

UNIVERSITY FOR DEVELOPMENT STUDIES

**THE PRACTICE OF VOLUNTEERISM IN GHANA: A CASE STUDY OF
COMMUNITY HEALTH VOLUNTEERS IN THE WEST MAMPRUSI
DISTRICT OF NORTHERN REGION**

EVANS KWADZOTSE WATSON KEVI

2017



UNIVERSITY FOR DEVELOPMENT STUDIES

**THE PRACTICE OF VOLUNTEERISM IN GHANA: A CASE STUDY OF
COMMUNITY HEALTH VOLUNTEERS IN THE WEST MAMPRUSI
DISTRICT OF NORTHERN REGION**

BY

Evans Kwadzotse Watson Kevi (BA. in Geography and Resource Development with Sociology)
(UDS/CHD/0085/12)

Thesis submitted to the Department of Community Health, School of Allied Health Sciences, University
for Development Studies, in partial fulfilment of the award of Master of Science in Community Health
and Development

FEBRUARY 2017



DECLARATION

Candidates Declaration

I hereby declare that excluding precise references which have been duly acknowledged, this thesis is the result of my own original work towards an MSC. in Community Health and Development and that to the best of my knowledge, it contains neither material previously published by another person nor material which has been accepted for the award of any other degree in this University or elsewhere.

Evans Kwadzotse Watson Kevi Date:-..... ..Sign:

Supervisor's Declaration

I hereby declare that the preparation and presentation of this thesis were supervised in accordance with the guidelines laid down by the University for Development Studies.

Dr. Thomas Azongo Date: Sign.....



ABSTRACT

Volunteerism is a way of life, present in all societies. Volunteer work contributes in varied ways to meeting community health needs and organizational goals throughout the world. However, sustainability of voluntary activities is highly threatened in recent times. This descriptive cross sectional study aimed at ascertaining the views and perceptions about the practice of volunteerism among Community Health Volunteers in the West Mamprusi District. Both quantitative and qualitative techniques were used to collect data. Using snowball and convenience sampling methods, the researcher collected data from 155 volunteers and 3 volunteer managers. Six focus group discussions were also conducted with selected volunteers and community members. The qualitative data was analysed thematically whilst the quantitative data was analysed by the use of Epi Info 7.

The study revealed varied views about volunteering, with its free will and non-remunerative nature coming out strongly. Volunteers were mostly recruited by community leaders. Reimbursement of volunteers' expenses was rarely done by the organisations. The propensity to volunteer was largely through altruistic motives, a sense of duty to the community. Major barriers to active involvement of the volunteers include lack of quality supervision, increased workload, lack of financial rewards, and misconception of community members about volunteering. These findings demonstrate that there was no adherence to a common volunteer management practices among the various VIOs. It is recommended that both VIOs and community leaders provide potential volunteers with an in-depth knowledge on the principles underpinning volunteerism during recruitment and selection process as well as orientation and training sessions.



ACKNOWLEDGEMENT

Several individuals made important contributions to this study. I will like to express my sincere gratitude to my supervisor, Dr. Thomas Azongo of the University for Development Studies, School of Allied Health Sciences for his immense support throughout the writing of this thesis. I am also grateful to all lecturers of the School of Allied Health Sciences of the University for their constructive criticisms and valuable contributions during my proposal presentation. My special thanks go to all lecturers of the Department of Community Health and Development especially Mr Boakye Yiadom, the course coordinator. I am also appreciative of the support received from all my colleague students.

I also wish to thank all staff of the Swiss Red Cross both in Switzerland and Ghana for the moral support as well as the relevant literature they provided for the study. I am grateful to Mr. Bayensi Gamel and Mr. Seidu Ibrahim who assisted in the data collection and helping in translating the interviews and transcribing the audio-recordings of the focus group discussions. To all the community health volunteers, volunteer managers and community members who participated in the study, thank you for your thoughtful and sincere inputs, as this study would not have been possible without your contribution and willingness to participate. Your invaluable experiences enhanced my understanding of the practice of volunteerism.



DEDICATION

I dedicate this work to my wife Aku Xornam Kevi (Mrs) and children Nayram, Seyram and Esenam.





Table of Contents

Declaration	i
Abstract	ii
Acknowledgement	iii
Dedication	iv
Table of Contents	5
List of Tables	ix
List of Figures	x
List of Acronyms /Abbreviations.....	xi
Operational definitions	xii
CHAPTER ONE	1
1.1 Background to the study.....	1
1.2 Problem statement and justification of the study	4
1.3 Research questions	6
1.4 Objectives of the study	6
1.5 Relevance of the Study.....	7
1.6 Scope of the Study.....	8
1.7 Conceptual framework of the study	9
1.8 Structure of this thesis	10



CHAPTER TWO – LITERATURE REVIEW	12
2.0 Introduction.....	12
2.1 Definitions of a volunteer and volunteering.....	12
2.2 Volunteer recruitment, selection and orientation	18
2.3 Volunteering activities	22
2.4 Individual background of volunteers.....	23
2.5 Attractions for volunteering or why volunteer?	25
2.6 Barriers to volunteering.....	30
2.7 Volunteer management practice: Why do volunteers stay	32
CHAPTER THREE - METHODOLOGY	38
3.0 Introduction.....	38
3.1 Profile of the study area	38
3.2 Study design	41
3.3 Sampling technique	42
3.4 Data collection and study instruments.....	44
3.5 Data collection and presentation methods.....	45
3.6 Quality control	46
3.7 Ethical consideration	47
3.8 Limitation of the study	47
CHAPTER FOUR: RESULTS	49

4.0	Introduction	49
4.1	Demographic characteristics of respondents.....	49
4.2	Definitions of a volunteer and volunteering.....	51
4.3	Volunteer recruitment and selection	52
4.4	Volunteer activities, intensity and frequency of volunteering	54
4.5	Attractions for volunteering	55
4.6	Volunteer retention and management practices	56
4.7	Re-imburement of volunteers' expenses	59
4.8	Benefits derived from volunteering.....	60
4.9	Volunteer motivation	62
4.10	Volunteerism and reward: Yes or No and why?.....	64
4.11	Factors that limit volunteers performance	67
	CHAPTER FIVE: DISCUSSION.....	70
5.0	Introduction	70
5.1	Demographic characteristics of respondents	70
5.2	Views about volunteerism – definations of a volunteer and volunteering.....	71
5.3	Volunteer recruitment and selection process.....	73
5.4	Volunteers activities, intensity and frequency of volunteering.....	74
5.5	Attractions for volunteering.....	75



5.6	Volunteer retention and management practices for effective and sustainable community health program.....	77
5.7	Reimbursement of volunteers expenses.....	78
5.8	Benefits derived from volunteering.....	79
5.9	Volunteer motivation.....	80
5.10	Volunteerism and rewards.....	81
5.11	Factors that limit volunteer’s performance	84
5.12	Factorsthat enhance volunteerism.....	86
	CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS	89
6.0	Introduction.....	89
6.1	Conclusions.....	89
6.2	Recommendations.....	90
	References	93
	Appendix – Questionnaires and focus group discussion guides.....	101
	Personal interview questionnaire for volunteers.....	101
	Semi-structured guide for volunteer managers	106
	Focus group discussion guide for community health volunteers.....	107
	Focus group discussion guide for community members.....	108





CHAPTER ONE INTRODUCTION

1.1 Background to the study

Volunteerism is a critical community free resource used in helping others improve on the quality of human life and building vibrant communities. It involves giving up one's free time and labour to working with others in formal organizations or informally participating willingly in community activities aimed at making life better for others (UNV, 2005).

Voluntary service is at the heart of community-building. Volunteering promotes trust and reciprocity. It enhances social solidarity, social capital and quality of life in a society (IFRC, 2011). It is universal and immense, representing an enormous reservoir of skills, energy and local knowledge for peace and development (UNV, 2011).

Whether formal or informal, volunteer work contributes in varied ways to meeting community and organizational goals throughout the world. It is a crucial support system and many societies and organisations would be hard-pressed without it making volunteerism a fundamental resource to an organisation's vision and values (IFRC, 2014 and UNV, 2011). It is in this context that the United Nations (UN) General Assembly in 2001 urged governments to recognise the potential contributions of volunteerism to achieving sustainable development goals. Thus, intended in the UN recommendation, is making

volunteerism an integral component of a country's national development planning agenda and its attendant development cooperation policy (UNGA, 2002 cited in UNV, 2011).

To affirm the relevance of volunteerism in national development, the United Nations General Assembly adopted intergovernmental legislation at its Sixty-Seventh Session. The objective is to recognize volunteerism as a key component in strategies aimed at areas of poverty reduction, and health. Other areas include education, youth empowerment, climate change, humanitarian action, overcoming social exclusion, and peace building. The Meeting called upon stakeholders to do their utmost best to strengthen the policy relating to volunteering, including youth volunteering, at the local, national and international levels (UNGA, 2013).

Most societies traditionally thrive on volunteerism. In such societies or communities, it is an established part of their cultural practices and volunteerism takes the form of giving and reciprocity. Community members willingly contribute their time and labour to development activities such as building critical community facilities or providing personal care for relatives, neighbours and friends. This practice is often extended to even strangers in their community (Brummell, 2001). These large and small acts, given freely, are what binds communities together. Volunteering is helping, not hiring; giving, not taking; contributing, not counting.

Community Health Volunteers, defined as lay persons who provide health services within a formal structure on voluntary basis (i.e. free of formal obligations and without being remunerated), are deemed to be volunteers who serve vulnerable people and work towards improving health and well-being of underserved communities and promoting a healthier





world (Vareilles et al, 2014; p. 1). They contribute their time and skills regularly or occasionally in the delivery of services. They do not routinely receive a salary but may receive other benefits. Volunteering within National Societies of the Red Cross is carried out by people who are committed to the fundamental principles and motivated by their own free will without the expectation of material or financial gain (The African Red Cross and Red Crescent Health Initiative (ARCHI) IFRC, 2010).

The roles and activities of community health volunteers are enormously diverse within and across countries, but they generally support prevention, promotion, care and rehabilitation, with only the curative function usually delivered by other professionals. Some systematic reviews of the effectiveness of community health services delivered by non-traditional health workers show that integration of community health volunteers can lead to significant benefits for maternal and child health, the management of infectious diseases and in increasing immunisation uptake (Lewin et al, 2010; p. 10, Lassi et al, 2010; p. 11, Callagan et al, 2010; p. 8, as cited from Vareilles et al, 2014; p. 2).

The WHO Primary Health Care Conference of 1978 held in Alma Ata, proposed the establishment of national community health worker's programs to fill the gap for unmet curative, preventive and promotion of health needs of the communities (WHO, 1978). Since the Primary Health Care approach was defined at the Alma Ata conference in 1978, voluntary health workers or community health workers have been identified as the third workforce within the 'Human resources for Health' (Seine, 2006 as cited from Vareilles et al, 2014 and Prasad and Muraleedharan, 2008; p. 4). The declaration gave strong roots to the use of community health volunteers in the delivery of health services.



Ghana in the 1970s introduced the Village Volunteer (VV) system to bring health services closer to the population. It was also to help in detecting epidemics very early and recording health events such as births and deaths which are necessary for monitoring impact of health interventions. The introduction of the village volunteer system was in response to a review of the health services that showed that over 70% of the health services' resource were used in tertiary institutions in the big towns which did not deal with the major causes of morbidity and mortality, which included malaria, diarrhoea and measles, diseases of rural Ghana. The review of the system showed that the number of volunteers trained was not equivalent to volunteers actually functioning. Some volunteers were not known to the immediate supervisors from the sub-district level an indication that they were not functioning or not being supervised (Bugri, 2005).

As an expansion of the Village Volunteers surveillance system for the Guinea Worm Eradication Programme (GWEP), the Community Based Surveillance (CBS) system was introduced and piloted in the Northern Region (NR). A review of the CBS system in the Northern Region indicated that supervision of the Community Based Surveillance Volunteers (CBSV) was not regularly done. Some supervisors did not even know the villages of the volunteers. Many of the CBSV supervisors (Zonal Co-ordinators) had no knowledge in volunteer management. Though there were guidelines for the implementation of the CBS, they were not adhered to (Bugri, 2005).

The Annual Reports of the Ghana Health Service in West Mamprusi District also acknowledge the role of communities in health promotion. According to the report "*Community-Based surveillance is one of the pillars of public health*". As every community cannot have a health facility and health staff, there is the need for community based health volunteers to represent the health workers at the community level to conduct

active surveillance to record cases of diseases that are of public health importance and also unusual events which are of public health interest (GHS, 2012 and 2014).

1.2 Problem statement and justification of the study

Volunteers have been engaged in and supported the health sector for decades in countries worldwide. They have played pivotal roles in bringing health services closer to the people. They play important roles in community outreach, combining health with social services and in health education and health promotion. They are mostly engaged in activities such as hygiene and nutrition support, pre-natal care, vaccinations, home-based care for those with HIV and AIDS and onward referral to health facilities (Christofori-Khadka, 2014; VSO, 2012; UNV, 2011; UNV, 2005).

As Health care professionals are in short supply, many health systems have come to rely and invest more and more on volunteers working as lay health workers and usually referred to as “community health workers”, “village health workers” or “health volunteers” as the third workforce (Christofori-Khadka, 2014, p. 7, Haines et al, 2007 as cited from Vareilles et al, 2014). The potential of community health volunteers in addressing health issues was largely attributed to cost effectiveness and part of the solution to shortage of health workers (WHO, 2007).

However, over the years, world health agencies have found it difficult to define community health volunteers due to the variety of practices in different organisations. Also, many and varied categorizations of volunteerism pose challenges for assessing the size and extent of volunteerism and contribute to the misconceptions; there is no common agreement or definition of what volunteerism is and how it is manifested; there are wide spread





misconceptions that obscure the nature and extent of volunteerism. More so, the Global Review of Volunteering (GRoV) reported a decline in numbers, and stagnating volunteer base with some even observing contraction (UNV, 2011; IFRC 2014). The report also indicated that volunteerism is becoming harder to motivate and sustain. Additionally, a study on recruitment and engagement of volunteers in Asia Pacific opined that “the spirit of volunteerism is lacking and perhaps people become selfish just to survive” (IFRC, 2014).

Kironde and Klaasen (2002) reported a 22% attrition rate of volunteers due to lack of monetary incentives and the desire for paid work. The Voluntary Service Organisation (VSO) position paper on Community Health Volunteering added that lack of effective supervision and management is also a factor for high attrition of volunteers (VSO, 2012). Harger et al, (2004; p. 3) also mentioned the role of poor volunteer management practices to loss of volunteers in their study.

The Annual Reports of the Ghana Health Service (GHS) in West Mamprusi District (2012 and 2014) lamented on “volunteer fatigue due” as well as “low commitment of volunteers” to service delivery leading to weak disease surveillance at the community level. This trend if not addressed has the potential of affecting negatively community health service delivering in the district. Despite this imminent threat to health service delivery, there has not been any known research or published data which can reflect the overall picture of volunteerism, challenges and or limitation of volunteering, motives of volunteers and reasons for volunteer fatigue and low commitment in the West Mamprusi District. It is in the light of these that this study was carried out to provide insight on these problems to enable individuals and organizations appreciate the issues as they plan and implement the much desired community based health programmes.

1.3 Research questions

1. How is volunteerism understood among community health volunteers, community members and volunteer managers?
2. Why do people provide unpaid services and what do they think of their experiences?
3. What factors limit or enhance volunteerism among community health volunteers?

1.4 Objectives of the study

1.4.1 General objective of the study

The general objective of the study is to ascertain the views about the practice of volunteerism among Community Health Volunteers in the West Mamprusi District.

Specific objectives

1. To ascertain the views about volunteerism among volunteers, volunteer managers and community members
2. To identify the reasons why people volunteer and what they think of their experiences as volunteers
3. To examine the factors that limit or enhance volunteerism among Community Health Volunteers in the district

1.5 Relevance of the study

The many and varied categorizations of volunteerism pose serious challenges for assessing the size and extent of volunteerism and contribute to the misconceptions about volunteering. Various individuals and volunteer-involving organisations have their own understanding of the concept of volunteerism and how it should be practiced. People do not agree on what should count as volunteering. Sometimes they use words like ‘volunteering’ as labels to pin on people and their actions (UNV, 2011; p. 8). As UNV (2011) has opined, a proper understanding of the universality of volunteerism requires that the fog enveloping volunteer



action be unveiled to reveal the true extent of its contours. Once the scale of volunteerism is truly appreciated, it will be possible to ensure proper management of volunteers which will merge into high level of retention and increased contribution to national development. A clear understanding of the concept will also lead to improving the health of the people at the community level and serve as a major avenue for health promotion and disease prevention activities in the community. It is only after arriving at a common understanding of the concept and practice of volunteerism that its contributions to global issues can be examined, hence the need for the study.

The findings of the study would serve the following functions;

1. Findings of the study will contribute to throw more light on the accurate picture of the universal nature of volunteerism as a means to develop strategies which take into account the powerful and universal force that volunteerism represent.
2. The study will provoke dialogue and reflection on the understanding of volunteers, volunteering and volunteerism and determine whether there is the need to re-examine the practice of volunteering especially in developing countries.
3. The findings of the study will also be useful to volunteer-involving organisations, policy makers, practitioners, and researchers in Ghana, and beyond.
4. Academically, findings of this study will contribute to existing knowledge on the understanding of the concept of volunteerism among Community based health volunteers, community members and volunteer managers.
5. Furthermore, the finding will be used as a guide to advocate for volunteerism as a development strategy and provide recommendations to development actors on how the concept can be refined to minimize its effects on service delivery.

1.6 Scope of the study

The objective of the study is to gain a broad understanding of the views about the practice of volunteerism in the West Mamprusi District. The study focused on formal volunteering, as its primary aim and to explore the experience of volunteers within organisations. The



study therefore covered Community Health Volunteers in the West Mamprusi District as well as Managers of three Volunteer-Involving Organisations in the District and selected community members. The study gathered primary data on all issues fundamental to the practice of volunteerism through personal interviews and Focus Group Discussions (FGD) in all the three sub-districts. In addition, the study reviewed relevant theoretical and empirical literature relating to the topic. For instance, attention was focused on the definition of volunteering, how and why volunteers were attracted to volunteer and factors influencing volunteering and barriers to volunteering and how to sustain volunteers' interest for effective community health programmes.

1.7 Conceptual framework

The figure 1 adopted from Paine et al, (2010; p. 17) represents the conceptual map showing the boundaries of volunteering. On the figure, the inner circle (labeled *In*) represents activities which can clearly be seen to be volunteering; the circle surrounding it includes activities which are to a greater or lesser degree *ambiguous* in their status; and the activities outside these two circles (labeled *Out*) are clearly not included within the definition of volunteering.



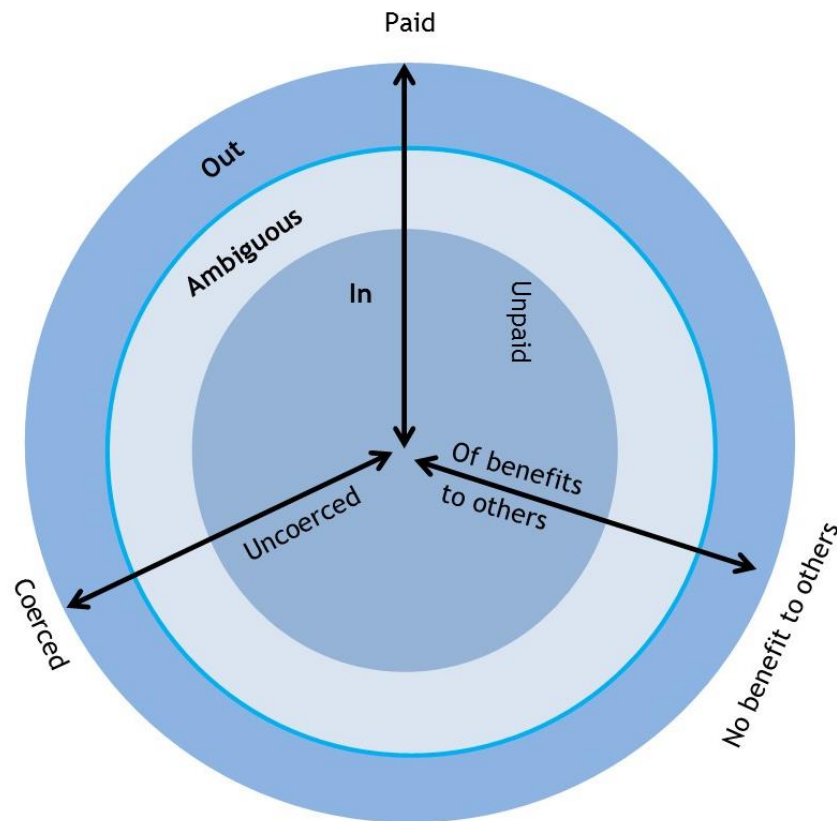


Figure 1: Conceptual framework for assessing the practice of volunteerism; adopted from Paine et al, (2010; p. 17).

According to Paine et al, (2010), any activity that benefits only one self, immediate family and close friends is not volunteering. They went further to indicate that activities that benefit members of an extended family are ambiguous. Self-help and mutual aid activities which benefit members of a small group or a closely-knit community as well as the volunteer are a form of volunteering.

Similar to the work of Paine et al, is the United Nations General Assembly Report, 2001, cited in (UNV, 2011; p. 3). According to the report, any action that can be seen as volunteering should be carried out voluntarily, in accordance with an individual's own free will, and not as an obligation stipulated by law, contract or academic requirement. The

decision to volunteer may be influenced by peer pressure, personal values or cultural or social obligations but the individual must be able to choose whether or not to act.

