

Community Responses to the **COVID-19** Crisis

Best Practice Guide



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ACRONYMS

AAH	Action Against Hunger
ABAAD	ABAAD Resource Center for Gender Equality
BCI	Binda Consulting International
CCRT	Covid-19 Crisis Response Teams
CSO	Civil Society Organisation
CPK	Centrum Praw Kobiet
CRP	Community Resilience Programme
DDA	Dialogue and Debate Association
EIT	European Institution of Innovation and Technology
FPAB	Family Planning Association of Bangladesh
FPASL	Family Planning Association Sri Lanka
FIOCRIZ	Oswaldo Cruz Foundation
GBV	Gender based Violence
HPC	Higher Planning Committee
ICW	International Community for Women Living with HIV
IDP	Internally Displaced Person
IPPI	Indonesia Positive Network of Women Living with HIV
IFRC	International Federation of Red Cross and Red Crescent Societies
IWPR	Institute for War and Peace Reporting
MCH	Maternal and Child Health
MENA	Middle East and North Africa
MRCS	Myanmar Red Cross Society
NDI	National Democratic Institute
NGO	Non-governmental Organisation
NOOM	Network for Organisations of Elderly Migrants
OCHA	Office for Coordination of Humanitarian Affairs (United Nations)
PPE	Personal Protection Equipment
RHP	Reproductive Health Promoters
STEM	Science, Technology, Engineering and Math
TTL	Taking the Lead
UK	United Kingdom
UNFM	National Union of Moroccan Women
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Emergency Fund
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service



WCK	World Central Kitchen
WFP	World Food Programme
WHO	World Health Organisation
WILPF	Women's International League for Peace and Freedom



INTRODUCTION

In early 2020, the Novel Coronavirus (COVID-19) struck almost every corner of every country in the world. The intensity and degree to which populations suffered (and continue to, at the time of writing) depended on a variety of factors: the state of national health systems, communication of reliable and science-based information, dependable supply chains to maintain essential and life-saving services, and government leadership to support the economic shocks of shuttered businesses and unemployment.

Globally, pandemic mitigation measures exposed vulnerable populations and groups to increased hardship and violence, especially women and children. Lockdowns, lost employment, and isolation resulted in increased domestic violence, poverty, and rollbacks in education and participation in social or professional activities for many.

The shocking speed of the virus' spread and impact caught most governments by surprise in such a way that overwhelmed public services failed to reach already marginalised communities. Initial, official responses to mitigate the spread of the virus or treat those affected, often overlooked people living in segregated, impoverished or remote communities. Older adults and people with pre-existing medical challenges had to isolate themselves from their communities and, often, their families. Around the world and in record time, governments built temporary hospitals¹ or repurposed public spaces as makeshift mortuaries². COVID-19 was a global crisis of unprecedented proportions.

As with most crises, CSOs jumped in to fill the gaps.

Almost immediately, community activists organised themselves to support virus mitigation efforts, care for the most vulnerable and provide life-saving services that had ceased or collapsed because of the pandemic. Since most CSOs are grassroots-based, many could quickly mobilise within their communities, using their understanding of local needs and vulnerabilities. Many CSOs abandoned existing projects and pivoted to COVID-related assistance. Some organisations concentrated their efforts in one community; others scaled them at national levels. Regardless of the level of effort, every CSO response impacted someone who would have otherwise suffered in the face of the crisis.

This guide highlights the heroic and creative ways organisations

¹ [Coronavirus: How NHS Nightingale was built in just nine days](#)

² [24/03/2020 Spain transforms ice rink into makeshift mortuary to cope with coronavirus deaths](#)

and activists assisted the most vulnerable, particularly women and girls. The authors do not pretend that this guide even begins to document the thousands of CSO efforts to respond to the pandemic but hope that the few mentioned here will inspire others seeking information.

ABOUT THE PROJECT

This guide was developed as part of the *Taking the Lead (TTL)* project to support Libyan CSOs to respond to the COVID-19 pandemic in their communities.

In 2020, The COVID-19 pandemic added a new layer of crisis to Libya, already buckling under the stress of long-term conflict. An international consortium of [Binda Consulting International \(BCI\)](#) and the [Institute for War and Peace Reporting \(IWPR\)](#) worked with civil society partners to increase their capacity to engage, identify priorities and propose and implement workable solutions to meet the needs of women and girls and respond more effectively to the impact of the COVID-19 crisis and the recent surge in the conflict in Libya. Engaging women in local development and decision-making processes reinforces and cements community partnerships and ensures that decisions reflect the priorities of women and girls³.

At the end of 2020, Libyan CSOs from east to west and north to south interviewed stakeholders in their communities to assess the impact of COVID-19 on women and girls. The individual assessments enabled the organisations to develop appropriate responses and contribute to policy efforts to prevent the spread of the virus and mitigate its worst impacts on women and girls.

The identified issues and Libyan CSO responses inspired the collection of global best practices for this guide.

3 The participating CSOs included: [Ataa Al Kheer for Charity](#) (Traghen), [Dyhia Organisation for Development](#) (Tripoli), [For You Libya Group](#) (Tripoli), [Libyan Organisation for Development](#) (Benghazi), [Nana Maran Organisation for Charity](#) (Tripoli), [Nitaj Organisation for Capacity Development of Women](#) (Benghazi), [I am Libyan Woman and My Son is a Foreigner for Civil Society Work and Charity](#) (Ghat), [Women's Forum for Development](#) (Zawiya), and [Women's Libyan Union in the South](#) (Sabha).

ABOUT BINDA CONSULTING INTERNATIONAL (BCI)

BCI is an international development and political consultancy based in Malta with representatives in Jordan and Lebanon. The core team is flexible and able to scale up in response to large project implementation quickly. Calling on a global network of consultants, BCI provides analysis, research, training and capacity building with expertise in political strategy, governance, programme design, public opinion research, women's political participation, gender-based violence, crisis communications and organisational training.

BCI clients include international non-governmental organisations, political parties, state actors. BCI is an implementer of several programmes and projects funded by international donor agencies.

Established in 2014, its senior consultants have extensive experience in international democracy and development, combining decades of work in some of the most challenging political environments. BCI's senior team has worked to develop the capacity of political actors in emerging democracies and traditional societies to better respond to the challenges inherent in dramatic change.

Having lived and worked in conflict and post-conflict environments, BCI consultants understand the obstacles to reconciliation within and among communities.

Even before the COVID-19 pandemic, BCI was implementing remote support to clients and activists in hard-to-reach communities. The team has experience developing online training materials and toolkits and continues to provide remote mentoring.

BCI is a signatory to the [UN Women's Empower Principles](#).

ABOUT THE INSTITUTE FOR WAR AND PEACE REPORTING (IWPR)

IWPR is a non-governmental organisation that gives voice to people at the frontlines of conflict and transition to help them drive change. Founded in 1992, IWPR now works in more than two dozen countries and territories in Europe, Asia, Africa, Latin America, and the Middle East and North Africa. IWPR supports activists, human and women's rights defenders, media professionals and citizen journalists in many countries in conflict, crisis, and transition around the world. It contributes to peace and good governance by strengthening the ability of media and civil society to speak out. This is accomplished by training, mentoring and providing platforms, building up the institutional capacity of media and civic groups, and working with independent and official partners to remove barriers to free expression, robust public debate, and citizen engagement.

IWPR works to champion issues of women's rights around the globe while supporting female civic activists and media professionals in challenging environments. IWPR's work around the world supports and strengthens emerging women's organisations and promotes women's active participation. Our civil society and media partners not only highlight inequalities and abuses, but also celebrate the achievements of women driving change in their own societies. Much of IWPR's work focuses on giving voice to those who might not otherwise be heard. Targeted programming promotes the voices of women in conflict zones by training female journalists and providing them with effective media platforms and fora for women in conflict-divided regions providing a vital space for women participation in peace-building, political, and economic processes.

IWPR has been working in the MENA region for over a decade. IWPR's work helps build vibrant and independent media, active civic and community groups, and democratic institutions across the MENA region. Initiatives in the region have strengthened journalists and civil society institutions in a variety of ways, from supporting legal and structural reform around policies, including freedom of information and women's rights, and political participation to real time management and programme implementation support to build sustainable organisations. IWPR has offices and maintains a presence in Tunisia, Libya, Lebanon, Iraq, Syria, and Turkey in addition to running regional programmes across the entire Middle East and North Africa region.

ACKNOWLEDGEMENTS

BCI's Eszter Kósa researched the global examples and drafted this guide. Raphael Zwein, BCI's Intern, supported the research. IWPR's Abby Tillman reviewed and commented on the draft guide, and BCI's Francesca Binda edited the final English version.

The guide was translated into Arabic by Myrna Al-Tall and proof-read by Halla Hadidi. Walaa Al-Khawaldeh provided the Arabic audio narration. BCI's Mohammad Khasawneh and Ola Al-Rayyan designed the layout for both English and Arabic versions.

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Last and most significantly, the authors acknowledge the many community-based organisations and activists in Libya and around the world for their commitment to responding to the COVID-19 crisis and sharing their stories so that others can benefit.

HOW TO USE THIS GUIDE

This guide provides CSOs with global examples of community responses to the COVID-19 crisis. The illustrations are in no way exhaustive of the tens of thousands of efforts of citizens coming together to support their communities in a time of crisis. The authors hope the examples provided in this guide inspire activists to adapt and respond to similar needs in their communities.

Each section of this guide provides examples of local interventions around challenges identified by CSOs in Libya in late 2020. As noted above, 11 Libyan organisations participating in the Taking the Lead programme identified these challenges during rapid assessment research at the end of 2020. Each section concludes with a few “Tips to consider” before adapting responses to specific challenges. While the themes chosen for this guide come from the needs identified in Libya, the illustrations are global. The authors hope they prove helpful to CSOs outside Libya and inspire creative solutions for community support during a crisis.

Note: BCI drafted this guide in June 2021. While the Coronavirus pandemic is far from over, many of the most severe mitigation measures are easing in many countries. Since the initiatives described in this guide are COVID-specific, several may have ceased or changed to reflect changing needs. Some links and references may no longer apply.

GLOBAL EXAMPLES

NEGLECTED COMMUNITIES: ACTIVISTS FILLING THE GAPS TO SUPPORT MARGINALISED POPULATIONS

INTRODUCTION

Although the COVID-19 pandemic has touched every corner of the world and all populations regardless of economic or ethnic status, communities were not equally equipped to respond to the crisis and protect marginalised populations. The health crisis created by the pandemic has accentuated inequalities for many communities excluded from mainstream social, economic, and educational life. They are often — either by choice or neglect — autonomous and self-reliant for their survival.

Because of their isolation and lack of support from official authorities, marginalised communities often have high levels of mistrust in government. Sustained discrimination and isolation mean that those who need supporting the most may refuse to participate in government recommended live-saving acts such as mask-wearing or vaccination. Many marginalised populations live in physically segregated communities that are impoverished, with inferior housing and infrastructure. Recommended COVID-19 mitigation measures such as social distancing and heightened hygiene are impossible for many of the world's poorest people.

This section highlights efforts by activists from marginalised communities to educate and protect their communities.

POSSIBLE ACTIVITIES

- ▶ Awareness-raising campaigns on social distancing, hygiene measures, mask-wearing, vaccination
- ▶ Distribution of sanitisers, masks
- ▶ Information on COVID-19, symptoms, available hospitals, health centres, testing centres, actual numbers of infected people
- ▶ Information on vaccinations, vaccination plans, availability of vaccines
- ▶ Updates on rules and measures

AUSTRALIA — ABORIGINAL-LED APPROACH SAVED COMMUNITIES FROM COVID-19

There are 58,000 Aboriginal and Torres Strait Islanders⁴ in the Australian state of Victoria. These communities live with higher rates of pre-existing medical conditions that make people more vulnerable to viruses like COVID-19: heart and lung disease, diabetes and compromised immune systems. Health-related support to over 25,000 Aboriginal citizens of [Victoria comes from the Victorian Aboriginal Community Controlled Health Organisation \(VACCHO\)](#), which represents 32 local and district community organisations in the state⁵.

When the Coronavirus pandemic started in early March 2020, the VACCHO moved quickly to mobilise member organisations, holding regular meetings with each other and the state and federal governments. Most organisations moved to online work for staff and clients but coordinated activities to maintain a community-based approach and response to support the most vulnerable. VACCHO made sure that it had the latest public health information and data so member organisations could disseminate culturally appropriate information that community members trusted.

Twenty-four of VACCHO's member organisations provided COVID-19 testing support to prevent significant outbreaks or clusters of cases. The [Victorian Aboriginal Health Service \(VAHS\)](#) staff understood that COVID-19 mitigation measures like physical distancing and quarantine would cause isolation and, possibly, result in mental health challenges in the community. The VAHS established a confidential crisis hotline and provides regular updates on its [Facebook page](#). Most of VACCHO's member organisations are actively involved in informing the Aboriginal community of the importance of vaccination, providing practical information on eligibility and how and where to book appointments.

