

2021 PROJECT UPDATE:

# EMERGENCY RESPONSE TO LEBANON BLAST



# CNEWA

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## PROJECT UPDATE: EMERGENCY RESPONSE TO LEBANON BLAST

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On 4 August 2020, the explosion of 2,750 tons of ammonium nitrate in a warehouse at the port of Beirut — one of the worst, non-nuclear detonations ever recorded — triggered a complex, humanitarian emergency in the capital. Within minutes, the blast in this densely populated hub killed 200 people, injured 6,000 and left 300,000 homeless. In the days and weeks that followed, lives and livelihoods across this capital of 2 million people hung in the balance.

Up to two miles from the blast, an area comprising an estimated 750,000 residents, commercial and residential buildings were damaged and windows shattered, contributing to between \$3.8 billion and \$4.6 billion worth of losses in physical infrastructure, according to the World Bank. Three Christian hospitals, including the 600-bed St. George Hospital, and 12 primary health care facilities in the area were damaged. Staff were forced to move patients and some hospitals closed.





Lebanon would import 80 percent of its food and the port served as the entry point for 70 percent of all imports. The blast destroyed not only most of the port but also the surrounding warehouses that stored critical supplies of food and medication. It directly hit the largest grain silos in the country, a 120,000-ton facility which at that time held up to 85 percent of the national reserves of grains. Elsewhere at the port, “large proportions of the national supply for essential medications evaporated,” according to Ghada El-Hajj Fuleihan, professor of medicine at American University of Beirut (AUB).

The blast came at a time when the country was already struggling with high poverty rates, the COVID-19 pandemic and the needs of 1.5 million refugees, one of the largest refugee populations per capita in the world. From October 2019, the country had experienced growing economic problems related to the devaluation of the currency, which reached 78 percent by June 2020, and monthly inflation rates that rose to 56 percent by July 2020. Prior to the explosion, 33 percent of residents were unemployed, 50 percent of residents reported problems with food security and one million people in a population of 6 million had fallen into poverty. The pandemic led to over 6,000 cases and 78 deaths and mounting economic pressure from lockdowns.



Catholic Near East Welfare Association, CNEWA, is an agency of the Holy See founded in 1926 by Pope Pius XI to support the pastoral and humanitarian activities of the Catholic Eastern churches. Throughout the Middle East, CNEWA operates as the Pontifical Mission, a taskforce founded by Pope Pius XII in 1949 to address the displacement of peoples and other challenges triggered by the Arab-Israeli conflict. The pope placed this special mission under the administration of CNEWA, and succeeding popes have broadened its mandate to include the care of peoples throughout the region.

Immediately after the port blast, CNEWA launched an emergency campaign. Its Pontifical Mission staff in Beirut reached out to those religious communities most affected by the blast, which devastated the traditional Christian heart of Beirut. These longstanding partners, mostly communities of religious brothers and sisters and priests, knew best those devastated by the blast and those most vulnerable to its lingering effects. The Holy See’s Congregation for Eastern Churches, of which CNEWA is a part, charged CNEWA to raise and coordinate worldwide Catholic aid to assist the church’s emergency response in Lebanon.

CNEWA works with at least 11 church-related organizations that manage critical health care institutions and humanitarian programs. It conducted a rapid needs assessment in consultation with its partners to assess the destruction and to develop programmatic strategies. Drawing on an evaluation of both the damages and institutional capabilities, CNEWA selected priority areas for intervention: (1) the reconstruction of hospitals and medical centers, (2) repairs to commercial and residential buildings, (3) emergency food assistance and (4) psychosocial programs.

## HOSPITALS AND MEDICAL CENTERS

In Lebanon, the health care sector has faced exceptional pressures which made the sudden devastation caused by the blast especially difficult. During Lebanon's civil war, from 1975 to 1990, the provision of services by the Ministry of Public Health (MOPH) declined dramatically and public facilities became severely understaffed. By 1990, private institutions came to represent 85 percent of the health care facilities in the country. After the war, the role of the MOPH shifted to that of a contracting agent and became the main funder of these hospitals.

But the entire health care sector, like much of the country, also has run on political jockeying and patronage in the sectarian system of Lebanon. Medical practitioners say political interests determine which payments the private facilities receive from the state. The state insurance system is chaotic, making collection difficult and coverage patchy. For years, state insurance funds failed to reimburse hospitals fully. In recent years, reports from private hospitals indicate that they are owed an estimated \$1.3 billion from the state, with some arrears dating to 2011.

In late 2019 and 2020, the hospitals of Lebanon, which long were considered among the best in the Middle East, faced mounting pressure from the successive financial and public health crises, struggling to pay staff, keep equipment running and handle the surge of coronavirus cases. The devaluation of the local currency and restrictions on access to U.S. dollars made it difficult for Lebanese hospitals to import medical supplies. Across the country, hospitals and primary care facilities were reporting shortages in anesthesia, drugs and stitches. Moreover, the liquidity crisis





crippled the ability of the government to provide fuel, electricity and basic services. With frequent power cuts, hospitals were pouring money into fuel for generators and many began turning away non-critical cases to conserve resources.

