



**Determinants of Motivation and Commitment of
Volunteer Caregivers: A Survey of Project Volunteers in
the Diocese of Kumbo, North West Province of
Cameroon**



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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CARO	Central African Regional Office
CBO	Community-based Organization
CI	Confidence Interval
CRS	Catholic Relief Services
CRS CM	CRS Cameroon
DFLO	Diocesan Family Life Office
FCFA	Cameroonian francs
FGD	Focus Group Discussion
FLO	Family Life Office
HBC	Home-based Care
HIV	Human Immunodeficiency Virus
OVC	Orphans and Vulnerable Children
OR	Odds Ratio
PFLO	Parish Family Life Office
PLHIV	People Living with HIV
RTA	Regional Technical Adviser
RFCA	Raskob Foundation for Catholic Activities
USD	United States Dollar
VCS	Volunteer Commitment Score

SUMMARY

The number of children orphaned by AIDS has continued to increase in Cameroon and other countries in sub-Saharan Africa. This has resulted in a shift in care giving responsibilities from parents to extended family and community members. Given the difficulties orphans encounter and the inability of the extended family systems and communities to ensure quality care and support for orphans, projects are now being implemented to address these challenges. A key element in most projects is the involvement of trained community-based volunteers as caregivers. While projects have recorded successes with community volunteers one important challenge faced is high volunteer drop out rate. A survey to investigate the factors that keep volunteers motivated and committed in a CRS funded OVC project in the Diocese of Kumbo in the North West province of Cameroon served to inform the expansion plans of the project to other parts of the country.

A face-to-face interview survey was conducted with all project volunteers to test hypotheses previously gathered from informal discussions with project staff, volunteer focus group discussions and an home-based care literature review. In order to ascertain commitment level and evaluate volunteers, a volunteer commitment assessment score was created. Its findings were compared to supervisor's assessment scores.

Statistically significant factors directly related to high volunteer motivation and commitment were: previous experience caring for orphans, the positive quality of the volunteer's childhood, higher volunteer education level and regular supervision with feedback. Unlike others, this study found volunteers with lower economic status, who worked in the informal sector, were more committed than those who earned more and worked in the formal sector. The greatest barrier to high motivation and commitment was distance between the volunteer home and that of the OVC. In most areas there were no significant gender differences in volunteer performance except the unexpected finding that men tended to make more household visits than did the female volunteers.

The VCS revealed a large percentage of volunteers, 63.5%, did not carry out the number and frequency of OVC household visits required by the project. This is likely due to long distances to travel to the children, caring for children in their household, volunteer workload, volunteers being unable to meet the children's material needs, lack of trust for volunteers by community members and OVC guardians among others. Despite these challenges, volunteers continued to work for the project and clearly express a very positive attitude towards being a volunteer and the desire to be able to increase their contact with the children. Many are willing to assist in overcoming some of the challenges in their own ways to improve contact with the orphans by finding other ways to see the children, either in school, church, at markets or in passing when they live nearby.

As the original project is being expanded to other parts of the country, one key lesson learned from this study is that the expanded project should not only focus on retaining volunteers, but should institute measures to ensure a high quality of the services volunteers have to render. This should include, among other things, an objective supervision, monitoring, and evaluation of the performance of volunteers. Volunteers should be encouraged to suggest what they can do to

improve the lives of orphans rather than imposing 'standard' strategies, which may not be feasible or applicable. As the project expands to new geographical areas, the study highlights the need to not only focus on volunteers, but to incorporate objective supervision and monitoring and evaluation.

INTRODUCTION

More than 13 million children around the world under the age of 15 have lost one or both parents to AIDS. In 2003 alone, there were an estimated 5.2 million newly orphaned children in sub-Saharan Africa, more than 230,000 of whom were from Cameroon.¹ Approximately a quarter of Cameroon's 1 million orphans are attributed to AIDS.² While the number of orphans is expected to decrease, the number of children orphaned and rendered vulnerable by AIDS will continue to increase for at least the next decade. By 2010, the number orphaned is expected to have risen to more than 25 million.³ In Cameroon, during the same period, orphans will make up about 9% of its total population.⁴

Without assistance, orphans and vulnerable children (OVC) encounter many challenges, prominent among which are limited access to education, quality health care and a nutritious diet. Orphans experience a profound sense of loss, grief, hopelessness, fear and anxiety. In the long-term, without assistance, orphans may experience psychosomatic disorders, chronic depression, low self-esteem, low skill level, learning difficulties and disturbed social behavior.

Increasing numbers of OVC mean that caregiving responsibilities are shifting from parents to extended family and community members making the involvement of community-based volunteers key.⁵ Volunteers are responsible for providing care and support services to orphans as well as people living with HIV (PLHIV). Some of the services include case identification, case management and record-keeping; basic palliative care services; health education, including nutrition and prevention counseling; psychosocial and spiritual guidance; and referral to formal health facilities.⁶ As care and support programs for OVC and PLHIV continue to rely on volunteers, one of the greatest challenges faced is the high volunteer drop out rate. The high drop out rate has been attributed to burn out, stress, depression, anxiety, heavy work load, household responsibilities, and lack of financial motivation.⁷ Senefeld et al (2006) found that stress and depression was significantly correlated with volunteer employment state and receipt of financial incentive.⁸ Unemployed volunteers and volunteers who don't receive financial incentives were likely to be depressed and eventually drop out. Home-based care (HBC) volunteers are often unemployed women. In addition, they have other familial responsibilities, such as caring for their children, husbands, and orphans and relatives living with HIV in their families. Job mandated relocation is also an important factor contributing to high volunteer drop out. While there is a strong and increasing need to utilize trained community members as volunteer caregivers it is still unclear which strategy works best to retain motivated volunteers.

¹www.unicef.org/infobycountry/cameroon_statistics.html. Last accessed in July 07.08

² Ibid.

³ Ibid.

⁴ WHO, UNICEF and UNAIDS. (2006). Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmissible Diseases, Cameroon. Retrieved March 6, 2008, from www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_CM.pdf.

⁵ CRS. (2007). *Compassionate Action: A guide to CRS HIV Programming*.

⁶ Ibid

⁷ Senefeld, S., Lovick, L., Coker, K., & Perrin, P. (2006). *Home-based care volunteers: Vital caregivers with needs of their own*. Baltimore, MD: Catholic Relief Services.

⁸ Ibid

Most HBC volunteers receive neither stipends nor incentives. When incentives are given, programs do not follow clear, common guidelines defining the content and size of an incentive package. While some programs provide yearly transportation allowance as the volunteer incentive, Catholic Relief Services (CRS) HIV programming recommends a more comprehensive volunteer motivation package. This package consists of providing volunteers with training and working materials, food incentives, transportation allowance and/or support, facilitating access to credit, income generating activities, “caring for the caregiver” activities, regular supervision and recognition of the volunteers by their community.⁹ It is believed that this comprehensive approach empowers volunteers, makes them more responsible, as well as increases their socio-economic status. Volunteers can utilize the knowledge and skills acquired in the program to improve not only the beneficiary quality of life, but theirs as well. It is assumed that such a comprehensive model results in a higher motivation and retention than models which place more emphasis on providing volunteer financial incentives. While a more comprehensive motivation package is expected to result in a high volunteer motivation and retention, observations from ongoing HBC projects reveal high volunteer attrition and drop-out. Even in projects with high retention rates, volunteers have failed to perform their duties as expected.¹⁰ As HIV and AIDS programs focus on motivating volunteers to achieve high retention rates, appropriate strategies to ensure that volunteers remain highly committed and perform their roles as expected should also be initiated. This may require developing or adopting tools to measure commitment and performance.

To this end, CRS Cameroon (CRS CM) surveyed its volunteers to determine the motivating factors using hypotheses generated from focus group discussions with volunteer leaders. A tool, the Volunteer Commitment Score (VCS), was developed and utilized to evaluate volunteer commitment and motivation. This evaluation exercise provided an opportunity to verify the high volunteer motivation level and commitment reported in progress reports. This study is intended to inform expansion plans of the current project to other parts of the country.

BACKGROUND

CRS CM and the Diocese of Kumbo have implemented a five-year project to reduce the impact of the HIV on OVC in the diocese since 2004. The diocese is comprised of 17 parishes located in the North West Province of Cameroon. The North West province is part of the minority Anglophone region of Cameroon that is typically underserved by the government and which currently has the highest HIV prevalence in the country.¹¹ It is estimated that the province is home to about 50,391 orphans most of whom are due to AIDS.¹²

The Diocese of Kumbo covers two administrative divisions of the North West province, Bui and Ndonga Mantung. The population of these divisions is estimated to be about 700,000 over a total

⁹ Op cit 6

¹⁰ Rick Homan et al. “Exploring the role of family caregivers and home-based care programs in meeting the needs of people living with HIV/AIDS”, Horizons Research Update. Johannesburg; Population Council 2005.