⁴ Australia's Indigenous peoples are two distinct cultural groups made up of Aboriginal and Torres Strait Islander peoples. [Indigenous Australians: Aboriginal and Torres Strait Islander people](#)

⁵ [An Aboriginal-led approach saved communities from Covid. Now it's time to tackle mental health | Caroline Kell for IndigenousX](#)



Source: [Victorian Aboriginal Community Controlled Health Organisation Inc Facebook page](#)

BRAZIL — FAVELAS ORGANIZE TO FIGHT COVID-19

Brazilian favelas (slums) are densely populated and overcrowded settlements that often lack adequate sanitation, including clean drinking water. Social distancing is impossible among the many poor residents in favelas. Across Brazil, in the absence of formal government services, [residents of favelas](#) have organised ambulance services, produced masks and hygiene kits, and spread information on the virus⁶.

In the [Complexo da Maré](#) (a group of 16 favelas with around 140,000 inhabitants in Rio de Janeiro), one journalist and community activist, Gizele Martins, helped create the [Mare Mobilization Front](#) to mobilise residents in limiting the spread of COVID-19. Her mission is to distribute information from the Brazilian Ministry of Health, the [World Health Organisation \(WHO\)](#) and the [Oswaldo Cruz Foundation \(FIOCRUZ\)](#) about the virus' risks. The Front's messages are creative and conveyed in easily understood ways to the poor residents of the favelas who do not all have access to information from the news or the internet.

The Mare Mobilisation Front broadcasts messages from vehicles with loudspeakers, creates street art, distributes flyers in churches, produces articles, images and videos.

6 [Brazil's favelas organise to fight Covid-19](#) | United Nations



A mural painted in the favela to inform the residents of the numbers of infected people or how many have died of Coronavirus. Photo courtesy Mare Mobilisation Front. Source: [UN Covid-19 Response](#)

CANADA — SIX NATIONS OF THE GRAND RIVER - COMMUNITY RESPONSE BY INDIGENOUS PEOPLE

The Six Nations of the Grand River has the largest population of all First Nations in Canada on approximately 18,000 hectares of land in Ontario. Knowledgeable of the inherent vulnerability of Canada's indigenous people, the Six Nations' response to the threats posed by COVID-19 balanced "western" public health science and their traditional values and knowledge.

The Elected Council of Six Nations declared a community emergency on March 13, 2020, four days before the province of Ontario declared its state of emergency. The declaration put the Emergency Control Group into force, a body with representation from all community partners and stakeholders, mirroring the sense of community and inclusion "that has always guided the only place in Turtle Islands where all Ogwehoweh nations live together"⁷. The Emergency Control Group prioritised the protection of elderly residents, including testing those who help take care of them in the long-term care facility, regarded as the centre of the community.⁸

7 Chief Mark Hill

8 [Protecting a People: The Six Nations Success in COVID-19 Prevention](#)

CHILE — MOBILE VACCINATION PROGRAMME FOR REMOTE RURAL COMMUNITIES

In Chile, thousands of people living in remote rural areas do not have access to health centres to receive vaccinations against Covid-19. The national civil society organisation [Desafío Levantemos Chile](#) implemented a [mobile vaccination programme](#) for isolated rural communities. The CSO has travelled from north to south with its mobile clinics, supporting mass vaccination, together with government health services, to combat the pandemic. Desafío Levantemos Chile also runs a crowdfunding [campaign](#) to collect donations for its Covid-19 response programmes⁹.



Source: [DLChile Facebook page](#)

FRANCE — INNOVATIVE CITIZEN INITIATIVE TO PROVIDE INFORMATION ON COVID-19 FOR PATIENTS WITH CHRONIC DISEASE

[La Ligne C](#) (Line C) is an innovative citizen action group composed of a volunteer collective of patients and caregivers who help people living with chronic disease with information through a free hotline during the pandemic. Supported by [EIT Health France](#)¹⁰, the initiative provides information about COVID-19 seven days a week.¹¹

Line C was launched nationwide in March 2020 as doctors realised that information on the pandemic was causing anxiety among

⁹ <https://www.facebook.com/hashtag/transelec>

¹⁰ EIT Health was established in 2015, as a 'knowledge and innovation community' (KIC) of the European Institute of Innovation and Technology (EIT).

¹¹ [France supports hotline for chronically ill - EIT Health](#)

chronic patients. The hotline provides verifiable information about COVID-19, the risks associated with the virus, and available resources. It also allows professionals to monitor the well-being of chronic patients whose access to health services decreased because of the pandemic and overburdened health institutions.



Source: *La Ligne C, une ligne téléphonique d'écoute pour les patients chroniques sur COVID-19*

HUNGARY — ROMA PRESS CENTER LAUNCHES VACCINATION AWARENESS CAMPAIGN AMONG THE MOST DISADVANTAGED COMMUNITIES

The "Get Vaccinated to Live!" campaign, organised by the CSO [Roma Sajtóközpont](#), targets the most disadvantaged social groups in Hungary, particularly Roma people living in poverty and, often, in segregated neighbourhoods. Many Roma are unaware that they must register for the COVID-19 vaccine, and many do not even have email. Additionally, many of them are not informed about the realities of the pandemic and the necessity of vaccination to protect themselves against the virus¹².

Roma civil activists conducted a door-to-door campaign to raise awareness about vaccination and help people register, even creating email addresses for them if needed. Several Roma celebrities (rappers, musicians, well-known artists) have participated in the vaccine information media campaign.



Source: *Dikh TV - Gipsy TV Facebook page*

¹² [Civil szervezetek oltási kampányt indítottak a romák számára](#)

LIBYA — NEGLECTED COMMUNITIES: ACTIVISTS FILLING THE GAPS TO SUPPORT MARGINALISED POPULATIONS

Many refugees and immigrants in Libya face [deplorable conditions](#), particularly if they end up in detention facilities, often controlled by militias. Detention centres experience frequent water and food shortages; overcrowding is endemic; detainees can experience physical mistreatment and torture; forced labour and slavery are rife, and there is a stark absence of oversight and regulation. Since its founding, the [Libyan Humanitarian Relief Agency \(Libaid\)](#) has responded to the shelter needs of immigration centres in Benghazi and Ajdabiya. The operational teams of Libaid work with the government of Libya and international partners, including UNHCR¹³. At the height of the COVID-19 pandemic, assistance included deliveries of blankets, food, and personal care packages for 153 detainees at the Qanfouda illegal immigration detention centre, and six detainees at the Ajdabiya immigration shelter.



Source: [Libaid Facebook page](#)

As of May 2021, an estimated [278,000 people are displaced in Libya](#) because of the ongoing conflict. Displaced populations are particularly vulnerable to deteriorating health crises, such as the COVID-19 pandemic.

The association [SKA](#) (Ayadi Al Khayr Lil Ighassa) supports vulnerable groups to achieve humanity, dignity and social justice in cooperation with local and international partners. During the pandemic, SKA cooperated with the Crisis Response Committees in Tawergha and Benghazi to provide food packages to IDPs. It distributed 1,000 packages in Tawergha, 2,000 packages in Benghazi, and 210 food packages to communities in southern Tripoli. The NGO also coordinated with the [World Food Programme \(WFP\)](#) and UNHCR to support refugees and provide them with food supply boxes.

¹³ [Libaid Facebook page](#)



Source: [SKA Facebook page](#)

In Sabha, youths from [Al Gorda](#) formed a COVID-19 emergency committee. They worked on an awareness campaign targeting socially disadvantaged groups on COVID restrictions, especially the importance of social distancing while shopping in local markets. They also installed hand-wash stations to make sure citizens had access to water and soap.



Source: [Al Gorda Facebook page](#)

TIPS TO CONSIDER

Tips to consider when supporting marginalised groups

- ▶ Only share reliable information! If you share information related to the COVID-19 crisis, always double-check the source and content. Let people know the source of your information.
- ▶ Build cooperation with local medical teams and official COVID-19 response teams to harmonise actions.
- ▶ Check the messages of your awareness-raising campaign with health professionals.
- ▶ Tailor your messages in language and terminology appropriate for your audience. Avoid jargon!
- ▶ Involve volunteers from the community of your audience to conduct awareness-raising campaigns and distribute masks and sanitisers. Trust is important.
- ▶ When contacting others (volunteers or beneficiaries), always pay special attention to COVID-19 measures. Your conduct sets an example!

DISTRIBUTION OF FOOD, MEDICINES, BASIC GOODS

INTRODUCTION

Lockdowns and closed workplaces resulted in lost income for many of the world's vulnerable. Increased economic deprivation exacerbated food insecurity and resulted in a lack of access to essential medicines and basic goods. While many CSOs are regularly engaged in distributing food and necessary goods, the increase in needs required many organisations to scale up their activities or shift priorities. COVID-19 mitigation measures, such as social distancing and enhanced hygiene requirements, meant that activists had to alter methodologies to protect themselves and their beneficiaries.

In several wealthier communities, isolation measures necessitated food delivery to protect older adults while ensuring they continued to receive nutritious meals.

POSSIBLE ACTIVITIES

- ▶ Food aid programmes
- ▶ Home delivery of basic goods to vulnerable members of the community
- ▶ Mapping the needs in the community
- ▶ Organised information sharing among community initiatives to reach out to all in need

CHILE — FEEDING THE POOR AND BEING PART OF THE SOCIAL UNREST DURING THE PANDEMIC



Valparaíso, Chile, volunteers at an “olla comun” (Rodrigo Garrido/REUTERS) Source: [The New Humanitarian](#)

In Chile, food insecurity increased dramatically throughout the pandemic. COVID-19 exacerbated Chile’s rising income inequality crisis and its connection to growing hunger levels within impoverished urban populations. At the local level, many CSOs and activists established community kitchens known as [ollas comunes](#) (collective pots) to feed the needy. In the months leading up to the pandemic, Chile experienced widespread protests — “[estallido social](#)” — with citizens calling to end social exclusion and inequality. Although COVID-19 mitigation measures interrupted the protests, lockdowns and workplace closures increased the number of citizens going hungry, making community kitchens even more essential¹⁴.

Local CSOs and activists stepped in to fill the void left by international humanitarian organisations that have left Chile in recent years. A soup kitchen in the community of [Antofagasta](#) is typical of many efforts to address the hunger crisis in Chile. It started small, with a few people distributing food to the homeless. By September 2020, volunteers were serving 250 lunches four times a week in the city of 360,000 residents.

One national CSO, [Desafío Levantemos Chile](#) responded to food insecurity by distributing food and providing microloans to the poor. The organisation fundraises on its social media sites to help it support communities facing food insecurity.

¹⁴ [Community aid and growing needs in Chile](#)

LIBYA — DISTRIBUTION OF CLEANING SUPPLIES AND FOOD

The Misrata-based [Association of Merciful Hands](#) uses social media to collect donations and appeal for contributions to help people in need. During the pandemic, the CSO has distributed sanitising kits and cleaning products and provided senior citizens with medical supplies, diapers, and food.



Source: [Alayadi Facebook page](#)

The Misrata-based [Libya Foundation for Sustainable Development \(LFSD\)](#) provided sanitary products, diapers, milk, food boxes, meat, cleaning products, disinfectants, and special occasion gifts for children at each holiday. The CSO collected 25,000 Libyan Dinar (approximately 4,000 GBP) in donations from members and local businesses to help 200 families.

The [Al Fawz Al Atheem](#) organisation for orphan sponsorship provided food supplies to hundreds of limited-income families and provided equipment to help mitigate the spread of the virus.

In southern Libya, the Traghan-based [Atta Al Khair](#), in collaboration with the [World Food Programme \(WFP\)](#), distributed food boxes to needy families, including IDPs. In addition to responding to a need, the activity helped [raise awareness about preventive measures](#) like the importance of social distancing and using masks.



Source: [Atta Al Khair Facebook page](#)

Atta Al Khair also published the selection criteria for beneficiary families and a hotline phone number on its [Facebook page](#).

Like their peers worldwide, Libyan civil society organisations mobilised volunteers to respond to the lack of protective masks or sanitiser — particularly at the beginning of the pandemic. [Made N Libya](#), a Benghazi-based organisation, started a voluntary initiative to produce face shields, together with [Abhath](#), a Libyan social enterprise that designs and manufactures prosthetic devices.



Source: [Made N Libya Facebook page](#)

NIGERIA — FOOD DISTRIBUTION FOR VICTIMS OF CONFLICT DURING COVID-19

Internal displacement in Northeastern Nigeria has created one of the most severe humanitarian crises in the world today. In the Nigerian states of Borno and Adamawa, more than 1.8 million people are displaced as a result of the ongoing conflict with the Boko Haram militia and its splinter factions. Forced to flee their homes, Nigerians have sought refuge in host communities or makeshift camps. For years, international and national organisations have provided humanitarian assistance to these vulnerable populations, including food distribution, health and sanitation programmes to reduce malnutrition and disease. Before the pandemic, organisations like [Action Against Hunger \(AAH\)](#) provided emergency cash transfers or food distribution to help displaced people purchase food from local vendors and meet other urgent needs.

