Beirut, Lebanon: Buildings Exposure to the Explosions with Damaged Hospitals and Health Facilities (as of 12 August 2020)

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This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners in support of national efforts. It covers the period from mid August to November 2020 and is issued on 14 August 2020. Cover photo by Marwan Naamani/picture alliance via Getty Images

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The Beirut Port explosions on 4 August created significant immediate humanitarian needs and severe long-term consequences.

Building on existing humanitarian response efforts, a comprehensive, effective response to this emergency requires three phases of activity. Such a plan should quickly transition from immediate humanitarian relief into recovery, reconstruction and eventually longer-term economic recovery.

This humanitarian Flash Appeal focuses on the first phase and the early parts of the second phases of the response, and the activities covered will save lives, protect the most vulnerable and set the stage for subsequent longer term reconstruction and economic recovery, which constitutes a third phase.

On 4 August a series of devastating explosions at the Beirut Port destroyed most of the facility and flattened surrounding neighborhoods, leaving at least 178 dead and more than 6,000 injured. A large concentration of ammonium nitrate ignited in a port warehouse causing extensive death and destruction. With support from disaster experts, the Government of Lebanon continues to coordinate emergency response efforts. Immediately after the explosions, local and international humanitarian actors began to support thousands of affected people to meet basic needs, largely drawing on existing humanitarian capacities and supplies.

The impact of the explosions extended six kilometres from the epicenter, causing what can be categorized as 'severe damage'; 10 kilometres with 'moderate' damage; and up to 20 kilometres with 'light' damage. This impact of the explosions adds to an already critical situation faced by Lebanon due to a severe economic and financial crisis and the COVID-19 pandemic.

While the full extent of the impact is still being assessed, early reports indicate significant damage to infrastructure (including health, water and sanitation, and schools) and critical infrastructure essential for food supply and livelihoods.

The explosions come as Lebanon faces a multi-faceted crisis. In recent months, economic contraction, increasing poverty, and rising prices have compounded needs among Lebanese and non-Lebanese communities, including the large refugee populations. Increasing COVID-19 transmission is straining the country’s health systems. Social tensions continue to grow in many parts of the country and have been heightening following the explosions, including during the initial distribution of assistance due to increasing perception of aid bias.

Significant and partially violent anti-government protests took place between 8-11 August, with thousands rallying in Downtown Beirut and ensuing clashes with security forces. According to the Lebanese Red Cross, 728 civilians were wounded, of which 160 were transported to hospitals for treatment. Seventy security forces personnel were also reportedly wounded and one was killed.

On 10 August the Cabinet stepped down and a caretaker government took over.

As information on the extent of the humanitarian impact of the Beirut Port explosions continues to emerge it is clear that there have been significant impacts on lives and livelihoods, basic living conditions and coping mechanisms, with protection concerns mounting. Preliminary assessments indicate that the neighbourhoods and quarters most affected by the explosions are the ones in Beirut Governorate and the municipalities of Bourj Hammoud, Sin El Fil and Bachoura in Mount Lebanon Governorate.

The first phase will prioritize life-saving responses and protection. These activities continue alongside the pre-existing humanitarian response for the Lebanese and non-Lebanese population, including Syrian and Palestine refugees and migrants.

The second phase will deliver recovery and reconstruction interventions to restore public infrastructure, rehabilitate private homes and stabilize the wider situation. Some recovery responses which must be implemented with no delays alongside life-saving activities in order to prevent a rapid growth in humanitarian needs are included in the Flash Appeal.

Although third phase interventions are not included in this immediate humanitarian Flash Appeal, the international community must support these efforts. Economic recovery remains crucial and would constitute a final part of a comprehensive response.
Direct impact on mental and physical wellbeing

The explosions constitute a human tragedy. Government authorities estimate that at least 178 individuals died in the explosions, with many still missing. Lebanese and non-Lebanese are among the victims. The identification of non-Lebanese victims, including those working in fishing and living near the port, is slowed by the lack of documentation and next of kin.

The explosions injured thousands. Local hospitals and clinics treated injured men, women and children, sometimes providing treatment on sidewalks and in parking lots because of overcrowding. Many older people and people with special needs may have not received assistance. Thousands of patients remain in hospital for trauma and burn treatment. Material shortages, underfunding, overburdened staff and electricity and fuel shortages compound the challenge of delivering emergency care at scale.

The damages caused by the explosions to medical facilities compound the burden on the health system in Beirut. Six major hospitals and 20 clinics sustained partial or heavy structural damage. A preliminary rapid assessment within a 15-kilometre radius of the explosions, has revealed that, out of 55 medical facilities, only half are fully operational and around 40 per cent have suffered moderate to serious damage and need rehabilitation. Access to essential health services for women, particularly related to sexual and reproductive health, and gender-based violence prevention and response services will most likely decrease.

The influx of patients comes as many intensive care units (ICUs) in Beirut were already approaching capacity due to a growing COVID-19 caseload. Ministry of Public Health data indicates that Beirut has one of the largest concentrations of identified cases nationwide. Prior to the explosions, the Government of Lebanon had planned a partial lockdown to help manage the growing caseload. These measures have since been revoked, albeit with precautionary measures.

The trauma suffered in the explosions will extend beyond the physical reconstruction. Mental health needs will remain manifest, especially for already vulnerable populations. Health care and first responders may also require dedicated attention. Social norms and taboos may deter many of seeking professional assistance.

Socio-economic pressures may make the cost of medical treatments prohibitive for many families, many of which had exhausted their savings due to the economic situation prior to the explosions. Vulnerable groups such as Syrian and Palestine refugees, migrant workers and informal sector workers particularly struggle to pay health costs.

