

## LEBANON BLAST EMERGENCY



14<sup>th</sup> August 2020

Rapid Needs Assessment

***“What happened is unacceptable. This is a disaster for all human beings. Not only in Lebanon but for the whole world.” Kamal (below), is a 80 year-old Lebanese man who was in the Al Nahr river area, near the port where the explosion happened”.***

## Context

The two explosions that erupted in Beirut on Tuesday August 4<sup>th</sup>, killed at least 178 people, with more than 6,000 people injured (as of 13/08/2020). Hundreds have been reported missing in the aftermath of the blast, raising fears that the death toll will rise. The second explosion’s shock wave raced from the site of the blasts, Beirut’s industrial waterfront, into the city’s densely populated residential neighborhoods and shopping districts downtown. The immediate damage to the port infrastructure has hampered critical supply chains and humanitarian relief. According to the local authorities, 300,000 people have lost their homes and the damages have been reported in areas two miles away, where more than 750,000 people live. With seasonal rains looming in September, house rehabilitation is vital.



The blast came at a sensitive time where Lebanon is facing extraordinary difficulties both economically and socio-politically, that intersect with the onset of COVID-19 and have resulted in the resignation of the government. These factors, along with existing weaknesses of the public health system and the scars from Lebanon’s tumultuous past, are likely to have an enormous impact on long term socio-economic outcomes as well as the mental health and psychosocial wellbeing of people, particularly for at-risk groups such as youth, daily workers, female-headed households, older people, people with specific needs, as well as migrants and refugees. While there are immediate humanitarian needs to be met, response efforts need to be linked to long term socio-economic recovery.

The emergency in Beirut has caused many COVID-19 precautionary measures to be relaxed, raising the likelihood of even higher transmission rates and an alarming caseload in the coming weeks. For a health care system that was already struggling to deal with demand, the damage to health facilities and impact on healthcare workers will add additional pressure. According to the Ministry of Public Health, a total of 7,413 cases have now been detected in Lebanon and 89 deaths (as of 13/08/2020). The source of over half of the new coronavirus infections was unknown as the contact tracing capacity of the country is overwhelmed. The rapid rise in cases has caused alarm across the country.

Whilst the current relief efforts have captivated global attention, challenges remain around coordinating vast informal activities of community-based organisations, and the populations’ deepened sense of uncertainty and unrest about the future. In the confusion, disturbing cases are emerging of people in highly vulnerable situations being exploited.