Secondly, the action should not be undertaken primarily for financial reward. Some reimbursement for expenses or stipend-type payments, or payments in kind such as provision of meals and transport, may be justified. Indeed, these kinds of payments are often regarded as good practice as they make opportunities for volunteer action more accessible and inclusive.

Thirdly, the action should be for the common good. It should directly or indirectly benefit people outside the family or household or else benefit a cause, even though the person volunteering normally benefits as well. The three criteria of free will, non-pecuniary motivation, and benefit to others can be applied to any action to assess whether it is volunteerism or not (UNV, 2011; p. 4).

1.8 Structure of this thesis

The study is divided into six chapters. Chapter one, which is the introduction, presents the background information of the research topic, defining the problem statement and relevance of the study. This chapter also presents the research questions that the study seeks to answer and its related objectives. It also highlights the scope of the study and conceptual framework. Chapter two is dedicated to the review of literature in the field. This chapter defined the concepts underlying volunteerism. It also reviewed principles fundamental to volunteerism, attractions as well as barriers to volunteering. The literature review covered factors that sustain volunteers' interest in volunteering as well as volunteers' activities. Chapter three discusses the methodology used in gathering data for the study. It also provides justification for the approaches used in gathering the data. Chapter four presents results and analysis of the findings. Chapter five presents an interpretation or discussion of



the results. Finally, chapter six contained conclusions, and recommendations for policy formulation by development practitioners and governments.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed and analysed secondary literature to understand the current published scholarly work on the subject under study. Furthermore, a critical analysis of the existing findings also helped to construct the theoretical framework and specific methodology of the study. The section was segmented; definitions of volunteering, factors influencing people to volunteer as well as retention, barriers and limitations of volunteering.

2.1 Definitions of a volunteer and volunteering

Volunteerism is an ancient and global phenomenon (IFRC, 2007). Volunteering has been advocated by the United Nations, American and European governments as a way to engage people in their local communities and improve social capital, with the potential for public health benefits such as improving wellbeing and decreasing health inequalities. Furthermore, the US Corporation for National and Community Service Strategic Plan for 2011–2015 focused on increasing the impact of national service on community needs, supporting volunteers' wellbeing, and prioritising recruitment and engagement of underrepresented populations (UN, 2000). The work of volunteers is important because they contribute their time, energy and ideas in solving community problems. They respond to problems by doing what needs to be done; expand the delivery of services in ways that benefit the whole community; and direct human resources to provide help where it's needed most. They also work to enrich programmes with their ability and willingness to get things done; involve the community in supporting an organisation's services and goals by reaching out to identify the interest and needs of their communities; and also aid staff members by



working as a team with these professionals to meet the growing demand for services (IPPF, 1987).

While there is no one lay definition of volunteering, several studies have sought to understand whether there are common core principles which underlie the general public's understanding of volunteering both within and across countries. A study conducted by the Institute of Volunteering Research (IVR) to explore the link between volunteering and social exclusion found that volunteering was most commonly understood as a form of work without pay (Paine et al, 2010; p. 8). According to the study, the second most common notion consisted of offering time and help to others and embedded in this view was the perception that it involved a cost to the volunteer which was greater than any benefit they might receive from the activity.

Others, and especially those who were already volunteers saw volunteering as a mutually beneficial exchange relationship and 'something that provides benefits to the individual, be it enjoyment, skills, or the sense of having given something back' (IVR, 2004; p. 25 as cited in Paine et al, 2010; p. 8). The work on public perceptions of volunteering carried out by Cnaan and his various colleagues (Cnaan and Amroffell, 1994; Cnaan et al, 1996; Handy et al, 2000 as cited in Rochester et al, 2012; p. 19 and Bussel and Forbes, 2002: p. 5; Lucas, 2004 as cited in UNV, 2005: p. 4) offers an important perspective from which to consider these different views of the volunteering transaction as a gift or an exchange. They concentrated on the idea of the net cost of the volunteering situation arrived at by subtracting the total benefits accrued by the volunteer from the total costs incurred by them. Their conclusion that the public idea of what constitutes volunteering is something that has a net cost for participants (i.e. the greater the cost to the individual the more likely they are



to be considered a volunteer) (Handy et al, 2000) has been supported by a cross-cultural analysis of eight countries (Meijs et al, 2003 as cited in Rochester et al, 2012: p.19).

A cross cultural study conducted by Meijs et al, (2003, p. 33 cited in Rochester 2012: p. 19) on who is definitely a volunteer concluded that ‘this application of net-cost to understanding volunteering is helpful in defining who is a volunteer and who is perceived as more of a volunteer’ (p33). Meijs and his colleagues also describe the net cost concept as the ‘common denominator’ of all four dimensions of volunteering previously identified by Cnaan et al (1996, as cited in Rochester, 2012; p. 19); (1) the voluntary nature of the act; (2) the nature of the reward, whether entirely psychic or simply sufficiently unremunerative for the act to remain largely donative in nature; (3) the auspices under which the work is performed, either orchestrated by an organisation or not necessarily so; and (4) the beneficiaries of the act and their relationship to the actor, be they strangers or simply removed from the family circle. Remuneration is one of the critical dimensions, but -in contrast to Freeman’s definition of volunteers as persons who work without monetary recompense (Freeman, 1997; 141 cited from Steen 2005; p. 2), Cnaan et al, agreed that next to volunteers who receive no remuneration at all, persons that receive a low pay can be perceived as engaging in volunteer activities as well. Mesch et al, call the latter ‘stipended volunteers’,

“Individuals who receive some remuneration for their services but one that is below the economic cost of their investment” (Mesch et al, 1998; 4 as cited from Steen, 2005; p. 3).

According to (Low et al, 2007 and Paine, 2010) more recent attempts to define volunteering cover similar ground. According to them the most authoritative top-down statement enshrined within the Compact Volunteering Code of Good Practice (Home Office, 2005) defined volunteering as,



“Any activity which involves spending time, unpaid, doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to benefit the environment” (Davis Smith, 1998. The Compact, 2009; p. 7 as cited in Paine et al, 2010; p. 9).

The introduction to the Compact goes on to claim that ‘there are four principles that are fundamental to volunteering’. These are: **Choice** – volunteering must be a choice freely made by each individual; **Diversity** – volunteering should be open to all; **Mutual benefit** – both the volunteer and the organisation that the volunteer works with should benefit from the relationship; **Recognition** – the contribution of volunteers should be recognised. Kearney (2001/2007 as cited in Rochester et al, 2012; p. 17-18), has also drawn on some general principles that can inform the understanding of volunteering action. He lists six of these.

1. *Volunteering is inclusive*: Kearney suggests that there is a ‘right to volunteering’ and that it can be exercised regardless of race, gender, religion, disability, sexual orientation and of the kinds of skills they bring to it.
2. *Volunteering is an act of free will of choice*: People volunteer ‘in response to their own personal values and belief system’ (Kearney, 2001/2007; p. 6 as cited in Rochester et al, 2012; p. 18). The freedom to volunteer also involves the freedom not to get involved: ‘just as a person may decide to volunteer he or she must also be able to refuse to do so’. According to them, it also follows that the volunteer has the right to choose in what area he or she will participate and for what purpose.
3. *Volunteering is a two-way process*: On one level, this is a recognition of the view that volunteering is not a ‘gift’ to a less fortunate person but an exchange from which they also derive a benefit. This ‘may include the satisfaction of responding to needs, the acquisition of new skills and experience, making social contact, and personal enjoyment’ (Kearney, 2001/2007; p. 6).
4. *Volunteers make a distinctive contribution*: they are not a substitute for paid staff or an alternative source of labour but complement and provide added value to the efforts and activities of employees. Both the distinctive nature of their activities and its value need to be recognized.



5. *Volunteering empowers*: Volunteers not only develop their skills and gain new knowledge but also gain the confidence to make an effective and creative contribution to their communities and to social and economic development.
6. *Volunteers make an impact*: ‘Volunteering involves grass-roots participation and ...has an economic, social, cultural and environmental impact, adding value to the work of the public, voluntary and private sectors’

Another policy-led definition was that which was developed for the United Nations International Year of the Volunteer (2010) and United Nations Volunteers (2001, p. 11). They also identified three key characteristics which are consistent with the views of other scholars.

“First, the activity should not be undertaken primarily for financial reward, although the reimbursement of expenses and some token payment may be allowed. Second, the activity should be undertaken voluntarily, according to an individual’s own free-will, third, the activity should be of benefit to someone other than the volunteer, or to society at large, although it is recognized that volunteering brings significant benefit to the volunteer as well.” (As quoted in the Russell Commission Report, 2005 and cited in Paine et al, 2010).

Rochester et al, (2012, p. 20-21) raised concerns about the free choice and absence of remuneration framework of Cnaan et al, (1996). According to them, the idea of free choice has to be qualified: after all, it ‘normally includes the clear requirement of being in a particular place, at a specified time, to carry out an assigned function’ (Stebbins, 2004; p. 4). Stebbins suggests that alongside coercion and choice, there is the need to discuss the concept of obligation. People are obliged when, even though not actually coerced by an external force, they do or refrain from doing something because they feel bound in this regard by promise, convention or circumstance. According to them, volunteering involves obligation, but this is typically outweighed by the rewards it brings and the option for the volunteer to exit from the activity at a convenient point in the future.



They also indicated that the absence of remuneration – is problematic. While the conventional wisdom is that good practice in volunteer management means that volunteers should not be out-of-pocket as a result of their involvement but should not receive any other material reward, this is by no means universally applied. Blacksell and Phillips (1994) as cited in Rochester et al, 2012, found that a significant proportion of volunteers in their study had received some kind of payment over and above the reimbursement of expenses.

With regards to the benefit to others, they looked at the purpose of the activity. They looked at the activity itself and if part of the purpose of the activity is to benefit others (whether this purpose is derived from the volunteer, the organisation or even the beneficiary) then it can be considered volunteering. They also looked at the actual benefits that can be expected from the activity.

The definition of volunteering used by the Scottish Executive and VDS is:

“the giving of time and energy through a third party, which can bring measurable benefits to the volunteer, individual beneficiaries, groups and organisations, communities, environment, and society at large. It is a choice undertaken of one’s own free will, and is not motivated primarily for financial gain or for a wage or salary” Hurley et al (2008, p. 13).

According to them, the definition fits with a broad understanding of what is **formal volunteering** – where unpaid work is undertaken through an organisation, group or club to help other people or to aid a cause such as the improvement of the environment, rather than **informal volunteering** - where unpaid help is given as an individual to people who are not relatives (Rochester et al, 2010 as cited by Paine et al, 2010; Helly, 1997, as cited in Ksienski 2004; p. 8; Hurley et al, 2008; p. 13.).





Research has also shown that the distinction between formal and informal volunteering is too simplistic and is an inadequate way of approaching what is a far more complex set of phenomena. The concept of informal volunteering has been criticised as being so broad as to encompass forms of interaction between neighbours or friends which stretch the idea of volunteering to breaking point (Saxton and Baker, 2009). At the same time, the concept of formal volunteering raises questions about the definition of ‘a group’ or ‘organisation’ and thus where the boundary between formal and informal volunteering needs to be drawn. In their response (Paine et al, 2010) put forward a new three-fold classification with which to replace the simple distinction between formal and informal by categorizing volunteering as organised, collective, or individual, according to them organized volunteering is an unambiguous zone in which volunteering is carried out in or through a formally constituted entity with a long-term or permanent existence. It will have a written document which sets out, as a minimum: its aims and purposes; the identity of its members; and the ways in which it will conduct its business, appoint its leaders and hold them to account. There is, therefore, a great deal of common ground between the public perception of volunteering and the top-down or policy-led definitions. Absence of remuneration, free will and benefit to others – are common to all the approaches. Similarly, Rochester et al, (2012) indicated that while there is a measure of agreement about the core characteristics of volunteering, there is no single, simple, objective definition to draw a clear line between what is volunteering and what is not. They however suggested the need to look more closely at the fuzziness of some of the boundaries.

2.2 Volunteer recruitment, selection and orientation

Recruitment is the process of matching an organization’s needs with a volunteer’s interests and skills. It is a way of promoting the organisation’s volunteer opportunities to potential

volunteers and match their skills with the needs of the organization (Humphrey-Pratt, 2006; p. 3).

Understanding motivations can be a useful tool for recruiting volunteers. Dolnicar and Randle (2007) as cited in Rochester et al, 2012; p. 131 indicated that the segmentation approach helps organisations to think about how to present opportunities to particular types of volunteers. Thus, those that are likely to be more committed, those that are looking for skills and so forth. They also proposed the idea of couching messages that would be successful in drawing people to volunteer. Rochester et al, (2012; p. 132) indicate that propensity to volunteer is the waiting to be triggered. People already active in communities are likely to know like-minded people and therefore recruit from the same group. Whiles using the social route is important, they advised that volunteer involving organisations must be creative about how the ‘ask’ is used, how to appeal directly to other volunteers.

IFRC (2004) also revealed that National Societies employ the traditional means of recruitment. Indirect means or oneway communication techniques include posters, brochures, media appeals, public speaking and organizational newsletters. Direct means of recruitment involves personal contact. The community tool box also revealed that the best way to recruit a potential volunteer is to make personal contact. The tool box went ahead to suggest that ideally the contact should be face-to-face, (a phone call is second best with a personal letter falling third) with someone the volunteer knows, likes, and respects. It is believed that people might be willing to volunteer when someone asked them. Most people respond when someone tells them they’re needed (Community tool box - <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>).





The role of community members in selecting potential volunteers was emphasized by (Lehmann and Sanders, 2007; p. 18 and Prasad and Muraleedharan, 2008; p. 4), (1) that they should be chosen from the communities they will serve and (2) that communities should have a say in the selection of their volunteers. Community Health Workers who are from the communities they serve presumably will not only be more accessible but also be able to gain the confidence of community members. Selection of volunteers by community members also ensures that they are socially similar to the beneficiaries and have personal qualities such as trustworthiness, respect, kindness and empathy, which are valued by the community. Selecting volunteers from their communities helps strengthen and support the relationship between communities and their volunteers (GHWA, 2020 as cited in Christofori-Khadka, 2014; p. 8). Experience has shown that CHWs recruited from local communities have had greater impact on utilization, creating health awareness and health outcomes (Ruebush et al, 1994; Abbatt, 2005; Lewin et al, 2005 as cited in Prasad and Muraleedharan, 2008; p. 5). However, Gilson et al, (1998) found in a study of three countries' programmes that "CHWs are mostly selected by health personnel rather than the community – even where, as in Botswana, the local institutions through which selection could occur are well known (Gilson et al, 1989 as cited in Lehmann and Sanders, 2007; p. 18). Another tactic for recruiting volunteers according to the IFRC involves asking an experienced volunteer who is leaving a role to find a suitable replacement. Another volunteer recruitment approach is the use of existing volunteers as recruiters with the support of volunteer managers. This apart from its practical implications, has the added benefit of providing a greater sense of ownership for unpaid staff. Ofosu-Amaah (1983) argues that

“a balance is needed between the views of the community, the health system and also the training institutions, since the pattern of allegiance is said to be influenced by who does the selection”. (as cited in Lehmann and Sanders, 2007; 18)

Developing a recruitment plan or strategy and providing the recourses to implement the plan is useful in finding volunteers (IFRC, 2004; p. 7 and Humphrey-Pratt, 2006; p. 3).

Questions to ask when building a recruitment plan include:

- What outcomes do I hope to achieve through the recruitment of new volunteers?
- What type of persons will be the best match for this position?
- Where can I find this person?
- What factors would influence a person's choice to fill this position? (time, interests, location, others)
- How can I make this volunteer position attractive?
- What is the best way for me to reach potential volunteers?
- What recruitment message will best grab their attention?

Having recruited and screened the potential volunteers, the next essential practices of volunteerism is orientation training as they are often selected without any prior experience or professional training in community health (Abbatt, 2005 as cited in Prasad and Muraleedharan, 2008; p. 7). Orientation is the process that makes a volunteer feel welcome into the organization. Thus, explaining to the new volunteers the basics of the organization, its philosophy, and what they will be doing. A good orientation exercise or programme should provide the volunteer with a sense of belonging and connection to the organization. An overview of what is expected within the role and what their responsibilities are; an understanding of how they fit into the "big picture" of the organization and how their involvement and contributions will help the organization achieve its mandate.

Training ensures that the volunteers have the skills and knowledge to perform their roles and may even help them get a paying job. Another important component of the volunteer orientation includes a tour of the facilities and introduction to important staff members of



the organisation. Training establishes that there is a minimum competency and necessary level of proficiency that all volunteers are expected to obtain. By training volunteers, one is making the statement that the organization is professional and capable of doing important work and doing it well, (as retrieved from Community Tool Box <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>).

Gilroy and Winch, (2006) in reporting on the issue of CHW training in the management of sick children, pointed out that the skills and competencies required of the CHW are defined and usually expanded into steps and standardized procedures required for a specific skill. The training materials and activities all focus on the learners' mastery of the specifically chosen competencies. The competencies that are achieved during training are also those that should be assessed during supervisory visits or follow-up, frequently with the checklists used during training (Gilroy and Winch, 2006, as cited in Lehmann and Sanders, 2007; p. 19). Continuing or refresher training is as important as initial training. A number of studies have found that if regular refresher training is not available, acquired skills and knowledge are quickly lost and that, on the other hand, good continuing training may be more important than who is selected (Ashwell and Freeman, 1995 and Ande, Oladepo and Brieger, 2004 as cited in Lehmann and Sanders, 2007; p. 19).

2.3 Volunteering Activities

The UN International Year of the Volunteer (UNIYV, 2001; pp. 11-12) identified four types of volunteer activities. They are intended to be a working definition only, and in practice there is considerable overlap between them:





Self-help or mutual aid – probably the oldest form of voluntary action in which people with shared problems, challenges and conditions work together to address or ameliorate them. This is sometimes described as voluntary action ‘by us, for us’

Philanthropy and service to others – this is what most people in Britain would identify as volunteering; typically involving an organisation which recruits volunteers to provide some kind of service to one or more third parties.

Participation – the involvement on a voluntary basis in the political or decision-making process at any level, from participation in a users’ forum to holding honorary office in a voluntary and community sector organisation.

Advocacy or campaigning – collective action aimed at securing or preventing change which includes campaigning against developments seen as damaging to the environment and campaigning for better services, for example for people with HIV/AIDS.

2.4 Individual background of volunteers

Bussell and Forbes (2002; p. 245 as cited in Heng, 2012; p. 2) agree that volunteers cannot be defined in one large homogenous group as individuals not only coming from all ages but also from diverse backgrounds with different skills and experiences. Scholars show a great interest in the socio-demographic background of volunteers, since being able to identify who is likely to volunteer might help to establish more effective recruitment and retention strategies (Bussell and Forbes, 2002; p. 248). The social resources theory suggests that individuals that possess certain characteristics will volunteer at higher rates. These characteristics relate both to human capital (e.g. income level, level of education, professional position) and social capital (the number of networks people are in and the institutions with which they are associated).



Findings in the UK also shows variations in demographics such as:

- People between the ages of 16 – 24 years and 65 and over often cite their reason for volunteering as the opportunity of meeting people;
- Young people between the ages of 16 – 24 years are also more likely to cite they volunteer for the benefit of better career prospects;
- Older people are more likely to cite they volunteer because they have spare time and also because volunteering is part of their philosophy of life;
- People from minority ethnic groups and people with chronic illnesses are more likely to cite religious beliefs; and
- Asian and Black volunteers are often more likely to cite filling a need in the community as their reason for volunteering.

(Rochester et al, 2012; p. 128 as cited in Heng, 201; p. 7)

Dekker and Halman see consistent findings when comparing individual characteristics of volunteers across nations.

“Many surveys over the years have shown the relationship between human capital as demonstrated by income and level of education and the propensity to volunteer at higher rates (...) People with higher incomes, more education, and in professional or managerial positions volunteer at higher rates.” (Dekker and Halman, 2003; p. 45 cited in Steen, 2005; p.3).

Finally, Reed and Selbee (2003) find that volunteers and non-volunteers not only differ on socio-demographic characteristics, but also possess a distinctive set of values and beliefs.

Elements in an ethos that is distinctive to volunteers are:

- recognition of the existence and importance of a civic or communal good;
- belief that individuals have a responsibility to support and contribute to the common good, regardless of the responsibilities for supporting the common good that may be delegated to organizations or institutions such as churches or governments;

- belief in the necessity of active personal involvement in contributing to the common good over and above the standard obligations of citizenship such as paying taxes;
- a worldview that is notably more universalistic than particularistic; inclusive; trusting; and more pro-social than individualistic;
- a worldview that sees individuals and their social milieu as interconnected rather than separated (Reed and Selbee, 2003; 97 cited in Steen, 2005; p. 4).

2.5 Attractions to volunteering or why volunteer?

There is a compelling logic to uncovering what motivates volunteers; from a practical point of view, understanding why people are moved to volunteer is potentially useful information for recruiting more volunteers (Rochester et al, 2012). Clary et al, (1996 as cited in Rochester et al, 2012; p. 119) noted that volunteering is often not easy, people have to overcome a series of obstacles to become volunteers. That is why it is important to determine what drives them to overcome these barriers.

