

Situation Report

Lebanon- Beirut Port Explosion



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Crisis in Numbers

220 Deaths

7,000 Injured

300,000 Displaced

81,000 women of reproductive age

24,000 adolescent girls

16,700 dignity kits distributed to women and girls

UNFPA launched a Flash Appeal for \$20 million

The Government of Canada granted **UNFPA** CA \$1 million



Situation overview

On 4 August 2020, at approximately 18:00, a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. The initial explosion was followed by a much more substantial blast that caused widespread damage, reportedly reaching more than 20 kilometres from the port area.

As of 18 August, reports indicate that the death toll has reached 220, with over 7,000 injured and more than 300,000 people left displaced, with many showing symptoms of severe psychological distress. These numbers are expected to rise as more bodies are recovered from the surrounding wreckage and dozens of people are still reported missing.

The World Health Organization (WHO) reports that more than 80 primary health care centres have been severely damaged. Only 47 per cent of surveyed facilities can still provide full routine health services.

Moreover, 120 schools, attended by 55,000 children, sustained various levels of damage. Humanitarian partners are conducting further damage assessments, in close coordination with relevant government authorities. Rising cases of COVID-19 are exacerbating the situation. On 19 August, 589 new confirmed cases were reported, adding to the cumulative 10,347 confirmed cases, averaging around 5 per cent daily increase since the blast.

The Beirut Port, which processes up to 90 per cent of Lebanon's imports, is expected to remain inoperable for at least one month, pending repairs, debris removal, and safety clearances. This may exacerbate food insecurity, which was already growing amid the COVID-19 pandemic and the prolonged socio-economic crisis. All trade activities have been redirected to the Tripoli Port, located about 85 kilometres north of Beirut.

Humanitarian Needs

- An estimated 300,000 people are displaced as a result of the explosion, approximately 81,000 of whom are women of reproductive age (15 - 49 years), including 24,000 adolescent girls. These women and girls continue to need support to meet their sexual and reproductive health, protection and dignity/menstrual hygiene, and water, sanitation and hygiene needs. Almost 4,000 women are estimated to be pregnant and require access to prenatal care, Emergency Obstetric and Neonatal Care, and postnatal care services in overstretched local health facilities or transportation to undamaged centres.



- People affected by the blast are still in need of follow-up care, including removal of stitches and refills of medications, particularly medications for chronic diseases. The pharmaceutical market has suffered losses and available drugs are at a premium price.
- Due to the damage to both private and public health facilities, there is an immediate need to ensure first aid support and continuity of health care services, namely for pregnant women, lactating women, women and girls of reproductive age, elderly women, and women with disabilities.
- With hundreds of thousands of people displaced and suffering economic loss, gender-based violence (GBV) and sexual exploitation and abuse continue to pose a very real threat.
- UNFPA-supported mobile health clinics staff reported an increased need for psychological first aid (PFA) services, both for their patients and for themselves, due to the compounding emergencies.
- COVID-19 remains a major risk in the country. In the immediate aftermath of the explosion, protective measures, including social distancing and mask wearing, were superseded by immediate obligations relating to the devastation and disaster support. There is still an increasing need for infection prevention and control and personal protective equipment (PPE) for first responders and health care providers.

UNFPA Response

Coordination

UNFPA is collaborating with the government, UN, INGO, local NGO partners and other stakeholders. UNFPA led the first sexual and reproductive health (SRH) sub-working group meeting on 12 August to discuss immediate response needs, including:

- Continuity of services (accessibility, availability, affordability, acceptability) for SRH and clinical management of rape (CMR)
- Infection prevention and control (IPC) measures and the growing demand of PPE
- Supporting mental health and psychosocial support (MHPSS) in GBV and integration into SRH services to meet increased needs due to post-traumatic stress
- Supporting people living with HIV, people with disabilities, and LGBTQI
- Resource mobilization

UNFPA deployed two roving team members this week to support humanitarian, SRH and GBV coordination.

UNFPA partnered with the National Mental Health Programme on an action plan to support people affected by the explosion, and is helping produce information materials on pregnancy and post delivery and trauma (tip sheet and short video).

