



Volunteer Insurance

ViCE Pop-Up Innovation Lab

28 – 30 March, 2017, Tegucigalpa, Honduras

The nature of humanitarian work is significantly changing, and has huge implications, not just on the nature of work that local volunteers carry out during and post-conflicts and emergencies, but also on volunteer motivations, community perceptions on and acceptance of local humanitarian volunteers, volunteer skills and competencies, as well as organizational leadership and support systems for local volunteers. As humanitarian organizations increasingly engage in more complex and unpredictable environments, providing effective humanitarian services while ensuring the safety and security of local volunteers remain a critical concern for the humanitarian sector.

The Volunteering in Conflicts and Emergencies initiative (ViCE) aims to develop an in-depth understanding of local volunteering in some of the most vulnerable conflicts and emergency settings. The collected data and the research has provided insights into a number of key areas concerning local humanitarian volunteering.

One of the data sets particularly focus on local volunteer insurance, whereas the others explore some of the broader issues surrounding safety and security, governance, funding and resources, that are closely linked with the issue of volunteer insurance.

Despite commitments made by National Red Cross Red Crescent Societies, the ViCE data provide a picture where volunteer insurance are either not provided, or are inadequate. National Societies express challenges in getting adequate systems and measures in place to ensure protection of local volunteers.

The opinions and recommendations expressed in this study do not necessarily represent the official policy of the Honduran Red Cross. This report captures the work of a Pop-Up Innovation Lab hosted by the Honduran Red Cross to explore the insights of volunteers and other stakeholders on the topic of volunteer insurance and to collaboratively develop solutions to access effective volunteer insurance coverage.

The Honduran Pop-Up Innovation Lab on Insurance

A wealth of resources exists on volunteering and volunteering development. However, gaps remain to be filled and a very pragmatic approach to meet this gap and address the needs is to innovate and develop new resources. Doing this will increase the capacity of volunteers, volunteer-involving organizations, and their partners.

Volunteers in National Societies sometimes face a critical lack of support from local systems, regarding their safety and security, and the protection measures necessary to carry out humanitarian activities in complex settings. Having identified those needs, solutions must be identified. In order to assure acceptance, a feeling of ownership and sustainability, these solutions must, to a possible extent, be locally sourced, and must involve an integral perspective in its development.

In order to achieve this, the Honduran Red Cross identified stakeholders, both internal and external

to the National Society, whose perspectives would add up to a greater involvement in solution development and their future implementation. These stakeholders included base volunteers, volunteers in high leadership positions, National Society staff in key positions, academics, external volunteers (NGO), professionals in the volunteering sector, representatives of the private sector, and insurance and finance specialists.

All of these, took part in a facilitated collaborative process to:

- identify the problems expressed by volunteers, and the underlying issues related,
- explore the issue and become better exposed to all aspects of the identified development challenge,
- identify different approaches to solve the issues, and
- develop different ideas for models/prototypes of solutions.

The Pop-Up Innovation Lab - a facilitated process

The Pop-Up Innovation Lab is made up of three facilitated phases, each with an approximate 6-hour duration.

Phase one: the exploration of the issue to establish a thorough understanding and an agreement on what to address.

Phase two: the transformation of ideas and thoughts into concepts and models. Developing prototypes and pitching it to the volunteers and the volunteer-involving organization.

Phase three: the discussion on the feasibility of the proposed models and solutions, prioritization, and identification of possible implementation mechanisms and agreeing on the next steps.

The Pop-Up Innovation Lab started the process with one quote extracted from the Listening Study data sets.

"We go to an emergency, and there have been several cases already, where colleagues of ours have died, from the Red Cross in other councils. They died in accidents. They are gone... Remember that we can't fly, we're not going to sprout wings

from our vests and... nothing will happen anymore. If something happens to us in an accident, we're bound to die. Colleagues of ours have died; many of our colleagues have died in accidents. And ...and that insurance that I mentioned we have in the Red Cross never arrives. It's hard to speed things up in the Red Cross. So what we want, what we've always asked is to... to see that insurance work, that insurance volunteers have, because we don't come here... we're not charging, it's voluntary what we do. But I think that when something is voluntary, the Red Cross should ... should do something for the volunteer."

This quote was analyzed by the participants in small groups, and were instructed to record their thoughts in two different lines of thought:

1. What is the volunteer saying?
2. What do you think about what the volunteer is saying?

The responses were visually recorded and grouped. The participants were then given additional sets of quotes and conversations that followed added to the analysis. The results were recorded as follows.

