



# 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

When a large quantity of ammonium nitrate exploded on 4 August, Lebanon was already in the middle of an unprecedented economic crisis. Now, more than 40 days after the explosion that killed nearly 200 people and injured more than 6,000, Lebanon's humanitarian and financial needs are exacerbated. Within five kilometres of the explosion site, residential and commercial areas were destroyed or severely damaged, leaving 300,000 people homeless. It is expected that some households may be displaced for an indefinite period of time. For example, in the Quarantina neighborhood, assessments indicate a timeline of up to one year for people to return to their homes. Moreover, on Thursday 10 September, another massive fire broke out in a warehouse full of tires and oil, this time at the port's free zone, the same area that was heavily damaged in the initial explosion.

Additionally, it has become harder for people to protect themselves from COVID-19, which continues to pose a threat to the population. On 16 September 2020, 634 new cases were reported, with the cumulative number reaching 26,083 - a daily increase of about 5 per cent since the blast. Six cases were reported among healthcare workers on that day, raising the total number of infected healthcare workers to 824.

**26,083**  
confirmed cases of  
COVID-19  
in Lebanon

**29,000**  
dignity kits  
distributed to women  
and girls

**Of those displaced,**  
**84,000 are women**  
**and adolescent girls**  
**of reproductive age**

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

## Humanitarian Needs

- Of the 300,000 people displaced by the blast, 150,000 are women, 81,000 of whom are reproductive age (15-49 years), including 24,000 adolescent girls. Women and girls require sexual and reproductive health services, protection, psychosocial support, dignity and menstrual hygiene, as well as water and sanitation.
- Almost 4,000 women in the affected areas are estimated to be pregnant, with an estimated 444 expected to give birth in the coming month, requiring prenatal care, delivery care, and postnatal care services. Local health facilities are overstretched, and transportation is required to access undamaged centres.
- A gender assessment found that at least 45 per cent of pregnant and lactating women in 171 households needed access to women's and children's healthcare, including gynaecological support, breastfeeding support, or vaccinations.

- According to the National Mental Health Programme of the Ministry of Public Health, the psychological needs of women and girls affected by the explosion require immediate attention, with a focus on post-traumatic stress, psychological first aid and psychological support for sexual and reproductive health and gender-based violence (GBV).
- The insecure living conditions and disruption of social services make women and girls more vulnerable to sexual violence, exploitation and abuse. Gender-based violence was already on the rise with COVID-19, with an assessment showing a marked increase in the number of calls to domestic violence hotlines since the beginning of the coronavirus, compared to the same time last year. Women's and girls' capacity to report and seek help has diminished due to the escalation of the pandemic and related restrictions on the freedom of movement.
- A qualitative Joint Rapid Multi-Sectoral Gender Assessment carried out by UNFPA Lebanon to measure the impact of the Beirut Blast among women in the LGBTQI community, older women, domestic migrant workers and women of reproductive age, found out that participants have all been affected by the blast, with the psychological effects the most obvious. While only a few were physically injured, most of the women suffered from damage to their houses. In addition, most women reported a negative effect of the blast and economic situation on their livelihoods and employment. The blast has exacerbated the women's feeling of insecurity and lack of safety, even within their own areas.
- As COVID-19 continues to spread, there is a continued need for infection prevention and control, including personal protective equipment (PPE) for both humanitarian first responders and health care providers.
- The UNFPA primary health care assessment finds that while 22 per cent of all consultations in the assessed centres are Obstetric/Gynecology consultations, not all offer a comprehensive sexual and reproductive health package, with only 56 per cent of the centres providing family planning counselling and only 42 per cent also providing contraceptives. Of the mental health services, 56 per cent of the centres provide one form of psychological support i.e psychological first aid, individual or group psycho-social support sessions, psychologist and psychiatrist consultations, and mental health medications. In addition, 40 per cent have staff that participated in training on mental health, and 31 per cent report availability of some medications for mental health care.



