



Situation Report

Lebanon- Beirut Port Explosion

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Situation overview

Almost two months and a half after the Beirut explosion of 4 August, Lebanon finds itself in an increasingly difficult and volatile situation as the country struggles with both political turmoil and a humanitarian crisis. According to the Lebanese Armed Forces, the explosion resulted in 202 fatalities, while 9 people (3 Lebanese, 5 Syrians and 1 Egyptian) are still reported missing.

Already ravaged by the 4 August explosion, 9 October was a frightening day for Lebanon as well. A fire, caused by the explosion of a fuel tank, broke out in Beirut's western neighbourhood of Tariq al-Jadide, resulting in four deaths and more than 30 injuries. On that same day, massive forest fires erupted in several areas across Lebanon, mainly in the southern areas of Jezzine, Nabatieh and Tyre as well as the Chouf and North Lebanon. In Tyre, UNIFIL helicopters were deployed to extinguish the fires as they edged toward residents' homes.

Meanwhile, the Lebanese Government and its partners continue to face plenty of challenges in providing the needed support, especially in terms of household and shelter rehabilitation, food security and healthcare services. Another challenge is the capacity to revive small and medium business enterprises and to create fast income-generating activities for affected people. In this regard, Mercy Corps and eight partners (ACF, ACTED, CARE, DRC, IRC, Al Majmoua, Oxfam, and Save the Children) assessed micro, small and medium-sized enterprises (MSMEs) across the blast affected areas. The assessment showed that out of 1,164 businesses surveyed across 21 neighbourhoods in Beirut, 19 per cent were owned by women. In addition, the majority of assessed MSMEs belonged to the retail and services sector, followed by the food sector (such as small snack shops), grocery shops, maintenance and repairs, hospitality, and utilities.

According to the Ministry of Public Health, 127 public and private hospitals and medical centres across Lebanon have received medical aid, including medical supplies, medicines and equipment, since the beginning of the response to the Beirut port blast. The international community along with national organizations are still mobilizing cash and in-kind support to facilitate provision of healthcare services.

COVID-19 Update

The rise in COVID-19 cases has forced the country to apply new protective measures to contain the virus. On Sunday, 4 October, the Ministry of Interior implemented a total lockdown of 111 villages and towns with an imposed general curfew between 1-6 p.m. A week later, on Sunday, 11 October, the number of towns in lockdowns reached 169.

For a period of eight days, residents were to remain at home and wear a mask covering their mouth and nose if they had to go out. Exceptions were made for hospitals, clinics, medical centres, pharmacies, bakeries, and supermarkets, which were allowed to remain open with mitigation measures and public health recommendations put in place.

Prior to the explosion, the number of confirmed COVID-19 cases was around 5,000. Only two months later, Wednesday 14 October, a total of 1,377 new infections were reported within a 24-hour period, bringing the cumulative number of infections to 57,246.

According to the Ministry of Public Health, Lebanon has reached the climax of phase two of the Covid-19 pandemic, leaving only few unoccupied intensive care unit (ICU) beds. As of October 13, there were 735 regular beds available with 62.5 percent occupancy rate and 263 ICU beds available with 72.2 percent occupancy rate.

In total, 15 public and 20 private hospitals are admitting COVID-19 patients, while ICU beds in Akkar, North Lebanon, are at full capacity. Furthermore, 8 new COVID-19 cases were reported among health care workers, bringing the number in that group to a total of 1,261.

Humanitarian needs

- Out of the estimated 300,000 people displaced by the 4 August blast, 150,000 are women, 81,000 of whom are of reproductive age, including 24,000 adolescent girls. The Foreign Nationals 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 to be in need of gynaecological, vaccination.
- Coverage of hospitalization fees remains a critical need, as many patients are unable to secure admission to hospitals without financial means or guarantees that another actor will cover the fees.
- According to the UNICEF Tent Assessment Round IV, segregated by the sex of the respondent (1 to 14 September 2020), a high proportion are women in need of health services:
 - Female respondents tend to report a higher number of members with a disability in the household. Furthermore, the need for medical and health services continues to be high on the list of female respondents (60 percent), compared to male respondents (40 percent).
 - 56 percent of female respondents indicated a need for hygiene kits, compared to 31 percent of male affected population.
 - Psychosocial support services (PSS) and psychological first aid (PFA) are identified as types of protection services requested by respondents.
 - 43 per cent of the female, and 32 per cent of all respondents reported at least one child experiencing distress.



- According to the Rapid Assessment led by the Ministry of Social Affairs, older people , women and children, people with disabilities and migrant workers have been the most vulnerable groups in the aftermath of the explosion. More than eight weeks after the blast, the needs for mental health services, with a focus on post-traumatic stress, psychological first aid and psychological support for SRH and GBV as well as case management, remain notable.
- Displacement and overcrowding increase both the risk of the spread of COVID-19 and the vulnerability of children and women to sexual and gender-based violence.
- The need for cash and income generation interventions remains a priority for GBV survivors and people at risk, given the dire economic situation and COVID-19 .
- 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 the COVID-19 cases.
- COVID-19 has also placed several constraints on social, health and community workers affiliated with UNFPA partners since some of them have tested positive for the virus and were kept in isolation. As a result, some activities had to be switched to remote implementation while centres were being disinfected.

