



## Introduction

To help make sense of the COVID-19 crisis ACAPS launched the **Humanitarian Experts network (HEN)**, a contributing group of humanitarian experts based all over the world who can provide rapid information as the crisis unfolds.

This report shares findings from HEN's second global survey launched on 14 April 2020. 122 HEN members participated in the survey and 134 new humanitarians joined the network in the last week. The HEN network has 596 members from 266 organisations across 90 countries.

Thank you to everyone who joined the network and completed the latest survey. Our network continued to grow. This week, technical glitches prevented some of our members from responding. We apologise and are working on fixing this for future rounds.

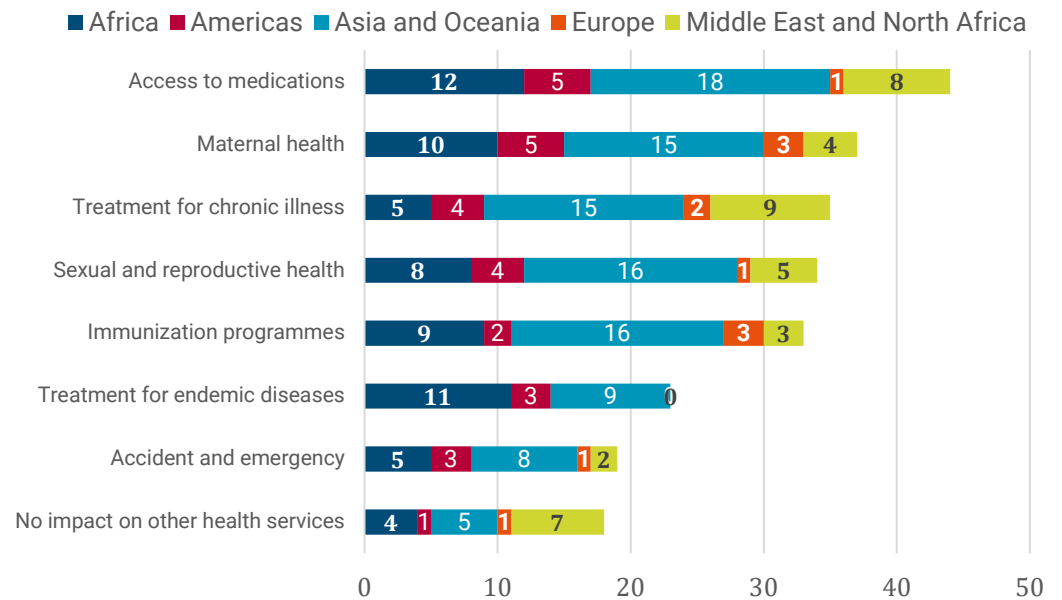
## Key findings

122 of 596 Humanitarian Experts Network (HEN) members responded to the second weekly HEN survey.

### What HEN members need to better serve the populations they work with

- **Clear and adequate information** regarding the development of the spread of Covid-19, including information on numbers of tests, confirmed cases, and deaths.
- **A clear understanding of government capacity and planned response** is reportedly lacking across all regions.
- **Increased humanitarian access** is the top priority to better serve the populations they work with. The need for increased access to medical services and supplies is also important; and was frequently highlighted as a major concern.
- **A better understanding of the secondary impacts of COVID-19 across all regions**, including the socio-economic impact and the potential effect of the pandemic on all humanitarian sectors.
- **The COVID-19 crisis is already preventing people from accessing regular health services.** Access to medications, maternal health, and treatment for chronic illness were among the top three reduced health services reported by HEN members this week.

## Reduced Health Services due to COVID-19



Q. Which health services in your context have already been reduced due to COVID-19?  
(122 HEN respondents April 14-April 17, 2020)

## Limitations

HEN provides a rapid snapshot of what experienced aid workers across the globe are **seeing**, **thinking** about and **doing** on the front lines of the COVID-19 response and how things are changing as the crisis evolves

**HEN is NOT based on a statistical sample.** HEN combines and contrasts the current observations of people on the ground in each country. It provides a unique source of information on people's lives not captured by statistical information, or traditional health or economic data. It is an additional information source for understanding the complex nature of the interface between the COVID-19 outbreak, the containment measures and the behaviours and actions these have provoked – this is the crisis we are trying to understand so, collectively, we can better respond.

Please **share the HEN network** with your contacts across the globe who can help us all develop a clearer picture of how this crisis is evolving and impacting on the most vulnerable communities.

**To join the HEN and participate in future surveys, click here.** Surveys are administered on a weekly basis and will take 5-7 minutes. If you wish to be involved to a greater degree – please contact [hen@acaps.org](mailto:hen@acaps.org) we'd love to hear from you.

