

CNEWA'S RESPONSE TO THE CORONAVIRUS PANDEMIC

2020-2023



CNEWA

a papal agency for humanitarian and pastoral support

As the COVID-19 pandemic spread across the globe in March 2020, it rapidly plunged the world into a perfect storm of death, destruction and despair. The World Health Organization estimates worldwide nearly 15 million people died from the virus over the two-year period from January 2020 to December 2021.

The majority of the lives lost during the pandemic perished without a formal COVID-19 diagnosis. According to researchers with the WHO, 5.42 million deaths were reported from the virus, yet an additional 9.49 million died during this period. Many people across the globe lacked adequate medical care during this frightening period. An untold number of people died alone, forced to isolate from immediate family members even during their final hours.

The economic damage wrought by the virus was just as cruel yet more extensive. Across the world, government authorities locked down businesses and schools, causing hundreds of millions — or billions — to lose access to employment and education. Outside the United States, the restrictions were often more severe and included in some countries the suspension of public transportation and the curtailment by decree of the right to freedom of movement. According to the World Bank, the pandemic — and measures to combat it — plunged an estimated 97 million people into poverty in 2020.

Across the world, individuals and families living below the poverty line had been disproportionately impacted by the effects of both the virus and the shutdowns that authorities implemented to try to curb it. They experienced pronounced and prolonged risks during this period financially, physically and socially.

Financially, individuals working in the service sector throughout the world found employment and income had vanished or declined rapidly with the start of the shutdowns. Those very individuals who needed employment the most were the first to lose it in many countries. For workers with no or limited savings, the shutdowns quickly translated into a humanitarian emergency that jeopardized access to food, medical care, medicine and housing essential to survival.

Physically, low-income individuals and families were at increased risk of both exposure to the virus and often complications from it as they frequently lacked medical care. Many living in crowded conditions were unable to distance from family members who had been exposed. Elderly populations and those with underlying, medical conditions experienced a heightened risk of severe illness from the virus.

Socially, low-income families often lacked support networks that could help them to weather the storm. For many, particularly those families without internet access, the isolation from the shutdowns proved devastating as well as dangerous. According to U.N. Women and the WHO, the pandemic led to a surge in rates of domestic violence during this period against both women and children.

DELIVERING AID, BUILDING COMMUNITIES: THE CNEWA MODEL

The pandemic — and the speed with which it unfolded — brought unprecedented challenges to international aid organizations tasked with serving at-risk populations. Most humanitarian emergencies involve armed conflict or natural disasters that impact large populations in specific locations. International humanitarian organizations are effective at mobilizing and distributing vast quantities of food, medicine and materials necessary to assist displaced persons in particular hubs or camps, for example.

Yet the coronavirus pandemic created a qualitatively different type of humanitarian emergency that stymied the ability of international humanitarian organizations to respond. The spread of the virus across the globe and the introduction of international travel bans by many countries severely limited the ability of international aid organizations to operate effectively. Moreover, the impact of the virus was uneven at the national level as low-income families scrambled for assistance while more affluent families retreated to the safety of their homes to pursue employment and education remotely. There were pressing needs to identify quickly and aid the most at-risk families and individuals. Yet international humanitarian organizations — which mostly deploy for short-term emergencies — typically lacked the depth of connections with local communities necessary to create a clear roadmap at this critical juncture.

CHURCH AND CHURCH ORGANIZATION PARTNERS

Working through church and church-related organizations for decades in all the countries it serves, CNEWA staff and its partners pivoted in March 2020 to mount a robust response as the pandemic spread and institutions shut down across the world. Their mission was to identify, protect and serve the most at-risk individuals and families as quickly as possible in the face of shortages, government restrictions and uncertainty. During this crisis that separated and isolated individuals as in no other time before it, the staff of CNEWA and its partner organizations brought people together to secure and deliver aid to those who needed it the most.

First, drawing on CNEWA's in-depth networks with partner organizations and low-income communities, program staff in the field worked around the clock to assess the most pressing needs of at-risk individuals and institutions alike. They determined that emergency food assistance and personal protective equipment (P.P.E.) were the most critical priority as the pandemic unfolded. Second, utilizing their decades of experience and extensive contacts with government authorities, CNEWA and church leaders advocated for permission to mount programs during the lockdowns that mandated the closure of most businesses and service organizations.

