

EMERGENCY OPERATIONS CENTRE BEIRUT

ASSESSMENT & ANALYSIS CELL



Analysis of humanitarian needs in Greater Beirut

Situation Analysis - 25 August 2020

On 4 August a large explosion occurred in the port of Beirut, killing at least 180 people and injuring over 6,000. Over 40,000 buildings were damaged or destroyed (OCHA 17/08/2020; Al Arabyia 17/08/2020). The cause of the blast is pending investigation but has been attributed to 2,750 tons of ammonium nitrate which was inadequately stored in port warehouses (The Guardian 05/08/2020).

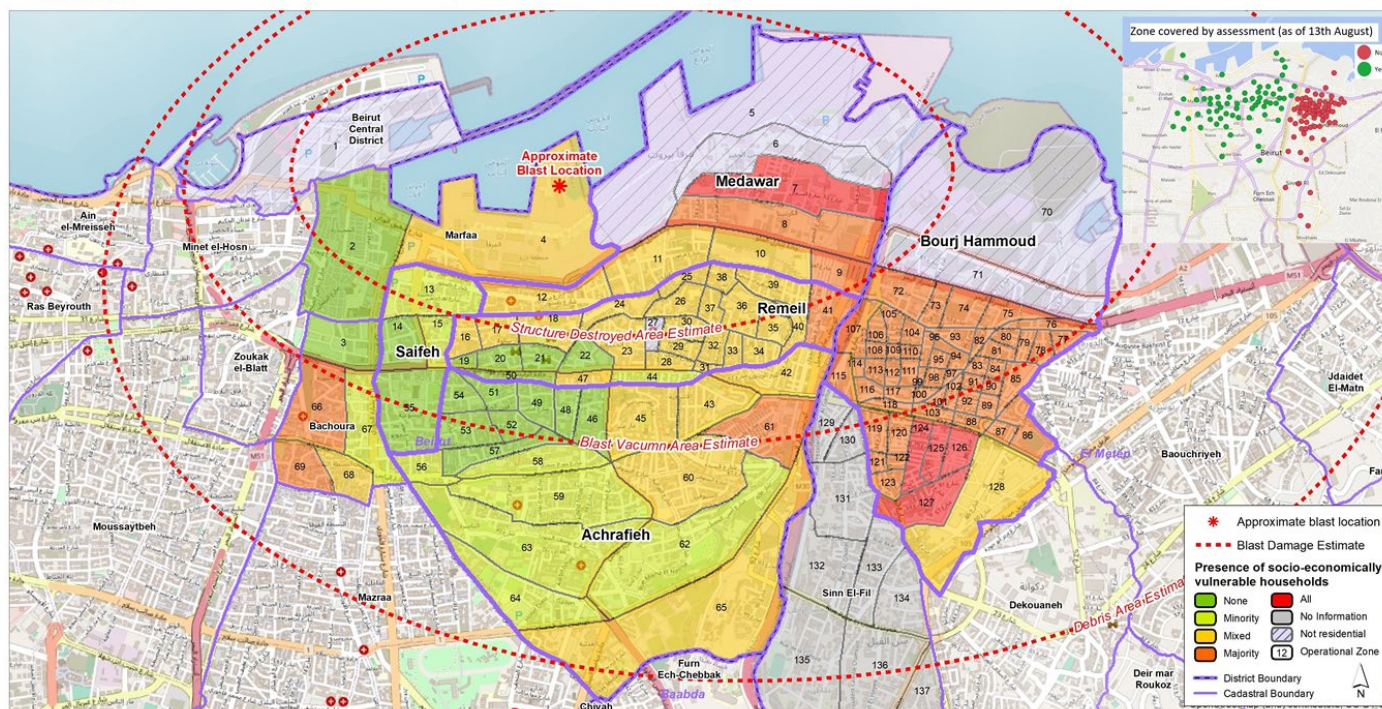
A number of cadastres of Greater Beirut are affected, some of which are home to vulnerable or poor Lebanese, migrant workers or refugee communities. Businesses have been lost and up to 300,000 people may have lost their homes (World Vision 08/2020; UNICEF 05/08/2020, NYT 05/08/2020, UNICEF 07/08/2020). An estimated 70,000 people lost their jobs as a result of the blast (OCHA 17/08/2020). The explosion occurred while Lebanon faces a deep economic and political crisis, and rising COVID 19 cases (OCHA 05/08/2020, BBC 06/08/2020, NYT 05/08/2020). Protests based on mistrust of the Lebanese government and overall administration have been taking place for months in Beirut city prompting the Government to step down on 10 August 2020.

Priority needs (assessments are still ongoing) are rehabilitation of shelters, cash-assistance, livelihood support, access to healthcare and food, and psycho-social support.



Lebanon: Beirut Explosion
Zone Socio-economic Vulnerability with ACAPS blast radius damage estimate

MA040 v1



See full map on page 19

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About this report

This report presents a comprehensive review of secondary and primary data available on the main sectoral needs for the affected population following the Beirut blast. It was developed by ACAPS, REACH, MapAction, Mercy Corps, and OCHA/UNDAC, with support from the Lebanese Red Cross and Emergency Operation Cell partners. A second analysis on the most affected area and the main vulnerable groups within the affected population will be available soon on the ACAPS website.

Overview and humanitarian conditions

On 4 August a large explosion occurred in the port of Beirut, killing some 180 people and injuring over 6,000. As of 17 August, around a dozen people remain missing (OCHA 17/08/2020; WFP 19/08/2020). The exact causes of the explosion are pending investigation, but so far, the explosion has been attributed to 2,750 tons of improperly stored ammonium nitrate in one of the port warehouses (The Guardian 05/08/2020).

The explosion had a significant impact on several cadastres¹ in Beirut governorate/city and adjacent municipalities and cadastres in Mount Lebanon governorate. According to the latest assessments, the most affected areas are:

- **In Beirut governorate:** Saifi cadastre (and, within the cadastre, smaller neighborhoods such as Gemmayzeh); Medawar cadastre (including the traditionally poor neighbourhood of Karantina, or Khodr, and the bar district of Mar Mikhael); Rmeil cadastre (especially Geitawi neighbourhood); Achrafieh cadastre; Marfaa cadastre (including Nouveau secteur, also known as Downtown, and Marfaa neighbourhood; Bachoura cadastre (including the smaller neighbourhood of Basta El Tahta); Zqaq al Blatt cadastre; Mazraa cadastre; Moussaitbeh cadastre; Dar El Mreisseh cadastre; and Minet El Hosn cadastre
- **In Mount Lebanon governorate:** Municipalities of Bourj Hammoud, Bauchriyeh, Sin El Fil, Aamaret Chalhoub, Jdaidet El-Matn and Zalqa (all in Metn district)

In these areas, people have lost homes and businesses, including restaurants, bars, and hotels, while already facing a deep economic crisis (OCHA 05/08/2020, BBC 06/08/2020, NYT 05/08/2020). According to UNDP, a total of 200,000 housing units were affected in Beirut. An estimated 40,000 buildings were damaged, including 3,000 severely damaged (OCHA 17/08/2020). Over 15,000 businesses – some 50 per cent of Beirut establishments – are

As of 20 August, Achrafieh, Bachoura, Mazraa, Rmeil, Medawar, and Saifi cadastres were reportedly the most affected areas in Beirut governorate, while Bourj Hammoud and Bauchriya are likely the most impacted in Mount Lebanon governorate. These cadastres are also the areas where most needs assessments have been conducted.

However, the geographic coverage (beyond the cadastres) and sample size of these assessments varies. The assessments provide a snapshot, but are not fully representative of the whole affected population in Greater Beirut. Further assessments are underway and findings around most affected areas and priority needs are likely to change.

estimated to be damaged, the majority in the wholesale, retail and hospitality sectors. In the affected (and assessed) areas many households are in need of shelter and shelter materials. The displaced population (around 300,000 people) are housed with families, friends, and fellow citizens, though the elderly, migrant workers and refugees will likely need targeted support. Schools, hotels, and other public buildings have been offered as shelters, though the uptake to date has been fairly limited (World Vision 08/2020; UNICEF 05/08/2020, NYT 05/08/2020, UNICEF 07/08/2020).

WHO completed damage assessments for Beirut's hospitals and is working on reconstruction planning. Reconstruction has started on the Karantina Government Hospital of Beirut, with admissions planned to recommence on 21 August (Swiss Humanitarian Aid 19/08/2020).

As of 21 August, some 180 people were reported dead, over 6,500 injured, and between 10 and 30 people are still missing following the explosion (OCHA 17/08/2020; OCHA 21/08/2020). At least 13 refugees are confirmed dead as of August 18, while 254 have been injured, 54 of them severely (OCHA 21/08/2020).

The explosion came amid a deep financial and political crisis. Around 10,000 enterprises in the direct vicinity of the blast have been destroyed or put out of business, leaving over 70,000 people unemployed and food insecure (UNDP 14/08/2020; OCHA 17/08/2020).

Coping capacities of people and services were already stretched due to the Syrian refugee crisis, economic, fiscal, and financial crises, and a recent increase in confirmed COVID 19 cases. Poor households, refugees and migrant workers are particularly vulnerable as they have less resources to repurchase or replace damaged or destroyed belongings (including documentation), reconstruct damaged shelters (often rented), and buy food and essential items. These groups also often live in densely populated neighbourhoods of Greater Beirut, with limited access to services, including WASH and health services.

Food, fuel and electricity, as well as other non-food items, were already becoming more expensive before the explosion, due to hyperinflation (reaching 91% in June 2020) and the loss in value of the local currency (The National 25/07/2020; L'Orient Le Jour 24/08/2020). The explosion destroyed Beirut's main wheat silos and damaged parts of Beirut port. Many imports will need to be diverted to Tripoli – a port with less capacity than Beirut. This is likely to put further upward pressure on prices of food and basic commodities, which have been rising steadily due to the economic crisis.

Protests have been ongoing in Beirut since October 2019 and surged following the explosion, with people calling for the resignation of the government. The government of

¹ Lebanon is divided administratively into three main levels – provinces or governorates (Admin 1), districts or cazas (Admin 2), and cadastres (ahya) (Admin 3). Districts (Admin 2) are further divided into municipalities that at times, but not always, correspond to the district itself (as is the case for Beirut). Cadastres (Admin 3)

contain smaller areas traditionally (but not administratively) known as neighbourhoods. The LRC further divided Beirut into zones (manatiq) to coordinate and assess the disaster response.

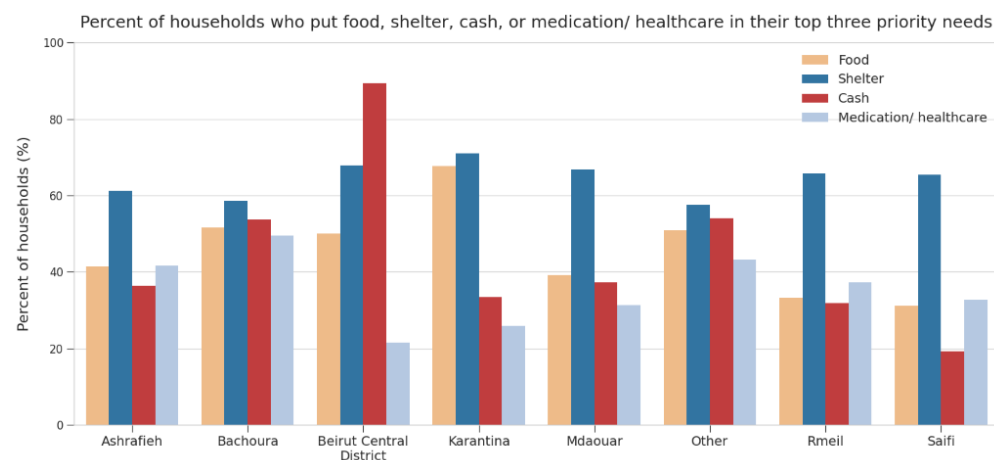
Hassan Diab (Prime Minister) resigned on 10 August, after resignations by several cabinet ministers (BBC 10/08/2020).

ACAPS will release a follow up report shortly looking at vulnerable groups and pre-crisis context.

