



# Situation Report

## Lebanon- Beirut Port Explosion

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## Situation overview

- Nearly three weeks after powerful blasts occurred on 4 August, at a warehouse at the Beirut Port containing large quantities of ammonium nitrate, widespread damage across several areas continues to cause human suffering and the extent of the crisis continues to become more clear. As of 26 August, OCHA reports that the death toll reached 180, with over 7,000 injured and more than 300,000 people displaced, with many showing symptoms of severe psychological distress. These numbers are expected to rise as more bodies are recovered from the surrounding wreckage, while dozens of people are still reported missing.
- The World Health Organization (WHO) reports that more than 80 primary health care centres have been severely damaged. According to the UNFPA assessment of 55 primary healthcare facilities within 5 kilometers of the blast, less than 50 percent of the centers reported that they maintained the full package of sexual and reproductive health services, including maternal and newborn care, and treatment for sexually transmitted infections (STIs). Almost 71 per cent of health facilities are still functional but only 47 per cent of surveyed facilities can provide full routine health services. Moreover, 120 schools, attended by 55,000 children, sustained various levels of damage. Humanitarian partners are conducting further damage assessments, in close coordination with relevant government authorities.
- Rising cases of COVID-19 are exacerbating the situation. On 25 August, 532 new COVID-19 cases were reported in Lebanon, adding to the cumulative 13,687 confirmed cases, with cases increasing daily by about 5 per cent since the blast. Describing the situation as “dangerous and sensitive,” the Minister of Public Health imposed a national two-week lockdown, with relief and aid post-explosions permitted to continue, with a curfew from 6.00 PM to 6.00 AM, in an effort to curtail the surge in cases.

## Crisis in Numbers

**180 Deaths**

**7,000 Injured**

**300,000 Displaced**

Of those displaced,  
**81,000** are women and  
adolescent girls of  
reproductive age

**4,000** women are  
currently pregnant with  
**444** to give birth in the  
coming month

**13,687**  
confirmed cases of  
COVID-19  
in Lebanon

**22,540**  
dignity kits distributed  
to women and girls

Of UNFPA \$19.6M  
appeal, \$1.2M received,  
**\$18.4M funding gap**

- The Beirut Port, which usually processes up to 90 per cent of Lebanon’s imports, is only partially operational. Between 11 and 18 August, 21 freighters and six international ships docked in the port and provided essential items including food. This reduced the aggravation of food insecurity, which was growing amid the COVID-19 pandemic and the prolonged socio-economic crisis.

## Humanitarian Needs

- An estimated 300,000 people are displaced as a result of the explosion, approximately 81,000 of whom are women of reproductive age (15 - 49 years), including 24,000 adolescent girls. These women and girls continue to need support to meet their needs for sexual and reproductive health, protection, psychosocial support, dignity and menstrual hygiene, as well as water and sanitation.
- Almost 4,000 women are estimated to be pregnant with an estimated 444 expected to give birth in the coming month. They require prenatal care, delivery care, and postnatal care services. Local health facilities are overstretched, and transportation is required to access undamaged remote centres.
- According to reports from the National Mental Health Program of the Ministry of Public Health, there is an immediate need to address the psychological needs of women and girls affected by the explosion, with a focus on post-traumatic stress, psychological first aid (PFA) and psychological support needs for sexual reproductive health and gender-based violence.
- Staff from UNFPA-supported mobile health clinics report an increased need for PFA services, both for their patients and for themselves as service providers, due to the multiple compounding emergencies.
- With hundreds of thousands of people left without a home and suffering economic loss, gender-based violence (GBV) and sexual exploitation and abuse continue to pose a threat. An assessment of GBV in Lebanon since the beginning of the coronavirus pandemic showed that there has been a marked increase in the number of calls to domestic violence hotlines as compared to last year at this time.
- As COVID-19 continues to spread, there is an ongoing need for infection prevention and control and personal protective equipment (PPE) for humanitarian first responders and health care providers.

## UNFPA Response

### Coordination

- UNFPA is collaborating with the government, UN, INGOs, local NGO partners and other stakeholders in responding to the immediate needs of the affected population, with a focus on women and girls of reproductive age.
- UNFPA is co-leading the SGBV Task Force with UNHCR to coordinate GBV interventions and mainstream GBV across all sectors.
- UNFPA is co-leading the sexual and reproductive health (SRH) sub-sector working group with the Ministry of Public Health to coordinate SRH interventions.
- UNFPA partnered with the National Mental Health Programme of the Ministry of Public Health on a post-beirut explosion action plan, ensuring the integration of sexual reproductive health and gender-based violence services. This partnership includes other UN agencies such as WHO and UNICEF.

To strengthen the humanitarian response, UNFPA deployed a roving Humanitarian Coordinator, Data/IM Specialist, roving GBV Specialist, and a remote Operations Specialist. Further deployments include specialists in SRH, procurement, resource mobilisation and reporting, and integrated SRH/MHPSS and GBV/MHPSS services.