CNEWA/Pontifical Mission conducted a systematic needs assessment in close coordination with its diverse community of church partners in the medical field, the Rosary Sisters, the Holy Family Sisters, the Daughters of Charity of St. Vincent de Paul, the Assembly of Religious Women and organizations affiliated with the Armenian Orthodox, Catholic and Protestant churches. These partners operated two medical centers and two of the three Christian hospitals severely damaged in the blast.



### **GEITAOUI HOSPITAL**

Located in the Ashrafieh area, Geitaoui Hospital, operated by the Maronite Holy Family Sisters, suffered extensive destruction during the blast and had to evacuate its patients. It was founded in 1927 as a nonprofit Catholic hospital. Over the years, the hospital has improved and developed its services. In 2013, it became a university hospital, affiliated with the Lebanese University, the only public university in the country.

Prior to the blast, the hospital had a total of 260 beds and 700 staff, including 310 doctors, nurses and paramedics. It has intensive care, pediatric, oncology, dialysis, COVID-19, cardiac, radiology and burn units. The facility served approximately 53,000 patients annually, the majority of whom lacked insurance.

Prior to the blast, the hospital also struggled financially due to the liquidity issue, the devaluation of the Lebanese pound, rising costs and arrears owed by the state. It was unable to obtain adequate supplies and equipment for its COVID-19 unit to operate safely. From October 2019 to May 2020, the number of patients entering the hospital decreased, which led to further losses in revenue. The hospital shuttered some of its medical departments during the lockdown to try to offset the costs.

After the explosion, hospital staff initially treated blast victims despite the damage to the facility. They received patients injured by broken glass, as well as patients who had been at the port.

Cynthia Abi Khalil, who heads the nursing department, said, “We have burn injuries, we have dead people here. Some of them arrived dead and some of them died here.” Faced with extensive damages, hospital staff were forced to rescue and evacuate patients quickly transferring them to other hospitals in the area.

The hospital experienced far-reaching destruction. The most significant damage was to the windows; the glass and aluminum frame of every window of the hospital were broken by the force of the explosion. An estimated 50 percent of the wooden doors and 70 percent of the fire-resistant metal doors were broken. Moreover, the laboratory, ducting system and 35 percent of the false ceiling — with all the lighting, fire sensors and fire detectors — were destroyed. The hospital’s 17 elevators were broken by the blast.

CNEWA raised a total of \$1,597,718 to support the rebuilding of Geitaoui Hospital. It allocated \$376,111 to the repair of the windows and frames and \$223,511 for the elevators. CNEWA contributed \$998,096 to fund the installation of the fire-rated steel doors, the firefighting system for all the hospital floors, a new generator and biomedical equipment for the pediatric floor. In addition, the budget covered mechanical/HVAC work, finishing work, painting and repairs of the false ceiling. It urgently prioritized repairs of the windows to prevent rainwater from causing further damage, a serious risk heading into the winter season. Second, seven of the most needed elevators were repaired. These repairs helped the hospital increase operations during the subsequent phases of the reconstruction.



## **ROSARY SISTERS HOSPITAL**

The Rosary Sisters Hospital was established by the Rosary Sisters Congregation in 1971 with a mission of “healing and saving.” It is a nonprofit organization that operates under the guidance of the Holy See in Rome. It is a 200-bed hospital run by a team of 160 employees and 140 physicians. The hospital is equipped with state-of-the-art equipment and operating rooms. It recently had introduced a new PCR-testing laboratory for COVID-19 and completed renovations to its National Breast Care Center and a special ophthalmology unit. The facility offers gynecology, obstetrics and oncology services and one of the few intensive neonatal care units in the country.



The Rosary Sisters Hospital, located about 550 yards from the explosion site, suffered heavy structural damage and destruction of equipment that forced it to close immediately. One nurse was killed and eight were injured during the explosion. Staff worked quickly to evacuate approximately 300 patients.

Sister Nicolas Akiki, who manages the facility and was wounded in the blast, said, “In that horrifying moment, our sole aim was to save our patients, though staff were wounded, too.” One nurse managed to pull a newborn from his crib moments before a window fell onto it.

People injured in the blast headed to the hospital, and staff managed to treat scores of patients outside the hospital during the evacuation.

The preliminary damage analysis by CNEWA and its partners revealed that 95 percent of the aluminum window frames and glass had been shattered and 85 percent of the false ceiling and wall partitioning had been destroyed. All 12 elevators, the laboratory, PCR machine, and 30 percent of the fire-resistant metal doors were broken. The facility experienced damages to the air conditioning system, wood doors, walls, counters, cabinets, fire alarms, lighting elements, sensors and fire detectors.

