



Restoring care, rebuilding communities: path to recovery for Lebanon

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Photo by Petra Cherrane

Key messages

- 1 Rebuilding the care infrastructure in Lebanon:** the widespread destruction of care infrastructure has disrupted essential services. Rebuilding and strengthening these facilities is critical to the country's recovery.
- 2 Supporting caregivers and addressing their needs:** caregivers in Lebanon face intensified burdens due to the war, with many now requiring support themselves. Providing livelihood assistance, emotional relief, and mental health resources is essential to sustaining their roles and support recovery in Lebanon.
- 3 Prioritizing displaced persons and recognizing their agency:** displaced persons face urgent care needs exacerbated by strained shelter capacity. Nonetheless, they possess valuable skills that can contribute to national relief and recovery. Prioritizing their welfare and involving them in care initiatives strengthens relief and recovery.
- 4 Safeguarding health-care workers:** protecting health-care workers who are on the front lines is essential to maintaining care services throughout and after the conflict.
- 5 Placing care at the centre of recovery:** making care central to Lebanese relief, recovery and development frameworks ensures that efforts are sustainable and inclusive, helping to strengthen families and community resilience in the country.
- 6 Investing in the care economy for the future of Lebanon:** prioritizing care is essential to stability and economic growth in Lebanon. Focusing on the care economy builds an inclusive society and prepares the country for a more resilient future.

Introduction

The ongoing war in Lebanon has devastated nearly every aspect of society, including the care economy. By October 2024, the war had killed **2,546 people**,¹ including **127 children**,² injured **10,698 people**,³ and displaced over **1.5 million people (IDPs)**,⁴ including **400,000 children**.⁵ This devastation includes the destruction of **13 hospitals** and **130 ambulances**,⁶ and the closure of **100 primary health-care centres**,⁷ which has left vast segments of the population without access to essential care. Overcrowded shelters, with **908 of the 1,095 IDP shelters at full capacity**,⁸ exacerbate the risk of infectious diseases and compound care needs.

Lebanese women, who provide **94 per cent of unpaid childcare**,⁹ have been disproportionately impacted. They now bear additional burdens owing to school closures, family displacement, and rising injuries, often balancing caregiving with limited access to employment and support. Moreover, the 2019 economic crisis severely impacted families' ability to afford paid care services, with many paid care workers losing their jobs. This strain has pushed the Lebanese care economy to breaking point, affecting both caregivers and care recipients.

Despite its crucial role, the care economy is frequently overlooked in policy responses to conflict. Governments and humanitarian agencies tend to prioritize immediate needs, such as food and security, and care recipients over caregivers. Without robust support systems, the strain on caregivers grows, leading to mental and emotional exhaustion, which further destabilizes families and communities.

Recognizing the central role of the care economy is crucial for recovery in Lebanon. The present policy brief highlights the critical challenges facing the country's care economy owing to the ongoing war, and offers strategic recommendations to prioritize care needs in both immediate relief, recovery and long-term development. Addressing these needs is essential for the well-being of caregivers and care recipients, and is crucial to sustainable recovery, economic stability and gender equality in Lebanon.

- **2,546** killed
- **10,698** injured
- **1.5 million** displaced



- **13** hospitals demolished
- **130** ambulances destroyed
- **100** primary health-care centres closed