¹¹ Ministry of Public Health. Cameroon Demographic Health Survey III, 2004

¹² PTG/NW. The HIV/AIDS Crisis: North West at a Glance. MSP/Fonds Mondial/The World Bank 2006

land area of 8,000 square kilometers.¹³ The HIV prevalence in the North West province is 8.7%, however, the prevalence varies greatly by community from, 5% to over 18% in some areas.¹⁴ Statistics from the divisional services of social affairs estimate that there may be over 10,000 OVC in the divisions.

A majority of the inhabitants of Bui, and Donga Mantung divisions, are mostly farmers who cultivate a variety of crops and raise cattle. While most crops are intended for personal consumption, the cattle raising is the main source of income. The area experiences two seasons, the dry season beginning in November and the rainy season beginning around March. While the dry season is characterized mostly by harsh, dry and hot temperatures, the rainy season is characterized by cold. Access to many areas is particularly difficult during the rainy season due to poor road conditions. Farming and harvest is typically during the rainy season.

Since 2004, CRS Cameroon and the Diocesan Family Life Office (DFLO) Kumbo, with funding from the Raskob Foundation for Catholic Activities (RFCA) and CRS, have implemented “Enhancing Community-Based Coping Mechanisms for Orphans & Vulnerable Children in the Kumbo Diocese” (Kumbo Project). Before the onset of this project, the Diocese of Kumbo implemented a diocesan HIV prevention program. It utilized an integrated approach which involved the different support services of the diocese, principally the Family Life Office, Social Welfare Department, Justice and Peace Commission, Health Commission, Education Secretariat, parishes, missions, and small Christian communities to conduct community sensitization for HIV prevention, health education and voluntary counseling and testing services. Responding to the prevailing need to address the problems of OVC, the Diocesan AIDS program provided assistance to facilitate access to education, health care and good nutrition, and actively engaging religious and lay people in the work. Within the DFLO, volunteers provided marital counseling services which included HIV counseling to couples and their families. Self-help groups for widows and single mothers were created by the DFLO and trained on a variety of issues including HIV awareness. The Kumbo project was designed to strengthen and improve the existing Diocesan response to HIV and to provide services to those affected by HIV.

The Kumbo project uses a multi-faceted community-based approach to target OVC and their guardians/families, single mothers, widows, and PLHIV. At the center of the project implementation are selected community members who serve as volunteer counselors and act as a liaison between OVC, their families and the various diocese social services. The volunteers are recruited for the project using the following criteria: literacy, willingness to provide HBC to OVC; and Christians of both genders who participate actively in church activities. The project encouraged the recruitment and active participation of male volunteers. In Kumbo and other communities in Cameroon women bear the responsibility for home and child care. As a result women have a greater tendency to volunteer for these types of projects than men.

Volunteers receive 27 days of training over 9 months. The training topics include psychosocial support, HIV education, nutrition, OVC identification; OVC needs assessment, market assessment and business development. In addition, volunteers receive a yearly transportation

¹³ Diocese of Kumbo. (ND). Diocese of Kumbo. Retrieved November 19, 2007 from www.catholic-hierarchy.org/diocese/dkumb.html.

¹⁴ Op cit 13

allowance of 7,000 FCFA (14 USD). Volunteers receive stipends and meals during meetings and trainings. According to the project design, volunteers are to hold meetings every month at their respective parishes to discuss their work and share experiences. Parish volunteer leaders are to hold quarterly meetings with the DFLO project staff to discuss and address volunteer issues.

Volunteers are supervised at two levels. Parish-based supervisors from the Parish Family Life Office (PFLO) conduct monthly supervision, while professional counselors from the DFLO supervise volunteers quarterly. During each supervisory session, the supervisors are to observe the volunteer providing counseling to a child, inspect each child's records kept by the volunteer and provide volunteer feedback based on the observations.

In order to monitor the work of volunteers and track their performance, the professional counselors from the DFLO use a supervisory checklist to score volunteer performance (Annex 1: Professional Supervisory Checklist). The checklist contains qualitative and quantitative assessment indicators. There are 4 main qualitative indicators: greetings and relations, planning, referral, and volunteer's checklist. The 5 quantitative indicators measure the actual volunteer connectedness with the child graded on a scale of 25. The supervisor determines the volunteer's scores based on the observations.

One hundred and thirty (130) volunteers were trained to provide the following services:

- At least three formal home visits per child per month to provide psychosocial support to OVC and nutritional counseling to guardians;
- Track performance of OVC in school and vocational training sites;
- Liaise with DFLO and assist in the distribution of educational, nutritional and medical assistance to OVC;
- Report problems they are unable to address to the DFLO;
- Refer sick children to health facilities, and;
- Identify new OVC and perform needs assessments.

Each volunteer is to be responsible for 10 OVC. The head of the PFLO assigns OVC within their parishes to volunteer caregivers in the same parish to minimize geographic and transportation constraints. Volunteers do not choose which children they wish to assist.

In 2004, 100 volunteers were selected. Current volunteers number 130, including those newly recruited. Of the original volunteers, 87 continue to provide care and support, resulting in 87% retention.

By the end of 2006, project reports revealed 89% of supervised volunteers received supervisor assessment scores of above 80%, reflecting high commitment level and volunteer performance.

In that same year the project midterm evaluation¹⁵ reported a remarkable improvement in the health and nutritional status of the OVC and in school attendance compared to baseline.¹⁶

OBJECTIVES

The main objective of the study was to determine the factors motivating project volunteers. In order to achieve this, seven hypotheses were identified. The hypotheses were developed by collecting information from informal discussions with project staff and two volunteer focus group discussions. In addition, literature on HBC was reviewed. The following hypotheses were examined:

1. There is a direct relation between previous “orphanhood” experience, being an orphan, growing up in the same household with orphans or caring for orphans, and commitment to volunteerism for OVC care and support.
2. There is a direct relation between the volunteer having a biological relation with the child that s/he is caring for and commitment to volunteerism for OVC care and support.
3. The greater the religious faith, the greater commitment to volunteerism.
4. Women have a greater commitment to volunteerism for OVC care and support than men.
5. The higher the economic status of a volunteer, the greater the commitment to volunteerism for OVC care and support.
6. The closer the volunteer lives to the children they support, the more frequently they visit.
7. The fewer responsibilities the volunteers have at home, both within household, farming or employment, the more time they put into the volunteer activities.

In addition to testing these hypotheses, the study was also to:

- Ascertain the volunteer commitment level using the VCS designed by the researchers and compare its results with that of the supervisor’s assessment score.
- Describe volunteer perceptions of their work and the project.

In the context of this study motivation refers to the willingness of volunteers to continue volunteering and commitment refers to the ability of volunteers to carry out the required tasks despite constraints.

METHODOLOGY

In order to achieve the study’s objective, triangulation of two main methodological approaches was employed, namely a qualitative approach and a quantitative approach.

¹⁵ Tah Shadrack & Chingang Leslie Che. Mid term evaluation of the project “*Enhancing Community-Based Coping Mechanisms for Orphans and Vulnerable Children in the Kumbo Diocese*”. Catholic Relief Services/Cameroon Program, 2006.

¹⁶ Kiawi, EC, Nsom, JY, Mih, J, Lukong, E, Vera-Nso, M, Kigha, SV & Miller, C. (2005). *A baseline survey of orphans and vulnerable children (OVC) in the Diocese of Kumbo North West Province Cameroon*. Catholic Relief Services: Yaoundé, Cameroon.

Qualitative Methodology

Two volunteer focus group discussions (FGDs) were conducted which provided the basis for some of the hypotheses. The authors planned to conduct the FGD with two randomly chosen volunteers from each of the 17 parishes. However, it was observed that most of the participants at the FGD were leaders of volunteers from the respective parishes. The project staff in the DFLO carried out the selection and preferred that the discussions be held with leaders. The project staff believed that the leaders were in a better place to discuss issues regarding the volunteers. It should be recalled that project staff hold meetings quarterly with these leaders to discuss about the work of the volunteers.

Quantitative Methodology

A questionnaire with structured and unstructured questions was used. The questionnaire was designed to elicit the following information:

- General volunteer demographics including gender, age, marital status, education level, occupation, income, number of inhabitants per household, etc;
- Factors motivating volunteers.

While the structured questions were intended to measure factors motivating volunteers, the unstructured questions were intended to provide insight into the functioning of the volunteer program. Both question types were employed so that responses could be validated by the other. The questionnaire was reviewed by 5 volunteers who were asked to comment on the appropriateness, simplicity and clarity of the tool. Based on their comments the questionnaire was revised and additional unstructured questions were included in the final version. Certain questions were reworded and repeated to validate the responses. Additionally, questions requiring that volunteers mention the names of the OVC they were assisting, when they last met with the child, what activities they implemented, etc. were included. (Annex II: Questionnaire) It was assumed that committed volunteers could more easily recall at least some names of the children they assisted.

All current volunteers with at least one supervisory visit were targeted for study participation.

Data Collection

Trained, external enumerators conducted face-to-face interviews with study participants. DFLO workers assisted in identifying respondents. In order to limit the possibility of bias, the DFLO staff were excluded from participation in the interview sessions. The enumerators conducted interviews in locations considered most suitable by respondents including, homes and job sites. Enumerators obtained written informed consent for participation.

