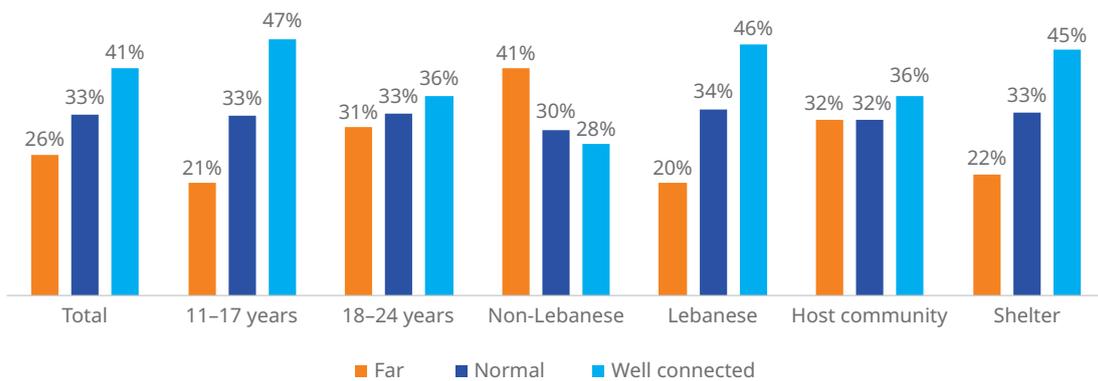
When asked about their families, 5 percent reported feeling distant, 27 percent reported a normal relationship, and 68 percent reported being well connected with their family. There was a 19 percentage points difference between Lebanese participants at 73 percent and non-Lebanese participants at 52 percent. Also, there was a 10 percentage points difference between those living among the host community (61%) and those living in collective shelters (71%). There was no difference between age groups.

As for the community relationship, the majority (52%) reported it being normal, 26 percent reported being distant, and 22 percent reported the relationship to be well connected. At the nationality level, 27 percent of the Lebanese reported a well connected relationship

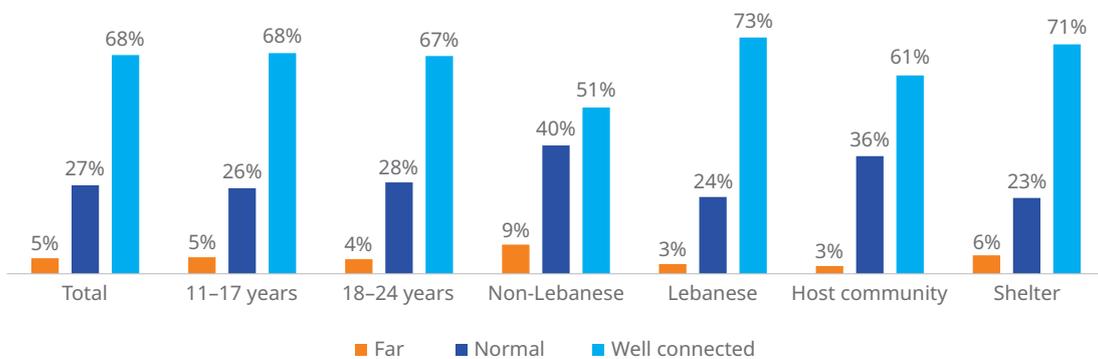
with their community, whereas only seven percent of the non-Lebanese reported it being well connected. Participants residing in collective shelter were more well connected with their community compared to those living among the host community, 27 percent and 13 percent respectively. There was no significant difference between age groups.

The quantitative results corroborate with the qualitative ones where frontline workers reported high level of isolation among Syrian displaced girls and young women. Restrictions on girls' movements were expressed among Lebanese and non-Lebanese due to safety concerns, which increased girls' isolation. These restrictions were more significant with girls residing in shelters compared to those in host communities.