In analysing the factors that encourage people to volunteer, Hurley et al, (2008; p. 8) revealed that volunteers are often motivated to volunteer through a strong sense of community spirit in the area and/or a desire to help with activities that the community is involved with. According to Takasugi and Lee 2012; p. 841 as cited in Jaschick et al, 2012; p. 5) the primary motivation volunteers often give explicitly is *“a desire to help improve the standard of living and awareness of health in their communities”*. Similarly, people are motivated by their view of the world – because of religion, ethics, politics, philosophy, etc. – to try to improve the quality of life in their communities (retrieved from Community Tool Box, 2015; <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>). Others according to Hurley et al, (2008); indicate that people volunteer in order to meet new people and take part in social events, thereby overcoming social isolation; a desire to gain skills or



experience in a field in which the participant has an interest in working, desire to help, meet new people, gain skills, with a view to gaining future paid employment; to ‘give something back’, to have something to do with their time and also to boost self-esteem and confidence.

Rochester et al, (2012; p. 16) opined four sets of values which may have significant impact on volunteering. According to them the principle of altruism or beneficence is based on the moral imperative of compassion or care for other people; secondly, the idea of solidarity expresses a feeling of identification with a group of society and responsibility to contribute to the well-being of the group and its other members; thirdly reciprocity is the understanding that helping others may lead in some way and some time to being helped in turn when we are in need and fourthly, the values of equity and social justice are based on the belief that inequality and injustice are morally and socially wrong and should be addressed or eliminated. All the four values are imperatives of caring for other people – both within one’s own community and beyond.

During the 1980s, several studies arrived at the two-factor models; altruistic and egotistic to explain what motivates people to volunteer. Fitch (1987) and Morrow-Howell and Mui (1989) extended the model to three factors to include motives of social obligation (cited from Rochester et al, 2012). Rochester et al, (2012) also looked at two perspectives that attempt to draw thinking together to make sense of what they know of motivations. They considered psychological approaches and sociological perspectives to motivations. In reviewing known work on volunteering from a psychological perspective, Clary and Snyder and colleagues (Clary and Snyder, 1991; Clary et al, 1992, 1996, 1998; Omoto and Snyder, 1995) believed that people are motivated to act when they perceive that an activity will answer a particular need (cited from Rochester, 2010). The functional approach also linked motive to behaviour. Some people see volunteering (behaviour) as a way of answering some



need (motivation). Clary et al, (1996; p. 489) explain it as motivations that are ‘[i]nternal psychological forces that move people to overcome obstacles and become involved in volunteer activity’.

In applying the functional approach to volunteering, six categories of motivation that can be addressed through volunteering were identified. **Values:** volunteering affords the chance to express values around altruism or concern for others. **Understanding:** people volunteer in order to acquire new learning experiences, develop or practice skills that might otherwise be unused or to increase their knowledge. **Career:** volunteering serves to provide experience for furthering careers, this may be gaining career-related skills or experiences. **Social:** volunteering affords the opportunity to be with friends; it is about the ‘social rewards of volunteering’. But ‘social rewards’ can also be negative, and people may volunteer to avoid social disapproval from not getting involved. **Protective:** people can volunteer to escape from ‘negative feelings’ and protect the self. **Enhancement:** Volunteering for enhancement is about personal development and growth and about self-esteem. Batson et al, (2002) in analysing volunteer motivation divide volunteers into four motivational types focusing on the ultimate goal of each action. They identified egoism, where the goal is one’s own welfare; altruism, focused on the needs of others; collectivism, which focuses on the welfare of groups; and principals, in which the goal is to uphold moral principle of principles (cited from Rochester et al, 2012). Viewing motivations from a sociological perspective provides a different understanding of why volunteers do what they do. The sociological approach permits a social context to help explain why people volunteer. In explaining how people chose to be involved, one answer given in a 2007 national survey of volunteering which indicated that there was ‘no one else to do it’ and the desire to improve and help people was identified. Thus, from a sociological perspective, these volunteers are



accounting for how they got involved and locating that within a social context (Rochester et al, 2012; p. 125).

Similarly, in assessing motivation for sport volunteerism, Wang (2004) drawing on recent conceptual models on volunteer motivations developed mainly in social psychology, proposes that motivation for sports volunteerism is a multidimensional construct that comprises five distinct components, namely Altruistic Value, Personal Development, Community Concern, Ego Enhancement, and Social Adjustment. Citing from various scholars, Wang explained the five components.

Volunteerism, by its very nature, is pro-social and altruistic. Altruistic value represents a person's intrinsic beliefs in helping others and contributing to society. A person with altruistic value tends to think about the welfare of other people, to feel empathy for them, and to act in a way that benefits them. Volunteering for a worthy cause provides people with an opportunity to express their humanitarian concerns and translate their deeply held values into actions. Prior research on volunteerism suggests that the intention to volunteer is positively related to altruistic value and volunteers often choose their voluntary acts without expecting a complete 'quid pro quo' (Piliavin and Charng, 1990; Unger, 1991). Using content analysis, (Morrow-Howell and Mui, 1989 as cited in Wang, 2004) also identified altruistic as one of the volunteer motivations. To him, altruistic motives pertain to intangible rewards that are intrinsic to the volunteering act itself, namely satisfactions resulting from the feeling that one has helped someone else.

Personal development refers to a volunteer's desire to receive self-oriented benefits pertaining to personal growth and learning of new skills. Volunteers seeking personal development value not only the chance to gain new knowledge and experience but also the





opportunity to challenge themselves and test their existing skills and abilities. Volunteerism provides people with the opportunity to learn job-related skills and allows those who are not participating in the job market to acquire or maintain employment skills (Handy and Srinivasan, 2004; Campbell et al, 2008 as cited in Jaschick et al, 2012; p. 5). This is consistent with Morrow-Howell and Mui (1989) second categorisation of volunteer motivation motives. According to them material motives are concerned with tangible rewards such as collecting memorabilia, strengthening one's résumé, and developing one's career. This is consistent with Dambisya's (2007; p. 9) study in East and Southern Africa. According to him volunteers are often internally motivated by valence (how important they perceive their work to be), self-efficacy (their perceived ability to succeed in their tasks), and personal expectancy (personal expectation for reward), which can take many forms (cited from Jaschick et al, 2012; p. 5).

Rochester et al, (2012; p. 11) also believed that;

“The dominant view of volunteering is that it is essentially an altruistic act often seen as the ‘gift’ of one’s time and thus analogous to the gift of money which defines philanthropy”.

In their view, people become volunteers in order to help others who are less fortunate than themselves. Thus, volunteer motivations tend to balance a desire to help their community with personal incentives, such as educational opportunities (training), recognition from the community, flexible hours, tokens of thanks, and formal identification (through certificates, badges, uniforms, etc.) (Coates, 1999; Dambisya, 2007; Haines et al, 2007, Takasugi and Lee, 2012). These kinds of incentives are even more important when LHWs commit themselves to a large number of hours or full-time volunteering, creating significant opportunity costs, such as the loss of their own free time or other part time work (Konrath et al, 2012).



Community concern reflects people's sense of obligation to and/or involvement with their communities (Omoto and Snyder, 2002). At a time of shrinking government funding and rising public demand, more and more social service organizations rely on volunteers for their developmental agenda. As a community service, volunteerism is regarded as an integral part of civil society as it is effective in improving the health of the people (66 WHA Report, 2014 p. 1).

Ego enhancement encompasses motivations that deal with positive strivings of the ego. Research on mood and helping behaviour suggests that people use helping as a means of maintaining or enhancing positive feelings about themselves. Feeling good about oneself can be a powerful motivator of volunteerism. For example, Carlson, Charlin, and Miller (1988); Clary and her colleagues (1998) as cited in Wang, (2004) found ego enhancement to be significantly related to satisfaction with volunteering and intentions to volunteer. Social adjustment reflects motivations regarding relationships with other people. Volunteer work is an activity in which a person can participate with his or her friends and engage in activities viewed favourably by important others (Clary et al, 1994, 1998 as cited in Wang (2004). The above is in line with the third categorization of volunteer motivation. According to Morrow-Howell and Mui (1989); social motives refer to individual satisfaction with rewards of interpersonal interaction.

The literature reviewed on the subject revealed that volunteer motivations tend to balance a desire to help their community with personal incentives, such as educational opportunities (training), recognition from the community, flexible hours, tokens of thanks, and formal identification.

2.6 Barriers to volunteering

According to Hurley et al, (2008), the reasons for stopping volunteering vary. The variations ranged from “*age, gender, economic status, income and urban/rural classification*”. However, the most common reason for stopping volunteering is a lack of time and also due to change in circumstances such as starting a new job or having children. Lack of awareness of what volunteering involves in terms of time commitment, skills and abilities as a key barrier to volunteering and ill-health making it unrealistic to volunteer. They also revealed a lengthy wait for reimbursement of travel expenses, got bored or lost interest, not feeling appreciated and lack of acceptance from professionals working in the field, who are seen as lacking in expertise as some of the barriers to volunteering.

According to Wilson (2000; p. 231), individuals who stop volunteering often cite that: their efforts were not recognised; the activities and roles they were given did not match their skills and interests; and they want more autonomy and freedom to do or to help those they wish to serve. (Wilson, 2000; p. 231 as cited in Heng, 2012; p. 9). Rochester et al, (2012; pp. 193-200) classified the barriers that prevent people from volunteering into practical and psychological/attitudinal, according to them, under the psychological category, lack of time was reported as the barrier. The expectation of giving up regular amount of time each week as a volunteer was of a concern to the volunteers. They also pointed out direct discrimination and prejudice as a barrier to volunteering. According to them, some paid staff opposed to working alongside volunteers’ which altogether can create an uncomfortable environment for volunteers. The costs of volunteering according to them create a considerable barrier to volunteering. The costs of transport to and from the venue, child care, covering other caring responsibilities were mentioned. According to them, while some organisations reimburse all expenses, others do not reimburse any, and even when they do offer expenses some volunteers might be unaware of this or they might not be



willing to buck a general trend where the culture among volunteers is not to make claims (Ellis, 2003 as cited in Rochester et al, 2012; p. 200 and Low et al, 2007).

A range of practical and attitudinal barriers were identified in a National Survey of volunteer conducted by Low et al, (2007; p. 68). In common with other studies (Institute for Volunteering Research, 2004 and Davis Smith, 1998 as cited in Low et al, 2007), time was the most commonly identified reason for not volunteering. Eight out of ten respondents cited a lack of spare time as a reason for not helping. Other significant reasons (cited by over 40% of respondents) included being put off by bureaucracy and being worried about risk and liability.

2.7 Volunteer management practice: Why do volunteers stay?

Harger and Brudney (2004) in their book, *Volunteer Management Practices and Retention of volunteers* opined that unless organizations pay attention to issues of volunteer management, they will not do a good job of recruiting, satisfying, and retaining volunteers. The capacity to retain volunteers for long enough to ensure that their work can be both effective as well as efficient financially was also raised (Rochester et al, 2012 and Bussell and Forbes, 2002; p. 14). In a dynamic changing environment, where the number of voluntary organisations is growing and the volunteer pool is diminishing with volunteers choosing from a myriad of available opportunities, organisations must understand not only what motivates volunteers to join but also what keeps them (Bussell and Forbes, 2002; p. 14, and IFRC, 2007; p. 18). However, retention is a bit complex with variety of theories and frameworks to explain why volunteers stay (Rochester et al, 2012).

In their review of literature Locke et al, (2003) concluded that ‘there is no “factor x” that explains why some people continue volunteering and why others withdraw. Rochester et al,





(2012) went ahead to review more literature not intended to find the “factor x” but to outline a variety of factors that have been explored in studies on retention. The review started with finding explanation of retention in the ‘disposition’ of volunteers; that is in the characteristics of the volunteers themselves. They asserted that it is how strongly volunteers identify with the organisation they volunteer for that predicts longevity of involvement. Other studies have also looked at whether it is quality of volunteer management that is the key to keeping them.

One of the more influential studies on retention (Omoto and Snyder, 1995, cited in Rochester 2012; p. 134) which looked at the longevity of services of AIDS volunteers presented a model outlining a variety of factors which might influence how long volunteers stay with an organisation. The model called the volunteer process was divided into three stages. The first of these focuses on ‘antecedents’ – what it is about people, or the situation that they find themselves in, that gets them started as volunteers. Three factors were considered at this stage of the process – a helping personality, motivation and social support. The next stage is ‘experiences’ which is divided into volunteer satisfaction and integration into the organisation. Thus, whether it is their satisfaction within the organisation or how they relate to the organisation which encourages a longer stay as a volunteer. The final stage is the ‘consequences’ – how do the previous stages account for duration?

Omoto and Snyder (1995) themselves highlighted three key findings from their use of the model: Motivation was linked to duration- the stronger the motive to volunteer, the more likely it was that volunteer would stay for longer; there was no direct path between motivation and satisfaction or integration. Thus, being strongly motivated did not make a volunteer more likely to be satisfied with their volunteering or to be more integrated into the

organisation; finally, a helping disposition influenced satisfaction and integration, but not duration. However, an indirect link was found because a helping personality was linked to satisfaction, which in turn was related to duration (although integration was not).

Analysing Omoto and Snyder's model, Rochester et al, (2012) believed that duration was linked to the strength of volunteer motivation, not what that motivation was. Therefore, a manager would need to assess how enthusiastic a volunteer was rather than what particular motivations were driving them. The 66 World Health Assembly Report; (Volunteerism and Universal Health Coverage p.3) also went further to indicate factors impacting volunteer retention. Key among them is understanding motivations of the target volunteers which can vary widely between regions, communities and even individuals but with some common issues of relevance. According to the report, individuals frequently cooperate for sustained periods for the benefit of the collective. Snyder and Omoto (1995) noted that the experience of volunteering itself will alter a volunteer's initial motivation.

The chief executive of the British Red Cross, Sir Nicholas Young, emphasized, at the 2001 General Assembly, the need for National Societies to improve their volunteer management:

"We cannot take it for granted that volunteers will join us simply because we are the Red Cross, nor can we expect them to stay just because we want them to. We have to show them leadership and inspiration – like Henry Dunant at Solferino – plus the very best of modern management and developmental techniques, to keep them with us and helping those in need... Let's get serious about volunteers!" (IFRC, 2007, p. 13).

For him, being volunteer-friendly means ensuring policies, programmes and paid staff which provide a positive, welcoming and rewarding experience for existing and potential volunteers.





Volunteering organisations are considered to be practicing good management of their volunteering work when they are successful in carrying out recruitment, satisfying volunteers and keeping them stay in the organisations. Volunteers can participate in voluntary activities. However, whether they decide to stay in one organization for a long time or not, depends much on the volunteering management practices. In fact, many volunteers don't want to participate in voluntary activities any longer because of poor management. (Hager, 2004, as cited in UNV, 2012).

The International Federation Volunteer's Development Progress Report (1999-2007) opined that the retention of volunteers is closely linked to the way in which they are managed and supported. Volunteers stay when they have a sense of belonging to the organization, when they feel satisfied and recognized, and when they learn new things or see opportunities for growth. Volunteers leave when there are no meaningful activities, when they feel unappreciated or unsupported. Other external factors that can play a part include the mobility of volunteers for personal or professional reasons, and competition from other organizations. Volunteers have different needs and expectations. It is important to understand what motivates them and what skills and experiences they bring. Recognition is one of the key motivators and should, therefore, be an ongoing process. Apart from the tangible forms of recognition, other informal, everyday forms of recognition, such as a "thank you", affect volunteers' job satisfaction and performance (IFRC, 2007; p. 16).

According to Bussell and Forbes (2002; p. 244 as cited in Heng, 2012; p. 9), in an ever changing dynamic environment, organisations must understand beyond what motivates volunteers to how to retain them. Even though meeting motivational needs is important for volunteers to stick to what they are doing, the key to retaining volunteers does not depend on satisfying motivational needs alone but also "*on volunteers' feeling that they have been*



well supported and managed” (Rochester et al, 2010; p. 138 as cited in Heng, 2012; p. 9). According to (Rochester et al, 2010; p. 138) the reasons for volunteers to drop out largely point towards poor organisation and management. According to the National Survey of Volunteering in the United Kingdom in 1997, “71% of volunteers said that their volunteering could be better organised if good volunteer management practices were put in place” (as cited in Rochester et al, 2010; p. 138). Thus, ensuring that volunteers are well looked after not only maximises the chances of retaining volunteers but also helps to save time in trying to recruit new volunteers to replace those who have left (Volunteer Development Agency, 2001, p. 2). The key to effective volunteer management involves: having clear policies and procedures; practically; measuring outcomes and impacts; possessing appropriate management information; keeping records of volunteers; and maintaining and establishing an effective working relationship with the volunteers (Rochester et al, 2010; p. 204 as cited in Heng, 2012; p. 9-10).

Also, Locke et al, (2003; p. 87) believed that continuation is more likely if volunteers are managed in an explicit, developmental, supportive and appreciative way (cited from Rochester et al, 2012; p. 139). In a sample of 21 non-governmental organisations, Amos-Wilson (1996 as cited from Bussell and Forbes 2002, p. 14) found that only 6 organisations provided training for their volunteers and this tended to be driven by organisational requirements rather than individual need. This falls short of the position of the IFRC Voluntary Service Handbook, which saw training as critical to effective volunteer management (Voluntary Service, Volunteer Management Cycle, IFRC 2004; p. 15). According to the handbook, organisations with active orientation and training programmes are those organisations with increasing volunteer numbers. Rochester et al, (2010; p. 139) outlined factors of poor management. These include: Inadequate supervision; Poor

communication; Lack of training; Volunteers feeling under-valued and being ill-deployed; Volunteers feeling stigmatised or embarrassed (As cited in Heng, 2012; p. 10).

Harger and Brudney (2004; p.1) came out with nine recommended practices for volunteer management and further explored the relationship between adoption of these practices, and the retention of volunteers. The practices are supervision and communication with volunteers, liability coverage for volunteers, screening and matching volunteers to jobs, regular collection of information on volunteer involvement, written policies and job descriptions for volunteers, recognition activities, annual measurement of volunteer impact, training and professional development for volunteers, and training for paid staff working with volunteers, pg. 1. According to them,

“Organisations interested in increasing retention of volunteers should invest in recognizing volunteers, providing training and professional development for them, and screening volunteers and matching them to organizational tasks.” P.1

Bussels and Forbes (2002) noted that despite efforts by volunteer groups to develop intrinsic and extrinsic rewards, it has to be recognised that volunteers do leave because of factors outside the volunteer organisation’s control. The organisation has to be prepared to accept this; “You will lose volunteers, don’t berate yourself for every loss, but tackle avoidable losses”.

In conclusion, the literature reviewed has given deeper insight into the issues around the practice of volunteerism. The literature review centered on the definitions of a volunteer and volunteering, issues of ‘volunteers’ motivation as well as volunteer’s management practices that promote or limit volunteering. Although the various literature has revealed deeper understanding of the topic, it was found that they were more general to volunteerism but not specific to community health volunteers. Also, there was little or no information on the



practice of volunteerism in Africa in general and Ghana in particular for review. All the literature on the recommendations for best volunteer management practices focused on only the VIOs without any revelation on the role of the community. The methodology in the next chapter was carefully design to enable the researcher answer the questions outlined in chapter one.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methodology used in gathering data for the study and also provides justification for the approaches used in gathering the data. It covers the profile of the study area, study design, sample size and characteristics, sampling technique, data collection and study instrument data quality as well as ethical considerations.

3.1 Profile of the study area

The West Mamprusi District is one of the twenty-six districts in the Northern Region of Ghana. Walewale and Wulugu are some of the important towns found in this District, the former being its capital, It is located roughly within longitudes $0^{\circ}35'W$ and $1^{\circ}45'W$ and Latitude $9^{\circ}55'N$ and $10^{\circ}35'N$. It has a total land area of 5,013 km² (1,889 sq mi) (GHS/WMD, 2014).

Administratively the district lies within the Northern Region, although it has strong economic and functional linkages with some major towns like Bolgatanga and Fumbisi in the Upper East Region. The district has an estimated total population of one hundred and thirty-five thousand seven hundred and ninety-two (135,792) (GHS/WMD, 2014). Health services delivery in the district is managed at three (3) levels in the district; District Health Directorate level, Sub District level and Community level. The district health system is made up of one Hospital in Walewale, one Polyclinic in Janga, one Health centre in Kpasenkpe, and three clinics (Our Lady of Rocio, PPAG Kparigu, and Loagri). There are also six CHPS compounds-Gbeo, Nasia, Yama, Nabari, Tinguri and Kunkwa. It is made up



of 164 communities from three sub districts; Walewale, Janga and Kpasenkpe with 31 electoral areas.

Climatic Condition - The district is characterised by a single rainy season, which starts in late April with little rainfall, rising to its peak in July - August and declining sharply and ceases completely in October - November. The area experiences occasional storms, which have implications for base soil erosion depending on its frequency and intensity especially when they occur at the end of the dry season. Mean annual rainfall ranges between 950mm - 1,200mm. The dry season is characterised by Hamattan winds. These winds, which blow across the Sahara Desert, are warm and dry causing significantly high daily temperatures and causing the soil to lose moisture rapidly. Maximum day temperatures are recorded between March-April of about 45°C while minimum night temperatures of about 12°C have been recorded in December -January. The humidity levels between April and October can be as high as 95% in the night falling to 70% in the day. Night humidity for the rest of the years' ranges between 80% and 25%.

Economic Activities - The main cash crops in the District are sheanut and groundnuts. A large proportion of the inhabitants are small scale farmers producing crops such as guinea corn, maize, millet, rice, among others for domestic consumption, although, some might be sold to meet minor family expenses. Cattle rearing are common in the area but animals are seen as more of customary and cultural values rather than economic value. Sheep, goats, guinea fowls and other domestic birds are raised in small number to cater for their recurrent expenditure and ritual sacrifices. The Wulugu Livestock in the District is noted for raising of Ostriches, also a similar demonstration of agriculture project at Janga is picking up with Ostrich keeping. Ewe settlers do small-scale fishing along the riverbanks. Donkeys are commonly found in the District, which are mainly used as transport to cart goods and water.





