Since the beginning of the response, over 52,000 people, including at least 27,000 women and girls, benefitted from protection services.

At least 107,000 people received in-kind food parcels and nearly 18,000 people received food vouchers. At least 73,700 people were assisted with multi-purpose cash, and at least 250 micro, small and medium-sized enterprises were supported with either rehabilitation or financial assistance. Nearly 12,500 pregnant and lactating women in need were supported.

At the end of October, WFP, as a core member of the Cash Task Force, launched an assistance coordination system, using block-chain technology, to de-duplicate cash assistance carried out by different partners and actors, to avoid multiple partners simultaneously assisting the same people with the same type of assistance.

Assessments in more than 5,300 of those apartments listed as damaged in the Multi-Sector Needs Assessment indicate that approximately 28 per cent of the households have repaired their apartments through their own means. Since the beginning of the response, over 2,200 apartments benefited from support with either minor repairs or rehabilitation work. Over 2,500 households received cash-for-shelter to support the rehabilitation of their shelters and houses, and 570 received cash-for-rent, a means of basic financial assistance aimed at ensuring the most vulnerable households’ access to safe shelter for a three-month period.

Water supply connection was re-established for over 20,700 people (approximately 4,000 households) in over 1,100 buildings, and over 3,700 tanks and 250 pumps were installed. Over 100 leakages to the water pipeline were fixed, covering all needs in this area. Over 6,700 hygiene kits and 700 baby kits were distributed. As connection to the public network is fully re-established, the provision of WASH services to medical facilities has stopped. Over 1,000 calls were received and addressed through three hotlines, now de-activated, offering WASH-related support.

Six mobile storage units remained set up at the Beirut Port for enhanced storage capacity.
SITUATION OVERVIEW

At the end of October, WFP, as a core member of the De-duplication sub-Task Force (DTF) within the Cash Coordination Task Force, launched an assistance coordination system using block-chain technology to de-duplicate cash assistance carried out by different actors. The system helps partners to avoid the same beneficiaries are concurrently assisted with the same type of assistance, thus harmonizing and optimizing the overall cash response. A unique and anonymous de-duplication identifier (USCADI) for each person/household is used to achieve more equitable and impactful response outcomes. An assistance coordination web-portal reflects beneficiaries/households through the USCADI, reflecting the type of assistance each is receiving, detecting duplicates within each category of assistance; the same households receiving different categories of cash assistance are not considered duplicates. This de-duplication system has the potential to be expanded for use in other interventions, in particular the ones assisting the Lebanese population in the coming future.

In emergencies, fear of discrimination, threats, and/or abuse may prevent certain vulnerable and marginalized segments of the population from accessing the needed assistance, as well as protection services. Recent analyses of the response to the Port explosions show that female-headed households, female migrant workers, women with disabilities, and the LGBTQIA+ community are the segments of the population that face challenges related to accessing services and remain most at risk of exposure to gender-based violence. According to a recent rapid gender analysis of the Port explosions by UN Women, CARE, UN ESCWA, ABAAD, and UNFPA, there is growing evidence that women – either heading female households or elderly women living alone – are not only a sizable portion of the affected population, but also present increased vulnerabilities. More broadly, female headed households, individuals with physical disabilities, the elderly, families with school-aged boys and girls, and other highly vulnerable or marginalized individuals and groups are the ones most likely to resort to negative coping strategies, while also being less likely to have secure access to shelter or secure tenancies. Overall, understanding the gender specific nature of all groups and communities is critical to avoiding harm, while facilitating a more equitable and empowering humanitarian response, as well as recovery interventions.