Sexual and gender-based violence (SGBV) has increased during the COVID-19 outbreak and it is likely that the current crisis will exacerbate pre-existing risks. As the economic situation deteriorates and families shelter together, domestic disputes tend to intensify and might lead to violence against the weakest family members, often women, children and LGBTQI+. Limited infrastructure to provide health services, the general state of insecurity, and lack of safe spaces following the explosion is likely to prevent people reporting the incidents and getting assisted.

Basic living conditions and livelihoods

The areas most directly impacted by the explosions host a diverse set of communities with vastly different economic means and living standards. Modern buildings lay adjacent to traditional houses, with rich, modern neighbourhoods next to older or poorer areas. The provision of services and the level of critical infrastructure are not homogenous throughout the areas, with some areas being overcrowded with low income housing, home to large extended families, and conglomeration of migrant workers, refugees and informal sector workers. While physical damage will have affected all residents, some may have greater capacities to cope thanks to their networks and assets mobilizable elsewhere than others.

The explosions occurred at the time of a severe economic crisis in Lebanon where an estimated one million people live below the poverty line. Refugees are particularly vulnerable with 90 per cent of Palestine refugees from Syria; 65 per cent of Palestine refugees from Lebanon; and more than half of Syrian refugees living below the poverty line in 2019. Poverty is set to increase further among vulnerable communities affected by the explosions.

The COVID-19 pandemic further impacted the economic crisis and World Bank projections for 2020 suggest a sharp increase in poverty as many people have exhausted their savings. Almost four out of five respondents surveyed by the Lebanese Red Cross (LRC) immediately after the explosions reported having no savings and 37 per cent reported no income.

The affected areas are also at the centre of the economic activity of the country with the explosions likely affecting numerous businesses and their employees.

A majority of people displaced by the explosions are being housed with friends and families. However, older people, people with special needs, migrant workers and refugees will likely need targeted support as their natural support network is generally weaker.
windows and doors far beyond the immediate epicenter is evident to anyone walking through Beirut, with many needing help to protect themselves from the elements.

According to initial assessments most markets are functioning with some exceptions, such as the food market in the neighbourhood of Quarantina which was destroyed by the explosions. Economic access to food is however impaired by the loss of sources of income and other assistance.

Food consumption is also impacted. Residents in the affected areas have reduced their food intake since the explosion with between 50-100 per cent of the people assessed by ACTED in Nabaa, Bourj Hammoud, Quarantina and Karm el Zaytoun in need of food assistance.

The food stored in warehouses at the Beirut Port was destroyed by the explosions, including 85 per cent of the country’s cereal reserves. While suppliers report that there are stocks of food for up to two months if normal consumption rates are maintained, Lebanon is left with only four to six weeks of grain flour reserves making the country food insecure. Perceptions of or actual food shortages may contribute to food price increases, further complicating access to food to people affected.

Physical damage to the Beirut Port will compound existing socio-economic pressures far beyond the impacted areas. The port constituted one of the country’s primary gateways to the outside world. Damage to the facilities has severely affected the processing of imports and general cargo capacity with administration and customs buildings having been damaged.

The explosions compounded the fragility of the water and sanitation infrastructure in the greater Beirut area. Many building-based tanks and drainage pipes were damaged or destroyed. Demand for bottled water will increase in the short-term, especially given summer conditions, possibly leading to increased prices. Similarly, in the absence of reliable water and sanitation systems, already elevated demand for hygiene products may grow following the explosions. Many poor households could be unable to afford basic supplies, without resorting to negative coping strategies, including reduced food consumption.

120 schools reported some sort of damage from the explosion. This affects 55,000 Lebanese and non-Lebanese children who are due to resume classes in September. Loss of education can lead to permanent drop-out, increase of child labour and long-term decrease of income earning opportunities for concerned individuals.

Current response

Efforts are underway to support the national response to the explosions. Humanitarian actors continue to assess immediate humanitarian needs across the affected areas.

Some 14 Urban Search and Rescue (USAR) teams from 11 countries were deployed to support the Government’s search and rescue operations in the immediate aftermath of the explosions, as well as structural assessment efforts which are ongoing. The United Nations Disaster Assessment & Coordination (UNDAC) also deployed 19 experts at the request of the Humanitarian Coordinator.

Medical facilities and field hospitals continue to treat thousands of patients for trauma and burns, as well as those more seriously injured. Mobile medical units are linked to primary healthcare centres and act as an outreach to target people with specific needs. Medicines and supplies from the damaged Ministry of Public Health’s warehouse in Quarantina near the epicenter of the explosions have been relocated to a safe location.

Food parcels sufficient for families of five for one month have been distributed to households affected by the explosion, and thousands of hot meals have been served. In order to stabilize the national supply and avoid food shortages 50,000 metric tons of wheat flour have been delivered to Beirut.

Humanitarian partners are mobilizing and distributing in-country stocks of tents, shelter and hygiene kits and other non-food items, as well as conducting water trucking to areas in need. Volunteers continue to clean the streets and remove debris from the streets as part of a wider clean-up operation. Psychological first aid is being provided to children affected by the explosions, and youth friendly spaces have been established in impacted communities. Plans are also underway to conduct emergency repairs of 120 public and private schools damaged by the explosions.

Humanitarian partners are looking to adjust logistic networks to ensure sustained operations in light of the disruption of the Port in the aftermath of the explosions. Cargo flights have arrived with logistics equipment to enable the port to become operational, including mobile storage units and other equipment as a temporary solution for the destroyed grain silos.
LEBANON

STRATEGIC OBJECTIVES

The Flash Appeal will enable humanitarian response to the most immediate and lifesaving needs and time-critical early recovery needs arising from the Beirut Port explosions.

**Strategic objective 1**

*Save lives by providing essential health care, food, water, hygiene, shelter and protection to people affected by the Beirut Port explosions for three months.*

The aim is to provide direct support to hospitals and health care providers, for both treatment of injuries and mental health impact of the explosions. Essential repairs of housing to ensure safety and protection, as well as plumbing repairs will be undertaken. Distributions of hygiene and shelter kits in addition to in-kind food distributions will be carried out. Cash transfer will also be made to vulnerable families affected by the explosions. Protection services to people at risk such as psychological support for children will be provided. Cash for work as part of the debris clearance efforts.

