



Situation Report

Lebanon- Beirut Port Explosion

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Contact Name: Asma Kurdahi
(Head of Office)
kurdahi@unfpa.org



@UNFPALebanon

@UNFPAINLebanon

lebanon.unfpa.org

Situation overview

The massive explosion that shook Beirut's Port, almost 4 months ago, caused widespread damage and it is becoming increasingly clear that Beirut and its population require time to heal its wounds. With over 80,000 properties damaged in the areas affected by the explosion and the arrival of winter and rain, it has become harder on the people of Beirut, many of whom are still awaiting for their houses to be rehabilitated.

On 12 November 2020, UNFPA, UNODC and UNESCO launched a joint youth-led initiative to promote youth engagement in supporting communities affected by the Beirut Port Explosion. Out of 105 proposals, fifteen partners were selected to implement innovative solutions such as: recycling; creating inclusive and green spaces; using drama and sports to relay messages; educating young girls on expressing themselves through film and new media; empowering youth to respond to the crises; healing psychological distress through play; developing online applications to reach out to the youth in need of innovative assistance; leveraging youth talents; adopting social innovations, social entrepreneurship and collective intelligence in the fight against corruption; and others. In order to minimize the risk of COVID-19 infections, all partners are taking extra precautionary measures throughout their activities, including engaging in virtual activities.

COVID-19 Update

The cumulative number of confirmed COVID-19 cases reached 127,903 as of 30 November 2020, an increase by more than 50,000 cases from the month of October, with 1,004 deaths. The Lebanese Government decided to impose a two-week lockdown from Saturday 14 until Monday 30 November to stem the resurgence of COVID-19, with a curfew from 5:00 to 17:00.

As of 30 November, there were 905 regular beds available, with 71 per cent occupancy rate and 456 ICU beds available with 78 percent occupancy rate. Furthermore, 8 new COVID-19 cases were reported among health care workers, bringing the number in that group to a total of 1,741.

According to the Shelter Cluster, At the beginning of November, approximately 95 per cent of the needs of rehabilitation are yet to be covered.. Different building typologies and high-urban density significantly add to the complexity – and the pace – of the response. In addition, many heritage and low-income dwellings were already in poor conditions before the explosions and often housing the most vulnerable segments of the population. While shelter partners continue to scale up their technical capacity, the pace of the response is impacted by the ability to quickly engage contractors and respond to identified needs. OCHA, Sit-Rep Beirut Port Explosion n.13, November 2020

Humanitarian needs

- The explosion reduced both the availability of, and access to, reproductive health services for pregnant and lactating women, with 40 per cent reporting a need for healthcare in support of infants and mothers (Lebanese Red Cross (LRC)-led Multi-Sectoral Needs Assessment (MSNA)).
- The continued provision of mental health and psychosocial support services (MHPSS) remains a key component of the health response, especially for the elderly and the most vulnerable segments of the population. Accordingly, the health response remains focused on the provision of outreach health services, including home-based care and nursing services. Health partners continue to also provide psychological first aid (PFA) sessions and gender-based violence (GBV) and sexual and reproductive health (SRH) consultations. A number of partners continue to support primary healthcare centres (PHCs) and provide emergency care, medical consultations, and Infant and Young Child Feeding (IYCF) counselling. The distribution of medical supplies, including PPE for compliance with infection prevention and control, is ongoing.
- According to the PIL/RTP assessment, the most frequently reported signs on children were: anxiety, worry, fear of loud noises, crying, screaming, sleeping disorders, emotional attachment, change in play behaviour (disinterest and lack of concentration), period problems, fear of war, extreme silence and avoidance of people and speech problems.
- Coverage of hospitalization fees remains a critical need, as many patients are unable to secure admission to hospitals without financial means or guarantees. According to the PIL/RTP assessment, several parents reported that their incomes were no longer enough, or that they have lost their jobs, which is likely to have a huge impact on their capacity to meet their children's basic needs such as food, milk, diapers, clothing, sanitary pads, cleaning products, medications and school fees.
- During monitoring visits, GBV partners reported that the referral to shelter and cash assistance is still a high priority, but remains challenging with very few cases successfully receiving the needed help because of the limited referral options compared with high needs especially in relation to access to cash and basic assistance. UNFPA continued to advocate for women and girls' needs to be prioritized in other sectors to ensure that individuals at risk of GBV can be successfully addressed. Partners also report that although the needs of women, girls and marginalized groups have been partially met, the blast seems to have had a longer term impact in increasing GBV risks in the area: it contributed to increased tensions within families and increased vulnerability to GBV for certain groups that have lost their houses and are facing major financial challenges (including female heads of households and members of LGBTIQs) that are more at risk of exploitation.



- Displacement and overcrowding increase both the risk of the spread of COVID-19 and the vulnerability of children and women to GBV including sexual violence.
- The need for infection prevention and control, as well as personal protective equipment (PPE) for humanitarian first responders and health care providers, remains essential due to the rise in COVID-19 cases.
- COVID-19 continues to place constraints on social, health and community workers affiliated with UNFPA partners. Due to the lockdown, sessions have been conducted remotely. Furthermore, some of the social workers and peer educators have tested positive for the virus and had to be in isolation.