## What HEN members told us in Africa

### Health concerns

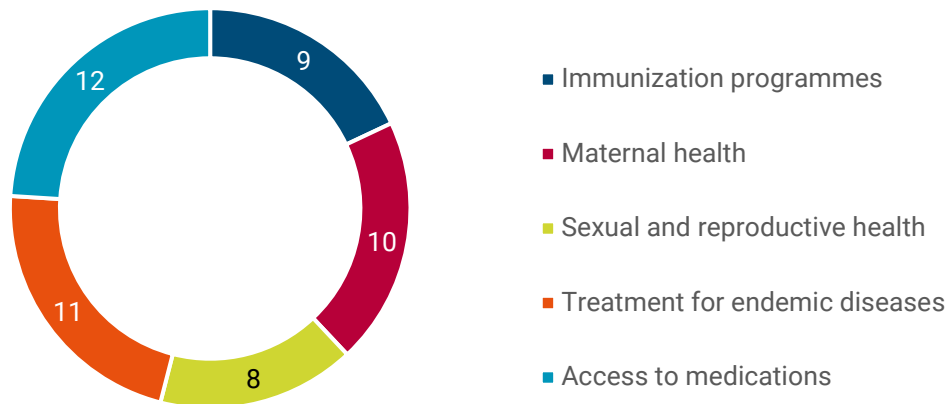
The COVID-19 crisis is already preventing people from accessing regular health services. A third of respondents said COVID-19 had prevented people from accessing medicines. COVID-19 had also reduced treatment for endemic diseases, maternal health services, immunisation programs and sexual and reproductive health services.

In South Sudan, Mali, Nigeria and Rwanda the fear of COVID-19 was causing delays throughout the health system. People were afraid to seek treatment for other health issues as they did not want to get COVID-19. Outpatient services, elective and non-elective surgery and evacuations for war wounded were all being restricted due to fears of the disease.

A HEN member in Kenya told us that, while national authorities were taking rapid measures to ramp up the number of health personnel, they feared that key medical supply chains could be interrupted if the lockdown extends beyond May 2020.

Like last week HEN members told us that COVID-19 is diverting resources and attention from other lifesaving health services (particularly immunisation and maternal health services) and are concerned about weaknesses in the supply chain.

### Africa: Top 5 Reduced Health Services



### Social cohesion, protection and gender concerns

We asked HEN members which groups are not accessing COVID-19 testing and treatment in their context. In Africa, rural residents were perceived to lack access, followed by lower-income individuals with no access to transportation.

HEN members concerns regarding access to COVID-19 testing and treatment:

- In some African countries, testing is only offered to persons with traceable contact to a confirmed case. This means that case numbers on infections are unknown
- HEN members in Africa wrote of limited testing capacity in multiple countries including Ethiopia, South Sudan, Somalia, Mauritania, DRC, and Cameroon.
- A HEN member in South Sudan expressed concerns about a general lack of awareness among the public regarding COVID-19 coupled with a lack of qualified medical professionals in country. Misunderstandings of the virus is an additional hindrance to people accessing necessary testing and treatment.
- HEN members in Africa wrote of limited testing capacity in multiple countries including Ethiopia, South Sudan, Somalia, Mauritania, DRC, and Cameroon.
- Transportation to health facilities is an important factor preventing some people from accessing services.

**“We need to focus on sensitisation of regular hand washing, social distancing and staying indoors, because in Nigeria people are not taking the lockdown seriously, especially in the northern part. This has increased the numbers of COVID-19 positive people upwardly.”**

### Nigeria

## Humanitarian and development operations

Humanitarian and development staff are working from home, but programs are generally ongoing. Only 1 of the 35 HEN members told us they had shut all their programs, though many members (15 of 35) reported a scale down of some programming. 11 of 35 said they had scaled down most of their programs.

Around 1 in 5 responses from Africa said that hiring freezes and human resource constraints were impacting on their ability to continue services.

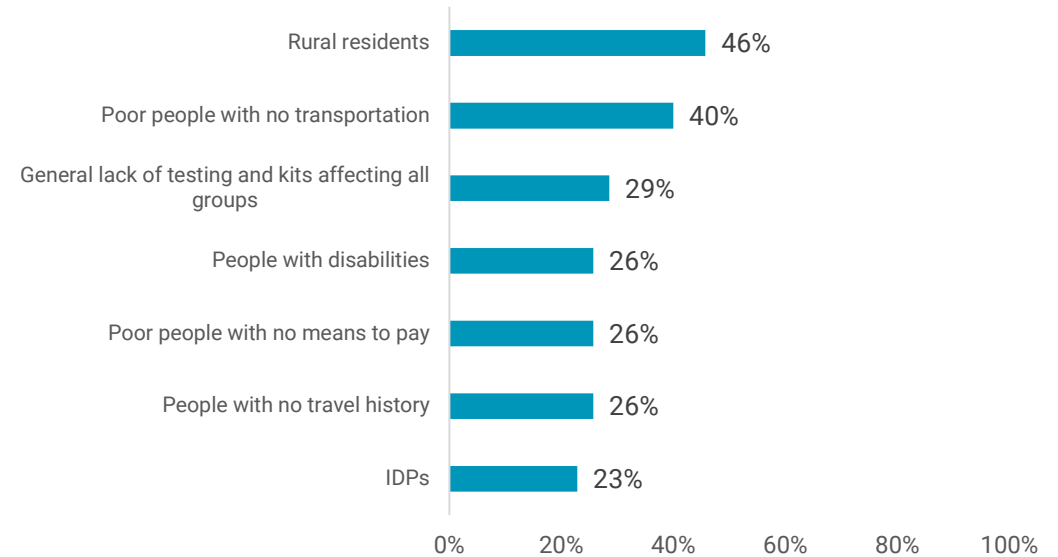
Only 3 of 35 members reported a reduction in funding. Last week a large number of members were concerned that funding for essential programming would be affected in the future as COVID 19 diverted the focus of national governments and donors. We will continue to track how the COVID 19 response impacts on other lifesaving services.