Current priorities (latest Multi-Sectoral Needs Assessment)

Initial results from over 4,000 household surveys under the multi-sector needs assessment conducted by the Lebanese Red Crescent and partners between 7 to 13 August identified the following priorities (LRC 13/08/2020):¹

- Shelter, reconstruction, and rehabilitation
- Livelihoods
- Cash assistance
- Access to healthcare and medication
- Psychosocial support
- Food security



Source: LRC 13/08/2020

1 million people were identified as in need due to the explosion and the economic crisis as of 14 August. Up to 1 million people require food and health assistance, while 300,000 need WASH services and assistance with shelter. Rapid needs assessments also highlighted damage to education infrastructure that will affect thousands of students. Protection needs have also increased since the blast, along with mental health needs (OCHA 14/08/2020).

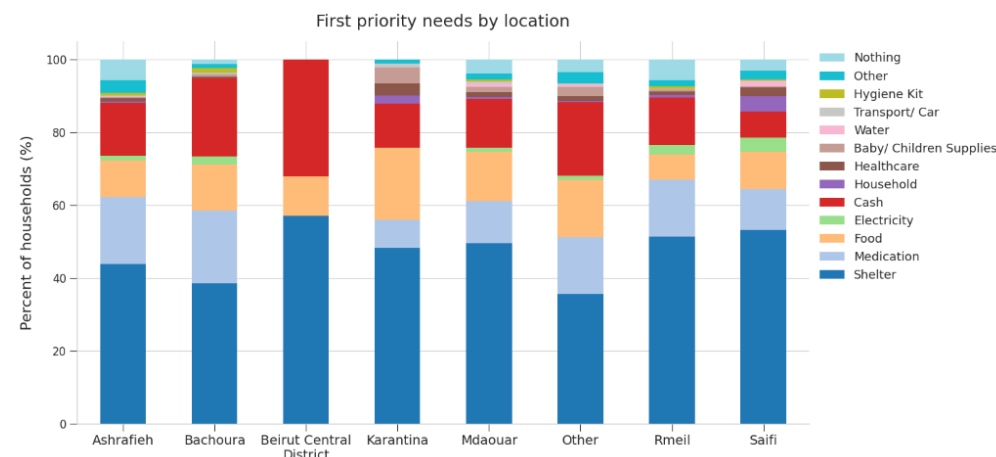
Sector specific information

Shelter and NFI

Info gaps and limitations

Those surveyed in the early hours after the explosion were traumatised and understandably did not answer all questions administered (HelpAge et al. 18/08/2020). Answers in the surveys may have been influenced by bias and subjectivity, impacting analysis. As people move from one accommodation to another, it might be difficult to track their needs, including shelter, cash, and livelihoods, and they could be double counted in needs assessments (discussions with operational partners 09/08/2020). Data gathering and assessment regarding people living outside their houses and their specific locations is still missing, making it harder to evaluate which host structures and families need support. More information is needed on why people are staying in their original homes. Limited availability of sex- and age disaggregated data is hampering analysis of gendered vulnerabilities and needs.

Shelter was consistently mentioned as the **top need** by households in the multi sector needs assessment (initial results, assessments are still ongoing). Respondents in the Central District, Medawar, Saifi, Karantina, and Rmeil were more likely to name shelter as their primary need (LRC 13/08/2020). A logistic regression run on the LRC survey data found that households with **Lebanese nationality** were statistically more likely to include shelter in their top three priority needs. Syrians and other nationalities more often prioritised other types of assistance such as healthcare, food and cash, alongside shelter needs. However due to the way the priority needs questions were posed in the survey, it cannot be determined whether this is because Lebanese nationality households are more in need of shelter assistance, that is they were more heavily impacted by the direct impact of the blast, or because households of other nationalities were more in need of other types of assistance such as healthcare, food, and cash (LRC 13/08/2020).



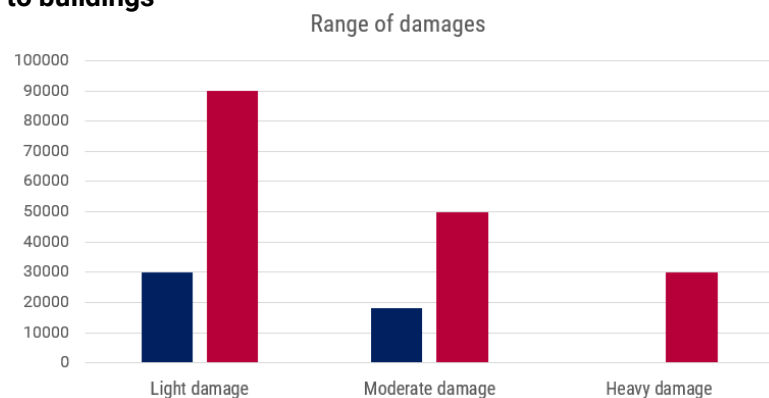
Displacement

Up to 300,000 people are likely to be displaced according to estimates by the Governor of Beirut, as their homes reported damages or were partially destroyed following the explosion. Many people affected and in need of assistance are reluctant to leave their homes (OCHA 14/08/2020), with poorer households more likely to **stay in their houses**, even if they are heavily damaged and unsafe (Save the Children 08/2020).

Almost 80% of the 940 households that requested assistance at UNICEF tents covering Geitawi, Karantina, Basta, and Ras al-Nabeh were still living in their homes, 12% had moved to hotels, while only 6% were staying with friends and families, and 4% had rented another place. Only 1% of the respondents had moved to a public shelter (UNICEF 17/08/2020). **Older women** living alone made up a significant percentage of those who remain in the radius of the blast site. Of the overall sample surveyed in a forthcoming assessment by UN Women, OCHA, and ACTED, 12% of women reported living alone, of which three quarters were over the age of 60 (forthcoming UN Women, OCHA, ACTED 20/08/2020).

One week after the explosion, some families in Karantina reported they no longer feel at ease in **family's and friends'** homes. Some have moved to studios and other overcrowded lodgings, increasing costs, protection, and health risks, especially with COVID 19 cases rising in Lebanon (ACTED 12/08/2020). **Hotels, guest houses, and places of worship** remain open for those in need of shelter, but it is unclear whether they are being used and to what extent as a centralised reporting system covering all concerned infrastructure seems to be lacking. In any case, they seem to offer only a short-term accommodation solution (Beirut Crisis Shelter 08/2020).

Damage to buildings



Source: OCHA 14/08/2020 ■ Apartment affected ■ Individuals affected by the damaged

At least **200,000 housing units** were affected in the blast (UNDP in OCHA 19/08/2020). Based on assessments conducted so far, the number of apartments with heavy damage (1,144) is small compared to those with light and moderate damage (30,000 and 17,000 respectively). However, for heavily damaged apartments, many more people were affected compared to the lightly and moderately damaged apartments. The approximate ratio of individuals affected per lightly-to-moderately damaged apartment is 3:1 but increases to about 30:1 in case of heavy damage (OCHA 14/08/2020). 51% of the 4,194 households surveyed by LRC (initial findings, assessments are ongoing) reported damage to **window glass**, and about 40% also observed damage to **window frames**. Half of respondents reported minor and repairable damage to their external **door**, while one-fifth needed to replace the whole door (LRC 14/08/2020). This is consistent with the findings of an assessment conducted by UNICEF in Geitawi, Karantina, Basta, and Ras al-Nabeh between 10 and 17 August which found: 40% of 84 respondents reported broken glass; 16% reported broken aluminium; and 15% had collapsed walls.² Initial multi-sector needs assessment findings in Achrafieh, Karam el Zaytoun, Karantina, Badawi, and Khandak al-Ghamiq also reported structural damage to balconies (20% of those assessed), ceilings/roofs (13%), and beams and columns (around 20%). Beirut will face sharp increases in demand for **glass, cement, balcony railings, electric cables, doors, wood, steel, and aluminium** (ACTED 12/08/2020).

The lack of windows and functioning doors deprives families of their **privacy** and increases the risk of **burglary**. The lack of safe shelters and electricity increases risks for harassment and gender-based violence, particularly for women and girls due to gendered vulnerabilities. Community groups have set up improvised watch systems in some affected areas (Save the Children 08/2020).

Due to the summer heat, plastic sheets are already showing their limited **insulation capacity** and will expose houses to rain in autumn and harsh winter temperatures if large-scale provision and installation of glass and frames is not completed before the change of season (ACTED 12/08/2020, Helpage et al 14/08/2020). Key informants in affected areas were concerned about the **affordability of repair material** and their future availability on the market (Save the Children 08/2020, ICRC 14/08/2020). Beirut port is now back to 30% of its original functionality and initial deliveries of construction material (iron) have recommenced (OCHA 19/08/2020).

The reconstruction process will need to manage a number of distinct and overlapping challenges: individual versus communal infrastructure and space; preservation of urban heritage; social, economic and environmental concerns, and; the role of communities, the

² The assessment surveyed residents who asked for assistance at UNICEF Tent Hub. This justifies the relatively small size of the sample.

state and the private sector. Planning needs to start now to learn from, and avoid repeating, mistakes in reconstruction following the civil war and July 2006 conflict (LCPS 21/08/2020).

Rent

Job opportunities were scarce since the beginning of the financial crisis. This has been exacerbated by COVID 19 and the Beirut port explosion which damaged workplaces and businesses. Those with daily and temporary labour and no savings risk **eviction** (WFP 17/08/2020). Of the households surveyed in the multi sector needs assessment so far (initial findings, assessments are ongoing), **54% were living in rented accommodation** (LRC 13/08/2020). There is anecdotal evidence of tenants being asked to pay for damage upfront, even if this is normally the landlord's responsibility. Given the current economic crisis, which has wiped out 70% of savings for many people in Lebanon, finding the money to pay for urgent repairs will likely be a huge challenge for renters and landlords alike (discussions with operational partners 19/08/2020). Payment of rent and damage adds to other priority needs. As households might have exhausted – or are close to exhausting – their savings, the chances of **indebtedness** are higher, making them even more vulnerable to poverty (Food Security Cluster 22/08/2020).

Elderly people who are renting accommodation at affordable prices under the old rent law and now find it partially or completely destroyed are at risk of becoming homeless since they will not be able to afford rent at current market prices.

Fuel and electricity

Damage to the electricity system was reported in early assessments, specifically in the area of **Karantina**, but the extension of this type of damage is still unclear (HelpAge et al. 14/08/2020). More recent reports do not point to a marked deterioration in electricity provision in the rest of the city compared to pre-blast levels (discussions with operational partners 19/08/2020). Depending on the location, **power cuts** lasted up to 20 hours a day prior to the explosion. Similarly, finding **fuel for generators** was already increasingly difficult before the blast, undermining the functionality of health centres, including cold chain, as well as living conditions of households (OCHA 14/08/2020, Human Rights Watch 09/07/2020, AI Araby 27/07/2020).

Other NFIs

Some households cannot afford to buy **clothes, bedding sets, and kitchenware** even if these are readily available on the market (Save the Children 08/2020, HelpAge et al. 14/08/2020).

Waste collection and disposal

Rapid removal of waste from the streets is challenging due to the high quantity of debris and rubble and the difficulties in sorting plastic, glass, and other material (LRC 14/08/2020, Save the Children 08/2020, UNICEF 21/08/2020). Capacities of local landfills, especially for processing debris from the port, are very limited (discussions with operational partners

12/08/2020). The blast is likely to exacerbate pre-existing difficulties in waste collection and processing services (UNDP 14/08/2020, VoA 16/08/2020).

Risks

- **Unavailable and/or unaffordable construction and repair materials**
- **Rise in COVID 19 transmission due to shared accommodation**
- **COVID 19 prevention measures, including lockdowns, may hamper relief efforts**
- **Temporary covers of windows and doors will not protect residents from autumn rains and cold winter temperatures**
- **Long-term disruption of the already poor waste management services could see people forced to live in unsanitary neighbourhoods, with risks of possible outbreaks of vector or waterborne diseases**
- **Slow burning of solid waste could also lead to an increased number of people suffering from respiratory diseases**

Health

Information gaps and limitations

There is no disaggregation of chronic illnesses affecting the population living in the areas closest to the blast. This makes it more difficult to predict which specific drugs and services people might need, either because they cannot afford them, or they cannot find them on the market. The longer-term effects following the release of chemical substances and hazardous materials on the health of residents and the environment need to be further investigated. There is limited information on gendered vulnerabilities due to the lack of gender disaggregated data.