Mental health support remains a vital part of the medical response. Health partners continue to work to reach the most marginalized groups, such as the elderly, the LGBTQIA+ community and women. Evidence show older people and transgender women face more barriers in receiving mental health and psychosocial support services than other segments of the population, as these groups are also less likely to leave their homes to seek services due to fears of both COVID-19 and gender discrimination, respectively. Substantial scale-up of mental health services is however also needed for a better inclusion of men. For example, health partners recognize that stigma-reduction interventions are needed to break down gender stereotypes, as well as rephrase harmful masculinity narratives surrounding mental health and accessing mental health support services. Despite cultural, patriarchal norms, however, some mental health and psychosocial support actors did report an increase in men seeking support services, suggesting that the collective trauma of the explosions may be reducing the stigma towards men seeking mental health support.
The UN-coordinated response to the Beirut Port explosions, through the Flash Appeal issued on 14 August, is seeking US$354.9 million to address immediate lifesaving and time-critical early recovery needs for three months. Projects in the Lebanon Flash Appeal look at covering the main needs of 300,000 people, within the areas of protection, education, food security, health, shelter and WASH. Funding towards the 119 projects in the Appeal, targeting 300,000 people in need, is being tracked in the Financial Tracking Service (FTS). The Flash Appeal is 34.9 per cent funded ($123.9 million) as of 11 November. In addition, approximately $48.3 million have been contributed outside the Appeal. Donors continue to be encouraged to prioritize funding to projects within the Flash Appeal to ensure alignment across sectoral priorities and funds can be tracked, as well as enhance coordination and reduce duplication.

### Received funding by Sector (Flash Appeal only)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requested (US$)</th>
<th>Received (US$)</th>
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<tbody>
<tr>
<td>Protection</td>
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<tr>
<td>Education</td>
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<tr>
<td>(shared)</td>
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</table>
HUMANITARIAN RESPONSE

Protection

Response:

- Since the beginning of the response, 52,138 people, including at least 27,000 women and girls, benefitted from protection services.
- The Sector, with the support of Handicap International, HelpAge International and ACTED, developed a tool to mainstream age and disability. The tool, which complements previously developed tools, contains basic guidance on the inclusion of older people and people with disability in the response, as well as guidance on data gathering, community outreach and service provisions.
- A recent sexual and gender-based violence (SGBV) service mapping shows 12 operational safe spaces for women and girls. Safe spaces offer psychosocial support services (PSS) and recreational activities, as well as provide dignity kits and case management support to survivors or women at risk of SGBV. Currently, two safe spaces also provide specialized services for members of the LGBTQIA+ community. Since the beginning of the response, nearly 20,000 individuals affected by the explosions benefitted from protection and GBV awareness, as well as risk-mitigation activities.

N.B. The above figures are not necessarily representative of the entirety of the protection response on the ground.
**Education**

**Needs:**
- The impact of the Port explosions goes beyond the structural damages to the affected schools. The increased risk of school-dropouts, the increased vulnerability of marginalized and/or special-need children, and the post-traumatic consequences of the explosions are all factors that put at risk the continuity of quality education.
- Also, COVID-19 containment measures have drastically affected public and private education systems, already burdened by the economic crisis. COVID-19 increased the prevalence of out-of-school children, many of whom do not have remote-learning modalities.

**Response:**
- UNESCO is providing PSS activities for 144 children and 88 parents in Bourj Hammoud and Achrafieh; activities include relaxation techniques, painting, and dancing.
- NGO Ana Aqra is organizing literacy support classes for 139 learners and their parents in Basta, Geitawi and Quarantina.
- Since 19 October, 192 children are attending the second cycle of the supplementary educational services at the Geitawi and Sanayeh centers supported by the Norwegian Refugee Council; 88 children had previously attended the first cycle between September and October. Targeted children are part of the Better Learning Program (BLP), combining a psychosocial and trauma-focused approach. The BLP aims at improving learning conditions for children and adolescents exposed to trauma and stress, while identifying those children who will require further assistance for one-one sessions, once a week, over the next month.
- Since the beginning of the response, NGOs Right to Play and Plan International are running PSS play-based sessions in Medawar Quarantina, Nation Station Achrafieh, Karm el Zeitoun Achrafieh, Burj al Barajneh and Chiyah for 260 children.