When COVID-19 cases surged in Northeastern Nigeria, AAH understood it would have to adapt and restructure its food distribution programme to protect staff, vendors and recipients and implement virus mitigation measures following protocols established by the National Council for Disease Control. Staff at AAH also understood that healthy, nutritious diets are essential to combat disease, including COVID-19. An emergency preparedness and response plan included hand-washing stations at all distribution sites, ensuring social distancing among beneficiaries and requiring vendors to sanitise thumbprint machines used to verify purchases among refugees¹⁵.

Although the COVID-19 mitigation measures slowed down the food distribution, they helped keep all stakeholders safe. The new protocols also provided an excellent opportunity to educate beneficiaries on the dangers of the spread of the virus and introduce them to hygiene mitigation measures that they could use in the camps and their communities.



Source: [COVID-19: AAH Food distribution to vulnerable households continues](#)

¹⁵ [COVID-19: Food distribution to vulnerable households continues](#)

UNITED KINGDOM — THE TEAPOT PROJECT IN HALESWORTH

The issue of food waste is gaining international attention in a world where food insecurity is a humanitarian crisis. In the United Kingdom, several CSOs and charities have been concerned with food waste for many years. One example is [The Teapot Project](#), established in 2015 in the county of Suffolk to stop unsold supermarket food from going to waste by rescuing and redistributing it to people in need. The arrival of the Coronavirus pandemic provided a new impetus for charities engaged in the redistribution of unused food.

In 2020, the Teapot Project expanded its social enterprise model when the COVID-19 lockdown started, delivering prepared frozen meals to more people. People can order online and pay what they can afford, averaging around £10 for eight meals delivered to their door. Volunteers and staff do not know if or how much a person paid, ensuring that no one feels embarrassed about the amount they can afford. Most of the ingredients are from donations and organisations like [FareShare](#), which reduces food waste and poverty. Nothing goes to waste, and The Teapot Project team collects returned food containers for reuse. The project also delivers fruit and vegetable boxes of perfectly edible items, which supermarkets reject because of their overly strict standards.



Source: [Teapot Project Facebook page](#)

TIPS TO CONSIDER

Tips to consider when distributing food

- ▶ Food and goods' distribution should be based on assessed needs in the community.
- ▶ Try to make agreements with local businesses, such as supermarkets, to avoid food waste.
- ▶ When preparing food parcels, pay attention to strict hygiene measures.
- ▶ Inform beneficiaries of all contents of food donations to prevent life-threatening allergic reactions (for example, to nuts) and be aware of the beneficiaries' cultural, religious restrictions related to food.
- ▶ It is essential to maintain social distancing, sanitising, glove and mask-wearing rules among the staff, volunteers and the beneficiaries during distribution events.
- ▶ In the case of food delivery, find minimum contact solutions with the beneficiaries.
- ▶ Here you can find [detailed information on food distribution rules](#) from [OCHA](#)¹⁶.
- ▶ To fundraise for material costs, start crowdfunding campaigns, search local grants, apply for funding at the local municipality.

¹⁶ OCHA is the United Nations Office for Coordination of Humanitarian Affairs [OUR WORK](#)

FINANCIAL ASSISTANCE

INTRODUCTION

At the height of the pandemic, many governments provided direct financial assistance to individuals or families who lost income because of COVID-related lost income. Others provided subsidies to employers to maintain wages or implemented initiatives to defer payments such as rents or taxes. International donors and organisations also offered financial aid or in-kind assistance to help people who lost jobs or experienced diminished financial resources because of the pandemic.

While most CSOs are not in a position to give direct cash transfers, the following examples reinforce our understanding that relatively small donations of cash — either direct to beneficiaries or through local CSOs — can make a difference for many in crisis.

POSSIBLE ACTIVITIES

- ▶ Cash transfers for local communities
- ▶ Economic assistance
- ▶ Financial aid for individuals
- ▶ Small grant schemes for local initiatives

LIBYA — FINANCIAL SUPPORT FROM LIBYANS LIVING ABROAD AND INTERNATIONAL DONORS

WAFA Relief and Development funded its response activities with financial support from the Libyan community living abroad and international donors. Since the start of the pandemic, WAFA distributed food, clothes, and construction support for displaced families. On the occasion of Eid Il-Fitr in May 2020, and focusing on supporting people with illness, the CSO dispersed cash assistance for families in need in the region of Dirj.



Source: [WAFA Facebook page](#)

MYANMAR — INTEGRATING CASH TRANSFERS TO COVID-19 RESPONSE

The local communities of Rakhine¹⁷ (Myanmar) have been affected by violence, natural disasters¹⁸ (particularly floods and cyclones) and high levels of displacement¹⁹ in the last decade.

With support from the International Federation of Red Cross and Red Crescent Societies (IFRC) and the British Red Cross, the [Myanmar Red Cross Society \(MRCS\)](#) is implementing a multi-year Community Resilience Programme (CRP) to support the local communities impacted by conflict and natural disasters. With

¹⁷ Rakhine is a state in Myanmar, situated on the west coast of the country.

¹⁸ <https://reliefweb.int/report/myanmar/nearly-9500-people-affected-rakhine-state-floods>

¹⁹ "The 2012 coordinated attacks on Rohingya Muslims in Rakhine State by ethnic Rakhine, local officials, and state security forces ultimately displaced over 140,000 people. More than 130,000 Muslims remain confined in camps in central Rakhine State that are effectively open-air detention facilities, where they are held arbitrarily and indefinitely." Source: ['An Open Prison without End': Myanmar's Mass Detention of Rohingya in Rakhine State](#)

support to village resilience committees and volunteer groups, the CRP strengthens local capacity and promotes accountability and social inclusion. The CRP also finances women's groups that manage revolving funds to empower women in the community economically²⁰.

In March 2020, the MRCS pivoted to adapt and modify its programme to respond to the challenges posed by COVID-19 in central Rakhine. It redesigned cash interventions to provide immediate protection to vulnerable communities (where testing and health facilities are limited), while maintaining the programme's overall goal of societal and economic resilience. Pandemic-related interventions included:

“Cash for handwashing soap making” — MRCS provided training to volunteers from nine villages in Sittwe on making and producing soap. The volunteers sold soap within the community at a minimal price, and channelled the income from sales into volunteer group funds. Volunteers used the opportunity of soap sales to raise awareness of the importance of handwashing to prevent the spread of the virus.

The **“Cash for installation of handwashing facilities at schools and IDP sites”** initiative provided 47 schools (attended by over 21,000 children) in the Minbya township with USD 55 each to install handwashing facilities. The same initiative provided cash transfers to five IDP sites to install water tanks to improve the hygiene of displaced people.



Source: IFRC, *Integrating cash transfers to COVID-19 response in Rakhine*

20 *Integrating cash transfers to COVID-19 response in Rakhine*

PAKISTAN — WOMEN'S INTERNATIONAL LEAGUE FOR PEACE AND FREEDOM (WILPF) COVID-19 RESPONSE: ACTION FOR CHANGE

WILPF, a global movement with 32 country sections, 12 groups and 7,000 activists living in 59 countries, works to achieve a feminist peace where everyone can enjoy justice and equality. Shortly after the World Health Organisation declared the COVID-19 pandemic, WILPF launched its Solidarity Care Fund as a short-term funding resource for its sections and groups to implement COVID-19 initiatives supporting women and girls around the world. Like many organisations around the world, WILPF mobilised to educate and support communities. It also demanded a feminist response to COVID-19 and advocates for feminist post-pandemic recovery solutions.

In Pakistan, the WILPF country section used the Solidarity Care Fund to provide immediate support to women in rural communities. WILPF supported rural communities with sanitisers and COVID-related protective equipment. WILPF purchased sewing machines, and activists trained rural women on the production of masks and on the use of mobile phone applications like Zoom to help them stay connected. Not only were rural women able to contribute practical supplies to help mitigate the virus' spread, they learned new skills with economic value²¹.

[This video](#) tells the story of WILPF Pakistan's COVID-19 project.



Source: [WILPF Pakistan's COVID-19 response](#)

21 [WILPF's COVID-19 Response: Action for Change](#)

USA — #CHEFSFORAMERICA FOOD RELIEF AND ECONOMIC ASSISTANCE TO THE RESTAURANT INDUSTRY

The [World Central Kitchen \(WCK\)](#), an American NGO, is well known for its global humanitarian efforts. Founded by Spanish celebrity chef José Andrés in response to the devastating earthquake in Haiti, WCK offers food resilience programmes to empower communities, improve food security, and create economic opportunities. Globally, the COVID-19 pandemic was the equivalent of a devastating earthquake for the restaurant industry, where many restaurants had to close with little notice or ability to generate income. In America, restaurants are the nation's second-largest employer supporting 15.6 million jobs. Since February 2020, nearly 3.1 million jobs have been lost in the American restaurant industry²².

The [#ChefsForAmerica](#) programme contributed to mitigating two pandemic-related challenges. The first was to alleviate food insecurity among vulnerable children who no longer had access to school meals or isolated seniors unable to access meal services. The second challenge addressed by the programme was to provide income to restaurant workers and delivery drivers affected by the pandemic. At the time of writing, #ChefsForAmerica has provided 36 million meals to those in need and paid USD 150 million to over 2,500 restaurants in 400 cities.



Source: <https://www.youtube.com/watch?v=cydUdhjo6H4&t=151s>

22 [ChefsForAmerica](#) — [World Central Kitchen](#)

TIPS TO CONSIDER

Tips to consider when providing financial assistance

- ▶ Emergency cash transfers are sometimes essential, but implementing such programmes needs a lot of preparation and skills. You may find this [cash transfer programming toolkit](#) by [Mercy Corps](#) helpful. You also may find this information from [Plan International](#) on emergency cash transfer programmes interesting.
- ▶ Financial assistance does not need to be in the form of direct cash or funding. In-kind assistance to alleviate income loss or teach new skills to generate income is also an important form of financial assistance.
- ▶ If you wish to set up a small grant scheme to support local community projects and initiatives, you should pay special attention to
 - ▶ Eligibility criteria
 - ▶ Selection criteria and procedures
 - ▶ Grant contracts
 - ▶ Monitoring and evaluation of the projects
 - ▶ Transparency and accountability during the entire process.

SUPPORTING FRONTLINE WORKERS

INTRODUCTION

The Coronavirus pandemic highlighted the importance of specific sectors and workers who made enormous sacrifices to care for the sick and ensure the healthy were protected and supplied with essential goods and services. From nurses and doctors to cleaners, bus drivers and food store employees, people worldwide developed a new appreciation for frontline workers and their role in a crisis as immense as the COVID-19 pandemic.

Healthcare workers faced particular challenges because of their constant exposure to critically ill patients killed by a new virus at unprecedented rates. In addition to the long, gruelling hours needed to respond to the crisis that left no time for self-care, healthcare workers faced increased mental health stress and, in many communities, discrimination and stigmatisation because of their proximity to the highly contagious Coronavirus. Many healthcare workers, afraid to expose their own families to possible infection, stayed away from their children, spouses and elderly parents for months.

POSSIBLE ACTIVITIES

- ▶ Advice to community members to fight the pandemic together
- ▶ Awareness-raising actions to appreciate healthcare workers' hard work
- ▶ Consulting frontline workers on their needs
- ▶ Initiatives to support doctors and other frontline workers

GLOBAL — APPRECIATION OF FRONTLINERS' WORK DURING THE PANDEMIC

Around the world, citizens expressed their gratitude to frontline workers — particularly those in the health care sector. The [video](#) below provides just a sample of how communities demonstrated their thanks and admiration. From organised and coordinated public applause, music performances, food distribution to showering flowers from helicopters, citizens creatively acknowledged the work of frontline workers.



Source: [Coronavirus: Thanking healthcare workers worldwide](#)

GLOBAL — FEEDING THE HEALTHCARE FRONTLINERS

Hospitals worldwide are overwhelmed when the number of COVID-19 cases in communities surges and the number of critically ill patients needing care exceeds pre-pandemic averages. Like true heroes, nurses, doctors, cleaners and technicians are also overwhelmed and put the needs of patients ahead of their own. Since the beginning of the pandemic, thousands of restaurants, businesses, NGOs, charities and activists organised to provide care back to frontline health workers globally by providing food.

Restaurants, businesses and charities took to social media to let followers know how to donate and to thank them when donations were made to frontline workers. Not only was social media a valuable tool to acknowledge the heroic efforts of healthcare workers, but it was also an excellent way for activists to mobilise communities to support and donate.

A few examples of feeding healthcare frontline workers include:

Canada: At the height of the pandemic, a nationwide online initiative, [GroceryHeroCanada](#), connected volunteer shoppers with medical workers who either did not have time to buy groceries or did not want to risk exposing the public by visiting supermarkets.

Nottingham, UK: [The Rikshaw Indian Kitchen](#) used the opportunity to publicise its donation of meals to members of the National Health Service to raise awareness on physical distancing to slow the spread of the virus.

Shanghai, China: Residents sending food packages to hospitals included [hand-written](#) thank you notes for healthcare workers to register their appreciation.