Morbidity and mortality

Over 180 people died, at least 6,500 were injured, and about a dozen are missing due to the blast (OCHA 21/08/2020, OCHA 19/08/2020). ICUs in Beirut are operating at full or high capacity due to inflows of COVID 19 patients and 117 trauma patients from the blast. Basic health services are disrupted in Bourj Hammoud and Mar Mikhael potentially creating a backlog of patients in the coming weeks (IMC 17/08/2020, WHO 14/08/2020, USAID 19/08/2020, OCHA 19/08/2020, UNHCR 17/08/2020). Confirmed COVID 19 cases are reported among health staff and trauma patients (WHO 14/08/2020). Social distancing measures were not fully respected in the chaos following the blast and there is a risk that social distancing will remain difficult to uphold and/or a lower priority in the aftermath of the disaster. People affected are still living with relatives and friends, while volunteers gather to offer necessary help and assistance, potentially creating more favourable conditions

for COVID 19 transmission (WHO 14/08/2020, USAID 19/08/2020). ACAPS will publish a companion report on pre-crisis context and vulnerabilities shortly, including further information on COVID 19 in Lebanon.

Healthcare facilities, infrastructure, and staff

Nine hospitals were damaged, six partially and three completely out of the 16 operating in Beirut. At least **23 Primary Healthcare Centres (PHC) were severely impacted**, with four totally damaged (WHO 14/08/2020, Health Cluster 22/08/2020). One centre for blood transfusion was also no longer operational (LRC 12/08/2020). These closures will affect thousands of patients (ICRC 10/08/2020). The **storage facility** of the National Primary Healthcare Centre Network was severely damaged. Most of the vaccines and acute medicine stocks were salvaged and moved to other warehouses and the network resumed distributions on 10 August (WHO 14/08/2020, OCHA 14/08/2020). Health centres are still reporting needs for **PPE, medicines, and sexual and reproductive health (SRH) products**. Some supplies stored at the port were destroyed in the blast and these items were already low in stocks before the explosion (OCHA 19/08/2020, WHO 09/08/2020). Tetanus vaccines had to be provided on a large scale as part of injury treatment (UNICEF 08/2020). Healthcare personnel have been heavily affected, both professionally and physically, with **2,000 doctors** either losing their practices and/or reporting injuries (OCHA 19/08/2020). Nurses are still needed for the response (Caritas 18/08/2020).

Health needs

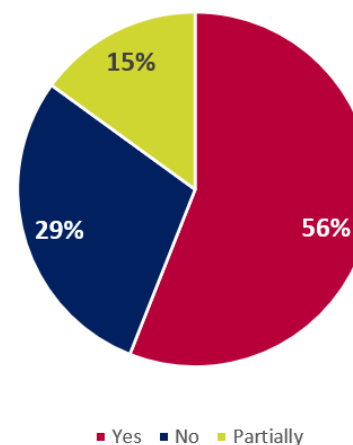
Urgent **trauma and injury** treatment overwhelmed hospitals in the early hours after the explosion. While emergency health needs have largely been met, first aid is still provided for injuries reported during debris cleaning (OCHA 19/08/2020). Findings from the multi-sector needs assessment found that **healthcare and access to medication** remain among the top-four priority needs across all areas surveyed. Twenty-percent of households reported health needs in the Central District, rising to 50% in Bachoura (LRC 13/08/2020). Many families are struggling to find the money to pay for healthcare and medicines for **chronic and pre-existing illnesses**. Analysis of initial multi sector needs assessment data (assessments are still ongoing) found that households in rented or hosted accommodation were more likely to need support to pay for healthcare or medicines. Seventeen-percent of households in owned accommodation said they could not access healthcare, rising to 24% of households in rented accommodation and 39% in hosted accommodation. **Financial barriers to healthcare** were also more prevalent amongst rented and hosted households. 74% of households in owned accommodation who couldn't access healthcare claimed this was due to not being able to afford it, compared to 83% for rented households and 88% for hosted households (LRC 13/08/2020).

Hospitals and health staff remain under strain due to increasing needs in post-trauma recovery such as **rehabilitation and reconstructive surgery**, in addition to rising numbers of **COVID 19 patients** which threaten to overwhelm ICU capacity in Beirut and potentially nationwide in the long term (WHO 14/08/2020, discussions with operational partners 19/08/2020).

A logistic regression of initial multi sector needs assessment data found that households in hosted or rented occupancy, households of Syrian nationality, households with members with chronic medications or illness, households without savings, households with a member with a physical or mental disability, and households with fewer adults of working age were less likely to have access to healthcare. Many of these households were also **more likely to put medication/healthcare amongst their top priority needs**. In addition, households with family members with a chronic illness or critical medical condition, female headed households, and households with a higher number of members over the age of 60 were also statistically more likely to prioritise medication or healthcare (LRC 13/08/2020). These results suggest that households in these **vulnerable categories are more urgently in need of healthcare/medication, and their needs should be addressed as a priority**.

Access to regular healthcare services

Does your family have access to healthcare or medication since the incident?



Source: LRC 13/08/2020

Beirut has **few public hospitals**. Normally payment is needed for health services. While emergency treatment did not have to be paid for upfront, access to healthcare remains expensive and might turn into a luxury many residents cannot afford after the blast (discussions with operational partners 19/08/2020, 11/08/2020). A third of 802 people surveyed by

HelpAge and partner organisations in Badawi, Bourj Hammoud, Gemayzeh, Geitawi, and Karantina on 7 August reported hindered access to health services, while 45% claimed it was difficult to obtain drugs (HelpAge et al. 14/08/2020). Early results from the multi-sector needs assessment found that 44% of surveyed households had no, or only partial, access to healthcare or medication since the blast though further investigation is needed regarding the specific access barriers respondents are encountering (LRC 13/08/2020). **Medicines** are available on the market, but people are struggling to find the money to pay for them (Save the Children 08/2020, discussions with operational partners 19/08/2020). Residents surveyed by HelpAge worried about treatment of **chronic diseases** (30%) and **mental health issues** (26%) in the aftermath of the explosion (HelpAge et al. 14/08/2020). Over half of the more than 4,000 households surveyed in the multisector needs assessment (initial findings, assessments are ongoing) reported chronic illnesses or critical medical conditions (LRC 14/08/2020). An estimated 4,000 pregnant women currently in the displacement will require regular access to **maternal care** in the areas impacted by the blast (UNFPA 12/08/2020). Maternity services are lacking or completely absent in most of the field hospitals that were deployed after the explosion or in clinics and hospitals providing free medical services to the victims (UNFPA 08/2020).

Additional injuries during protests

Protests between 8 and 11 August were met with a security response which included **tear gas and rubber bullets** that injured protesters and doctors offering assistance. Hundreds needed medical treatment either on-site or in hospitals, adding to the temporary load of trauma surgery and treatment (Amnesty International 11/08/2020, OCHA 20/08/2020). Further protests and related injuries cannot be ruled out in the current climate of instability. For more information on related protection needs see the dedicated section here.

Environmental hazards

No information is yet available regarding the possible insurgence of respiratory distress in the immediate aftermath of the blast due to suspended dust and suspected toxic substances. Hazardous materials found at the port so far after the blast have been mapped (MapAction 14/08/2020, Environment Cell 14/08/2020). Port clearance activities will have to take into consideration residual risk and ensure safe removal, treatment, and disposal of hazardous waste (Environment Cell 21/08/2020). The possible presence of asbestos, toxic dust and other hazardous waste is a concern, including for any ongoing clean-up initiatives throughout the city (Environment Cell 14/08/2020). Training is being provided to NGOs (Environment Cell 21/08/2020). A disaster waste management plan is also being developed by the Ministry of Environment (Environment Cell 21/08/2020). Full assessments are needed on pollution of ground and sea water following the blast (UNDP 14/08/2020, VoA 16/08/2020).

Risks

- **Increased challenges accessing healthcare and medicines for people with pre-existing conditions due to greater financial strain. Potential reduction of public subsidies for medicines, as well as pre-existing pharmaceutical supply chain constraints, might exacerbate access issues** (The 961 23/06/2020, discussions with operational partners 19/08/2020)
- **Spike in numbers of confirmed COVID 19 cases due to reduced social distancing and higher exposure of patients and health personnel in overcrowded ERs, shelters, and apartments**

Mental health and Psychosocial support

Following the explosion, some people living in the affected areas showed signs of mental health concerns or shock. Community-based volunteers collecting data have reported signs of depression and disorientation among the assessed population. It is unclear if and how many people are suffering from trauma, however here is an increased need for trauma management and psychosocial support (Helpage 14/08/2020).

Signs of psychosocial distress reported in the aftermath of the explosion included **excessive worrying, sadness, fear, trouble sleeping, night terrors, unusual crying and screaming and self-isolation** (World Vision 15/08/2020). Overall, 26% of people assessed in Badawi, Bourj Hammoud, Gemayzeh, Geitawi, and Karantina neighbourhoods expressed concerns about their mental health. This was of particular concern to older people (25% of the assessed population) and among Syrian refugees (32%) (Helpage 14/08/2020). Some key informants suggest that consumption of stress medication increased as they attempted to manage their symptoms (Save the Children 08/2020).

Psychological trauma is the most common child protection issue that has been reported as a result of the explosion. The manifestations of anxiety in children frequently include sleeplessness, night terrors, or refusing to eat. Some children are reportedly unable to enter the rooms where they witnessed the explosion and are unable to express their emotions and verbalise their anxiety (Save the Children 08/2020). Research suggests that children can suffer negative psychological effects for as long as 16 months after experiencing a large scale explosion (Save the Children 7/08/2020).

- Over 90% of households reported children suffering from psychosocial distress³ with slightly more girls (53%) than boys (47%) reporting concerns. The majority of children affected were between 6 – 11 years old (World Vision 15/08/2020).
- Around half of households⁴ reported children showing signs of negative behaviours or reactions following the explosion (unspecified in the assessment) (UNICEF 17/08/2020).

Adults are also likely to need psychosocial support because of the shock, stress, and feelings of uncertainty caused by the explosion and the ongoing economic crisis. The main behavioural changes reported among adults were excessive worrying and fear and trouble sleeping. More women (59%) than men (41%) reported psychosocial distress. If not addressed, this can lead to a risk of longer term mental health issues, including post-traumatic stress disorder, anxiety, depression, suicidal or self-harm thoughts or intentions, and addictions (World Vision 15/08/2020, Metro 7/08/2020). Some support hotlines estimate that calls for psychosocial support have doubled since the explosion (ACAPS discussions with operational actors 19/08/2020).

Mental health issues remain a taboo in parts of Lebanese society and often result in stigma on people with mental illness becoming more of a burden than the disease itself.

Risks

- **The explosion and deteriorating living standards risks aggravating mental health concerns. Mental health issues and distress within households also risks increasing protection concerns related to safety and domestic violence.**

Protection

Information gaps and limitations

Little information is available on the impact of the explosion on vulnerable groups or on protection-related negative coping mechanisms people are forced to resort to. More research is needed to track the increase in SGBV caseload and severe mental health issues. There is limited baseline information in general about LGBTIQ+ people who are often invisible from statistics and data, which makes it very hard to measure the impact on them and plan ways to protect them.

Violent protests

The explosion came in the midst of a deep financial and political crisis. Protests against the government have been ongoing since October 2019 and have intensified in Beirut since the explosion, with people calling for the resignations of the government and disarmament of Hezbollah.

Protests turned partially violent on 8 August, particularly in areas surrounding the parliament, and the ministries of foreign affairs, economy, and environment in central Beirut. The government of Hassan Diab (Prime Minister) resigned on 10 August, following the resignation of various cabinet ministers in the previous days amidst increasingly violent protests (BBC 10/08/2020). These protests saw significant injuries among both protestors and security forces as well as the death of one police officer. **728 civilians were wounded, of which 160 were transported to hospitals for treatment between 8 – 11 August** (OCHA 14/08/2020).

Police used tear gas, rubber bullets, and pump action pellets, while protesters threw stones and fireworks and set up fires. Protesters entered several government ministries and temporarily occupied them (Al Jazeera 11/08/2020, Al Jazeera 9/08/2020, CNN 8/08/2020).

Footage from the protests show excessive and indiscriminate use of force characterised by gunfire with a purpose to injure, indicating that the authorities wanted to punish protesters and dissuade them from participation (Amnesty 17/08/2020).

No major protests have been reported since 11 August. However, the potential for the protests to resume is high, driven by deteriorating economic conditions and negative perceptions of the state-led response to the explosion.