They received authorization to operate humanitarian aid programs through church institutions and to create ad hoc, outdoor distribution sites. Staff then proceeded to procure food supplies — in some cases also arranging for long-haul transportation — and to purchase as well as manufacture P.P.E. for distribution. Finally, CNEWA staff and partners communicated with beneficiaries to share information about when, where and how they could receive assistance.

In total, during the first crucial months of the pandemic, CNEWA distributed close to \$1 million in food assistance and emergency supplies to families and individuals across the 12 countries where it operates.

SPOTLIGHT ON GEORGIA, EGYPT AND ERITREA

When the pandemic started, I stayed alone. ... They say do not leave home. At first, I was terrified and frightened. ... I always [was] afraid to get sick and stay home alone, who will come to visit me? Who will take care of me?

I was the happiest person when I heard knocking on the door and saw an employee ... with food and medicine.

I cannot even describe how your compassion keeps me alive and gives me strength.

— CNEWA beneficiary, Georgia, 2020

GEORGIA

Georgia is a country of approximately 4.9 million people located in the Caucasus Mountains between Asia and Europe. The economy of Georgia grew significantly from 2005 to 2019, averaging an annual rate of 5 percent during that time, according to the World Bank. Yet unemployment and underemployment remained high and incomes low. Many residents relied on limited income from small-scale agriculture. State pensions averaged only \$70 to \$90 per month, leaving many elderly residents unable to afford food, heating and medical care.

In Georgia, the coronavirus pandemic brought some of the highest per capita infection rates worldwide. The government imposed drastic containment measures that significantly disrupted the economy and led to widespread losses of income. The poverty rate rose to an estimated 46.6 percent in 2020. The pandemic disproportionately impacted the elderly, many of whom live alone without support, and children in disadvantaged families, particularly in rural and high mountain regions.

Delivering humanitarian aid in this setting proved extraordinarily complex. From March to June 2020, authorities in Georgia prohibited all domestic and international flights and shut all public transportation, including buses and metro service across the country. Moreover, officials barred all travel in and out of the cities of Tbilisi, Kutaisi, Rustavi and Batumi. They ordered large supermarkets to shut down and only allowed small food stores and pharmacies to operate.

At Caritas Georgia, CNEWA's primary partner in Georgia, staff prioritized services for homeless individuals and families in several residential care facilities that they continued to operate despite the extensive lockdowns. In the outskirts of Batumi, a town in the region of Adjara, an autonomous republic in the southwest, on the Black Sea, CNEWA supported a shelter for approximately 30 homeless individuals.

In Tbilisi, CNEWA funded two residential care centers providing emergency housing and services to single mothers with children and unaccompanied minors. The St. Bárbara Mother and Child Care Center works with 35 single mothers annually who are at risk of losing or abandoning their children and having them placed in child care institutions. They prioritize mothers and pregnant women who are under the age of 18, were victims of domestic violence, are homeless or have psychological or developmental disorders. In addition to housing, meals and medical care, the center offers counseling, educational classes, vocational training and a job placement program. These interventions have proven highly effective in assisting the mothers to secure the resources they need to care for their children.

For minors and young adults who have already suffered separation from or abandonment by their parents, CNEWA supported three small, residential care centers that provide a family-like environment for a total of 24 youth. They range in age from 6 to 22 years. Many of them struggle with psychological problems or have experienced physical abuse or sexual violence. Staff work intensively to assist them to acquire life skills and vocational training. Meanwhile, they conduct outreach to identify and contact extended family members and seek to reunite them with the children. The program ensures that all youth attend school and receive nutritious meals and excellent medical care.

In addition to these residential care centers, Caritas continued to operate day programs to support at-risk youth in Tbilisi and Rustavi during the lockdowns. Staff maintained services at these facilities by working in 48-hour shifts.

In March 2020, Caritas temporarily suspended soup kitchens that CNEWA funded in Tbilisi and Kutaisi. However, staff immediately replaced the services with an emergency food assistance program that delivered dry-food products as well as hygiene supplies to beneficiaries at their homes. This bi-monthly program, which ran from March through July, enabled residents to comply with the stay-at-home orders and to minimize the risk of contracting the virus.

