

“ We were moving to our labour room. As soon as we walked in, they were preparing her bed with the nurses and doctors. Then we heard the sound and everything around us shattered — the glass, the instruments. Nothing was there anymore.

— EDMOND, whose wife Emanuelle was in labour at St. George’s Hospital when the explosion rocked Beirut

UNITED NATIONS POPULATION FUND

FLASH APPEAL

2020 BEIRUT PORT EXPLOSION



SITUATION OVERVIEW

On 4 August, 2020, at approximately 18h00 (local time), a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. The initial explosion was followed by a much more substantial subsequent blast that caused widespread damage reportedly reaching more than 20 kilometres from the port area. As of August 11, the death toll from the incident stands at more than 170 and is continually rising as more bodies are recovered from the surrounding wreckage. More than 5,000 people were injured in the blast, with more than 300,000 displaced and dozens reported missing since the incident.

A report by the World Health Organization (WHO) indicates that more than 80 primary health care centres have been severely damaged. Preliminary assessments show that an estimated 15 hospitals have been significantly impacted by the blast and a minimum of three have been rendered partially or fully inoperable. A rapid assessment of 55 primary healthcare facilities found that 37 per cent sustained moderate-to-serious damage. Only 47 per cent of surveyed facilities can still provide full routine health services. Moreover, an additional 120 schools, used by 55,000 Lebanese and non-Lebanese children, sustained various levels of damage. Humanitarian partners are conducting further damage assessments, in close coordination with relevant government authorities.

The Beirut Port, which processes up to 90 percent of Lebanon's imports, is expected to remain inoperable for at least one month, pending repairs, debris removal and safety clearances. Concerns are also growing that damage to the Beirut Port will exacerbate food insecurity, which was already growing amid COVID-19 pandemic and prolonged socio-economic crisis. Given the port's centrality to all trade activities have been redirected to the Tripoli Port, located about 85 kilometres north of Beirut.



TOTAL FUNDING NEEDS: US\$ 19.65 MILLION

A MULTI-FACETED CRISIS

The Beirut Port explosion has created yet another large-scale crisis in a country that is in the midst of a serious economic crisis as well as the COVID-19 pandemic. In recent months, economic contraction, increasing poverty and rising prices of staples have compounded needs among both Lebanese and non-Lebanese communities, including the approximately 1.5 million refugees being hosted in the country — the highest refugee population per capita. Reports indicate that around a third of those impacted by the blast are refugees. The blasts have also destroyed an estimated 120,000 metric tonnes of food stocks, including wheat, soy and other staples, further exacerbating food shortages in communities nationwide.

Moreover, Lebanon is still in the throes of its response to the pandemic, reporting an average of 260 cases per day as of August 6 (294 reported on August 10), with caseloads experiencing a steady and steepening increase over the past weeks. The emergency in Beirut has caused many COVID-19 precautionary measures to be relaxed, raising the prospects of even higher transmission rates and a large caseload in the coming weeks. Given the scale of devastation wrought by the incident, the burden on the healthcare system in Lebanon — including continuity of care related to sexual and reproductive health services — is expected to be severe, with many hospitals currently working at or beyond capacity and consistently reporting

shortages in essential medical supplies, including personal protective equipment (PPE) for staff. Given the displacement and economic hardships resulting from this crisis and the establishment of temporary shelters for those who have been rendered homeless, UNFPA expects the risks of gender-based violence and sexual exploitation and abuse to increase substantially. These risks were already on the rise before the incident due in large part to the COVID-19 pandemic and its resultant restrictions on movement, which in turn caused a notable rise in reported intimate partner violence, confirmed by a [survey](#) that showed that 54 percent of women and girls interviewed across the country observed an increase in harassment, violence, or abuse, with 44 percent reporting feeling less safe in their homes and 57 percent less safe in their communities since the start of the pandemic.

All of these factors combined — the pandemic, the refugee situation, the blast, the spiraling economic decline, the mounting political tensions, and the unprecedented burden on the national health system — indicate that the humanitarian situation is likely to deteriorate quickly without immediate collective intervention by the international community.



ECONOMIC CONTRACTION, FOOD SHORTAGES, THE COVID-19 PANDEMIC, MOUNTING SOCIAL TENSIONS, AND THIS LARGE-SCALE DEVSTATION HAVE CONVERGED TO CREATE AN UNPRECEDENTED HUMANITARIAN CRISIS IN LEBANON, PLACING COMMUNITIES AT RISK.

UNFPA is scaling up its efforts to meet the emerging needs of the estimated 140,700 women and girls among the 300,000 who have been left homeless due to the impact of the blast, including nearly 81,000 women of reproductive age and 48,000 adolescents. Given the devastation wrought on maternity wards and primary healthcare centers, an estimated 3,938 women who are currently pregnant will also be in need of ante-natal, Emergency Obstetric and Neonatal Care (EmONC), and post-natal care. Response efforts will also include reprogramming existing measures to curb the spread of COVID-19 given the escalating risks of infection following the incident. During the first week of the crisis, UNFPA was able to deliver 85,000 sanitary packs, 40,000 dignity kits with personal hygiene supplies, and 10,880 PPEs (masks, gloves, and medical gowns) to the local health system, in addition to deploying midwives and trainers to primary healthcare facilities impacted by the incident.