Family separation

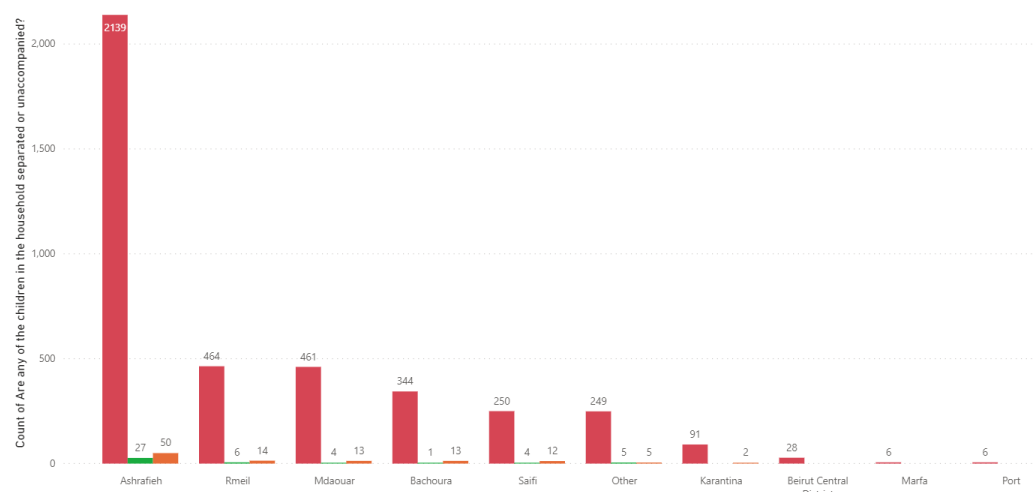
As of 13 August more than 100 households had reported cases of separated or unaccompanied children out of over 4,000 households assessed (3%). Most of the cases

³ In households assessed predominantly in Bourj Hammoud, Sin El Fil, Chyeh, and Nabaa neighbourhoods.

⁴ In households assessed predominantly in Rmeil, Karantina, Geitawi, Bastat, and Gemmayze neighbourhoods.

reported are from Achrafieh cadastre however the highest percentage (5%) of households reporting this issue is in Saifi (LRC 13/08/2020).

Are any of the children in the household separated or una... ● no ● refuse_to_answer ● yes



The reason why Achrafieh reports the highest number of separated or unaccompanied children is because the highest number of households assessed resided in Achrafieh.

Although this information is preliminary, it indicates that some children are not with their parents and usual caregivers, either because of the explosion or other factors. **Being a separated or unaccompanied child can have a negative impact on mental health, even if the child is currently with extended family.** Unaccompanied children from poor households are more likely to fall into negative coping mechanisms, like child labour or begging, and faces a heightened risk of exposure to exploitation and abuse (Save the Children 13/08/2020).

Housing, Land, and Property rights (HLP)

Legal advice on property rights, housing issues, and restoring or renewing documentation is important to ensure individuals can access relevant rights and protection. **Local NGOs and volunteers have raised serious concerns about schemes to persuade affected people, the elderly in particular, to sell their damaged houses, with people posing as volunteers suggesting the sale** (HelpAge 14/08/2020).

Many of the elderly have been living in historical areas of Beirut. Increasing poverty is likely to make it very difficult for them to rebuild and repair the damage to their homes. Rumours about developers contacting desperate or vulnerable owners in Achrafieh or Gemmayzeh have circulated widely on social media (Los Angeles Times 13/08/2020, local volunteer sources).

Some tenants have reportedly been pressured by their landlords to pay money in order to have broken doors and shattered windows replaced. It is legally the landlords' responsibility to pay for repairs, which should then be eligible for reimbursement by the Higher Relief Council. Many landlords claim not to have the resources necessary to pay upfront or do not believe that they will be reimbursed. Many tenants continue to live in damaged homes with inadequate security and protection (Al Arabiya 17/08/2020).

Some landlords used the damage as an excuse to pressure tenants to leave. Because building owners do not pay municipal taxes on empty apartments, many landlords prefer to sit on vacant apartments rather than rent at a lower rate. Some tenants who left temporarily because of the damage fear they will not be allowed to return. Others were forced to move out and remain homeless or had to move in with family or friends, or into hotels or public shelters (Al Arabiya 17/08/2020).

IDPs lack social protection and face potential homelessness

Of the estimated 300,000 people displaced across the Greater Beirut area, 100,000 are children. Most have found shelter with relatives or local community groups, but many people without local support networks are forced to sleep on the streets or in unsafe buildings (UNICEF 7/08/2020).

The current housing situation is resulting in overcrowded households and communities, increasing the risk of COVID 19 transmission and sexual and gender based violence (SGBV) (HelpAge 14/08/2020). The highest concentration of households reporting 10 or more people staying under the same roof were in the Medawar and Achrafieh cadasters, especially in the Karantina neighbourhood in Madawar (though assessments are still ongoing) (LRC 13/08/2020).

Some women and girls have relocated to temporary accommodation or shared shelters, putting them at a risk of SGBV, which was already rising during the COVID 19 outbreak (IRC 14/08/2020).

Some migrants, including domestic workers, were reportedly abandoned by the families they worked for and are now forced to live on the streets, often with no documentation. Lack of documentation and low social status might hamper migrants' access to assistance. Migrant workers are highly concentrated in Geitawi, Gemayzeh, and Bourj Hammoud, where high levels of humanitarian needs are reported. There is a rising concern around vulnerable migrants being at increased risk of human and sex trafficking. Fifteen trafficking cases were reported in Bourj Hammoud, and in Nabaa specifically (ACAPS discussions with operational actors, 19 August 2020).

As the situation deteriorates, more people lacking social protection (refugees, LGBTIQ+, domestic workers) will be unable to meet basic needs and will entirely depend on service providers, or have to revert to negative coping mechanisms exposing themselves to exploitation and abuse (Operational actors in Lebanon).

Sexual and Gender based violence (SGBV)

Women and children, particularly vulnerable refugees, migrants, and members of the LGBTIQ+ community are likely to experience increasing levels of SGBV. Men and boys in Lebanon are also subject to sexual violence and abuse. However, reported numbers are likely to remain low because of social stigma, which hampers reporting and provision of support.

SGBV in Lebanon was known to have increased during the COVID 19 outbreak as movement restrictions trapped women and children in unsafe environments during a time when household stress and tensions rose. One study found that **54% of women and girls interviewed after the COVID 19 outbreak experienced some form of harassment, violence, or abuse**, with 44% reporting feeling less safe in their homes and 57% less safe in their communities since the start of the pandemic (UNFPA 08/2020).

After the explosion, the risk of SGBV, including sexual exploitation and sex trafficking, increased due to lack of shelters and potential overcrowding. In Karantina, people were reportedly renting small studios and cramped places as temporary shelters (ACTED 12/08/2020). Collective temporary shelters or insecure shelters without doors, locks, and windows decrease privacy and safety, especially for women and girls (UN Women 17/08/2020).

Many people are choosing to stay in damaged homes. Nineteen-percent of households assessed so far in the multi sector needs assessment reported major, non-repairable damage to external doors, resulting in a significant security risk. As of 13 August, 54% of households reported that the external openings (doors, windows) of their homes have not been sealed off using temporary material. 11% of households reported unacceptable WASH facilities as a result of the blast (broken or leaking toilet). This could push households to seek alternative solutions, like sharing facilities outside family members, increasing the risk of SGBV (LRC 13/08/2020).

Protection mechanisms are severely limited and safe spaces have been partially destroyed by the explosion. There are concerns that this, combined with overwhelmed law enforcement and justice mechanisms, will create a perceived vacuum in the rule of law and give perpetrators a sense of impunity as well as opportunity.

As in many other countries, domestic and intimate partner violence are a concern in Lebanon. The increased protection risks outlined above, coupled with increasing mental health issues, poverty, and desperation, will likely result in further SGBV incidents (UN Women 17/08/2020). This risk will be further exacerbated by the lockdown conditions due to COVID 19 as prolonged periods of isolation, income insecurity, and restricted access to medical and social services will likely aggravate the existing conditions.

Social cohesion

The early response to the crisis demonstrated the growing degree of community cohesion born from Lebanon's protest movement over the past 12 months, including strong networks among youth from across the traditional sectarian divides. Volunteers poured onto the streets to help with the clean up and provide food and water in the aftermath of the crisis.

However, local actors also report that social tensions are growing in many parts of the country following the explosion. Social tensions have increased between vulnerable Lebanese and refugees, with perceived competition over limited aid and resources exacerbated by new acute needs and claims of bias in early aid distributions.

A lack of coordination and the proliferation of untrained local responders could contribute to increased disorder, frustration, and tensions. Reports on social media suggest some households are over assessed and targeted by several aid actors, while others are neglected. To ensure aid reaches the most vulnerable, inclusive beneficiary selection and verification (including current place of living) is needed (ACTED 12/08/2020). This needs to include all types of households regardless of which group they are from.

Risks

- **The explosion and deteriorating living standards risks aggravating vulnerabilities due to poverty, such as child labour.**
- **Disintegrating law enforcement and justice systems are likely to exacerbate violence against women, children, elderly, and LGBTIQ+ people, particularly vulnerable refugees and migrant workers.**
- **The explosion will also likely create new protection issues around destruction of social support structures, property rights, violent protests, and social cohesion.**
- **The risks of sexual and gender based violence (GBV) increase as a result of distress, mental health issues, and lack of privacy for people who have lost their homes.**

Food security

Information gaps and limitations

There is no clear picture regarding the overall availability of cooking and food preserving appliances based on the assessments published. A widespread lack or malfunctioning of these appliances might hamper households' sustainable and long-term access to food. No specific information regarding nutrition needs after the blast were found as assessments are pending. Limited availability of sex- and age disaggregated data is hampering analysis of gendered vulnerabilities and needs.

In the Flash Appeal up to **150,000** individuals among those impacted by the blast were provisionally identified as in urgent need of immediate food assistance (OCHA 14/08/2020). Food was one of the top-four most frequently mentioned needs among those surveyed in initial rounds of the multi sector needs assessment (assessments are still ongoing). The highest numbers of respondents listing food as an urgent need was in **Karantina** (over 60% of surveyed households) and **Bachoura** (around 50% of households) (LRC 13/08/2020). Food security was confirmed as a potentially severe issue in **Karantina** (HelpAge et al. 14/08/2020). Almost half of the respondents surveyed by HelpAge reported the need for food kits and almost one-third requested **kitchenware** (HelpAge et al. 14/08/2020). While food is available on the market, affordability is the main concern for Lebanese and foreign residents who have little savings and face high prices. Logistic regression of initial multi sector needs assessment data found that households without savings and households of Syrian nationality were more likely to put **food as one of their top priority needs**. Households with members needing chronic medication/healthcare, households with more children, households in rented or hosted occupancy, and households with fewer adults of working age (18-60), were also more likely to prioritise food. Further analysis suggested that **affordability is a main concern** for these households as many also listed cash as a priority need, in particular households without savings, households in rented occupancy, households with more children, and households with a member with a chronic illness or medical condition (LRC 13/08/2020).

Some families have resorted to canned food in the absence of electricity and kitchenware following the explosion (Save the Children 08/2020, World Vision 14/08/2020). **Food prices** may continue rising due to disruptions to the supply chain (UN Women 13/08/2020). Damage to Beirut port, which is working at 30% capacity, could also put some further upward pressure on prices as importers have to negotiate alternative supply routes. The port was able to receive containers again as of 12 August 2020 (WFP 17/08/2020, OCHA 19/08/2020). Lack of foreign reserves, might interfere with the sustainability of the current import supply chain, especially affecting bulk food merchants (discussions with operational partners 19/08/2020, 22/08/2020). Loss of livelihoods and income following rising levels of unemployment will also impact residents' access to food (Mercy Corps 14/08/2020). Recent mapping of socio-economic vulnerability shows that in multiple areas of Medawar, Bourj Hammoud, and Bachoura the majority or totality of households were already socio-

economically vulnerable before the blast and are thus more likely to have limited coping capacities following this latest shock (MapAction 18/08/2020). Multiple assessments in recent years have shown food security is higher amongst female headed households and as such gender inequality around food insecurity needs to be monitored closely (VASyR 2019, VASyR 2018).

Risks

- **Continued food price inflation with poorer households further reducing caloric intake. Potential reduction in public subsidies for specific food items might exacerbate food insecurity** (The 961 23/06/2020, discussions with operational partners 19/08/2020)
- **Unavailability of specific food items, especially imported products, due to disruption to supply chains and reduced foreign currency reserves**
- **Currency volatility and banking restrictions pose challenges for cash programming**

Livelihoods

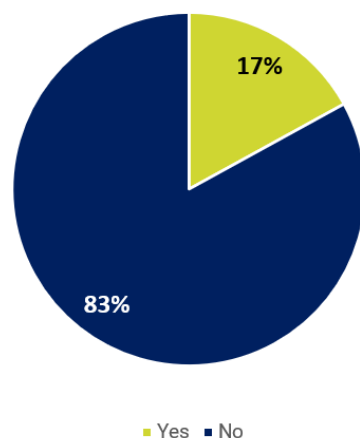
Info gaps and limitations

It might be too early to evaluate emerging negative coping strategies implemented by households who lost income and jobs in the aftermath of the blast. Information on the impact of the blast on the fishing industry is scarce. So far, there are no precise estimates for categories of shops and businesses destroyed or heavily damaged. Currently it is not possible to assess which sections in the services sector were most affected and in which areas products and services might be lacking in the upcoming weeks. There is limited information on gendered vulnerabilities due to the lack of gender disaggregated data.