Volunteer Commitment Score

In order to evaluate volunteers and their work, a tool to assess the quality and quantity of volunteer work was developed. The VCS measured volunteer commitment level and provided the basis to classify volunteers as committed or not.

The VCS was conceived using four project output indicators. Scores for each indicator were assigned between 0 and 5 (Table 1), with 0 being the lowest score.

1. ***Length of time ever worked as volunteer:*** It was assumed that the longer time worked as a volunteer, the more likely a volunteer is committed. Studies with HBC volunteers have shown that the majority of volunteers have an average three years of volunteer working experience.¹⁷
2. ***Number of formal visits per child per month:*** The project implementation standards require each volunteer was to conduct a minimum of 3 home visits per child per month, irrespective of the number of children assigned. It was assumed that achieving this objective could predict the commitment level, i.e. scores for this indicator increase as the number of visits per child per month increases.
3. ***Proportion of OVC seen per month:*** Each volunteer was to see, either through formal home visits or through informal meetings in other locations, each child every month. This indicator recognizes that though some volunteers might be unable to carry out home visits, they are expected to see the children irrespective of the location. The assumption is that volunteer commitment level could be predicted by the proportion of OVC they saw in a month. The higher the proportion, the higher the score for this indicator.
4. ***Supervisor's score:*** This score is obtained from the project's supervisor assessment checklist. This indicator ascertains the level of connectedness and trust between the volunteer and the child. By observing volunteer interaction with the orphans, supervisors provide scores ranging from 0 to 5 for each indicator. In the conception of the VCS the supervisor's score was incorporated for two reasons. Firstly, to provide an assessment of the quality of volunteers' work and, secondly, to create a link between the tools. Mindful of the limitations of this method of assessment, observing the volunteer at work provided an opportunity for the supervisor to interact with the volunteer and to verify activity.

¹⁷ Op cit 8

Table 1: Kumbo OVC Volunteer Commitment and Performance Score (VCS)

Variable	Score					
	0	1	2	3	4	5
Time worked as volunteer	NA	Between 2 months to 1 year	Between 1 to 2 years	Between 2 to 3 years	3 years and more	NA
Number of formal visits per child per month (<i>total visits conducted/number of formal visits expected</i>)	0	0.1 – 1.0	1.1 – 2.0	2.1 – 3.0	3.1 or more	NA
Percent of children seen in one month (<i>number of children seen irrespective of location/total number of children</i>)	0	0.1 – 29.9	30 – 49.9	50 – 59.9	60 – 69.9	70+
Supervisor’s score of connectedness	0 – 0.9	1.0 – 1.9	2.0 – 2.9	3.0 – 3.9	4.0 – 4.9	5.0
Minimum Score = 1			Maximum Score = 18			

According to the project, committed volunteers are expected to obtain on average a supervisor assessment score of 70% and above. For the purpose of data analysis volunteers, were classified based on the VCS into 2 main groups, committed volunteers, those with a high VCS, i.e. VCS 13 to 18; and non-committed volunteers or those with low VCS, i.e. VCS 1 to 12.9.

Since the enumerators of this study were aware of the rating, information needed for the measurement of the above indicators was inserted in different questions within the questionnaire. The status of each volunteer based on commitment score was determined only during data analysis. Therefore, enumerators at the time of collecting the data were unable to distinguish between committed and non-committed volunteers.

Data Entry and Analysis

Completed questionnaires were cross-checked for accuracy before the information was entered into a prepared database in EpInfo™ version 3.2.2. Some information from the unstructured questions was categorized into variables before data entry, while others were entered as recorded during the FGD. All data was cross checked and repetitions were deleted. No complete entry was deleted.

Quantitative information was analyzed using Epi software. The occurrence of factors motivating volunteers was measured. The association with volunteer commitment scores was tested using two main statistics. The Odds Ratio was used to predict any association for factors which existed before respondents became volunteers; and Chi squared tests for prevailing factors. In both cases, an association was considered to be statistically significant when the difference of occurrence of a given factor in both groups of volunteers was high or low at the 5% point. In

some cases, the 95% CI was reported to emphasize the relevance of some findings but may not necessarily be statistically significant.

The qualitative data was analyzed by indentifying commonly mentioned statements Qualitative findings were used to validate the quantitative data.

Ethical Consideration

DFLO and CRS headquarters approved this study. Written informed consent was obtained for each participant. The study was conducted in line with the 'Do No Harm Implementation Strategy' currently being piloted by CRS. The Do No Harm Implementation Strategy is an internal operational strategy to normalize the ethical principle of do no harm into all OVC related programming.

Study Limitations

The study did not explore the reasons for volunteers drop out. To better understand the reasons for volunteers dropping out, future studies should compare current volunteers with appropriately matched volunteers who dropped out. While the factors above were tested singly, it is possible that multiple logistic regression analysis of combined factors could give a different picture. In setting up selection criteria for volunteers, emphasis is laid on single features, carrying out multiple regression analysis would not have been useful for operational reasons.

This study was conducted during the rainy season which coincides with the harvest and school holidays. The results might have been influenced to some extent by these factors given that fewer home visits may be conducted during such periods. Volunteers might have preferred their farm work to caring for the children. Though a limitation, conducting this study at this point provided an opportunity to evaluate volunteer's real commitment when they are faced with making choices between volunteering and focusing on personal priorities.

RESULTS

All 120 eligible volunteers of the project were targeted 88% participation of eligible, targeted current volunteers.

General Volunteer Characteristics

Respondents were equally distributed by gender. The median age of respondents was 38 years; the youngest being 25 years and the oldest 64 years. Male participants were older than female. The majority of the respondents were married, 94.3% of men and 84.9% of women.

Nearly half, 44%, of respondents practiced farming only as their main occupation. Sixteen percent (16%) did a combination of jobs such as farming, teaching, carpentry, etc. The remaining were teachers (18%); health workers (7.5%); retired persons with/without pension (2%); traders (3.8%); and others (tailors and carpenters) making up 8.7%. In general, more women than men were farmers or worked in the informal sectors.

Although volunteers reported a monthly income ranging from 0 to 200,000 FCFA (400 USD), the median monthly income was 20,000 FCFA (40 USD). Female volunteers earned, on average, half the income of their male counterparts (10,000 FCFA vs. 23,000 FCFA respectively).

With respect to educational attainment, 34% of volunteers completed primary education; 18% completed secondary education, and 35% furthered their education in a professional school¹⁸ after completing either primary or secondary education.¹⁹ About 3% and 9% did not complete primary and secondary educations respectively. One percent of the volunteers did not attend school.

In addition to helping on average 10 OVC from the project; volunteers also cared for their respective households with a mean number of 7 inhabitants per household.

Volunteer Commitment Score

Of 106 volunteers, 34% had high VCS and 66% had low VCS, that is nearly 2 non-committed volunteers for each committed.

Table 2: Volunteer Distribution by VCS Indicators

Variable	Score					
	0	1	2	3	4	5
Time worked as volunteer	NA	13.5%	24%	26%	36.5%	NA
Number of formal visits per child per month	13.5%	61.5%	11.5%	4.8%	8.7%	NA
Percentage of children volunteer saw in one month	15.4%	16.3%	16.3%	11.5%	6.7%	33.7%
Supervisor's score of connectedness	0%	0%	0%	20.2%	72.1%	7.7%

Nearly 36.5% of volunteers have worked for 3 or more years as volunteers.

Only 8.7% of volunteers were able to carry out the required number of home visits (i.e. three or more times per month) while the majority (61.5%) visited the children only once.

Only 41% of volunteers succeeded in seeing at least 60% of the children they are assisting in the month preceding this study. The majority, 63.8%, of volunteers saw the orphans most often in school. About 9% visited children in other places such as the church on Sundays, in their homes or place of work. Almost none of the respondents could recall the names of the OVC under their care. Some could not remember exactly where they met with the children and exactly what they did when they met. Instead, volunteers were more comfortable recalling generalities, including what they most commonly did.

¹⁸ Professional school refers to school for training of teachers, nurses, and other professionals.

¹⁹ Primary education refers to 7 years of schooling in elementary school; secondary education is 5 years of schooling post primary education.

More men than women carried out home visits (30.2% vs. 19.2 %); while more women than men saw the children at school (69.2% vs. 58.5 %). These differences were statistically significant.

The majority of volunteers, about 80%, obtained very high scores from supervisors for being well connected with the orphans they help.