### **UNFPA participates in several coordination meetings, advocating for the SRH and GBV needs and rights of women. These meetings are:**

- UN Humanitarian Coordination Team and Assessment and Analysis Cell meetings under the overall Emergency Operations Cell for coordination of the emergency response
- Health sector coordination mechanism led by WHO Crisis Cell/Health Care Coordination B-blast that held its first meeting on 10 August.
- Primary health care coordination committee, led by the Ministry of Public Health. UNFPA is ensuring input on SRH activities including information on the recruitment of midwives to assist in service provision in the affected areas.
- National Mental Health Task force to ensure needs of displaced women and girls are addressed

### **Meeting immediate sexual and reproductive health (SRH) needs:**

- UNFPA has distributed 22,540 dignity kits to women and girls in affected areas through SRH and GBV implementing partners since the blast. More than 1,000 kits were distributed from 20-26 August through partners such as Acted, Al Mithaq organization and Lecorvaw. The kits contain sanitary pads, soap, towels, toothbrushes and toothpaste. The distributors of the dignity kits also provide women and girls with information on services for SRH, GBV, mental health and psychosocial support (MHPSS), and prevention of sexual exploitation and abuse (PSEA), and awareness raising activities.
- 22,467 packs of modern contraceptives arrived in Beirut that were procured for the Ministry of Public Health to address contraceptive shortages.
- Two Mobile Medical Units were deployed to provide reproductive health and psychological first aid (PFA) services through Al Makassed Association and Amel Association.
- UNFPA-deployed midwives provided 90 consultations, in addition to 225 consultations provided by general physicians through Amel and Al Makassed Associations mobile medical units.
- SIDC (Soins Infirmiers et Developpement Communautaire ) was engaged to provide services for people living with HIV.
- The Marsa sexual health center was engaged to expand SRH services to members of the LGBTQI community.
- UNFPA, in collaboration with the National Mental Health Programme, developed tips for health care workers, including doctors and midwives, on supporting women who are either trying to get pregnant or are pregnant already, and women who have given birth since the Beirut explosion.

## Conducting Rapid Assessments

UNFPA and partners conducted field hospital and primary health care assessments in the affected areas of greater Beirut: Karantina, Getawi, Bourj Hammoud, Ras El Nabee, Mar Mikhael, Gemmayzeh, Rmeil, Ashrafieh, Al Khanda' Al Ghami', Karm El Zeytoun, Badaro and Hazmieh.



### Field hospital assessment

- UNFPA conducted an assessment of field hospitals that were deployed after the explosion or were already present in Beirut, to provide medical services to the victims of the explosion. The field hospitals were from Egypt, Iran, Jordan, Morocco, Qatar, and Russia. The assessment aimed to better understand the services provided by the field hospitals available in Beirut Proper and Greater Beirut, with a special emphasis on maternity care.
- The assessment undertaken by a team from the Beirut Arab University (BAU) faculty of medicine, covered four of six field hospitals that were accessible. The assessment found a lack or absence of maternity services in most of the field hospitals visited. Basic Emergency Obstetric and Neonatal Care (EmONC) services are available in two of the four hospitals, of which only one could use all signal functions for life-saving treatments and procedures (including parenteral antibiotics, anticonvulsants and uterotonics, manual removal of placenta, removal of retained products, newborn resuscitation, assisted vaginal delivery and excluding cesarean sections and blood transfusion). Furthermore, the majority of facilities lacked neonatal resuscitation equipment, essential obstetric drugs, and skilled birth attendants.

### Primary Health Care (PHC) assessment

- An assessment of all primary healthcare facilities within a five-kilometre radius of the site of the explosion was conducted with UNFPA support by twenty-five medical students, members of the Lebanese Medical Students International Committee (LeMSIC). The assessment showed that the majority of healthcare facilities reported full functionality (70.9%) and accessibility to patients (89.1%) and staff (96.4%). Concerning medical professionals, a significant majority (80%) of healthcare centers assessed have obstetricians/gynecologists. Furthermore, adequate numbers of general practitioners were reported (65.5%). However, 72.7% of the facilities lack mental health specialists and psychiatrists.
- With regard to SRH services, while some are available and functional such as post-partum care (60%), antenatal care (58.2%), and syndromic management of STIs (45.5%), others are scarcely available such as HIV, testing and counseling (21.8%), prophylaxis and treatment, and prevention of maternal HIV transmission (20%). Family planning, post-menopausal care, cancer screening, and ultrasound exams are found in at least half of all the centers.
- A dashboard linked to the PHC assessment report, describing and mapping the damaged and undamaged health centers, is under final development and will be launched this week.

## Continuing GBV Services

- 51 per cent of UNFPA-supported health facilities provided safe identification and referral to services for GBV survivors, and 42 per cent provided psychological support and counseling.
- UNFPA implementing partners provided 10 GBV case management services (including referrals for clinical management of rape survivor services), legal, and protection and mental health psychosocial support (MHPSS) services), 40 psychological first aid (PFA) sessions and 3 women and girls received individual therapy sessions.
- UNFPA provided follow-up sessions for 40 social workers, GBV case managers, and community mobilizers that provide services to women and girls, to strengthen their capacity, provide mentorship, and overcome challenges faced in the field.



## Resource Mobilization

- Of the UNFPA \$19.6M appeal, \$1.2M was received, leaving a funding gap of \$18.4 million.
- Of the UNFPA appeal, \$9.3 million is to support the continuity of sexual reproductive health services in the affected areas and human resource support to the Ministry of Public Health, integration of MHPSS in sexual reproductive health and rights (SRHR) care, essential medicines, medical commodities and PPE for the protection of health care workers providing SRHR care.
- A total of \$4 million of the appeal focuses on GBV risk mitigation and ensuring emergency GBV service provision to GBV survivors and women and girls at risk, with special attention to vulnerable populations (adolescent girls, female heads of household, people with disabilities, migrant workers, older people, and the LGBTQI community in Greater Beirut).