**Strategic objective 2**

*Pave the way towards self-reliance by re-establishing the food supply chain and retail markets for basic food and other items, providing short-term income support, and restoring access to education.*

Under this strategic objective essential repairs will start in order to restore the food supply chain at the Beirut Port and establish a bulk grain receiving facility. Repairs of hospitals, primary healthcare centres, schools and housing will commence, and support to the Beirut Mount Lebanon Water Establishment will be provided.

Credit: UN/Pasqual Gorriz
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RESPONSE STRATEGY

Lifesaving and protection responses have already started and will continue as part of the first phase of the overall response to the emergency. In most cases, a combination of interventions will be necessary to address the coexisting health, food, water, sanitation, shelter and protection needs. This includes coordinated sectoral interventions so that those less able to cope receive and make the most effective use of the assistance they require.

Particular attention will be paid to people lacking family, friends or other types of support, having lost their sources of income, and outside of the already strained formal social protection mechanisms. These include, among others, people living below the poverty line prior to the explosions, casual and informal workers, refugees and migrants. People with disabilities, older people, and women and girls are also likely to face additional specific risks and needs due to their isolation, discrimination and exposure to sexual and gender-based violence. Efforts will be made to reach out to these groups and individuals through local networks and actors, and to adapt the content and delivery mechanisms of the assistance as appropriate.

As vulnerabilities increase, so does the risk of sexual exploitation and abuse. There are overall increased protection risks, particularly for the most vulnerable, in a crisis context. Therefore, Protection against Sexual Exploitation and Abuse (PSEA) will be at the forefront of the humanitarian response to this emergency and every effort will be made to mainstream PSEA throughout the response. Partners will take a conflict sensitive approach to programming, adhering to the principle of Do No Harm throughout the response to reduce rising social tensions.

Other time-critical recovery responses will start alongside life-saving interventions to accelerate the return to “normality” and the ability of affected people to meet their needs by themselves.

Essential logistics repairs will be undertaken to enable the delivery of the various responses and restore critical food and non-food item supply chains.

For the limited number of activities included in the Flash Appeal under the second phase of the overall emergency response, linkages will be established with national and development actors to ensure proper transitioning and scaling up.

PEOPLE IN NEED AND PEOPLE TARGETED

<table>
<thead>
<tr>
<th>Total people in need (PIN)</th>
<th>Total people targeted (PT)</th>
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<tbody>
<tr>
<td>1,000,000</td>
<td>300,000</td>
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- **HEALTH**
  - PIN: 1M
  - PT: 300,000

- **FOOD SECURITY**
  - PIN: 1M
  - PT: 300,000

- **WASH**
  - PIN: 300,000
  - PT: 75,000

- **SHELTER**
  - PIN: 291,180
  - PT: 171,273

- **PROTECTION**
  - PIN: 152,200
  - PT: 152,200

- **EDUCATION**
  - PIN: 57,800
  - PT: 57,800
In order to successfully implement this Flash Appeal, in support of the national response to the Beirut Port explosions, humanitarian partners will coordinate across sectors to ensure synergies and efficiency.

Protection concerns, beyond specific activities, will be mainstreamed throughout all activities responding to the emergency. Specific needs of groups of populations, based on gender, age, disability or other vulnerability criteria will be fully integrated in response planning.

The response will adhere to the following priorities regarding protection against sexual exploitation and abuse (PSEA):

- Ensure a survivor-centred approach and access to assistance/services for SEA survivors, strong linkages to SGBV and child protection service providers, safe disclosure, and referral capacity building for front-line responders.
- Prevention (awareness/sensitization on PSEA for all responders, incl. many ‘new’ frontline responders; recruitment safeguarding; risk mitigation measures for distributions and other services; promotion of gender balance within frontline teams).
- Engagement with affected communities and ensuring that the needs, rights and abilities of different groups inform and are addressed in the response; strengthening access to safe and confidential reporting on SEA for all affected communities, as well as frontline aid workers.

**Coordination**

The Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) are overall responsible for the implementation of the Flash Appeal.

The HCT is supported at the operational level by an Emergency Operation Cell (EOC). As part of the response to the Beirut Port explosions, humanitarian sectors have been established to ensure optimal coordination. A flexible coordination structure will facilitate and enable the principled delivery of emergency assistance to the most vulnerable populations and support transition towards subsequent phases of the response.

Many sectors and partners are scaling up their presence through surge deployments in order to enhance their coordination capacity during the emergency response, taking into account an increasingly complex environment with other humanitarian response operations and a COVID-19 outbreak in community transmission phase.

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**Lebanon Coordination structure for Beirut Port Explosions Response**

RESIDENT COORDINATOR (RC)/
HUMANITARIAN COORDINATOR (HC) — DEPUTY PRIME MINISTER AND MINISTER OF DEFENSE

HUMANITARIAN COUNTRY TEAM (HCT) — Access Task Force

EMERGENCY OPERATION CELL (EOC)