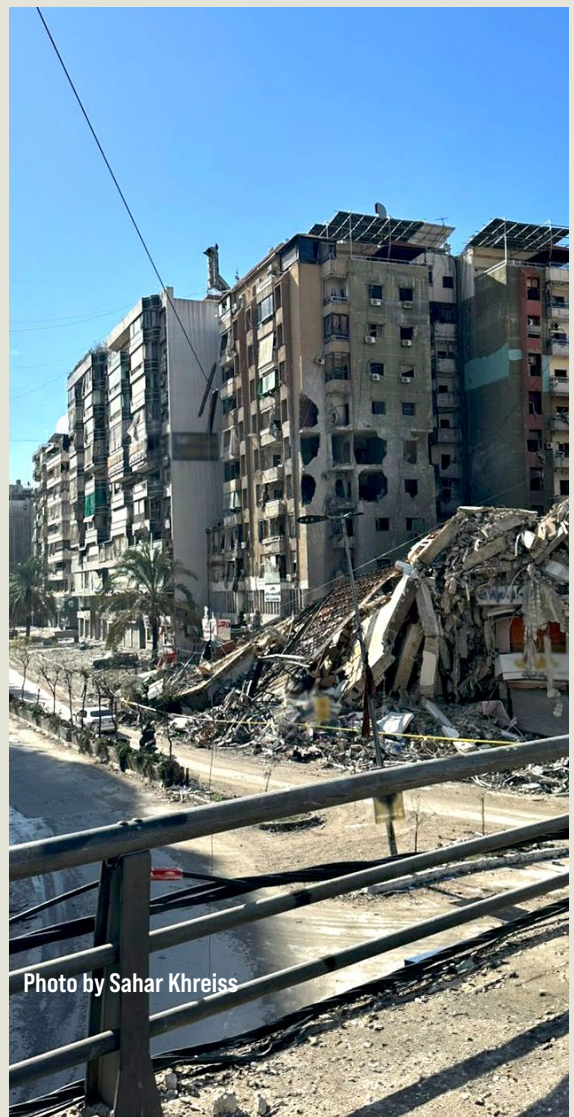


Photo by Sahar Khreiss



1. Key issues in the care economy during conflict

A. Disruption of care services

The conflict has devastated the Lebanese care infrastructure, leaving 13 hospitals, 100 primary health-care centres, and 130 ambulances out of service. This extensive damage has severely restricted access to health care, childcare, and care for older persons, particularly in high-conflict and displacement areas. The care system, already under pressure from the ongoing economic crisis, now faces overwhelming demand, with limited resources to meet the needs of vulnerable populations, such as children, older persons, and persons with disabilities. Around 1.5 million individuals have been displaced,¹⁰ including 191,516 people living in 1,095 overcrowded shelters, of which 908 are at full capacity.¹¹ This is further heightening health risks and straining the care system. A total of 102 licensed associations that previously served 10,000 people with disabilities have significantly reduced services due to economic hardship, highlighting the need for an urgent, structured response to rebuild the Lebanese care infrastructure.¹²

B. Increased burden on women

Lebanese women, who provide the vast majority of unpaid childcare, have faced intensified caregiving demands due to the war. School closures, family displacement, and health-care shortages have drastically increased their caregiving responsibilities. With a decline in accessible care services, women are now responsible not only for their children's home education but also for the care of injured family members and older relatives, including many in challenging displacement environments, further reducing their ability to engage in paid labour. This compounded caregiving burden has pushed many women into economic vulnerability. A lack of formal support systems is exacerbating gender inequalities and is pushing women deeper into poverty, even as they play a crucial role in sustaining their families and communities under extreme stress.

■ **191,516**

living in

1,095 overcrowded shelters

■ **102** licensed associations reduced services



C. Mental and emotional strain on caregivers

The mental health toll on caregivers has been profound. Paid and unpaid caregivers alike are contending with heightened emotional strain from the trauma of displacement, the loss of loved ones, and the immense caregiving responsibilities imposed by the crisis. Women, who make up the majority of caregivers, face additional stress as they juggle personal trauma and increased caregiving duties, leading many to suffer from anxiety, depression and burnout. The displacement and closure of care facilities, including for children, older persons and persons with disabilities, and limited mental health resources have left caregivers without adequate support to manage their psychological well-being, thus compromising their ability to provide quality care and increasing the risk of caregiver burnout.

D. Economic instability and lack of compensation for care work

The compounded economic crisis and the destruction caused by the conflict have left many families unable to afford formal care services, exacerbating reliance on unpaid care work. With large-scale destruction and

displacement, the country faces a shortage of care services, placing additional pressure on family members, particularly women, to assume unpaid caregiving roles. The war has also led to job losses among paid care workers, further destabilizing the economy and pushing caregivers into roles without economic recognition or compensation. Migrant domestic workers, a significant portion of the care workforce in Lebanon, have become particularly vulnerable, as they are often left without legal protection or access to shelters, further highlighting the urgent need to secure the livelihoods and well-being of all caregivers. The war has created a vicious cycle where caregivers, both paid and unpaid, are increasingly becoming care receivers themselves, due to their deteriorating living conditions and loss of economic independence.

