



Q&A Friday News, April 24

OPERATIONS IN ILE-DE-FRANCE

1. The synergy between here and there can also be seen in shared observations on access to food aid for the most vulnerable in certain areas of international intervention. Is this subject of concern among others, such as the mentioned access to PF, observed in Ile-de-France?

Access to food aid is an even more essential concern for people living on the streets at this time, but also for temporary housing, particularly in Seine-Saint-Denis where the situation is tense, worrying and challenging. At the beginning of the crisis, the associations that used to take care of it had to reorganize, in particular because many of their volunteers were at risk because of their age. Even if some of them have restarted their activities, there are far fewer food distributions than in the usual times.

In addition, the government has announced a system of “Service vouchers”, which is similar to the coupon systems used internationally. However, many people are still excluded from this system (sex workers, unaccompanied minors, for example). Freedom of movement is a real problem, especially the fear of police.

In Paris, there is a great deal of coordination between the citizen associations to organise the distribution of meals as well as possible. More and more food packages are being distributed to enable people to “hold on” for several days. The places of food distribution are numerous and regularly communicated to people via updated flyers. However, this remains a difficulty for isolated people and more complex coverage for the other departments in the Ile-de-France region.

Finally, there is a concern during Ramadan, which limits the distribution schedules, the time of use of kitchens in shelters, and makes social distancing more difficult.

2. Have you met many people on the street with clinical symptoms of COVID-19? Were they able to be cared for and isolated in hotels?

People living on the streets are particularly exposed to the virus. Confinement is impossible, and even the most basic barrier gestures are almost impossible to apply. For example, to wash their hands, as people have even less access to washing facilities due to the closure of day care centres, public toilets and cafés.

This exposure is all the more problematic as people living on the streets are in poorer health, due to difficult life courses and precarious living conditions. These more numerous and more frequent pathologies are factors of co-morbidity with the Coronavirus, i.e. risks of developing a serious form of COVID-19 infection.

Between 16 March and 6 April, over a three-week period, the homeless programme team received 38 reports from various partners, for people with symptoms of COVID-19 (14), or with other pathologies/infections (24). Of these 38 people, 66% had age-related morbidity factors, respiratory pathologies, cardiovascular history, diabetes, etc. (25).

Of the 14 people reported by partners as having symptoms of COVID-19, only three were believed to be actually affected by the virus. Of these, two received ARS treatment and were subsequently accommodated in a group shelter.

With regard to the exiles and the health monitoring programme, fewer people are encountered who show signs. The referrals made to 15 or the ARS are not always simple and do not allow us to have feedback on the care.

On the other hand, other medical demands remain numerous, with the usual difficulties of access to care exacerbated by difficulties of movement and fear of COVID-19.

3. How will the street work in Paris or elsewhere in France evolve after the deconfinement?

The street work will continue as much as possible, but it will also depend on our ability to mobilize the new volunteers who have recently joined us. Indeed, depending on whether or not they resume their professional activities, we will not necessarily be able to count on as many people, especially since our “historic” volunteers, who are often older, will not be able to go back to the street work activities any time soon. We hope to keep the new volunteers and recruit new ones, in order to maintain and strengthen the new dynamic, including with partners and users with whom many links have been created in recent weeks.

The programmes will be reworked for the chronic emergency period ahead of us. While there will certainly be less street work, they will be more diversified: for example, it is envisaged that patrols will be set up during the day, and no longer only in the evening, and that physical accompaniment, sometimes by vehicle, will be organised for people who are physically/practically/psychologically unable to move around in care structures.

OPERATIONS IN PAKISTAN

4. Is there spontaneous mobilisation of civil society in Pakistan (as seen in France, where there is spontaneous mobilisation around aid delivery, mask making, etc.)? Or is the atmosphere one of mistrust?

There is a real problem of coordination between the different actors in Pakistan and a lack of information on the different actions that are being carried out, including civil society actions. It is therefore very difficult today to have a precise picture of the various initiatives underway.

A rather worrying climate of discrimination is emerging against people infected with COVID-19, and against people working to respond to the crisis, including doctors and people working in health centres. This could have an impact on the willingness to get involved in solidarity actions.

What also emerges from the field is that the main priority for people is to maintain their livelihoods, or find new ones, rather than turning to others. Perhaps with the arrival of Ramadan, we will see a new form of solidarity, but this is not the trend we are seeing at the moment. Of course, there may be initiatives, but they are not taking precedence over the intervention of international NGOs and the country’s health authorities.