Chaired by OCHA — Assessment and Analysis Cell

sector coordinators/co-coordinators, LHIF, LHDF, LRC — Civil-Military Coordination Cell

inter-sector, operational donor representative

Protection
UNHCR/UNICEF
UNFPA/Caritas

Emergency
Telecommunications WFP

Food
Security WFP/ACTED

Health
WHO/AMEL

Logistics
WFP

Shelter
UNHCR/UN-Habitat

WASH
UNICEF/ACF

Humanitarian Communication Group

PSEA Network

USAR Coordination Cell

Environmental Emergency Cell
<table>
<thead>
<tr>
<th>Sector</th>
<th>People in need</th>
<th>People targeted</th>
<th>Financial requirement ($)</th>
<th>Summary of activities</th>
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<tbody>
<tr>
<td>Education</td>
<td>57,800</td>
<td>57,800</td>
<td>13,700,000</td>
<td>Educational institutions assessment and repairs</td>
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<td>Provision of education supplies</td>
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<td>Cash for education</td>
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<td>Psychological support to children</td>
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<tr>
<td>Food security</td>
<td>1,000,000</td>
<td>300,000</td>
<td>244,700,000</td>
<td>Immediate delivery of hot meals and food rations</td>
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<td>Expand cash base assistance</td>
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<td>Cash for work for cleaning, and reparation of structures</td>
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<td>Stabilise national grain supply</td>
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<td></td>
<td>Provide infrastructure support at port - including a bulk grain receiving facility</td>
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<tr>
<td>Health</td>
<td>1,000,000</td>
<td>300,000</td>
<td>85,700,000</td>
<td>Support reconstruction of the Central Drug Warehouse and rehabilitation of damaged</td>
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<td>health facilities to enable and maintain functionality and service delivery</td>
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<td>Enhance access to quality essential and critical health services including by</td>
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<td>procuring urgent lifesaving trauma kits and essential medications</td>
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<td>Strengthen infection prevention and control measures to prevent unexpected increase</td>
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<td>in COVID-19 cases</td>
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<td></td>
<td>Assess impact of environmental hazards on public health</td>
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<tr>
<td>Logistics</td>
<td>n/a</td>
<td>n/a</td>
<td>1,255,000</td>
<td>Common logistics services and coordination</td>
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<td>Civil military coordination on humanitarian response</td>
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<td>Emergency</td>
<td>n/a</td>
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<td>370,000</td>
<td>Provide communication services to support the humanitarian response</td>
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<td>telecoms</td>
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<td>Support a feedback mechanism to enable two-way communication between humanitarian</td>
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<td>organizations and the affected population</td>
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<tr>
<td>Protection</td>
<td>152,200</td>
<td>152,200</td>
<td>15,975,000</td>
<td>Ensure protection mainstreaming and community participation</td>
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<td>Provide appropriate and efficient protection services</td>
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<td>Shelter</td>
<td>291,180</td>
<td>171,273</td>
<td>179,100,000</td>
<td>Cash for shelter targeting families who relocated due to damages or destruction of</td>
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<td>their home</td>
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<td>Minor repair in lightly damaged homes</td>
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<td>Rehabilitation of moderately damaged homes</td>
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<td>Repair of common building areas/facilities that were affected by the blast</td>
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<td>Repair of structural damages (e.g. collapsed/ damaged beams and/ or columns)</td>
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<tr>
<td>WASH</td>
<td>300,000</td>
<td>75,000</td>
<td>24,200,000</td>
<td>Immediate and medium-term repairs in support of the BML Water Establishment</td>
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<td>Distribution of hygiene kits</td>
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<td>Plumbing repairs</td>
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<td>WASH services to hospitals</td>
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<td>TOTAL</td>
<td></td>
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<td>565,000,000</td>
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LEBANON

SECTOR PLANS

Protection
Emergency Telecommunications
Food Security
Health
Logistics
Shelter
Water, Sanitation and Hygiene
Education
ANNEX 1: SECTOR PLANS

Protection

People in need: 152,200
People targeted: 152,200
Financial requirements (USD): 15,975,000

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Sector Partners:
UNHCR, UNICEF, UNFPA, UNDP, IOM, Terre des Hommes Italy, UNWomen, KAFA, ABAAD, LECOR-VAW, INTERSOS, CONCERN WORLDWIDE, HEARTLAND ALLIANCE, ACTED, INTERSOS, CARITAS, Makhzoumi Foundation

Severity Map

Impact
The Beirut Port explosions had significant consequences on the most vulnerable Lebanese and non-Lebanese communities, already struggling to cope with existing challenges, including the COVID-19 pandemic and the socio-economic crisis. Many individuals have little-to-no capacity to respond to the destruction of their homes, new medical needs, increased food insecurity or lost livelihoods.

Initial reports indicate that mental health and psychosocial support (MHPSS) needs are acute among vulnerable groups impacted by the blast. Children are particularly at risk. Displacement, loss of family members and high levels of stress at home can have significant consequences on children. Psychological First Aid (PFA), psychosocial support (PSS) and continued case management are urgently needed. In the coming months, hundreds of children may be involved in risky child labour, including the cleaning debris.

People with disabilities, including those that have pre-existing and blast-related disabilities, will require specialized care, such as rehabilitation facilities and assistive devices. Moreover, for both elderly and people with disabilities, mobility and access to basic services may be increasingly difficult, due to debris and destruction in heavily affected and densely populated neighbourhoods.

The destruction of homes is expected to increase risks of sexual and gender-based violence (SGBV) for women and girls. Thousands of women and girls are residing in damaged houses, temporary relocation sites or shared shelters with multiple unrelated families. Privacy and dignity may be undermined, and SGBV risks are expected to increase due to inadequate and unsecure living conditions. Nationwide lockdowns due to COVID-19 have already resulted in a spike in intimate partner violence and other forms of SGBV. The current crisis will probably exacerbate pre-existing risks and result in emergency needs for specialised support for women and girls.
Due to their marginalization, and limited community support structures, domestic migrant workers (DMW) face heightened protection risks. Several DMW were residing in areas heavily impacted by the blast, including Jeitaoui, Gemmayzeh, and Bourj Hammoud.

Response priorities

All but one of the Protection Sector activities are part of Strategic Objective 1: Save lives by providing essential health care, food, water, hygiene, shelter and protection to people affected by the Beirut Port explosions.