Feedback mechanisms have not been functioning properly due to limited access, hindering organisations' ability to better understand the effectiveness of programming and maintain accountability to communities.

### What HEN members need to better serve the populations they work with

- Increased access to populations in need, in particular to deliver livelihoods, cash and food programming.
- Better access to health equipment and personal protective equipment and testing.
- Support to develop remote learning approaches for children and adults.
- Clear and adequate sharing of information on the number of tests, confirmed cases and deaths.
- Information and guidance needs to be consistent. HEN members from Africa were concerned that limited testing capacity means that the extent of the spread of the virus is largely unknown.
- Greater clarity on Government capacity to respond. HEN members wanted government response plans to be made widely available.
- In the Democratic of Congo, one HEN member suggested a greater need for a cohesive voice in advocacy between NGOs, government and community leaders.

### Africa: People groups not accessing COVID-19 testing/treatment (top 7)



**“It would help us to be able to predict more what next steps the government will take concerning restrictions. It would also help us to have a better overview of current ongoing response activities and where there are gaps.”**

### Liberia

## What HEN members told us in the Middle East and North Africa

### Health concerns

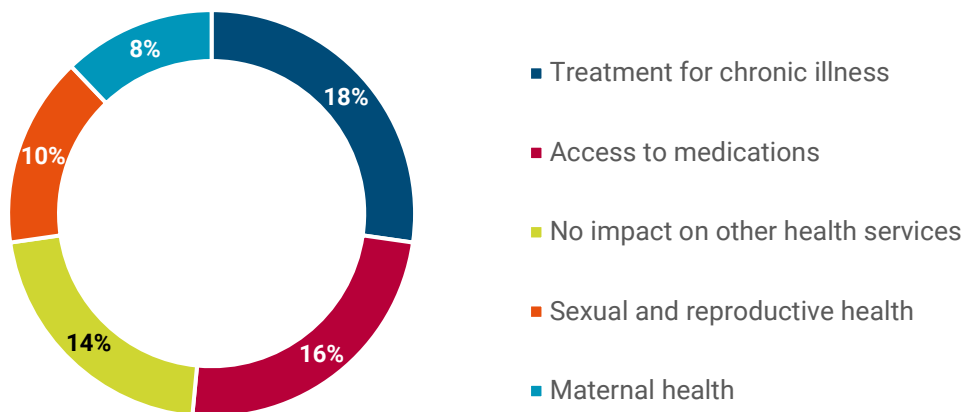
HEN members working in the Middle East and North Africa were less concerned about the impact COVID-19 was having on other health service, compared to other regions. A quarter of HEN members (7 of 27) told us COVID 19 had not yet had any impact on other health services. However, there were reports that COVID-19 was impacting on access to treatment for chronic diseases (9 of 27), medications (8 of 27), sexual and reproductive health (5 of 27) and maternal health (4 of 27).

HEN members in Jordan, Lebanon, Palestine and Libya said that movement restrictions were preventing people from accessing non-Covid-19 related health services.

HEN members in Syria said that COVID-19 had not yet started to impact services, but they were worried that the delay in detection could prevent the disease from being identified early enough to take effective action.

HEN members in Yemen said it was too early to judge the impact of COVID-19 but they were worried about how the disease could impact on a health system that has been weakened by years of conflict.

### Middle East and North Africa: Top 5 Reduced Health Services



### Social cohesion, protection and gender concerns

In the Middle East and North Africa refugees were perceived to be the group most often lacking access to testing and treatment. This is followed by people with no travel history, migrants, and lower-income individuals with no means of transportation.

HEN members concerns regarding access to COVID-19 testing and treatment:

Transportation challenges was cited as a limitation for vulnerable groups in Syria to access testing. The lab testing capacity in Idleb is especially dire.

Vulnerable groups in Yemen and Syria have extremely limited access to testing.

Cultural stigmatization for COVID-19 cases and deaths is considered a factor that will have an impact on whether individuals with symptoms request or even refuse testing across the Middle East. The impact of this concern is not measurable or known and requires further investigation.

**“The limitation on movements endorsed by the Government is clearly affecting our COVID-19 preparedness and response. INGOs don't have a clear waiver to access communities and are in constant negotiations with local authorities.”**

### Lebanon

## Humanitarian and development operations

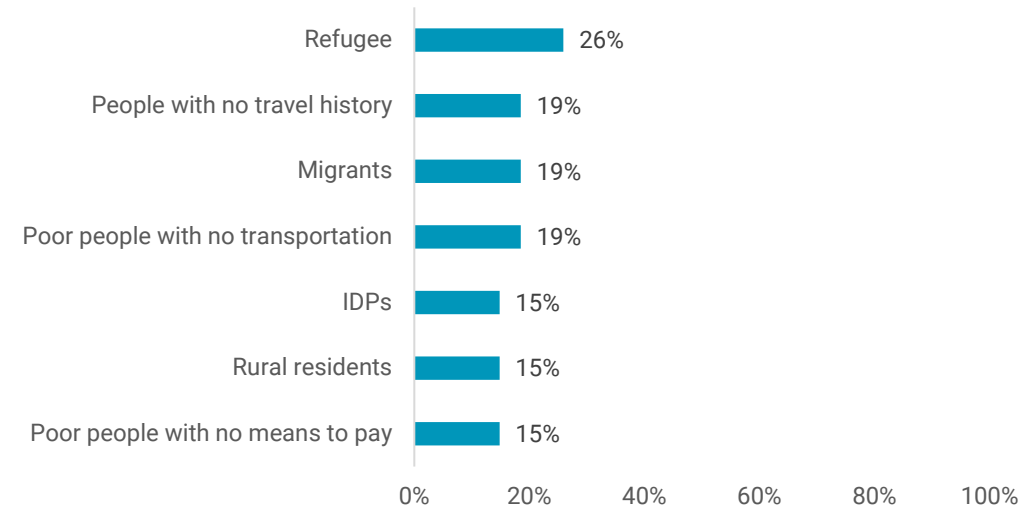
Two thirds of HEN members in MENA told us that staff were working from home but programs were generally ongoing. Only 1 of the 27 respondents had shut all their programs. A third said they had scaled down most programs and almost a quarter said they had scaled down some programs.