Drainage - The district is drained by the White Volta and its tributaries the Sissili and the Kulpawm rivers. Flooding by the White Volta is an annual problem caused mainly by the numerous small rivers, which flow into it especially below Pwalugu. Occasional flash floods have also been caused by spilling of water from the Bagri Dam, further upstream in Burkina Faso. The prevailing rainfall and the nature of the underlying rock formations determines to a large extent the ground and surface water potential for the district. The present combination of heavy run - off, high evaporation and transpiration and low infiltration rates to recharge aquifers in some areas in the district, contribute to water deficiencies especially to the west of the White Volta, the south around Fio area and eastern parts around Shelinvoya.

Vegetation - The natural vegetation of the district is classified as Guinea Savannah Woodland, composed of short trees of varying sizes and density, growing over a dispersed cover of perennial grasses and shrubs. The climatic conditions, relief features and soil texture which foster water logged conditions (especially in the area west of the White Volta) in the rainy season and draughty soils in the dry season tend to develop a characteristically hardy tree vegetation adapted to long periods of dry spells. The vegetation is also annually affected by bush fires, which sweep across.

Land Use - Total land area in the District is 4,892 km² with 45,781 hectares being put to cultivation. The average farm size is between 0.5 – 2.4 hectares. Land is normally acquired either by inheritance, from the chief or family heads. The principal land uses reflect the almost total rural base of the district economy. About 77.4% of the people depend on agriculture for their livelihood. Large amounts of land are therefore put to the cultivation of major crops like maize, millet, guinea corn, groundnuts and cotton. Important minor crops

cultivated include legumes, cassava and yams. There are a lot of good lands for tree crops and large scale mechanized Agriculture.

3.2 Study design

The study was descriptive with cross-sectional design and conducted in the West Mamprusi District of the Northern Region in Ghana. The study adapted a mixed method approach. Both quantitative and qualitative research methods were used for this study so as to provide detailed information and sufficiently elicit the opinions, experiences as well as perceptions of the different actors with respect to the practice of volunteerism. The study was designed to cover a cross section of the Managers of Volunteer Involving Organisations (VIOs), community opinion leaders as well as Community Health Volunteers in the District. The schedule developed for the study consists of three components.

Firstly, there was a consultation process with the volunteer managers in the district to situate the study in a context and to ascertain the volunteer management systems adopted in their respective organisations. The second component involved conducting both individual and focus group interviews with the community health volunteers in the district. The final component involved focus group discussions with community opinion members to gain detailed opinion on the practice of volunteerism from the general public. The interactions focused on assessing the understanding of the practice of volunteerism, the volunteer management systems adopted by the volunteer managers, the definition of volunteering, motivating factors for volunteers and volunteering, challenges, and barriers or limitation to volunteering.



3.3 Sampling techniques

The sampling procedure or technique was chosen to answer the research questions and objectives of the study: generating theories and concepts rather than generalising the findings to a wider population (Patton, 2002; Bowling 2003 as cited from Saunders M, et al, 2009; p. 233). Therefore, non-probability sampling methods, starting with purposive selection of West Mamprusi District was deliberately used. Purposive sampling is used when researchers “seek out groups, settings and individuals where ... the processes being studied are most likely to occur” (Denzin and Lincoln 1994; p. 202). Thus, purposive sampling allowed the selection of characteristics which provided the required information in line with the objectives of the study. The district consists of thirty-one electoral areas and three sub districts (accessed from <http://westmamprusi.ghanadistricts.gov.gh>). The in-depth interviews with the volunteers covered all the thirty one electoral areas to ensure homogeneity and equal representation/coverage.

Having identified each site (electoral area), a register of all the community health volunteers was retrieved from the District Health Management Team (DHMT), Ghana Red Cross Society and Planned Parenthood Association of Ghana. Apart from the register of the GRCS and PPAG, the GHS’ register contains only the names of the community health volunteers in each of the three sub districts without their respective communities making the identification of individual volunteers difficult. Further analysis of the registers also revealed that most of the volunteers are multi-purpose volunteer making it very difficult to construct an accurate sampling frame.

Consequently, the snowball and purposive method were used to select 155 volunteers for the individual interview from the 31 electoral areas in the district. Snowball sampling is commonly used when it is difficult to identify members of the desired population. The main



problem is making initial contact with one or two cases in the population. Once this has been done, these cases identify further members of the population, who then identify further members, and so the sample snowballs (Saunders et al, 2009; p. 240). The first identified volunteer was asked to mention any other community health volunteers they knew in the electoral areas and or communities in the district until the fifth respondent was interviewed in each of the 31 electoral areas.

To complement the findings of the quantitative method, there were focus group interviews with both the volunteers and community leaders by exploring the same key domains. The focus group interviews, covered all the three (3) sub districts in the district. A total of 30 volunteers were selected to participate in the focus group interviews by convenience sampling. Thus, those volunteers that were easily accessible were selected for the discussions (Saunders et al, 2009; p. 241). Each group consisted of 10 community health volunteers. The discussants were made of volunteers who have served the communities for not less than 2 years. The focus group interviews conducted with the community health volunteers further explored their view on the practice of volunteerism to triangulate the responses from the structured interviews (155). One discussion was held with a group of volunteers working for each of the selected VIOs GHS, GRCS and PPAG for the study. In addition, to ascertain the opinions of community leaders on the practices of volunteerism in the communities, focus group interviews were also conducted with the community leaders, one per sub district. A total of 30 community opinion leaders and members were selected for the 3 focus group discussions. The interviews with the community leaders focused on the following themes; their understanding of volunteering, practices of volunteerism, limitations to volunteers' activities, and how to enhance volunteers' performances from the community members' perspective.



Three Volunteer Managers from the three VIOs in the district were also selected for interview using semi-structured interview guides. This among others is to probe the volunteer management systems adopted by the organisations, volunteer management challenges and their conceptualization of volunteerism.

3.4 Data collection and study instrument

Primary data was collected through individual interviews (155), semi-structured interviews (3) and focus group discussions (60). The secondary data was collected from public and private organisations. For example, data on the profile of the district was collected from the Ghana Health Service and non-governmental organisations in the district. Other sources of information like reference materials were sourced from textbooks, magazines, journals and the internet. This was done to get a broader picture from people's experiences and knowledge. The rationale for using focus groups is to triangulate individual responses.

Semi-structured interview was used for the Volunteer Managers interview. Three focus group discussions were conducted with the volunteers. There were also additional three focus group discussions with the community leaders and members. Each group comprised of 10 discussants, making a total of 60 discussants for both the volunteer and community opinion leaders and members groups. At the beginning of each group interview, the aims of the study were explained and the ethical guidelines were set out to give the volunteers' opportunity to ask questions about the research. Safe atmosphere was created for the selected volunteers to speak in both the focus groups and individual interviews. It was explained to the participants that their details would remain confidential and agreed with focus group participants the importance of respecting fellow participants' confidentiality about any issues raised in the discussion. Prior to the discussion, focus group discussants



received a set of broad, guiding questions. The questions were designed to stimulate reflection on how volunteers' experiences had influenced their engagement as volunteers, retention decision, barriers and challenges and to access their ideas for change. All focus group interviews were documented using an audio recorder as well as field note books. The discussions were centered on various themes relating the practice of volunteerism as listed below;

- What is your understanding of a volunteer?
- What attracted/motivated you to agree to volunteer your services?
- What is the best/worst experience you have had volunteering?
- What are the key challenges you have faced for volunteering in your communities and for the organisation?
- What are the barriers to volunteering for the organisation you volunteer for?
- If you could name one thing to improve volunteering what would that be? What do you think needs to be done to achieve this change?

3.5 Data analysis and presentation methods

The qualitative data which formed the data-set for analysis was fully transcribed, a pre-determined coding framework (a combination of both inductive and deductive coding) was applied and subsequently thematic analyses of the data was undertaken manually. The coding structures for inductive analysis was based on the topics covered by the interview schedules which map onto the domains of the main study. The data was examined in order to identify patterns in respondents' responses – questions asked in the semi-structured interviews. Through the report, opinions expressed were quoted verbatim when necessary with due reference to their anonymity.





The qualitative data provided information which people can more readily identify with, alongside the valuable statistics generated by the quantitative studies. Thematic analysis entailed the examination of data to deduce patterns in participants' responses, which were coded as emerging themes. The findings were described and common and divergent themes brought out. Contrary views were also compiled to give a stronger sense of volunteerism and the diversity that exists in the practice of volunteerism. Additionally, all the quantitative data were coded and entered into Epi Info 7, a suite of lightweight software tool. Descriptive statistical analysis such as frequency distribution and percentages were utilized in this study. These descriptive statistics were useful in summary and item analysis. They also gave a clearer picture of the shape of the distribution of data and a general impression of values that could be seen as common, middling or average (Saunders et al, 2009). Further analysis served as a basis for inferential statistics to measure association between variables of data from the one hundred and fifty-five volunteers. The results are presented according to the objectives of the study which reflect the research questions that were set out to answer.

3.6 Quality Control

The data collectors were given orientation on the content and how to administer the questionnaires which lead to the restructuring of some of the questions. Having done that the questionnaires were piloted in two communities using the local language; Mampruli. This is to ascertain the suitability of the questionnaire to garner useful information to answer the research questions. The pilot exercise led to the deletion of some questions and restructuring of others due to the repetitive nature of some of them. The data was coded, entered and analysed by the researcher using EpiInfo 7. In order to clear every error, the initial data entry was revised. The focus group interviews were conducted in the local language and recorded with tape recorder and later transcribed.



3.7 Ethical consideration

There was consultation meeting with the heads of all volunteer involving organisations selected for the study detailing a clear understanding of the ethical procedures to follow. A special meeting was held with the District Director of Health Services to seek his consent for the study. In addition, informed consent was obtained from all the study respondents before the commencement of the interviews. The verbal consent of the study respondents especially for the focus group discussions were documented using tape recorders. Respondents' right to refuse to participate and freedom to terminate participation in the study at any time was discussed with each study participant, setting out the ground rules about confidentiality in focus group interviews. Study respondents were assured of the confidentiality of their responses. Findings of the study will be communicated back to all the selected VIOs.

3.8 Limitation of the study

The sample for this study was drawn from the volunteer cadre from only West Mamprusi District who are still in service. One major limitation in this study is the exclusion of past or former volunteers in the determination of barriers to volunteering as identified by current volunteers. This could have arguably been a good measure of determining the factors that forced them out of voluntary services. There was also no inclusion of non-volunteers to identify their knowledge in the practice of volunteerism. The inclusion of both former and non-volunteers would have added value to the study.

Due to language barrier, the researcher employed the services of natives as data collectors to administer all the questionnaires. Unfortunately, the data collection period coincided with

the raining season which made it very difficult to reach out to some of the communities in good time. Majority of the questionnaires were administered on the farms; the interviewers traced the respondents to the farm to administer the questionnaires. In addition, there was no well synchronized list of community health volunteers working in the district. Every individual organisation had a separate list of volunteers, some of them without indicating their locations. As a result, non-probability method of convenience sample and snow balling was used for the study. The findings of this study are based on the experiences of the respondents in only West Mamprusi District, and hence, the information provided refers to these participants and therefore generalization could only be made to theory but not the larger population of the Northern Region Community Health Volunteers.



CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter of the study details the results analysed from responses from the respondents as well as the conclusions drawn from the focus group discussions carried out. It is presented largely descriptively in the form of tables and graphs and organized according to the objectives of the study.

4.1 Demographic characteristics of respondents

The study showed that there are more male (79.4%) volunteers offering community health services than females (20.7%). As shown in table 4.1, the largest number of respondents were between the ages of 26 to 49 years. An examination of the education status of the respondents revealed that (32.9%) had middle school Education, (1.3%) had some university education, (17.4%) had post-secondary education, and (35.5%) had some senior high school education. At the time of the study, 89.0% of the volunteers were employed. About 11.7% of the respondents were professionals and (73.3%) of them were self-employed. Only 11.3% were unemployed. The professionals were made up of teachers (11.7%). The self-employed were made up of (77.3%). These were mostly farmers (87.4%) and traders (12.6%). The students were (6.5%) and (4.5%) had completed school and were looking for jobs. With respect to marital status, (90.3%) respondents were married, (8.4%) were single and (1.3%) were either separated or widowed.



Table 4.1: Distribution of the demographic characteristics of respondents

Characteristics	Frequency	Percentage
Sex		
Female	32	20.7
Male	123	79.4
Total	155	100
Age group		
18 - 25	4	2.6
26 - 33	49	31.6
34 - 41	59	38.1
42 – 49	41	26.5
50+	2	1.3
Total	155	100
Marital status		
Married (legally)	140	90.3
Single (never married)	13	8.4
Widowed/separated	2	1.3
Total	155	100
Level of education		
Junior High School	13	8.4
Middle School	51	32.9
None	7	4.5
Senior High School	55	35.5
Post –secondary	27	17.4
University degree	2	1.3
Total	155	100
Employment status		
Employed	137	89.0
Unemployed – looking for work	7	4.5
Unemployed – student	10	6.5
Total	154	100
Occupation		
Professional	18	11.7
Self-employed	119	77.3
Unemployed	17	11.0
Total	154	100



Source: Field data, 2015

4.2 Respondents' definitions of a volunteer

Table (4.2) below demonstrates how respondents defined a volunteer. Majority (72.2%) of the respondents defined a volunteer as a person whose service is without reward. This was followed by persons whose service is for others benefit (70.9%) and (44.5%) also defined it as a person who devotes his or her life time to work for others benefit without force. Others defined it as a person who could gain income from his or her service offered to others (7%) and a person who works for his own interest (1.9%). The FGDs with the community members and the volunteers described volunteers as people who have the development of the community at heart and willing to work freely in the community without pay by neither the community nor the organisations they work for.

Table 4.2: Respondents' definition of a volunteer

Definitions	Frequency	Percentages
An unpaid professional skilled person	27	17.4
An unprofessional unskilled person	17	10.9
An unpaid person whose service is for others benefit	110	70.9
A person whose service is without reward	112	72.2
An unpaid person who works for his her own interest	3	1.9
An unpaid person requested by employer organisation	9	5.8
A person who devotes his/her life time to work for others benefit without force	69	44.5
A person who could gain income from his/her service offered to others	11	7.0
A person who can work voluntarily at any age	17	10.9

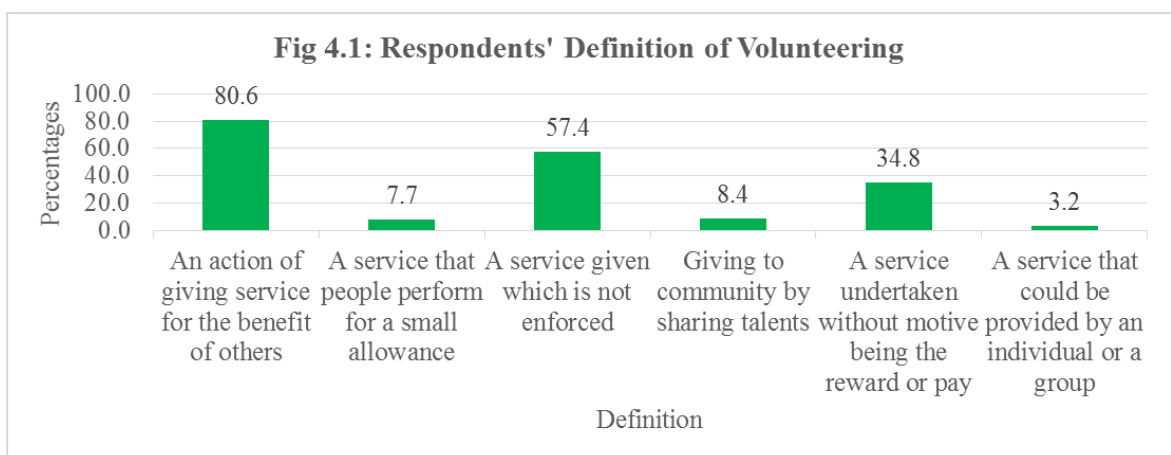
Source: Field data, 2015



The three most common key words that underpinned the definitions of a volunteer centered on a person helping people, without pay and done willingly. A volunteer Manager remarked;

“Someone who decides to dedicate his/her time energy and other resources to help his/her community, without any remuneration, monthly salary or monetary compensation” (Volunteer Manager in Walewale).

Figure 4.1 shows respondents’ understanding of volunteering. Majority (80.6%) of them defined volunteering as an action of giving service for the benefit of others while 34.8% defined it as service undertaken without pay. Others defined it as service freely undertaken without force (57.4%). However, 7.7% of the responses defined it as a service performed for a small allowance.



Source: Field data, 2015

The common themes from the definitions given by the Volunteer Managers centered on; willingly offering services, to help others (community members) and without any financial or material gains. A Volunteer Manager in defining volunteering mentioned:

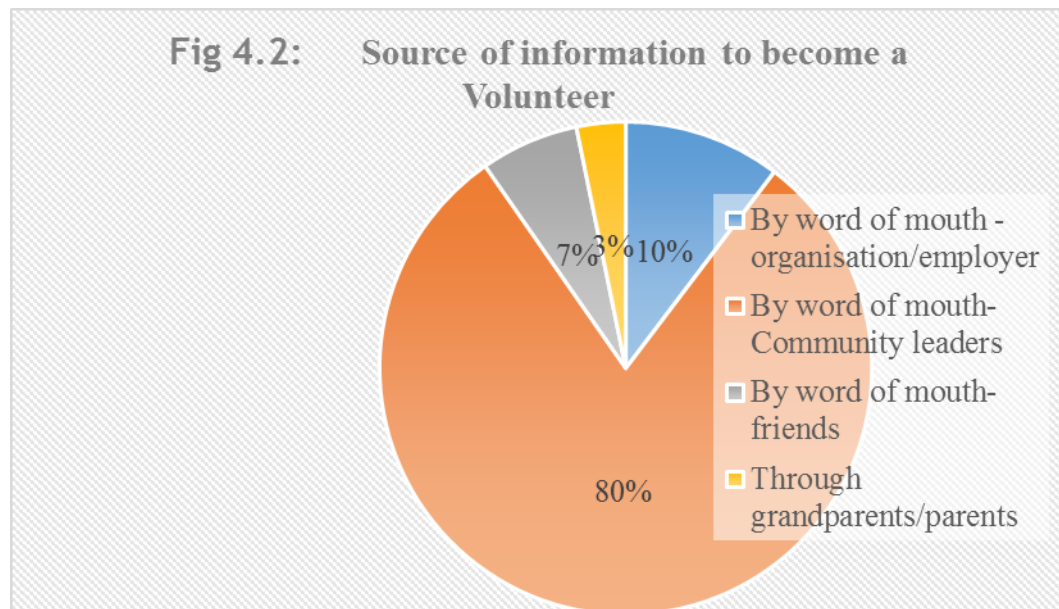
“When someone decides to offer himself to do something willingly without expecting any financial gains from whoever they are offering the services to” (Volunteer Manager in Walewale).



4.3 Volunteer recruitment and selection

Respondents found out about the opportunity to volunteer through both internal and external means. Community leadership played a pivotal role in the volunteer recruitment and involvement. As shown in figure 4.2 below, the largest number of volunteers (80.0%) were recruited through community leaders. The second most common method (10.3%) was through direct recruitment by the Volunteer Involving Organisations (VIOs). Also, while (6.5%) were informed by friends about opportunities to volunteer in the organisation, (3.2%) were asked by their grandparents or parents to replace them due to ill health and or old age.

UNIVERSITY FOR DEVELOPMENT STUDIES



Source: Field data, 2015

The FGDs and the Semi-structured interviews with the Volunteer Managers also indicated that community members select the volunteers when approached by the VIOs per selection criteria. According to the community members at the FGD, the criteria mostly considered were; ability to read and write, hardworking, activeness in community service, much respected by the community and very helpful among others. Volunteers were informed during the selection process of the unpaid nature of volunteerism. A volunteer mentioned;

“I was informed by the Assemblyman that there would be no benefit financially but for the help and love for the community I agreed to do the work” (Community Health Volunteer from Tinguri Community during FGD).

Making community members recruit volunteers for community health services sends signals of community participation and ownership of the intervention. The FGDs with the community members revealed that they felt involved in the programme after playing a role in volunteer recruitment. However, while the selection of the volunteers by community leaders is common practice, participatory selection processes remain an ideal that is relatively rarely practiced. Hence, only the opinion leaders who took part in the selection process knew that volunteers receive no monthly allowance or pay. A Volunteer Manager in Walewale pointed out;

“Some volunteers are recruited by other enrolled volunteers while others join upon seeing the activities of the organisation” (Volunteers Manager from Walewale).