1. Ensure protection mainstreaming and community participation
   - Ensure that a protection lens is applied through all aspects of the sector responses.
   - Mainstream prevention of sexual exploitation and abuse (PSEA) and child safeguarding throughout response, as well as “Do No Harm” principles.
   - Identify and ensure a focus on vulnerable groups in the response.
   - Expand existing protection hotlines, with an updated service mapping and referral pathways across sectors.
   - Facilitate the participation of affected communities in all relevant activities.
   - Expand community outreach and existing community-based protection programmes to identify and refer cases in need of protection services.
   - Respond to and prevent further separation, trafficking, and exploitation of children, as well as prevent and respond to possible trafficking of vulnerable affected populations, including migrant domestic workers, through the mobilization of humanitarian community and local and governmental authorities.

2. Provide appropriate and efficient protection services
   - Ensure family tracing for unaccompanied and separated children, missing people, deaths, and property damage.
   - Provide MHPSS to vulnerable populations through communities and referrals to service providers with a focus on the most vulnerable groups.
   - Expand pre-existing emergency and protection cash-based intervention programmes to address urgent blast-related needs.
   - Ensure access to specialized services for persons with new and pre-existing disabilities and ensure relocation sites address the needs of people with disabilities, elderly, and other people with specific needs.
   - Establish child friendly spaces in affected areas and relocation sites.
   - Establish female friendly spaces for vulnerable women and girls of all ages for integrated services and SGBV prevention and response.
   - Distribute dignity kits to women of reproductive age.
   - Facilitate assisted voluntary return and reintegration to help affected vulnerable migrant workers seeking to repatriate to home countries after the blast.
   - Provide legal aid to affected groups (Strategic Objective 2)
EMERGENCY TELECOMMUNICATIONS

People in need | People targeted | Financial requirements (USD)
---|---|---
3,000 | 3,000 | 370,000

Contact information:
Prakash Muniandy(prakash.muniandy@wfp.org)

Sector Partners:
NetHope, UNDSS, WFP

Impact
The explosions wiped out the telecommunications infrastructure at the Beirut Port area, leaving the humanitarian community engaged in rescue, recovery and rebuilding efforts without any means of communication in Mar Mikhael, Quarantine and the port. Humanitarian responders require data connectivity services in the affected area and a security communications network to operate safely and to effectively undertake life-saving activities.

Due to the economic crisis, some communities affected by the explosions are already socio-economically vulnerable and will be unable to afford the data connectivity services that would allow them to access humanitarian digital services and information on assistance. A lack of affordable connectivity services hinders access to credible and trusted sources of information, adding a layer of vulnerability in the form of misinformation and disinformation in an already highly volatile and political context. Communication assistance in the form of a subsidized voice and data package will lessen socio-economic pressure on families and allow them to use the services to recover and reconnect, to build their resilience.

In order to support access to information and two-way feedback with the affected population for the duration of the response, there is a need to support humanitarian partners efforts and activities in strengthening Accountability to Affected Populations (AAP).

Response priorities

Strategic Objective 1:
- Establish immediate coordination amongst local partners to identify partners’ capacity and avoid duplication of efforts. The ETS will also provide information management services.
- Assess the affected areas and technology services required to support the humanitarian response.
- Engage with national operators in the recovery of data connectivity at the port and establish temporary communication services in support of the port rehabilitation, until national services are re-established.
- Provide voice and data packages and access to connectivity via WiFi hotspots or data packages from available mobile network operators, to the most affected communities as life-saving communications support.

Strategic Objective 2:
- Assess and strengthen security communications systems to ensure humanitarian responders can operate safely.
- Use local partners’ information and resources to maximize available capacity and support local economy.
The explosions occurred as Lebanon was already coping with a multifaceted crisis of economic contraction, increasing poverty rates and rising prices of basic commodities. The destruction of Beirut Port and accompanying structures, such as animal and plant quarantine facilities, has had a direct effect on the country’s food availability. Lebanon’s grain silos, holding up to 120,000 metric tonnes, were destroyed. Lebanon depends heavily on imports, including food supply. Prior to the explosions, the country imported 80 per cent of its wheat, most through Beirut Port. Estimates suggest that four to six weeks of grain supply reserves remain. A three-month supply is standard to ensure food security. Food security was a cause of serious concern before the crisis. Since October 2019, hyper price inflation has adversely affected access to food for many households. The World Bank estimates that up to one million people are living below the poverty line, and 45 per cent of the Lebanese population at risk of sliding into poverty. The risk for refugees, migrants and other non-Lebanese communities is even higher.

The COVID-19 lockdown further aggravated the impact of the economic crisis. The impact of measures taken to limit the spread of COVID-19 almost completely halted economic activity, with a direct impact on the unemployment rate across Lebanon. The agriculture and agro-industry sectors experienced a 40 per cent drop in income with some crop farmers losing up to 70 per cent in earnings.

The latest WFP survey on impact of Lebanon’s economic crisis and COVID-19 on livelihoods and food security revealed that food has become a major source of concern. This applies throughout Lebanon, including urban areas, with more than half of Lebanese respondents expressing over the past month their concern for possibly not having enough food to eat. Of the estimated 300,000 explosion-affected population, it is estimated that up to half of these (150,000 people) may require immediate assistance; figure to be confirmed in WFP’s rapid food security needs assessment (including nutrition).

The neighbourhoods adjoining the explosion site are part of a multi-cultural urban area, with different income levels among populations. National and international NGOs are helping to identify affected families. Social Development Centres (SDCs), community leaders and food security sector partners are also contributing in the assessments. Special emphasis will be placed on pregnant and lactating women, children under-two years of age, elderly, people with disabilities, severely vulnerable and stranded migrants and other food and nutrition insecure persons.
Response priorities

**Strategic Objective 1:**
- Immediately deliver hot meals and in-kind food rations for up to 64,900 highly vulnerable people affected by the explosion, including people with heightened nutritional needs, those severely vulnerable and stranded migrant workers.
- Strengthen breastfeeding and complementary feeding counselling support to mothers of children under two years of age, through primary healthcare centres and community-based outreach.
- Expand ongoing cash-based assistance in the Beirut area for up to 150,000 beneficiaries affected by the explosions, COVID-19 and the economic crisis.
- Expand ongoing cash-based assistance in the Beirut area for up to 150,000 beneficiaries affected by the explosions, COVID-19 and the economic crisis, and establish mechanisms to respond to assessed emerging secondary needs such as loss of livelihoods and/or income as a result of the explosion.