Factors Motivating Volunteers

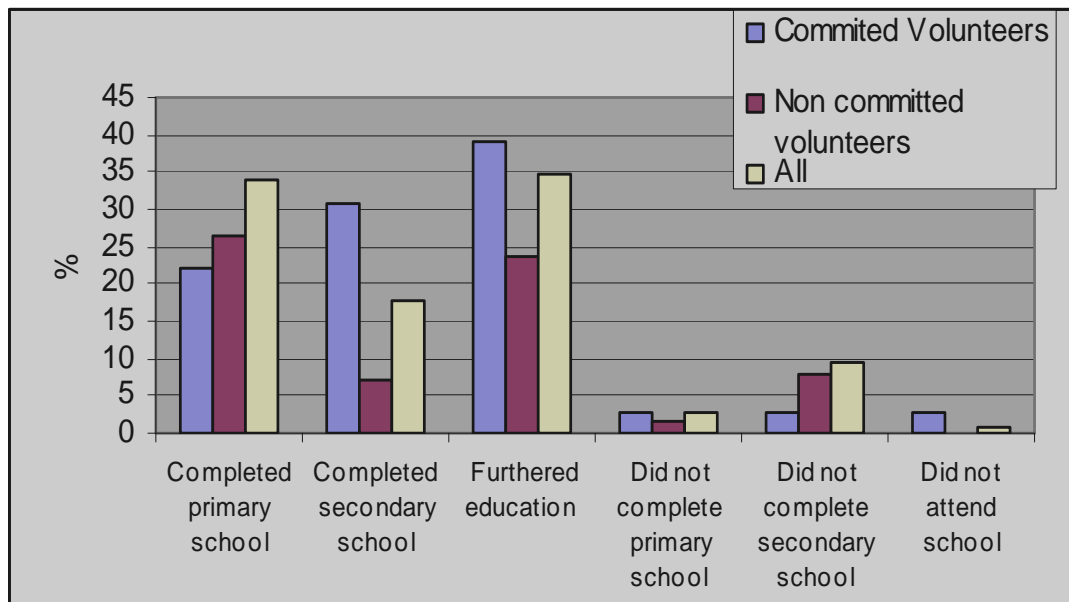
Gender

More females, 55.6%, than males, 32.2%, were scored as committed volunteers. This difference, however, was not statistically significant.

Educational Attainment

The results show that educational attainment in part is determined by commitment level. Almost 70% of committed volunteers attained a higher level of schooling, completed secondary school and furthered education, compared to only 30% of non-committed volunteers ($p > 0.001$).

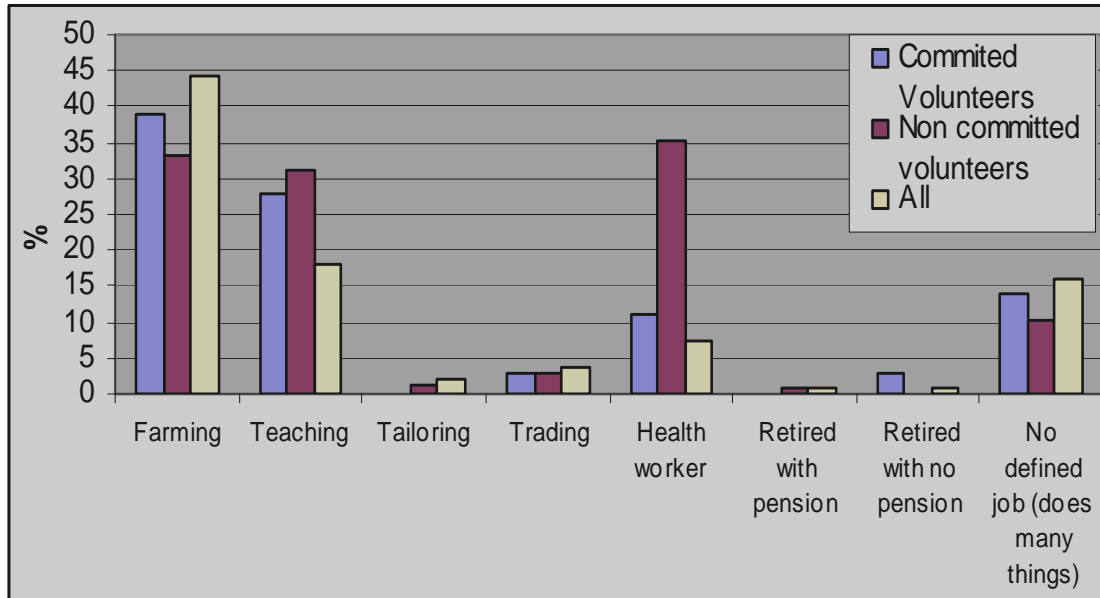
Figure 1: Volunteer Distribution by Educational Attainment and Commitment Level



Occupation

The study indicated that 38.9% of committed volunteers were working in professional sectors, such as teaching and health sectors as opposed to 50% of non-committed volunteers. This difference, however, was not statistically significant.

Figure 2: Volunteer Distribution by Occupation and Commitment Level



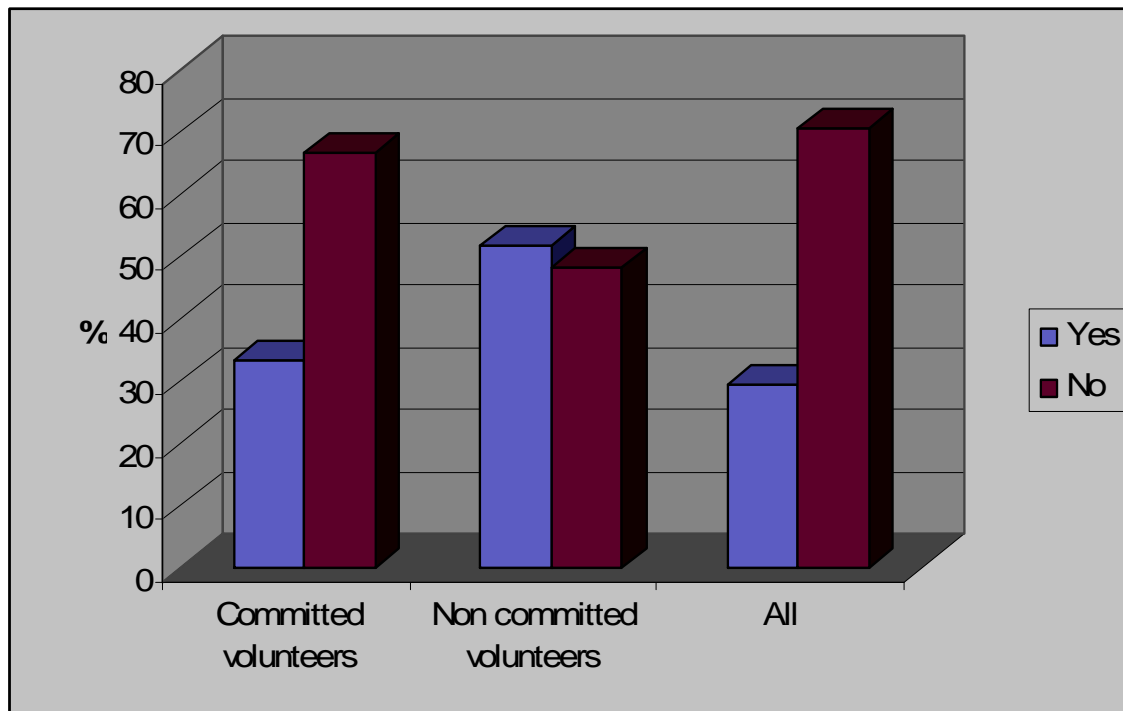
Income

The study assessed the contribution volunteer’s personal income may have on their commitment. Volunteer monthly income was found to have a negative correlation ($r = 0.01$) with VCS. That is those study participants with a higher monthly income scored lower on the VCS. This correlation was however not statistically significant ($p = 0.42$).

Previous Experience with Orphanhood

In order to explore the relationship between previous experiences with orphanhood and volunteer commitment level, the study explored the proportion of volunteers who grew up in the same household with orphans and/or who grew up as orphans.

Figure 3: Volunteer Distribution by Commitment Level and Ever Lived with Orphans during Childhood.



A significantly lower proportion of volunteers grew up with orphans, 29.5% (95% CI 21% - 39.2%), compared with those who did not, 70.5% (95% CI 50.8% - 79.0%). With regards to commitment level, there was no significant difference between committed and non-committed volunteers with respect to this variable (OR 1.32; 95% CI 0.5 <OR<3.43).

The proportion of volunteers who grew up as orphans, 36.2% (95% CI 27% - 46.1%), was significantly lower than volunteers who were not orphans, 63.8% (95% CI 53.9% - 73.0%). Previous childhood experience as an orphan did not significantly influence volunteers commitment level, OR 1.43 (95% CI 0.57<OR<3.56).

Quality of Care Received During Childhood

In order to ascertain the potential influence the type of care volunteers received during their childhood had on volunteerism, the study sought to find out how volunteers spent their childhood.

Person(s) Volunteers Lived with as Children

Forty-one percent lived with biological parents as children. Only 3.8% of were raised by people other than their relatives. This factor seems to have influenced the level of commitment of volunteers. Figure 5 shows that volunteers with higher commitment level are more likely to have grown up with their parents (41.7%) than less committed volunteers (25.8%).