Spokane, USA: A group of restaurants used crowdfunding sites to raise money to purchase meals from restaurants in the community for medical staff and first responders. Activities like the [Help a Restaurant, Help a Hero](#) not only provided nutritious meals to overworked health carers they also provided much needed financial support to shuttered restaurants.

Wuhan, China: The 5-star [Shangri-La hotel](#) called on its culinary team to provide meal boxes for medical staff. The team went above and beyond for healthcare workers, many of whom had travelled from other communities to Wuhan at the beginning of the COVID-19 outbreak. In addition to meals and healthy snacks, the chefs learned how to cook popular local dishes from the healthcare workers' hometowns to provide a little extra comfort for those away from home. The hotel also surprised medical staff with cakes and treats to celebrate individual birthdays.



A birthday cake for a medical worker in Wuhan. *Source: Shangri-La Hotel, Wuhan helped keep front-line medics fed and focused*

In addition to providing or delivering food, some large restaurant chains in the United States, like [Starbucks](#), established policies to provide free food or drinks to customers who were frontline responders in the COVID-19 crisis.

LIBYA — SUPPORTING FRONTLINE WORKERS

In Tripoli, the [Fashion House](#) owners stopped production of up-scale women's clothing and shifted to the manufacturing of protective clothing for medical workers. In March 2020, the Fashion House delivered its first set of protective gowns to the staff at the Al-Jalaa Hospital.



Source: [Fashion House Facebook page](#)

The CSO [Om al Mou2mineen](#) for women's and children's rights (Mother of Believers) has been working since the beginning of the pandemic on empowering women in the economic sector through vocational training such as sewing and cooking in addition to pharmaceutical, nursing and first aid training. In April 2020, with the shortage of masks in the market, the organisation

manufactured masks, protective suits and head covers, distributing them for free to frontline workers and response teams in the Traghan hospital.



Source: [Traghan Hospital Monitoring Team Facebook page](#)



Source: [Om al Mou2mineen Facebook page](#)

[Charaket Al Gorda](#)'s female volunteers manufactured masks and provided them to the emergency response committee in Sabha. The CSO also distributed disinfectant and personal protective supplies in collaboration with local businesses, the Sabha municipal council and the National Youth Association.



Source: [Charaket Al Gorda Facebook page](#)

MALTA — FREE ACCOMMODATION FOR HEALTHCARE WORKERS

Not only do healthcare workers risk their own lives when caring for patients with infectious diseases, but they also risk spreading deadly viruses to their families when they go home. During the COVID-19 pandemic, many healthcare workers chose to stay away from their families to protect them and prevent the spread of the virus. While many [hotels](#) worldwide (which had lost clients because of the pandemic) offered free rooms for healthcare workers, the Maltese Ministry of Health worked with local hotels and private landlords to provide accommodation to support frontline healthcare workers.



Source: [GuideMeMalta](#)

POLAND — PROVIDING CHILDCARE FOR FRONTLINE HEALTH WORKERS WHEN SCHOOLS ARE CLOSED

At the height of the COVID-19 pandemic, many schools and childcare facilities closed and sent children home. While most privileged parents with secure office jobs could stay home to care for their children, many essential workers, including front-line health care workers, were left without childcare. In Poland, citizen initiatives to provide childcare for health workers worked with local educators to train and coordinate volunteers to provide childcare for medical workers. Activists of “[The Crown Will Not Fall Off Your Head](#)”²³ initiatives used Facebook to call for volunteers to provide childcare and educate its audience on virus mitigation measures and the benefits of vaccines.



Source: [The Crown Will Not Fall Off Your Head Facebook page](#)

UNITED KINGDOM — VOLUNTEERS SUPPORTING HEALTHCARE WORKERS IN FELIXSTOWE

The intensity of the pandemic took most people by surprise and exposed a lack of essential resources and weaknesses in supply chains. As ordinary citizens took to the internet to learn how to wash their hands and make face masks, many nurses and doctors found themselves using inadequate equipment or needing personal protective equipment (PPE) such as medical-grade gowns, masks and gloves; all of which quickly became scarce and precious to protect against infection.

In Felixstowe, [Karen Bahnam](#) used social media to organise her

²³ In Polish, the word for crown is “Corona.”

friends and volunteers after seeing reports that medical workers did not have adequate PPE for treating COVID patients. Before deciding how best to help frontline healthcare workers, Bahnman spoke with her local hospital charity trust to offer help and understand what was needed most by medical teams in her community. Once she heard that nurses and doctors needed medical scrubs (surgical attire used in sterile environments), she started recruiting volunteers to sew the scrubs from their homes and used crowdfunding to [raise money for materials](#). The fundraising goal was broken within hours, enabling 20 volunteers, affectionately known as the Felixstowe Scrubbers, to fill a much-needed gap in PPE until supplies arrived through official channels.



Source: [Coronavirus in Suffolk UK: 'Felixstowe Scrubbers' making clothing for NHS staff fighting COVID-19](#)

USA — GIRL SCOUTS PRINT 3-D FACE SHIELDS FOR FRONTLINE WORKERS

In central Texas, 40 girls participating in the [Lady Cans Girl Scout robotic team](#) used their skills to print 3-D face shields for frontline workers. When the girls had to cut short their competition because of COVID-19, they wanted to use their passion for science, technology, engineering and math (STEM) to help protect healthcare workers. They collaborated via video conferencing from their homes to print more than 100 face shields, which they gave to Texas Oncology and Hospice Austin medical staff.



Source: [CBS Austin](#)

TIPS TO CONSIDER

Tips to consider when supporting frontline workers

- ▶ The best way to reduce the workload of healthcare workers is to support measures to prevent the spread of disease that overburdens the health system in the first place:
 - ▶ Respect mitigation measures.
 - ▶ Raise awareness about prevention.
- ▶ While much attention is — rightfully so — paid to healthcare workers, remember the other frontline and essential workers who make sacrifices during crises to keep society going: cleaners, educators, transportation workers, grocery store workers, food delivery people, caregivers, pharmacists etc.
- ▶ Always ask what is needed most.
- ▶ If making supplies like masks or scrubs, understand the specifications and conditions needed (such as sterilisation requirements) so supplies are usable.
- ▶ Ask your local hospital how you can volunteer to help.
- ▶ Sending food to hospitals is fantastic - but only in organised ways! Map the needs and learn food security rules.

SUPPORT FOR GENDER-BASED VIOLENCE VICTIMS

INTRODUCTION

For many women and girls, their home is not a safe place. Worldwide, experts and frontline workers agree incidents of gender-based violence, particularly domestic violence, increased during the pandemic. To highlight the need for action in support of victims during and after the pandemic, UN Women has called increased violence against women and girls a “Shadow Pandemic”²⁴.

UN Women notes that government and non-governmental resources and efforts were diverted from violence against women programmes to respond to the COVID-19 crisis in some countries. Women trapped at home with their abusers do not always have information or awareness about available services. Furthermore, with little or no privacy during a lockdown, women cannot ask for help, even if they know who to contact. In a lockdown, women are separated from their regular and reliable support networks. During the pandemic, many CSOs developed creative ways to reach women and provide support to victims.

POSSIBLE ACTIVITIES

- ▶ Awareness-raising
- ▶ Hotline
- ▶ Psycho-social support
- ▶ Safe communication solutions for Gender Based Violence (GBV) victims
- ▶ Safe places for women
- ▶ Shelter for GBV victims

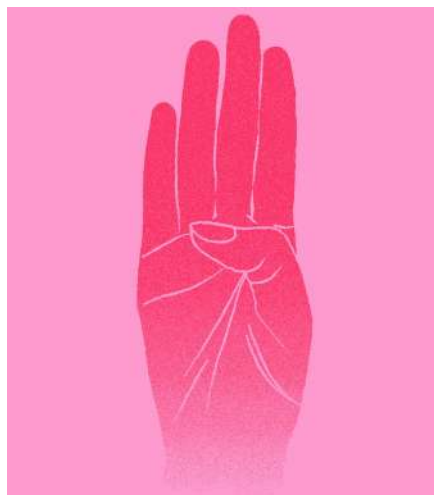
²⁴ The Shadow Pandemic: Violence against women during COVID-19

CANADA — SECRET SIGNAL HELPS WOMEN IN LOCKDOWN

Even without a global pandemic, instances of gender-based violence in Canada are relatively high. [Research shows](#) that every six days, a woman in Canada is killed by her partner. This tragic situation is especially critical during a lockdown when women remain at home with abusers, and it is more difficult to reach out for help. Canada's vast geography worsens the situation since isolated people may also be geographically distanced from personal or professional support providers.

The [Canadian Women's Foundation](#) created a new campaign, [Signal For Help](#), to support gender-based violence victims during the lockdown. The Foundation developed this campaign in response to feedback from social workers who reported increases in intimate partner violence during their fieldwork. They noted that some women were too afraid to seek help or did not have the opportunity since they were never alone.

The Signal for Help is a one-handed gesture women can use while on a video call to alert the person they are talking to that they need support. If this other person recognises the sign, he or she can take further steps to help the victim. The guidance on the Canadian Women's Foundation's website suggests sending a text message or email or calling the person in danger asking "yes or no" questions to ensure that she can respond safely.



Source: [Secret Hand Signal To Help Domestic Abuse Victims](#)

INDONESIA — TACKLING GENDER-BASED VIOLENCE AGAINST WOMEN LIVING WITH HIV/AIDS

In Indonesia, a report released by the [National Commission on Violence against Women](#) shows that women living with HIV/AIDS have reported a significantly increased number of violence cases (including economic, sexual, physical and psychological violence) during the pandemic.

As a response to the situation, in cooperation with other NGOs, the [Indonesia Positive Network of Women Living with HIV \(IPPI\)](#) developed a provision that serves as the first contact point for the target group. Based on their problems and needs, the Network refers women victims of violence with HIV/AIDS to specialised organisations, services or authorities for legal advice, emergency help, justice and social support, or even the police. IPPI is a well-coordinated network of relevant activists to help women through a “one window” system.

IPPI also calls attention to the fact that women with HIV are beneficiaries of different support provisions and play an active role in the pandemic response. “Despite those challenges, [ICW sisters](#) have always been at the forefront of the response to COVID-19 in their communities. Women living with HIV amplified learnings from the HIV response and applied them to the COVID-19 pandemic using tools and techniques to support their peers and local organisations.” ([IPPI's Facebook page](#))

"Dok, gejala HIV dan gejala COVID-19 sama ga sih dok?"

"Kalau saya tes Covid-19, HIV-nya kedetect juga ga dok?"

"Saya HIV, boleh menerima vaksin COVID-19 ga dok?"

Mengupas Pertanyaan ODHIV tentang COVID-19

Instagram Live!

Bersama dr Ronald Jonathan
Dipandu oleh Ayu Oktariani

Saksikan di Akun Instagram
[@IPPI_Indonesia](#)
[@ronaldjonathan6329](#)

Jum'at, 15 Jan 2021 20.00 WIB



Source: [IPPI Facebook page](#)

LEBANON — CAMPAIGN AGAINST DOMESTIC VIOLENCE

Gender-based violence has increased globally during the lockdown; Lebanon is not different in that sense from other countries, as several organisations have pointed out²⁵. The [ABAAD Resource Center for Gender Equality](#) is a [UN ECOSOC](#) accredited organisation aiming to achieve gender equality as an essential condition for sustainable social and economic development in the MENA region. ABAAD launched an awareness-raising campaign on the increasing level of domestic violence during the pandemic, under the “Lockdown Not Lockup” slogan. It also provided support via a telephone helpline and called on citizens to demonstrate their solidarity with the victims.



Source: [Abaad](#)

LEBANON — FIGHT AGAINST INCREASING CYBER VIOLENCE AGAINST GIRLS AND WOMEN

During a lockdown, women and girls are at an increased risk of cyber violence. This is because they spend even more time online, on social media platforms; often these are the only communication channels with the outside world. The increased amount of time on social media — paired with physical isolation from others — leads to a higher risk of cyber violence towards women and girls. Cyber violence may include online harassment, exposure to contrary morals, sextortion, extortion, defamation threats, degrade and defame, and electronic identity theft.

The “[Screens Do Not Protect](#)” campaign of [Fe-Male](#) aims to protect women and girls so they can freely exercise their right to

²⁵ For example: [Gender Alert on COVID-19 in Lebanon](#)

access the internet. The programme includes raising awareness, providing knowledge and techniques on cyber safety, and information sharing on reporting cases of violence.



Source: *Girls online safety: Screens Do Not Protect Parenting Phase*

LIBYA — USING 16 DAYS OF ACTIVISM TO CREATE SAFE SPACES

Established in February 2020, the [Women's Union of Ghat](#) supports and empowers women. It has conducted several activities to raise awareness on cancer, support local women businesses, and stop violence against women. In November 2020, during the 16 Days of Activism campaign, the CSO launched an awareness campaign on gender-based violence and the importance of creating a safe space for women during the pandemic. It organised an outdoor event in a public garden and shared the UNFPA hotline (1417) to report GBV cases and to seek psychological support during the pandemic.