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.

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 supported a mapping exercise to update the referral pathway with all the new actors scaling up activities in the affected areas. More than 15 organizations and institutions participated in the mapping exercise.

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Number of Safe Spaces	12 (5 supported by UNFPA)
Number of organizations providing Case Management	11 (7 supported by UNFPA)
Number of organizations providing Psychological Counselling	9 (5 supported by UNFPA)
Number of organizations providing Legal Counselling	2 (1 supported by UNFPA)
Number of organizations providing services for LGBTIQ	2 (1 supported by UNFPA)
Number of organization providing cash assistance	4

Twelve women and girls’ safe spaces are active in the affected area, with UNFPA supporting five of them. Only 4 organizations support cash assistance programmes with a limited caseload, showing that cash assistance remains one of the main gaps in the sector. A detailed map of the services available in the affected area has been realized to geographically locate the services and help GBV partners better coordinate the service provision. The map will also facilitate referral to GBV services by non-protection actors.

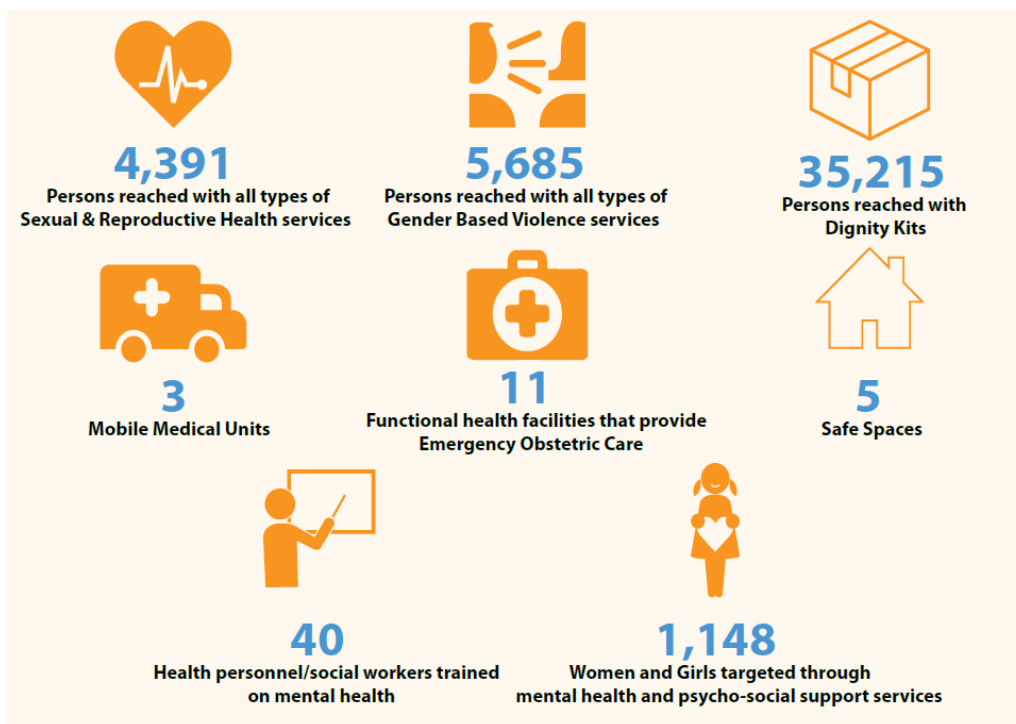
UNFPA is an active member of the Mental Health and Psychosocial Support (MHPSS) Task Force, an inter-agency group led by the Ministry of Public Health that coordinates the response for the Beirut Blast and provides technical support for the promotion of mental health, as well as psychosocial support.

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 line with Beirut Blast. This creates an ability to discuss emergency response and challenges faced by the RHSWG members in order to provide immediate support where needed.

UNFPA is co-leading the Clinical Management of Rape Taskforce (CMRTF) alongside the Ministry of Public Health. The Taskforce 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 partners with the National Mental Health Programme of the Ministry of Public Health and 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.

UNFPA is an active member of the Protection from Sexual Exploitation and Abuse (PSEA) inter-agency network. UNFPA supported the network with the development of guidelines to ensure safe and ethical referral of survivors of exploitation and abuse. Furthermore, UNFPA engaged newly recruited staff in online training on the awareness of the risk of sexual exploitation and abuse (SEA) among affected communities with the dissemination of the Guidance to Minimize Protection Risks during in-kind distributions that UNFPA contributed to develop.



