



Situation Report

Lebanon- Beirut Port Explosion

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Situation overview

Almost three months after the blast that rocked the Lebanese capital city of Beirut, urgent needs for protection, food, health, shelter and WASH remain critical. The loss of livelihoods, compounded by the current COVID-19 outbreak, as well as the country's financial and economic crises, have raised the demand for substantial and long-term humanitarian assistance. In this context, the UN and partners are actively engaged in the development of the World Bank Group, European Union and UN Reform, Recovery and Reconstruction Framework (3RF) – a critical step in the transition from immediate humanitarian programmes to more sustainable interventions and support for recovery and reconstruction.

To gain an understanding of the extent of damage and the structural impacts of the blast, a rapid damage assessment at the building level was conducted by the Municipality of Beirut, with the support of UN-Habitat. The assessment, covering 10,280 buildings of all types within an immediate 2km radius of the blast, showed that 66.4 per cent of buildings were reported to be safe, with only minor damages, while 4.7 per cent were reported to be restricted use. Additionally, 2 per cent were reported to be unsafe and in need for evacuation, 21.8 per cent unclassified and 5.1 per cent were vacant plots.

The effects of the economic turmoil, the greater risks of gender-based violence (GBV) and the constant struggle to access assistance are highlighted in a new study, “Rapid Gender Analysis of the August Beirut Port Explosion: An Intersectional Examination,” by UNFPA, ABAAD, CARE International, ESCWA, and UN Women. The joint Rapid Gender Analysis (RGA) assesses how women, men, girls, boys, and gender minorities have been affected by the 4 August explosion, and examines the specific impact of the explosion on women of diverse nationalities, socio-economic background, legal status, ability, age and sexual orientation.

An assessment conducted by UN Women shows that the unemployment rate for women is expected to have increased from 14.3 per cent prior to the economic crisis to 26 per cent by the end of September 2020. In terms of numbers, this translates to a 63 per cent increase—from 81,200 to 132,500 unemployed women — or 51,300 more unemployed women in June 2020, as compared to 2018/2019.

COVID-19 Update

The COVID-19 outbreak continues to pose a threat to the Lebanese population. The cumulative number of positive cases as of 28 October has reached 75,845 since the country announced its first case on 21 February 2020.

On the same day, a total of 1,850 new infections were reported within a 24-hour period, 20 of them among health workers. As of this date, there were 800 regular beds available, with 69.2 per cent occupancy rate, and 282 ICU beds available, with 85.8 per cent occupancy rate.

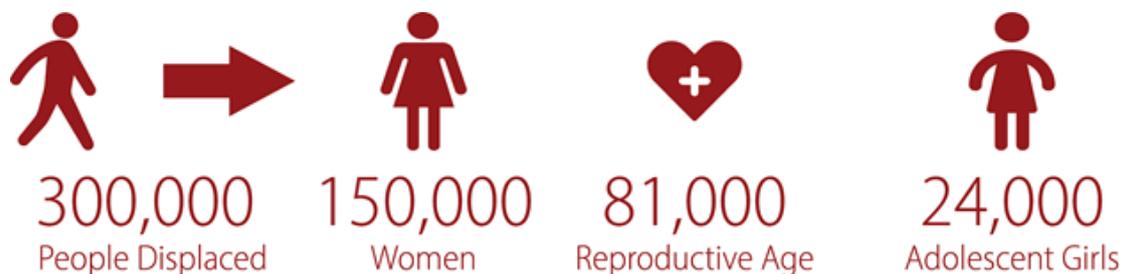
Furthermore, UNFPA, along with the Lebanese Order of Midwives, has been monitoring COVID-19 infections among pregnant women in Lebanon. Between March and 22 October, 224 pregnant women were confirmed to be infected with the virus, with 70 per cent of them being asymptomatic.

During September, a total of 36 women with COVID-19 infections were admitted to governmental hospitals across Lebanon for childbirth, including 27 (representing 75 per cent) that were C-section deliveries. Moreover, 6 women (13.88%) delivered prematurely. All newborn babies had negative covid test results and there was one neonatal mortality (twin case).

A total of 6 women presented mild symptoms and 2 women had severe symptoms requiring admission to ICU and ventilation support. Two maternal mortalities who were also COVID-19 positive were reported and current investigations are ongoing to understand if COVID-19 infection was the primary cause for the maternal death.

During October, 56 new Covid-19 confirmed cases among pregnant women were reported to date, with one case of maternal mortality that is under investigation.

Humanitarian needs



- Female-headed households make up 51 per cent of the affected population, while elderly women living alone constitute one in every 12 households. (Rapid Gender Analysis of the August 2020 Beirut Port Explosion).
- The explosion has 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)).
- According to a World Vision assessment, 21 per cent of households had an injured family member, and 60 per cent of the injured household members were female. (Rapid Gender Analysis of the August 2020 Beirut Port Explosion).
- Older people and trans women reported facing more barriers than other respondents in receiving mental health and psychosocial support services (MHPSS) since they are less likely to leave their homes to seek services due to fear of COVID-19 and gender discrimination. (Rapid Gender Analysis of the August 2020 Beirut Port Explosion).
- Although GBV services remain available, survivors reported having fewer resources and less time to focus on their GBV-related needs while they had to prioritize instead on other basic needs and those of their families. (Rapid Gender Analysis of the August 2020 Beirut Port Explosion).
- 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 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, is ongoing.