A large number of respondents in MENA (11 of 35) said they had hiring freezes in place. There were no reports of reductions in funding.

### What HEN members need to better serve the populations they work with

- Greater access to beneficiaries, including:
- waivers granted by governments to allow humanitarians to continue lifesaving work,
- increased access to medical services and supplies,
- improved coordination and information sharing.
- Responses from Syria indicated the urgent need for advocacy with Turkey to ease restrictions on the cross-border supply of essential health supplies to avert a catastrophe in Idlib, where health infrastructure had been degraded by years of conflict.
- In Yemen, HEN members said that improved transparency and timely information could enable a better response.
- In Iraq, increased testing and safe and secure isolation facilities were needed to improve the response to vulnerable IDPs and refugees.

### Middle East and North Africa: People groups not accessing COVID-19 testing/treatment (top 7)



## What HEN members told us in Asia and Oceania

### Health concerns

The COVID-19 response is already preventing people from accessing health services including medications, immunisations, sexual and reproductive health services, maternal health, and treatment for chronic illnesses.

In Nepal most services have been reduced, except for emergency services.

In Bangladesh, some health care workers were not turning up to primary health care facilities and movement restrictions prevent people from seeking help.

In Papua New Guinea, clinics are reportedly refusing to see people with flu like symptoms as they lack protective equipment, isolation or testing capacity, and health workers feared catching COVID-19.

### Social cohesion, protection and gender concerns

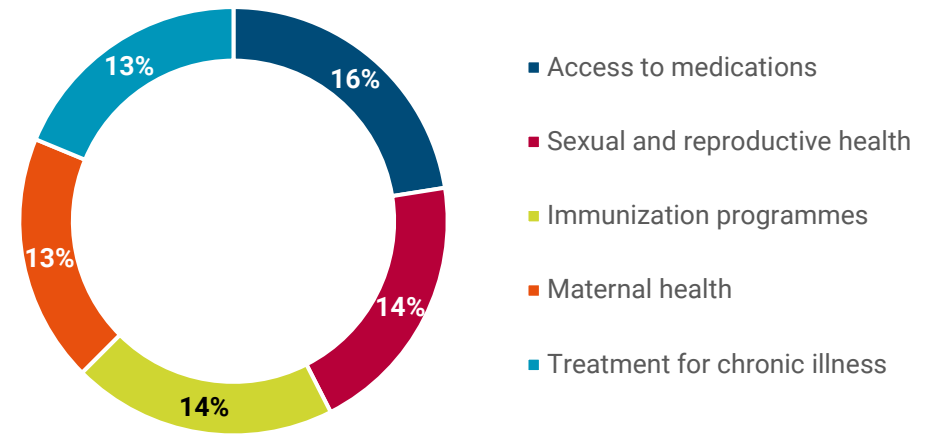
In Asia and Oceania people with no travel history were the group most cited as lacking access to testing. This was followed by rural residents and lower-income individuals with no transportation means.

HEN members concerns regarding access to COVID-19 testing and treatment:

Barriers to testing the general population in Nepal are due to limited screening outlets and a strict criterion for who can be tested.

In Bangladesh, rumours and misconceptions among the Rohingya people have perpetuated a fear that if they report to health centres with symptoms they will be killed. As a result, people are hiding symptoms in fear of reprisal.

### Asia and Oceania: Top 5 Reduced Health Services



**“[We need] a coordinated / joint provision of Covid-19 treatment for front-line humanitarian staff. We currently cannot fully deploy where we would like to, since there is no provision for treatment for our teams, should they need it. [We need] removal of restrictions around mobile phones and internet, in some areas (esp. Cox's Bazar).”**

### Bangladesh



## Humanitarian and development operations

HEN members in Asia and Oceania reported high levels of disruptions to programs, on par with the Americas and Africa, but worse than MENA or Europe. 10% of respondents said they had shut all their programs, and 70% said they had shut some or most of their programs.

The main constraints reported were stretched human resource capacity (13 of 40), followed by hiring freezes (9 of 40).