Distribution of Dignity Kits

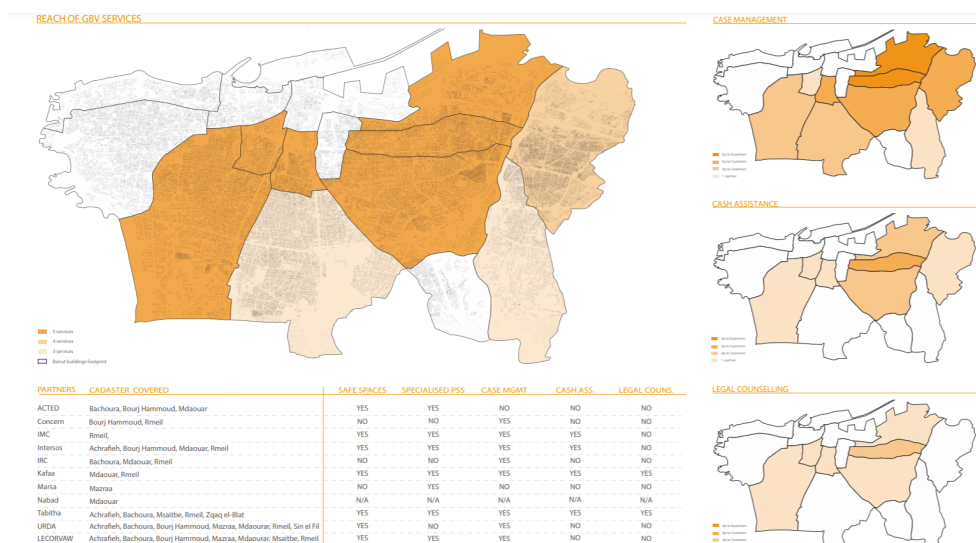
More than 2,400 kits were distributed between 1 and 15 October to affected women and girls through UNFPA SRH and GBV partners namely Amel Association, Howard Karagheusian Primary Healthcare Center, SIDC (Soins Infirmiers et Developpement Communautaire), Lecorvaw, Nabaa’, Urda, Acted, Intersos, Tabitha, Heartland Alliance, Nabad Association and Concern Worldwide.

The dignity kits contain sanitary pads, soap, towels, toothbrushes, toothpaste, and facemasks. All kits undergo a disinfection process prior to their distribution to reduce the likelihood of COVID-19 transmission. During the distribution of dignity kits women and girls also receive information on existing services and are being sensitized on SRH, GBV, MHPSS, and PSEA

Meeting immediate sexual and reproductive health (SRH) needs:

UNFPA continues to provide life-saving medicines while expanding service provision on the ground through implementing partners.

- UNFPA's implementing partners, Marsa, Howard Karagheusian Primary Healthcare Center, SIDC, University of Balamand, Caritas and Amel continue to provide SRH services, including specialized services to the LGBTQI community and drug users. Partners are also providing PFA and PSS services through healthcare facilities, mobile medical units and home visits.
- UNFPA Lebanon provided SRH consultations to 495 women and girls, including STIs tests by gynaecologists, general practitioners and midwives through home visits, primary health care centres and SIDC mobile medical unit.
- UNFPA Lebanon targeted 373 women and girls through individual PFA and PSS sessions by psychiatrists and psychologists through home visits, primary health care centres and SIDC mobile medical unit.



Continuing Gender Based Violence (GBV)

- In the reporting period, UNFPA reached 1,059 Lebanese (244 girls, 24 boys, 734 women and 57 men) with GBV services. UNFPA also reached 687 Syrian refugees (265 girls, 7 boys, 409 women, 6 men).
- To ensure further coverage in the area affected by the explosion, GBV services have been expanded:
 - 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 to 5 women and girls' safe spaces in the affected area.
 - The GBV Service Mapping has been 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 LGBTQI community.
- UNFPA also reached 1,971 Lebanese (781 girls, 12 boys, 1,112 women, 66 men) and 528 Syrian refugees (208 girls, 3 boys, 309 women, 8 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.
- Women and girls who benefitted from GBV services expressed their satisfaction with the support provided through UNFPA and its partners. Their testimonials underline how these services have helped improve their well-being by allowing them to better manage their stress and establish connections with other peers. According to partners, PFA, PSS and case management are more acceptable within the Lebanese community than among the refugees.

Additional Highlights

UNFPA Lebanon marks the international Day of the Girl Child



Meet Perla, a Lebanese adolescent girl whose dream is to live in a safer and bigger house.

On the International Day of the Girl Child, we visited Perla with our partner Nabaa to empower her, like many other girls her age, and to support her in fulfilling her aspiration.

“I advise girls in my age to pursue their education, to create a beautiful future for themselves and to focus on their studies”, said Perla. “I also dream to be a pediatrician, to help children, to provide them with medicines and to help them with their needs” she added.

UNFPA works to protect the health and rights of adolescent girls as they assert their power as change-makers. UNFPA promotes girls’ empowerment and participation in decisions that most affect them. This year let us encourage girls to shape the future they dream of. Perla wants to be a Doctor.