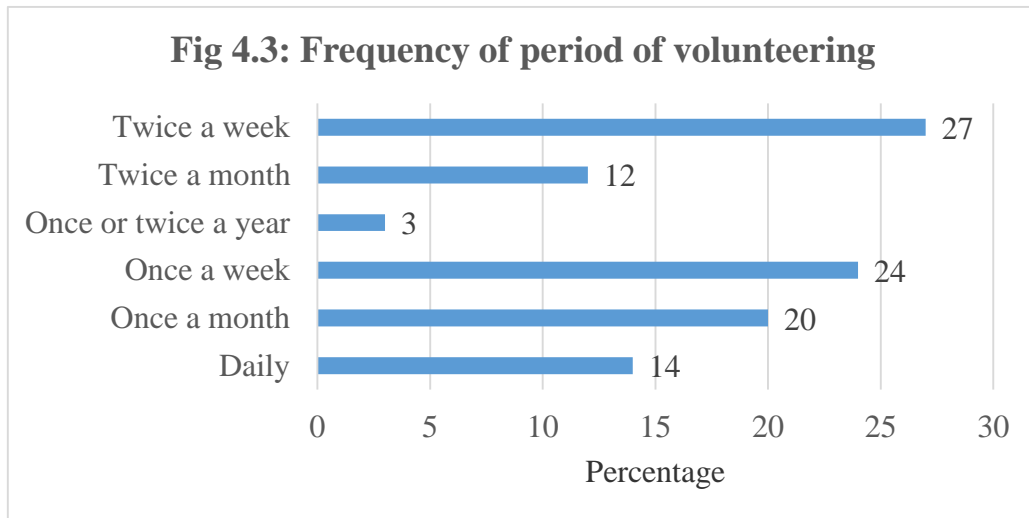
4.4 Volunteer activities, intensity and frequency of volunteering

The Community Health Volunteers were affiliated to more than one organisation - ‘Multipurpose Volunteers’. Majority of the respondents (82.5%) volunteered for GHS and other VIOs, (48.3%) work for GRCS and other VIOs and (16.7%) work for PPAG and other VIOs. About (61%) of the respondents volunteered for more than one VIOs in the district. They provide a wide range of services and activities (health, education, agricultural and forestry) to meet various community and organizational needs. Specifically, the volunteers provide community health activities such as social mobilisation and sensitisation, preventative eye care services, malaria control (distribution and hanging of insecticide treated nets), child welfare clinics (weighing, immunization and records of birth and death), sexual and reproductive health and maternal, child health (promotion of exclusive breast feeding) and surveillance at the community level.





Figure 4.3 below illustrates how often volunteers deliver community health services and how long they have been involved in the volunteering service. Most of the volunteers (27%) indicated they work twice a week and (24%) of them work once a week.



Source: Field data, 2015

With regards to years of voluntary service, forty nine (49%) of the volunteers have been rendering voluntary service for between 3–5 years. Other groups (27.1%) and (20.7) have also volunteered their services for between 11–20 and 6-10 years respectively. Only 3.2% of the respondents have served between 0-2 years.

4.5 Attractions for volunteering

The decision to contribute time to organisation is influenced by an array of factors. Respondents were motivated by personal experiences, the desire to give back to the community and personal development as table 4.3 demonstrates. The largest group was motivated by the opportunity to help meet a community need (98%). There were (40.6%) who believed in the cause supported by the organisation while 58% were motivated by the desire to help improve the standard of living and awareness of health. The personal

motivation included the opportunity to improve upon their skills (30.3%) and improving job opportunities (9.6%). From the above responses, the desire to help the community was stronger. The reasons given by the volunteers correspond with the opinion of the Volunteer Managers. According to them, the volunteers were motivated to volunteer their services for the love of their community members, to contribute their quota to the wellbeing of the community members and others also joined upon realizing the intervention and benefits derived from the organisation. The FGDs also revealed the following reasons; to help the community and believe in the organisations intervention.

Table 4.3: Distribution of respondents' attractions for volunteering

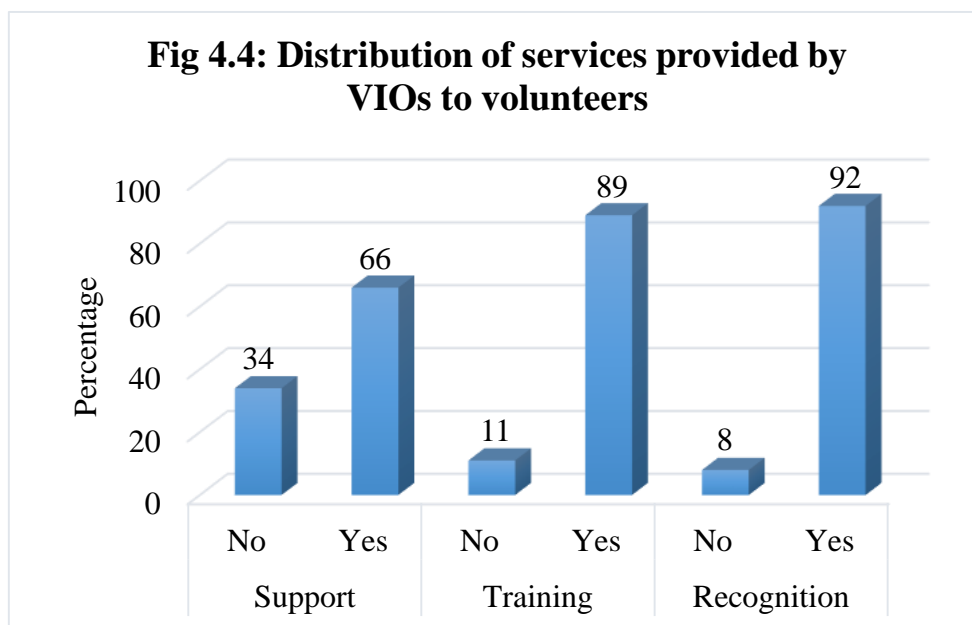
Reasons	Frequency	Percentages
Believing in the cause supported by the organization	63	40.6
Improving my skills	47	30.3
Helping to meet a need in the community	152	98.0
Because my friends volunteer	8	5.1
Because I see my friends volunteer for the same organisation	8	5.1
A desire to help improve awareness of health in the community	90	58.0
Improving job opportunities	15	9.6

Source: Field data, 2015

4.6 Volunteer retention and management practices

Some of the cardinal points that enhance volunteer experience and sustain volunteers' interest in community service delivery are the provision of support, training and recognition by the VIOs. The respondents were asked if they have received any form of support, training or recognition from the VIOs?





Source: Field data, 2015

The figure above revealed that respondents received some form of support (66%), training (89%) and recognition (92%) from VIOs. As presented in table 4.4, the supports were in the form of small allowances especially during trainings (48.4%). Others are training (51.0%) and working tools (bicycle, Wellington boot, T- shirts and touch lights) and materials (9.0%). The recognition of activities was in the form of thank you (42.6%), certification during training (47.1%) and regular monitoring by paid staff (21.3%).

Table 4.4: Forms of support and recognition received from VIOs

Forms of Support	Frequency	Percentage	Forms of Recognition	Frequency	Percentage
Small allowance	75	48.4	Thank you	66	42.6
Training	79	51.0	Certification during training	73	47.1
Working tools	14	9.0	Regular monitoring	33	21.3

Source: Field data, 2015

The FGDs with the volunteers and managers also indicated that some of them received certificates, t-shirts, wellington boots, rain coats and bicycles. They however indicated that the bicycles were not useful because they were presented to them in a very deplorable condition. A Volunteer Manager indicated;

“Bicycles, t-shirts, were given to volunteers from time to time. They were also supported with daily allowances during National Immunisation Days” (Volunteer manager from Walewale).

They also supervise and organize meetings with the volunteers to address emerging issues in the course of rendering services and as well provide periodic refresher training sessions.

Table 4.5: Frequency of training

Frequency of training	Frequency	Percentage
When there is an intervention	67	43.2
Once in two years	19	12.3
Once per month	16	10.3
Once per quarter	26	16.8
Once per year	27	17.4
Total	155	100

Source: Field data, 2015

As indicated above, orientation and training sessions are very important in volunteer programmes. Most (43.2%) of the orientation training sessions were provided anytime there was an intervention. Also, volunteers were provided refresher training once per year (17.4%), once per quarter (16.8%) and once in two years/24 months (12.3%). The trainings were designed to improve volunteers’ skills and enhance their knowledge as well as help



them develop better understanding in specific health intervention to be delivered to the target communities. Albeit acknowledging the contributions of such orientation trainings to the delivering of community health services, they bemoaned the short notices given for such training sessions. They also indicated that the training did not cover skill development.

4.7 Re-imburement of volunteers' expenses

One of the required practices of volunteerism is the reimbursement of all expenses incurred by volunteers in relation to voluntary activities. Majority of the respondents (as shown in table 4.6) did incur expenses (91%) while 9% said no. A significant number (67.8%) indicated that the organisation(s) they work for did not reimburse their expenses while (32.2%) mentioned that some of the expenses incurred were reimbursed by the organisation(s). About 57% of volunteers who indicated they were not reimbursed expenses incurred, mentioned that the organisation(s) they work for do not reimburse expenses. The volunteers strongly asked for the need to reimburse all expenses incurred in the course of rendering services during the FGDs. They recommended the provision of bicycles to facilitate their movement in the community.

Table 4.6: Reimbursement of volunteer expenses

Level of Reimbursement	Frequency	Percentage
No expenses reimbursed	107	69.0
Some expenses reimbursed	38	24.5
No response	10	6.5
Why no reimbursement		
Feel of taking money from the organisation	2	1.9
Volunteers' contributions to the organisation	12	11.2
Organisation does not reimburse any expenses	88	82.2

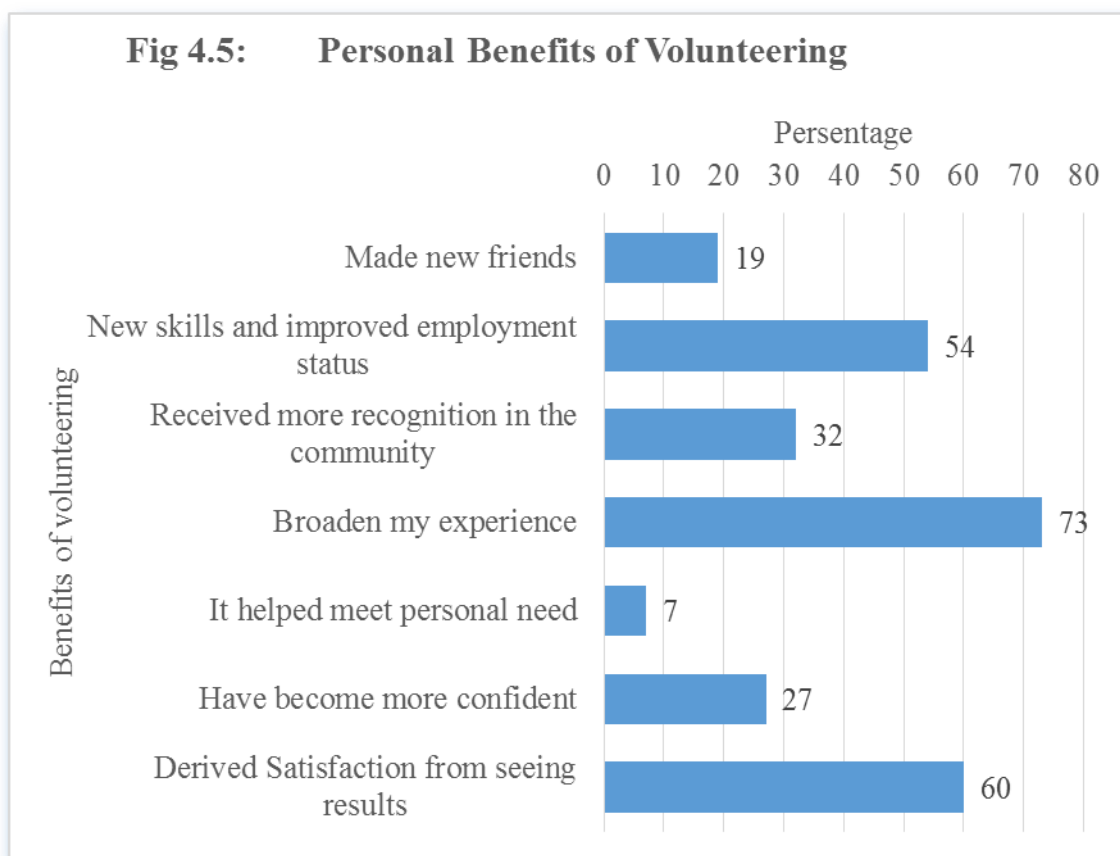


Don't know	5	4.7
------------	---	-----

Source; Field data, 2015

4.8 Benefits derived from volunteering

The figure below (figure 4.5) illustrates the benefits derived from working as community health volunteers. According to the respondents, working as community health volunteers has broadened their experience (73%) and had gained satisfaction derived for seeing results of helping others (60%). The respondents also indicated that they had learnt new skills and improved their employment status (54%), had become more confident (27%) and are more recognized and or respected in their respective communities.



Source: Field data, 2015



The major issues that came out from the FGDs with regards to benefits derived from volunteering touched on knowledge and experience gained in public health conditions, recognition in the community and becoming the first point of contact whenever a community member had a health related issue. One volunteer remarked;

“I have gained knowledge in some health issues. I am very well recognized in the community. Some community members approach me when they have eye problems...” Community Health Volunteer from Kparigu Community during FGD.

The volunteer experience can have significant impact for more people to volunteer. Most of the respondents indicated that they appreciated and valued their volunteering experience and would recommend volunteering to other community members (91.6%). Two main themes related to the reasons for recommending volunteering emerged from the responses. The first set of reasons according to table 4.7 below identified a sense of fulfilment in helping to promote good health in the community (84.5%). The second trend according to the respondents relates to personal satisfaction such as opportunity to broaden and gain experience (16.2%) and skills and knowledge for employment (71.6%). Other reasons for recommending volunteering to people were to reduce work load (31%) and share ideas as volunteers (16.2%). About (3.5%) respondents indicated they would also recommend volunteering to people for them to experience the challenges volunteers encounter. On the other hand, respondents who indicated they would not recommend volunteering to others mentioned no incentive and motivation (61.5%) and no recognition from community members (38.5%) as their reasons. They were of the view that; *“it is when you are motivated in a group that you invite a friend to join”* People they had approached to support them refused because of lack financial reward in voluntary service.





Table 4.7: Recommending volunteering to people

Will you recommend volunteering to people	Reasons	Frequency	Percentage
Yes	91.6%		
	For available replacement in old age	19	13.3
	Opportunity to gain/broaden experience in life	23	16.2
	To reduce work load	44	31
	Opportunity to gain knowledge and skills for employment	25	17.6
	To feel the pain of voluntary service	5	3.5
	To share ideas	23	16.2
	To help promote good health in the community	120	84.5
No	8.4%		
	No Incentive	8	61.5
	No recognition from organisation and community	5	38.5

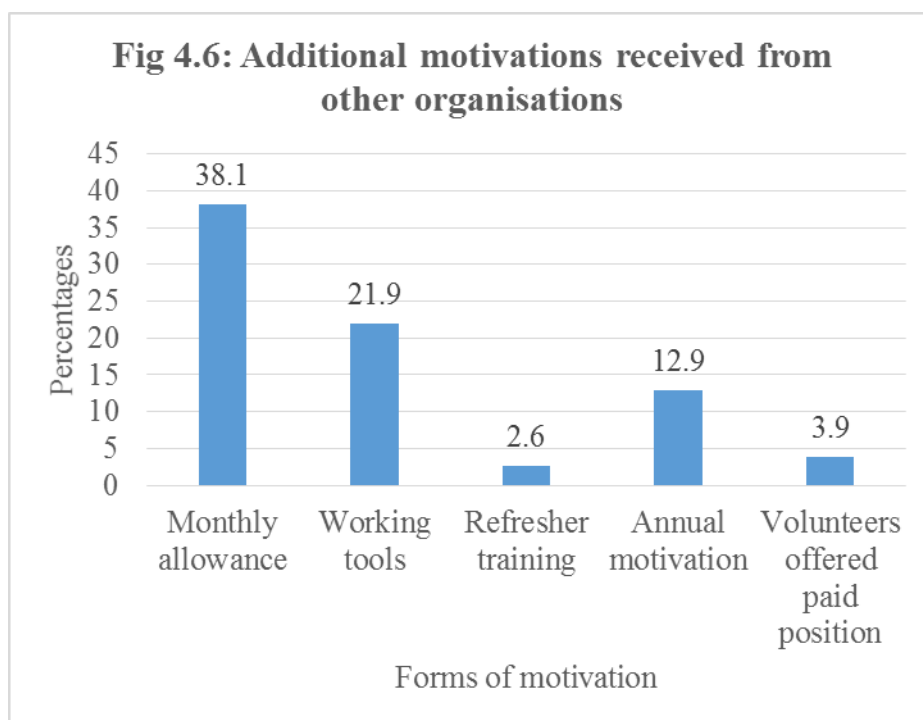
Source: Field data, 2015

4.9 Volunteer motivation

Motivation for volunteers is necessary in volunteer management practices. It retains volunteer workforce and minimise volunteer attrition. Most respondents reported that they

were not motivated enough by the VIOs (80.6%). Only (19.4%) indicated they received enough motivation from the VIOs. The (19.4%) respondents revealed that the motivation were in the form of monthly allowance (12.9%), annual motivation or incentives (9.0%), regular supervision by paid staff (5.1%), and recognition activities (3.2%).

To explore further, the respondents were asked if they were aware of any differences in volunteer management practices adopted by the various VIOs and if volunteers working for other VIOs were better motivated.



Source: Field data, 2015

As indicated in figure 4.6 above, respondents mentioned that volunteers working with other organisations were better motivated. Monthly allowance was the most common motivation (38.1%). Respondents also mentioned regular provision of working tools (21.9%) and yearly motivation (12.9%). The Volunteer Managers lamented that some volunteers turned to compare them with the other Non-Governmental Organisations who pay the volunteers for their services which their organisation did not do.





4.10 Volunteerism and reward: Yes, or No and why?

Table 4.8: Volunteering and reward: Yes, or No and why?

Volunteering and reward	Reasons	Frequency	Percentage
No	64		41.3
	It serves as social obligation to community development	58	90.6
	Volunteering creates opportunities	46	71.9
	Organisations cannot pay volunteers and paid staff	42	65.6
Yes	91		58.7
	It affects volunteers performance	76	83.5
	Increased workload and family demands	31	34.1
	It discourages current and potential volunteers	46	50.5

Source: field data, 2015

Per the practice of volunteerism, voluntary service is to be rendered ‘without reward’. According to table 4.8 above, whiles (41.3%) of the respondents were of the view that reward should not be a prerequisite for rendering voluntary services, (58.7%) said voluntary services should be rewarded. Those who opted for volunteering without reward believed the activities they rendered was part of their social obligation to the development of the community (help to others) hence need no reward (90.6%), volunteering creates various

opportunities (71.9%) and finally, it would be too expensive to pay volunteers and as well pay staff (65.6%). On the other hand, respondents who were of the opinion that volunteering service should be rewarded mentioned that lack of rewards affects volunteers' performance (83.5%), discourages current and potential volunteers from rendering voluntary service (50.5%). Also, 34.1% of the respondents said they should be rewarded due to increase workload which prevents them from meeting family demands and responsibilities.

All the discussants at the 3 FGDs with the volunteers strongly advocated for reward for volunteers for the services they render to the community members. A volunteer mentioned:

“There is a lot of sacrifice in voluntary work. We stop our work for the voluntary service. We now spend much time doing voluntary service due to increased workload as a result of increased population in the community that is why we need reward. If no reward, most of the volunteers would be discouraged as it has started...” (Community Health Volunteer from Tinguri community during FGD).

The discussants recommended that the rewards should be in the form of monthly allowances and working tools such as bicycles, wellington boots and touch lights. For them, irrespective of the demand for the allowance, they should still be called volunteers as the allowance cannot compensate the time spent rendering voluntary activities. They also indicated that majority of them were bread winners in their families. Therefore, leaving their economic activities to help the community without any financial gain for the time spent was worrying.

The FGDs with the community leaders also affirmed of the need to reward the volunteers although they were aware that volunteering is without pay. The Volunteer Managers unanimously indicated that due to the changing trend in contemporary times, voluntary activities should be rewarded. They were of the opinion that volunteers felt they were sacrificing their time with a lot of workloads and therefore should be paid.



“Volunteers who are not gainfully employed are not committed because they feel it is a waste of time and their little resources...” (Community Health Volunteer from Kpasenkpe community during FGD).

A Volunteer Manager simply remarked; *“Volunteerism should go along with some genuine financial rewards...”* as lack of reward affects their performance *“Volunteers nowadays feel they should be paid for the work leading to some not reporting...” (Volunteer manager from Walewale).*

4.11 Factors that limit volunteer’s performance

This section analyses the challenges the volunteers encountered in rendering voluntary services. About, 99% of the respondents indicated they did encounter barriers that limited them from rendering active community health services. Majority of the respondents revealed that voluntary activities took too much of their time (62.6%). The next most frequent response given was too much workload (45.8%), followed by lack of financial rewards (43.9%). Others were lack of time (32.9%), inadequate supervision by paid staff (31.6) and low response by community members to volunteers’ activity (29%).

Table 4.9: Factors limiting volunteers’ performance

Factors	Frequency	Percentage
Lack of time caused by family, work and other commitment	51	32.9
Low response by community members to volunteers activity	45	29.0
Lack of financial rewards	68	43.9
Inadequate supervision by paid staff	49	31.6
Financial cost of volunteering	44	28.4
Voluntary activities take too much time	97	62.6
Lack of knowledge about volunteerism by community	59	38.1



Too much workload	71	45.8
Lack of working tools and IEC materials	48	31.0

Source: Field data, 2015

The FGDs with the volunteers also discovered increased workload, no reimbursement of expenses incurred, no reward, and low response by community members during social mobilisation and sensitisation activities as the challenges faced by the volunteers. Others were inadequate respect by paid staff, inability of the referred cases to report at the hospital due to financial constraints and the perception of the community members that they received financial gains from the VIOs, hence, low cooperation during social mobilisation activities. A volunteer mentioned;

“It takes me tough time to mobilise community members for health activities because of the wrong notion that I receive pay for the work I do” (Community Health Volunteer from Kparugu Community during FGD).