At least **70,000 individuals** are estimated to have lost their jobs since 4 August. **15,000 businesses** in the services sector were damaged (UNDP in OCHA 19/08/2020). The areas around the port had large numbers of shops, bars, restaurants, hotels, art galleries, and shopping centres employing thousands of people. **Business owners** have depleted or severely decreased their savings after months of economic crisis and may be unable to either loan or invest money in the repairs and reopening of shops, as well as employing the same amount of people. Businesses also cannot easily access savings even if they have them due to the financial crisis – limiting capacity to move quickly to fix damage and get businesses up and running (LRC 12/08/2020, discussions with operational partners 19/08/2020). **Suppliers** may also face a ripple effect of decreased demand and higher costs, along with possible disruptions along the supply chain (discussions with operational partners 19/08/2020). The **port** itself was an important generator of profit and created a

range of jobs for fishermen, administrative employees, and others who might now face uncertain prospects until the infrastructure is fully operational again (OCHA 14/08/2020). The COVID 19 **lockdown** that began on 21 August will further limit income generating possibilities and job opportunities (discussions with operational partners 19/08/2020). Of the more than 4,000 households surveyed in the early rounds of the multi-sector needs assessment, 83% reported having **no savings**. Among the minority with savings, 70% estimated they could support themselves for less than 25 days.

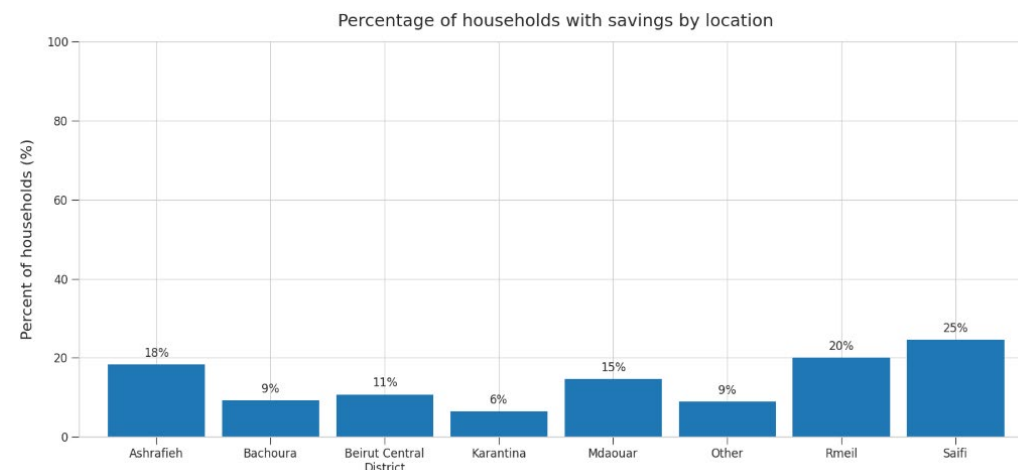
Percentage of households with and without savings



Source: LRC 13/08/2020

Around 20% of respondents in Achrafieh and Rmeil, and 25% in Saifi said they had some level of savings. However, this dropped to 6% in Karantina and 9% in Bachoura (LRC 13/08/2020).

Of the 802 people surveyed by HelpAge, over 50% were **not employed** as of 7 August. 50% of those who had a job were working as daily or temporary labourers, the rest were either private business owners or other professionals (HelpAge et al. 14/08/2020). These workers are highly vulnerable to the compounding effects of the economic shock due to the explosion, COVID 19 restrictions, and the financial crisis. Lebanon lacks extensive social safety nets to support unemployed workers (WFP 17/08/2020, OCHA 14/08/2020).



Source: LRC 13/08/2020

Risks

- Higher levels of unemployment as a result of reduced job opportunities after the blast and during the lockdown. Lebanon lacks extensive social safety nets to support unemployed workers (WFP 17/08/2020, OCHA 14/08/2020).
- More households exhaust savings and cannot meet additional repair and reconstruction expenses

WASH

Information gaps and limitations

There is no information regarding the coping strategies of households who no longer have access to water provision and/or toilets. More research is necessary to measure the impact it has on the economic situation of these households due to the use of alternative sources of drinking water to the public network. More research is also required to measure the public health risks for children from the poor sanitation conditions and the use of uncontrolled drinking water. Finally, specific assessment on the impact of poor access to water, sanitation and hygiene on adolescent girls and women is required (WASH Cluster 22/08/2020). Limited information on gendered vulnerabilities and specific needs due to the lack of gender disaggregated data.

Water services and sewage

WASH was not reported as one of the priority needs in initial multi-sector needs assessment findings at an apartment level (up to 13 August 2020). However, up to 25% of the buildings in affected areas have lost access to the water network (GVC World 17/08/2020, LRC 14/08/2020, USAID 19/08/2020, OCHA 14/08/2020). An ongoing survey at the building level conducted by the WASH sector shows that out of 3,541 buildings assessed so far, 808 cannot be accessed (unoccupied or non-authorisation from inhabitants), 125 are still disconnected from the water network and 162 report major or full damage to their sanitation systems (UNICEF, 22/08/2020). Two wastewater treatment plants were damaged, one reporting light damage while the other still needs to be assessed (OCHA 14/08/2020). It is not yet clear what the impact on wastewater treatment capacities is. However, inspection of potential damage to wastewater pipelines are planned (WASH Cluster 22/08/2020).

The water system was re-operated the day after the blast. However, **cracks in infrastructure, leakages and pipeline damage** should be expected considering the significant shake from the explosions. Inspections have started (WASH Cluster 22/08/2020).

The low-income area of **Karantina** saw its sewage and water systems more impacted than other areas surveyed by HelpAge (HelpAge et al. 14/08/2020). Early multi-sector needs assessment results found that 10% of surveyed households reported no access to water and 11% had either a broken or leaking toilet (LRC 14/08/2020). Damage to **drainage pipes** was also observed, while at least 680 households require new **water tanks** (LRC 14/08/2020, OCHA 19/08/2020, USAID 19/08/2020). This might lead to further expenses for bottled or trucked water, poor hygiene practices, as well as exposing houses and roads to potential damage if there are heavy rains in autumn and winter.

Of the 802 people surveyed by HelpAge around 40% reported they were facing difficulties accessing **hygiene products**, which are particularly important during the COVID 19 outbreak (HelpAge et al. 14/08/2020). Female dignity kits including menstrual hygiene products, and baby products such as diapers, are hardly affordable for destitute households (Save the Children 08/2020, Solidarités International 13/08/2020, UNFPA 09/08/2020).

Risks

- **Disruption of water and wastewater services within premises could see people forced to drink unsafe water, reduce hygiene practices, and live in unsanitary neighbourhoods, with risks of possible outbreaks of waterborne diseases and high COVID 19 contamination. Women and adolescent girls face particular threats to their health, protection and dignity without access to safe water, sanitation and hygiene products** (WASH Cluster 22/08/2020)

- **Cracks and structural damage to the water and wastewater networks increase the risk of pollution to water with immediate to long-term health impacts on children and their families** (WASH Cluster 22/08/2020)

Education

Information gaps and limitations

Assessments of non-formal education centres, which play a key role for refugee communities in Lebanon, are underway (UNICEF 11/08/2020). It is unclear whether schools will be able to reopen in September or continue teaching virtually, given the rise in COVID 19 cases and the damage sustained by dozens of learning centres in Beirut.

One-hundred and twenty schools (70 public and 50 private) reported various levels of damage from the explosion that will affect **55,000 Lebanese and non-Lebanese children** who were due to resume classes in September after the summer vacation (UNESCO 11/08/2020). Twenty vocational training institutions normally serving 8,000 teenage students were also damaged, along with 20 buildings of the Lebanese University, leaving these establishments very little time to repair, reconstruct, and restart classes in autumn (UNICEF 14/08/2020, OCHA 19/08/2020, UNICEF 11/08/2020). The prompt start of the school year might also be hindered by the rising number of **COVID 19** cases. This might result in the need to extend virtual education with more burden on parents, especially mothers, who have been spending longer hours supporting children's education at home compared to before the pandemic (discussions with operational partners 19/08/2020, CARE 15/05/2020).

Risks

- **Schools cannot physically reopen due to the rising number in COVID 19 cases and virtual learning continues. Students who have no access to virtual tools fall further behind and might be at higher risk of dropping out**
- **Parents can no longer afford to pay for school fees due to increased expenses for food, repairs and reconstruction** (OCHA 14/08/2020) potentially threatening children's attendance

Telecommunications

Information gaps and limitations

Assessments of telecommunication services in Karantina are still underway and no information is available regarding the extent of potential damage to networks and connectivity in the area (ET Cluster 13/08/2020).

The reestablishment of **data provision** services and telecommunication infrastructure in the port area continues and will serve to restore the full functionality of Beirut's port, while allowing humanitarians and other responders to keep operating in the area. (ET Cluster 13/08/2020, TSF 19/08/2020).

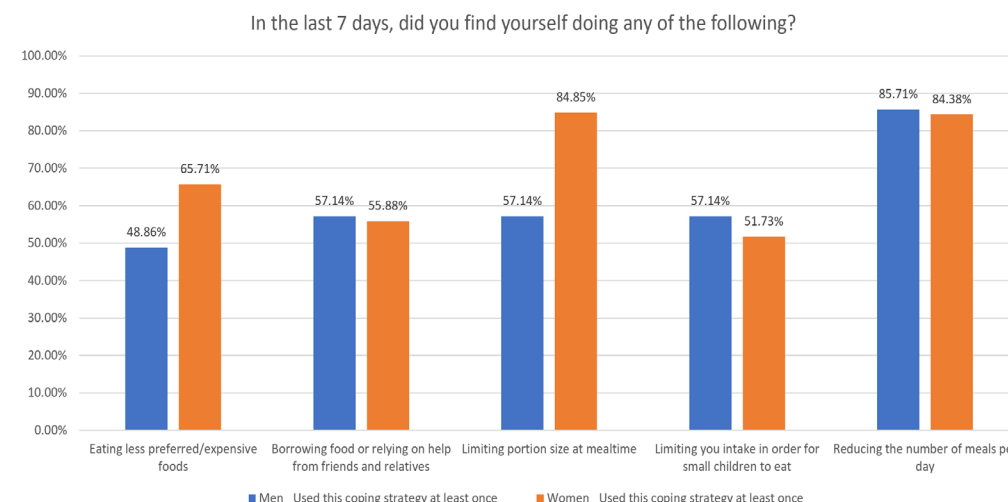
Risk

- **Poorer households might miss important information on humanitarian response and services following the blast because of a lack of access to or affordability of data packages and intermittent connectivity (ET Cluster 13/08/2020, TSF 19/08/2020). This is especially an issue for Syrian refugees**

Coping mechanisms

Food: According to preliminary assessments, following the blast both women and men of affected households adopted negative coping mechanisms related to food consumption, mainly in order to cope with the harsh economic situation. Reduced spending on food was the most reported coping strategy by both the refugee and host community in June 2020 (WFP 14/06/2020).

Gender disaggregated data shows that 66% of women, compared to 43% of men, eat less preferred food, 85% of women compared to 57% of men are limiting the portion sizes of food at mealtime while both men and women limit their intake in order for smaller children to eat (F: 52%, M: 57%) or reduce the number of meals they eat (F: 84%, M: 86%) (CARE 05/2020).