Phase 1: Exploring the issue

What is the volunteer saying?

Feelings

- Fear
- Death
- Vulnerability
- Deaths of colleagues
- We are not immortal
- Trauma
- We also feel vulnerable and are affected by it
- Worry
- High exposure to risk

Motivation

- Volunteers are not taken care of
- Demotivation
- "I am ready, but..."
- I am not protected
- I feel naked
- False expectations from volunteers
- Dissatisfaction
- Volunteers don't feel valuable
- Volunteers in violent contexts need to feel protected
- Volunteers are not given the importance or value they deserve

NS Support

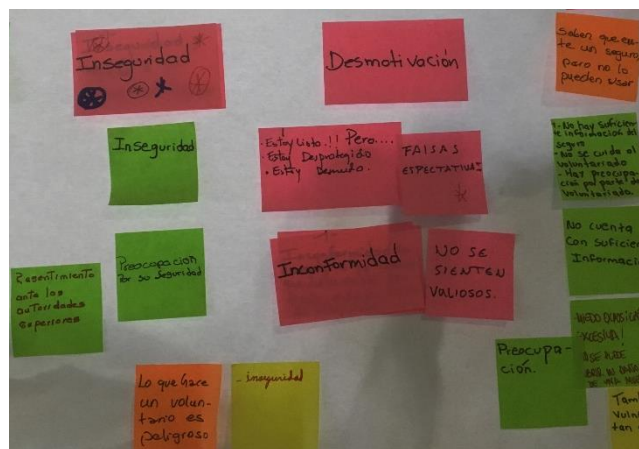
- Bureaucracy
- International insurance is not tangible
- Distrust in the effectiveness of the insurance
- Lack of credibility of the processes
- Resentment towards authorities
- Desperation towards the system
- There is no psychological preparation for the operations
- No psychosocial support and follow-up
- The emergency must be attended, but who takes care of the volunteer's safety?
- The Red Cross is not doing its part
- Insurance has low coverage, sometimes inexistent

Access to information

- Volunteers don't have enough information
- There is not information about existing insurance
- Lack of information about the existence of insurance
- Lack of information about insurance coverage
- Knowledge of the existence of an insurance policy, but they can't use it
- General lack of information

Operational context

- Insecurity
- Worry about their own safety
- What volunteers do is dangerous
- Danger
- There are inevitable emergency situations
- Unpredictable situations
- Reality is different from theory
- Lack of security
- There are dangerous jobs that place the volunteers' health at risk
- In some situations, it is difficult to remain calm



Resources

- No abundance of local resources
- Dependence upon IFRC or ICRC
- Lack of financial resources
- Diverse limitations
- Lack of equipment
- Lack of medical insurance
- Lack of biosecurity measures
- Lack of budget for training volunteers
- Lack of government support
- Lack of means of transportation and communication
- Funding mismanagement

Operational Implications

- It is a risk to the operation to have insecure and angry volunteers
- Volunteer desertion

What do you think about what the volunteer is saying?

Insurance

- Extension of insurance coverage
- Improved coverage measures
- Provide local medical insurance
- Create partnerships and agreements at local, regional and international levels
- Increase funding
- Create a national emergency fund

Role of volunteers

- To assist, or not to assist?
- Prevention
- Must be taken into account in relation to their own safety
- Service should be more efficient, quality not quantity

NS Role

- Local claims processes
- Less bureaucratic processes
- Something must be done urgently
- Why aren't we doing enough?
- Lack of empathy of the NS towards the state of volunteers
- The basic needs of volunteers should be covered

Risk Management

- Monitoring of risk indexes
- Reduce risks and exposure
- Reduce potential biological risks
- Provide equipment and infrastructure

Communication

- Lack of campaigns to communicate the roles of volunteers
- There is lack of information about insurance
- Insurance policy must be better communicated
- Lack of communication
- Must have a universal discourse

- Responsibilities of the parts should be clear
- Psychosocial support
- More support for situations that could have left sequels
- Valuing volunteers
- Criminal responsibility
- Lack of Organizational Development

Prioritization

Findings were then prioritized by the participants according two criteria:

1. Importance of the factors that need to be acted upon to assure the continuity of humanitarian services and
2. the feasibility of possible courses of action and their suitability in solving/tackling the identified issues.

The most important ones were:

What is the volunteer saying?