UNFPA Response

Coordination

- UNFPA is working with the Ministry of Public Health, the Ministry of Social Affairs, UN agencies, INGOS, local NGO partners and other stakeholders to respond to the immediate needs of the affected population, with a focus on women and girls of reproductive age.
- In response to the Beirut Blast, a task force was formed to develop health packages, including for maternal care and reproductive health wellness. UNFPA is engaged in the task force and is supporting the development of the packages, while ensuring their full alignment with the national service delivery guidelines that are also being revised in partnership with the MOPH and the Lebanese Society of Obstetrics and Gynecology, with the support of UNFPA.
- UNFPA is co-leading the Sexual and Gender-Based Violence (SGBV) Task Force and coordinating the GBV Working Group, which oversees the coordination of the Beirut Blast Response.
- UNFPA has been selected to be the co-chair of the Protection from Sexual Exploitation and Abuse (PSEA) Network. The Lebanon PSEA Network serves as the primary body for coordination and oversight on protection from sexual exploitation and abuse by international and national personnel of the United Nations, NGOs (Non-Governmental Organizations) and IGOs (Inter-Governmental Organizations). The Network is responsible for the implementation of the IASC Strategic Priorities for PSEA, namely ensuring: Safe and accessible child and gender-sensitive reporting, quality and accessible survivor assistance, accountability and investigations.
- UNFPA is an active member of the Mental Health and Psychosocial Support (MHPSS) Task Force, an inter-agency group led by the Ministry of Public Health that coordinates the response for the Beirut Blast and provides technical support for the promotion of mental health, as well as psychosocial support. MOPH is also coordinating with the NMHP on the development of maternal mental health guidelines.
- UNFPA is co-leading the sexual and reproductive health sub-sector working group (RHSWG) with the Ministry of Public Health to ensure continuity of reproductive health services following the blast. This creates an ability to discuss emergency response and challenges faced by the RHSWG members in order to provide immediate support where needed. The last meeting of the RHSWG, held on 21 October, addressed maternal COVID-19 related infections, dissemination of new standard operational procedures (SOPs) on infant and young child feeding, interventions related to breast cancer campaigns and updates from partners about their crisis response activities.
- UNFPA is co-leading the Clinical Management of Rape Task Force (CMRTF), alongside the Ministry of Public Health. The group is supporting the Ministry's efforts to promote access to clinical management of rape services in the affected areas, both in Beirut and Mount Lebanon. UNFPA delivered 15 PEP, sufficient to address the needs of 750 adult and 150 child survivors of sexual violence, kits to MOPH to be provided to CMR facilities as needed.

- In partnership with the Lebanese Order of Midwives (LOM), UNFPA is supporting a network of midwives to ensure monitoring of identified COVID-19 infected pregnant women and provision of support and information on COVID-19 to women at reproductive age. The network of midwives is actively engaged in supporting cases admitted to 14 governmental hospitals with moderate to high load of deliveries. Between 1 to 29 November, a total of 66 COVID-19 infected pregnant women were admitted to the 14 hospitals and received support.
- Furthermore, LOM, in partnership with UNFPA, continues to provide support through a hotline on RH information and counseling including on family planning. For the reporting period, LOM received 128 calls seeking advice about RH and COVID-19.



Distribution of Dignity Kits

During the reporting period, UNFPA distributed 10,146 dignity kits to women and girls in affected areas through GBV and RH implementing partners: URDA, Nabad, Acted, Intersos, and Heartland Alliance Caritas, Son of Man, University of Balamand and SIDC.

The kits contain sanitary pads, soap, towels, toothbrushes and toothpaste and undergo a disinfection process prior to the distribution in order to reduce the risk of COVID-19 infections. UNFPA also added reusable face masks.

During the distribution of the dignity kits women and girls also receive information on services regarding sexual reproductive health, GBV, mental health and psychosocial support (MHPSS), prevention of sexual exploitation and abuse (PSEA) and awareness raising activities.

Meeting immediate sexual and reproductive health (SRH) needs:

- In the reporting period, UNFPA reached 688 beneficiaries with medical consultations by OB/GYNs and general practitioners, including 525 Lebanese (498 females and 27 males), 88 Syrians (81 females and 7 males) and 75 migrant workers.
- In addition, 1,030 females and males received nursing and midwifery care and counselling for patients. Those included 913 Lebanese (888 females and 25 males), 91 Syrians (88 females and 3 males) and 26 migrant workers.
- Moreover, 2,038 beneficiaries received diagnostic and follow up laboratory and X RAY tests. Those included 1,916 Lebanese (1,294 females and 622 males), and 122 Syrian (95 females and 27 males).
- RH partners' healthcare service providers reached 1,480 beneficiaries with awareness raising sessions on topics related to RH. Those included 970 Lebanese, 317 Syrian and 192 migrant workers.
- Furthermore, a total of 1,130 beneficiaries were reached with psychosocial support, including 641 Lebanese, 469 Syrians and 60 migrant workers. Special attention was given to marginalized people including the LGBTQI community whereby 40 members of the LGBTQI received psychological support.

Continuing Gender Based Violence (GBV)

- In the reporting period, UNFPA reached 1,236 Lebanese (317 girls, 6 boys, 774 women and 139 men) 1,077 Syrian refugees (419 girls, 11 boys, 611 women, 36 men) with GBV response services.
- Case management services have been strengthened with additional case workers assigned to assist survivors and individuals at risk of GBV in the affected areas.
- Availability and accessibility of GBV services have been increased with the support of additional women's and girls' safe spaces in the affected area, increasing the number of safe spaces supported by UNFPA in Beirut to 6.
- The GBV Service Mapping has been regularly updated to ensure that all actors are aware of available GBV services in the area. The mapping also includes information on available specialized GBV services for members of the LGBTIQ community.
- UNFPA also reached 930 Lebanese (269 girls, 9 boys, 548 women, 104 men) and 618 Syrian refugees (288 girls, 12 boys, 293 women, 25 men) with outreach and GBV risk mitigation activities.
- GBV Partners conduct regular safety audits to determine the risk of violence for the most vulnerable groups and plan for mitigation measures. The main risks identified are related to the precarious shelter conditions of women and girls living in damaged houses or in overcrowded temporary accommodations.