Shelter: Vulnerable families have had to resort to a range of negative coping mechanisms to keep a roof over their heads

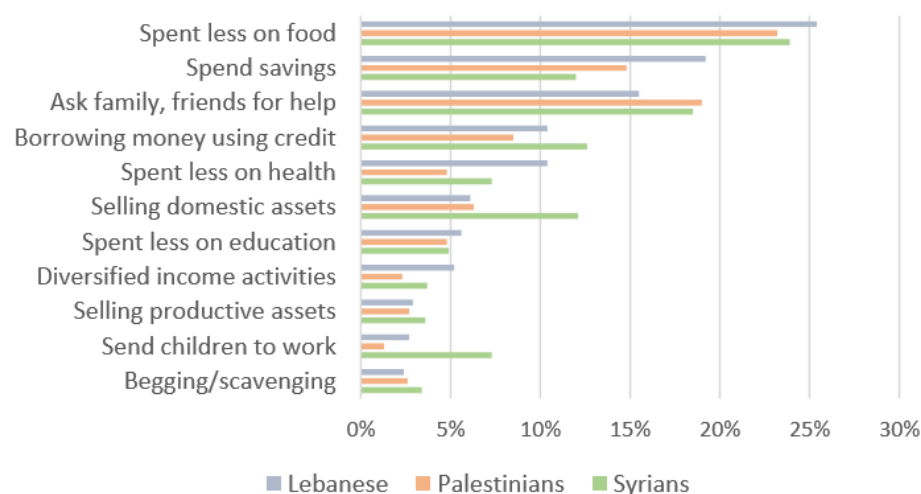
- Downgrading shelter type – families moving from residential to non-residential shelters or to informal settlements, where rents are usually lower.
- Downgrading shelter conditions – families moving to shelters in poorer condition, which raises additional public health concerns when there is limited access to water and sanitation facilities.
- Living in overcrowded conditions – families moving in together to share the rent burden, but potentially becoming a risk factor for spreading COVID 19 to others sharing the shelter.
- Going into debt or increasing existing debt – creating additional problems when families are unable to repay their debt due to lack of income.

- Reducing food consumption, to save money for rent – driving malnutrition and health risks in the medium- and long-term, especially for children (IACL 07/2020).

Health: Some residents with health insurance had stopped payments on their plans, undermining their access to healthcare services (AI Araby 10/03/2020). The reduction of health expenditure was the fifth most widely used negative coping strategy based on WFP data from June 2020, particularly among Lebanese and Syrians (WFP 14/06/2020).

Livelihoods: People are not taking out bank loans anymore as they feel they might be unable to repay them (AI Araby 10/03/2020). Following the banking crisis that started in 2019, people have resorted to borrowing money from relatives and friends or selling gold for cash (CGAP 10/02/2020, WFP 14/06/2020). The findings were confirmed by a June 2020 WFP survey which found that asking help from family and friends was the third most used coping strategy by refugee and host communities, right after spending their savings (WFP 14/06/2020). Already in 2015 refugees relied on family and social networks to get financial help, creating their own “social safety nets” (Merits Partnership and Oxfam 2015). Some Lebanese have sold assets and properties to obtain an immediate cash injection for household spending (AI Araby 10/03/2020), an unsustainable solution for financial difficulties, especially, if the sold assets allowed for the production of marketable goods (e.g. sewing machines, agricultural equipment) (CGAP 10/02/2020).

Chart 10: Main livelihood coping strategies applied



Source: WFP 14/06/2020

Education: Parents of school children and university students might face more difficulties in paying tuition fees as their income is reduced due to job loss and inflation (AI Araby 10/03/2020, discussions with operational partners 19/08/2020).

Protection: Lebanon has seen an increase in child labour and early marriage in 2020. Key informants expressed concerns about child marriage and the risk of girls being forced to marry at early ages in order to alleviate the financial burden of families struggling to cover their basic needs (ACAPS discussions with operational partners 19/08/2020).

Transport: Anecdotal evidence suggests people are walking more and reducing expenses on taxis and public transport (AI Araby 10/03/2020). This will likely increase the overall time spent on commuting and running errands and might create difficulties for already time-poor people, such as working mothers.

Emigration: Those who can afford to leave the country, and have the necessary skills and social networks to find a job abroad, might decide to emigrate in higher numbers. This threatens to deprive the economy of a highly skilled labour force (discussions with operational partners 19/08/2020, AI Araby 10/03/2020).

Humanitarian access

Access for relief actors to affected populations

Due to a rise in the spread of COVID 19, a national lockdown for two weeks will begin on 21 August. Humanitarian actors will be exempt from the lockdown in Greater Beirut to continue activities. However, the risk of COVID 19 transmission for both humanitarian workers and communities remains. For this reason, remote assessment and data collection methodologies have been developed and suggested by the A&A cell as a way to fill information needs, improve assessment coordination (geographical coverage and target population groups), and promote Do No Harm practices by limiting unnecessary face-to-face contact.

Access for affected populations to relief and services

- Already overwhelmed by the COVID 19 situation, hospitals in Beirut are reaching full capacity and are reporting a lack of equipment to treat the injured and care for patients in critical condition. Some of the injured are transferred to hospitals in other parts of the country (UNICEF 6/08/2020).

Physical obstacles to access aid and services

- Most roads in the affected area have now been cleared by local communities and Civil Protection entities (discussions with operational partners 11/08/2020).

- Some of the imports and exports have been redirected to the Tripoli Port, which is about 85 kilometres north of Beirut. Parts of Beirut Port are still operable and the airport is still functioning, and commercial flights continue, despite suffering some damage.
- State authorities have restricted access in some areas, but they have not consistently enforced their measures. Insecure areas where damaged buildings have collapsed were cordoned after the blast (discussions with operational partners 11/08/2020).

Response Capacity

Community mobilisation and local response

- Local people, community organisations and NGOs mobilised from across Beirut to clean up after the explosion, remove rubble, assess damage, provide shelter, food, NFI support, commence reconstruction activities and provide temporary shelter solutions. These local, and often volunteer, initiatives have played a leading role in the response.
- UN OCHA has commented on the structured approach to the civil society and community response. There is a strong network of local humanitarian actors and organisations collecting and disseminating information on the response through WhatsApp communications. With limited resources due to the economic climate and acute needs, it remains to be seen if the structure of the civil society will be able to coordinate effectively.
- Lebanon is known to have an active civil society, with thousands of registered NGOs as well as other informal initiatives. This thriving community has evolved because of the dysfunctional state that has often failed to provide for its people. Some volunteer groups, formed to help people through the economic crisis, were ready to respond quickly, organising volunteers to distribute food and other items. It is generally acknowledged that volunteer groups fill the gaps that the government is not able to. These local groups have indicated they intend to keep their efforts going. But, given the economic pressure everyone is under this intention may be put to the test (TNH 18/08/2020).

National response

- The strong civil society in Lebanon is largely attributed to the fact that the government has not been able to meet the needs of the population. The current economic crisis combined with the COVID pandemic is likely to continue to challenge the government's ability to meet needs on the ground.
- On 9 August, the Lebanese authorities declared the lifesaving phase for search and rescue to be over. Initial response was supported by local and international organisations as well as international Urban Search and Rescue (USAR) teams.
- On 10 August the Lebanese Army requested a more robust role in coordinating the response. The government also announced a state of emergency (decree 52/1967) which grants the armed forces exceptional powers over civilian matters⁵ (Daily Star 13/8/20).
- On 14 August, the Beirut governorate decided that humanitarian organisations and volunteers would need army-issued permits to operate, a decision that has since been walked back after an apparent intervention from the UN. A source from the governorate told TNH that organisations would now simply have to "sign in" with the Beirut municipality (TNH 18/08/2020).
- The international community will need to strike a careful balance between operational coordination with both the civilian government and armed forces (which is necessary for an effective response), while maintaining humanitarian neutrality and impartiality.

International response: Flash appeal

- With 1.5 million Syrian refugees, a deepening economic crisis and an accelerating number of COVID 19 cases, the support of the international community will be essential.
- The Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) are responsible for the implementation of the Flash Appeal launched on 14 August. The UN appealed for \$565 million to help Lebanon deal with the impact of the blast. It remains unknown how much donors will be willing to give, given their own COVID

⁵ A state of emergency per legislative decree no. 52/1967 grants the Army exceptional powers over civilian matters and is responsible for the city's security matters, and all armed units including the Internal Security Forces, General Security, State Security, Customs and armed forces in other establishments are under their command. According to this legislative decree, the Army during a state of emergency will have the power to try civilians in military courts for "crimes related to breach of security," prohibit gatherings it deems a threat to

security, shut down sites of assembly, set curfews, censor media, impose house arrests, enter homes at any given time for security purposes, issue fines and deport suspects who pose a security threat (Daily Star 13/8/20).

19 related financial troubles and concerns that some money will be channelled through allegedly corrupt Lebanese authorities.

- The HCT is supported by an Emergency Operation Cell (EOC). To respond to the explosion, humanitarian sectors have been established to ensure coordination. A flexible coordination structure has been put in place to enable the principled delivery of emergency assistance to the most vulnerable and support transition towards recovery (OCHA 14/08/2020).
- Many sectors and partners are scaling up their presence to enhance their coordination capacity during the emergency response.
- Formal coordination structures are being strengthened, including with the arrival of an UNDAC Team to increase the capacity of OCHA to support the HC, but at the time of writing there was limited information on how the significant number of informal actors would be linked with the HCT coordination structure. Some actors have suggested this will be challenging as necessary accountability mechanisms are currently not in place (Help Aged international 19/08/2020).
- The Lebanon Humanitarian INGO Forum (LHIF) is as an informal, independent coordinating body of 55 INGOs working in the country to address the needs of the most vulnerable. LHIF members are taking an active role in coordinating the response, with many co chairing the sectors set up under the Emergency Operations Centre (LHIF).
- NGOs and INGOs continue to form coalitions around specific modalities, such as Small and Medium Enterprises or livelihoods.

Ongoing response from national and international actors

Over 6-13 August, the LRC MSNA asked households if they had received any assistance to assist them in recovering from the impact of the explosion. Findings from this suggest that many areas around the blast zone had not received assistance. The proportion of respondents reporting that they have not received assistance is shown in the table below. A number of the more vulnerable areas are currently not covered by the LRC data (see map at page 23 of this report). However, assessments are ongoing and further data will be released shortly.

Percentage of areas with completed multi sectoral needs assessments: 8 to 13 August. Note that assessments are ongoing

Mina Elhosn	100%
Port	100%
Bachoura	84%
Ashrafieh	83%
Rmeil	80%
Marfa	80%
other	79%
Saifi	76%
Medawar	68%
Beirut Central District	57%
Karantina	33%