- Insecurity
- Bureaucracy
- False expectations
- Lack of security
- The Red Cross is not doing their part
- Lack of information
- Lack of equipment
- Lack of medical insurance
- Lack of biosecurity measures
- Dependence upon IFRC or ICRC
- Lack of financial resources

What do you think about what the volunteer is saying?

- Extension of insurance coverage
- Improved coverage measures
- Less bureaucratic processes
- Lack of campaigns to communicate the roles of volunteers
- Lack of communication
- The basic needs of volunteers should be covered
- Lack of Organizational Development



Phase 2: Transforming ideas and thoughts into concepts and models

In phase two, the participants transformed ideas and thoughts into concepts and models. They developed prototypes and pitching it to the volunteers, the National Society and stakeholders.

The participants discussed the “meaning of success” and defined the characteristics of a successful outcome of the Pop-Up Innovation Lab. The group developed short-term, medium and long-term outcomes.

Short term outcomes

- Prioritizing the needs
- The final outcome (of the workshop) must be as comprehensive as possible
- A final plan that acceptably includes the positions of all (the participants)
- The final product must be adapted to the context
- Clarity regarding the types of products offered by insurance companies
- Know what current insurance is like
- Standards for volunteer insurance
- Comprehensive vision of the issue

Medium/long-term outcomes

- Integral medical, accident and psychological insurance
- Wider insurance coverage
- Negotiations with insurance companies
- Possibility to enter the military prevision fund
- Statistics as foundation for negotiation
- Long term result: decrease 120 to 0 (killed volunteers)
- As part of a security plan, include PTSD treatment
- Safer Access
- Psychosocial support
- Generate volunteer motivation
- Volunteers satisfied with their work

Once a general idea of the expected outcomes of the workshop and outlooks for the implementation of possible models to be developed, the group, as a whole, carried out a discussion about the minimum requirements an applicable insurance model must have, in order to meet the needs of Honduran Red Cross volunteers.

A general outline of a possible volunteer insurance policy with the following characteristics was agreed on:

- National coverage
- Coverage of insurance home-service-home.
- No names required – total number of volunteers.
- No distinction among volunteers – same insurance for all.
- Create a national fund for unforeseen expenses.
- Separate travel insurance on place while traveling abroad.

The national emergency fund was identified as a second possibility outside a contracted insurance policy.

In a second discussion, participants were engaged in brainstorming for alternatives that could help tend for the volunteers’ needs if neither contracting an insurance policy nor establishing a national emergency fund were possible.

The group was then segmented into three groups; each group was given the task to further develop one of three ideas:

1. Insurance policy,
2. National Emergency Fund, and
3. Alternative ideas.

The National Volunteer Insurance

The group first developed the “ideal” insurance policy and presented it to the rest of the participants. While all coincided on that it would be an excellent coverage, the cost of such a policy could be prohibitive for the National Society, and

therefore, might not be a good option as such. It was discussed whether all volunteers require the same coverage, since not all undertake high-risk activities.

Medical & Dental Expenses	Unlimited
- Hospitalisation or treatment by a doctor or specialist	100% of expenses
- Prescribed medicines by a doctor or specialist	100% of expenses
- Medical expenses for epidemic or infection	100% of expenses
- Pain relieving dental treatment	\$500
- Psychological and psychiatrist counselling after an emergency situation, assault or mugging	100% of expenses
- Daily emergency cash allowance in hospital	\$3,000 (\$100 per day)
- Physiotherapy or chiropractic treatment	\$2,000
- Volunteer Activities in emergency and conflict situations	Standard & higher risk activities
- Volunteer work	Non-manual work & manual work
24 hour Emergency Assistance	Unlimited
Emergency Medical Transport, Evacuation	USD \$500,000
- Medical evacuation	Included
- Ambulance transport	Included
- Non-medical evacuation	Included
- Personal support and accompaniment	\$5,000 (\$250/day)
- Theft or damage to equipment	\$2,500
Personal Liability - Physical Injury or Property Damage	USD \$2,500,000
Death – non accidental, support to family, life insurance 24/7	USD \$3,000
Personal Accident	USD \$20,000
- Accidental death, loss of eye(s), limb(s), permanent total disablement	Included
- Student loan and credit repayment	\$5,000
- Funeral expenses	\$3,000



The National Emergency Fund

The group which discussed the National Emergency Fund idea presented it as a possibility that could complement the access to insurance reimbursements for volunteers who do not have the possibility for immediate payments required for medical treatment.

