Volunteer in Every Street

Libyan Red Crescent – Benghazi Branch

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Table of Contents

LIST OF ACRONYMS

MENA	Middle East and North Africa
COVID-19	Corona Virus Disease
LRCS	Libyan Red Crescent Society
CBHFA	Community Based Health and First Aid
NCDC	National Centre for Disease Control
IFRC	International Federation of Red Cross and Red Crescent Societies
WHO	World Health Organization
GPS	Global Positioning System

1 INTRODUCTION

As of March 30, 2020, all countries in the MENA region have announced cases of COVID-19 and initiated the response against this pandemic. The risks are considered high in the region especially that many countries are experiencing complex emergencies and conflict (like in Syria, Yemen, Libya, Iraq, and Palestine); compounded by fragile health systems, weak disease surveillance, overwhelmed response capacities and a suboptimal level of public health preparedness. These factors increase the impact of COVID-19 on vulnerable groups like migrants, Internally Displaced Population (IDPs) and refugees who already have limited access to basic health services and limited access to information. When it comes to risk communication, an overload of information about COVID-19 including rumours are being circulated in the traditional and social media in what is referred to as "infodemic", resulting in panic among the public and increasing the risk of adopting ineffective prevention measures.

National Red Cross and Red Crescent Societies in MENA region are key players in responding to the COVID-19 outbreak, given their community networks and reach within their respective countries. National Societies can engage people and communities, online and offline, in promoting safe behaviour and practices, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. Therefore, community engagement is at the core of the response as it aims to systematically engage and communicate with communities to plan and implement an effective response based on their needs and feedback and uses trusted channels of communication to disseminate timely and life-saving information.

National Societies applied various community engagement approaches and the purpose of this document is to highlight and document these successful approaches in the region in the form of case studies while presenting the effectiveness and impact of the approach. The case study to be tackled here is that of the 'Volunteer in Every Street' initiative conducted by the Libyan Red Crescent Society's (LRCS) Benghazi branch.

2 Background

The COVID-19 pandemic has reached Libya, a country in a state of conflict and protracted crisis since 2011. The crisis has led to a fragile health system where many public health care facilities are overwhelmed and do not have enough medicines, supplies and equipment. Water, sanitation and hygiene services have also been disrupted throughout the country. In addition, Libya has been a major transit and destination country for migrants, refugees, asylum-seekers, victims of trafficking, stateless persons and other vulnerable persons on the move fleeing from poverty and conflict in their countries of origin. Therefore, these vulnerable groups become at higher risk during the pandemic.

The LRCS is the main national humanitarian organisation able to respond to emergencies and provide services to vulnerable populations on the entire Libyan ground, through a network of 36 branches and more than 3,000 active volunteers. The main services provided by LRCS are centered around health, where they have community-based health teams, run Primary Health Care Centers and mobile clinics, provide psychosocial support to vulnerable groups, deploy medical convoys, and provide first aid services to injured individuals during emergencies.

With the evolving COVID-19 situation in the region, the LRCS has use the community health programme as the leading programme in the response due to its leading role in engaging communities and health promotion, to support positive behaviour change during the pandemic Therefore, the community health teams have been trained on the IFRC e-learning package 'community health interventions in the response to COVID19" through the IFRC-Regional Office in coordination with the IFRC Libya Country Office.

One specific project targets five areas, namely Ajdabia, Benghazi, Derna, Kufra and Zwara where each branch has built a "CBHFA team" that was activated during the preparation phase of the COVID-19 response. The teams have been built and have initiated their work with communities since 2018, where they trained community members on the CBHFA approach's principles and tools, performed community assessments, identified communities' health priorities, and built strong bonds with community members.

In the Benghazi branch specifically, the community health volunteers network had initiated awareness activities in the community. However, upon announcing movement restrictions which hindered the mobility of health volunteers and their access to the communities, there was a need to modify the approach. Therefore, the branch decided to launch an initiative called "Volunteer in every street".

3 | METHODOLOGY

The methodology adopted to prepare this case study is qualitative. In-depth interviews were organized with the LRCS the health manager in Benghazi branch LRCS, two volunteers, and two community members. The interviews proceeded based on an interview guide with open ended questions exploring more on the details of this initiative aiming at showing the extremely important role of volunteering in such a challenging situation, as well as sharing this document as a best practice with other National societies.