- Coverage of hospitalization fees remains a critical need, as many patients are unable to secure admission to hospitals without financial means or guarantees.
- During monitoring visits, GBV partners reported that the referral to cash, shelter and cash assistance is still a high priority but remains challenging with very few cases.
- 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 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 since some of them have tested positive for the virus and had to be in isolation. Furthermore, the lockdown measures applied in different areas affected the regular activities of mobile clinics. 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.

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 continued to update the mapping exercise to update the referral pathway with all the new actors scaling up activities in the affected areas.

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 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. The latest 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 kits to MOPH to be provided to CMR facilities as needed.

Service Delivery

During the reporting period 15-28 October, UNFPA and partners distributed 2,463 dignity kits; provided sexual and reproductive health services to 1,800 women and girls; supported psychosocial services for 210 women and girls; and provided 3,751 GBV services and risk mitigation activities to prevent GBV.

Distribution of Dignity Kits

A total of 2,463 kits were distributed between 15 and 28 October to affected women and girls through UNFPA partners.

During distribution, women and girls were provided with information on existing services and sensitized on SRH, GBV, MHPSS, and PSEA.

Meeting immediate sexual and reproductive health (SRH) needs:

To ensure further coverage of sexual and reproductive health services in the areas affected by the explosion, UNFPA engaged with a number of partners that are providing these services through static centres and mobile medical units, while ensuring referral of cases when needed. The areas covered by UNFPA-supported services were expanded further in the past two weeks through outreach activities that targeted new neighborhoods through Son of Men, Caritas, and University of Balamand.

UNFPA is teaming with health workers to promote access to SRH services and MHPSS as follows:



11 midwives in 11 PHCs to promote access to reproductive health services and information



25 midwives and nurses that are conducting outreach activities, including home visits



10 psychologists and 2 mental health nurses providing PFA and PSS



An X-ray technician



6 gynecologists and general practitioners who are providing support in the centres, remotely as well through home visits



A Sexual Health educator who is providing voluntary counselling online and onsite



A lab technician and a pharmacist who also support the provision of examination tests and services

Implementing Partners

SIDC
IOCC
Karagheuzian PHC
University of Balamand
Caritas
Marsa
Lecorvaw
Nabaa
Urda
Acted
Intersos
Tabitha
Heartland Alliance
Nabad
Concern

Content

Sanitary pads
Soap
Towels
Toothbrushes
Toothpaste
Facemasks



2,463
Dignity Kits
Distributed

In the reporting period, UNFPA provided sexual and reproductive health consultations to 1,800 women and girls, including sexually transmitted infection tests and reproductive health drugs by health specialists. This also includes specialized services to the LGBTIQ community, people living with HIV and drug users. Furthermore, 210 women and girls were reached through individual online and onsite PFA and PSS sessions by psychiatrists and psychologists. Other related services were also provided through healthcare facilities, mobile medical units and home visits through IOCC, the Karagheusian primary health care centre, Marsa, University of Balamand, Caritas, Son of Man, and SIDC.

In order to enhance provision of high quality SRH services, UNFPA provided a series of reproductive health webinars to the health care providers of the implementing partners on topics related to maternal health, STIs, family planning and reproductive health. Furthermore, UNFPA trained partners on the reporting mechanism to ensure proper monitoring and documentation.

Continuing Gender Based Violence (GBV)

In the reporting period, UNFPA provided 3,751 GBV services and risk mitigation activities:

Providing GBV services			GBV risk mitigation activities		
900 Lebanese		667 Syrian Refugees	1273 Lebanese		911 Syrian Refugees
133	Girls	165	199	Girls	169
42	Boys	5	2	Boys	5
602	Women	436	955	Women	681
123	Men	61	177	Men	56

- GBV services were expanded to ensure further coverage in the areas affected by the explosion. 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 an additional number of women’s and girls’ safe spaces in the affected areas, increasing the number of UNFPA-supported safe spaces in Beirut from five to six.
- 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 LGBTIQ community.
- 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.
- With schools mostly closed, adolescent girls found themselves with very little opportunities to learn and socialize. As part of the PSS interventions, UNFPA keeps supporting women and girls safe spaces that organize recreational and psychosocial activities. Those activities give girls the opportunity to spend time in a safe environment, develop positive relations with their peers and learn about SRH and their general wellbeing. Nevertheless, because of the covid-19 prevention protocols, the number of girls that can attend the activities within the safe space remains limited.
- UNFPA partners also continued to provide psychosocial support and raise awareness on GBV and SRH related issues remotely via social media. Despite the connection challenges, women and girls are adapting to the remote modality and partners developed methods to ensure confidentiality and safety during the remote service provision.

Additional Highlights



Rand, 15, is anxious about her future and well-being after the Beirut Port Explosion. She, like many other people in her situation, refuses to leave her house, which was affected by the blast and is currently under rehabilitation.

UNFPA Lebanon visited Rand along with our partner URDA, listened to her concerns and provided her with a dignity kit.

“Within the current difficult situation, this kit is essential, since my mother doesn’t have the financial capacity to bring me such items all the time. We rely on assistance most of the time to survive,” said Rand. Rand also relies on her youngest brother who works in a bakery shop to support her and her younger sister.

As many girls her age, Rand misses her neighborhood friends, but she refuses to surrender, saying: “We hope to return to school and we are full of hope that our home, neighborhood, and Lebanon will rise and come back better than before”.