Increase in the population of the community has also increased the workload. *“When it is weighing time, we have to stay with the nurses throughout the whole day, unfortunately there is no reward” (Community Health Volunteers from Tinguri community during FGD).*

Another major issue that emerged during the focus group discussions was the dissatisfaction of the volunteers in the allocation of motivational package by paid staff. They pointed out;

“...we have been cheated by our leaders. They deny us motivational items donated by the organisation for us. The leaders keep them and rather give them to their friends...” “...there is no transparency in the distribution of motivation package for us. Only their favourites were selected to benefit and the rest of the items shared among themselves, friends, and relatives and or sell them” (Community Health Volunteers from Tinguri community during FGD).

The poor attitudes of paid staff to volunteers was also mentioned by a Volunteer Manager during the semi structured interview;

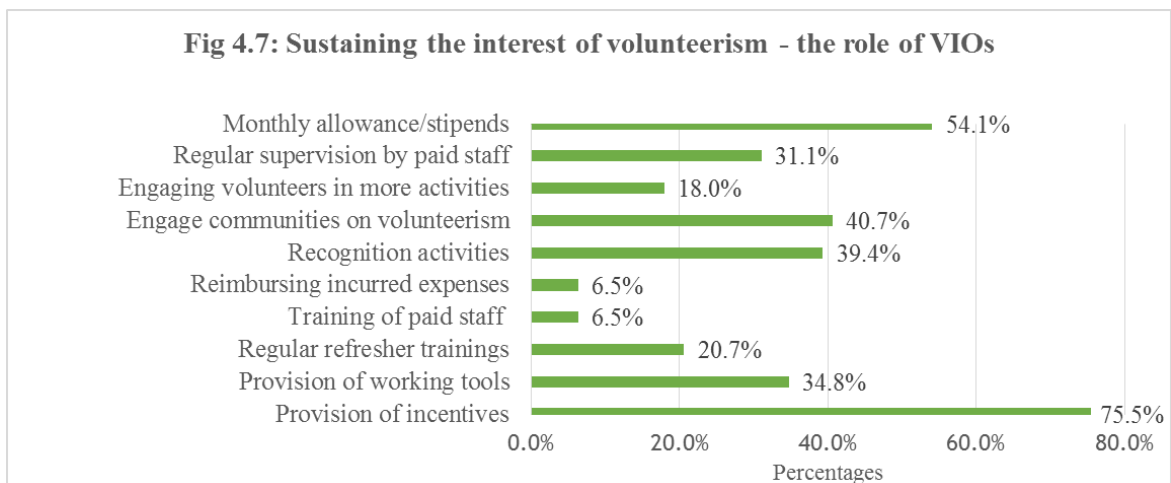
“...some of the paid staff do not give the motivational packages that were due to the volunteers” (Volunteer Manager from Walewale).





4.12 Volunteer management practices for effective and sustainable community health programmes

The bar chart (fig 4.7) below indicates respondents view on the management practices that when provided by the VIOs would enhance and sustain their interest in volunteerism. Provision of motivational and incentive packages (70.3%) were the most recommended practice by the respondents. The next most frequent response given was monthly allowance/stipends (54.1%), engaging communities on the practice of volunteerism to disabuse their mind that volunteers are paid staff (40.7%). Others were recognition activities by paid staff (39.4%), regular supervision and effective communication by paid staff (31.6%), regular refresher training sessions for volunteers (27.1%) and training for paid staff in working with volunteers (20%).



Source: Field data, 2015

The views expressed by the Volunteers Managers match some of the responses given by the volunteers in the bar chart (fig 4.7) above. According to the Volunteer Managers, training, regular supervision, continuous incentives and motivation and recognition activities such as giving certificates and other souvenirs would enhance volunteers' performance and sustain their interest. They also raised the following issues to sustain volunteers' interest; in-depth

orientation on the concept of volunteerism at the time of recruitment and active involvement in programme design. The FGDs with the volunteers recommended regular visit to the community by the VIOs to provide orientation to community members on the practice of volunteerism through community engagement processes. A volunteer pointed out that:

“I want our big men (paid staff) to visit the community and interact with them to inform them about the role of the volunteers in the community and to inform them that we are not paid for the work we do...” (Community Health Volunteer from Tinguri community during FGD).

Volunteers were also of the view that the training sessions provided should include topics on skill development.

Table. 4.10: Role of community members in enhancing volunteers’ performance

Ways of enhancing volunteers’ performance in the community	Frequency	Percentage
Recognition of volunteers’ efforts	75	48.3
Motivating volunteers by supporting them on their farms	97	62.5
Opinion leaders engaging community members on the practice of volunteerism	63	40.6

Source: Field data, (2015)

The respondents also indicated the role of the community in sustaining or enhancing volunteerism. The most recommended action from the community was motivating volunteers by supporting them on their farms (62.5%). This was followed by recognition of volunteers’ efforts (48.3%) and community leaders engaging community members on the practice of volunteerism (40.6%). The FGDs with the community opinion leaders indicated that they recognized and appreciated the effort of the volunteers on health service delivery in the community.



Chapter Five

Discussion

5.0 Introduction

This chapter discusses the implications of the results of the study in relation to the research objectives and literature review and key themes of the research. The discussion centered on the practice of volunteerism with special emphasis on the definitions of who a volunteer is, the act of volunteering and volunteer recruitment. The discussions also covered volunteer attractions, retention and management practices and benefits derived for volunteering. Finally, barriers that limit volunteers' activities and suggestions to sustain their interest were also discussed.

5.1 Demographic characteristics of respondents

Majority (79.4%) of the volunteers were males. The females were made of up of only (20.7%). The FGDs revealed that per the cultural setting, most husbands do not allow their wives to leave home to participate in orientation and training meetings due to their gender roles. Most of the volunteers (69.7%) were between the ages of 26 to 49 years. These age groups were mostly very energetic and active in all community activities hence became the most preferred by the opinion leaders when there was an opportunity. The findings from the focus group discussions revealed that men tended to volunteer more at this age group, when they had enough experience to assume leadership roles. The findings relate with the work of Hurley et al (2008; p. 4) who reported that young people aged between 16 and 24 were significantly less likely to volunteer. Also, the FGDs with the volunteers revealed that to qualify for selection as a volunteer, one must be able to read and write to enable them report



on monthly basis. The findings revealed that over 95% of the volunteers had received some of education.

Furthermore, majority of the volunteers (90.9%) were married. It is believed that the attribution rate of volunteers was low when married people are recruited as volunteers. They had settled and invested in their community making it impossible for them to move as compared to the youth who were either in search of jobs or pursuing education. Other researchers have had similar findings. Rotolo and Wilson (2006) as cited in Ochieng et al (2012; p. 40) demonstrated marital status influenced volunteering.

5.2 Views about volunteerism – definitions of a volunteer and volunteering

Three major characteristics emerged when the volunteers were asked to give their views about who a volunteer is. These are; a person who work for no reward (72.2%), a person whose services is to benefit others (70.9%) and a person who agrees to work willingly without force (44.5%). The findings of the FGDs with the community members and the volunteers were similar to the volunteers' responses from the personal interviews. They described volunteers as people who had the development of the community at heart and willing to work freely in the community without pay by neither the community nor the organisations they worked for. The key words cantered on helping people, without pay and doing it willingly without force. The view of the respondents who believed that volunteering should be without pay confirms Freeman's definition of volunteers as persons who worked without monetary recompense (Freeman, 1997; 141 cited from Steen 2005; p. 2).

A volunteer Manager remarked;



“Someone who decides to dedicate his/her time energy and other resources to help his/her community, without any remuneration, monthly salary or monetary compensation” (A volunteer Manager from Walewale).

However, few of the volunteers saw volunteering as occupation and could have some income and for individual interest. Eleven (7.0%) and (1.9%) of them defined a volunteer as a person who could gain income from his/her service offered to others and a person who worked for his own interest respectively.

Volunteering was defined as an action of giving service for the benefit of others, a service undertaken without pay and a service freely undertaken without force. This confirms the work of (Paine, 2010; p. 8) which indicated that volunteering was most commonly understood as a form of work without pay and offering of time and help to others. However, (7.7%) of the respondents saw volunteering as a service performed for a small allowance. The common denominator from all the definitions given by the Volunteer Managers centred on; willingly offering services, to help others (community members) and without any financial or material gains. A Volunteer Manager in defining volunteering mentioned:

“When someone decides to offer himself to do something willingly without expecting any financial gains from whoever they are offering the services to” (Volunteer manager from Walewale).

In summary, the findings relate to the statement enshrined within the Compact Volunteering Code of Good Practice (Home Office, 2005; p. 4 and Russell Commission Report, 2005).

They defined volunteering as

“Any activity which involves spending time, unpaid, doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives, or to benefit the environment” (The Compact, 2009; p. 7 as cited in Paine Angela Ellis, 2010; p. 9)

The discussions above indicate that the respondents held divergent views from the underlying principles of volunteering and who a volunteer is. Though not very significant, they are noticeable points and therefore needs clarification and explanation. This can be



done during community meetings and volunteer recruitment to ensure a common outlook of the volunteer populace and those they serve.

5.3 Volunteer recruitment and selection process

The opportunity to volunteer was through both internal and external means. Community leadership played a pivotal role in the volunteer recruitment and involvement. People who were already active in communities were likely to know like-minded people and therefore recruited from the same groups (Rochester et al, 2012; p. 132) to represent and serve the communities. The study revealed that majority of the volunteers (80%) were recruited through the community opinion leaders. This was followed by direct recruitment by the volunteer involving organisation (10.3%) and (6.5%) were informed by friends about opportunities to volunteer. More so, (3.2%) were asked by their parents or grandparents to replace them due to ill health and or old age. The responses of the volunteers were confirmed by the interviews with the volunteer managers and at the FGDs held. Community opinion leaders selected the volunteers upon request of VIOs. The selected individual was immediately informed about the non-paid nature of voluntary activities. The recruitment processes adopted matches with the direct recruitment opined by IFRC which was also supported by the community toll box, indicating that the best approach to recruit potential volunteers was to make personal contact ideally through face-to-face with someone the volunteer knows, likes, and respects (IFRC, 2007 and community tool box; <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>).

Admittedly, community involvement in volunteers' recruitment is very necessary. It ensures community participation and ownership of the intervention. The FGD with the community





members revealed the communities' sense of involvement and participation in the programme implementation process. However, the approach seemed to defeat the principle of free will and choice fundamental to volunteering as indicated in the Compact Volunteering Code of Good practice (The Compact, 2009; p. 7). Rochester et al, (2012, p.16, 20-21) also raised concerns about the free choice principle of volunteering. Stebbins (2004; p.4), suggested that alongside coercion and choice, there was the need to discuss the concept of obligation. People were obliged when, even though not actually coerced by an external force, they did or refrained from doing something because they felt bound in this regard by promise, convention or circumstance. In this case, based on the idea of solidarity as mentioned by Rochester, it would be very difficult for an individual who has been selected by the community to turn down the offer to be a volunteer in their respective and adjoining communities.

However, while the selection of the volunteers by community leaders was common practice, participatory selection processes remained an ideal that is relatively rarely practiced. Only the opinion leaders who took part in the selection process knew that volunteers received no monthly allowance or pay. As a result, some community members were not very cooperative during social mobilisation for health education activities.

The opinion leaders continue to select the same volunteers for various voluntary activities in the community in attempt to meet the selection criteria given by the VIOs. As a result, the volunteers were affiliated to more than one organisation – 'Multipurpose Volunteers'. The findings were also similar to (Ksienski, 2004; p. 21) who found out in his study that personal ties played a key role in volunteer recruitment and involvement. Over half of the respondents (61%) worked for more than one VIOs in the district.



5.4 Volunteer activities, intensity and frequency of volunteering

The volunteers indicated they provided community health activities such as social mobilisation and sensitisation, preventative eye care services, malaria control (distribution and hanging of insecticide treated net), child welfare clinics (weighing, immunization and records of birth and death), sexual and reproductive health and maternal, child health (promotion of exclusive breast feeding) and surveillance at the community level. Low et al, (2007) as cited from Rochester et al, 2012; p. 49), also found out in the national survey of volunteering in England that (59%) volunteered for more than one organisation. They provide a wide range of services and activities (health, educational, agricultural and forestry) to meet various community and organizational needs.

The study further explored how often volunteers delivered community health services and how long they had been involved in voluntary service. Most (27.1%) of the volunteers worked twice a week and (23.9%) of them also worked once a week. This is an indication that there was excessive time committed to volunteers' activities. It was found out that the volunteers had been offering free community services over the years. About 49% of the volunteers had been working as volunteers between 3–5 years ago. Also, 27.1% of the volunteers had volunteered their services for between 11–20 years. Though this is an indication of low attrition rate and less training budgets for the VIOs as fewer people needed replacement, it is important to note that long service is not a guarantee for high performance. About, 3.2% of the respondents have volunteered for only 0-2 years. By implication, the rate of new entrants was dwindling hence, increased workload on the existing volunteers. It is important to ensure that volunteers do not work beyond what is possible. This can be done by ensuring that one person does not volunteer for more than two community health programmes.



5.5 Attractions for volunteering

The decision to contribute time to an organisation is influenced by an array of factors. The study analysed factors that influenced respondents' propensity to volunteer through personal, semi-structured interviews and FGDs. Respondents were motivated by personal experiences, the desire to give back to the community and personal development. The desire to help meet a community need was strong (98%), which also confirmed the work of Hurley et al, 2008, p. 7. It also relates to the altruism principle as found in the work of (Rochester et al, 2010, p. 128 as cited in Lee, 2012, p. 7; Batson et al, 2012). Other respondents were motivated by believe in the course supported by the organisation as well as the desire to help improve awareness of good health practices (Takasugi and Lee, 2012, p. 841 as cited in Jaschick et al, 2012; p.5).

Others also joined to derive personal benefits from the organisation. The respondent's views matched the work of (Hurley et al, 2008) who indicated that people volunteered in order to meet new people and take part in social events, thereby overcoming social isolation; a desire to gain skills or experience in a field in which the participant had an interest in working, desire to help, meet new people, gain skills, and with a view to gaining future paid employment. Likewise, (Batson et al, 2002) in analysing volunteer motivation divided volunteering into four motivational types focusing on the ultimate goal of each action. They identified egoism, where the goal is one's own welfare; altruism, focused on the needs of others; collectivism, which focused on the welfare of groups; and principalism, in which the goal was to uphold moral principle (Batson et al, 2002 as cited from Rochester et al, 2012). Similar to the work of Batson was Steen T. 2005 pp. 4-8 who also categorised motivation to volunteer into three; altruistic motives, egoistic motives and the demand for volunteering work. Although the help for community was stronger according to the respondents, personal

motivation including the opportunity to improve upon their skills (30.3%) and improving job opportunities (9.6%) were also mentioned, relating to the egoistic classification (Batson 2002 and Steen 2005).

5.6 Volunteer retention and management practices for effective and sustainable community health programme

Some of the cardinal points that enhance volunteer experience and sustain volunteers' interest for effective community health service delivery are the provision of support, training and recognition by the VIOs. Recognition is one of the key motivators and should, therefore, be an ongoing process. Tangible forms of recognition, other informal, everyday forms of recognition, such as a "thank you", affect volunteers' job satisfaction and performance (IFRC, 2007; p. 16). The findings revealed that volunteers received some form of support (66%), training (89%) and recognition (92%) from VIOs. The supports were in the form of small allowances especially during training sessions which they lamented were not even regular. Others are training and working tools (bicycle, Wellington boot, T, shirts etc.) and materials. The volunteers also received some kind of recognition, shown in the form of thank you, certification during training and regular monitoring by paid staff to address emerging issues in the course of rendering services as well as periodic refresher training.

The IFRC Voluntary Service Handbook, saw training as critical to effective volunteer management (Voluntary Service, Volunteer Management Cycle, IFRC 2004; p. 15). According to the handbook, organisations with active orientation and training programmes were those with increasing volunteer numbers. Correspondingly, the study also revealed that the VIOs provided orientation training sessions. Majority of the orientation training



sessions were provided anytime there was an intervention (43.2%). Also, volunteers were provided refresher training once a year (17.4%), once per quarter (16.8%) and once in two years/24 months (12.3%).

The training sessions were designed to improve volunteers' skills and enhance their knowledge as well as help them develop better understanding in specific health interventions to be delivered to the target communities (Ksienski, 2004 and the Community tool box - <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>). Albeit acknowledging the contributions of such orientation trainings to the delivering of community health services, they bemoaned the short notices given for such trainings. They also indicated that the trainings did not cover skill development. This corresponds with the findings of (Amos-Wilson, 1996 as cited in Bussell and Forbes, 2002; p. 14) which stated that organisations provided training for their volunteers but were driven by organisational requirements rather than individual needs. Also, volunteers were not given written job descriptions after the orientation trainings.

5.7 Re-imburement of volunteers' expenses

One of the experiences shared by the volunteers was on the reimbursement of the expenses incurred in the course of duty. Despite volunteerism generally being defined as work performed without monetary recompense, or for which remuneration is given far below the economic cost of the volunteers, the standard required practice was the reimbursement of out-of-pocket expenses incurred in the course of rendering voluntary services. Majority of the volunteers (91%) indicated they did incur expenses while only (9%) said they do not incur any expenses. However, while (69%) receive no reimbursement of out of pocket expenses, (24.5%) indicated their expenses were reimbursed by the organisation(s). The



findings corroborate the work Low et al, 2007. According to them, while some organisations reimbursed all expenses, others did not reimburse any, and even when they did offer expenses some volunteers might be unaware of this or they might not be willing to buck a general trend where the culture among volunteers is not to make claims (Rochester et al, 2012; p. 200 and Low et al, 2007).

Furthermore, (82.2%) of the volunteers who indicated that they were not reimbursed expenses incurred were of the view that it was because the organisation does not reimburse volunteers expenses. This is in contrast with the work of Blacksell and Phillips (1994) as cited in Rochester et al, 2012. Their study found that a significant proportion of volunteers in their study had received some kind of payment over and above the reimbursement of expenses.

The volunteers strongly asked for the need to reimburse all expenses incurred in the course of rendering services at the FGD sessions as it is affecting their commitment to voluntary activities. They also requested the provision of bicycles to facilitate their movement within and outside their communities.

5.8 Benefits derived from volunteering

Although the volunteers complained of non-reimbursement of expenses incurred in the course of rendering voluntary services, they acknowledged they also benefit from the voluntary service. From the responses, two main themes related to the benefits of volunteering emerged. The first theme of benefits is related to satisfaction derived from helping others and personal satisfaction and opportunities to acquire new skills and knowledge. Using content analysis, (Morrow-Howell and Mui, 1989 as cited in Wang, 2004) also identified altruistic as one of the volunteer motivations. To him, altruistic



motives pertained to intangible rewards that were intrinsic to the volunteering act itself, namely satisfactions resulting from feeling that one had helped someone else. The work of Morrow-Howell and Mui is congruent with the study. Respondents indicated that they had derived great satisfaction for helping others (60%). As a result, they were more recognized and or respected in their respective communities. They had become the first point of contact with regards to health related issues. Furthermore, voluntary service had broaden their experience (72.9%) and they have learnt new skills and improved their employment status (51.1%). The findings also relates to a study conducted by the Institute of Volunteering Research, (2004). The study revealed that current volunteers saw volunteering as a mutually beneficial exchange relationship and *'something that provides benefits to the individual, be it enjoyment, skills, or the sense of having given something back'* (IVR, 2004; p. 25 as cited in Paine et al, 2010; p. 8). It is also in tandem with the work of Kearney (2001/2007 cited in Rochester et al, 2012 p.18) who indicated that “volunteering empowers” volunteers.

The FGDs also revealed that the volunteers also gained knowledge and experience in public health conditions. One volunteer remarked;

“I have gained knowledge in some health issues. I am very well recognized in the community. Some community members approach me when they have eye problems...” Community Health Volunteer from Tinguri community during FGD.

These findings as well matched the work of Ksienski (2004) who indicated that volunteers’ derived satisfaction for helping others as *“feeling good”* or helping meet the needs of others as well as personal satisfaction.

5.9 Volunteer motivation

Motivation for volunteers is necessary in volunteer management practices. It retains volunteer workforce and minimise volunteer attrition. In sharing their experiences with



regards to motivation, most of them reported that they were not motivated enough by the VIOs they worked for (80.6%). Those who received some form of motivation mentioned that the motivations come in the form of monthly allowance (12.9%), annual motivation or incentives (9%), regular supervision by paid staff (5.1%), and recognition activities (3.2%). No wonder, the reasons for not recommending volunteering to others was mainly due to no incentive and motivation from VIOs and no recognition from community members as indicated in table 4.7. People they had approached to become volunteers refused because of the absence of financial reward. They were of the view that *“it is when you are motivated in a group that you invite a friend to join”* (Community Health Volunteering from Tinguri during FGD).