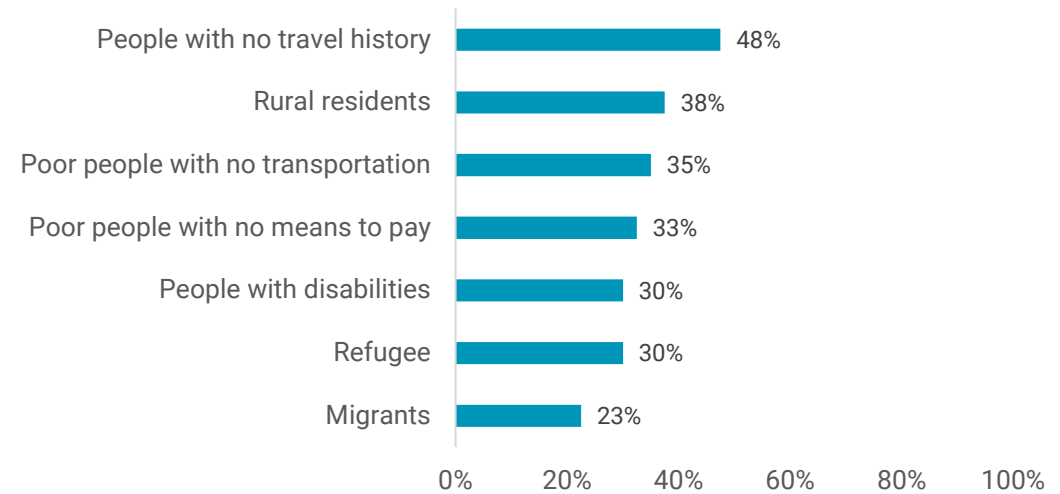
Only 2 of 40 respondents said they had experienced reductions in funding.

One of the key observations was that there is a concern that the limited testing capacity means the extent of the spread is largely unknown.

### What HEN members need to better serve the populations they work with

- Greater access to people in need.
- Access to medical supplies such as personal protective equipment (PPE) and testing kits (this is consistent with other regions).
- Clear and adequate sharing of information regarding the numbers of:
  - tests available,
  - confirmed cases
  - deaths.
- Consistent information and guidance.
- More information on government response plans and capacity.
- More information on who is doing what where, including government, international organisations, local NGOs and other grassroots programmes.
- To explore the use of mobile or IT based cash transfer mechanisms which could assist organisations in serving vulnerable populations.
- A greater awareness of COVID-19 among the general population in Nepal to quell “fear on the ground” could improve access for organisations.

### Asia and Oceania: People groups not accessing COVID-19 testing/treatment (top 7)



“[We need] mobility during lockdown especially in countries where movement has been restricted by the government. We are now preparing for our humanitarian action, but we fear that this will be hindered by limited mobility.”

### Thailand

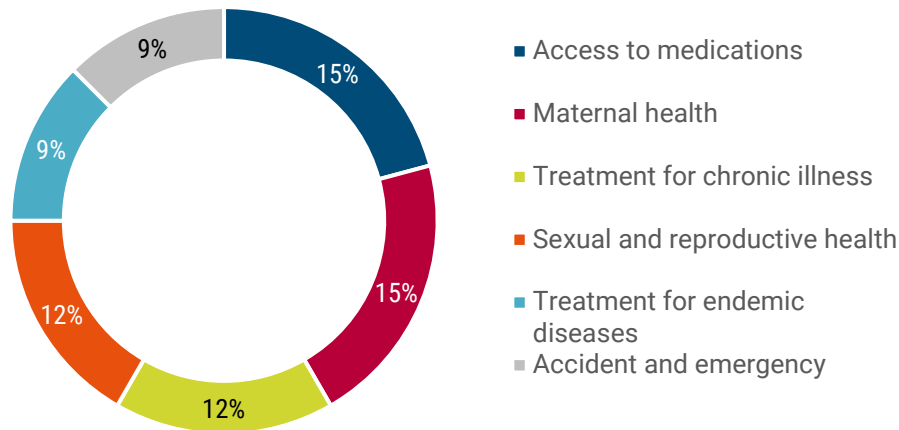


## What HEN members told us in the Americas

### Health concerns

The COVID 19 response is already preventing people from accessing medication, maternal health services, treatment for chronic illnesses, sexual and reproductive health services, treatment for endemic diseases, accident and emergency services. In Colombia migrants were finding it difficult to access health services and COVID-19 treatment.

#### Americas: Top 6 Reduced Health Services



### Social cohesion, protection and gender concerns

In the Americas, lower-income individuals with no means to pay and no transportation were cited as those most likely to face the greatest barriers to accessing to COVID-19 testing and treatment followed by migrants and the elderly.

**“We need data sharing between organisations. People can mostly be reached, for assessments, support and distribution, or by phone. There are several databases listing (potential) beneficiaries. However, these cannot be accessed by other organisations without a lengthy, multi-month, data sharing agreement process.” Colombia**

### Humanitarian and development operations

Almost 80% of HEN members in the Americas reported interruptions to programming, on par with Asia and Africa, however most also reported that they had been able to maintain some level of programming and none said they had stopped all programming.

Over a third of respondents from the Americas listed strained human resources as a major impediment to delivering services (the highest of any region) and almost a third also said they had implemented hiring freezes (behind only MENA).