4 | DESCRIPTION OF APPROACH

Community health is one of the main pillar within the LRCS health strategy and thus the initiative came to build on the already existing community health activities and after the LRCS sensed the need for supporting the community during the outbreak, especially since it was accompanied with massive "infodemic" that makes it hard for people to find trustworthy sources and evidence-based/scientific guidance when they need. The LRCS has started to understand the context and gaps through surveying the community on social media in Libyan dialect. The idea of the approach is to engage and recruit local community members to provide health awareness in their own surrounding and neighbourhoods.

> "Movement restrictions in conjunction with the need to provide COVID awareness led to the creation of the volunteer in every street idea".
> Ibrahim Allaq: Volunteer - Coordinator of "Volunteer in Every Street" initiative at LRCS

Below is the process followed to launch "Volunteer in Every Street":

.1. In terms of resources and training material, the team has prepared a **volunteer guide** based on resources from IFRC, WHO and the NCDC; this guide included basic information about the COVID-19 pandemic, safety precautions,

role of volunteers and advice on how to communicate with the community. This guide was coupled with a video explaining the main sections and precaution measures volunteers should abide by.

.2. To better understand the needs in the community, a **survey** was developed (based on guidance and technical support from the IFRC regional office) and administered through the social media platforms. The survey included questions on the perception of people about COVID-19 and their knowledge about its transmission. Analysis of the results informed the development of **Frequently Asked Questions** document or guide based on the knowledge gaps identified.

.3. A campaign was launched through video and posts on social media to explain the initiative and invite interested community members to support in fighting the pandemic and engage in the response. There were **two options for volunteering**, one is on the field to provide health awareness and second through remote support in tasks like analysis, translation, research and designing material. A **registration form** was available and 548 volunteers in total registered.

.4. Participants were then divided according to districts and invited to join Telegram channel for further instructions. Guides and material were uploaded on this channel so volunteers are able to go through it and ask any question. Then an **assessment test** was completed as a **selection requirement.** The test included 20 questions and volunteers were expected to answer 18 questions correctly to qualify for the next step. A total of 202 volunteers succeeded in the test.

.5. Moreover, another session was organized by Benghazi branch to the selected volunteers as an introduction to the principles of the movement, given that the volunteers are new joiners

.6. In terms of **organization at field level,** teams were divided across the districts of Benghazi and each team had an assigned leader, in total 18 teams were active. Telegram was also used as a coordination platform for the teams.

.7. Implementation phase was initiated and volunteers began door to door visits in their neighbourhoods reaching a total of 2,066 households from May 2 till 14, 2020.

.8. As for **monitoring,** the branch relied on the following methods:

- Spot checks and field visits by the CBHFA staff, at least once in every district to observe the interaction in the community and provide any recommendations.

- Volunteers completed a form on a daily basis after completing a certain number of visits and registering the GPS location as well.

Team leaders were also reporting on daily basis using a form to record challenges, best practices etc. Moreover, a coordination platform between all team leaders was used to share experiences and come up with solutions. This was continuously monitored and supported by the technical team in Benghazi branch.

5 VOLUNTEERS' EXPERIENCE

Starting from their belief to support the community in COVID, and despite the lockdown and the internet related issues, the volunteers had seen the volunteering announcement posted on the social media and different

web-portals where they have rushed to apply. The volunteers insisted to complete the online training which according to them was participatory and enough to guide them through the scientific material, ethical considerations, and communication skills.

Following the preparations, and during the door to door visits, the volunteers were impressed by most people who were welcoming, especially that the volunteers introduced themselves and explained the objective and the importance of this visit. Volunteers were taking all the safety measures and keeping the minimum physical distance which gave even more trust to the community to cooperate and be active listeners. Some community

members did not welcome the visit at first, but as volunteers moved on with explanation, they changed their minds and took the subject seriously. During their visits, the volunteers used a simplified local language/dialect to stress on the importance of taking preventive measures (wearing masks, gloves, practicing hand washing and keeping physical distancing). In addition, volunteers have addressed the stigma issue especially that people started to feel stigmatised following the increased infected numbers in Benghazi. Only few community members, and after the volunteers made two attempts to convince them to listen, they rejected the whole initiative objective due to their complete denial of the existence of COVID-19 in Libya.