Source: [Women Union of Ghat Facebook page](#)

MOROCCO — NGO AND GOVERNMENT JOINT EFFORTS TO CURB DOMESTIC VIOLENCE

The [Higher Planning Committee \(HPC\) in Morocco](#) reported that, before the pandemic, 52% of Moroccan women were victims of domestic violence in 2019. Based on field experience of organisations operating helplines for victims of gender-based violence, this number [increased during the COVID-19 lockdown](#). Scholars like Dr Kenza Oumlil [called attention](#) to the pandemic's impact on gender inequalities and increased domestic violence.

Responding to the situation, NGOs joined [efforts](#) with the government to curb domestic violence and support women in isolation. The [National Union of Moroccan Women \(UNFM\)](#), a non-profit association, has reinforced its existing platform called "Koulounamaak" (All with you). UNFM operates a telephone hotline for victims of domestic violence seven days a week. The NGO has also developed [an application for mobile phones](#) that helps identify an emergency caller's location. The application provides the opportunity to link women to one of the regional support centers without needing to discuss the situation on the phone. The platform works in cooperation with the [Department of Justice](#) and the police.



Source: UNFM

POLAND — SCHOOLGIRL'S FAKE COSMETICS SITE HELPS HUNDREDS OF WOMEN AS DOMESTIC VIOLENCE RISES DURING COVID

Poland's largest women's rights centre, [Centrum Praw Kobiet \(CPK\)](#), reported a 50% increase in calls to its domestic violence hotline in March 2020, [related to the lockdown](#). [Ktysia Paszko](#), a 17-year-old Polish schoolgirl learning from the Spanish example "Mask-19", created a [Facebook page for a fictitious cosmetics company](#). On her personal Facebook page, she then told women friends and followers that they should ask questions about a specific "product" on the cosmetic site if they are in isolation with a violent partner or person. The message asking for help is encrypted. This way, their support request cannot be monitored by abusers. Based on her experience messaging with women, Ktysa Paszko created a 15-page guide shared with psychologists. With the help of the guide, professionals use codes to safely ask further questions about the circumstances, such as whether there is alcohol involved or if violence is affecting the women's children.



Source: [Rumianki i bratki - naturalne kosmetyki SKLEP Facebook page](#)

SPAIN — A MASK TO SAVE A WOMAN'S LIFE

The United Nations Children's Emergency Fund (UNICEF) published a note to provide ideas to the challenging problem of reaching out to survivors who cannot easily access phone-based gender-based violence support. Soon after the lockdowns began across Europe, experts and human rights organisations recognised an increasingly dangerous situation for women in abusive households. Women are in danger of violence in the house, and they are in danger of the virus outside the house. Trapped at home during a lockdown, abusers can become even more aggressive as their violence remains hidden and isolated from others. The number of domestic violence cases increased in European countries, as they did around the world.

Spain was one of the first countries to implement one of the more creative ideas suggested by UNICEF. In the first two weeks of the state of alert, the government's domestic violence helpline received 18% more calls than in the same period the previous month.

In Spain's Canary Islands, the Institute for Equality launched a campaign called Mascarilla-19 (Mask-19). The campaign's central message is directed to women victims of domestic violence, saying that escaping from abuse is a valid reason to leave your home. Pharmacies are widespread in the country and among the few places open that people can visit during a lockdown and where abusers "allow" their victims to go. The campaign encourages women who need help to ask for a "Mask-19" in a pharmacy. It is a coded request for help from a victim of domestic violence. The pharmacist takes her name, address and phone number and alerts the emergency services. The woman can then go home or wait until police and social workers arrive.

Mask-19 has now been adopted across Spain and France, Germany, Italy, Norway and Argentina.



Source: *Coronavirus: When home gets violent under lockdown in Europe*

TIPS TO CONSIDER

Tips to consider when supporting victims of violence

- ▶ The COVID-19 crisis increased all forms of violence against women and girls, even if it is not always visible.
- ▶ Find safe and secure channels of communication with the victims, be creative!
- ▶ Do not forget about those who cannot ask for help via phone or online.
- ▶ Raise awareness about gender-based violence and domestic violence.
- ▶ Build cooperation with law enforcement.

HEALTH CARE PROVISIONS FOR WOMEN AND GIRLS

INTRODUCTION

At the height of the pandemic, overwhelmed health care systems prioritised dealing with the COVID-19 crisis and disrupted many other health services not deemed “essential”; these disruptions, including restrictions on general movement and travel, disproportionately impacted women. In addition to the lack of support for victims of violence, millions of women worldwide lost time-sensitive access to sexual and reproductive health services. In March 2020, the World Health Organisation (WHO) issued [guidance](#) calling on countries to maintain essential health services, including reproductive health and care services during pregnancy and childbirth. One estimate, from the United Nations Population Fund (UNFPA), predicted [up to 7 million unintended pregnancies](#) “with potentially thousands of deaths from unsafe abortion and complicated births due to inadequate access to emergency care.”

In addition to a decline in sexual and reproductive health services, many frontline activists noted a lack of sanitary and hygiene products for women because of disruptions to essential supply chains.

POSSIBLE ACTIVITIES

- ▶ Access to safe abortion and sexual and reproductive health provisions
- ▶ Distribution of sanitary goods, diapers, formula, hygiene kits
- ▶ Programmes to increase the accessibility of health provisions for pregnant women, mothers with young children

BANGLADESH — COMMUNITY-BASED OUTREACH MODEL FOR REPRODUCTIVE HEALTH SERVICES DURING COVID-19

The Covid-19 pandemic, lockdowns and travel restrictions prevent women from accessing reproductive health care clinics that are critically important and often life-saving. In Bangladesh, for example, before COVID-19, the [Family Planning Association of Bangladesh \(FPAB\)](https://www.fpab.org.bd/) provided 25,000 women with health care services through workplace interventions, including twelve garment factories. Since the factories had to close because of the pandemic, young women working there were affected, not having access to contraceptives and other reproductive health-related provisions²⁶.

As a response to the limited mobility of clients and suspended workplace interventions, FPAB intensified its community-based services. Over 1472 Reproductive Health promoters (RHPs) work in the community to provide doorstep services. Fifty-five outreach satellite sessions (mobile teams) operate from clinics each month to reach out to the poor, underserved and marginalised people in rural areas of Bangladesh. Mobile teams visit remote locations to provide Maternal and Child Health (MCH), including contraceptive service²⁷.

In some cases, the in-country travel restrictions affect the mobile teams' outreach. They support women in need to receive correct information through mobile calls and connect clients to trained service providers.



Source: [Reliefweb](https://www.reliefweb.org/)

²⁶ <https://www.fpab.org.bd/>

²⁷ [Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia](#)

LEBANON — FIGHTING PERIOD POVERTY DURING LOCKDOWN



Source: [More about Fe-Male's response to end Period Poverty: Sanitary and Hygiene Kits' Distribution in Karantina](#)

The economic crisis in Lebanon²⁸ has many impacts on its citizens; one of them is the little-discussed issue of period poverty. As the dollar exchange rate increases in Lebanon, menstrual pads have become exorbitantly expensive. Many women cannot afford sanitary pads or other feminine hygiene products; they are forced to apply unhealthy and humiliating solutions, like using newspapers or rags during their period²⁹.

On the 9th July 2020, members of the Lebanese Cabinet — seven men — held a meeting to approve the long-awaited basket of subsidised goods to control the inflated prices of essential goods in the market. The men compiled 300 items for subsidisation in the market but somehow failed to include menstrual pads. They did not, however, forget to subsidise men's razors³⁰.

Several grassroots organisations responded to the situation; one of them is [Dawrati](#) ("my period"). Three women started this local initiative. They collect and distribute donations of sanitary pads, panty liners and intimate wipes to women and girls in need. They also work on breaking down the social stigma connected to periods³¹.

28 Here you may read more about the economic situation in Lebanon: [Lebanon's economic crisis: A tragedy in the making](#)

29 [This Initiative Is Tackling 'Period Poverty' In Lebanon With Free Sanitary Products](#)

30 [Lebanese Cabinet To Subsidize Men's Razors, But Not Period Pads](#)

31 [Period poverty in Lebanon rising amid unprecedented economic crisis](#)



Source: *More about Fe-Male's response to end Period Poverty: Sanitary and Hygiene Kits' Distribution in Karantina*

Another grassroots organisation in the frontlines supporting women and girls through every emerging struggle and need is [Fe-Male](#). The NGO organised distribution events of more than 430 hygiene and protection kits in the area of Karantina-Beirut, through door-to-door outreach. Approximately 790 women and girls from different backgrounds, ages and nationalities benefited from those kits³².

SRI LANKA — REPRODUCTIVE HEALTH CARE COUNSELLING FOR WOMEN

Before the pandemic, travelling across borders for safe abortions was quite common among women, especially from countries where abortion services are restricted, forbidden or unsafe³³. The Sri Lanka Journal of Medicine, in a study from 2017, states that even though Sri Lanka criminalises induced abortion except to save the mother's life, around 700 abortions are performed daily. These illegal and unsafe procedures accounted for the second leading cause of maternal deaths in 2006, 2008 and 2010³⁴. The closure of borders during the COVID-19 pandemic made the situation worse as women, who could afford earlier to travel abroad for safe health provisions, became trapped in the country, potentially increasing the number of women endangering their lives turning to unsafe solutions.

The [Family Planning Association Sri Lanka \(FPASL\)](#) has activated a

³² [More about Fe-Male's response to end Period Poverty: Sanitary and Hygiene Kits' Distribution in Karantina](#)

³³ On this topic: <https://jhupbooks.press.jhu.edu/title/abortion-across-borders>

³⁴ <https://sljm.sljol.info/articles/abstract/10.4038/sljm.v25i2.22/>

call centre called [Happy Life](#)³⁵ to reach out to women in difficult reproductive health and family planning situations. This service aims to increase sexual and reproductive health knowledge and awareness among women in Sri Lanka. It pays special attention to young people, as the traditional socio-cultural norms inherited from the older generations still treat sexuality as a taboo. On its [website](#), FPASL emphasises that service users, “individuals from all communities and ethnicities find an inclusive, non-judgemental space where communication is comfortable and easily comprehensible”. The counselling services also cover support for victims of domestic violence and sexual exploitation.



Source: [FPASL Facebook page](#)

TIPS TO CONSIDER

Tips to consider when addressing women's health care needs

- ▶ Women and girls have special needs concerning sexual and reproductive health, which do not go away in crises like pandemic and lockdown.
- ▶ Many issues related to women's unique needs are taboo in many cultures. Find the right actors, safe places and channels of communication that encourage women and girls to ask for help.
- ▶ Period poverty is less talked about than food scarcity or lack of medicines. Do not forget women's hygienic items when you plan to distribute essential goods for families in need.

³⁵ [Safe abortion services amid COVID19 - Agile, adaptive & innovative response from South Asia](#)

HELPING PEOPLE IN ISOLATION - SENIOR CITIZEN SUPPORT

INTRODUCTION

Covid-19-related physical distancing and staying at home during the pandemic disproportionately affected older adults. Since older people are especially vulnerable to the virus, their isolation from others is a life-saving measure. However, being cut off from their regular support networks, not to mention precious grandchildren, for many older people living alone in lockdown took a toll on their mental health. And since many older adults often struggle with new technologies, online solutions to staying connected with their community are not always options.

POSSIBLE ACTIVITIES

- ▶ Hotline for people in poor psychological condition (suicide prevention)
- ▶ Organising essential shopping for isolated people
- ▶ Regular visits, telephone checks on isolated (especially elderly) people
- ▶ Remote psychological support
- ▶ Story reading (isolated older people reading stories to children via phone)

THE NETHERLANDS — STORY SHARING PLATFORM AND MULTI-LANGUAGE SUPPORT FOR ELDERLY

In the Netherlands, research on “[loneliness and mental health among Dutch older adults during the COVID-19 pandemic](#)” suggested that policy measures for physical distancing led to emotional loneliness among older adults in social isolation. To address isolation among senior citizens, the [Leyden Academy](#) and the [GetOud foundation](#) created a platform — [Wij & corona](#) (We & Corona) — for older people to talk about themselves and share their experiences. More than 300 older adults, family members and caregivers have already entrusted their personal experiences to the platform. The idea is to hear the voices of this generation, which has already experienced challenges over the years. The platform's creators believe that the shared stories inspire and encourage other older people; they provide distraction, comfort and recognition³⁶.

Another Dutch civil organisation, [NOOM](#) (Network of Organisations of Elderly Migrants), established an information line for the older migrants living in the Netherlands. Through this phone line, people can ask questions about the virus or have a conversation with someone during this time of confinement. The phone line also supports older migrants who want to talk in a language other than Dutch speak with someone with a different cultural background. [NOOM's website](#) provides information on the pandemic and the vaccines. Information includes religious-cultural aspects, including, for example, advice from a theologian on how Islam views the vaccinations or if the vaccines are halaal.