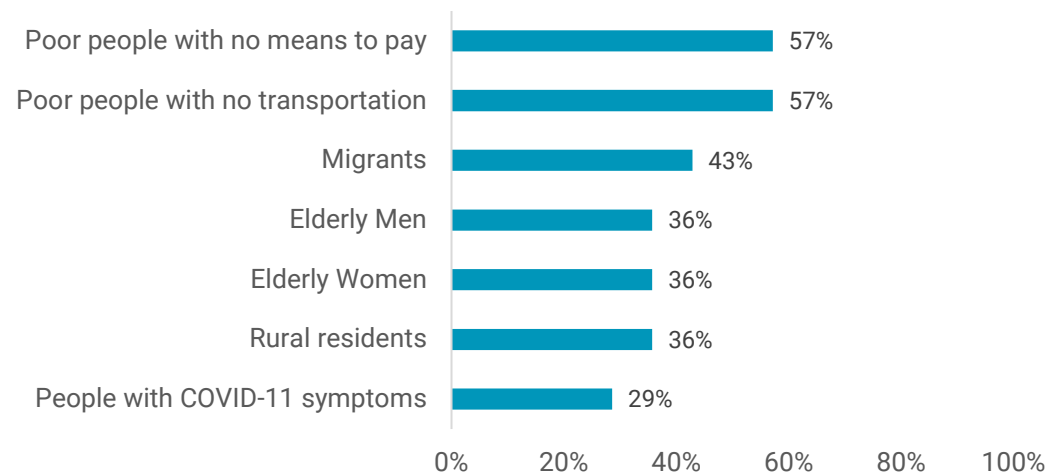
### What HEN members need to better serve the populations they work with

- Increased humanitarian access to people in need (40%).
- Improved information sharing and access to the internet and other communication channels (almost 30%).
- Waivers on movement for humanitarian aid.
- Clearer guidelines to support the COVID-19 response and clearer information on the current situation, response and beneficiaries reached.

HEN members in Venezuela said that reducing government restrictions would help them to respond better.

- HEN members in Columbia shared the need for a stronger platform that provides clear guidance and coordination for the Venezuela response.
- Additional information on how community level projects are working despite the COVID-19 spread and conditions. This includes transparent data sharing between organisations and a need for more accurate information sources.
- Some respondents flagged the need for stronger scenario planning or risk analysis (2 of 6 respondents in the Americas).

### Americas: People groups not accessing COVID-19 testing/treatment (top 7)

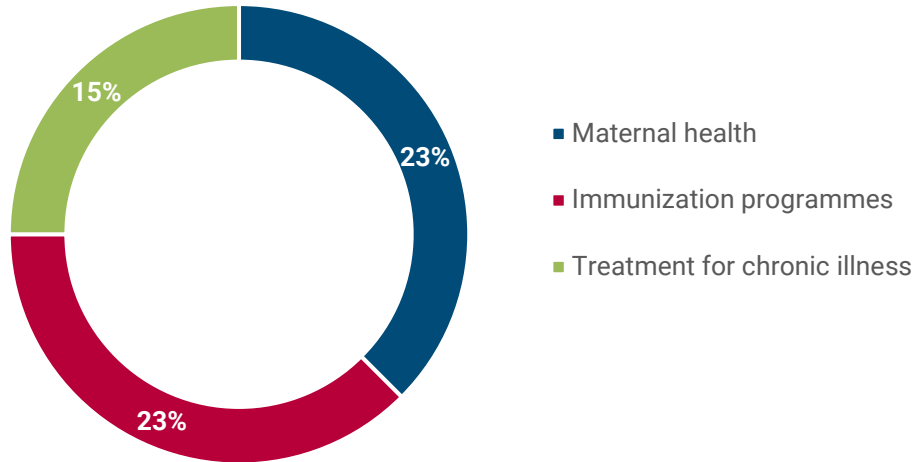


## What HEN members told us in Europe

### Health concerns

HEN members in Europe said that COVID 19 was impacting health services, particularly immunisation services, maternal health services and treatment for chronic illness.

#### Europe: Top 3 Reduced Health Services



“In the UK context, information is predominantly in English which is not serving ethnic minority and refugee communities. Homeless people are also unable to access information... Less incomplete or inaccurate information would help prevent general confusion across all the population. Contradictory information is not helpful.” **United Kingdom**

### Social cohesion, protection and gender concerns

In Europe lower-income individuals with no means to pay and no transportation, migrants, and refugees were cited as facing the greatest barriers to accessing COVID-19 testing and treatment.

### Humanitarian and development operations

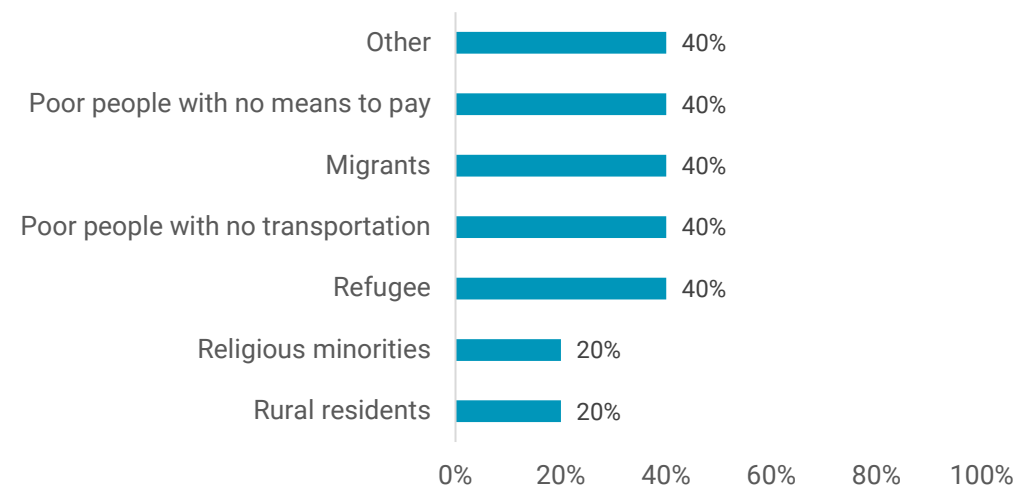
HEN members in Europe reported the lowest level of interruptions to humanitarian and development programming (only 40% of programs were interrupted, none had stopped).