# UNFPA Response

- 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.
- UNFPA is co-leading the Sexual and Gender-Based Violence (SGBV) Task Force and supporting the field level GBV Working Group, which coordinates the Beirut Blast Response. UNFPA represented the GBV sector in the revision of the GBV proposals for the United Nations Flash Appeal. During the reporting period, UNFPA continued to participate in the Emergency Operations Cell as co-lead of the GBV sector. New indicators and reporting guidelines for that sector have been developed.
- UNFPA also participates in 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 and psychosocial support.
- UNFPA is a member of the Cash Working Group, an inter-agency group led by WFP, UNICEF and UNHCR that coordinates the interventions related to cash assistance. The Group is currently discussing modalities and targeting of the cash interventions.
- UNFPA is co-leading the sexual and reproductive health sub-sector working group with the Ministry of Public Health to ensure continuity of reproductive health services. The focus is on emergency response and addressing challenges to provide immediate support where needed.
- UNFPA co-leads the Clinical Management of Rape Task Force (CMRTF), alongside the Ministry of Public Health. The CMRTF is supporting the ministry's efforts to promote access to clinical management of rape services in areas affected by the blast.
- UNFPA participates in the assessment and analysis cell meetings led by OCHA and the UN Resident Coordinator's Office. This coordination mechanism provides a knowledge-sharing platform to generate updates about the latest assessments by humanitarian actors to improve the response to the Beirut Blast. UNFPA has already shared the assessments of the field hospitals and public health centres.
- UNFPA partners with the National Mental Health Programme of the Ministry of Public Health, and has contributed to the elaboration of the post-Beirut explosion action plan, ensuring the integration of sexual and reproductive health and GBV services in the plan. This partnership includes other UN agencies, such as WHO and UNICEF. UNFPA, in collaboration with the mental health programme and WHO, produced an animated video of pregnant women and mothers who gave birth before, during or right after the blast, highlighting their reactions and how they were coping with stress. The video also addresses the feelings and fears of new fathers.
- UNFPA partnered with the University of Balamand and Caritas to provide sexual and reproductive health services and information, as well as mental health support, to women and girls in affected areas. UNFPA also participates in several coordination meetings that advocate for SRH, GBV needs and women's rights, such as: The UN Humanitarian Country Team, under the overall Emergency Operations Cell for coordination of the emergency response Health sector coordination mechanism led by WHO Crisis Cell/Health Care Coordination

## Distribution of Dignity Kits

- UNFPA, working through its partners, has so far distributed more than 29,000 dignity kits to women and girls in the affected areas. More than 3,500 kits were distributed between 3 and 16 September by the Al Makassed Association, Amel Association, Howard Karagheusian Commemorative Corporation, SIDC (Soins Infirmiers et Developpement Communautaire), Lecorvaw, Nabaa', Urda, Acted, Intersos, Tabitha, Heartland Alliance, Nabad Association, IOCC (International Orthodox Christian Charity), and Concern Worldwide.



## Conducting Rapid Assessments

UNFPA launched the dashboards of the Primary Health Care Centres Assessment, including the final analytical report containing information on the response and guidance for planning of referral pathways.

The dashboards show that more than half of the healthcare facilities assessed are located within the Beirut Governorate (54.5%), while the rest are within a five-kilometre radius of the blast, in the Mount Lebanon Governorate (45.5%). The facilities included:

1. Primary health care centres (56.4%)
2. Specialized centres (centres for specific communities such as refugees, mothers, children, older persons) (9.1%)
3. Dispensaries (29.1%)
4. Ministry of Social Affairs SDCs (5.5%).

According to the assessment, the vast majority of these facilities (87.5%) provide a wide range of medical services. Results show that the majority of healthcare facilities reported full functionality (70.9%), accessibility (89.1%), and staffing (96.4%), and two-thirds of the facilities reported full accessibility to patients with disabilities. The average number of beneficiaries per month was 35,129 in primary health care centres, 2,870 in specialized centres, 485 in the Ministry of Social Affairs SDCs, and 12,554 in dispensaries amounting to around 51,038 patients.

It is worth noting that during the past few months prior to the blast, there was a drop in the number of patients seeking medical care, due to the spread of COVID-19, the fear of infection, civil unrest and the economic crisis.



## Continuing Gender Based Violence (GBV) prevention and response services

- Working through nine of its implementing partners, UNFPA provided gender-based violence services to 1,029 Lebanese and Syrian refugees (761 women, 165 girls, 88 men, and 15 boys). The services included psychological first aid and case management. Different forms of psychosocial support (PSS) were also provided, including group non-targeted PSS support and individual specialized psychosocial support to people in the affected neighbourhoods through mobile teams and static centres.
- UNFPA conducted gender-based violence outreach and risk mitigation activities, reaching 632 Lebanese women and Syrian refugees living in the affected area.
- UNFPA continues to support the online coaching of 40 frontline workers deployed to the affected area. The group was first trained, after the blast, on psychosocial support, including the psychological first aid approach, and is currently mentored online by a group of experts supported by UNFPA.