**Food Security**

**Response:**
- In October, 6,713 beneficiaries received in-kind food parcels and 15,749 people received food vouchers. Since the beginning of the response, at least 107,000 people received in-kind food parcels and nearly 18,000 people received food vouchers.
- Food security partners continue the distribution of multi-purpose cash assistance (MPCA) to those most economically vulnerable. In October, 53,221 people received multi-purpose cash assistance (approximately $4.8 million disbursed), 11,285 assisted by WFP alone. At least 73,700 people have been reached since August.
- In October, community kitchens continued in Bourj Hammoud and Achrafieh, providing meals to at least 23,000 people.
- With regards to nutrition activities, and from a sample of 17,000 households, one out every 20 households report having family members who are pregnant or lactating, with 40 per cent reportedly needing support for mothers and/or infants. Since the beginning of the response, nearly 12,500 pregnant and lactating women in need were supported.
- The Arabic version of the Standard Operating Procedures (SOPs) for Infant and Young Child Feeding (IYCF), which complements the English version, in Emergency in Lebanon was finalized in October. The purpose of the SOPs is to guide national and international agencies on how to ensure timely and safely IYCF support to families with pregnant women and/or infants aged 0-2 years. The SOPs detail both the health and nutrition risks associated with non-compliant donations of breast-milk substitutes, therapeutic and supplementary foods by non-specialized actors and not following specific health protocols, while also highlighting the importance of better understanding the food security status of those targeted. The SOPs follow on from, inter alia, a Call for Action on ICYF and Nutrition in response to the Port explosions issued earlier in September.
- In October, 122 micro, small and medium-sized enterprises (MSMEs) received direct support with either rehabilitation or financial assistance. Since the beginning of the response, at least 254 MSMEs were supported; at least 197 MSMEs were supported by nine INGOs with a total of $450,000 disbursed in assistance. To ensure support to MSMEs continues to be coordinated, the Sector established a thematic group, led by WFP and co-lead by the Danish Refugee Council, to facilitate collaboration amongst local actors supporting the MSMEs.
Health

Needs:
- Health partners report that communities they serve have identified the following, critical, health needs:
  - Lack of medications and supplies, particularly with regards to acute and chronic medications. Surveyed patients report being worried about a forthcoming lifting of government subsidies for either some or all essential medicines. While impact is difficult to quantify at this stage, it is expected that any change in access to essential medicines will have detrimental effects on the broader population’s health, and not only for chronic and acute medications. Potential effects could include: care rationing and delays in undergoing both elective and emergency care; impact on infection, prevention and control; depletion of drugs and supplies at primary healthcare centers (PHCs); and/or inability of vulnerable families to afford life-saving medications.
  - Insufficient home-based care service provision and lack of hygiene supplies for the elderly.
  - Lack of hospitalization’s fees coverage, as well as lack of fees’ coverage for physical rehabilitation and physiotherapy.
  - Lack of adequate information on sexual and reproductive health (SRH) services available at PHCs to also increase access for women and adolescent girls to such services; need for more staff and response volunteers to be trained on the basics of SGBV and prevention of sexual abuse and exploitation.
  - Lack of PPE.
- A significant number of health partners report funding gaps have delayed their planned activities affecting the following interventions:
  - Timely rehabilitation of nine hospitals, including Quarantina Government Hospital;
  - Provision of SRH equipment for SRH-health dispensaries outside the PHC network;
  - Provision of sufficient drugs and medical supplies, including contraceptives, to cover all dispensaries and/or those PHCs in need;
  - Recruitment of midwives to conduct home visits for mothers and their newborns;
  - Provision of medium-term psychosocial support and mental health support for survivors of violence;
  - Provision of health supplies and PPE to the PHC network;
  - Waste-management response in the affected PHCs.