However, two of five respondents in Europe said they had experienced reductions in funding (40% of respondents). Africa was the next highest region, with only 9% reporting funding cuts.

#### What HEN members need to better serve the populations they work with

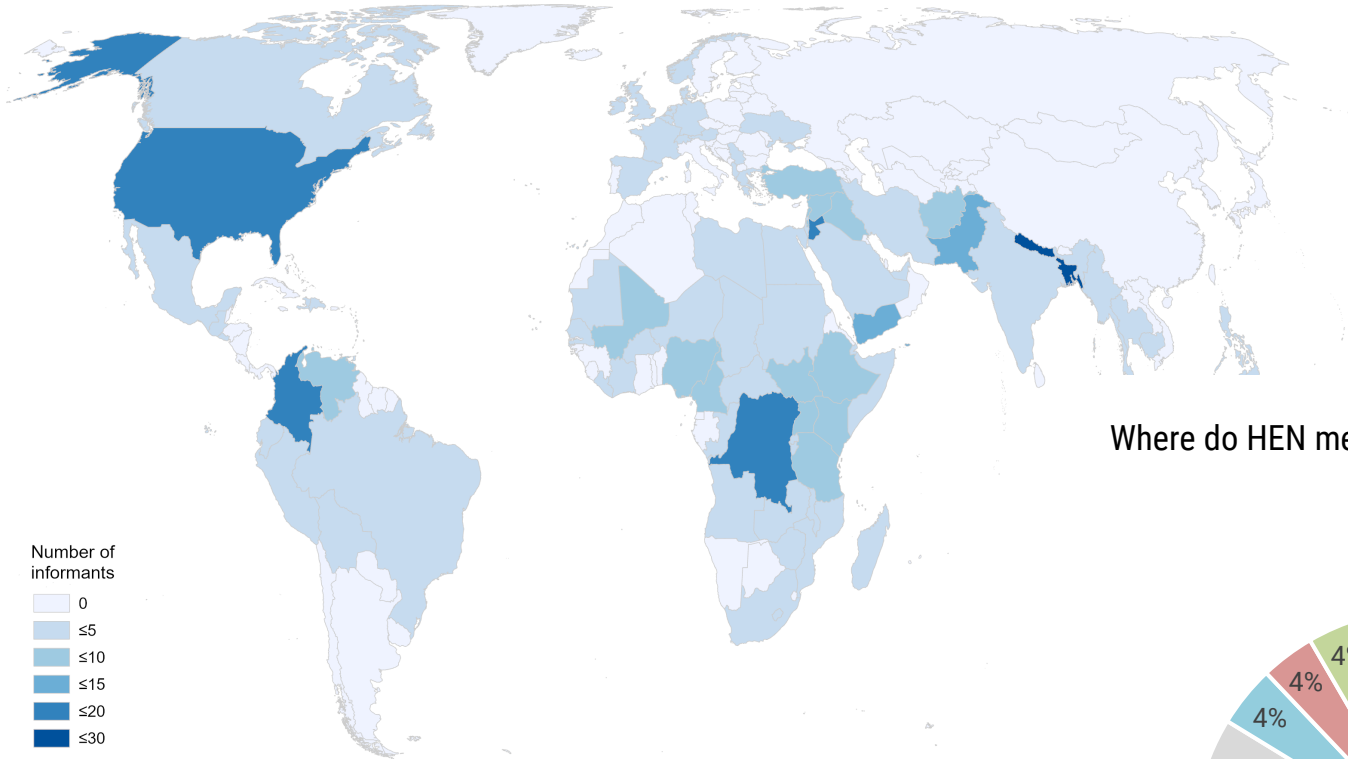
- Better access to flights for humanitarian purposes, this may include the distribution of humanitarian passports or flight exemptions.
- Translation of informational materials into the languages of refugees (recommended in the UK).
- Better accessible information for homeless populations.

