Covid-19
The most vulnerable groups and people with disabilities are among HI's top priorities

"Wherever conditions allow, our teams adapt their work to combat the pandemic. They review the way they work and implement new projects. Our goal is to protect people from the virus and deal with the impact of the crisis, focusing essentially on the most vulnerable, who are among the poorest and most excluded in the countries where we work."

Florence Daunis, Director of Operations at HI
B-SAFE: HI’s operational response to the pandemic

HI’s operational approach aims to provide a holistic response to the crisis. B-SAFE: Basic Services Access For Everyone.

1 / SUPPORT THE HEALTH RESPONSE
- Promote access to hygiene for basic services, communities and households (promote hygiene, distribute hygiene kits, soap, etc.).
- Identify and refer cases or suspected cases of Covid-19.
- Transport cases to health centres, as we did during the Ebola epidemic in Sierra Leone.
- Provide psychosocial support to health workers.

2 / MITIGATE THE IMPACT OF THE PANDEMIC
- Identify vulnerable people most at risk and refer them to essential services.
- Address basic needs through food distributions and cash transfers. People left without work can no longer meet their needs and risk dying of malnutrition.
- Protect people most at risk and provide them with psychological and psychosocial support.

3 / IMPROVE INCLUSIVE ACCESS TO ESSENTIAL SERVICES
- Improve access to essential services by using Atlas Logistique expertise to support the emergency response to the pandemic.
- Support the development of an inclusive response.

HI is committed to providing testimony and helping analyse the impact of the pandemic on respect for humanitarian principles and values.
Epidemics like Covid-19 can significantly increase the fragility, discrimination and violence already experienced by vulnerable people.

Groups targeted by HI projects
- People and households adversely impacted by the pandemic from an economic and/or health and psychosocial point of view.
- People with disabilities, isolated people, victims of chronic diseases and at-risk in terms of protection, including women, children, and refugees.

HI’s teams work in health facilities and essential services to assist emergence response actors - NGOs, UN, and ministries - in communities, and in aid of individuals adversely impacted by the crisis and their families.

Where access is not possible, we implement specific response, including by using the media, websites, etc.

A health crisis that threatens the most vulnerable

A pandemic that exacerbates humanitarian crises
Due to existing humanitarian crises, the health systems of some of the world’s poorest countries are fragile and over-stretched. After five years of war, only 50% of health facilities are currently operating in Yemen. However, the pandemic is increasing humanitarian needs and reducing access to target populations by humanitarian actors.

Covid-19 is a serious threat in refugee camps
Most refugees live in low- to -middle-income countries. Covid-19 risks adding significantly to the pressure on fragile local health services and we are likely to see a spread of human suffering and very high mortality rates.

Covid-19 increases the isolation of people with disabilities
80% of people with disabilities in the world live below the poverty line, according to the World Health Organization. They face multiple obstacles to accessing health services, including transport costs, healthcare expenses, access to information and stigmatisation.

Covid-19 exacerbates existing health issues. People with disabilities, older people or people with chronic diseases are at a greater risk of developing serious complications if infected by the virus.

The crisis requires targeted responses adapted to the needs of people affected
Prevention information must be distributed in accessible formats and health workers must specifically target vulnerable groups.

Telehealth, including telerehabilitation, is vital for people with injuries or disabilities to ensure continuity of healthcare and services.
Bangladesh: Fleet of trucks to transport aid

Jean-Loup Gouot, Director of HI in Bangladesh, explains our activities in aid of Rohingya refugees.

“We have launched a series of new activities. We organise awareness-raising sessions on good hygiene practices. We also identify and refer people who need medical care to partner organisations and provide psychosocial support. To improve the management of aid essential to the crisis response, HI has also made available, through its operational unit Atlas Logistique, two storage sites and a fleet of lorries to transport relief to people living in hard-to-reach areas.”

Testimony of Angelina Robinson, HI programme director in Pakistan

“Many of our beneficiaries live in refugee camps or shantytowns and do not have decent accommodation, a source of water or regular incomes. Their disability makes their lives 300 times more difficult.

A woman with disabilities who lives in a shantytown in Karachi told us how the epidemic was adversely impacting her life. Her husband is a day labourer. He has lost his job and their meagre income. They have difficulties buying food.

Her child also fell seriously ill. She was unable to take him to hospital due to her disability and limited mobility. She had to keep him at home and wait for him to recover without treatment.”

Key figures

COUNTRIES WHERE WE WORK *

58 COUNTRIES

* April 2020

DIRECT BENEFICIARIES IN 2018

2,130,525 PEOPLE,

(the number of people having received goods or services as part of a project implemented by HI or its operating partners in 2018)

GLOBAL WORKFORCE ** IN 2018

3,327 EMPLOYEES,

INCLUDING

2518 national staff on the ground

336 international staff on the ground

** Expressed in annual full-time equivalent positions.

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