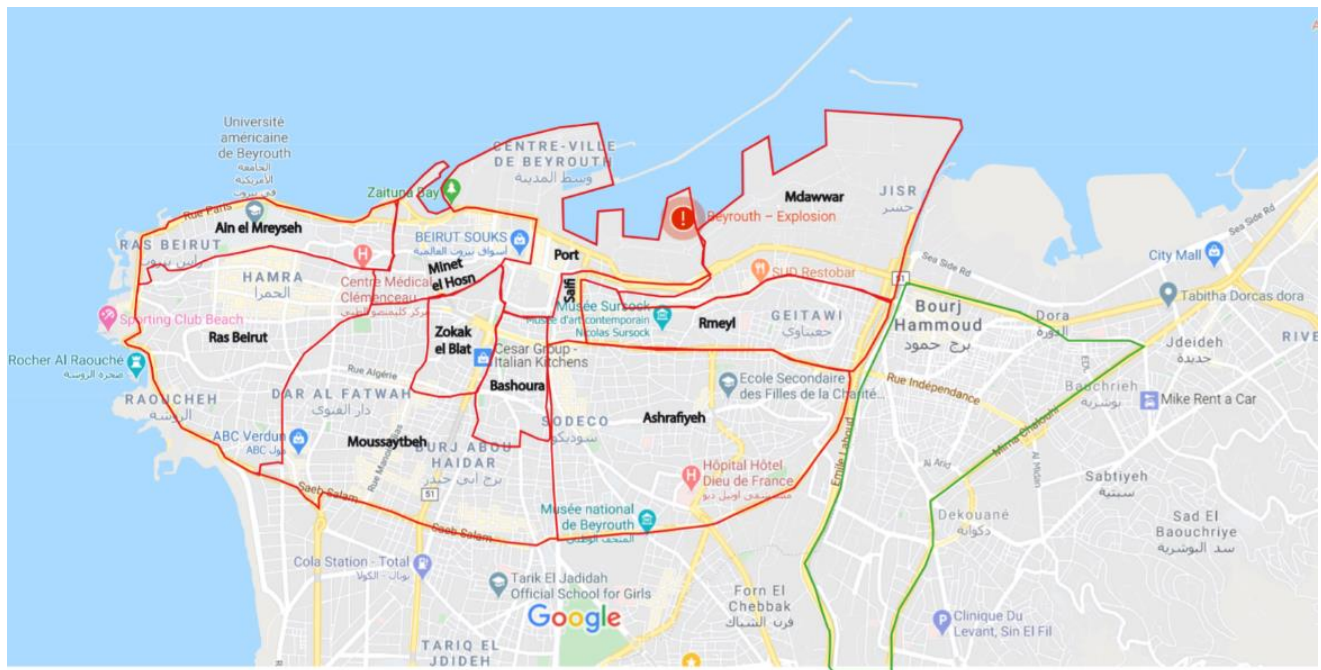
## Key Findings

- There are a range of actors responding, however coordination with informal actors is a challenge and the necessary accountability mechanisms are not in place for an appropriate response. There are also reported cases of the exploitation of older people by others posing as volunteers.
- Basic needs for food, cash and in-kind assistance are extremely high. Local market functionality may struggle to meet demand, which will heighten the barriers for those already at risk.
- In this immensely challenging process of recovery and rehabilitation, there are protection risks and 26% of respondents felt that their mental health was a major health concern, especially for older people (25%) and among Syrian refugees (32%).
- Whilst 98% of respondents reported housing unit damage, there are particular vulnerabilities regarding the infrastructure of electricity, sewage and water networks, especially in the Karantina and Bourj Hammoud areas.
- 34% of respondents had difficulties accessing health services, compounding the underlying problem of effectively dealing with COVID-19, especially for those with the underlying health problems, exacerbated by the low capacity of the health system.
- The blast will have a long-term impact on the lives of people in highly vulnerable situations and immediate humanitarian response efforts need to be linked to long term socio-economic recovery.

## Methodology

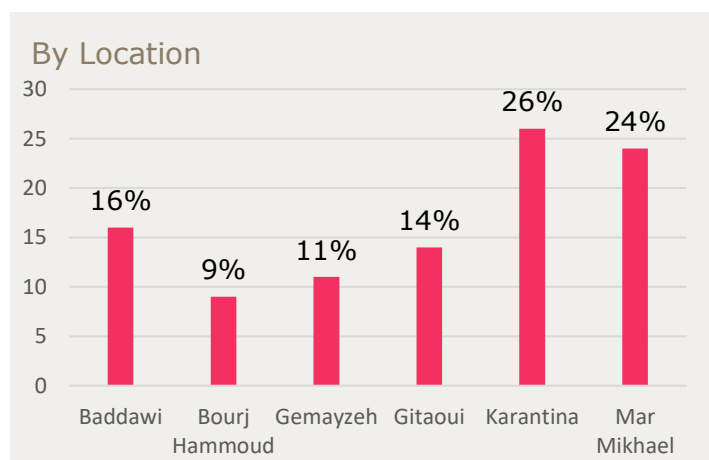
In response to knowledge gaps and rising needs, Dorcas/Tabitha with its local partner MSD and HelpAge International along with its partners Makassad and Amel, trained and deployed a rapid assessment team on August 7, 2020 to collect community-level information in the neighborhoods of Baddawi, Bourj Hammoud, Gemayzeh, Geitawi, Karantina. The focus on those neighborhoods was due to pre-existing vulnerabilities, and due to their proximity to the explosion site. These interviews were conducted using community-based volunteers. To mitigate the risk of the spread of COVID-19, they maintained physical distancing from the people they interviewed. The team was trained on psychological first aid (PFA) and supported through daily follow up phone calls that provided opportunities to receive feedback and for them to raise any concerns.