#### Europe: People groups not accessing COVID-19 testing/treatment (top 7)



## Who is in the HEN?

Humanitarian Expert Network as of 20 April 2020

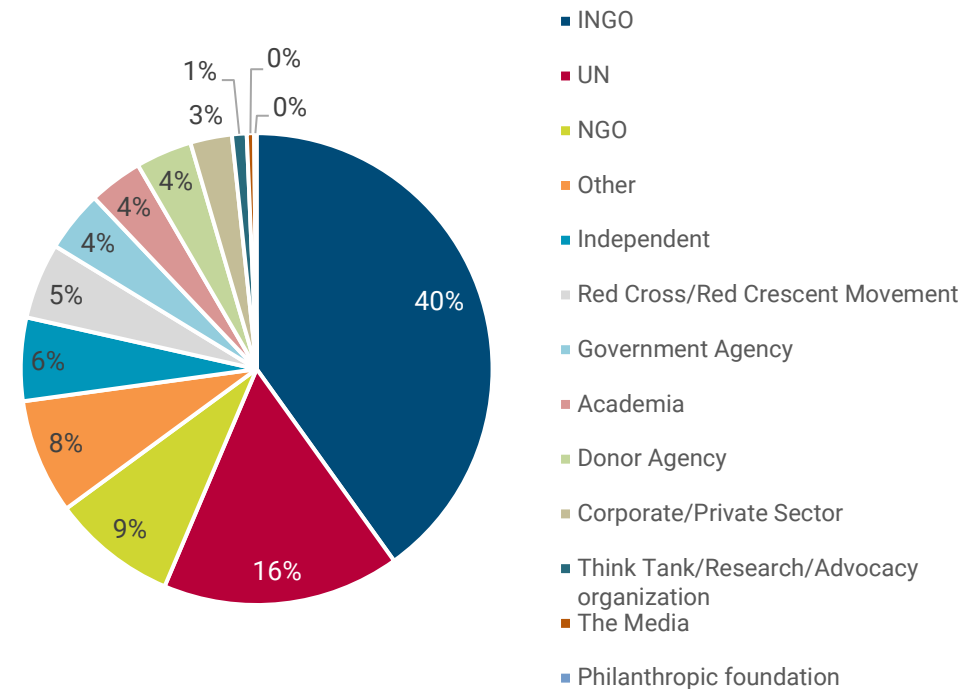


## HEN members know what they are talking about!

40% have more than 10 years experience in humanitarian or development work, almost two thirds have more than 5 years experience

Responses are informed by a broad range of sources: national and international news, staff and peers, visible changes in their communities, and feedback from project participants. A number of HEN members also report being part of aid and government coordination fora, or national COVID-19 taskforces.

## Where do HEN members work?



## Who are HEN members?

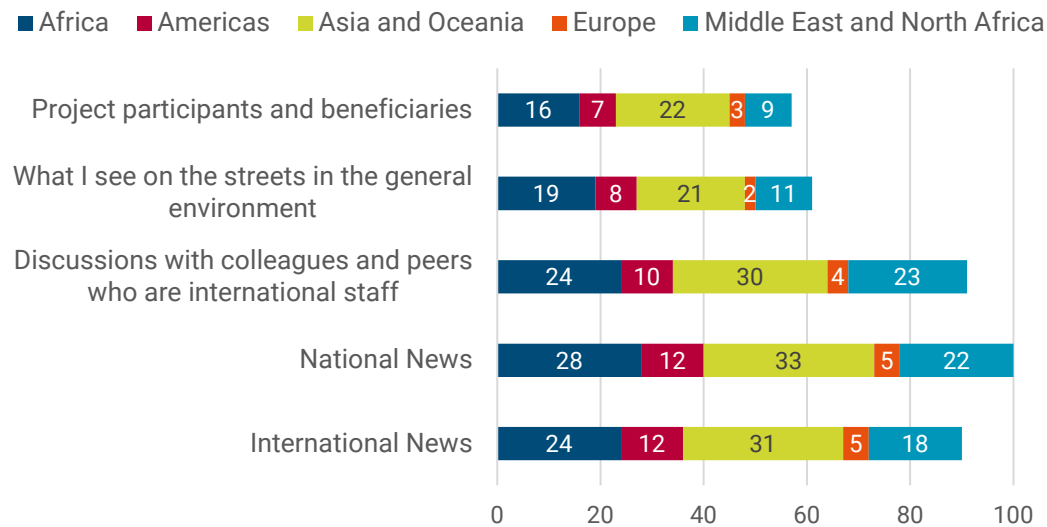
- 596 people (42% female, 52% male, 6% prefer not to say) from 266 organisations across 90 countries
- 261 are in a country level position
- 82 regional
- 98 global
- 155 answered not applicable

## ACAPS Analytical Framework

To respond to the need for information and analysis in relation to the COVID-19 pandemic, ACAPS has developed an analytical framework on how we will approach the unfolding crisis. While the situation is in flux as the pandemic progresses across the globe, this analytical framework will guide ACAPS analysis and data collection (ACAPS 2020).

The framework looks at the pre-pandemic context and how changed policies, behaviours, and actions in reaction to the crisis impact humanitarian efforts, and what the knock-on effects of these may be. The framework categorises analysis of impacts in four main areas: health; living conditions and essential services; social cohesion and protection; and humanitarian development operations.

### Sources of Information HEN members rely on



See [ACAPS CrisisInSight](#) page and [Global Risk report](#) to find out more about pre-existing vulnerabilities.

See [ACAPS Government Measures report and data set](#) to find out more about how measures to contain COVID-19 – often legitimate and necessary – are leading to secondary impacts on vulnerable populations.

## How did ACAPS analyse the HEN data?

Six ACAPS analysts, with technical support from Satellite Applications Catapult, cleaned, coded and summarised the HEN results. We used a Grounded Theory Approach for qualitative data.

We are presenting our findings by **five regions** (Africa, Asia and Oceania, Middle East, Americas, Europe). Over time, with more responses, we will transition to more country level information.

### Data and sources

Satellite Applications Catapult produced the maps in this report. The COVID-19 tests and confirmed cases per million data came from worldometer.

The INFORM Severity Index is a composite index that measures severity of humanitarian crises and disasters globally. It brings together 31 indicators impacting severity organised in three dimensions: impact, conditions of affected people and complexity of the crisis. All the indicators are scored on a scale of 1-5. These scores are then aggregated into the overall severity score. See the full INFORM Severity Index data set [here](#).

### Acknowledgements

This report wouldn't have been possible without the time and contribution of Satellite Applications Catapult and HEN members.