The study found that there were differences in the volunteer management practices adopted by the various VIOs in the study area. Volunteers working with other organisations were better motivated. Monthly allowance was the most common answer (38.0%). Others were regular provision of working tools (21.9%) and annual motivation (12.9%). The Volunteer Managers lamented that their volunteers compared them with the other Non-Governmental Organisations who paid their volunteers for their services, which their organisation could not do. Using the workplace model of volunteer management, Rochester et al, (2012; p. 151) indicated that unless organisations adopt more formal styles of volunteering, they will lose out on potential volunteers to other organisations that manage volunteers and manage them well. The inability to ensure common volunteer management practices among the various VIOs is a matter of great concern. Organisations which go strictly by the concept of volunteerism are faced with high volunteer attrition. As indicated in the IFRC Voluntary service manual (2007, p.18), competition in the non-for-profit market place for volunteer is growing. As a result, volunteers are choosing from varied available opportunities.

5.10 Volunteerism and reward

Per volunteer management practice, voluntary service is expected to be rendered ‘without reward’. Rochester et al, (2012: p. 20-21) however raised concerns about the non-remuneration framework. They indicated that the absence of remuneration – is problematic. According to them, not receiving any other material reward, is by no means universally applied. Volunteerism and reward dichotomy was also discussed with the respondents. Whiles (41.3%) of the respondents were of the view that there should be no for rendering voluntary services, (58.7%) of them were of the opinion that voluntary services should be rewarded. Those who asserted for volunteering without reward viewed voluntary service as part of their social obligation to the development of the community (help to others) hence, need no reward (90.6%). Others also believed that volunteering created various opportunities (71.9%). Finally, (65.6%) respondents indicated that it would be too expensive to pay both volunteers and paid staff, meaning volunteers are very much aware that one of the reasons for their involvement in project delivery is to reduce project cost.



Surprisingly, these respondents indicated that they were informed at the recruitment stage that voluntary activities were without financial recompense. So why the demand now for financial rewards? Rochester (1999/2007) pointed out that volunteers come to the organisation in different ways, and expect to get different rewards from being involved. Respondents who believe that voluntary service should be rewarded mentioned that lack of reward affects volunteers’ performance (83.7%), and discouraged current and potential volunteers from rendering voluntary service (50.5%). Furthermore, the volunteers believed there should be a reward due to increased workload which prevented them from meeting

family demands and responsibilities (34.1%). Lehmann and Sanders (2007) acknowledged that CHWs were poor people, living in poor communities, who required income.

Volunteer Manager in Walewale pointed out;

“Volunteers now a days feel they should be paid for the work leading to some not reporting...”

A volunteer mentioned at one of the FGDs that:

“There is a lot of sacrifice in volunteering work. We stop our work for the voluntary service. We now spend much time doing voluntary service due to increased workload as a result of increased population in the community that is why we need reward. If no reward, most of the volunteers would be discouraged as it has started...” (Community Health Volunteer from Tinguri Community during FGD).

The discussants also recommended that the rewards should be in the form of monthly allowances and working tools such as bicycles, wellington boots and touch lights. According to them, irrespective of their demand for the allowance, they should still be called volunteers because whatever is given couldn't compensate for the economic cost of time spent volunteering. This corresponds with the findings of Paine et al (2010; p. 8) who reported that volunteering involved a cost to the volunteer which was greater than any benefit they might receive from the activity. Cnaan et al, (1996) cited in Rochester 2012: p. 19) agreed that those volunteers who received no remuneration at all and persons that received low pay can be perceived as engaging in volunteer activities as well. Mesch et al, called the latter 'stipended volunteers', "individuals receive some remuneration for their services but one that is below the economic cost of their investment" (Mesch et al, 1998; 4 as cited in Steen 2005; p. 3). The respondents also indicated that majority of them were bread winners for their family. Therefore, leaving their economic activities to help the community without any financial gain for the time spent was worrying. The semi-structured interviews with the Volunteer Managers and FGD with the community members also



supported the volunteers' position. They attributed their position to the changing trend in contemporary time. A Volunteer Manager simply remarked:

“Volunteers who are not gainfully employed are not committed because they feel it is a waste of time and their little resources...” “Volunteerism should go along with some genuine financial rewards...” (Volunteer manager in Walewale)

McCurley and Lynch (1998) as cited in Rochester et al, 2012; p. 33 also mentioned 'stipended volunteers' regarded as quasi-volunteering as the practice, common in the United States, of rewarding so called volunteers with money and other benefits as one of the categorisations of volunteering. However, the consensus in the United Kingdom remains that volunteering should not involve any material reward which goes beyond the reimbursement of out-of-pocket expenses. The panacea to the complexities surrounding volunteer motivation and reward systems is a national forum to discuss volunteerism and prescribe a national guidelines for proper volunteer management systems in the country for adoption by all VIOs.

5.11 Factors that limit volunteer's performance

Most respondents indicated that they experienced barriers in the course of rendering voluntary service. About, 99% of the respondents indicated that they encountered some form of barriers that limit them from rendering active community health services. Majority of the respondents mentioned voluntary activities taking too much time (62.5%), which was also discovered during the FGDs. This confirms the works of (Hurley et al, 2008, Rochester et al, 2012; pp. 193-200 and Low et al, 2007; p. 68). Their works indicated that the most common reason for stopping volunteering is a lack of time. The next most frequent response given was 'too much workload' (45.8%), followed by 'lack of financial rewards' (43.8%).





The findings of the study revealed that the volunteers were overstretched by the VIOs. Apart from working for more than one organisation, the volunteers were also loaded with so many activities. The non-reimbursement of expenses incurred was also pointed out during the FGDs, which relates with some of the barriers mentioned by Hurley et al, (2008; p. 13). It is also in line with the works of Rochester et al, and Low et al, (Rochester et al, 2012; p. 200 and Low et al, 2007). They reported that non reimbursement of volunteers' expenses (costs of transport to and from the venue and covering other caring responsibilities) can create a considerable barrier to volunteering. This study also revealed that no reward and low cooperation from community members during social mobilisation and sensitisation activities were other challenges faced by the volunteers. Others were inadequate respect by paid staff and inability of the referred cases to report at the hospital due to financial constraints. Hurley et al (2008; p. 13), revealed that a lengthy wait for reimbursement of travel expenses, not feeling appreciated and lack of acceptance from professionals working in the field, who are seen as lacking in expertise were some of the barriers to volunteering.

The wrong perception of the community members that volunteers received financial gains from the VIOs, hence, low cooperation from community members during social mobilisation activities was also of a major concern to the volunteers. A volunteer mentioned;

“It takes me tough time to mobilise community members for health activities because they think I receive pay for the work I do” (Community Health Volunteer from Kpasenkpe community during FGD).

Some of the responses indicated in table 4.9 confirmed the factors outlined by Heng and Locke et al, (Heng, 2012; p. 10 and Locke et al, 2003 as cited in Rochester 2012; p. 139) as poor volunteer management practices. These include: Inadequate supervision, poor communication, lack of training, volunteering taking too much time and volunteers feeling under-valued. According to Rochester et al, (2012), some paid staff opposed to working

alongside volunteers' which altogether can create an uncomfortable environment for volunteers. This was explicitly evident in the study.

The volunteers exhibited a lot of mistrust for the paid staff during the FGDs. They pointed out;

"...we have been cheated by our leaders. They deny us motivational items donated to us by the organisation. The leaders keep them and rather give them to their friend". One remarked; "there is no transparency in the distribution of motivation package for us. Only their favourites were selected to benefit and the rest of the items shared among themselves, friends, relatives and or sell them" (Community Health Volunteer from Tinguri community during FGD).

The poor attitude of paid staff to volunteers was confirmed by a Volunteer Manager during the semi structured interview;

"Some of the paid staff do not give the motivational packages that were due to the volunteers" (Volunteer Manager from Walewale).

It is clear from the above remarks that some of the volunteers had a lot of mistrust for the paid staff. This has a lot of implications for volunteers' retention and effective and sustainable community health programmes. It is important for all VIOs to seriously take into consideration volunteer issues. Paid staff must be orientated on volunteer management skills with special emphasis on communication and human relations. These when implemented would forestall the negative impression created by all parties involved; volunteers, paid staff and communities against one another.

5.12 Factors that enhance volunteerism

Harger and Brudney (2004: p.1) came out with a number of recommended practices for volunteer management that is worth emulating by the VIOs under study. These practices include supervision and communication with volunteers, liability coverage for volunteers, regular collection of information on volunteer involvement, recognition activities, annual measurement of volunteer impact, training and professional development for volunteers,



and training for paid staff in working with volunteers. It is evident from the study that the VIOs under study had fallen short of some of the above recommendations.

To ensure an excellent atmosphere for a sustained spirit of volunteerism, the respondents pointed out the adoption of effective volunteer management practices. Majority (70.3%) of the respondents mentioned that in order to enhance and sustain the interest of volunteers, the VIOs must ensure the provision of motivation and incentives. The next most frequent response given was monthly allowance or stipends (54.2%) followed by provision of working tools and materials needed to carry out their task (49%) and engaging communities on the practice of volunteerism to disabuse their mind that volunteers are paid staff (40.6%). Others were recognition activities (efforts and achievements) by paid staff (39.3%), regular supervision and effective communication by paid staff (31.6%), regular refresher trainings for volunteers (27.1%) and training for paid staff working with volunteers (20%). The above ties in with the findings of (Rochester et al, 2012; p. 139), who stated that organisations could address negative experiences of volunteering by developing appropriate management practices: *'...continuation is more likely if volunteers are managed in an explicit, developmental, supportive and appropriative way'*(Locke et al, 2003; p. 87).

The views expressed by the Volunteer Managers match some of the responses given by the volunteers during the personal interviews. According to them trainings, regular supervision, continuous incentives and motivation and recognition activities such as giving certificates and other souvenirs would enhance volunteers' performance and sustain their interest. Also, in-depth orientation on the concept of volunteerism at the time of recruitment and active involvement in programme design was advocated. The FGD with the volunteers recommended occasional visits to the community by the VIOs to give orientation to community members on the practice of volunteerism. A volunteer pointed out;



“I want our big men (paid staff) to visit the community and interact with them to inform them about the role of the volunteers in the community and to inform them that we are not paid for the work we do...” (Community Health Volunteer from Tinguri community during FGD).

The respondents' positions are analogous with the IFRC (2007). The report opined that the retention of volunteers was closely linked to the way in which they were managed and supported. Volunteers stayed when they had a sense of belonging to the organization, when they felt satisfied and recognized, and when they learnt new things or saw opportunities for growth. Volunteers left when there were no meaningful activities, when they feel unappreciated or unsupported.

The role of the community in sustaining or enhancing volunteerism was also ascertained. The most common responses derived was motivating volunteers by supporting them on their farms (97). This was followed by recognition of volunteers' efforts (75) and community engagement on the practice of volunteerism by opinion leaders (63). The focus group discussion with the volunteers reiterated the above requests from the community. The community members indicated at the FGDs their recognition and appreciation of volunteers in health service delivery in the community. According to them, they support the volunteers in community mobilisation for health promotion activities.



CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the conclusion and recommendations of the study based on the results and analysis. The chapter also contain suggestions for areas of further research.

6.1 Conclusions

In conclusion, community volunteers remain an important community resources. In spite of this, it is clear, therefore, that there is a lack of consensus regarding many of the complex issues surrounding volunteering. The combination of qualitative and quantitative methods, revealed relevant information on the practice of volunteerism that answered the research questions.

In broader terms there was no common volunteer management practices among various volunteer involving organisations in the study area. Albeit the varied definitions of volunteering, the main theme that emerged from respondents' understanding of volunteering were its free will and non-remunerative nature of the service. Volunteers were largely recruited by community opinion leaders. While the selection of the volunteers by community leaders is common practice, participatory selection processes remain an ideal that is relatively rarely practiced. As a result, community members feel that volunteers receive monthly allowance or pay. Although, the various actors were largely aware of the principles of volunteering, they recommended a reward system for volunteers.

The desire to volunteer was largely to help meet community needs. Volunteers were given orientation training. However, volunteers were not given any written job description





detailing their roles and responsibilities after the trainings. Volunteers incurred out-of-pocket expenses but were not reimbursed by the organisations. Additionally, volunteers derived different benefits from their voluntary services. According to them, they derived satisfaction for helping others. Also, the voluntary service has broadened their experiences in health related issues, learnt new skills and improved their employment opportunities. Respondents strongly advocated for reward systems in the form of monthly allowances or stipends for volunteers. They based their argument on increased workload which took them off their normal economic activities. Furthermore, lack of rewards affected volunteer's performance, and discouraged current and potential volunteers from rendering voluntary service.

Most volunteers indicated they experienced some form of barrier in their volunteer involvement. The barriers mostly centred on lack of motivation, no financial rewards, too much work load, non-reimbursement of expenses, inadequate supervision, lack of transparency in allocating motivation coupled with inadequate respect by paid staff, low cooperation by community members due to the wrong perception that volunteers received monthly salary. Based on the above findings, it can be concluded that the study has met all the research objectives.

6.2 Recommendations

Based on the research findings, the following recommendations are made;

Volunteer-Involving Organisations

It is recommended that in order to reduce the complexities surrounding volunteerism with its potential threat to community health programmes, potential volunteers be given in-depth

understanding of the principles underpinning volunteerism during recruitment and selection process and orientation training sessions.

The VIOs should also seize the opportunity to provide orientation to community members on the concepts and practice of volunteerism and present the contribution of the volunteers to health service delivery to community members at community durbars and during monitoring visits.

Volunteerism is not without costs, the direct costs of volunteering such as transport, equipment and materials volunteers need to carry out their tasks need to be reimbursed and or provided by VIOs as intrinsic motivation to a volunteer does not preclude external recompense.

Due to the complex nature of volunteerism, provision of volunteer administration or management training for paid staff is recommended. This would provide the needed skills to ensure effective communication between paid staff and volunteers. It is also recommended that VIOs create a volunteer coordinator desk occupied by an individual who is skilled and knowledgeable in volunteer management practices. The desk officer amongst others would provide quality and regular refresher training not only on the intervention areas to keep volunteers abreast with new trends of their areas of service but also on personal development, as well as quality supervision and management of volunteers' activities.

In order to reduce the threat posed to the delivery of effective and sustainable community health programmes in the country, it is highly recommended that a minimum standard of volunteer remuneration or incentives systems be adopted by all Volunteer-Involving Organisations in the country. National platform made up of policy makers, practitioners and



researchers to deliberate on volunteerism in contemporary times and prescribe a national guideline for proper volunteer management systems is the way forward.

Community Opinion Leaders

The community opinion leaders must make concerted effort to inform community members about the individual selected as a volunteer and explain the practice of volunteerism to them during community meetings. This would erase the wrong perception of community members that volunteers are paid staff.

In order to reduce the work load on volunteers, it is recommended that one person does not volunteer for more than two community health programmes in a particular community. It is also important to ensure that volunteers do not work beyond what is possible. Frantic effort should be made to limit their services to only their respective community of origin.

It is also recommended that the complexities of volunteers' motivation for sustainable community health programmes should not be left in the hands of VIOs alone. It is strongly recommended that community members support in motivating volunteers especially in kind and or through intangible means since reciprocity is the driving principle.

Future directions for further research

This study was descriptive in nature providing volunteers, managers and community members' opinion on the practice of volunteerism. Given the inadequacy of studies in volunteerism in the country, additional studies are required. Potential areas of inquiry include;

- A qualitative study into the factors why past volunteers stopped providing voluntary activities to their respective communities would be very valuable in



re-strategizing for their call backs and or develop strategies that will reduce attrition of current volunteers.

- Considering the findings on the wrong perceptions of volunteerism by community members which result in low cooperation from community members, a qualitative study on the public perceptions of volunteerism among community members is recommended.



Reference

- Abbatt, F. (2005). *Scaling up Health and Education Workers: Community Health Workers*. London. DFID Health Systems Resource Centre.
- Amos- Wilson, P. (1996). Management Training in UK NGO's: a small survey. *Journal of Industrial Training*, Vol. 20, No. 1,, 15-19.
- Ande, O, Oladepo, O, & Brieger, W. R. (2004). Comparison of knowledge on diarrheal disease management between two types of community-based distributors in Oyo State, Nigeria. *Health Educ Res*, 19(1), 110-113.
- Ashwell, H. E, & Freeman, P. (1995). The clinical competency of community health workers in the eastern highlands province of Papua New Guinea. . *P N G Med J*, 38(3), 198-207.
- Batson, C. D, Ahmad, N, & Tsang, J.-A. (2002). Four Motives for Community Involvement. *Journal of Social Issues* 58(3), 429-445.
- Blacksell, S, & Phillips, D. (1994). *Paid to Volunteers: The Extent of paying volunteers in the 1990s*. London: Volunteer Centre UK.
- Bowling, A. (2003). *Research methods in health - Investigating health and health services*. Maidenhead: Open University Press.
- Brummell, A. (2001). *Volunteers Connecting Community Summer 2001*. Volunteer Calgary. Retrieved March 7, 2015, from <https://www.energizeinc.com/art/value-volunteering>
- Bugri, S. (2005). *Community Based Surveillance in Ghana - Review Report*. Accra: National Surveillance Unit.
- Callagan, M. K, Ford, N, & Schneider, H. (2010). A systematic review of taskshifting HIV treatment and care in Africa. . *Human Resource Health*, 8:8.
- Campbell, C, Gibbs, A, Maimane, S, & Nair, Y. (2008). Hearing community voices: grassroots perceptions of an intervention to support health volunteers in South Africa. *Sahara J* 5(4), 162-77.
- Carlson, Michael, Miller, N, & Charlin, V. (1988). Positive Mood and Helping Behavior: A Test of Six Hypotheses. *Journal of Personality and Social Psychology* 55 (2), 211-229.
- Christofori-Khadka, M. (2014). 'Volunteering for better health. A qualitative study of the impact of volunteers on health in development cooperation programmes'. *Sharing Experience in International Cooperation, One*(Paper on health series), 7-8.
- Clary , E, Snyder, M, & Ridge, R. (1992). Volunteers' Motivations: A functional strategy for the recruitment, placement and retention of volunteers. *Nonprofit Management and leadership* 2, 333-350.
- Clary , E, Snyder, M, & Stukas, A. (1996). Volunteers Motivations: Findings from a national Survey. *Nonprofit and Voluntary Sector Quarterly* 25, 485-505.





- Clary, E, & Snyder, M. (1991). *A functional Analysis of Altruism and Prosocial Behaviour: The case of volunteerism in Clark , M. (Ed) Review of Personality and Social Psychology Vol 12*. Sage: Newbury Park.
- Clary, E, Snyder, M, Ridge, R, Copeland, J, Stukas, A, Haugagen, J, & Miene, P. (1998). Understanding and Assessing the Motivation of Volunteers: A functionalist approach. *Journal of Personality and Social Psychology*, 74, 1516-1530.
- Clary, Gil, E, Snyder, M, Ridge , R, Miene, P. K, & Haugen, J. (1994). Matching Messages to Motives in Persuasion: A Functional Approach to Promoting Volunteerism. *Journal of Applied Social Psychology*, 24 (13), 1129-1149.
- Cnaan, R, & Amroffell, L. (1994). Mapping Volunteer Activity. *Nonprofit and Voluntary Sector Quarterly* 23, 335-351.
- Cnaan, R, Handy, F, & Wadsworth, M. (1996). Defining Who is a Volunteer: Conceptual and emperical considertions. *Nonprofit and Voluntary Sector Quarterly* 25, 364-383.
- Coates, J. (1999). *Empowered women save Childrens' lives. A report from Nepal's National Vitamin A Program*. Boston: Tufts University School of Nutrition, Science and Policy.
- Commission for the Compact. (2009). *The Compact* . Birmingham.: The Commission for the Compact.
- Commission on the Future of Volunteering. (2007). *Free the Power:Increasing volunteering literacy through training*.. Commission on the Future of Volunteering: London.
- Community tool box*. (2015). Retrieved from <http://ctb.ku.edu/en/table-of-contents/structure/volunteers>
- Dambisya, Y. M. (2007). A review of non-financial incentives for health worker retention in east and southern Africa. The Regional Network for Equity in Health in east and southern Africa. *Discussion paper no. 44 with ESC A-HC*.
- Davis Smith, J. (1998). *The 1997 National Survey of Volunteering*. London: National Centre for Volunteering.
- Dekker, P, & Halman , L. (2003). *Volunteering and Values: An Introduction*, in Dekker, Paul and Halman, Loek (eds.). New York: Kluwer Academic/Plenum Publishers: pp.1-17.
- Denzin, N, & Lincoln, Y. (1994). *Handbook of qualitative research*. Thousand Oak. CA: Sage Publications.
- Dolnicar, S, & Randle, M. (2007). What Motivates which Volunteers? Psychographic heterogeneity among volunteers in Australia. *Voluntas* 18, 135-155.
- Ellis, A. (2003). *Barriers to Participation for Under-represented group in School Governance, DfES Research Report 500*, . London: Department for Education and Skills.