CNEWA raised a total of \$1,397,000 to fund the reconstruction of the Rosary Sisters Hospital. It allocated \$290,892 for the repairs of more than 80 percent of the external windows of two blocks. CNEWA contributed \$650,858 for the reconstruction of the hospital kitchen, assembly hall, the entire eighth floor and half of the third floor. It dedicated \$108,600 to cover repairs on part of the second floor and \$249,100 for the ground floor. It budgeted \$78,300 for the replacement of two elevators and contributed \$19,250 to fund other repairs throughout the facility.

As with Geitaoui Hospital, CNEWA prioritized repairs to protect against further damages from the approaching winter and rainy season. Then, CNEWA proceeded with work that would allow the hospital to become operational as soon as possible.

## **THE KARM EL ZEITOUN DISPENSARY**

The Karm el Zeitoun Dispensary for women and children, located in Karm el Zeitoun, Ashrafieh, was established in 1959 by the Daughters of Charity of St. Vincent de Paul to provide basic medical care to low-income residents. An estimated 50 percent of the 3,000 Lebanese families in that



neighborhood, including 400 elderly residents, are food insecure or below the poverty line. CNEWA for years has supported the Daughters of Charity of St. Vincent de Paul in serving these at-risk residents. The dispensary provides critical services to an underprivileged population of mainly elderly Lebanese nationals, refugees and foreign workers who lack the means to pay for medical care and medication at other facilities.

The dispensary is in a historic building that consists of three floors. In the year prior to the blast, staff had renovated two of its three floors. They revamped the ground floor, which hosted the reception, waiting room, two clinics, a pharmacy and the director's office. The facility also made capital improvements to a sterilization room, dental clinic and two other clinics on the first floor. The dispensary suffered major damage from the blast. Windows were shattered, doors were broken, and a false ceiling and a brick roof collapsed.

CNEWA contributed \$10,500, which it raised from Misereor and Missio Munchen, its German donor partners, to fund the purchase of medical equipment for the dispensary.

### **SOCIO-MEDICAL INTERCOMMUNITY DISPENSARY**

The Socio-Medical Intercommunity Dispensary was established in 1968 by the Franciscan Missionary Sisters of Mary and operated by the Assembly of Religious Women. It is located in the Nabaa neighborhood of Bourj Hammoud. This facility serves a diverse population of religious and ethnic communities, including low-income Christians displaced from Mount Lebanon and other regions during the civil war, as well as foreign workers from Syria, Egypt, Sri Lanka and the Philippines. The area is densely populated and marked by high unemployment, poverty and illiteracy rates.

This dispensary offers medical consultations, dental care, vaccinations, medication and laboratory tests. It also serves hot meals twice a week, distributes clothing and supports elderly residents who lack a strong social or family network.



CNEWA raised \$26,900 through Misereor and Missio Munchen, its German donor partners, to support the reconstruction of the dental clinic at the dispensary damaged by the blast.



## **REPAIRS TO RESIDENCES AND SMALL AND MEDIUM ENTERPRISES (SMES)**

Among the most urgent needs was the restoration of homes and small and medium enterprises (SMEs) across the large area of Beirut impacted by the explosion. The sudden displacement of 300,000 residents and damages to commercial buildings immediately following the blast posed one of the most rapid and complex emergencies experienced in the country. The scope and scale of the destruction were enormous: Within miles of the explosion, thousands of buildings were damaged, with problems ranging from broken



windows to total internal destruction. Many required the dismantling or demolition of the facades. With their homes suddenly uninhabitable, residents were forced to seek shelter elsewhere. Many lacked the means to even begin the repairs that would be necessary for a safe return.

SMEs across this critical part of the capital were crippled by the blast and many were partially or completely damaged. The commercial sector had endured rising costs from the currency devaluation, losses in revenue during the lockdowns and lacked the resources necessary to undertake repairs. Some shuttered due to the destruction, leading to further threats to the food supply chain. Business owners and their staff alike were at risk of losing their sole source of income.

In the days and weeks following the blast, CNEWA launched an immediate campaign to identify and assist some of the most vulnerable of the hundreds of thousands of residents who had lost their homes and businesses.

CNEWA selected the Society of St. Vincent de Paul as its partner to implement the emergency repairs to homes and businesses. The society is highly active across the country and operates 50 centers with 1,000 volunteers nationwide. Within the area impacted by the explosion, the society supervises over 200 volunteers who work in seven centers, with three in Bourj Hammoud, three in Ashrafieh and one in Dekwaneh.

CNEWA and the Society of St. Vincent de Paul established a joint committee to undertake the planning and implementation of the project. CNEWA fielded an engineer, a full-time staff member based in Beirut, to work with scores of volunteer engineers serving as part of the Society of St. Vincent de Paul.