## Map of the affected areas

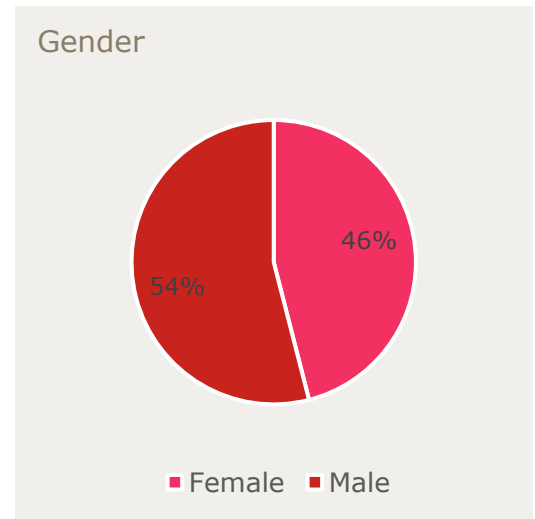
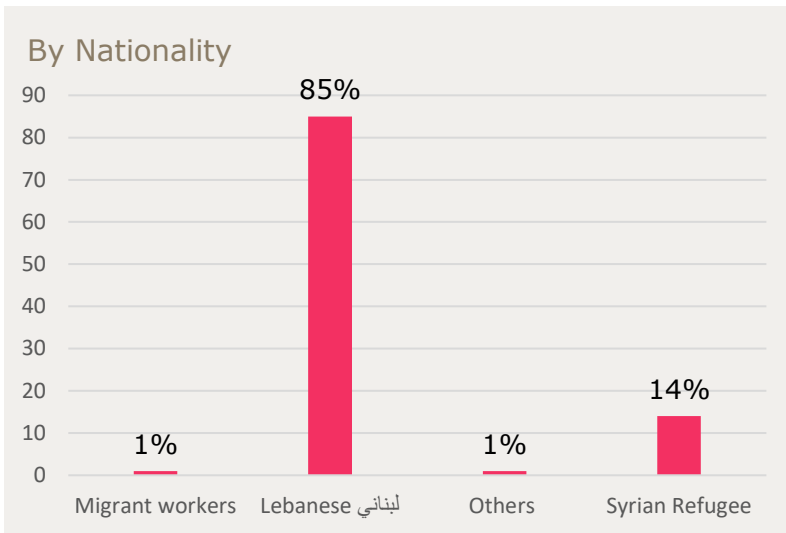


## Profile of the surveyed population

A total of 802 people were interviewed, of which 85% were Lebanese, 14% were Syrian, and 2% were other nationalities. In terms of gender, 54% of respondents were men and 46% were women, of which 61% were male headed households and 39% were female headed households. Furthermore, 66% of the respondents were older people (50 years and above) and 33% of respondents were between 18-50, of which 68% were older person headed households and 32% were adult headed households. Subsequent to gathering the data it was disaggregated by gender, age groups, and nationality. One of the limitations of the assessment is regarding the disability data as it did not comply to the Washington Group Questions, and therefore did not capture impairments and mobility issues. However, a previous HelpAge Rapid Needs Assessment conducted in Beirut in late May 2020 identified that for older people 50 and above, 68% had at least one disability or impairment. Furthermore, due to many interviewees being traumatized by the complexities of the situation, not all questions were answered, therefore there was response variations that ranged between 537 responses to 802 responses for each question.



This assessment provides information to prompt and inform aid agencies to provide emergency humanitarian support to populations most affected by the Beirut explosions, especially groups that are most at-risk.



### Lama's story

*This photo is worth a thousand words. I only had to send this photo for my colleagues for them to figure out her story and burst into tears.*



*Lama (nickname), a 5-year-old Syrian refugee living in Mar Michael, should have spent her evening playing with her siblings, but instead she was at the hospital getting her eye removed.*

*As my colleague was assessing the needs of her family, she asked me if she can sit next to me and tell me a story. By her enthusiasm, you would think it's a happy story. We sat on the stairs and she started telling me how she was running and playing around the house with her siblings when they heard the first explosion. Her parents rushed to gather their kids*

*when the second explosion happened. She recalls the window being blasted inside the room and her mom throwing herself over her to protect her from the shattered glass. Lama continued: "a shard of glass just flew inside my eye; I went to the hospital and they removed my eye". She said it with a smile drawn on her face.*

*My heart sank as her dad confirmed her story, thinking about Lama and many other kids, who were fated to cope with things children shouldn't be going through.*

*Her smile is comforting and her power is contagious, but what would she feel several years from now when she realizes she was a victim of a bigger game that she didn't even ask to play? S. Daoud (Dorcias/Tabitha)*