**Strategic Objective 2:**
- Provide cash-for-work for 10,000 food insecure workers/families engaged in cleaning and rehabilitating damaged infrastructure.
- Stabilise the national grain supply through the provision of up to 70,000 metric tonnes of wheat.
- Provide infrastructure and light rehabilitation support to augment port operations and other infrastructure capacity, including the establishment of a temporary bulk grain receiving facility at Beirut Port.
Impact

The Beirut Port explosions killed more than 178 persons, with more than 6,000 injured. The number of people missing is reported to be more than 30. Thousands of patients remain in hospital for trauma and burn treatment, while others remain in ICU.

In terms of health infrastructure, six major hospitals and 20 clinics sustained partial or heavy structural damage. A preliminary rapid assessment within a 15-kilometre radius of the explosions, has revealed that, out of 55 medical facilities, only half are fully operational and around 40 per cent have suffered moderate to serious damage and need rehabilitation. The collective capacity was reduced by 500 hospital beds and at least 160,000 vulnerable people residing in the catchment area and who rely on them for medications and basic health care were affected. Medical equipment, supplies, medications and personal protective equipment were destroyed.

The Central Drug Warehouse located near the epicentre of the explosions was destroyed. Vaccines and cold chains; cancer drugs; acute disease catastrophic illnesses, HIV and tuberculosis medications were stored at the warehouse. Thankfully, 98 per cent of the medications and vaccines were spared and have been relocated.

Healthcare resources at all levels - tertiary, secondary, primary and emergency medical services – were significantly impacted. All those injured by shattered glass will require tetanus vaccinations and there is a need to procure large quantities of the vaccine.

The COVID-19 response remains critical and urgent, given the recent upward epidemiological trend. There are major concerns regarding the resurgent spread of COVID-19 are due to the high risk of exposure for health workers due to overcrowding of emergency departments; shortages of personal protection equipment (PPE); high risk of accelerated community transmission; increased population vulnerability coupled with poor compliance to preventive measures and anxiety; and reduced number of beds and ICU capacity. Procurement of PCR tests and community-based surveillance among newly displaced groups is critical, as is the distribution of PPE and disinfection and hygiene supplies to vulnerable groups.

In view of the traumatic event and its impact on the mental health of the population that is already burdened by the severe economic crisis and the COVID-19 pandemic, WHO estimates that almost all people affected by the explosion will experience some degree of psychological distress. This will lead to an increased prevalence of mental disorders in the short- and mid-term.

There are 81,000 women of reproductive age; 24,000 adolescent girls; and almost 4,000 pregnant women in the areas affected by the explosions. Many are at risk of life-threatening complications of pregnancy and the loss of access to family planning. The maintenance of essential health services; the continuity of universal access to youth-friendly and integrated sexual and reproductive health and rights (SRHR); and HIV and clinical management of survivors of sexual violence services and information, are critical and life-saving. This includes ensuring access to essential SRHR, maternal health, GBV prevention and response services for vulnerable groups.

Many of the affected areas hosted migrant workers many of who are now displaced, and thus particularly vulnerable. Based on an initial rapid estimate 24,600 migrant workers have been affected.

Finally, protests in the aftermath of the explosions resulted in to over 160 people requiring medical treatment.

Contact information:
Alissar Rady, WHO (radya@who.int), Maher Al Tawil(mahertawil@hotmail.com)

Sector Partners:
WHO, IOM, UNFPA, UNICEF, UNOPS, Ministry of Public Health, Syndicate of Hospitals, private and public hospitals, primary healthcare centres, Order of Physicians, Order of Nurses, health NGOs

## Health

<table>
<thead>
<tr>
<th>People in need</th>
<th>People targeted</th>
<th>Financial requirements (USD)</th>
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<tbody>
<tr>
<td>1,000,000</td>
<td>300,000</td>
<td>85,700,000</td>
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Response priorities

1. Support reconstruction of the Central Drug Warehouse and rehabilitation of damaged health facilities to enable and maintain functionality and service delivery [SO1]
   1.1 Support to restore the functionality of the five severely damaged hospitals through reconstruction/rehabilitation of affected departments;
   1.2 Procurement of equipment for the hospitals taking in the highest load of casualties in order to enable them to restart service provision;
   1.3 Provision of human resources (physicians, nurses, midwives) support for three months to strengthen service provision capacities of affected health facilities;
   1.4 Support establishment of proper medical waste management to ensure proper disposal of hazardous waste;
   1.5 Contribute to the reconstruction of the Central Drug Warehouse;
   1.6 Support the continuity of testing and care for people living with HIV and Tuberculosis through emergency transportation support as well as rehabilitation of HIV and Tb offices and clinics damaged by the explosions;
   1.7 Contribute to the rehabilitation of the affected primary health care centres (PHCs);
   1.8 Procurement of required equipment for affected PHCs to enable them to restart service provision;
   1.9 Establish community mental health centres to respond to the emerging and rising needs in mental health;
   1.10 Establish in-patient mental health wards in two hospitals for mental health hospitalizations to respond to increased mental health needs as a result of the explosions;
   1.11 Provision of renewable energy solutions (solar systems) for the affected health facilities to replace generators.