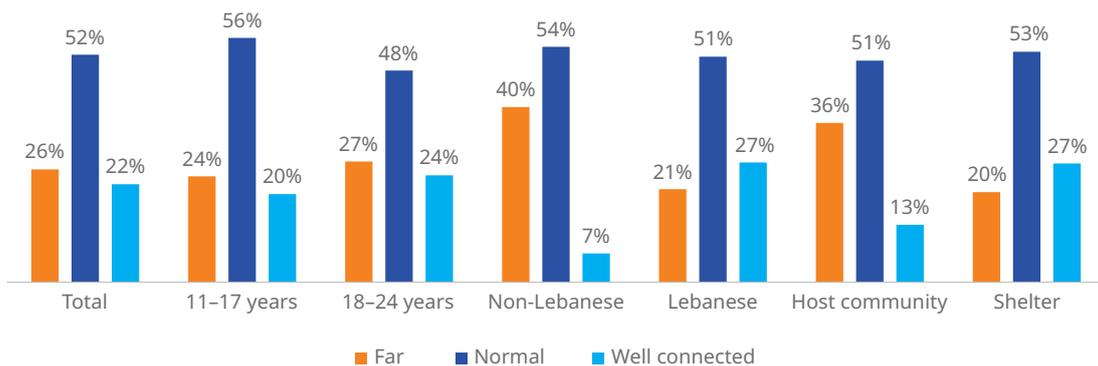
Relationship with friends



Relationship with family



Relationship with community



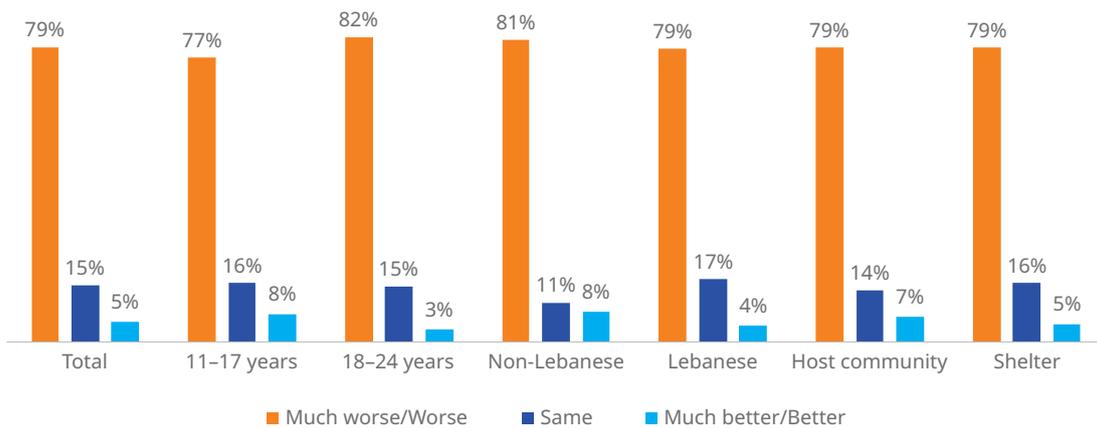


H. Mental Health

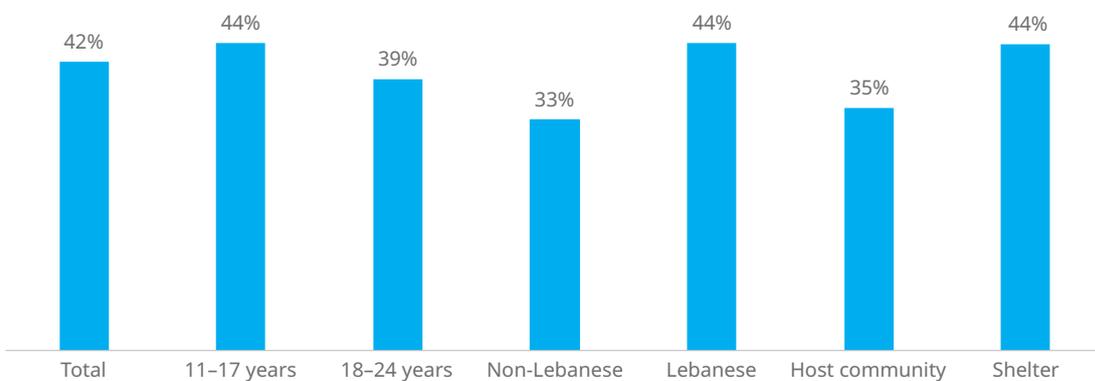
The September 23rd escalation impacted girls and young women’s mental health tremendously as per the FGDs and survey data. Participants were asked how their mental health has changed since September 23rd. The majority (80%) reported their mental health became worse, 15 percent reported their mental health to be the same, and 5 percent reported it became better. The results did not vary significantly between age groups, nationality, and occupancy type. Furthermore, 42 percent reported not feeling comfortable asking for mental health services. The rate is higher among Lebanese (44%) compared to non-Lebanese (33%) and higher among those residing in the collective shelters (44%) compared to those residing among the host community (35%).

Due to the increased intensity of shelling since September 23rd 2024, girls and young women emphasised on the higher mental health impact compared to post October 8th 2023. Girls and women who faced deaths in their families and whose families were separated face higher mental health impacts. The deterioration of mental health and lack of comfort to ask for mental health services among girls and young women was coupled with gap in available mental health services.