Finally, to help residents across the country cope with the isolation and uncertainty that followed the pandemic, CNEWA funded Caritas to create “Listening Centers,” a program in which psychologists provided free therapy sessions by phone and online. An estimated 800 callers contacted the program for support during the first few months of the pandemic. The psychologists counseled individuals from all ages and financial backgrounds, from children to the elderly.

EGYPT

We Christians can give in this difficult time. ... to show how the strength of the bonds between us ... is the path on which to walk as a church and also as a civil society. ...

Regaining the strength of bonds is ... what Jesus asks of the Christian community.

— Bishop Thomas Adly Zaki, 2020
Coptic Catholic Bishop of Fayoum, Giza and Bani Suef

Egypt, a country of 107 million people, suffers severe humanitarian challenges. An estimated 32.5 percent of the population lives below the poverty line and 9.7 percent are unemployed.

The health care system faced mounting pressure due to the rise of the pandemic. Workers throughout the country experienced a significant loss of income due to the economic downturn that followed. The estimated 5 to 12 million population of day laborers was hit the hardest following the closure of shops and markets. Economic problems had an especially acute impact on youth, children and other vulnerable groups.

According to the International Labor Organization, approximately 27.2 percent of youth are not employed or enrolled in educational or training programs. Moreover, the country faces sharp regional disparities, as an estimated 80 percent of the population below the poverty line live in Upper Egypt, according to the World Bank. As the pandemic unfolded, the Coptic Catholic Church of Egypt received reports of parishioners and other residents in all the eparchies facing dangerous levels of food insecurity and high rates of infection. By November 2020, there were more than 100,000 confirmed COVID-19 cases and over 6,000 deaths from the virus in the country.

CNEWA regularly funds medical care and health awareness training to an estimated 143,690 individuals, mostly women and children, in low-income areas of Assiout, Souhag and Luxor governorates in Upper Egypt as well as in Cairo, the capital. In Fayyoun, Giza and Bani Suef, CNEWA and the Coptic Catholic Church support two hospitals and dispensaries, the Saint Therese hospital in Imbaba, the Saint Therese hospital in Bani Suef, the Oum el Nour dispensary in Fayyoun and the Faith dispensary in Izbet Chocr. The Saint Therese hospital in Imbaba is a 40-bed, seven-floor facility. Saint Therese in Bani Suef is a nine-floor building with an intensive care unit, laboratory, and facilities for major and minor surgeries, blood tests, X-rays and physical therapy.

At the beginning of the pandemic, these major medical centers were in urgent need of personal protective equipment for medical personnel and patients alike. Meanwhile, the Ministry of Health in Egypt requested that church leaders help combat the virus by providing tests and isolation rooms for suspected COVID-19 patients at these four medical centers. CNEWA funded the purchase and distribution of masks, disinfectants, gloves and personal protective suits to the hospitals, and masks, gloves, thermometers and hygiene supplies to the dispensaries. These facilities played a critical role in supporting communities during the most difficult phase of the pandemic. In July 2020, for example, the two hospitals cared for over 1,000 suspected or confirmed COVID-19 patients, as well as 4,000 other patients, and the two dispensaries treated an estimated 4,000 patients.

Meanwhile, in May 2020, CNEWA worked intensively with volunteers and priests who formed committees under the leadership of Bishop Kyrillos William of Assiout and Bishop Basilios Fawzi of Souhag to address the urgent food security crisis in these regions. Committee members contacted food suppliers, compared offers to select the best ingredients in terms of both quality and price and assembled food packages containing lentils, tuna, rice, pasta and oil. They distributed the emergency food assistance to 7,110 individuals, including 4,800 residents in

40 parishes of Assiout eparchy and 2,310 in 13 parishes in the Eparchy of Souhag, bringing the items door to door to many who lived in remote locations.

I used to work in cleaning, but since the outbreak of COVID-19 I lost my job. ... COVID-19 ... also took my husband away from me, who surrendered after a severe fight with the virus. ... The food package which you have provided ... was our only salvation. It helped sustain us more than one month.