Throughout this initiative, volunteers have learned more about their areas and their community health needs. For example, there are many other health problems namely (hypertension, and diabetes) that are very common among Benghazi community and that can be tackled within replicating the same approach and providing relevant health awareness education to mitigate their impact. Volunteers recommended to receive more trainings on new communication skills with the community to better bring their attention on relevant health-topics. In addition, the volunteer recommended to improve the monitoring of the after-action to tackle any potential behavioural change within the community.

Volunteers have seen the direct result of this initiative when they sensed how reactive the people were in showing their enthusiasm to apply the COVID prevention measures, in answering post-knowledge questions, and through witnessing some shop keepers whom they visited following the COVID prevention measures few days after their visit.

Aside from the internet issues in Benghazi , the volunteers mentioned the importance of training on the use of relevant technology as it showed how much they could have done a better job if they were trained on using advanced technology means during the communication among each other. In addition, choosing the right timing for their visits were something they could have done better on. For example, and especially in Ramadan where people tend to sleep till late hours, and thus making the morning visits inefficient.

6 COMMUNITY MEMBERS FEEDBACK

During the interviews, community members expressed their gratitude to the caring volunteers from LRCS who were doing all what they could to provide them with clear and thrustworthy information.

At the first impression, the interviewed community members mentioned they were concerned about what might the volunteers inform them in regards to COVID-19, however the information provided was relieving, simple and trustworthy especially that the volunteers were taking preventive measures and refused to enter inside the houses Community members understood in a simple language that COVID-19 can be easily prevented if simple preventive measures are followed (wearing masks, gloves, washing hands, applying social distancing, and being cautious and do not hide any potential symptoms).

Community members expressed their satisfaction about the whole initiative since it gave them the chance to look into COVID-19 from a scientific/real lens and to avoid relying on unknown sources of information. For example, some fallacies were corrected through the volunteer's visit, one of them was that COVID can only be transmitted by outsiders and not by family members. Another one was that COVID-19 will end early in Libya because of its high temperature in summer.

Community members mentioned that there are countless advantages versus disadvantages with regards to the initiative, One main advantage is the approach inclusiveness which ensured the delivery of trustworthy information to community members who do not have access to technology or media. Although there were no major disadvantages in the initiative, something that might had been considered is the timing of the visits especially in Ramadan during the morning hours where most of the people might not be awake which might have a negative effect on the number of people reached.

Aside from Covid-19, the community members recommended the importance of having similar approaches to raise awareness on hypertension and diabetes, which are widely spread diseases in the Libyan community.

"When the volunteer first knocked my door I was so happy to know that caring people are always there to provide me with such helpful information and instructions " – Bahaa, Community Member

"In the beginning, there were too many rumours around the virus, which made me feel lost about how to deal with it, but after the volunteers visit I understood the virus and felt more comfortable to prevent it" – Imad, Community Member

"I loved the idea of the volunteer in every street, I liked that the source of information was real" Imad – Community Member

CONCLUSION

In conclusion, "Volunteers in every Street" succeeded in engaging community members through enriching and fortifying the community health volunteers' knowledge and skills in applying community health approaches. This was done through the provision of credible and life-saving information to the local community in their neighborhood in a safe and personalized approach ensuring the reach to vulnerable people, such as the elderly or persons who do not have access to the internet (a main channel for information provision). Therefore, this approach is considered effective based on the feedback received from the different teams to the branch and the interviews completed for the purpose of this case study and it was recommended to adopt it beyond COVID-19 to address issues like chronic illness, addiction, violence etc. However, it is also recommended to invest more in a training package or curriculum focusing on communication skills, health promotion theories and technical background to fully equip volunteers, especially newly recruited with the needed background and skills to fulfill their role and mission.

It showed the ability of the LRCS staff/volunteers to cope with the pandemic situation with keeping the protective health measures through tailoring their tools and using technology to reach communities. Consequently, It was emerged the importance of investing in quality technology and capacity building especially during lockdowns and physical distancing as it acts as an effective, efficient, and timely means to prepare, and implement initiatives that save lives.