The program first quickly dispatched volunteers to undertake a large-scale screening of individuals in the affected homes, to collect data and to identify the most pressing needs for assistance among the most vulnerable households. They collected data on the poverty levels of the households and the availability of support from extended family.

The team prioritized cases of low-income families who had lost a family member in the explosion, were unable to receive financial

assistance from extended family and who had struggled with extreme poverty prior to the blast. They also selected residences attached to educational institutions or a hospital to repair as part of this program.

Engineers then made site visits to the houses and buildings to evaluate the damages and the cost of repairs. The engineer reviewed the list and estimated costs, cross-checked the prices and undertook site visits to randomly selected houses to confirm the needs and the completion of the repairs.

The target was to reach the most vulnerable, poor and highly affected people, supporting them to make their home habitable again, and to assist staff at critical, educational and medical institutions to reopen residential facilities. The program worked systematically to close the damaged outer shells of houses and buildings. Contractors replaced smashed windows and doors with new aluminum frames and glass and fixed existing wooden windows and doors where possible. In other cases they closed holes in the outer masonry walls of apartments. The repairs also included light plaster, electrical and sanitary work.

Within days of the blast, the program identified 44 families in urgent need of home repairs and conducted an assessment of the damages they had incurred. The program completed reconstruction of the first 16 homes by the end of September and contributed \$100,000 to fund the reconstruction of a total of 109 homes within the next 10 months.

The program budgeted \$770,341 to fund the reconstruction of institutional residences located within 3 miles of the blast. It rebuilt 10 residences — nine attached to schools and one affiliated with a hospital — which housed 65 sisters from six congregations working to support thousands of students and patients at these facilities. These funds also supported repairs of student dormitories at three institutions.



The program allocated \$21,379 to fund a wide range of repairs for 23 SMEs. The work included the installation of glass, aluminum, doors, ceilings and essential electrical and mechanical repairs.

## EMERGENCY FOOD ASSISTANCE

In the aftermath of the explosion, staff at CNEWA's Lebanon office worked to assess and address needs for emergency food assistance. Hundreds of thousands of residents displaced by the blast, and low-income residents, remained extremely food insecure in the months that followed. CNEWA worked with Caritas to identify and assist those families who were the most vulnerable. CNEWA raised funds from Aid to the Church in Need and allocated \$158,925 to support this program.



From mid-September to 1 October, CNEWA distributed large food packages, worth \$50 each, to 5,890 families, 3,120 through the CNEWA/Pontifical Mission Beirut office and the remaining 2,770 through Caritas centers. They received dry goods and staples, such as lentils, beans, flour, rice, canned tuna, pasta and cheese. From mid-October to late November, the program donated food packages worth \$40 each to 2,217 families. CNEWA provided food packages to 3,666 families in December. CNEWA organized a larger distribution of 12,000 boxes to 6,500 families after the lockdown which lasted from 12 January to 2 March 2021.

## PSYCHOSOCIAL PROGRAMS

CNEWA mounted a large-scale psychosocial program to assist residents of Beirut who faced unimaginable loss and upheaval following the blast. It raised \$138,669 to sponsor a program by Oum el Nour, a Lebanese nonprofit organization founded in 1989 by the Rev. Guy Noujaim, now the retired Maronite bishop of Sarba, to help individuals struggling with drug addiction.

In August 2020, in the weeks following the blast, employees and volunteers of Oum el Nour set up an online hotline and undertook door-to-door outreach in areas impacted by the blast to reach individuals in need of mental health support. They implemented a range of psychosocial and educational services for an estimated 1,100 people, including children, youth, men and

women from all nationalities and backgrounds. The program offered individual and group therapy sessions, psychiatric consultations and ongoing support through the hotline.

## THE CURRENT CRISIS

A year after the blast, these investments in humanitarian programs and medical institutions have saved lives, mitigated economic losses and helped the city of Beirut to rebuild.

Yet the country now navigates a financial crisis which economists describe as among the worst in modern history. Banks in Lebanon have become unable to finance the Lebanese deficit and foreign debt, and the currency has lost 90 percent of its value. The annual inflation rate has averaged 84.3 percent and the cost of food has increased by 402 percent. There are widespread shortages of fuel and medicine. Large areas of Beirut have suffered electricity cuts up to 20 hours per day and the city has experienced growing civil unrest. Unemployment across all sectors has been mounting, pushing more people under the poverty line. The country has seen over 500,000 COVID-19 cases. The need for humanitarian assistance has never been greater.

CNEWA will pursue and scale programs to support and protect low-income residents, both Lebanese and refugees alike, in the country throughout 2022. It will continue to work with its strong network of church and church-related institutions to provide emergency food assistance, educational programs and health care to the most vulnerable through this crisis and beyond.