## Detailed findings by sector

### Food and income

*"We have lived without food for 3 days we have also asked to leave our house because it is not safe"*

Thousands of affected people, particularly displaced families, require hot meals, food rations and other food assistance following the explosions. Whilst there are reports that people can access local markets in their neighborhoods, the situation in Karantina differs as the market was completely destroyed by the blast. Out of the locations in this assessment, Karantina was the closest area in proximity to the explosion, and subsequently suffered the most damage. Migrant workers and Syrian refugees living in Karantina, relying on the affordable accommodation and proximity to the port for work, have been particularly exposed by the intensity of damages this will have on their livelihoods. Many Syrian refugees have lost their job and reports of at least 34 refugees killed are being verified by UNHCR. Whilst older people expressed the need for cash to purchase materials to rehabilitate their homes, it is feared that local markets will close in the near future due to the unaffordability and unavailability of repair materials. Although there are issues in market functionality, the basic needs of food, cash and in-kind assistance remain critical challenges for at-risk groups, including older people headed households and Syrian refugees.

49% reported the need for food kits, of which it was 71% for Syrian refugees, and 43% for older people. Respondents reported the need for bedding sets (33%) which was higher for Syrian refugees (59%). The same applies for clothes where the overall need was (17%) but for Syrian refugees this was 43%. 30% needed kitchen items (knives, forks, cooking pots, etc), of which 54% were Syrian refugees. 43% had difficulties accessing hygiene kits, of which 65% were Syrian refugees.

When asked about receiving cash-related humanitarian assistance, only 1% reported to have received this. In contrast, the main form of support has been in-kind assistance (22%), especially for Syrian refugees (30%). 40% said their family had difficulty accessing cash to fulfil food needs and 50% had difficulties accessing cash to fulfil other needs.

53% of respondents do not work, of which 74% are Syrian refugees. In addition, 34% of older people reported to be with employee status. Informal employment is the dominant means of income, the majority are either day labours or have temporary labour (approx. 52%) while the rest have private businesses or small or medium professions.

### Protection and wellbeing

*"I am living alone on the streets, as my house is dangerous, I am very scared" - Older person*

Following the explosion and extensive damage, many people reported that their homes were now unsafe to live in. In addition to the vast needs for rehabilitation of the partial damages to housing units, this is also impacting greatly on the mental health and wellbeing of those affected, due to uncertainty about their recovery and where and when support will come. There are also concerns about discrimination and social cohesion being eroded due to these pressures which create additional barriers to inclusive assistance and social support. In this context, it is important to take into consideration the need to provide physical support, especially persons with disability, as well as psychosocial needs in order to promote holistic recovery. Serious concerns were reported to the data collectors about older people being approached by people posing as volunteers trying to

persuade them sell their damaged houses by those seeking to profit from the blast in exploiting their situation, also through theft taking place.

Most respondents experienced damages to their windows (93%) and doors (88%). Regarding damages to household doors, this is concerning especially for women (90%) and older people (87%) as this increases protection risks regarding their perceived sense of safety in their own home.

26% of respondents felt that their mental health was a major health concern, especially for Syrian refugees (32%), for men (29%) and for older people (25%).

## Shelter and WASH

*"We need money to repair our windows and broken doors before the winter season"*

The explosion interrupted basic water and sanitation services in many neighborhoods, especially Katarina which experienced intense damages. 80% of housing units in Karantina, and 70-90% in Bourj Hammoud, were fully or partially destroyed, due its close proximity to the blast site<sup>1</sup>. Many families require supplies until basic services can be restored. The Water Sector prioritized the WASH response to support vital water facilities, hospitals and PHCs and affected households. Furthermore, it is critical in the COVID-19 context that housing rehabilitation takes place before the winter period sets in in order to urgently ensure safe and appropriate accommodation for those in need, particularly for older people who have underlying health conditions.

98% of respondents reported housing unit damage, of which 52% of their housing units reported partial damage. 50% of older people reported that their housing unit was partially damaged, as well as 53% for Syrian refugees.

At the household level, respondents reported damage to water tanks (18%), especially for Syrian refugees (28%) who experienced higher levels of damage to their water supply (29%).