— Beneficiary, the Eparchy of Luxor, 2020

In July 2020, CNEWA expanded the emergency food assistance program to cover the eparchies of Minia, Luxor and Ismailiya. Bishops directed the formation of committees of volunteers, priests and youth who came forward to purchase food items, including bags of grains. They prioritized the elderly and low-income residents who had lost income due to the pandemic. Committee members distributed the food assistance packages to 1,600 persons in 14 parishes in 12 areas in the Eparchy of Minia, 1,765 in 14 parishes in the provinces of Luxor, Aswan Qena and the Red Sea in the Eparchy of Luxor, and 2,095 in eight parishes in Ismailiya, 5,460 beneficiaries in total.

Meanwhile, in Cairo, the area of Al Abbasiya has more than 7,500 refugees from Sudan and South Sudan who mostly work as day laborers and suffered a financial crisis from the loss of wages at the start of the pandemic. Many lived in crowded conditions and were at high risk of contracting the virus. CNEWA, working with the Comboni Missionaries and the parish of the Sacred Heart for the Sudanese, quickly mounted a program to provide emergency P.P.E. to at-risk residents. The parish owns a sewing training center with sewing machines, and priests offered this facility and cotton fabric to Sudanese volunteers who produced face masks from the cloth for distribution in the community. CNEWA supported the parish to purchase sanitizers, soap, hand gel, and gloves and to distribute these supplies, along with the cloth masks, to an estimated 4,000 refugees from Sudan and South Sudan.

ERITREA

Eritrea is a country in the Horn of Africa with a population of approximately 6 million people. It suffers high poverty rates, arid conditions and limited infrastructure. Substantial segments of the population live below the poverty level. During the pandemic, as in many countries around the world, authorities ordered the closure of stores and public transportation. The country experienced a quick rise in the price of food, while many workers experienced a loss in income.

At the beginning of the pandemic, CNEWA mounted a series of emergency initiatives working closely with 18 church and church-related organization partners as well as government authorities, to provide at-risk individuals with food and P.P.E. supplies at this critical time. They assisted a total of 1,619 families across the country and 615 orphans in 11 child care institutions. The programs prioritized low-income individuals, elderly, single mothers, families with more than eight children and people with disabilities or chronic diseases.

CNEWA and its partner organizations coordinated closely with government officials to identify the most at-risk residents and to procure and distribute food supplies. In the Eparchy of Keren, they handled complex logistical hurdles. As area vendors were limited in their stock of food supplies, program staff located suppliers in the region of Geluj, Gash Barka, the breadbasket of the country, and purchased grain from them. Yet this area was 93 miles away from Keren, and transportation services were disrupted by the pandemic. CNEWA and partner organizations hired a large food truck to bring the containers of grain to Keren. In total, the program provided food assistance to 398 families in this eparchy.

CNEWA and its partner organizations followed this model of close collaboration with civil officials to distribute food assistance across a wide range of localities in the eparchies of Segheneity, Asmara and Barentu. In Segheneity, the program reached 332 families — 2,064 individuals in total — in four villages, providing them with cereal grains and oil. In Asmara and Mendefera, they distributed grain, lentils and oil to 106 families — 444 individuals — in 10 parishes. In Barentu, the initiative served 714 families — 3,362 individuals — in six villages.

In another initiative, CNEWA funded sisters from six congregations to distribute emergency food supplies to 341 at-risk families — 1,807 individuals in total — in 20 villages and 60-80 small settlements surrounding them.

HELPING AND HEALING IN TIMES OF CRISIS

At CNEWA, we are proud of our extensive network of partners and the programs we were able to implement as the pandemic spread and the world shut down. We are grateful to our more than 10,000 donors who made this live-saving work possible.

As the pandemic reaches an endemic stage, the countries we serve are continuing to struggle with the economic fallout from the shutdowns in 2020. They now also face critical threats to the food supply from the war in Ukraine, which has disrupted the export of wheat to countries across the world and will lead to a sharp rise in costs.

The complexity of the current crisis and the need to support at-risk individuals has never been greater.

With our longstanding presence in the countries we serve — and our ability to unite individuals and communities alike in times of crisis — CNEWA is eager and willing to address these challenges head on.