



Situation Report

Lebanon- Beirut Port Explosion

ISSUE NO. 6

1 OCTOBER 2020

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



[@UNFPALebanon](https://twitter.com/UNFPALebanon)

[@UNFPALebanon](https://facebook.com/UNFPALebanon)

lebanon.unfpa.org

Situation overview

Almost two months after the explosion that rocked the Lebanese capital on 4 August, the situation in the country remains critical. In addition to the serious humanitarian crisis, Lebanon continues to face a political crisis as Lebanon's prime minister-designate announced his resignation on 26 September after failing to form a non-partisan cabinet. This is further compounded by a severe financial crisis with the loss of 80 per cent of its currency value since October 2019. Meanwhile, restoring shelters, rehabilitating infrastructure, securing food and protecting lives remain humanitarian response priorities, especially in view of the approaching winter. Interventions are also focusing on comprehensive and affordable primary healthcare and mental health and psychosocial support services. According to the Multi-Sector Needs Assessment (MSNA September 2020), poor households, particularly refugees, migrants, people with special needs and female-led households, are the most in need of basic requirements, such as food and healthcare, and they have less access to essential services. In addition, the majority of households caring for members with special needs (e.g. chronic illness, disability) reported not being able to afford healthcare. The Migrant Worker Vulnerability Baseline Assessment found that 34 per cent of surveyed migrant workers reported family members were suffering from psychological consequences (shock, anxiety) from the explosion, and were unable to attend to their daily tasks.

COVID-19 Update

Lebanon is facing an unprecedented surge in COVID-19 cases. On 30 September, 1,257 new cases were reported within a 24-hour period, with the cumulative number of infections reaching 39,620. There is now confirmed community transmission with multiple clusters observed across the country and the source of infection is not clear for around 30% of cases. The United Nations and partners continue to support the National COVID-19 Response with a focus on mitigation measures and continuation of the "Test, Trace, Treat" strategy. On 28 September, an outbreak was recorded in both Roumieh and Zahle prisons, with 377 and 237 positive cases respectively.

The COVID-19 epidemiological trend is concerning, especially as the intensive care units (ICUs) bed occupancy has reached 91 per cent. A total of 40 per cent of the infected are women (WHO), and 60 per cent of patients are between the ages of 20 and 49 (Ministry of Public Health). Furthermore, 23 new COVID-19 cases were reported among health care workers, bringing the number in that group to a total of 1,052. In general, the overall test positivity rate is 8.6 per cent.

Humanitarian needs

- Out of the estimated 300,000 people displaced by the blast, 150,000 are women, 81,000 of whom are of reproductive age. Those include 48,000 adolescents (15 - 24 years), half of whom are adolescent girls. The Foreign National Multi Sector Needs Assessment Analysis (September 2020) shows that 16 per cent of household respondents reported to have at least one female member who is pregnant or lactating. Moreover, 45 per cent of households with pregnant or lactating members reported a need for gynaecological, vaccination or breastfeeding support.
- Coverage of hospitalization fees remains a critical issue, as many patients cannot secure admission to hospitals without the required financial means or guarantees that another actor will later cover the fee.
- Health care needs of the affected population, including sexual and reproductive health (SRH) needs, are on the rise and UNFPA is scaling up service provision to meet rising needs. According to the Rapid Assessment led by the Ministry of Social Affairs, older persons, women and children, people with disabilities and migrant workers are the most vulnerable groups impacted by the explosion. The need for mental health services, with a focus on post-traumatic stress, psychological first aid and psychological support, integrated with services for SRH and GBV as well as case management, remains notable.
- Women and girls continue to be at a heightened risk of gender-based violence (GBV) since compromised shelter arrangements aggravate pre-existing threats of exploitation or abuse, due to the COVID-19 lockdowns and the worsening economic situation.
- Income generation interventions remain a priority for GBV survivors and people at risk, given the dire economic situation made worse by the pandemic.
- The need for infection prevention and control (IPC), as well as personal protective equipment (PPE) for humanitarian first responders and health care providers, remains essential due to the rise in the COVID-19 cases.



