

BEIRUT PORT EXPLOSION

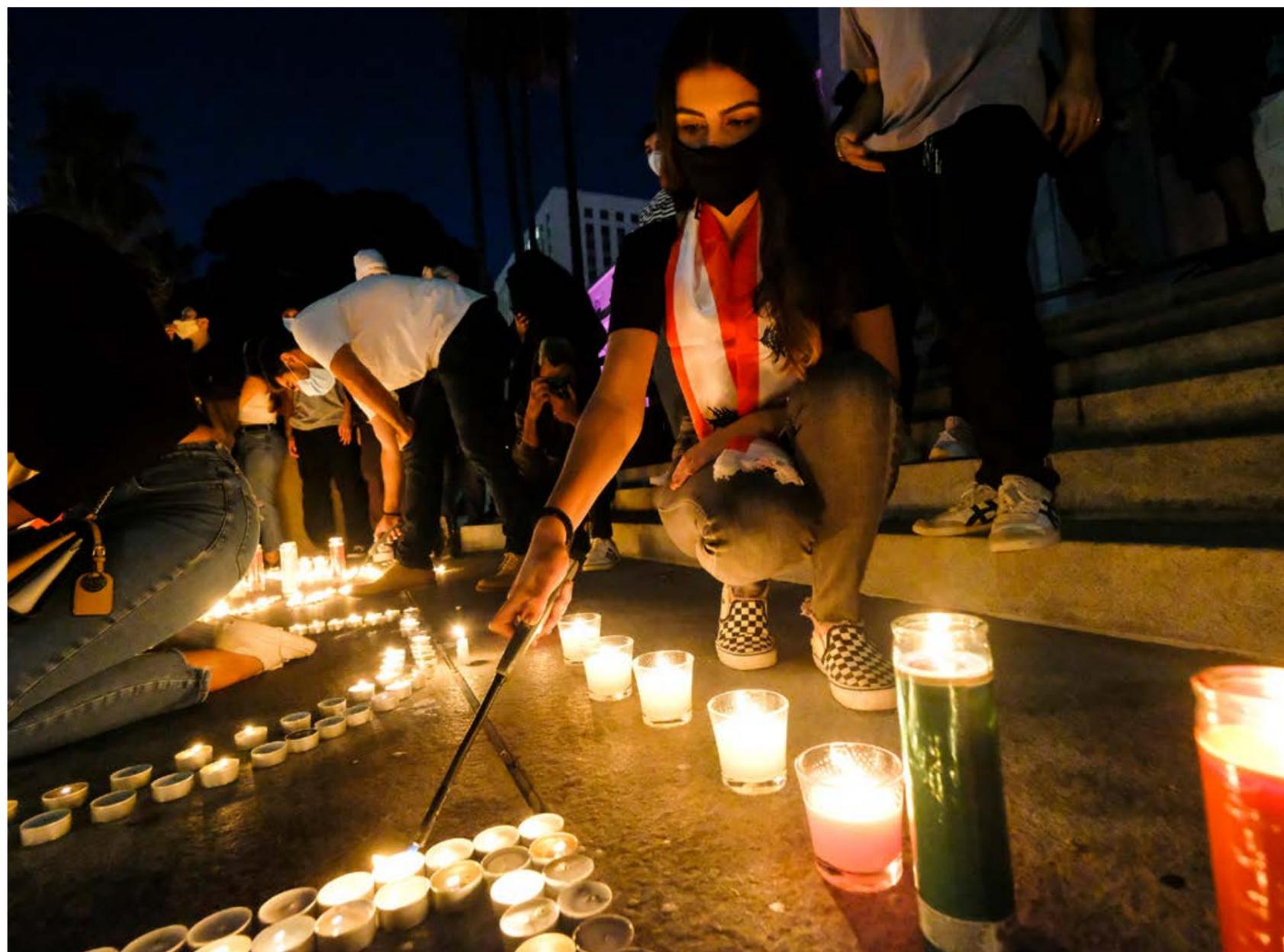
GBV ADVOCACY BRIEF

UNITED NATIONS POPULATION FUND/
LEBANON COUNTRY OFFICE



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 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 200 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 still reported missing since the incident. As a result of the blast, a number of sectors of Greater Beirut are affected, some of which are home to vulnerable, poor, migrant workers or refugee communities, all of whom had already been experiencing mounting economic contraction in recent years. The Beirut Port explosion has created yet another large-scale crisis in a country that is in the throes of responding to the COVID-19 pandemic, which in turn had resulted in a significant rise in the risks of gender-based violence (GBV), particularly intimate partner violence. This underscores the importance of addressing GBV and its associated risks as a priority as the country responds to these compounded challenges.