Source: [Verhalenplatform Wij & corona – Leyden Academy](#)

36 [Verhalenplatform Wij & corona – Leyden Academy](#)

REPUBLIC OF IRELAND — 1,700 VOLUNTEERS HELP DURING LOCKDOWN IN LIMERICK

The ['Irish Longitudinal Study on Ageing' \(Tilda\)](#) shows a doubling of loneliness during the lockdown: 30% of older adults said they felt lonely at least sometimes, and 21% of adults aged 60 and over reported potentially clinically meaningful levels of depressive symptoms. These numbers are double the levels of depression before the pandemic³⁷.

In Limerick, Republic of Ireland, due to COVID-19 measures, people aged 70 or over were asked to stay home. Isolation means limited access to essential goods such as food and medicines and loneliness, especially for those who live in one-person households. The [Limerick City and County Council](#) organised over 1,700 volunteers³⁸ and established a COVID-19 Community Response Team. This network provided isolated people, especially older adults, with a free phone line to access a wide range of services, including groceries, prescriptions, pensions and paying bills. The call service called "Reaching Out, Staying Connected" helps senior citizens receive information or just hear a friendly voice when feeling lonely.

The [Limerick Age Friendly Programme](#) also cooperates with [Age Action](#), which is a national charity programme. A local tutor provides training to older people to support them in accessing the internet. These new skills help senior community members stay connected with their family and friends and stay informed during social isolation.

[Here](#) you can watch a video of the programme.



Source: [Limerick COVID-19 Community Response](#)

³⁷ Deprived of contact, isolation has become the second 'pandemic' for older people

³⁸ 28 October 2020 Limerick COVID-19 Community Response

LIBYA — TACKLING THE TABOO OF MENTAL ILLNESS

According to the WHO, [one in seven](#) Libyans needs mental health support due to the pandemic. The [Eshraqa Organisation for Mental Health](#) launched a campaign to break the taboo on mental illness and offered support through a hotline. In addition to the professional help they provide, the NGO launched campaigns on social media to encourage people to talk about their problems and support others. The message of the campaign was, "You're not alone; we're with you".



Source: [Eshraqa Facebook page](#)

UKRAINE — BICYCLES TO DELIVER AID AND HOPE AMIDST COVID-19

The conflict in Eastern Ukraine, which erupted in early 2014, took over 10,000 civilian casualties and forced 1.5 million to leave their homes and become internally displaced³⁹. Eastern Ukraine has an inadequate infrastructure (lack of hospitals, health care provisions, social services, public transport and well-built roads) which deteriorated since the conflict began. The area is sparsely populated, primarily by older people whose isolation increased even further due to the pandemic⁴⁰.

For inhabitants in this area, the medical and social workers dele-

39 [Conflict in Ukraine | Global Conflict Tracker](#)

40 Here you may read more about the situation of isolated people in Eastern Ukraine during the pandemic, by a Canadian charity organisation that provides hygiene kits and other donations in the area. [COVID-19 Eastern Ukraine](#)

gated by the local authorities or by local charity NGOs are often the only contact with the outer world. These service providers regularly visit older people and families living near the “contact line”, the most endangered and isolated area in Eastern Ukraine. These professionals provide goods, home care, medicines and services based on their assessments of needs. The biggest challenge is the physical distance from all institutions and institution-based services. To ease the problem of vast distances to support services, the [UNHCR](#), with funding from the European Union, provided 228 bicycles and 35 electric tricycles to communities located near the contact line in Eastern Ukraine. This way, habitants living near the contact line can travel to settlements where services are available. Also, health and social workers from NGOs and the municipality can visit people in need more easily⁴¹.



Source: [European Commission](#)

⁴¹ Story by Nadiia Shostak and Victoria Andrievska, UNHCR. [Eastern Ukraine: bicycles to deliver aid and hope amidst COVID-19 | European Civil Protection and Humanitarian Aid Operations](#)

TIPS TO CONSIDER

Tips to consider when supporting isolated people

- ▶ Supporting those in isolation is one of the most rewarding activities for volunteers. On working with volunteers, read more in [BCI's Organisational Capacity Toolkit](#).
- ▶ Besides physical needs (access to food, medication), mental health needs are also crucially important. Be vigilant about the mental and emotional state of the isolated people. Contact professionals if you recognise signs of depression!
- ▶ Remember that older people may not have the technical skills to access the internet or messaging services. Not only does this isolate them from news and information, but also from accessing services that may only be online. Hotlines accessible with landline phones and paper-based information delivered to residences can ease isolation.

NOT LEAVING ANYONE BEHIND: CARE FOR THE PEOPLE WITH SPECIAL NEEDS

INTRODUCTION

Adults living with special needs or disabilities have been multiply affected by the pandemic for different reasons. Because of associated health conditions, people living with disabilities are more vulnerable to the severe consequences of the Coronavirus. Limited access to their routine health care, rehabilitation, learning, working and social opportunities left them without appropriate provisions and support. People living with special needs or disabilities are disproportionately poor compared to the general population and face increased hardships during a lockdown⁴².

Adults and children living with special needs and their carers found themselves in a challenging situation during lockdowns. People with mental health disorders often have less tolerance for isolation and its consequences.

POSSIBLE ACTIVITIES

- ▶ Mapping the needs of the most vulnerable groups
- ▶ Special attention to the needs of
 - ▶ IDPs
 - ▶ single mothers
 - ▶ families living in poverty
 - ▶ people living with disabilities, homeless
 - ▶ children with special needs
- ▶ Tailor-made projects to meet the needs of the most vulnerable groups

⁴² Triple jeopardy: disabled people and the COVID-19 pandemic

IRAN — YOUNG, BLIND WOMAN SUPPORTS OTHERS DURING COVID-19

Based on statistics from 2011, 1.4% of Iranians have at least one type of disability⁴³. Since the coronavirus pandemic, many facilities providing care for people with disabilities in Iran (rehabilitation clinics and nursing care centres) have reduced their activity in terms of personnel or working hours or even completely closed. An issue that makes life for disabled people in Iran even more difficult is a weak and deteriorating health care system that struggles to respond to routine, daily demands, let alone those arising through the COVID-19 emergencies⁴⁴.

Samaneh Shabani was born blind, so she experiences the exacerbated everyday difficulties people with disabilities have to face in Iran during the pandemic. She is a former intern at the UN Information Centre in Tehran. Samaneh decided to help others with disabilities, so she started volunteering for [Tavana](#), an internationally recognised NGO based in Qazvin. The NGO was started in 1995 by a group of disabled people who gathered together to participate in wheelchair basketball games and started thinking about supporting their disabled peers. They established the “Tavana Disabled Association”, which introduced a new approach and definition of disability in Iran. The NGO calls for more attention to the social rights of disabled people and their acceptance by society⁴⁵.

Samaneh puts her UN experience to good use in her capacity as an advisor to Tavana. Her efforts highlight the need to share publicly verified information related to COVID-19, especially with people in a marginalised situation who have limited access to information or need to use unique communication channels because of their disabilities. As she explained in an [article](#) written on her work: “If each of us will take even a modest action to help a person in need – an elderly neighbour, a single mother, a person with a disability – we would be much stronger in our battle with COVID-19”⁴⁶.

43 [Socioeconomic Inequalities in Different Types of Disabilities in Iran](#)

44 <https://www.tandfonline.com/doi/full/10.1080/09687599.2020.1754165>

45 [History DAT](#)

46 [Young, blind woman helps others – including those with disabilities – fight COVID-19](#)



Source: [Tavana - Gallery-Children - Social - Activities](#)

LIBYA — SUPPORTING WOMEN LIVING WITH DISABILITIES

The [Challenge Organisation for Disabled Women \(Al Tahaddi\)](#) trained women with disabilities to work on decoration, crochet and sewing to use their time in confinement as income generators. Al Tahaddi provided them with transport through an equipped bus and helped them sell the products they prepared. The training took place with all the necessary measures from masks to social distancing, and, when possible, Al Tahaddi convened the activity outdoors. “In Libya, men with disabilities get support from the government and are seen as heroes, while women with disabilities have no support at all.”



Source: [Al Tahaddi Facebook page](#)

Al Tahaddi also distributed sanitary pads and electric wheelchairs to disabled women. It also gave walkers to help some women move around, special arms to help other disabled women drive a car, and, in partnership with other organisations, provided training to learn crafts for them to support themselves and meet their needs, including Covid-related ones.



Source: [Al Tahaddi Facebook page](#)

UNITED KINGDOM — MOTHER WITH A YOUNG CHILD ON THE AUTISM SPECTRUM HELPS CHILDREN WITH SPECIAL NEEDS

For people living with autism, any changes in their daily routines are difficult and disorienting. Covid-19 brought many changes for everyone, but for autistic adults and children, these changes are even more challenging. NGOs, like the [Child Autism UK](#), provide helplines and [home support packages](#) to assist parents and carers during this difficult period.

Melanie Lord is a mother in the UK with two young children; one

lives with autism. Even before the pandemic, Melanie was active in raising awareness about autism in her local community, campaigning for accepting everyone. Melanie noticed that many social media sites were full of parents and carers seeking help and guidance during the lockdown. Pandemic mitigation measures left them without their usual provisions and support services. Melanie decided to fill the gap and created printable resources for parents and carers, including social stories and other visual cards. [Melanie's Facebook page](#) grew overnight from 200 likes to 3,000. Many people shared her resources on social media, making a real difference among the special needs community. She also created free resources tailored to suit individual needs. For example, an autistic child was afraid of seeing her parents wear face masks but loved Peppa Pig. Melanie made pictures of the Peppa Pig characters with masks and created a related social story for the parents to use⁴⁷.



Source: [East Suffolk's Community Response to Covid-19](#), p 23

UNITED KINGDOM — LISA WILLIAMS' LIVE COOKING VIDEOS

Lisa Williams runs a [community cafe helping special needs adults in Felixstowe](#). Because of the lockdown, she had to close the restaurant temporarily. She then started to share recipes and daily live cooking videos online. The main goal was to teach people (focusing on special needs adults who suddenly became isolated) to cook healthy meals and snacks, cook on a low budget, and use leftovers. Lisa also produced and delivered care and craft boxes for the special needs adults in the community to help them spend their time creatively and keep them busy.

⁴⁷ [Mum's visual cards for autism help explain coronavirus crisis](#)



Source: [Roseberry Cottage - Stennetts Community Cafe Facebook page](#)

TIPS TO CONSIDER

Tips to consider when supporting people living with disabilities

- ▶ Always prioritise vulnerable groups' needs.
- ▶ When planning and implementing any activity, always consider the special needs of vulnerable groups and how to access them.
- ▶ Consult representatives of vulnerable groups when planning to reach out to them to ensure appropriate and inclusive activities.

HELPING FAMILIES, CHILDREN AND YOUTH WITH HOMESCHOOLING AND E-LEARNING

INTRODUCTION

In 2020 and 2021, more than 330 million youngsters were stuck at home for at least nine months during the pandemic⁴⁸. Children, parents and carers had enormous challenges; children and young people suffer from loneliness, isolation from peers, anxiety, and a lack of impulses and stimulation. Parents and carers have experienced increased workloads and housekeeping while managing new work arrangements or sudden unemployment and trying to master unfamiliar school subjects to support their children's education. Many children live in households without computer or internet access; for them, e-learning was not an option, and COVID-19 completely interrupted their formal education.

POSSIBLE ACTIVITIES

- ▶ Development of apps and websites to support online learning
- ▶ Extra-curricular online programmes for children (helping with homework, learning aid)
- ▶ Online activities for children
- ▶ Support to help families access computers and the internet
- ▶ Remote consultation for parents

⁴⁸ Mental health alert for 332 million children linked to COVID-19 lockdown policies: UNICEF

CANADA — MOTHER AND DAUGHTER LAUNCH ONLINE STORYTELLING FOR KIDS DURING LOCKDOWN

Radana Williams created [Storytime Corner](#), an Instagram account where she holds online storytelling sessions with her five-year-old daughter, Fiona, twice a week. This initiative came as she realised how social distancing and self-isolation drastically impacted the lives of children and their parents. Storytime Corner aims to provide some extra time for the parents to catch up with their duties while keeping their children occupied in a safe space. The live storytelling also gives Fiona something to focus on now that she cannot go to kindergarten and meet her friends⁴⁹.



Source: [Calgary girl launches online storytelling for kids stuck at home amid COVID-19 pandemic](#)

CHILE — VIRTUAL EDUCATION KIT FOR CHILDREN

Chile is one of the countries in Latin America with the highest use of technology⁵⁰. At the same time, there is a significant socio-economic digital divide, especially for people living in rural areas with limited access to the internet⁵¹. The pandemic exposed structural inequalities in internet access and access to digital devices. The digital gap between urban and rural and wealthy and poor students directly causes inequalities in access to education⁵².