At the level of public infrastructure, there was damage to the sewage network (10%), water network (15%) and electricity network (24%). This damage particularly affected the area of Karantina which has a higher proportion of the migrant workers and Syrian refugees who rely on labour income and employment from the port services.

## Health

*"We need insulin daily for as we support my father who is elderly, but I have lost my job and need support to provide food for my family"*

Hospitals are overloaded with casualties, which has put further pressure on a struggling health system. Medical facilities have been damaged with four hospitals severely affected and the health workforce impacted. Prior to the blast, the public health sector was not well-supported, with few public health hospitals in Beirut, all of which required full or partial payment for treatment. COVID-19 was already taking a heavy toll.

When asked about receiving health-related humanitarian services, only 1% reported to have received this type of support. 34% reported that their family has difficulties accessing health services and 45% reported difficulties accessing medicines. This was a particular concern for 65%

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<sup>1</sup> ACTED Report: Beirut Blast RNA: <https://www.acted.org/wp-content/uploads/2018/01/lebanon-beirut-blast-rapid-needs-assessment-report-august-2020-finalv2.pdf>

of older person headed households who have a chronic disease (65%) who are more likely to have underlying health conditions that require medicine.

Respondents reported major health concerns for their families, which included mental health (26%), respiratory problems (11%) and chronic diseases (30%) chronic diseases are a particular concern for older people (36%). Furthermore, 54% head of households self-reported chronic diseases such as diabetes, hypertension, heart disease, etc.

Although the concerns around COVID-19 as a major health concern was quite low among the respondents (6%), the intersection between COVID-19, the diminished health system and this emergency (not able to physically distance, no masks, no hygiene kits) will exacerbate the necessary steps that need to be taken to prevent the transmission of COVID-19.

## **Recommendations**

### **Coordination of relief efforts**

Strengthen coordination across all actors, including community based and volunteer organisations, to bring about an effective, inclusive and accountable response to the affected populations. This includes the importance of collecting and analysing data that is disaggregated by sex, age and disability (SADD).

### **Food and Income**

Prioritise the multi-sectoral needs for at-risk groups, particularly female-headed households, older persons headed households and those living alone. An example of this would be coordination with the cash working group in order to implement a multi-purpose cash intervention that accounts for household variations. Cash should be given in USD, as this help overcome inflation fluctuations and grant purchasing power to meet the material needs for house rehabilitation and other multi-sectoral needs.

### **Protection and wellbeing**

Provide coordinated support to rehabilitate homes safely, ensuring those affected and their communities are engaged in the process as this will help restore social cohesion. Train and prepare humanitarian actors to provide appropriate psychosocial support to those at-risk and sensitise communities and volunteers to be aware of heightened psycho-social needs and protection risks. This includes providing accountability and building trust with affected populations, beyond the immediate response to help with moving on and post-recovery closure.

### **Shelter and WASH**

Work through outreach teams to understand the needs of at-risk groups, ensuring they have access to rehabilitation materials and assistance. This should account for market functionality being diminished especially in Karantina area where the market was destroyed. Hygiene items are critical in the COVID-19 context in which at-risk groups will face additional intersection of challenges in preventing transmission.



## Health

Facilitate safe and accessible services, including safe home-based care and mobile health clinics, for at risk groups and those with underlying health conditions to ensure continuity of healthcare that addresses COVID-19 risks and other conditions

Provide protective and hygiene materials as well as medicine to older people who cannot afford them or who face barriers accessing health services and necessary medications.

## Long term recovery

Include measures to address the rights and needs of at-risk groups in plans for long term socio-economic recovery, in addition to immediate response.

### **Georges' story**



*Georges, 67, lost his barbershop in Gemayzeh - a neighbourhood in the heart of Beirut that lies less than 800 metres from the blast that tore through the city's port - in the explosion which happened near his house.*

*His shop was totally destroyed but Georges is now sleeping there as it is in a better state than his house.*

*"My major need now is for money. I need money to fix my house and my shop."*

But despite this disaster, Georges is still hopeful that, the presence of the young and active generation will make Beirut and Lebanon rise again.

*"What happened is devastating but, in my 67 years living in the area, this is the first time that I have seen all these young people standing up for the affected people helping each other to overcome this crisis.*

*"The amount of love is indescribable. Everyone is united, with no difference between nationalities, religions, or political point of view. This is the Lebanon we want."*

### **For more information, please get in touch with:**

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