UNFPA participates in several coordination meetings including:

- UN Humanitarian Coordination Team and Assessment and Analysis Cell meetings under the overall Emergency Operations Cell for coordination of the emergency response
- Health sector coordination mechanism led by WHO. First meeting was held on 18 August
- Crisis Cell/Health Care Coordination B-blast that held its first meeting on 10 August
- Primary health care coordination committee, led by the Ministry of Public Health. UNFPA is coordinating this forum and provided information on the recruitment of midwives to assist in service provision in the affected

Meeting immediate sexual and reproductive health (SRH) needs:

- 16,700 dignity kits distributed to women and girls in affected areas through 11 implementing partners, including KAFA.
- 100,000 vials of Oxytocin arrived in the country and will be donated to the Ministry of Public Health .
- Mobile medical units deployed and home visits to provide reproductive health and psychological first aid (PFA) services through three implementing partners.
- An estimated 220 women received SRH consultations through the mobile medical units.
- Midwives deployed and provided 40 SRH consultations and 80 PFA support to women through home visits.

Conducting Rapid Assessments

The UNFPA-supported medical team conducted a Minimum Initial Service Package (MISP) rapid facility assessments in 4 of the 5 field hospitals, which were donated and staffed by Egypt, Iran, Jordan, Qatar and Russia. Two of the field hospitals have surgical and resuscitation facilities and can offer emergency obstetric and newborn care (EmONC) services. There is ongoing discussion by the health sector and WHO, however, to refer women to nearby hospitals for deliveries and to turn the field hospitals into overflow COVID-19 units.

On 19 August, 589 new confirmed COVID-19 cases

Medical students from the Lebanese Medical Students International Committee assessed primary health care facilities located within a five kilometre radius of the explosion. They used the Health Resources Availability Mapping System (HeRAMS), which is tailored to include mental health services. The team visited the majority of health facilities and assessed others by phone or online. A total of 66 primary health facilities completed the assessment. This will help better understand the available human resources and health services including SRH services and referrals for GBV services. Overall, the services are still available, even in damaged buildings, but the staff are overwhelmed, often working double shifts and requiring relief.

The field hospital and primary health care assessments were conducted in the affected areas of greater Beirut: Karantina, Getawi, Bourj Hammoud, Ras El Nabe', Mar Mikhael, Gemmayzeh, Rmeil, Ashrafieh, Al Khanda' Al Ghami', Karm El Zeytoun, Badaro and Hazmieh.

Essential Medical Supplies:

In collaboration with the Ministry of Public Health and other partners, it was previously decided that international actors should provide 25 per cent of essential medicine needs. The health sector now considers replacing 50 per cent for the next three months to meet evolving needs. Many essential drugs are not available on the market or have become so expensive that patients can no longer pay out-of-pocket and must meet their needs through government and charity health clinics.

- UNFPA provided 10,880 units of PPE to the Ministry of Social Affairs for health workers and other first responders.
- UNFPA also provided PPE to medical students conducting assessments, and to implementing partners providing services and distributing dignity kits.

Continuing GBV Services and GBV Risk Mitigation:

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 receive quality GBV response services, including access to Women and Girls Safe Spaces, psychological first aid, and long-term counselling through collaboration with five implementing partners. As the lead on GBV, UNFPA will also ensure that risks of such violence are mitigated throughout the response. UNFPA is coordinating with the Ministry of Public Health National Mental Health Department to support the development of SRH and GBV messages for women and girls and to build the capacity of care providers in psychological first aid and psychosocial support.

Resource Mobilization

UNFPA launched a Flash Appeal for \$19.6 million for integrated SRH and GBV service provision, mental health and psychosocial support, essential drugs and medical commodities, as part of the unified Flash Appeal. Through its Emergency Fund, UNFPA provided \$394,945 for surge capacity, dignity kits, reproductive health kits and PPE.

The Government of Canada granted UNFPA CA \$1 million. UNFPA hosted the Canadian Executive Coordinator for Syria/Charge d'Affair, and the Head of Cooperation, on a field visit to two UNFPA-supported mobile clinics providing services in the blast area, highlighting ongoing work for women and girls, and to vulnerable people, including those living with disabilities and the LGBTQI community.

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