Figure 4: Volunteer Distribution by Person(s) with whom Volunteers Grew Up

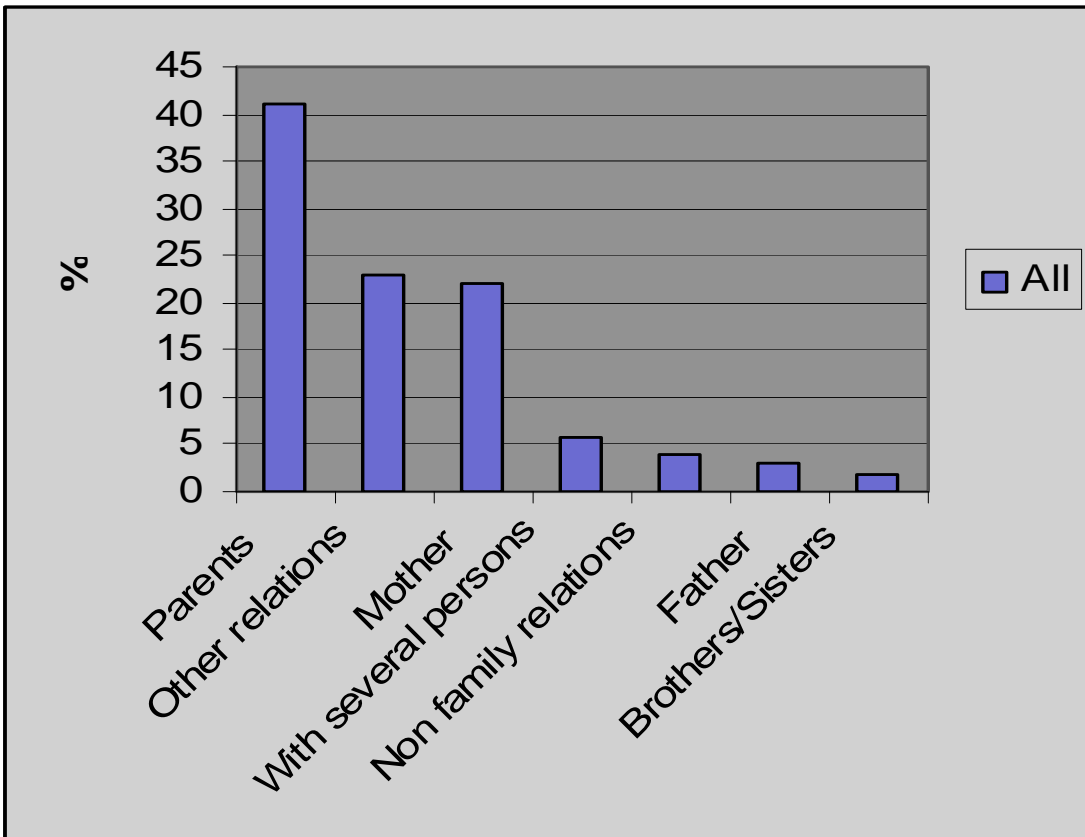
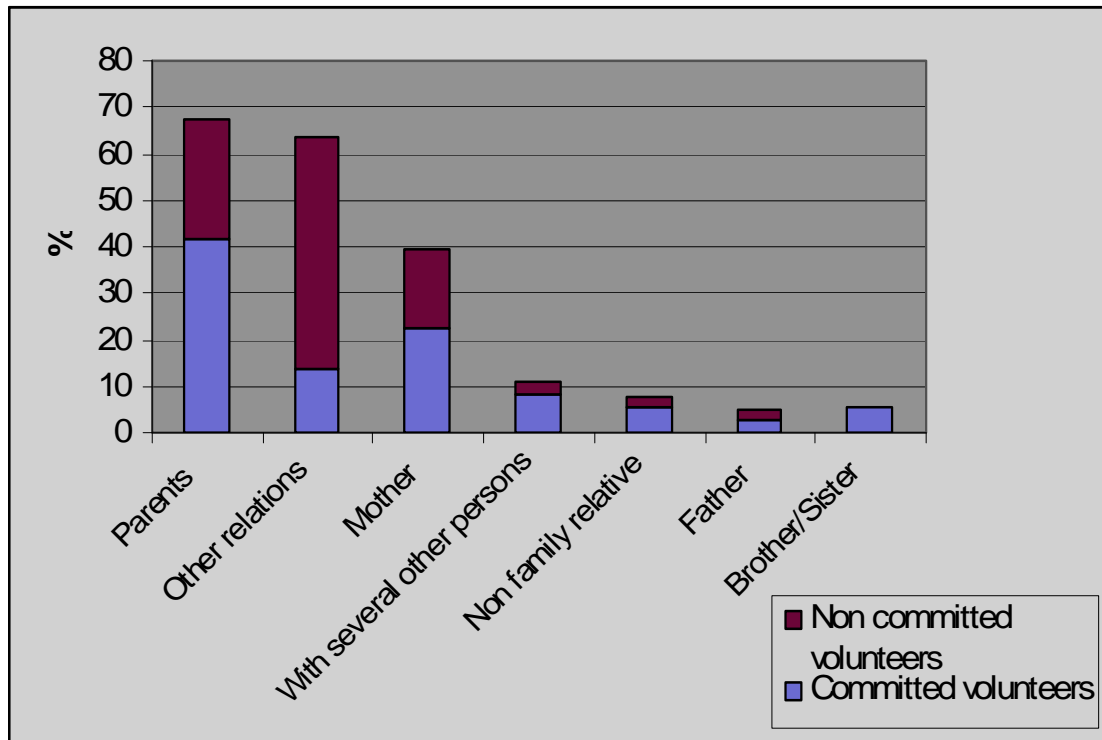


Figure 5: Volunteer Distribution by Person(s) with whom Volunteers Grew Up and Commitment Level



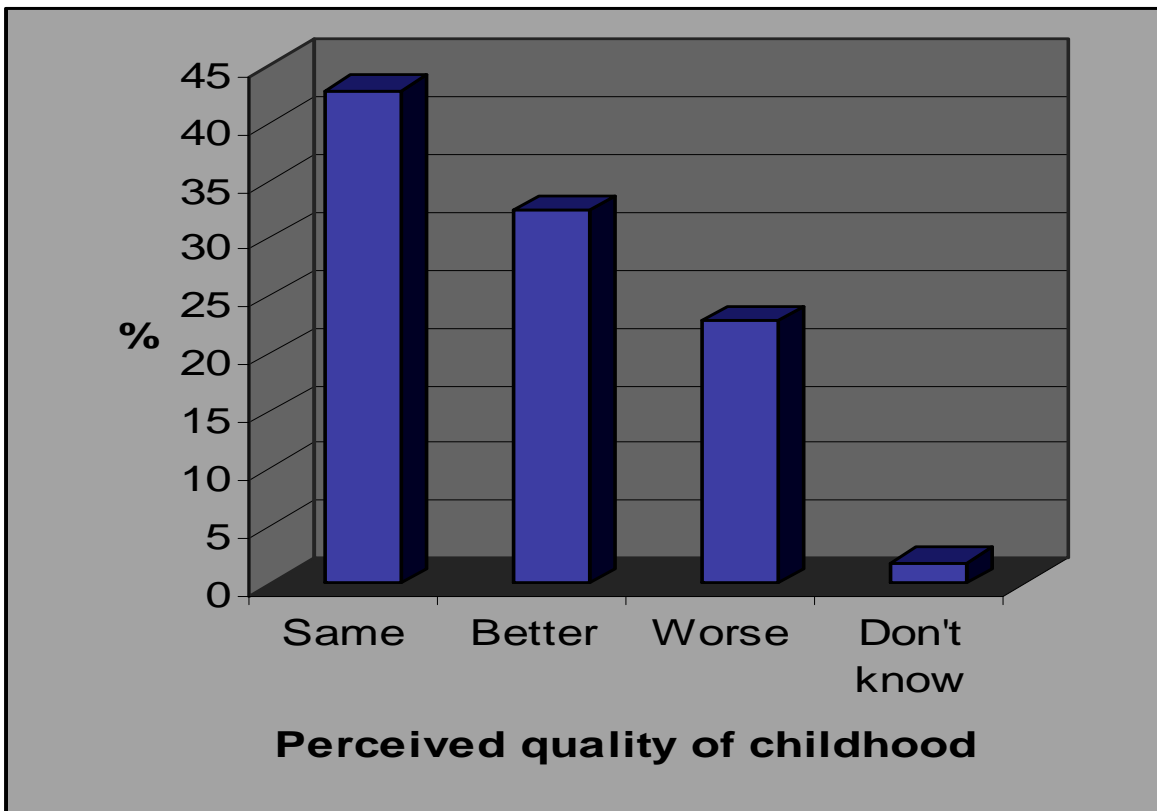
How Often Volunteers Moved as Children

The study assessed the proportion of volunteers who grew up in one environment and those who were displaced. The results showed that the majority of the volunteers (69.3%) grew up in one environment as opposed to 30.7% who grew up in different places. There was no difference between volunteers with regards to commitment level and how often they moved.