2. Enhance access to quality essential and critical health services including for emergency response by procuring urgent lifesaving trauma kits and essential medications [SO1]
   2.1 Procurement of 288 trauma kits to enhance the medical emergency response capacity in hospitals located within Beirut Governorate over three months;
   2.2 Procurement of 288 surgical kits to enhance the medical emergency response capacity in hospitals across Beirut Governorate over three months;
   2.3 Procurement of needed supplies of essential medications (acute, chronic and mental health medications), medical consumables, reproductive health supplies sufficient for at least 3 months at the PHC level;
   2.4 Provision of outreach services to affected populations including for general health services, acute conditions, chronic diseases, mental health conditions, and sexual and reproductive health, and link them to operational PHCs in the area for further follow up;
   2.5 Procure PCR tests and conduct community based COVID-19 surveillance among affected displaced migrant workers living in crowded settings.

3. Strengthen infection prevention and control measures to prevent sharp increase in COVID cases [3.2 and 3.3 fall under SO1 & 3.1 falls under SO2]
   3.1 Procurement of PPE that was destroyed in the explosions for delivery to 20 hospitals
   3.2 Procurement of PPE for 23 affected PHCCs over the period of 3 months
   3.3 Support the setting up/reinforcement of active community-based surveillance systems (CBSS) in affected areas.

4. Assess impact of environmental hazards on public health [SO2]
   4.1 Conduct an environmental health assessment of the current situation to assess the impact of the pollutants resulting from the explosion on the public health and provide guidance accordingly, as well as procurement of adapted prevention equipment.
Logistics

People in need
The humanitarian community

People targeted
The humanitarian community

Financial requirements (USD)
1,255,000

Contact information:
Cyril Martin, WFP (cyril.martin@wfp.org)

Sector Partners:
N/A

Impact
• With more than 30 humanitarian partners, dedicated logistics coordination capacity in Beirut and other operational hubs is required to avoid delays and duplication.
• Humanitarian partners require additional technical logistics expertise to respond to ad hoc operational requests from partners, including for the potential dispatch of containerized cargo.
• Updated information about logistic services, infrastructure, and markets status is required to inform humanitarian partners’ planning and operations. Further updates are required on administrative and customs procedures, including details about entry points into Lebanon.

Response priorities
Strategic Objective 1:
Common Services
• Logistics Sector services are not intended to replace existing agencies or organizations’ logistics capacities, rather in place to support them in accessing temporary common services during ongoing emergency response.
• Based on an ongoing logistics assessment, the following services may be coordinated at no cost to the user:
  • Common Storage: The Logistics Sector could facilitate temporary access to storage facilities in Beirut.
  • Inland Road Transport: The Logistics Sector could also facilitate the dispatch of critical items from Beirut key entry points to common storage facilities.

Strategic Objective 2:
Information Management
• A dedicated Logistics Sector Coordinator based in Beirut will convene regular Logistics Sector coordination meetings;
• Coordination with the Emergency Operation Cell (EOC), other sectors, agencies and humanitarian organisations.

Military Coordination
• A dedicated Civil-military Coordination Officer based in Beirut will ensure continuous liaison and communication with the host nation’s armed and security forces regarding the response to the humanitarian emergency. Contact will also be maintained with foreign military actors responding to the humanitarian crisis as appropriate.
It is estimated that the Port explosions directly impacted 291,180 individuals living in 72,265 apartments located across 9,700 buildings within three kilometres of the epicentre. This has led to the displacement of households to areas mainly located outside of the immediately impacted area. However, a majority of affected households continue to reside within their damaged buildings. The Shelter Sector has classified the building damages into three levels: Level 1 (light), Level 2 (moderate) and Level 3 (severe).

An estimated 29,771 apartments (89,313 ind.) fall within level 1 and have minor damages to property such as broken glass, doors, locks, collapse of false ceiling. There are no structural damages at this level. The shelter remains habitable with no or minor compromises on safety, security and access to services, including water, sanitation and electricity.

An estimated 17,100 apartments (51,300 ind.) fall within level 2 and have moderate damages to property, more than Level 1, though still with no apparent structural damage. At this level the apartment is either not habitable or habitable with safety and security of the premises compromised. Services including water, sanitation and electricity are not or may be only partly accessible.

Another estimated 1,144 buildings (30,660 ind.) fall within level 3 and have heavy damages to the property including structural damages compromising the physical safety of the building and the household. It was reported that several buildings have either collapsed or are at risk of collapse.
Response priorities

**Strategic Objective 1:**
- Cash for shelter targeting families who have or will be forced to relocate due to structural damages or destruction of their apartment/house. ($17,343,600)
- Minor repair targeting families living in apartments/houses lightly damaged (level 1). ($44,656,703)

**Strategic Objective 2:**
- Rehabilitation of apartments/houses moderately damaged (level 2). ($91,944,476)
- Repair of common building areas/facilities targeting buildings that were affected by the explosions. (SS$ 8,000,000)
- Repair of structural damages (collapsed/damaged beams and/or columns - level 3). ($17,153,437)
PART 4: RESPONSE STRATEGY

WATER, SANITATION AND HYGIENE

<table>
<thead>
<tr>
<th>People in need</th>
<th>People targeted</th>
<th>Financial requirements (USD)</th>
</tr>
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<tbody>
<tr>
<td>300,000</td>
<td>75,000</td>
<td>24,200,000</td>
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Contact information:
Olivier Thonet, UNICEF (othonet@unicef.org), Miriam T. Ramos (mtramos@lb.acfspain.org)

Sector Partners:
ACF, GVC, WVI, LebRelief, DPNA, Save the Children, SI, NRC, ACTED, Un-Habitat, IOM, Concern, UNICEF and all other WASH Sector members

Impact
Based on initial assessments, the explosions have compounded the fragility of the water and sanitation infrastructure in the greater Beirut area.