E. Impact on children's development and education

The war has disrupted education for a large proportion of children, including **400,000 displaced children**, many of whom now lack access to schools and have limited ability to continue learning. This educational gap places additional caregiving responsibilities on families, particularly women, who must provide both care and education. The disruption in formal schooling has long-term implications for children's cognitive and social development and further

- **400,000** displaced children



- Disruption in formal schooling has **long-term implications** for children's cognitive and social development

limits future opportunities for girls, who are often taken out of school to assist with caregiving duties. This cycle risks perpetuating poverty, as it reduces the country's future human capital and impacts its long-term resilience.

F. Health-care worker shortages

The conflict has led to significant healthcare worker shortages, with **94 killed, 74 injured**, and many others displaced or fleeing due to safety concerns.¹³ The loss of trained professionals has increased pressure on untrained family members to manage complex caregiving tasks without necessary skills and resources. The destruction of health-care infrastructure has compounded the challenges for remaining health-care workers, who are struggling to meet the needs of injured and displaced populations with limited resources. Ensuring health-care worker safety and stability is vital for recovery and for sustaining the country's care systems throughout and after the war.



G. Lack of institutional support and policy frameworks

Institutional support for caregivers in Lebanon remains limited, and existing policy frameworks have proven insufficient to meet rising care demands. With **1.5 million displaced individuals**, including 191,516 people living in 1,095 overcrowded shelters, of which 908 are at full capacity, resources are stretched thin, and formal mechanisms to support caregivers are lacking. The Lebanese Government and humanitarian organizations have struggled to incorporate comprehensive care solutions into relief and recovery efforts. This lack of structured support leaves caregivers and care recipients in vulnerable positions, without essential financial, social or medical resources.

■ This crisis underscores

the urgent need for a comprehensive policy framework that addresses gaps in the care system



The war has highlighted the vulnerability of the Lebanese care economy, which remains unstructured and underfunded. This crisis underscores the urgent need for a comprehensive policy framework that addresses gaps in the care system and builds resilience within the caregiving network, so as to ensure sustainable support during and after recovery efforts.

2. Strategic policy recommendations

A. Rebuild and expand care infrastructure

Rebuilding the social care infrastructure in Lebanon is a top priority. Immediate efforts should focus on restoring essential services, with an emphasis on resilience to withstand future crises. International support can be leveraged to finance the reconstruction of hospitals, health-care centres, schools and nurseries, ensuring comprehensive care access for all affected populations, especially in high-conflict areas.

B. Support women and unpaid caregivers

The immense burden on women caregivers calls for targeted interventions. Supporting the livelihoods of caregivers and accounting for their needs is crucial. Moreover, establishing accessible mental health resources is essential to address the psychological toll of caregiving. Supporting women's economic participation by creating flexible job opportunities is vital to sustaining their livelihoods while they continue their caregiving roles.

C. Strengthen social protection for displaced persons

Displaced populations in Lebanon require immediate support to reduce overcrowding and prevent health crises. Expanded social protection programmes, including mobile health-care units and community-based services, can help deliver medical and psychological care in overcrowded shelters. By recognizing the skills and agency of displaced persons, these