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 special focus on women and girls of reproductive age.
- UNFPA continues to participate in the Emergency Operations Cell as lead of the GBV sector. UNFPA is co-leading the Sexual and Gender-Based Violence (SGBV) Task Force and coordinating the GBV Working Group, which is in charge of the coordination of the Beirut Blast Response. UNFPA is currently supporting a mapping exercise to update referral pathways incorporating new actors who have been scaling up activities in the affected areas.
- UNFPA remains 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 Beirut blast response and provides technical support for the promotion of mental health as well as psychosocial support.
- 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 in the aftermath of the Beirut port blast.
- UNFPA is co-leading the Clinical Management of Rape Taskforce (CMRTF), alongside the Ministry of Public Health. In light of the Beirut port explosion, the CMRTF is supporting the ministry's efforts to support access to clinical management of rape services in the affected areas in Beirut and Mount Lebanon.
- UNFPA is a partner of 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. This partnership includes other UN agencies, such as WHO and UNICEF. In this regard, UNFPA, in collaboration with the Mental Health Programme and WHO, produced an animated video of pregnant women and mothers who have given birth before, during or right after the explosion and how to cope with the stress and anxiety. The video also addresses fathers who might be experiencing distress and may have additional concerns related to being able to take care of the baby.

Distribution of Dignity Kits & Personal Protective Equipment PPE

An estimated 81,000 women among the directly affected population are of reproductive age (15 - 49 years). The dire economic situation has made it increasingly difficult for many of them to take care of their menstrual hygiene needs, a new vulnerability best described as “period poverty”. UNFPA and partners have been on the ground providing dignity kits containing sanitary pads, soap, towels, toothbrushes and toothpaste, and - recently added - facemasks. All kits undergo a disinfection process prior to their distribution in order to reduce the likelihood of COVID-19 transmission. The distributors of the dignity kits also provide women and girls with information on services regarding sexual reproductive health, gender-based violence, mental health and psychosocial support (MHPSS), prevention of sexual exploitation and abuse (PSEA) and awareness raising activities.

During the weeks following the blast, UNFPA distributed 34,000 dignity kits to SRH and GBV implementing partners. More than 2,570 dignity kits were distributed between 17 and 30 September to affected women and girls through Al Makassed Association, Amel Association, Howard Karagheuzian primary health care centre, SIDC (Soins Infirmiers et Développement Communautaire), Lecorvaw, Nabaa', Urda, Acted, Intersos, Tabitha, Heartland Alliance, Nabad Association, IOCC International Orthodox Christian Charity, and Concern Worldwide.

Furthermore, with the aim of ensuring infection prevention and control of COVID-19 among the older population affected by the Beirut blast, UNFPA, in collaboration with the Ministry of Social Affairs, distributed personal protective equipment to eighteen older persons institutions. Health workers and the older persons will benefit from facemasks, face shields, and medical gloves and gowns that are essential in preventing the transmission of the COVID-19.

- The dignity kits contain sanitary pads, soap, towels, toothbrushes and toothpaste, and are disinfected before they are given out in order to reduce the likelihood of COVID-19 infections. UNFPA recently added reusable face masks to the contents of the kits.
- The distributors of the dignity kits also provide women and girls with information on services regarding sexual and reproductive health, gender-based violence, mental health and psychosocial support (MHPSS), as well as the prevention of sexual exploitation and abuse (PSEA).

Meeting immediate sexual and reproductive health (SRH) needs:

UNFPA's assistance has shifted from donating life-saving medicines within the first days of the blast, towards providing services on the ground through implementing partners.