PROTECTING WOMEN AND GIRLS

GBV is among the greatest protection challenges within any humanitarian crisis, disproportionately affecting women and girls and impacting families and communities at large. In the aftermath of the Beirut explosion, the compounded situation will only stand to multiply those risks significantly, further impacting the lives and safety of women and girls at home and at various public spaces, diminishing means of protection, undermining the resilience of communities and society as a whole, and impeding recovery and rebuilding efforts. These risks of GBV 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 GBV incidence, notably domestic violence, and a growing sense of insecurity among women and girls. A recent survey 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.

In this respect, the continuous support to ensure that GBV response services remain available and accessible to women and girls is of paramount importance, together with reducing GBV risks in all sectors throughout the response. The following page contains a number of recommendations to achieve this, which are intended for all stakeholders working towards meeting the immediate and long-term needs of impacted community segments.



RECOMMENDATIONS

GENERAL RECOMMENDATIONS

- **Critical GBV services should be considered essential when planning for preparedness and response.**
- **Women and Girls' Safe Spaces (WGSS) that have been rendered inoperational due to the damages from the blast need to resume operations immediately.** Whether they deliver services in-person or virtually due to COVID-19, these crucial facilities not only help women and girls access lifesaving GBV response services but can also serve as entry points for other types of support, such as sexual and reproductive health services (where feasible), particularly as both public and private health facilities become overstretched.
- **Mental Health and Psycho-social Support (MHPSS),** particularly given the traumatic nature of the incident and the heightened risks of gender-based violence should be prioritized and integrated throughout the GBV response (in coordination with the Health sector). As such, response components should prioritize addressing the potential (and inevitable) psychosocial ramifications of the crisis, particularly among the more vulnerable population segments.
- **Clinical Management of GBV, including Sexual Violence,** usually provided within the health facilities, should be maintained. Additional support should be provided to ensure its continuity in light of the massive destruction of many health facilities at the primary and secondary levels. This should encompass additional human resources, capacity building and relevant supplies including HIV post-exposure prophylaxis and emergency contraceptives.
- **Addressing GBV during emergencies is the collective responsibility of all humanitarian actors,** particularly given the frequent intersections between GBV, fundamental human rights, various protection concerns, and other humanitarian sectors. Humanitarian actors should ensure that the risks of GBV are adequately gauged and mitigated throughout the response.
- **The humanitarian community must ensure that inclusive and evidence-based systems of accountability** for the most marginalized and vulnerable segments of the population, including adolescent girls, persons with disabilities, and migrant and undocumented workers, ensuring that their needs and challenges are factored into every component of the response plan.
- **The international community must continue to promote a zero tolerance to sexual exploitation and abuse (SEA)** among all humanitarian workers and volunteers. This includes strengthening the efforts to support PSEA and supporting safe and confidential feedback mechanisms that are accessible to all, including, among others, refugees, migrant workers, female headed households, adolescents, LGBTQI communities, and persons with disabilities.

RECOMMENDATIONS FOR DONORS

- **Funding the GBV response is critical to ensuring that women and girls have access to responsive, life-saving care. Donors must increase GBV funding levels at a time when there is an increase in needs.** Women and girls in Lebanon were already reporting an increase in GBV and the risk of GBV related to the COVID-19 pandemic and the latest developments have only exacerbated this situation.
- **Donors must continue to fund a comprehensive set of multi-sectoral GBV interventions,** prevention, response and risk mitigation and should support GBV and other partners to scale-up or adapt to the changing operational context. This is of paramount importance to ensure a comprehensive, far-reaching, and harmonized response to GBV needs.
- **Donors should support Cash and Voucher Assistance for GBV survivors and women and girls at risk** to contribute to urgent household needs, thereby reducing household tensions. This will allow survivors to cover the costs of transport and safe alternative accommodation in case of imminent GBV risks and to meet urgent needs following an incident.
- **Donors should continue to support the costs related to COVID-19 in order to make GBV interventions safer,** including contributing to preparedness, readiness and response actions. This entails supporting infection prevention and control (IPC) measures to allow for safer implementation of GBV activities, both in GBV service facilities such as WGSS and through various outreach efforts aimed at women and girls.
- **Donors should support coordination mechanisms and forums.** Women, girls, and women-led organizations must be meaningfully engaged during all humanitarian decision-making and given the opportunity to lead on the responses that target them. Localization and the terms of the Grand Bargain also play a crucial part in substantive transformation. Local civil society organisations, particularly those that offer long-term GBV programming, must be engaged, funded, consulted and encouraged to take a leadership role when it comes to GBV programming.
- **Donors should lend their voices and join advocacy efforts,** together with government and other stakeholders, to ensure that all good quality GBV interventions remain critical, given the demonstrated increased risks of GBV for women and girls.

FOR MORE INFORMATION ON UNFPA'S
RESPONSE TO THE BEIRUT PORT BLAST, PLEASE
REFER TO THIS [FLASH APPEAL](#).

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