Change in mental health since September 23rd



Percentage of girls and women who do not feel comfortable asking for mental health services





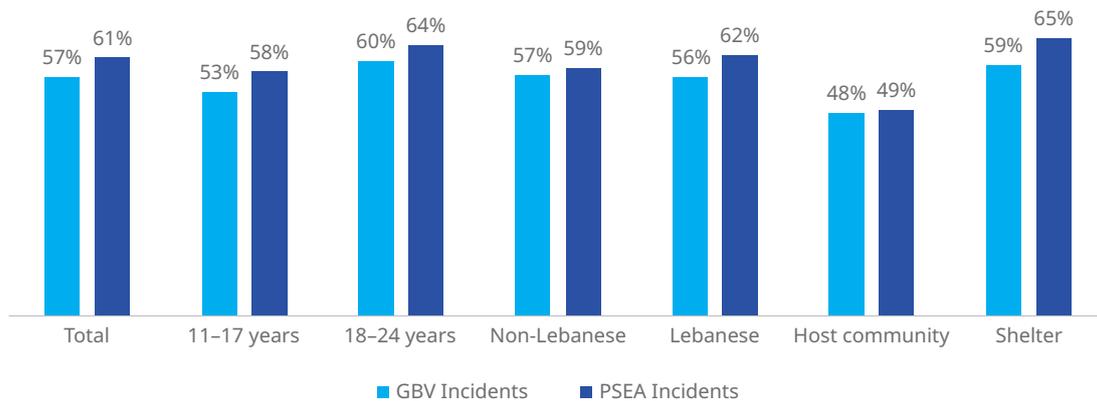
I. Reporting GBV and PSEA

More than half (57%) of respondents do not know who to contact if they were subjected to gender based violence. The rate was higher among the older group, 60 percent among women ages 18 to 24 years and 53 percent among girls ages 11 to 17 years. Also, the percentage of participants who do not know who to contact for violence was higher in among those residing in collective shelters (59%) compared to those residing in the host community (48%). There was no difference between nationalities.

Similarly, the majority (61%) did not know to whom they can report wrongdoings done by a humanitarian worker (PSEA). The rate was higher among women ages 18 to 24 years at 64 percent compared to girls ages 11 to 17 years at 58 percent. Also, the rate was higher among those residing in collective shelters (66%) compared to those residing among the host community (49%). There was no significant difference between nationalities.

The quantitative results were in line with FGD results whereby it was emphasized that almost half of girls and young women are not aware how to report GBV and PSEA, with more aware of GBV reporting mechanisms compared to PSEA. However, frontline workers confirmed that most girls and young women were aware that humanitarian aid is free.

Percentage of girls and women who did not know how to report GBV or PSEA incidents



Time Spent (Changes in Response to Displacement)

Frontline workers interviewed explained that displaced girls and young women were in survival mode since the September 23rd, 2024 escalation. They were focused on their physical safety and the safety of their family members from shelling. Many were still processing the fear they felt when leaving their towns and homes due to the intensity of the war and trying to accept their new realities. As time passed, boredom was settling in with girls and young women resorting to care work within their households and spending long hours on their phones or smoking shisha.



VI. Key Observations for Priority Actions



A. WASH

- Ensure safe and gender responsive wash designs: gender disaggregation, lights, functional locks, no holes in doors, bins for pads, privacy screens
- Regular GBV/ SEA risk mitigation, risk analysis and safety audits: consultations with women & girls leading to wash programmatic adaptations in shelters and host communities



B. Shelter coordination

- Advocate for prioritization of displaced families in shelters based on vulnerability instead of nationality
- Advocate for opening shelter options for non-Lebanese
- Create and designate areas for women and girls in shelters' common areas in coordination and discussion with the community and gatekeepers
- Ensure that the shelter is accessible for women, girls, and people with disabilities, at least to reach shared spaces and to access bathroom and showers
- Advocate for people with physical disability to be reside with their family in rooms at the ground floors of shelters
- Ensure shelter management is capacitated on GBV guiding principles and safe identification and referrals



C. Protection

- Ensure the availability of CP and GBV response and prevention packages of services
- Implement GBV prevention and response in shelters and host communities
- Advocate for funding for dignity and Lahaa kits to address period poverty and additional needs during displacement
- Add to the dignity and Lahaa kits: bras, razors and deodorant



D. Mental Health

- Advocate urgently for funding for Mental Health and Psychosocial support packages



E. Cross Cutting (Gender, PSEA, AAP)

- Implement multisectoral programming for/ with girls
 - Engage young women and girls in emergency sessions to navigate challenges and risks during displacement
 - Support the building of girls' groups to strengthen girls' solidarity and support network during displacement
- Ensure humanitarian actors work with PSEA in Country Network and relevant ministries on information sharing about the expected behaviour of humanitarian workers and how beneficiaries can report SEA via trusted reporting channels (ex PSEA posters, sending PSEA SMS)
- Integrate PSEA awareness sessions in all the activities of the programs and to ensure PSEA flyer accompany distribution of in-kind assistance.
- Conduct FGDs with adolescent girls about the safety and accessibility of high-risk programs on regular basis
- Strengthen the community-based reporting through network of female outreach volunteers
- Organize information sessions for girls and women to inform them of their rights, entitlements, and available reporting channels, for reporting any concerns related to GBV or staff conduct, such as SEA.

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Lebanon Country Office
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