Volunteer Perception of their Childhood Quality of Life

Volunteers were asked to evaluate their childhood quality of life in comparison with other children in their communities using better, worse or same. The majority of the volunteers thought the quality of their childhood was similar to most children in the communities in which they grew up. This perception was similar for all volunteers irrespective of their commitment level (p= 0.18) or gender (p = 0.34). Volunteers described a good childhood to mean living and growing up with parents, attending school, eating good food regularly, and receiving treatment when ill.

Figure 6: Volunteer Perception of the Quality of Their Childhood Compared with Other Children in Their Communities



Previous Experiences Caring for Orphans

The survey revealed that 87.3% of all volunteers had provided help to orphans and other children in need before becoming volunteers for the Kumbo OVC project. Of these, 69% still provided assistance to the orphans in addition to those of the project. Most volunteers who reported no longer helping the orphans said the children are now adults and independent. A few said they could not continue because of increasing responsibility and lack of money.

More female (94.1%) than male volunteers (73.6%) helped orphans before ($p = 0.01$). It seems previous experience helping orphans, in part, determine volunteer commitment level. The study showed that 91.4% of volunteers with high VCS had helped orphans and children in need before becoming volunteers for the Kumbo OVC project compared to 89.1% of volunteers with lower VCS ($p = 0.012$). There was, however, no correlation between VCS and the number of orphans volunteers had helped before the project.

Religiosity

In order to assess religiosity volunteer participation in church activities, including, attendance in church activities and hold post in church, was used as a proxy. As project volunteers were selected from church congregations, almost all volunteers (97%) reported regular participation in most activities of the church. A similar trend was recorded irrespective of volunteer commitment level or gender.

With regards to those who volunteered in church functions in addition to being a volunteer for the project, there was no significant difference between the proportion of committed and non-committed volunteers.

Distance

In order to ascertain what impact distance to visit orphans had on commitment level, volunteers were asked to estimate the furthest distance in hours to walk. The average furthest distance covered was estimated to be about one and the half hours to walk, but ranging from 5 minutes to 4 hours. A significantly higher proportion of committed volunteers covered shorter distances than non-committed volunteers ($p= 0.02$).

Relationship with OVC

In order to ascertain if volunteers had past relationships with orphans they assisted, the study identified volunteers who were assigned OVC and those who chose OVC to serve, if volunteers knew the OVC before beginning the program and in what capacity and the proportion of OVC who live with project volunteers.

The study showed that 57.2% of volunteers did not know the OVC before they were assigned, 11.4% knew all, while 31.4% knew some. The volunteers who reported knowing all or some of the OVC mentioned that they knew them simply as orphans in their community. There was no other relationship reported between the volunteers and the orphans they assisted.

Almost all volunteers (96.2%) reported that the FLO assigned the OVC to them, while 3.8% chose the children themselves. There was no significant difference with respect to commitment level.

With regards to living with OVC they assisted, 90% of volunteers reported not living with the OVC. A few of the volunteers live with OVC, although this did not influence commitment level by any extent. Five volunteers reported living with 1 child each, 2 reported living with 2 children, and 1 volunteer with 4 OVC.

Volunteer Personal Responsibilities

In order to determine how volunteers manage volunteer responsibilities as well as other responsibilities in their families, work, business, etc., the study evaluated volunteer perception of interference of their work as volunteers and other activities. The majority of volunteers, 69.5%, reported that working as a volunteer did not interfere with other activities. When questioned what measures they took to avoid any interference, almost all volunteers (95.9%) reported that they have carefully drawn-out plans which they follow. The others mentioned making use of days off from work to see the children. Others said they found time to help the orphans because the children live within the neighborhood. More women than men reported that volunteering interfered with their other daily activities. There was no difference between volunteers with high and low VCS.

Supervision

All volunteers reported having someone from the FLO who supervises their work. They all mentioned receiving supervision from two levels: the parish and dioceses. However, when asked if they saw their supervisors the month preceding the study, only 62.7% said yes. It was apparent that volunteers did not receive regular supervision as stipulated by the project. Only 25% were supervised monthly in the past year, with the median number of supervision being 4 times in one year and a range of 0 -12 times.

Committed volunteers had more supervisory visits (mean number of visits 6.8) than non-committed volunteers (mean number of visits was 4; $p=0.42$). Volunteers reported that supervisors guided and advised them on how to go about their work. They also carried out demonstrative exercises and looked through volunteers' notes. However, only 42.2% of volunteers reported receiving regular feedback from supervisors after each visit. While 39.4% did receive feedback on few occasions, 18.2% have never received any feedback. Significantly more committed volunteers reported having received regular supervisor feedback had non-committed volunteers (50% vs. 27.1%; $p=0.03$).

Knowledge of the Project

Volunteer general knowledge of the OVC project was assessed. A large majority of volunteers (82.5%) stated they did not know how long the project had been going on. About 10% reported incorrect information, stating project duration of up to 30 years. Only 7.5% said they were aware of project activities. Volunteers were most commonly aware of school fee payment, sensitization and marital education for single mothers. Commitment level was not influenced by knowledge of the project as there was no difference in knowledge between committed and non-committed volunteers.

Perceptions of Volunteering

Volunteer perceptions of their work were assessed. Specifically, volunteers were asked to describe the positive and negative aspects of their work and to identify those things likely to deter them from continuing to volunteer.

The majority (98.1%) of volunteers said that working as a volunteer for the project has contributed positively to their lives. They mentioned positive contributions which can be broadly grouped into 3 categories:

- They have learned how to better relate with people, manage their families and businesses.
- They have improved their perception about the value of life.
- They have increased social status in the society.

- Very few respondents mentioned negative things about their work. It was clear that conflicts and misunderstandings resulting from the erroneous perception that volunteers earn a salary was the most commonly mentioned problems they encountered with friends and relations of OVC. Others however raised challenges such as too much work leading to stress, material demands from the children which could not be met, inability to cope with emotional disturbances working with the children, use of personal resources to provide services for OVC, inability to meet up with material needs of OVC.

The majority of volunteers reported that nothing, except illness and death, would make them stop working as volunteers. The rest raised other issues such as increasing responsibility, financial difficulties, long distances to cover and project end.

Relationship with Friends, Families and OVC Guardians

The study sought to know whether as a result of volunteering, volunteers had conflicts with their close family members and friends. Most (76%) did not report conflicts with their family and friends. However, the remaining volunteers mentioned problems they encounter, such as misconceptions about stipend, stigma, and concern about the volunteer being exploited by the program. There was no significant difference between committed and non-committed volunteers with regards to the frequency of conflicts they encounter.

The working relationship of volunteers with guardians and caregivers was assessed. Almost all (97.2%) volunteers reported knowing some or all the guardians of orphans under their care. When asked how often they saw the guardians, the majority of respondents mentioned seeing them each time they visited the children and during caregivers' meetings. All said they discuss the orphans with their caregivers and together seek solutions to the children's problems during their encounters.

Volunteers perceived the working relationship with guardians as cordial and friendly. *'Many now take me as part of the family and appreciate my work very much'*, said one volunteer. However, some volunteers (16.5%) mentioned that they have had conflicts with guardians in the past. They reported that conflicts stemmed from the fact that some guardians accuse them of not providing financial and material assistance to the orphans, claiming volunteers receive money from the project for these activities.

DISCUSSION

Apart from investigating factors which motivate volunteers of the Kumbo OVC project, this study provided an opportunity to evaluate the work of these volunteer OVC caregivers. It had been assumed by project reports that volunteers were very committed. But the results of the study showed that only 34% could be considered as highly committed while 66% had a low commitment level.

A chart summarizing the study findings shows which factors increase, decrease, have important but statistically insignificant effects and those which have no effect at all on motivation and commitment.

Chart 1: Summary Motivation and Commitment Factors

Increase motivation & commitment	Decrease motivation & commitment	Important but not significant	No effect
Previous care for orphans before project	Greater distance from home of volunteer to household of OVC	Volunteer lower economic status	No clear relation between amount of other responsibilities and M&C
Childhood valued as stable and good		Volunteer participation in the informal work sector	No relation between volunteer's biological relation to OVC and M&C
Higher education level		Male volunteers make more home visits than female volunteers	
Quality supervision with feedback			

Volunteer Previous Experience with Helping Orphans

Previous experience with helping orphans is not only a motivating factor, but also in part determines commitment level. Most project volunteers had assisted orphans before and they made up a significant majority of the committed volunteers. Most of the orphans they helped before are now successful adults in different areas of life. The volunteers reported during the focus group discussions that the joy from seeing these children succeed was a reason for wanting to continue volunteering with the project.

Volunteer Childhood

Volunteers who reported a stable and good childhood were more motivated to help orphans than those who experienced a difficult childhood. It was hypothesized that volunteers would be more motivated and committed if they themselves grew up as orphans or lived in the same household with orphans as they grew up. The survey findings rather suggest that experiencing orphanhood was a deterrent to caring for orphans.

Educational Attainment Level

The study showed that the higher the educational level the more likely a volunteer will be committed. Both high education level and a good perception of childhood predicted high volunteer commitment. The reason for this could be that the variables of educational level and perception of a good childhood are similar because access to education was considered by the volunteers as one aspect of a good childhood.