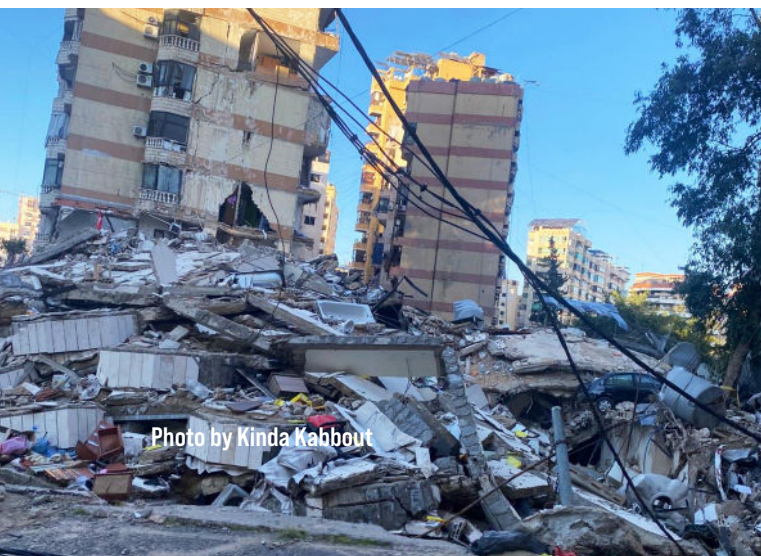


Photo by Kinda Kabbout

programmes can also incorporate displaced individuals into caregiving roles, facilitating community resilience and long-term recovery.

D. Integrate care into the national recovery plan

Care needs must be central to the country's national recovery and reconstruction efforts. The Lebanese Government should develop a comprehensive care economy strategy, which ensures that the rebuilding of care services is prioritized alongside broader economic recovery plans. This entails integrating care needs into all emergency and development frameworks, including rebuilding schools, nurseries and hospitals, and creating job opportunities in the care sector for both women and men. The recovery phase presents a unique opportunity to build a stronger and more equitable care system, which supports the return of displaced persons, and strengthens the country's long-term resilience and social fabric.

E. Invest in the care economy for the future

The care economy represents a high-return investment in the future stability and growth of Lebanon. Integrating care needs into national reconstruction and development policies will help build an inclusive and resilient society. Strengthening the care economy lays the foundation for long-term social and economic development, ensuring Lebanon is better prepared to address future challenges.

These recommendations could serve as a basis to guide relief and recovery efforts, so as to ensure that a care component is included as necessary. Action-oriented recommendations help to coordinate the contributions of numerous stakeholders, with the ultimate aim of addressing the needs of both care recipients and caregivers while building on the agency and capabilities of displaced persons.



3. Way forward: embedding care in relief, recovery and development

To address the multifaceted care needs resulting from the Israeli war in Lebanon, a three-stage approach, aligned with the United Nations continuum from relief to rehabilitation and

development,¹⁴ is recommended. This framework incorporates care as an essential component in each phase, and emphasizes the equal participation of men and women in its design and implementation.

A. Immediate humanitarian relief

The Lebanese Government, international organizations and non-government organizations (NGOs) must include care needs, such as babysitting, accompanying older and sick persons, and helping with education assignments, as a key component in all needs assessments and situation analysis shaping the humanitarian responses. Care recipients and caregivers' needs must also be mainstreamed in government plans, including the second National Action Plan on Security Council resolution 1325 on women, peace and security.

In this phase, it is necessary that stakeholders, especially international organizations and NGOs, tap into the potential contributions of IDPs and involve them when possible in the provision of needed care, including for children, persons with disabilities, older persons and the sick, as many of them may possess the agency and skills to assist others and contribute to their relief.

B. Rehabilitation and recovery

The recovery phase presents an opportunity to build back better social and care infrastructure, and expand it to ensure adequate, affordable, high quality and accessible care services in different areas of Lebanon. This is crucial as care is not only a must for dignity, well-being and human capital building, but also a pre-requisite for economic recovery since it overcomes a barrier to women's economic participation. The care economy can also provide new opportunities for men and women, and contributes to the economic recovery.

A national strategy should

- promote women's economic empowerment
- reinforce the importance of care in

fostering human capital, well-being and dignity for all



C. Development and long-term resilience

In the long term, Lebanon must establish a care-centred strategic vision that integrates care economy considerations into its broader development framework. This development response should include an economic expansion plan supported by international cooperation, with care at its core to ensure resilience and sustainable growth.

A national strategy on the care economy should address reforms in legal frameworks and public policies, linking care with economic, social and health objectives. The strategy should support gender equality by promoting women's economic empowerment and reinforcing the importance of care in fostering human capital, well-being and dignity for all. By prioritizing care within its economic and social recovery, Lebanon can lay the foundation for an inclusive and resilient society, equipped to face future challenges.



Photo by Rida Khreiss

Endnotes

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