The financing of the fund would be considered in two stages: the initial capital, coming from donations and a counterpart from the Honduran Red Cross, and sustainability contributions comprised by small percentages (1%) of the

income of every branch, of the National Society income generated through CSR donations, agreements and activities, budgetary allocations from projects requiring the service of volunteers, and any other identified feasible options. A yearly national fundraising activity was also identified as a source of income for the fund.

The need for a commission to administer the fund, as well as the definition of the rules and policies for its administration were also considered.

Alternative ideas

A third group was given the task to identify the possible models that could be implemented if neither the contraction of an insurance policy nor

the creation of a national emergency fund were to be considered feasible. The following activities were proposed:

Proposal / results	Actions	Stakeholders
National Law of the Republic to protect all volunteers by means of insurance	<ul style="list-style-type: none"> Review of the SINAGER law for the incorporation of volunteers into insurance Inclusion free of charge to social security 	HRC Legal Department
Developing strategic partnerships	<ul style="list-style-type: none"> Search sponsorship and agreements with private company for sponsorship of volunteers Agreement with insurers as part of its CSR program to insure volunteers free of charge With hospitals and clinics for free care of volunteers Recruitment of professional volunteers (doctors, psychologists, psychiatrists) 	HRC partnerships department IFRC for technical support
Diversification and support to volunteers directly	<ul style="list-style-type: none"> Creation of a 24/7 line for medical / psychological / emergency assistance for volunteers Creation of a medical network of volunteers Implementation of a psychosocial volunteer for the attention of the critical insiders of CRH staff 	HRC Volunteering department
Strengthening internal communication and security mechanisms	<ul style="list-style-type: none"> Advice on insurance issues for the volunteers Regular training Ensure that ALL volunteers have the relevant information on their insurance rights Regular volunteer meetings / spaces / meetings 	HRC Volunteering department HRC Communications department HRC security focal point



Phase 3: Feasibility, prioritization and identification of implementation mechanisms and next steps.

During this discussion, the three groups pitched their proposals to the remaining two groups, facilitators and bank representatives. These, in turn, provided feedback as an introduction to the final discussion.

After three proposals were presented, a final discussion was held, in which the participants identified the possible actions necessary for the implementation of the models, as follows

	Short term perspective	Long term perspective
Insurance Policy	<ul style="list-style-type: none"> Preparation of proposal for National Council Proposed Revision by Directorate General 	<ul style="list-style-type: none"> Continuous update of volunteer database
Emergency Fund	<ul style="list-style-type: none"> Preparation of work plan and design of the initial financial model Identification of sources of seed capital Design of sustainability model and regulation 	<ul style="list-style-type: none"> % of collection of each Council, National Collection, % by initiative of CSR, Transition to cooperative model
Alternative actions	<ul style="list-style-type: none"> Ensure that all volunteers have the information related to their current insurance coverage (from IFRC) Request advice on insurance issues for Honduran Red Cross Socialization of Honduran Red Cross actions internally and externally. Meetings/thematic meetings on security and volunteer satisfaction surveys. Strengthening of institutional security (regulations, protocols, equipment) Creation of a 24/7 support line for medical and psychological assistance. 	<ul style="list-style-type: none"> Recruitment of volunteer medical professionals and psychologists, to attend volunteers for free. Advocate for the revision of the SINAGER Law for the incorporation of volunteers to IHSS. Strategic alliances: <ul style="list-style-type: none"> Sponsorship / agreements with private company for sponsorship of volunteers. Agreements with the academic sector Insurers assume a percentage of insurance costs for services provided by volunteers. Insurers assume insurance costs such as CSR. Agreements with hospitals or clinics for free volunteer care.

About the initiative

Volunteering in Conflicts and Emergencies (ViCE) is an initiative initiated by the Swedish Red Cross.

The main purpose of the ViCE initiative is to explore and develop an understanding base of the different challenges, opportunities, positive and negative experiences of volunteers, and responsibilities and actions of stakeholders in conflicts and emergencies.

The aim is to develop knowledge, expertise, and effective support on ViCE and the ambition is to contribute to, in times of conflict and emergencies, improved National Society provision of volunteer involving action and services to the humanitarian needs of people and communities affected, while also strengthening their resilience.

Although managed by the Swedish Red Cross, the ViCE initiative is an ongoing process of co-creation between Red Cross and Red Crescent staff and volunteers, stakeholders, and academics working on issues of volunteering.

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