Supervision and Regular Feedback

The Kumbo project, like many others, places a lot of importance on volunteer supervision. According to the project design, volunteer supervision is to occur at the parish and dioceses level in a consistent and participatory manner. While most volunteers reported they were supervised as recommended by the project, significantly more committed than non-committed volunteers

reportedly received feedback on a regular basis from their supervisors. This finding demonstrates that those routinely supervised are more committed, yet the majority of the volunteers are not yet being properly supervised. Supervisors may visit volunteers as regularly as required by the project, but the impact of the supervisory activities does not seem to be reflected in the quality of volunteer work. At best, the study has shown that where supervision was more effective volunteers performed better both in the quality and quantity of work.

Factors which Decrease Motivation and Commitment

Distance

The study confirmed the hypothesis that long distances to the orphans negatively correlates with volunteer commitment level. It is known that long distances for home visits is one of the major reasons for volunteers not conducting regular home visits, this is especially acute where the transportation allowance is either insufficient or absent. Although the project provides a yearly transportation allowance of 7000 FCFA, many volunteers were unable to carry out the recommended number of home visits because of limited resources and/or incentives for transportation. Volunteers use taxi motorcycles to visit OVC. The minimum cost of one round trip to an OVC is about 200 FCFA. If the volunteer were to make the visits required by the project, it would cost 72,000 FCFA, which means travel costs are not covered by the program. The median household monthly income of the volunteers was 20,000 FCFA. With a range of 0 to 200,000 FCFA which is what a school teacher or nurse earns. The cost of visiting 10 children three times a month as required by the project would be 6,000 FCFA almost a third of their monthly income. It is quite clear, therefore, that neither transportation allowance nor the volunteer's income could cover the costs of transportation. However, despite this constraint, some volunteers were willing to use their own resources (money, personal cars or bikes) to facilitate access to the children. This is beneficial for the project which aims at mobilizing community members as much as possible to be prepared to put in their resources in caring and supporting the vulnerable.

Factors with Important, but not Statistically Significant, Effects on Motivation and Commitment

Volunteer Economic Status

The study examined the extent to which volunteer economic status could influence the levels of motivation and commitment. Volunteer's economic status, which was assessed by volunteer income level and occupation, clearly had important effects on commitment, although not those expected.

The hypothesis that the higher the income the more motivated and committed volunteers would be, was tested. The results showed the contrary, indicating that the higher the income, the less the volunteers were motivated and committed. The majority of volunteers in the project were employed in the unskilled sector, performing small-scale trading, low-scale farming, tailoring, and a combination of several unskilled jobs. Those who were employed in the formal sector, such as teaching and the health, constituted the minority. The findings of this study contradicted those shown in other studies where volunteerism was positively correlated to the economic status of the volunteer. In Zambia, home-based volunteer caregivers who had other salary jobs were more likely to be motivated than were unemployed volunteers, suggesting that income may determine not only the motivation of volunteers, but their commitment level as well.

Volunteer average monthly income was negatively correlated with commitment level. Although this correlation was not statistically significant, it is interesting to note the factors which could have contributed to this finding. Those who earned high incomes were teachers and health personnel. There were more non-committed volunteers among this group than in the group of volunteers in the informal sector. While all the volunteers have to spend time on their respective occupations, teachers and health workers do not have as much flexibility in their work schedules. This may limit their availability to visit OVC. Farmers and self-employed volunteers, on the hand, often can structure their time, giving them more flexibility and possibilities for home-visits.

Low personal income, however, may result in volunteers being stressed and depressed because they may not be able to meet the demands of their volunteer work and the needs of their families. This is particularly important given that some volunteers reported using their own resources to assist the children. The project currently does not implement activities to ensure that volunteers generate their own revenue. Improving the income earning ability of volunteers may be important to guarantee an improved level of commitment now and after the project ends. This could ensure that volunteers have the ability to carry out home visits and increase their contacts with the children. This needs to be further explored

Gender

Women are often perceived to be more motivated and committed volunteers than men. In the Kumbo project, this difference was not significantly present. Although more women had better commitment scores than men in general, more men did carry out home visits than women. In Kumbo and many other places in Africa, women bear the greatest burden of responsibility for child care, household chores and farming. The men have the responsibility to support the family economically. However, men tend to do much less time consuming occupations such as tailoring, or masonry and do less farm work than their wives. Men control the household income. Any income they earn can be used as they choose even only giving a small part of it, if at all, to their wives. This means that men may have more time for OVC home visits and more money at their disposition to use for transport.

In the Cameroonian context, there is a greater tendency for women to volunteer than men, even though women have household and family responsibilities. To reduce this heavy burden on women, this project encouraged the recruitment of male volunteers and encourages their strong participation in the activities. It is expected that these special efforts at male involvement contributed to their increased number of home visits.

Factors which had No Effect on Motivation and Commitment

Relationship between Volunteers and OVC

It was hypothesized that motivation and commitment levels were directly linked to biological relationship between volunteers and orphans. Some participants in the FGD reported that some volunteers preferred to assist children to whom they were related. This was an interesting hypothesis given that according to the project design, OVC were supposed to be assigned to volunteers in a non-biased manner. The study showed that apart from knowing the children as

orphans in the community, volunteers did not have any other relationship with the children they assisted.

Additional Volunteer Responsibilities

It was assumed that the fewer household responsibilities volunteers have, the more committed they will be. The study did not find any correlation with commitment level and household responsibility. Although most volunteers reported having conflicting responsibilities, they all mentioned that they had learned how to carefully manage their time and resources to avoid interference. They reported successfully managing their time and resources to avoid interference with volunteer work. Additionally, individual interview and FGDs indicate that they want to do the work. Yet, only 34% actually carried out all the required volunteer activities as designed indicating a significant disparity. The desire to continue volunteering is perhaps one reason volunteers reported finding it easy to manage interference between their primary duties and volunteering. While this desire reflects positively on the project, it may be that volunteers find it easy to manage the interference of the project on their other responsibilities because in actuality, they did not spend very much time on their volunteer duties.

While volunteers reported that they were prepared to continue managing the responsibilities in their households as well as volunteering, it is important not to underestimate the impact the volunteer activities had on their families. Some volunteers reported having conflicts with their spouses and children who accuse them of putting in more time in caring for the orphans than their families. Such conflicts may ultimately decrease volunteer commitment level and motivation. Volunteers reported experiencing some conflict with community members who held the misconception that volunteers were paid a salary for their work. Continuous community education could contribute to correcting such misconceptions and establishing better community support of the volunteers. As a result of this misconception, community members expected volunteers to give more material and financial assistance to OVC, make more visits etc.

Evaluation of Volunteer Work

As mentioned earlier, the study evaluated volunteers and their work. An improvement in the quality of life of project beneficiaries compared with baseline was reported in the project's progress documents and the midterm evaluation. Given the central role volunteers play in the project implementation, one is tempted to associate this achievement to the performance of the volunteers. To gain a better understanding as to why the VCS results were at variance with project progress reports as regards commitment levels, the authors compared VCS with the results of the mid-term evaluation to determine whether volunteer performance could be linked to the specific indicators which were hypothesized to be dependent on volunteer performance in order to change.

The indicators which were assumed to be linked to volunteer activities according to the project design are the following:

- Decreased OVC absenteeism;
- Minimized reasons for absenteeism;
- Improved school performance;
- Increased social connectedness;
- Decreased stigma and discrimination against OVC.

Another indicator, related to school attendance and performance is increased availability of school supplies and provision of school fees for OVC beneficiaries. The mid-term evaluation showed that OVC had received school supplies and school fees were paid regularly. However, this activity is not dependent on the volunteers as it is project management that is responsible for school fees and distribution of school materials.

The examination of indicators influenced by volunteers, showed either no improvement or where there was improvement, it was unlikely due to volunteers based on those who actually conducted home visits as required.

School Absenteeism continues to be a problem. School fees are no longer a major barrier for OVC as the project is responsible for paying the fees. Volunteers are expected to influence the other reasons for absenteeism, such as to work at home, care for younger children, or selling during school days. Limited home visits limit the volunteer's ability to influence household attitudes towards OVC education. Furthermore, limited home visits impede the volunteer to address the household situations which contribute to absenteeism. The project is having little effect on school absenteeism.

School performance increased 20% from baseline as a result of a variety of factors. However, based on volunteer home visits, it is difficult to infer that the increase is based on volunteer activity. In addition, there was no change in the time had to study at home from baseline to midterm. It is hard to link their activities to increased performance in school. The increased school performance may have been more influenced by the availability of school materials than by volunteer activities. Also school principals and teachers may be taking more of an interest in these children since they have become beneficiaries of the project.

Volunteer home and other site visits reduce stigma and discrimination against OVC as well as increase social connectedness. At baseline, stigma and discrimination did not appear to be serious issues even so, volunteers were encouraged to continue to assist OVC in overcoming them. At midterm, it was observed that similar trends persisted, making it difficult to assess the impact of volunteers with respect to reducing stigma and discrimination.