Assessments

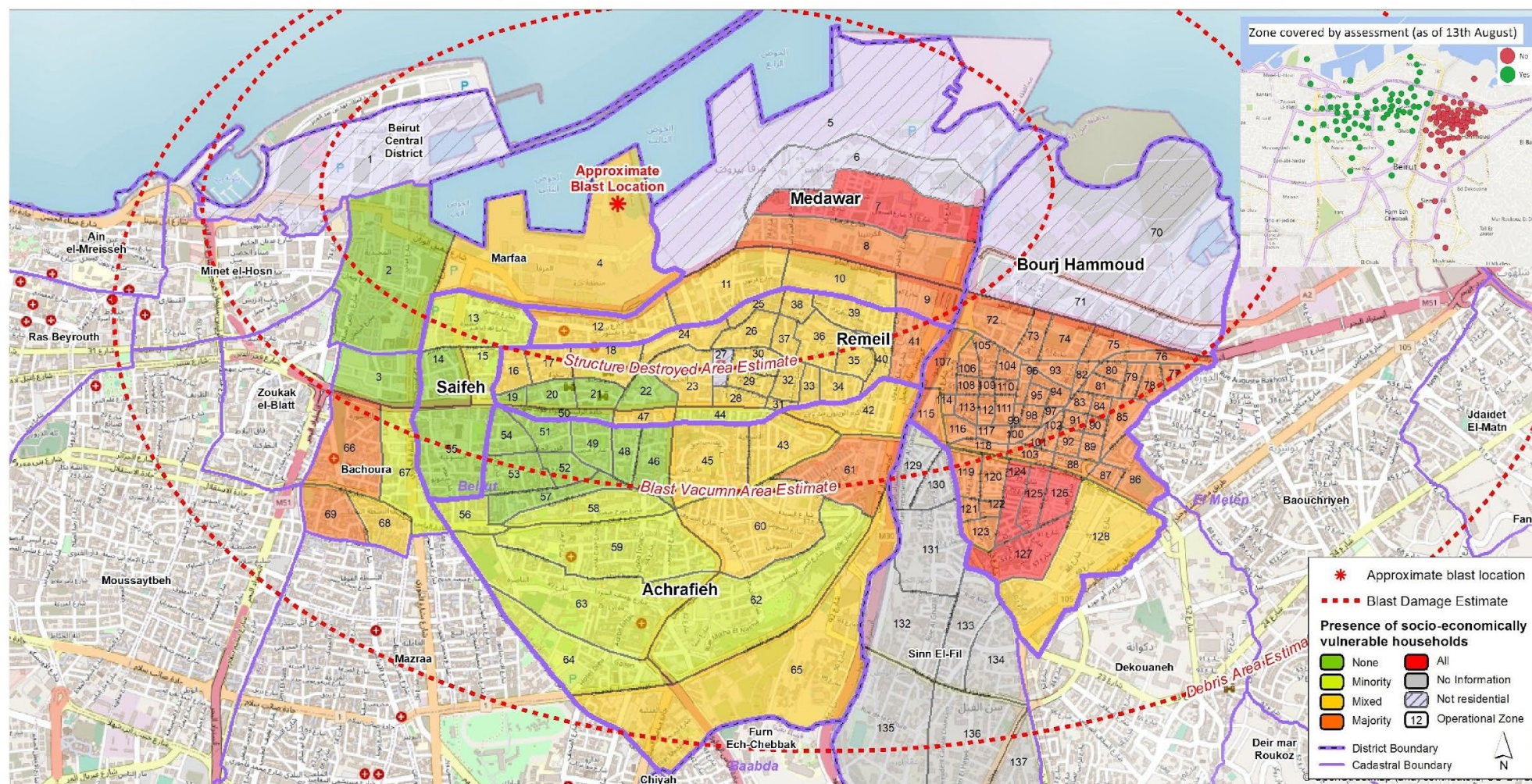
- As of 20 August, Achrafieh, Bachoura, Mazraa, Rmeil, Medawar, and Saifi in Beirut governorate, and Bourj Hammoud and Bauchriya are the areas where most needs assessments are being conducted. Rmeil, Bourj Hammoud, Medawar and Achrafieh are the most assessed cadastres. However, the geographic coverage (beyond the cadastres) and sample size of these assessments varies. Current assessments, although very helpful, are not representative of the whole affected population in Greater Beirut. Also, some assessments are incomplete (i.e. data collection is ongoing) and findings around areas most affected by the blast and people's priority needs are likely to change as new cadastres are surveyed, particularly as areas with higher socio-economic vulnerability are assessed.
- Analysis of needs assessment data against the socio-economic vulnerability status of zones suggests **the most vulnerable communities have been assessed less than other communities in Beirut** (though assessments are ongoing).
- To understand the geographic reach of needs assessments, an analysis of needs assessment data against the socio-economic vulnerability of zones has been carried out. Socio-economic vulnerability has been estimated at zone level based on data from UN-Habitat (Figure 1 below).
- Needs assessments are currently carried out at household level. Initial assessments focused on zones closest to the blast. As of 13th August, ~1,100 buildings ~4,100 households had been assessed.
- Primary data collection conducted by partners is not homogeneous with regards to sampling-size or geographical coverage. Scaling up from an uneven sample will not take into account the differences across all areas and does not allow for a comprehensive and precise depiction of the situation.
- Based on the location supplied through the LRC Multisectoral Needs Assessment (MSNA) data it was possible to compare assessed zones against socio-economic vulnerability (Figure below)).



Lebanon: Beirut Explosion

Zone Socio-economic Vulnerability with ACAPS blast radius damage estimate

MA040 v1



These zones were developed to help coordinate and collaborate on relief efforts at the operational level. Level 3 Administrative boundaries in Lebanon 'Cadasters' were divided into Zones. Those zones will be used as a reference to facilitate the data collection for all different aspects of the response. A Zone can be defined as a cluster of built-up plots separated by the road network within the Administrative Level 3 – Cadasters of Lebanon.

The socio-economic status of households living pre-blast in each zone was estimated by UN-Habitat based on (1) a national ranking of 498 disadvantaged area undertaken to inform the ongoing UN-Habitat-UNICEF Neighbourhood Profiling project and (2) a visual assessment in the field on 12 August 2020. The blast zone impact estimates have been calculated by ACAPS using satellite imagery, NASA blast impact data and on-ground informants.

0 200 400 600 800
Meters

Data Sources: OpenStreetMap, Lebanese Red Cross, OCHA, HDX, UN Habitat, UNICEF, ACAPS

The depiction and use of boundaries, names and associated data shown here do not imply endorsement or acceptance by MapAction.

Created 21 Aug 2020 / 10:00 UTC +03.00

Projection & Datum WGS 1984 UTM Zone 36N / WGS

GLIDE Number OT-2020-000177-LBN

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acaps

Beirut Explosions Needs Assessment

Zones Surveyed and Socio-Economic Vulnerability

Zone Surveyed

- ☐ (Blank)
- ☐ N
- ☐ Y

Socio-Economic Vulnerability

- ☐ (Blank)
- ☐ All poor
- ☐ Half poor/half not poor
- ☐ Majority poor
- ☐ Minority poor
- ☐ None poor
- ☐ Not residential
- ☐ Unknown

Survey Location, Neighbourh

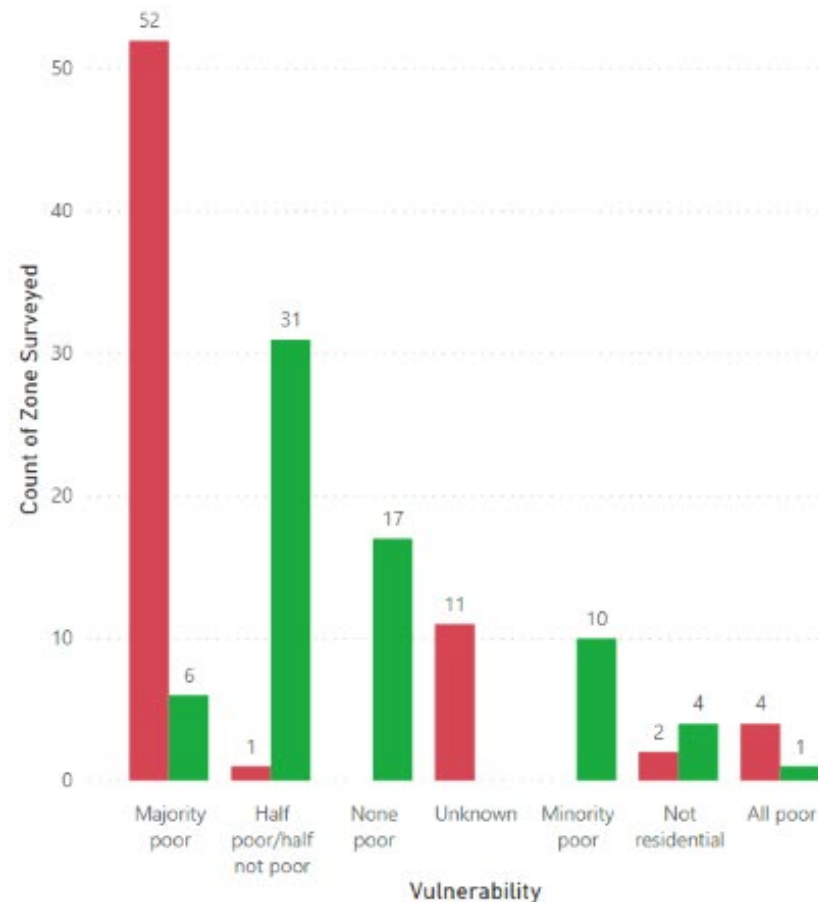
- ☐ Ashrafieh
- ☐ Bachoura
- ☐ Beirut Central District
- ☐ Karantina
- ☐ Marfa
- ☐ Mdaouar
- ☐ No Survey
- ☐ Rmeil
- ☐ Saifi

Notes

The socio-economic status of households living pre-blast in each zone is estimated by UN-Habitat.

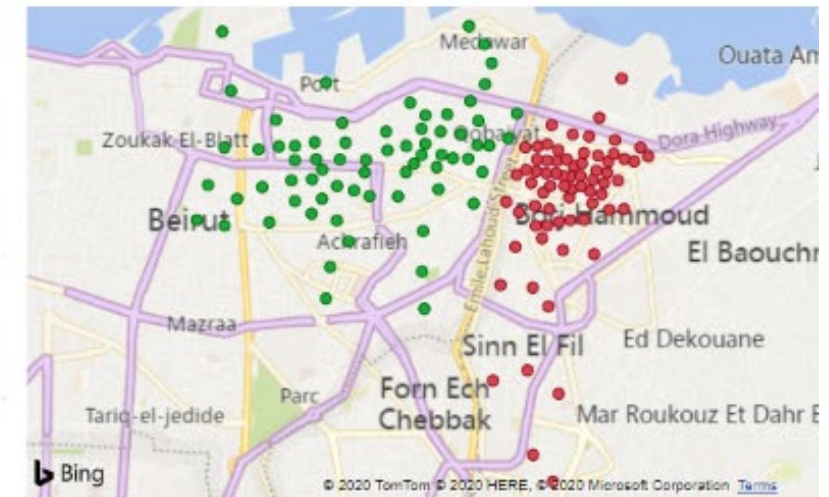
Zone surveyed vs Socio-economic vulnerability

Zone Surveyed ● N ● Y



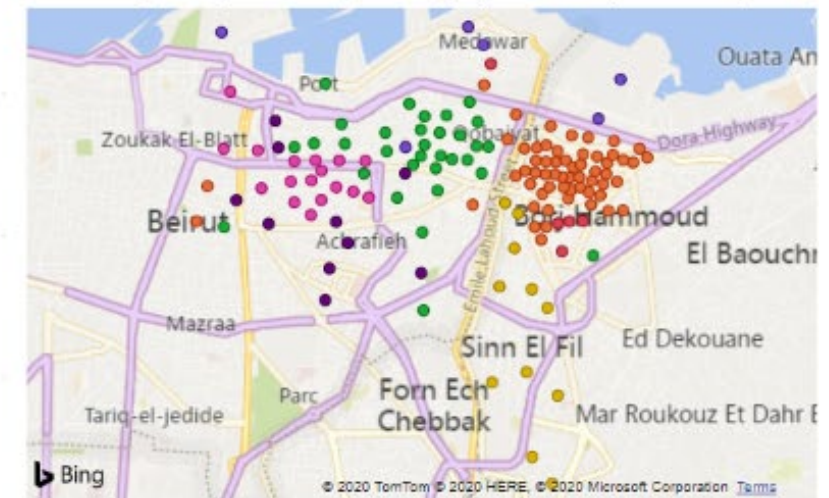
Zone Surveyed

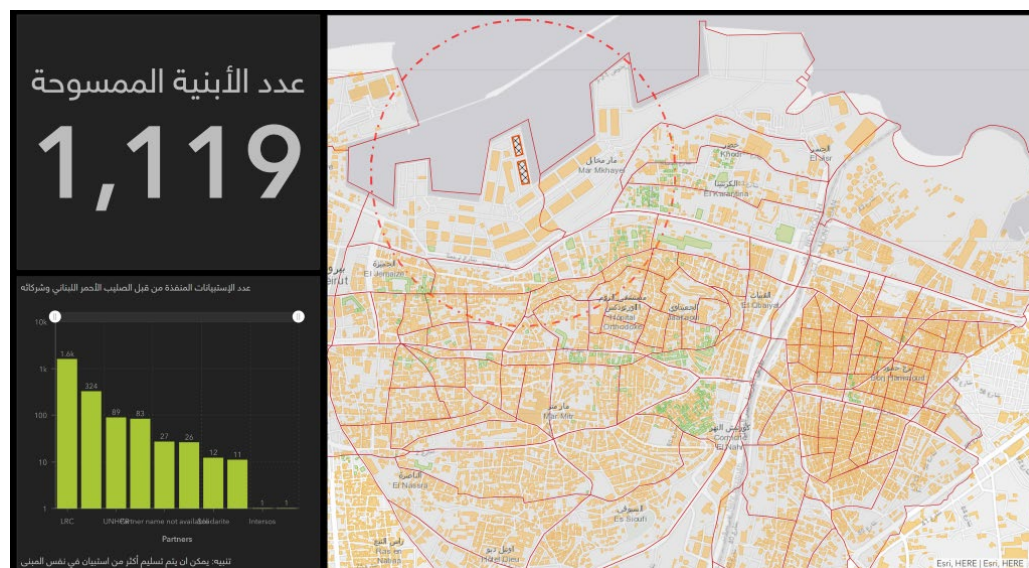
Zone Surveyed ● N ● Y



Zone Socio-Economic Vulnerability

Vulnerability ● All poor ● Half po... ● Majority ... ● Minority ... ● None p...