49 [Calgary girl launches online storytelling for kids stuck at home amid COVID-19 pandemic](#)

50 [11 Facts about Chile's Growing Technology Scene — Launchway Media | Tech PR and Digital Marketing for Startups](#)

51 [Highlights from the OECD Science, Technology and Industry Scoreboard 2017 - The Digital Transformation: Chile](#)

52 <https://www.youtube.com/watch?v=ZDIB8TQM0uc>

During the lockdowns, access to online learning became essential, but thousands of children cannot continue their studies because they do not have a tablet or notebook. According to [UNESCO](#) and the Chilean Ministry of Education, more than three million Chilean students had to change classrooms for their home. More than 50 per cent are unable to connect to their classes, generating a significant increase in the already existing digital gap.

In response to the problem, the national CSO, [Desafío Levantemos Chile](#), delivered Virtual Education Kits for children and young people. The CSO distributed 237 tablets and 586 internet chips to children in different regions around the country⁵³.



Source: [Desafío Levantemos Chile](#)

LIBYA — COLLABORATIONS TO SUPPORT E-LEARNING AND HOMESCHOOLING

Libyan students face unique challenges in the face of the ongoing conflict and the COVID-19 pandemic, which have curtailed opportunities for developing the skills needed in the next generation of the country's leaders. Recognising the importance of space for young people to discuss and participate in their future, [National Democratic Institute \(NDI\)](#) and its partner, the [Dialogue and Debate Association \(DDA\)](#), found innovative ways to connect students and make their voices heard.

⁵³ [Desafío Levantemos Chile website](#)

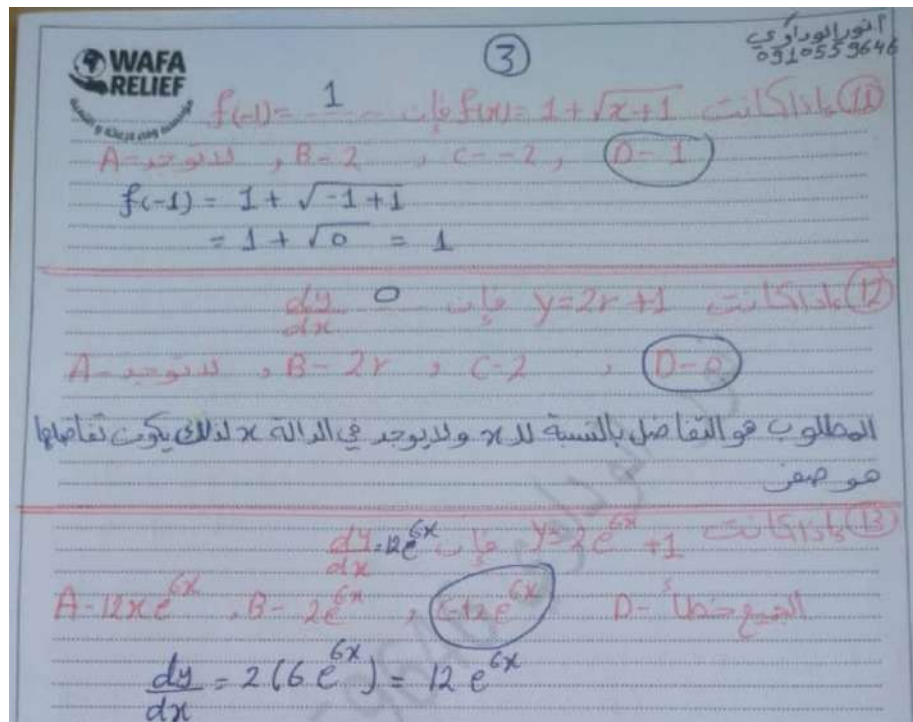


Source: *Debate and Dialogue: Connecting the Next Generation of Libyan Leaders*

Throughout October and November 2020, NDI supported DDA in developing and implementing its [Hessa e-learning platform](#), a virtual educational portal designed in response to the COVID-19 pandemic and the challenge it presents to keep students connected. The Hessa platform, which launched in December and has already been viewed 700 times and has over 530 registered users, allows students to learn debate and communication skills, remain connected to their peers, and access training presentations, videos, and lessons from professional debate coaches. Future updates will also include debate news and a voting system to select the best debater and debate organisation on a particular project, activity, or tournament.

In April 2020, [WAFA Relief and Development](#) started an awareness campaign on Covid-19 and established a 24-hour hotline to answer people's questions. In collaboration with school and university teachers, the CSO posted online support materials to help students. The videos and posts covered Arabic language, English language and maths, with programmes from elementary school up to university.

In addition to the online support, in April 2021, WAFA also organised free learning sessions in collaboration with [Ibn AlHaytham Center](#) and the math teacher [Anwar Alwiddawi](#) for Economy students at Tripoli University. Through his Facebook page and Youtube channel, Alwiddawi provides maths lessons and explanations to all age groups.



Source: [WAFA Facebook page](#)

SIERRA LEONE — 25,000 SOLAR RADIOS DISTRIBUTED TO GIRLS

In several countries, inequalities of access to the internet and digital devices — the digital gap — is irrelevant since the technological infrastructure is weak or non-existent. In Sierra Leone, for example, many households barely have access to electricity or radios.

In Sierra Leone, the Covid-19 pandemic is not the first time in the last decade when children could not attend school. During the [2014 Ebola outbreak](#), the government of Sierra Leone developed a radio teaching programme to provide access to education even when children have to stay at home. The Ebola epidemic provided important lessons and insights, which are relevant to the recent Coronavirus crisis. Based on [Plan International](#)'s assessment, girls are extremely vulnerable during lockdowns. The number of teenage pregnancies rose during the Ebola outbreak between 2014-2016 in West Africa⁵⁴. Another significant lesson was that girls had — and still have — limited access to radios, even if the family owns one. In Sierra Leone, radios are crucial to participation in education.

In partnership with a nonprofit social enterprise (Lifeline Energy), Plan International distributed 25,000 solar radios to girls around

⁵⁴ [How Ebola led to more teenage pregnancy in West Africa](#)

the country so they can follow the remote education programme provided by the state. The children also receive a leaflet with instructions on how to use the radio⁵⁵.



Source: 25,000 solar radios for girls in Sierra Leone

SPAIN AND THE UNITED KINGDOM — PARENTAL GUIDANCE ON HOW TO SUPPORT CHILDREN DURING THE LOCKDOWN

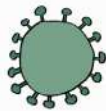
Many parents and carers who look after children found themselves under enormous stress and in difficult situations during the pandemic and the lockdowns. Without schools and daycare, routine health-care or social provisions, parents need guidance and support. The [Youngminds](#), a leading charity organisation in the UK providing mental help for children and youth, published a parental guide on “[How to support your child during the coronavirus pandemic](#)”. It covers many topics, including advice on homeschooling, problematic child behaviours during a lockdown, and children's grief.

The “[By your side](#)” project, implemented by “[Save the Children, Spain](#)”, targets low-income families in Spain. The NGO works daily with 6,500 socially disadvantaged families around the country. As a consequence of the pandemic and the lockdown, children of families living in poverty did not have access to the basic food they received in school canteens. The project started as a food aid programme but soon provided mental health support for parents and children. The project also provides vulnerable children and youth with technical support for online learning and homeschooling (internet connection and tablets). As a part of the programme, Save the Children created short [thematic video guides](#) for parents to support them in homeschooling and the challenging situations with children during lockdowns.

55 [25,000 solar radios for girls in Sierra Leone](#)

Estos son algunos CONSEJOS para madres y padres en tiempos del coronavirus,

IDEAS PARA QUE
TODA LA FAMILIA
SE SIENTA MEJOR
EN CASA!



Source: [Save the Children Spain - youtube channel](#)

TIPS TO CONSIDER

Tips to consider when supporting access to education during lockdowns

- ▶ The [ChangemakerXChange](#) global community collected ideas at the [Covid-19 Collective Action Summit](#) on what to pay attention to in online education and e-learning.
- ▶ Unlearn your assumptions about online education, especially when it comes to digital security.
- ▶ Include elements of offline learning, even while learning online.
- ▶ Think about the experience you want to create for your students, not just the content you aim to deliver.
- ▶ Provide customisation on the general design so that users can adapt your product to meet the needs of different students.
- ▶ Provide support to parents for homeschooling who struggle with the various subjects or finding the time.
- ▶ Encourage your government to stream educational content through national TV or radio, making it more accessible for families without reliable access to the internet or digital devices.
- ▶ Partner with psychologists or mental health professionals to provide mental health support for students.

Here is a [collection of 101 free resources for homeschooling](#) during Covid-19.

FIGHTING DESTITUTION AND FOOD SCARCITY

INTRODUCTION

The COVID-19 pandemic exposed the insecurities of many communities regarding food security, sustainability and self-reliance. With supply chains broken and transportation links severed because of COVID-19-related mitigation measures, many rural communities were cut off and more isolated than ever before. To combat the lack of essential foodstuffs and the loss of income, many communities turned to the land to create sustainable sources of sustenance.

POSSIBLE ACTIVITIES

- ▶ Cooperation with local food producers to provide affordable products
- ▶ Community farms
- ▶ Community gardens
- ▶ Not-for-profit startups: bakeries, small food factories

COLOMBIA — COMMUNITY GARDENS FOR FOOD SECURITY DURING THE PANDEMIC

According to the [World Food Programme \(WFP\)](#), hunger began for many impoverished Colombians on day one of the national lockdown — March 25, 2020. Despite national and local government efforts, the WFP's survey found that “6% of the respondents didn't eat anything the day before the survey and reported skipping meals regularly”. While people were starving, food distribution networks broke down, and farmers had food they could not sell. Meanwhile, 5.4 million Colombians were unemployed⁵⁶.

[Huertopia Collective](#) is a community-based organisation in the capital of Colombia. For seven years, Huertopia worked in the local community in the eastern hills of Bogota. The NGO focuses on agroecological gardens, assists people with technical advice, seeds and seedlings. At the beginning of the pandemic, the Huertopia team initiated a hygiene campaign, raising awareness about the importance of mask-wearing, washing hands and disinfecting. While running the campaign, activists realised that people were starving. Responding to the situation, they decided to turn all their efforts towards creating community gardens and family gardens in vacant plots. The NGO identified and adopted unused lands, organised seed exchanges, tool and material sharing among the community members. It also provided advice and support for those who participated in the gardening programme. The main goal is to enable local families to produce their food, avoid starvation and maintain independence from food distribution networks⁵⁷.



Source: [Huertopia Collective Facebook page](#)

⁵⁶ Colombia's attempts to solve triple coronavirus food crisis

⁵⁷ FEATURE: El Alto Fucha, Colombia – Community gardens for food security during pandemic - Colombia

LEBANON — INSTAGRAM CAMPAIGN TO SUPPORT THOSE SUFFERING FROM HUNGER

[Human Rights Watch](#) called public attention to the millions in Lebanon facing food insecurity due to lockdown, already during the first wave of the coronavirus crisis (April 2020)⁵⁸. The situation has become even more severe since. Many restaurants in the capital of Beirut joined the “Pay 2, take 1” campaign, where customers pay an extra item of their food and offer it to those who need food aid. Customers post their donations on Instagram with #Man2ouche, and restaurants, bakeries, and food stores advertise themselves with the same logo to announce their participation in the campaign⁵⁹.



Source: [@man2ouche.3al.raf](#) • Instagram photos and videos

LIBYA — DELIVERING COOKING GAS AND FOOD BOXES

As part of the efforts made by the association [Ayadi El Khir](#) (Hands of Good) to fight against poverty and food scarcity, the NGO recently started distributing gas for cooking. Families in need had to register for the donations. Since the start of the pandemic in March 2020, the NGO conducted campaigns on its Facebook

⁵⁸ [Millions in Lebanon risk food insecurity over coronavirus lockdown: Human Rights Watch](#)

⁵⁹ [@man2ouche.3al.raf](#) • Instagram photos and videos

page highlighting measures to fight COVID-19 and appealed for donations (financial and in-kind support) and volunteers willing to drive trucks and distribute aid donations.

Starting April 2020, the NGO also distributed food boxes, cleaning kits, medicines and clothes to families in need. As part of their activities, they offered free delivery services during the lockdown periods.



Source: [Ayadielkhir Facebook page](#)

PHILIPPINES — VILLAGE GARDEN PROVIDES A LIVELIHOOD FOR FAMILIES

In April 2021, the Philippines had to battle [the worst Covid-19 surge in Southeast Asia](#), a catastrophic situation overwhelming the healthcare system and causing high casualties relative to other countries in the region⁶⁰.

Besides the healthcare crisis, many Filipinos have lost jobs due to the coronavirus pandemic, and the loss of income often led to food scarcity for their families. The COVID-19 rapid assessment conducted by World Vision in June 2020 revealed that 37 per cent of household respondents reduced the size of their meals, while 15 per cent cut down the number of daily meals⁶¹.

In [Angono Rizal](#), the [village cooperative](#) turned a two-hectare landfill into a vegetable garden. Residents volunteered to clean

⁶⁰ [The Philippines Hammered by Worst Covid Surge in Southeast Asia](#)

⁶¹ Assessment results quoted here: [One Year On: World Vision fears COVID-19 pandemic will reverse the gains of poverty reduction, development efforts in the last 20 years - Philippines](#)

the site, which was full of garbage for years, and after preparing the soil, they planted vegetables. They also received basic training on gardening techniques. Using the compost materials generated from the biodegradable waste, the community gardeners produced organic and pesticide-free vegetables. The community garden became a source of food and a means of livelihood for the residents. They sell the vegetables they do not need for their consumption, and distribute the income among community farmers as an allowance⁶².