- Health care needs of the affected population, including sexual and reproductive health (SRH) are on the rise. For the past two weeks, the number of women and girls provided with SRH services moved from 580 to almost double this figure. The services include reproductive health medical consultations, antenatal care, family planning, sexually transmitted infections (STI) tests, reproductive health drugs and contraceptives. This number almost doubled in the following weeks.
- UNFPA's implementing partners, Al Makassed Association, Amel Association, SIDC Howard Karagheuzian primary health care centre, Marsa and the University of Balamand, continue to provide sexual and reproductive health services, including specialized services, to the LGBTQI community and drug users. Partners are also providing psychological first aid (PFA) and psychosocial support (PSS) services through healthcare facilities, mobile medical units and home visits.
- As we move towards the recovery phase, UNFPA is gradually shifting its interventions towards directly supporting health institutions in re-establishing regular health services. In this regard, UNFPA, in partnership with IOCC International Orthodox Christian Charity, has deployed 10 midwives in nine MOPH Primary Health Care centres located in the Beirut blast area.
- Within the reporting period, UNFPA provided sexual and reproductive health services to 1,183 women and girls, including STI tests and reproductive health drugs through gynaecologists, general practitioners and midwives.
- UNFPA has provided reproductive health counselling, including family planning, to 520 women and girls and targeted 108 women and girls through individual psychological first aid and psychosocial support sessions by psychiatrists and psychologists.



Conducting Rapid Assessments

UNFPA led a series of Focus Group Discussions (FGDs) to inquire about the experience of specific groups of women, including older women, migrant women, women from the LGBTIQ community, and women at reproductive age, with respect to the blast, specifically in the areas of health, shelter, protection, justice and security, livelihood, WASH, food security, and political participation. The information collected will complement the gender assessment launched by UN Women, Care and ABAAD. Some key findings are:

- All women covered by the assessment have been affected one way or another by the blast. The psychological effect is most obvious. While only a few have been physically injured, most of them suffered from damages to their houses. In addition, most of the women saw a negative effect of the blast and the ill economic situation in general on their livelihoods and employment.
- The problem of discrimination was well highlighted in the present study, especially discrimination against migrant women in a number of areas. There was also a perception of differences in how women from the LGBTIQ community are treated.
- The blast seems to have exacerbated women's feeling of insecurity and lack of safety, even within their own areas.
- Women's access to reproductive and sexual health services has been negatively affected by the soaring prices and the general economic situation. The blast and the general economic situation have negatively affected the access to water and food security.
- The political ruling class frustrated all the women after the blast. Many of these women are considering emigration while others do not wish to leave the country.

UNFPA is about to conduct an assessment to identify the needs of Social Development Centres (SDCS) with regard to basic RH equipment and critical reproductive health medicines, in addition to some other life-saving medications.

Continuing Gender Based Violence (GBV)

- Within the reporting period, UNFPA reached 959 Lebanese (209 young girls, 1 young boy, 643 women, and 106 men), and 357 Syrian refugees (82 young girls, 244 women, 31 men) through GBV outreach and risk mitigation activities as well as awareness raising.
- UNPA reached 1,269 Lebanese (215 young girls, 10 young boys, 923 women and 121 men) and 668 Syrian refugees (181 young girls, 420 women and 30 men) through GBV services in the affected areas in Greater Beirut through both mobile teams and static centres. Referrals to specialized services were made for 70 Lebanese and 24 Syrian refugees.
- Almost eight weeks after the blast, women and girls are still struggling with trauma, such as nightmares, anxiety, anger, flashbacks, crying spells and exhaustion. UNFPA is supporting women and girls in need through individual and group psychosocial sessions.
- The harsh economic conditions put women and girls at further risk of abuse and exploitation.
- One of the challenges is some level of overlap of GBV services by different actors, despite a coordination and monitoring framework established to avoid duplication. In order to address this challenge, UNFPA, as the lead on the inter-agency GBV coordination mechanism, is supporting the updating of the GBV service mapping for the Beirut explosion response along with the referral pathways.