Response:
Outreach health services, including mobile medical units (MMUs), medical stations and home-based care
- UNFPA, Première Urgence-Aide Médicale Internationale (PU-AMI), HelpAge International, International Medical Corps (IMC), Imam Sadr Foundation, and Médecins Sans Frontières provided outreach health services through medical stations, MMUs and home-based care. In the first half of October, and thanks to these partners and services, 910 women were provided with SRH consultations, and 340 women received psychosocial support and psychological first aid (PFA). Home-based healthcare visits for the elderly continued: 77 elderly were visited by outreach volunteers, 88 elderly received medical consultations, and 64 elderly received nursing care. Since the beginning of the response, 297 elderly were visited by outreach volunteers, 282 elderly received medical consultations, and 288 elderly received nursing care. In addition, 609 consultations to home-bound elderly were made with 245 follow-ups.

PHCs support
- Makhzoumi Foundation, International Orthodox Christian Charities and PU-AMI continued to support a number of PHCs with both staff and the provision of medications. Since the beginning of the response, at least 3,559 consultations were offered at the two PHCs of Hariri and Khatam Al Anbiaa alone, and ten midwives provided SRH services at nine centers, reaching 2,176 beneficiaries.

Mental Health and Psychosocial Support (MHPSS) Services
- Restart Center identified 147 persons in need of mental health services and supported 139 individuals with medications, MHPSS, and in-kind assistance. Since the beginning of the response, at least 1,208 individuals were supported with mental health medications and MHPSS.
- Three IMC tents provided 201 PFA sessions. Since the beginning of the response, 2,359 PFA sessions were provided at the tents.
• IDRAAC continued offering mental health support through both its walk-in clinic at St. Georges Hospital University Medical Center and a 24/7-operational hotline (03 730 475), established within 24 hours after the explosions to provide free consultations and PFA.

Donations and/or distribution of medical supplies

• In the first half of October, the Assyrian Support Committee, Human Concern International Lebanon, American Near East Refugee Aid, Cénacle de La Lumière, IMC and UNICEF provided medical equipment, PPE and medications to 19 PHCs, eight hospitals and two MMUs.
• A cold-chain refrigerator for vaccine storage was procured for Rafic Hariri University Hospital. Additionally, 100 first aid kits, 1,530 medical supplies, 13,814 medications, 98,021 PPE. Since the beginning of the response, at least 200 first aid kits, 13,744 medical supplies, 40,551 medications, 720,677 PPEs, and 14,430 surgical items were provided to dispensaries, PHCs and hospitals.

Hospitals support

• The rehabilitation of the Quarantina Governmental Hospital is expected to start at the beginning of 2021 and will take approximately one year to complete; a detailed action plan is being developed.

Shelter

Needs:

• Three months after the explosions, temperatures are decreasing and the first heavy rains occurred in Beirut. This puts further urgency on the need to support the most vulnerable households in repairing their homes ahead of the approaching winter season.
• Rapid building-level damage assessments were finalized for the two most affected municipalities of Beirut and Bourj Hammoud. Out of over 11,300 buildings assessed, 877 buildings were found to be unsafe, requiring evacuation. Assessments findings are helping Shelter partners categorize the extent of the damage, including structural damage, as well as inform both the current response and the longer-term response, including within the context of the building back better approach of the World Bank Group, European Union and UN Reform, Recovery and Reconstruction Framework (3RF).

Response:

• Technical assessments in more than 5,300 of those apartments listed as damaged in the Multi-Sector Needs Assessment (MSNA) indicate that approximately 28 per cent of the households have repaired their apartments through their own means, so-called “self-recovery”. Depending on both the extent and quality of self-repairs, however, households may still be eligible for repair and rehabilitation work for outstanding needs, or for cash-for-shelter, including to compensate for costs incurred during the self-recovery.
• In coordination with the Beirut Forward Emergency Room (FER), both Sector’s partners and civil society partners are in the process of repairing around 12 per cent of the total number of apartments (approximately 60,000-65,000 based on MSNA and FER data, respectively) with light (level 1) and moderate (level 2) damage. Since the beginning of the response, 2,225 apartments benefitted from either minor repairs (level 1, light damage) or rehabilitation (level 2, moderate damage).
  - In October, 903 affected households benefitted from minor repairs; the majority of the households supported live in Rmeil, Bourj Hammoud, Bachoura, Medawar, Moussaytbeh, Achrafieh, Mazraa and Zoukak el-Blatt. Since the beginning of the response, 1,997 minor repairs were conducted; 15 per cent of the approximately 13,000 buildings for which partners have confirmed funding.
  - In October, 102 affected households benefitted from rehabilitation of their apartments; the majority of the households supported live in Rmeil, Medawar, Achrafieh and Saifeh. Since the beginning of the response, 228 rehabilitations were conducted; 8 per cent of the approximately 3,000 buildings for which partners have confirmed funding.
• Since the beginning of the response, out of 14,500 households targeted, 2,562 households received a one-off $600 cash-for-shelter support in Bourj Hammoud, Saifeh, Achrafieh and Rmeil. Out of 3,500 households targeted, 572 households received cash-for-rent support (currently set at 750,000 LBP per month, for three months) in Achrafieh, Bourj Hammoud, Mazraa, Marfaa, Moussaytbeh, Sinn El-Fil and Furn Ech-Chebbak.
Gaps & constraints:
- After the immediate distribution of weatherproofing kits to 7,500 households (approximately 25,000 individuals) in August and September, partners started with re-construction activities that require both technical activities and engagement with contractors. The transition to re-construction work took time due to those requirements relating to technical assessments and tendering, affecting the pace with regards to the rehabilitation work undertaken thus far.
- Also, and in addition to structural damage to numerous buildings, the Port explosions destroyed heritage buildings, too, adding another layer of complexity to the shelter response.
- Work commencements were also delayed by limits on securing contractors in an uncertain market, construction material availability, and price fluctuation. Now that key formal requirements are completed, implementation is expected to progress at a faster pace.
- Out of an estimated total of 73,000-80,000 apartments (based on MSNA and FER data, respectively) that sustained damage, there is a coverage gap of approximately 13,500-18,500 apartments (18-23 per cent), even when accounting for the current total capacities of Shelter partners, the estimated capacities of civil society partners, and the estimated levels of self-recovery.

Water, Sanitation and Hygiene (WASH)

Needs:
- Since the beginning of the response, 13,243 buildings were assessed. As the assessments' coverage has expanded over time, the number of buildings assessed has consequentially increased. Critical assessments, in areas closest to the Port, were prioritized in the aftermath of the explosions. Partners are now assessing buildings that were deemed less critical in terms of support, as further away from the explosions’ epicenter. Assessments show 1,887 buildings in need of at least one type of WASH intervention and/or support, 399 buildings with connection issues to the main urban network, as well as damages to 6,204 water tanks and 590 pumps.

Response:
- Since the beginning of the response, water supply connection was re-established for 20,763 people (4,080 households) in 1,105 buildings, and a total of 3,705 tanks and 250 pumps were installed. More funding is needed to cover the remaining needs to reach the target of 50,000 people with water supply connection, tanks or pumps. The Sector has thus far covered 40 per cent of the most urgent needs, repairing all direct and visible damage from the explosions. Outstanding needs are meant to cover people in need living in the affected areas whose plumbing system did not face direct damage from the explosions.
- The identified 102 leakages to the water pipeline were fixed, covering all needs in this area. The high-technology detection equipment used in the identification of leakages was donated to the Establishment of the Water of Beirut and Mount Lebanon and their staff trained on future needed maintenance.
- Since the beginning of the response, partners distributed 6,779 hygiene kits and 700 baby kits.
- As connection to the public network is fully re-established, the provision of WASH services to medical facilities has stopped.
- Over 3,200 posters were distributed across the worst affected areas and over 25,000 SMSSs were sent, referring people to three WASH hotlines dealing with requests for water trucking, minor plumbing repairs, and/or WASH hardware support. In total, 1,100 calls were received and addressed through the hotlines that have now been de-activated.

Logistics

Response:
- Six mobile storage units remained set up at the Beirut Port for enhanced storage capacity of both food and non-food items.

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