- Current needs assessment data suggests 52/58 majority poor zones have not been assessed. Although some operational zones in Bourj Hammoud were heavily assessed, others were not despite satellite damage analysis which suggests these areas were also significantly impacted by the blast. It is unclear so far if some operational zones in Bourj Hammoud were less assessed than others because they are less populated. This highlights a potential information gap in the understanding of the needs in the most vulnerable and affected communities of Beirut (though assessments are ongoing).
- This analysis is supported through needs assessment data available at a building level (Figure 3 above).
- As the assessment continues it is recommended that the most vulnerable zones are targeted for needs assessment.
- To support a wider geographical reach, the humanitarian community may wish to carry out cadastre or neighbourhood surveys as an alternative to household surveys. With the prevalence of COVID 19 and the possibility of local lockdowns within the city, transitioning from household surveys to remote cadastre/neighbourhood surveys using Key Informants to report on the cadastre/neighbourhood as a whole may support a quicker and more holistic understanding of needs across the affected areas.

- The impact on livelihoods or health of those affected by the blast but who live outside of those areas – for example port workers or service sector worker – has not been captured in early assessments. Many of these workers live in poorer areas. Loss of household income in vulnerable communities could impact a large number of dependents.

Limitations and Information gaps

Overall limitations and information gaps

- This analysis focuses on providing an overall picture of the situation across multiple sectors and the area most affected by the explosion. It offers an overarching impression of the situation within each sector. It does not provide (or attempt to provide) the level of detail necessary for in-depth planning of sectoral response.
- The sectors with the most information currently available are shelter and health. Large scale assessments of shelter and reconstruction needs are yet to be published making comparisons between neighbourhoods difficult (World Bank 09/08/2020).
- Information on electricity provision disaggregated by neighbourhood is missing. Beirut's suburbs experienced long power cuts before the blast, mainly due to fuel shortages, poor electricity infrastructure and high summer demand. It is unclear if some areas are experiencing additional electricity problems following the explosion.
- Data on nutrition needs is scarce, as well as on maternal and infant healthcare.
- So far, an understanding of the impact of the response through a gender perspective is largely missing.
- The explosion has affected vulnerable groups such as refugees and migrant workers. However, there is not enough information on the numbers of refugees or migrant workers affected because a reliable baseline of the numbers of these people living and working in the direct area of the blast was not available. Anecdotal reports suggest that some migrant workers were abandoned by the families they worked for following the explosion, leaving them with no shelter, livelihood, and reportedly often no documentation. This trend had been increasing before the port explosion. Due to the economic crisis, people were no longer able to pay for domestic workers and often abandoned them or stopped paying salaries, leading to a very poor protection situation with many sleeping outside their embassies. More assessments are needed to investigate the scale of this concern and how the pre-existing vulnerabilities were exacerbated.

- Due to the lack of clarity around names and boundaries of Beirut governorate's administrative division, profiles of areas affected might contain some imprecision, especially when it comes to English spelling of the cadastres or smaller neighbourhoods, as well as the exact location of informally or traditionally recognised neighbourhoods within the cadastre.
- To date, there is limited information on how the community perceives the response and those involved in it, who they trust, where they get information from and their preferences as they attempt to recover. Lebanese media is increasingly reporting about the proliferation of assessments and response organisations. There are also high levels of anger against government authorities trying to respond to the crisis.
- In some assessment reports, data collection teams reported signs of depression and disorientation among the assessed population. It needs to be noted that those collecting information were generalists and not attempting to diagnose these conditions however it is thought this may have contributed to overall inconsistencies and gaps in collected data (HelpAge 14/08/2020).

Information gaps and limitations per sector

- **Shelter:** Those surveyed in the initial hours after the explosion were traumatized and understandably did not answer all questions administered (HelpAge et al. 18/08/2020). It is likely people whose homes have been damaged and made unliveable may move from one place of accommodation to another. This can make it difficult to track their shelter needs and increases the likelihood that they could either be double counted or missed out in needs assessments (discussions with operational partners 09/08/2020).
- Data on the current specific locations of displaced people is not available, making it harder to assess which host structures and host families need support.
- More information is also needed regarding the reasons why some people are staying in their original homes even when they are damaged and whether this is due to relatively limited damage, the inability to move elsewhere due to financial constraints or fear they will not be able to return if they move out temporarily.
- **Health:** The LRC assessment shows a high percentage of people reporting chronic illnesses. However there is no disaggregation of which chronic illnesses are affecting the population living in the areas closest to the blast. This makes it difficult to predict which specific drugs and services people might need after the blast either because they cannot afford them or find them on the market.
- The longer-term effects following the release of chemical substances and hazardous materials on the health of residents and the environment need to be further investigated. Assessments are ongoing.
- **Food security:** Half of the Lebanese surveyed in June by WFP were already worrying about a lack of food. Understanding the food security situation in the aftermath of the blast will be critical.
- There is no clear picture regarding the overall availability of cooking appliances (such as gas burners/stove tops) and food preserving appliances (refrigerators) based on the assessments published. If these were lost or damaged in the explosion, households' sustainable and long-term access to food will be challenged. Gas is most commonly used for cooking purposes. Access to gas was a problem immediately after the blast. However, most households now have re-established access to cooking gas.
- At the time of writing, market assessments were ongoing.
- Relevant nutrition baselines should be located if possible in order to be able to measure any changes in the nutrition status of young children.
- **Livelihoods:** So far there are no precise estimates for categories of shops and businesses destroyed or heavily damaged and it is thus not possible to assess which sections in the services sector were most affected including how many people have lost livelihoods directly as a result of the explosion. This also means there is no clear picture of where and to what degree products and services people usually had access to have been reduced. Assessments are ongoing.
- It is too early to comprehensively evaluate the negative coping strategies households who lost income and jobs in the aftermath of the blast may be forced to rely on. Understanding the coping mechanisms people were already using to cope with the financial crisis will be the best starting point to predict what households impacted by the explosion will do to survive. Many people had exhausted savings and were decreasing food intake, especially of expensive and imported items such as meat or baby milk.
- The port was home to the fishing industry. At this stage information on the impact of the blast on the fishing industry is not available.
- **WASH:** There is no information regarding the coping strategies of households who no longer have access to water provisions and/or toilets.

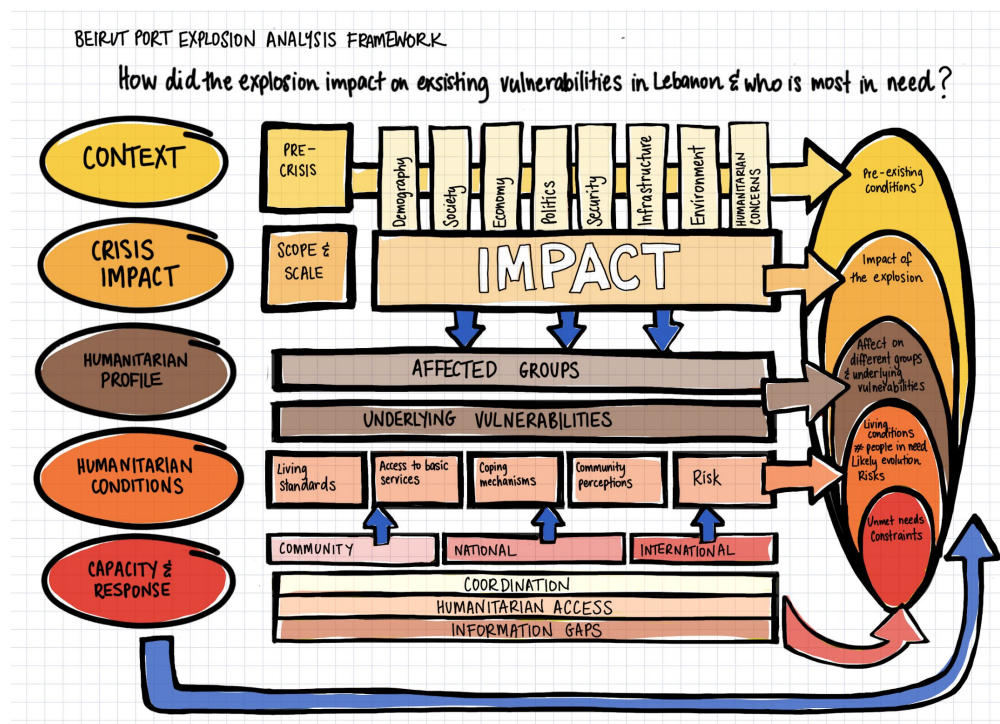
- **Education:** It is unclear whether schools will be able to reopen in September, after the usual summer vacation period, or if they will remain closed due to the rise in COVID 19 cases damage to dozens of learning centres and schools in Beirut.
- Assessments of non-formal education centres will be required. Many people, including refugees, rely on non-formal education (UNICEF 11/08/2020).
- **Telecommunications:** Assessments of telecommunication services in Karantina are still ongoing and no information is available regarding the extent of potential damage to networks and connectivity in the area (ET Cluster 13/08/2020).
- **Protection:** Little information is available on the impact of the explosion on vulnerable groups or on protection-related negative coping mechanisms people are forced to resort to. More research is necessary to track increases in SGBV caseload and severe mental health issues. There is limited baseline information in general about LGBTIQ+ people who are often invisible from statistics and data, making it very hard to measure impact on them and plan ways to protect them.

Methodology

The conclusions forming the basis of this situation analysis have been reached using a range of complementary methods:

- Review of secondary data to understand the pre-crisis context, the crisis impact, humanitarian conditions, profile of affected people and response capacity. This built on the Assessment & Analysis Cell secondary data review published 12 August 2020, as well as situation reports published by the UN, humanitarian organisations and media
- Analysis of early data collected from over 4,000 households in 10 cadastres between 7 to 13 August 2020 under the MSNA led by the Lebanese Red Cross (LRC) and partners. Data collection is still ongoing and further analysis will be made available at a future date. In this report, the analysis conducted by ACAPS and partners of LRC data was focused on having an overview of the overall needs and conditions of the affected population. More granular analysis will be conducted by the LRC and operational partners

- Regression analysis⁶ of this multi sector needs assessment data to identify statistically significant relationships between needs, population groups and areas
- Analysis of needs assessment reports provided by 8 operational agencies
- Two rounds of key informant interviews conducted between 9 to 20 August with 14 humanitarian or development experts living and working in the affected area (4 female, 10 male; 10 Lebanese, 4 expatriates) to gather qualitative information on affected areas, priority sectors and protection concerns and to assist with triangulation of information
- Joint analysis, technical advice and review of key aspects of the report by experts in the Assessment & Analysis (A&A) Cell of the Emergency Operations Centre (EOC), sector leads, subject matter experts from humanitarian sectors, members of the Lebanon Humanitarian INGO Forum and analysts and academics working on Lebanon.



⁶ A statistical method that attempts to determine the strength and character of the relationship between one dependent variable (usually denoted by Y) and a series of other variables (known as independent variables)

About the Assessment & Analysis (A&A) Cell

On 5 August 2020, the United Nations established an Emergency Operations Centre (EOC), led by OCHA and experts from the UN Disaster Assessment and Coordination (UNDAC) team to conduct rapid analysis of the situation on the ground and help coordinate emergency response activities in response to the Beirut Port explosion.

The A&A Cell of the Emergency Operations Centre asked ACAPS and partners MapAction, Mercy Corps, OCHA/UNDAC, REACH, UN Environment and other operational actors, to collate information for a situational analysis. This report aims to provide a summary of existing information on the crisis, the pre-crisis context and underlying vulnerabilities of affected communities to inform response planning and the design of more detailed assessments.

The A&A Cell wishes to thank the Lebanese Red Cross (LRC) and other operational actors who have provided rapid assessment data and information on needs.

The A&A Cell is continuing to gather information on previous and ongoing assessments and maintaining an assessment register accessible to all actors for reference.

As datasets become available from the assessments of operational partners, the A&A Cell aims to conduct further data and gap analysis activities through an analysis framework developed for the Beirut context. Outputs will be shared with all actors, when they come available, to assist in delivering aid and inform on response planning.

The A&A Cell has also developed a remote methodology for key informant interviews which can be used by actors to reduce the reliance on face-to-face interviews, thus useful for the COVID 19 context.

Engagement continues with the municipality of Beirut, the LRC and UN-HABITAT to develop a system that intends to visualise ongoing response activities. The A&A Cell also continues to support the LRC-led multi-sectoral needs assessment.

Partners are encouraged to share any assessments, reports, and datasets with the A&A Cell so they can continue to provide coordinated support.