- Achrafieh pumping station is operational despite slight damages in the building but needs to be upgraded. More detailed assessments are needed to confirm the structure.
- The wastewater plant at the Port was slightly damaged. Further damage assessments are required. A wastewater plant managed by SOLIDER has confirmed damages.
- The public water network did not suffer "visible" damages, but further assessments are needed. The system may require further upgrades.
- Significant number of water tanks and plumbing systems in buildings near the blast were damaged. An estimated 25 per cent of the buildings in the affected area have been disconnected from the main water network.
- The Beirut Mount Lebanon BML Water Establishment is suffering from significant financial deficit due to high water demands. The inability to collect fees, raises the prospects of further financial shortfalls in all the affected neighbourhoods
- Temporary hospitals and medical facilities may need additional water and wastewater services.
- In the absence of reliable water and sanitation services, vulnerable populations will need WASH kits and other forms of in-kind assistance.

Response priorities

Strategic Objective 1:
- Immediate support to the BML Water Establishment to repair and operate the public water infrastructure: Support the BML Water Establishment in assessing, quickly repairing and operating public water networks from the pumping station to building plots in the affected area, including connection to households. Humanitarian contribution is also needed to reduce the financial burden on the Water Establishment in charge to provide water to all the affected households.
- Delivery of hygiene and baby kits, and quick repair of plumbing systems within building plots according to level of damage defined by the Shelter Sector.
- WASH services in Disaster Risk Management (DRM) centers: Ensure provision of emergency WASH services in addition to PPE and IPC equipment to mitigate COVID-19 transmission in centers prepare by DPRM for vulnerable people.
- WASH services in hospitals and PHCs: (i) Immediate WASH services to temporary and field hospitals (ii) repair of plumbing systems to the damaged hospitals.

Strategic Objective 2:
- Medium-term support to BML Water Establishment to repair the public water infrastructure network.
- Repair of plumbing systems within building plot according to level of damage defined by the Shelter Sector.
ANNEX 1: SECTOR PLANS

**Education**

<table>
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<tr>
<th>People in need</th>
<th>People targeted</th>
<th>Financial requirements (USD)</th>
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<tr>
<td>57,800</td>
<td>57,800</td>
<td>13,700,000</td>
</tr>
</tbody>
</table>

Contact information: Hala El Helou, UNICEF (helhelou@unicef.org)

Sector Partners: UN agencies, LNGOs, INGOs, Ministry of Education & Higher Education, private schools

**Severity Map**

Impact

As a result of the Beirut Port explosions access to learning and education support for more than 55,000 children and youth in Beirut will be obstructed. The widespread destruction created multi-level challenges for children and their families, which will have lasting consequences on enrolment and continuation of the learning paths.

- Severe-to-medium damages to an estimated 120 schools, all of which requires rehabilitation and basic learning equipment and materials.
- Students displaced from their homes are particularly vulnerable to withdrawing from school due to transportation difficulties and insufficient support.
- Families who lost their homes and jobs need additional support to cover costs for public, private and semi-private schools.

Response priorities

- Rapid Needs Assessment on Formal Education/Non-formal Education (FE/NFE), including of the impact on infrastructure and program;
- Educational institutions assessment and rehabilitation, both minor and major;
- Cash for children at affected schools to support families with education related expenses;
- Education supplies for children enrolled in affected educational institutions;
- Psychosocial Support (PSS) training for teachers and education personnel, as well social emotional learning (SEL) activities in close coordination with the Child Protection partners;
- Remote learning support (e.g. equipment and connectivity) to educational institutions not ready to fully function due to explosion damages and rehabilitation works.
FOUR WAYS TO SUPPORT THE FLASH APPEAL

BY MAKING A FINANCIAL CONTRIBUTION TOWARDS THE FLASH APPEAL

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to contribute towards the Beirut port explosion response. Public and private sector donors are invited to contribute cash directly through the Flash Appeal. Sector and organizational contact details as given in Annex I: Cluster Plans.

Lebanon Pooled Fund

The Lebanon Humanitarian Fund is a coun¬try-based pooled fund: a multi-donor human¬itarian financing instruments established by the Emergency Relief Coordinator and man-aged by OCHA under the leadership of the Humanitarian Coordinator. The fund supports the highest-priority proj-ects of the best-placed responders through an inclusive and trans-parent process that supports priorities set out in Humanitarian Response Plans (HRPs). This ensures that funding is available and pri¬oritized locally by those closest to people in need. Find out more about the Lebanon Human¬itarian Fund and how to donate by visiting the following website at www.unocha.org/lebanon.

Central Emergency Response Fund

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential human¬itarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors - mainly governments, but also private companies, founda¬tions, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website at www.unocha.org/cerf/donate.

Governments, corporations and foundations wishing to contribute to a CBPF can contact ocha.donor.relations@un.org

Individuals can donate online via the United Nations Foundation https://unfoundation.org/

BY DONATING IN-KIND RESOURCES AND SERVICES

The UN Secretary-General encourages the private sector to align response efforts with the United Nations in order to ensure coherent priorities and to minimize gaps and duplication.

To make an in-kind donation of goods or services visit www.business.un.org. Contributions must comply with the Guidelines on Cooperation between the UN and the Business Sector.

The United Nations enters into pro-bono agreements with companies planning to provide direct assets or services during emergencies. Contact pss@un.org to discuss the ways in which your company might partner with the UN.

BY ENGAGING IN PUBLIC SUPPORT, JOINT ADVOCACY AND INNOVATIVE SOLUTIONS

Support employees, families and communities affected by disasters and conflict.

Partner with the United Nations to undertake joint advocacy and work alongside humanitarian responders to identify and share innovative solutions.

Prepare for and respond to disasters and conflict.

Contact pss@un.org or visit www.unocha.org/themes/partnerships-private-sector for further information.

BY REPORTING YOUR CONTRIBUTIONS TO FTS

Reporting contributions through FTS enhances transparency and accountability, and gives us the opportunity to recognize generous contributions. It helps us to identify crucial funding gaps. Please report contributions to fts@un.org or by completing the online form at fts.unocha.org.

When recording in-kind contributions on FTS, please provide a brief description of the goods or services and the estimated value us US$ or the original currency if possible.