You can watch a short video on the project [here](#).



Source: [Philippine village garden turns pandemic loss into a new opportunity](#)

TIPS TO CONSIDER

Tips to consider when fighting food insecurity

- ▶ Work with local food-related businesses to creatively provide people in need with surplus food.
- ▶ Consider the most sustainable solutions to fight insecurity so that communities become self-sufficient.
- ▶ Engage everyone in the community when designing and implementing community garden projects.
- ▶ Here, you may find ideas on [How to start a community garden](#).

Here are some ideas on [How to start community cooperatives](#).

⁶² [Philippine village garden turns pandemic loss into a new opportunity](#)

COMMUNITY RESPONSE TO COVID-19 IN LIBYA

During November 2020, as part of the Taking the Lead project, the 11 CSO partners conducted 168 rapid assessment interviews and six focus group discussions with a total number of 63 discussants in different locations of Libya. Some of the research questions and the focus group discussion guide addressed the topic of civil society responses to Covid-19 in local communities.

One of the main lessons of the rapid response assessments was that without adequate state institutions or national crisis management coordination, community-based organisations and municipal authorities had to address the COVID-19 emergency. While the State did make some resources available, including expertise from the National Centre for Disease Control, locally constituted Covid-19 Crisis Response Teams (CCRTs) were primarily responsible for pandemic responses. Based on the interviews and the focus groups discussions, CCRTs and their efforts were, by and large, ad hoc, reactive and not proactive products of considered crisis management planning.

As a result of the lethargic start to addressing the pandemic by official Libya, community-based organisations jumped into action. Most respondents described a situation where everyone pitched in and did what was needed. Importantly, national and international humanitarian groups were key linchpins in coordinating the humanitarian response, particularly in areas most affected by conflict. Local CSOs and businesses worked together, tirelessly gathering what supplies they could and finding innovative ways to get supplies and services to people in the community.

TAKING THE LEAD



Together with the [Institute for War and Peace Reporting \(IWPR\)](#), [BCI](#) worked with Libyan civil society organisations to conduct rapid assessment research on the pandemic's impact on women and girls. CSOs used the research results to design and implement immediate interventions to address some of the challenges for the most vulnerable women and girls in their communities. With small grants from the [UK Government's Conflict, Stability and Security Fund \(CSSF\)](#), most projects focused on helping women deal with the shock of lost income and isolation related to the pandemic. Following are summaries of some of those projects.

ATAA AL KHER

In the southwest community of Traghan, the [Ataa Al Kher](#) organisation implemented a project “Building the capacities of vulnerable women to face COVID-19 pandemic”. The CSO supported vulnerable women from Traghan and four other surrounding communities in an income-generating project to promote the sale of baked goods to support their families. Ataa Al Kher also leveraged its work in the community to produce programmes for Traghan Radio Station on COVID-19, raising awareness and sharing information on pandemic mitigation measures.



Source: [Ataa Al Kher Facebook page](#)

DIHYA ORGANISATION FOR DEVELOPMENT

In its Tripoli-based rapid assessment at the end of 2020, the [Dihya Organisation for Development](#) identified increased anxiety among girls and young women since they were further isolated with school closures and stay-at-home pandemic mitigation measures. Using art therapy methodologies, Dihya's “Start the Art” project provided psychosocial support to 19 young women aged 18 to 23. Participants received training on collage art, graphic design, digital security, and email marketing. Dihya's activities motivated the young women to continue learning, despite their isolation, and inspired several participants to market their new graphic design skills, providing income-earning opportunities from home.



Source: [Dihya Facebook page](#)

FOR YOU LIBYA GROUP

The Tripoli-based [For You Libya Group \(FYL\)](#) launched its Digi-women project to provide young women with training and practical guidance on designing and developing mobile applications (apps). Apps focused on three possible themes: children's education, combating gender-based violence, and support for small business owners. In addition to app development, FYL provided guidance and mentoring on entrepreneurship, freelance businesses and e-marketing. FYL reached out to Libyan business incubators and attended a "hackathon" to develop solutions and support for young women.



Source: [For You Libya Facebook page](#)

I AM A LIBYAN AND MY SON IS A FOREIGNER

In the south, [I am a Libyan and My Son is a Foreigner \(ILSF\)](#) implemented a skills-based training project in the Ghat municipality. "The Secrets of Sweet and Hot" project trained 50 women on producing sweet and savoury food products that they can make at home as an income-generating activity or enable them to seek employment in the local food factory when it reopens in Ghat.



Source: [ILSF Facebook page](#)

LIBYAN ORGANISATION FOR DEVELOPMENT

In Benghazi, Derna and Tobruk, the [Libyan Organisation for Development \(LOD\)](#) trained 57 community-based social workers to support women experiencing COVID-related mental health stress. Project participants received specialised training on the trauma caused by gender-based violence, case management for survivors and, services for victims of violence. The social workers also learned how to use remote communications platforms to reach out to women when in-person assistance is impossible. LOD's workshops also included components on women's legal rights and the relationship between the rule of law and human rights. By the end of June 2021, approximately 90 women in Derna and Tobruk, and several women in Benghazi, received psychosocial support.



Source: [LOD Facebook page](#)

NANA MARAN ORGANISATION FOR CHARITY

In the Hay Al-Andalus municipality of Tripoli, [Nana Maran](#) launched the Shareki (participate) initiative to provide resources and safe online spaces for women. After mapping local resources and organisations in the community, Nana Maran developed a [guide](#) providing information (including locations and contact numbers) on more than 140 organisations, health centres, schools, rehabilitation and psychological support centres supporting women. In less than three months, a dedicated [Shareki Facebook page](#) gained more than 1,600 followers and reached more than 54,000 unique accounts. Facebook posts provide information on opportunities and resources available to women in Hay Al-Andalus. Nana Maran also produced a Shareki podcast focusing on social issues, including those arising during the COVID-19 pandemic, and provided skills-building training to 72 women in the community.



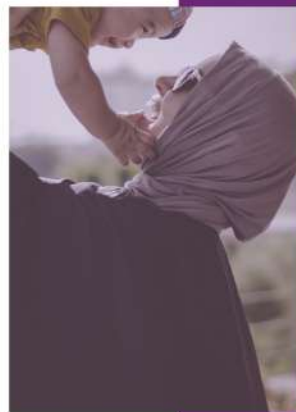
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Source: [Shareki Guide](#)

NATAJ ORGANISATION

In Benghazi, the [Nataj Organisation](#) provided a mix of skills training and psychological support to widows and divorced or displaced women. Women who participated in baking and confectionery classes began selling their sweet treats in the community. The impact of Nataj's intervention goes beyond cake decorating. In addition to the programme participants' economic empowerment, women who attended the classes also had access to an onsite psychologist who provided support to the women during individual counselling sessions. Of the 40 women attending baking workshops, 20 also received psychosocial support.



Source: [Nataj Facebook page](#)

WOMEN'S FORUM FOR DEVELOPMENT

In Zawiya, the [Women's Forum for Development \(WFD\)](#) trained 40 young women under 40 years old to develop skills in graphic design, digital marketing, financial feasibility studies and marketing strategies. WFD also supported the project's participants with skills training on various practical crafts to promote and market their work in the community. With support from the municipality and the local COVID-19 response committee, WFD organised a three-day marketplace in Zawiya as a starting point for promoting participants' crafts.



Source: [WFD Facebook page](#)

WOMEN'S LIBYAN UNION IN THE SOUTH

In the south — a region particularly hard-hit by the impact of COVID-19 — the [Women's Union of the South \(WUS\)](#) reached out to women in Murzuq and Sabha, many of whom are displaced and living in the Ansam Al-Hurriya camp. WUS provided 25 women with legal and psychological support to help them cope with the pandemic's repercussions, particularly those related to mental health and gender-based and domestic violence. WUS engaged a local radio station and community-based doctors to work with the CSO on public discussions of the pandemic's impact on women's mental and physical health.



Source: [WUS Facebook page](#)

CONCLUSION

The Best Practice Guide on Community Responses to the Covid-19 Crisis is a collection of organisational actions and interventions, CSOs' projects and volunteers' efforts to address the needs that arose due to the pandemic. In every country worldwide, state authorities responded to the Covid-19 crisis by introducing policies, legislation, measures and provisions. This guide does not address state-level or official responses. Still, it is crucial to recognise that CSOs strengthened government measures (with the dissemination of official information related to the pandemic), reached out to communities which authorities did not access (to people living in segregated neighbourhoods), and filled the gaps of state provisions (responded to special needs of vulnerable people). In an ideal world, state and civil actions complement and reinforce each other to create synergies in the best interest of all beneficiaries.

Civil society organisations played and continue to play a vital role in the pandemic response. Compared to state or municipal-level actions, CSOs often react faster, identify special needs better, find creative solutions, mobilise volunteers, successfully fundraise and find necessary resources. The collected examples in this guide represent a diverse set of actions: from small voluntary assistance (delivering groceries and medicines to an older neighbour) to large-scale interventions (coordinating a community fund to provide different needs in a locality). In the guide, we introduced various examples, including the actions of ad hoc informal groups and multi-year programmes of international NGOs. We believe that in each instance, activists can find an element that is resourceful, inspiring or contains an important piece of information to plan a local intervention during the Covid-19 pandemic or in other crises situations.

After more than a year of living with the COVID-19 crisis, it is evident that the global pandemic exposed and exacerbated inequalities⁶³. This phenomenon is illustrated by unequal access to quality health care or vaccinations. Experts and frontliners have documented the increased suffering of disadvantaged social groups during the pandemic; women are disproportionately affected by the Covid-19 crisis⁶⁴. CSOs have a historical role in being the voice of the voiceless, speaking for those who do not have the power to represent their interests and calling the public's attention to neglected issues. Besides providing real needs, CSOs implemented many awareness-raising activities during the

⁶³ [Inequalities in the time of COVID-19](#)

⁶⁴ [UN Secretary-General's policy brief: The impact of COVID-19 on women | Digital library: Publications](#)

pandemic, especially related to socially disadvantaged groups, victims of gender-based violence, special needs of women and girls, and the unique situation of vulnerable people.

The examples for community responses to Covid-19 show that cooperation of local stakeholders, forming coalitions among active organisations, and coordinating actions are necessary for successful and efficient implementation. Mapping the needs and existing provisions is a precondition to avoid duplicating services or leaving areas and groups unserved. Since the pandemic is a unique situation, it is crucially important to follow the health authorities' guidelines and rely on official and updated information and data.

The COVID-19 crisis accelerated the increasing importance of the internet, mobile communication, e-learning solutions, and social media. CSOs used the opportunities provided by information technology creatively and efficiently in many fields: awareness-raising campaigns, outreach to isolated people, online teaching and extracurricular activities, mental health provisions or safe (cyber)space for victims of domestic violence.

Each section of this guide provides tips to consider before planning and implementing action. Following are additional resources providing advice and ideas on what to pay attention to if we act during Covid-19, or in more general, during a crisis.

- ▶ [The Women's International League for Peace and Freedom](#) has published its [Guide to Documenting and Analysing Responses to the Covid-19 Crisis](#). It is especially useful for actions targeting issues related to the needs of women and girls.
- ▶ [UNWomen](#) has published [numerous policy briefs on Covid-19 and gender](#), including gender-responsive budgeting, the role of women's rights organisations, women's meaningful participation during conflict, women's leadership, violence against women and girls, and the care economy.
- ▶ [Unicef published a note](#) to provide ideas to the challenging problem of reaching survivors who cannot easily access phone-based GBV support.
- ▶ Here you can find [detailed information on food distribution rules](#) from [OCHA](#).
- ▶ This [cash transfer programming toolkit](#) by [Mercy Corps](#) is helpful for planning and implementing similar programmes. You can find further documents of [World Vision](#) or [Plan International](#) on emergency cash transfer programmes.

- ▶ On working with volunteers, read more in [BCI's Organisational Capacity Toolkit](#).
- ▶ The [ChangemakerXChange](#) global community collected ideas at the [Covid-19 Collective Action Summit](#) on essential issues related to online education and e-learning.
- ▶ One US site provides a [collection of 101 free resources for homeschooling](#) during Covid-19.

Finally, we must not forget to thank and celebrate the people, organisations and businesses who contributed to making a difference in their communities during the Covid-19 outbreak. An excellent example of a community paying tribute to those who participated in making the crisis more bearable for others is from [East-Suffolk in the UK](#). The local council edited an [eBook](#) that tells the stories of local volunteers and showcases the vital work they carried out to support the most vulnerable in their communities.

Regardless of whether our community is global or local, the dedication of civil society activists sustains and protects the most vulnerable during crises. Their work deserves our support and perpetual appreciation.

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