UNFPA has activated its own emergency response plan as of 5 August and is operating under fast track procedures which had been declared earlier under an IASC system wide scale-up of operations. UNFPA aims to provide integrated sexual and reproductive health (SRH), including comprehensive emergency obstetric and neonatal care, family planning services, ante-natal care, postnatal care, and clinical management of sexual violence services, in addition to gender-based violence (GBV) services that include psychological first aid, psychosocial counselling, mental health services, legal assistance, and case management. Plans are ongoing to integrate cash and voucher assistance into the response to facilitate access to SRH services and to contribute to GBV prevention and response.

UNFPA's appeal is aligned with the August 2020 Emergency Response Framework (ERF) for Beirut as well as the Beirut joint inter-agency flash appeal. The ERF outlines the three key phases to address the consequences of the explosion, from **immediate humanitarian needs** to **recovery** and **reconstruction and economic recovery**, and UNFPA's appeal largely focuses on the first phase of the response. As needs become clearer, UNFPA will also support the recovery and reconstruction phase as well as the economic recovery. The agency is liaising with its implementing partners, the members of the coordination groups and other relevant stakeholders to plan the sectoral responses.

ENSURING THE CONTINUITY OF LIFE-SAVING SRH AND GBV SERVICES

During conflicts, natural disasters and public health emergencies, sexual and reproductive health needs are often overlooked, with staggering consequences. Pregnant women risk life-threatening complications without access to delivery and emergency obstetric care services. Women and girls may lose access to family planning services, exposing them to unintended pregnancy in perilous conditions. Meanwhile, women and girls also become more vulnerable to sexual violence, exploitation, and HIV infection, further underscoring the essential connections between SRH and GBV.

Meeting Immediate SRH Needs: To ensure continuity of life-saving services, including Emergency Obstetric and Neonatal Care and the Minimum Initial Services Package (MISP) for Reproductive Health in emergencies, UNFPA is recruiting and deploying additional surge personnel, including midwives, to health facilities. Furthermore, the agency is scaling up SRH service provision through existing and new implementing partners and will avail more health personnel and medical supplies, and ensure wider services beyond the immediate SRH needs. This will also include supporting women and adolescent girls to meet their menstrual hygiene needs and, in light of COVID-19, their overall sanitary and hygiene needs. UNFPA is also supporting the provision of PPE to healthcare providers and other humanitarian relief providers in an effort to help stem the risks of COVID-19 infection throughout the response. To help reduce the burden on the public health system, UNFPA will provide cash and voucher assistance to women who may need to travel farther to access health facilities or private delivery facilities.

Continuity of lifesaving GBV Services and mitigating the increased risks of GBV: Given the escalating risks of gender-based violence during humanitarian crises, particularly in light of COVID-19 restrictions, UNFPA will continue working to ensure that women and girls have access to quality GBV response services, including access to Women and Girls' Safe Spaces, psychological first aid, clinical management of sexual violence and long-term counselling. As the lead on GBV, UNFPA will also ensure that risks of GBV are mitigated throughout the response, with a focus on more vulnerable segments of the community, including adolescent girls, older persons and persons with disabilities. UNFPA will

provide cash or voucher assistance to women and older adolescent girls at high risk of GBV, including GBV survivors, to contribute to urgent household needs and thereby reduce household tension, to pay for safe alternative accommodation in case of imminent GBV risks, and to enable survivors to meet urgent needs following an incident.

Prevention of Sexual Exploitation and Abuse: Prevention of Sexual Exploitation and Abuse (PSEA) will be prioritized across all aspects of the Appeal's implementation, including through ensuring that all people receiving assistance are aware that it is unconditional and know how to access complaints mechanisms and survivor-centered services. Recognizing that local actors will play a central role in the response to the blast, the Emergency Appeals prioritizes the principles of partnership and coordination. All actors engaged in the Appeal commit to working closely with established networks of community-based organizations to reach people in need in a principled manner, including adhering to the principals of PSEA.

Provision of Essential Medical Supplies: Efforts are currently focused on procuring medical equipment and supplies for maternity departments and affected health facilities, in addition to supporting the provision of 25 percent of sexual and reproductive health procurement needs of health facilities for the next six months as identified by the World Health Organization (WHO). The response will also include the delivery of Dignity Kits customized for women, adolescents, and pregnant and lactating women. PPE for health care providers will also be procured.

Rapid Assessments: UNFPA is currently liaising with local authorities and partner agencies to support the joint rapid assessments of healthcare facilities including through the Health Resources and Services Availability Monitoring System (HeRAMS) under WHO lead to determine the extent of the damage to sexual and reproductive health and maternity departments.

Focus on Mental Health and Psycho-social Support (MHPSS): UNFPA has engaged a team of psychologists and counsellors to work with partners in the hope of ensuring that mental health is adequately mainstreamed throughout the SRH and GBV response.

UNFPA is urgently appealing for **US\$ 19.65 million** to provide lifesaving assistance and meet the emerging needs of those impacted by this crisis. The table below provides a breakdown of individual needs and funding requirements.

PROPOSED INTERVENTIONS	COST (USD)
Sexual and Reproductive Health <i>(Includes scaling up SRH services, Human resources, RH equipment, PPE, coordination, including assessments, capacity building and Cash and voucher assistance to access SRH services)</i>	9,300,000
Gender-Based Violence <i>(includes the provision of specialised services, including PFA, outreach services, refurbishment of facilities, dignity kits, coordination, including assessments, capacity building and cash and voucher assistance)</i>	8,600,000
Operational and monitoring support	1,750,000
GRAND TOTAL	\$19,650,000

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