- Fitch, R. (1987). Characteristics and Motivations of College Students Volunteering for Community Service. *Journal of College Students Personnel* 28, 424-431.
- Forbes, H, & Bussell, D. (2002). Understanding the volunteer market: The what, where, who and why of volunteering. *International Journal of Non-profit and Voluntary Sector Marketing*, 7(3), 244-257. Retrieved July 14, 2014
- Freeman, R. B. (1997). Working for Nothing: The Supply of Volunteer labor. *Journal of Labor Economics* 15(1), 141-145.
- GHS. (2012 & 2014). *Annual Report*. Health. West Mamprusi District: Ghana Health Service.
- GHWA. (2010). *Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: a Systematic Review, Country Case studies, and Recommendations for Integration into National Health Systems*. Retrieved from <http://www.who.int/workforcealliance/knowledge/publications>.
- Gilroy, K. E, & Winch, P. (2006). *Management of sick children by community health workers. Intervention models and programme examples*. Geneva: WHO/UNICEF.
- Gilson, L, Walt, G, Heggenhougen, K, Owuor-Omondi, L, & Perera, M. (1989). National Community Health Worker Programs: How can they be strengthened? *Journal of Public Health Policy* 10(4), 518-532.
- GOG. (n.d.). Retrieved from <http://westmamprusi.ghanadistricts.gov.gh>.
- Hager, M. A, & Brudney, J. L. (2004). *Volunteer Management Practices and Retention of Volunteers*. Washington: The Urban Institute. Retrieved June 1, 2014, from www.volunteertoday.com/PDF/upsreportVolMgmt.pdf
- Haines, A, Sanders, D, & Lehmann, U. (2007). Achieving child survival goals: potential contribution of community health workers. *Lancet*, 21-31.
- Handy, F, & Srinivasan, N. (2004). Valuing volunteers: An economic evaluation of the net benefits of hospital volunteers. *Nonprofit and Voluntary Sector Quarterly* 33 (1):, 28-54.
- Handy, F, Cnaan, R, Brudney, J, Ascoli, U, Meijs, L, & Ranade, S. (2000). Public Perception of Who is a Volunteer: An Examination of the net-cost approach from cross-cultural perspective. *Voluntas* 11(1), 45-65.
- Helly, D. (1997). *Voluntary and social participation by people of immigrant Origin: Overview of Canadian research. Presented at the Second National Metropolis Conference, Montreal, November 1997*.
- Heng, L. (2012). Disaster Recovery and Volunteers: Literature Review of Best Practice. *International Journal of Nonprofit and Voluntary Sector Marketing*, 9-13. Retrieved November 14th, 2014, from http://www.academic.edu/8644817/Disater_Recovery_and_Volunteers.
- Home Office. (2005). *The volunteering compact code of good practice Home Office*. London. Retrieved June 20, 2014, from <http://www.compactvoice.org.uk/sites/default/files/volunteering.pdf>



- Humphrey-Pratt, C. (2006). Volunteer Management Cycle. *nclc203wagner.pbworks.com*, 1-7. Retrieved November 15, 2015
- Hurley, N, Wilson, L, & Ian, C. (2008). *Scottish Household Survey Analytical Topic Report: Volunteering*. The Scottish Government , Social Research. Edinburgh: Blake Stevenson Ltd. Retrieved May 29, 2015, from <http://www.scotlandgov.uk/socialresearch>
- IFRC. (2004). *Voluntary Service. Volunteer Management Cycle*. Geneva: International Federation of Red Cross and Red Crescent Societies.
- IFRC. (2007). *Taking Volunteers Seriously. Progress Report 1999-2007*. Geneva: International Federation's Volunteering Development.
- IFRC. (2010). *Strategy 2020. Saving Lives Changing Minds*. Geneva: International Federation of Red Cross and Red Crescent Societies.
- IFRC. (2011). *The value of volunteers. Imagine how many needs would go unserved without volunteers*. Geneva: International Federation of Red Cross and Red Crescent Societies.
- IFRC. (2014). *Urban Volunteering in Asia Pacific. A study of recruitment, engagement and retention*. Geneva: International Federation of Red Cross and Red Crescent Societies.
- Institute for Volunteering Research. (2004). *Volunteering for All? Exploring the link between volunteering and social exclusion*. London: Institute for Volunteering Research.
- IPPF. (1987). *Be A Volunteer!* Haslemere: Scroptographic publication limited.
- Jaschick , J, Petric, T, & Valez, C. (n.d). *The effectiveness and efficiency of community based volunteers in delivering health outcomes within community settings in underserved areas. Final paper draft version*. International Federation of Red Cross and Red Crescent Societies.
- Kearney, J. (2001/2007). The Values and Basic principles of volunteering: Complecency or caution? *Voluntary Action* 3(3), 63-86.
- Kironi, S, & Klaasen, S. (2002). What motivates lay community volunteers in burden but resource limited Tuberculosis Control Programmes? Perceptions from Northern Cape province, South Africa. *International Journal of Turberculosis Lung Disease* 6(2), 4-10.
- Konranth, Sara, Fuhrel-Forbis, A, Lou, A, & Brown, S. (2012). Motives for Volunteering Are Associated With Mortality Risk in Older Adults. *Health Psychology* 31 (1), 87-96.
- Ksienski, H. (2004). *Enhancing Volunteer Participation with the Ethno-Cultural Community*. Calgary: Muttart Foundation. Retrieved January 18th, 2015, from [http://www.muttart.org/.../ksienski_H_Enhancing Volunteer Participation](http://www.muttart.org/.../ksienski_H_Enhancing_Volunteer_Participation).





- Lassi, Z, Haider, B, & Bhutta, Z. (2010). Community-based intervention packages for reducing maternal morbidity and mortality and improving neonatal outcomes. *Cochrane Database System*, 11.
- Lehmann, U, & Sanders, D. (2007). *Community Health Workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers*. WHO Department of Human Resources for Health.
- Lewin, S, Dick, J, Pond, P, Zwarenstein, M, & Aja, G. (2005). Lay health workers in primary and community health care. *Cochrane Database of Systematic Reviews Issue 1 CD004015*.
- Lewin, S, Munabi-Babigumira, S, & Glenton, C. (2010). Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. *Cochrane Database System Review*, 3.
- Locke, M, Ellis, A, & Smith Davis, J. (2003). Hold on to What You've Got: The volunteer retention literature. *Voluntary Action* 5(3), 81-100.
- Low, N, Butt, S, Paine, A. E, & Smith, D. J. (2007). *Helping Out: A national survey of volunteering and charitable giving*. London: Cabinet Office.
- Lucas, B. (2004). *Volunteer Program Issues and Options. A Discussion Document* (p. 1). Canberra, Australia: AusAID.
- McCurley, S, & Lynch, R. (1998). *Essential Volunteer Management*. London: Directory of Social Change.
- Meijs, L, Handy, F, Cnaan, R, Brudney, J, Ascoli, U, Ranade, S, . . . Weiss, I. (2003). All in the Eyes of the Beholder? Perceptions of volunteering across eight countries in Dekker, P. and L Halman (Eds) *The Values of volunteering: Cross-cultural perspective*. *Kluwer Academic/Plenum*, 33.
- Mesch, D, Tschirhart, M, Perry, J, & Lee, G. (1998). Altruists or Egoists? Retention in Stipended Service. *Nonprofit Management and Leadership* 9(1), 3-21.
- Morrow-Howell, N, & Mui, A. (1989). Elderly Volunteering: Reasons for initiating and terminating service. *Journal of Gerontological Social Work* 13, 21-23.
- Ofori-Amaah, V. (1983). *National Experience in the Use of Community Health Workers*. Geneva: Geneva: WHO.
- Omoto, A, & Snyder, M. (2002). Considerations of community. *American Behavioral Scientist*, 45(5), 846-867.
- Omoto, A, & Snyder, M. (1995). Sustain Helping without Obligation: Motivation, longevity of service and perceived attitude change among AIDS volunteers. *Journal of Personality and Social Psychology* 68, 671-686.
- Paine, A. E, Hill, M, & Rochester, C. (2010). 'A rose by any other name...' Revisiting the question: 'what exactly is volunteering'? *Institute of Volunteering Research, One*(working paper series), 8-28. Retrieved November 11th, 2014.



- Patton, M. (2002). *Qualitative research and evaluation methods*. London: Sage Publication.
- Piliavin, J. A, & Charng, H.-W. (1990). Altruism: A Review of Recent Theory and Research. *Annual Review of Sociology* 16, 27-65.
- Prasad, B. M, & Muraleedharan, V. R. (2008). *Community health workers: a review of concepts, practice and policy concerns*. Consortium for Research on Equitable Health Systems Working paper (CREHS). Retrieved August 7, 2014, from www.hrresourcecenter.org/hosted.../CHW_Prasad_Mura
- Reed, P, & Selbee, L. K. (2003). *Do People Who Volunteer Have a Distinctive Ethos? A Canadian Study*, in Dekker, Paul and Halman, Loek (eds.). New York, pp.91-109.: Kluwer Academic/Plenum Publishers: .
- Reis, T, Elder, J, Satoto, Kodyat, B, & Palmer, A. (1991). An examination of the performance and motivation of Indonesian village health volunteers. *International Quarterly of Community Health Education*, 11(1)(1), 19-27.
- Rochester, C. (1999/2007). One Size Does Not Fit All: Four models of involving volunteers in small voluntary organisations. *Voluntary Action* 1(2), 7-20.
- Rochester, C, Paine, A. E, Howlet, S, & Zimeck, M. (2012). *Volunteering and Society in the 21st Century*. London: Palgrave Macmillan.
- Rochester, C, Paine, E. A, & Howlett, S. (2010). *Volunteering and Society in the 21st Century*,. Palgrave Macmillan: Basingstoke.
- Ruebush, T. k, Weller, S. C, & Klein, R. E. (1994). Qualities of an ideal volunteer community malaria worker: A comparison of the opinions of community residents and national malaria service. *Social Science & Medicine* 39(1), 123-131.
- Russell , I. (2005). *Russell Commission A national framework for youth action and engagement*. Home Office Active Communities Directorate. London: The Stationery Office Limited. Retrieved December 15, 2014, from webarchive.nationalarchives.gov.uk/20050301192907/...:/russellcommission
- Saunders , M, Lewis, P, & Thornhill, A. (2009). *Research methods for business students 5th ed*. London: Pearson Education Limited.
- Saxton, J, & Baker, J. (2009). *How Government Definitions Over-Estimate Levels of Volunteering*. London: nfpSynergy.
- Sein, U. T. (2006). Health Volunteers: Third Workforce for Health-for-All. *Reg Health Forum*, 10:38-48.
- Stebbins, R. (2004). Introduction. R. Stebbins & M. Graham (2004). *Volunteering as Leisure/Leisure as Voluntering: An international assessment*. Wallington: CABI Publishing. Retrieved December 20, 2014
- Steen, T. (2005). Public Sector Motivation: is there something to learn from the study of volunteerism. *Paper for the study Group on Personnel Policies EGPA Conference* (pp. 1-9). Bern: EGPA Conference. Retrieved October 17, 2013, from <http://www.soc.kuleuven.be/io/egpa/HRM/bern/Steen.PDF>.

- Takasugi, T, & Lee, A. C. (2012). Why do community health workers volunteer? A qualitative study in Kenya. *Public Health* 126 (10), 839-45.
- UNGA. (2001). *Resolutions adopted by the General Assembly at its 56th session Resolutions, 12 September – 24 December 2001: A/56/49 (Vol. ... without vote, A/56/979, Financing of (Volunteer without vote, A/55/L.89, Statute of the UN*. Turin, Italy: United Nations.
- UNGA. (2002). *Recommendations on support for volunteering (A/RES/56/38) [Resolution adopted by the General Assembly at the fifth-sixth session - Agenda item 108]*. New York: United Nations. Retrieved December 4, 2014
- UNGA. (2013). *Integrating Volunteering in the next decade. (A/RES/67/138)*. New York: United Nations.
- Unger, L. S. (1991). Altruism as a motivation to volunteer. *Journal of Economic Psychology* 12(1), 70-100.
- UNV. (2000). *Preparatory Committee for the Special Session of the General Assembly on the implementation of the outcome of the world summit for social development and further initiatives. Volunteering and social development A/AC.253/16/Add.7*. New York: United Nations.
- UNV. (2001). *Measuring Volunteering: A Practical toolkit*. Bonn: United Nations Volunteering.
- UNV. (2005). *Volunteerism in Viet Nam: Contributions to the Achievement of Millenium Development Goals. A case study approach*. Viet Nam: United Nations. Retrieved November 30, 2014, from http://www.un.org.vn/unv/.../unv_contribution_mdgs
- UNV. (2010). *International Year of Volunteers*. New York: United Nations.
- UNV. (2011). *State of the World's Volunteerism Report: Universal Value for Global Well-being*. New York: United Nations. Retrieved October 12, 2014, from <https://www.unv.org/.../2011-state-world's-volunteerism-report-universal-values-global-well-being>.
- UNV. (2012). *UNV Annual report: Creating lasting Impact*. United Nations Development Programme.
- Vareilles, G, Pommier, J, Kane , S, & Gabriel , P. G. (2014). Understanding the motivation and performance of community health volunteers involved in the delivery of health programmes in Kampala' Uganda:a realist evaluation protocol. *group bmg.com* , 5(1). Retrieved January 29, 2015, from <http://bmjopen.bmj.com/content/5/1/e006752.full>
- Volunteer Development Agency. (2001). *As good as they give: Planning volunteer involvement*. Belfast, Northern Ireland: Volunteer Development Agency.
- VSO. (2012). *Community Health Volunteering: Position Paper*. India: Voluntary Service Organisation. Retrieved July 30, 2014, from www.ivoindia.org/.../vso-and-community-health-volunteering-position-p.



- Wang, P. Z. (2004). Assessing Motivations for Sports Volunteerism. *Journal of Advances in Consumer Research*, 31, 420-422. Retrieved July 14, 2014, from http://www.acrwebsite.org/volumes/v31/acr_vol31_126pdf.
- WHA. (2014). *66 World Health Assembly Report: Volunteerism and Universal Coverage*. Palais des Nations, Geneva: World Health Organisation. Retrieved from apps.who.int/gb/ebwha/pdf_files/WHA66.../WHA66_2013_REC1
- WHO. (1978). *Primary Health Care. Report of the International Conference on Primary Health Care*. Alma Ata USSR: Health for All Series, Geneva.
- Wilson, J. (2000). Volunteering. *Annual Review of Sociology*, 26, , 214 – 240.



Appendix - Questionnaires and focus group discussion guides

Personal interview with volunteers

Demographic information

1. What is your age? 18 – 25 26-33 34-41
 42 – 49 50+
2. Gender Male Female
3. What is your marital status?
 Single (never married) Married (legally
 Separated Divorced Widowed
4. What is the highest level of education you attained?
 University degree Post – Secondary Senior High School
 Middle School Junior High School Primary School Level None
5. What is your occupation?
 Professional, please specify.....
 Self-employed, please specify.....
6. What is your employment status?
 Employed Unemployed – looking for work
 Unemployed – not looking for work Unemployed – retired
 Unemployed – student Unemployed – other, please specify.....

The following set of questions deal with your experiences as a volunteer.

7. Which organisation(s) do you volunteer for?.....
8. How long have you been a volunteer?
 0-2 years 3-5 years 6-10 years 11-20 years
9. How frequent do you volunteer?
 Once a week Twice a week Once a month
 Twice a month Once or twice a year No idea
10. In your opinion, who is a “volunteer”? (**Multiple Response Possible**)
 An unpaid professional /skilled person
 An unprofessional/unskilled person
 An unpaid person whose service is for other's benefit
 A person whose service is without reward
 An unpaid person who works for his/her own interest



- An unpaid person requested by employer/organisation
- A person who devotes his/her lifetime to work for others' benefit
- A person who could gain income from his/her service offered to others
- A person who can work voluntarily at any age

11. What is your understanding of the act of volunteering? **(multiple response possible)**

- An action of giving service for the benefit of others
- A service that people perform for a small allowance
- A service given which is not enforced
- Giving to community by sharing talents
- A service undertaken without motive being the reward/pay
- A service that could be done once, on temporary basis or permanently
- A service that could be provided by an individual or a group

12. What type of volunteering work do you do in your community.....?

13. How did you hear about the opportunities to become a volunteer?

- By word of mouth-friends Through Local Radio/TV
- By word of mouth- Community leaders
- by word of mouth - organisation/employer

14. What motivated you to agree to volunteer your services? **(Multiple Response possible)**

- Helping the community, members of the community
- Using my time productively
- Believing in the cause supported by the organization
- Paying back to society Improving my skills
- Helping to meet a need in the community
- Seeing it as opportunity to meet new people and make new friends
- Personally affected by the cause the organization supports or because the organisation has helped me (or somebody close to me)
- Improving job opportunities Because I see my friends volunteer
- A desire to help improve the standard of living and awareness of health in my community
- Other, please specify.....

15. What forms of volunteering services are you involved in in your community?

16. Which organization(s) do you volunteer for?.....

17. What are your reasons for volunteering for the organization(s)? **(Multiple Response Possible)**





- A way of helping the community people
- Believing in cause supported by the organization
- Helping meet a community need
- Because the organisation has helped me (or somebody close to me)
- Improving job opportunities
- Because I see my friends volunteer for the same organisation
- A desire to help improve the standard of living and awareness of health in my community

18. What personal benefits have you gained from the organisation as a volunteer? **(Multiple Response Possible)**

- Derived satisfaction from seeing results
- It has given me more confidence
- It helps me meet a personal need (I really enjoyed it)
- It makes me a less selfish person
- It gives me a sense of personal achievement
- Met people and made friends It broadens my experience in life
- It gave me the chance to learn new skills
- It gives me a position in the community
- It gave me the chance to improve upon my employment status

19. What limits your ability to volunteer more at your community? **(Multiple Response Possible)**

- Time Lack of financial rewards
- Financial cost of volunteering Others, please specify.....

20. Do you generally encounter barriers/limitations in course of volunteering your services?

- Yes No

If yes, what are they? **(Multiple Response Possible)**

- Not enough time Lost of interest
- Moved away from my area Too much work load
- Inability to leave as there was no one to take over from me
- My involvement takes too much time
- Not much time due to increasing time demands of this organisation

21. In your volunteer work, do you receive enough benefits (from the organisation)?

Support	Training	Recognition
---------	----------	-------------

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

UNIVERSITY FOR DEVELOPMENT STUDIES



22. If yes, specify the form of support.....
23. How often are training sessions organized?
 Once per month Once per quarter Twice per quarter
 Once per year No training
24. What is the degree of satisfaction with the training?
 Very adequate fairly adequate
 Inadequate Very inadequate
25. How is the recognition shown?
 Thank you Regular visit/monitoring
 Certification/awards Invitation to attend special functions
26. Do you usually incur any expenses in course of your volunteering duty?
 Yes No
27. If yes, what is the level of reimbursement? All expenses reimbursed
 Some expenses reimbursed No expenses reimbursed
28. If no, why not?
 Organisation does not reimburse any expenses
 Feel of taking money from the organisation
 Forms part of volunteering contributions to the organisation
29. Do you receive fees or allowances in addition to the reimbursed expenses?
 Yes No
30. Are you motivated enough by the organisation? Yes No
31. If yes, in what form are you motivated.....
32. Do you think volunteers working with other organisations are better motivated/supported than you? Yes No
33. If yes, what different support do they receive?.....
34. What do you think should be done to enhance your work as a volunteer?
35. How likely are you to continue to volunteer your services to the organisation?
 Very likely Likely Very unlikely
 Unlikely Don't know
36. Would you recommend volunteering to a friend? Yes No
Why, or why not?.....

37. How long do you hope to continue to volunteer your services to the benefit of the community.....?
38. In your opinion, do you think people should continue to volunteer without reward?
[]Yes []No
39. If yes, why?.....
40. If no, why not?
41. What do you think can be done to sustain the interest of volunteers?
42. Please provide any additional information that you think will enhance volunteerism among the people of the community



Volunteer Manager

Semi-structured guide for qualitative interview

1. What is your position/title in the organization?.....
2. How many volunteers are rendering community health services for your organisation in the West Mamprusi District (WMD)?.....
3. What health services does your organisation provide to your clientele?.....
4. In your own opinion, who is a volunteer?.....
5. In your own opinion what is the act of volunteering?.....
6. How are volunteers recruited into your organisation?.....
7. In your opinion, what do you think motivates volunteers to agree/accept to volunteer their services?.....
8. What services do volunteers provide in your organisation?.....
9. What management practices/systems are employed in managing the volunteers in your organisation?.....
10. What form of support do the volunteers receive from the organisation?.....
11. In your own opinion, what do you think is required to sustain the interest of the volunteers?.....
12. Is the organisation doing all mentioned above? Yes No
13. If no, why?.....
14. In your opinion, what situations/factors negatively affect the performance of volunteers in your organization?.....
15. Please explain how.....
16. What challenges do you face in managing the volunteers?.....
17. In your opinion, what factors enhance the performance of volunteers?
18. What is the future of volunteerism in your organisation?.....
19. Do you think volunteering should still be without financial reward in this contemporary time? Yes No
20. If yes, why?.....
- If no, why not?.....



Community Health Volunteers

Focus group discussion guide

1. Who is considered a volunteer?
 2. Putting it in context, what is your understanding of the act of volunteering?
 3. How do people hear of the opportunity to volunteer?
 4. What usually make people agree/accept to volunteer their services?
 5. Do you think volunteering should still be done without any financial rewards today and why?
 6. What support do you receive from the organisations you volunteer for?
 7. How satisfying is the support?
 8. What benefits do people gain as a volunteer? Or what do you think are the good things about volunteering?
 9. What are the factors or conditions that enhance performance of volunteers?
 10. What problems/challenges/limitations/barriers do you encounter as volunteers?
 11. What do you think should be done to improve the practice volunteerism?
- Ok. That is all my question. Do you have anything more to add?



Community Members

Focus group discussion guide

1. How will you describe a volunteer?
2. What role do you play in the recruitment of the volunteers?
3. What factors do you consider in selecting the choices made?
4. What services do your volunteers render in the community?
5. Do you think volunteering should still be done without any financial rewards?
6. What support do you give to the volunteers in the community?
7. What are the benefits the communities gain from volunteers or volunteering?
8. What do you think should be done to sustain the activities of volunteers?
9. What problems/challenges/limitations/barriers do you think volunteers have in doing their work?
10. What do you think should be done to improve the practice of volunteerism?

Thank you. That is all my question. Do you have anything more to add?