Volunteer Commitment Score to Evaluate Volunteer Quality and Quantity of Work

For this study a tool to monitor the quality and quantity of volunteer work was developed and tested. If validated, this tool can complement supervision, monitoring and assess the use of the volunteer checklist currently used. The supervisor's assessment checklist is more subjective and there is more likelihood of assessor bias than the VCS. However, the supervisor's checklist measures the content of volunteer activities than does the VCS. The VCS over is measured objectively. While the supervisor's assessment is based on observations, the VCS uses verifiable indicators. The VCS can be used during volunteer monitoring and evaluation. Its reliability depends on good data collection and documentation including time as volunteers, the number of home visits carried out per month, the number of OVC seen by volunteers per month and the supervisor's assessment of connectedness. It can carefully be adapted to meet the project expectations by defining the cut-off points for commitment. This scoring system does not,

however, give a clear qualitative description of the positive and negative issues of volunteer work. If both tools are used together, a better monitoring and evaluation guide can be produced.

The supervisor's assessment checklist is based on observations of the volunteers carrying out various ranges of their activities. The supervisor used a checklist of standards for ways of carrying out each activity and based on these observations scored for each element on the list. A kind of bias is contained in the structure of this tool because the volunteer knows the elements of his/her work are being judged during those supervision sessions then they can try to do their best and the supervisors judgment for the scoring is based on a subjective type of evaluation. The tool for VCS relies on verbal reports of the volunteers, which can be biased according to just what the volunteer wants to tell the interviewer, but the volunteer does not know how the answers to the questions will be used, the objective of the data analysis nor that the data is being used to determine a measure of motivation and commitment. In this sense the VCS provides a kind of objective evaluation/score different from that of the supervisor's assessment checklist. The supervisors' assessment tool gives more of an evaluation of the quality of the actual work of the volunteer, but not the degree or extent to which the volunteer carries out the work. The VCS gives an indication of the extent to which the volunteer carries out the activities and the barriers to doing so. The supervisor's assessment checklist does not tell us what happens over a period of time concerning the volunteers' activities, whereas the VCS does. For the purpose of the development and testing of the VCS tool the authors had to interview volunteers to get the information (with the exception of the supervisor's score for level of connectedness which was obtained from the supervisor's assessment checklist of each volunteer). If the tool was put in place within the regular project monitoring system, then a more reliable way of data collection with regards to number of home visits and contacts can be established. By using, or combining features from, both tools it is possible to ascertain something about the quality of the work of the volunteers and the actual extent to which they carry out the activities.

CONCLUSION

The data indicated that variables directly related to high volunteer motivation and commitment with statistical significance are: previous experience caring for orphans, positive volunteer childhood, higher education level, and regular supervision with feedback. This study differs with other studies in the important, but not statistically significant finding that the volunteers with lower economic status who worked in the informal sector scored higher on the VCS than those who earned more and worked in the formal sector. The most important barrier to high motivation and commitment was distance to OVC. In most areas there were no significant gender differences in volunteer performance except in the unexpected finding that men tended to make more household visits than did the female volunteers.

The study revealed that most volunteers, 63.5%, did not carry out OVC household visits as required by the project. Analysis suggests several reasons for this finding, long distances between the volunteers and OVC, care for children in their household, project requiring volunteer workload in addition to personal responsibilities, volunteer inability to meet the material needs of OVC, lack of trust for volunteers by community members and OVC guardians.

Despite these challenges, volunteers continued to work for the project, express a very positive attitude towards being a volunteer and express the desire to increase their contact with the children. Many volunteers overcome challenges in their own way to improve contact with OVC by finding other places other than home to see the children.

The application of the VCS and its comparison with the supervisor's assessment checklist, provided conflicting results, one of which indicated better volunteer performance than the other. The VCS showed, contrary to the project reports and supervisor's assessment, volunteers were not actually carrying out all the activities required by the project. The supervisor's assessment indicated that of what was observed, was done well. The supervisory assessment tool provides a system to evaluate the quality of the work as observed by the supervisor, without accounting for the frequency of the activity. The study suggests that the use of both tools would be useful to assess both the quality and frequency of volunteer work to obtain a more realistic evaluation of the volunteer activities. The study also suggests that those implementing supervisor's assessment checklist may be more generous in scoring than accurate. This may be in the desire to make the project look good.

Recommendations:

1. Projects requiring the services of volunteer caregivers should consider, among other important selection criteria, volunteers with previous experiences caring for orphans, who had a positive childhood and higher educational level.
2. Projects should include activities to improve volunteer economic status to increase motivation and commitment.
3. Projects should increase volunteer and OVC contact. One way this may be accomplished is to allow volunteers freedom to decide how to assist OVC.
4. Community involvement in all projects is crucial.
5. OVC household caregivers should be properly educated on volunteer roles and responsibilities to avoid unnecessary, time-consuming conflicts.
6. Programs should invest in putting in place and monitoring strategies geared towards improving the quality and quantity of work volunteers are doing. This should include, among other things, objective monitoring of the performance of volunteers. Supervision should be participatory as much as possible by involving volunteers in every stage of decision making. A regular feed back of volunteer's performance and recognition could be a helpful incentive to volunteers.
7. Further research is needed to address some of the gaps this study has not been able to address. One of such gaps is to investigate the factors that led to volunteers leaving the project. Surveys with the volunteers who did drop out would improve the understanding of the factors motivating those who did not drop out.

ANNEXES

Annex 1: Professional Supervisory Checklist

Observe 5 volunteer counselors per parish during a counseling session with an OVC and their (host) family. Based on your observation, fill out the following supervisory checklist:

Name of Supervisor		Parish	
Date of Visit (day/month/year)		Village	
Name of Volunteer Counselor		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Supervisory Visit		Repeat Supervisory Visit	
Number of OVC Volunteer Counselor has visited to date		Number of OVC permanency plans Volunteer Counselor has facilitated	

Criteria	Yes	No	Comments
<i>Greetings & Client Relations</i>			
Does the Volunteer Counselor greet his/her clients appropriately?			
Does the Volunteer Counselor ask appropriate questions to probe for information from the child and/or (host) family?			
Does the Volunteer counselor demonstrate good listening skills?			
<i>Planning</i>			
Does the Volunteer Counselor make a plan of action?			
Does the Volunteer Counselor follow through on the plan of action?			
Has a Permanency Plan been completed?			
<i>Referral</i>			
Are the children referred to specialized care as needed?			
Was the referral appropriate?			
<i>Checklist</i>			
Does the Volunteer Counselor use a checklist appropriately?			
Review volunteer counselors' checklists and summaries. Are they filled out properly?			

On a scale of 1-5 (1 being worst and 5 being best) rate the Volunteer Counselor in terms of:

- Trust and confidentiality with child _____
- Concern and acceptance of what child is saying _____
- Taking time with the child _____
- Consistency and accuracy of information provided _____
- Listening to child _____

Other concerns:

Overall assessment of care provided by Volunteer Counselor and reason for the score:
(On scale of 1-10 with 1 being the worst and 10 being the best). _____

Annex 2: Questionnaire

CATHOLIC RELIEF SERVICES CAMEROON PROGRAM SCCM-OVC KUMBO PROJECT- VOLUNTEERS SURVEY QUESTIONNAIRE FOR VOLUNTEERS

Introduction:

My name is _____. I work for Catholic Relief Services. We are talking with those of you who are or have helped children who are not yours to find out your experiences with regards to these children and the help you are providing or provided to them. Have you recently been interviewed on the same topic?

IF THE RESPONDENT HAS BEEN INTERVIEWED BEFORE DO NOT INTERVIEW THIS PERSON. TELL HIM/HER YOU CANNOT INTERVIEW HIM/HER AGAIN. THANK HIM/HER AND END THE INTERVIEW. IF HE/SHE HAS NOT BEEN INTERVIEWED BEFORE, CONTINUE:

Confidentiality and Consent:

I am going to ask you some questions, some of which you may consider too personal or difficult to answer. Your name will not be written on this form, and will never be used in connection with any of the information you give me. You do not have to answer any questions that you feel uncomfortable with, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand the work you do helping other children. Your help in responding to this interview will be greatly appreciated. The interview will take about 30 minutes. Would you be willing to participate?

Signature of respondent _____

(Certifying that informed consent has been given verbally by respondent)

Signature of interviewer _____

(Certifying that respondent has given informed consent verbally).

VOLUNTEER SURVEY- QUESTIONNAIRE			
Respondent's Number: _____	Interviewer's Name _____		
	Date of interview _____		
	Checked by: _____	Date of checking _____	
Respondent's scale of connectedness _____/5	Location of Volunteer _____		
SECTION A: BACKGROUND INFORMATION			
Questions & filters	Categories	Responses	Instructions / comments
1. What is your date of birth?	Day/Month/Year	___/___/___	
2. Choose respondent's sex.	Female	1 [___]	
	Male	2 [___]	
	No response	99 [___]	
3. What do you normally do to earn a living? <i>(Respondent should select the most appropriate response. Read out the question and allow the respondent to state his occupation. Avoid running through the list, unless he/she requires you to do so.)</i>	Teaching	1 [___]	
	Trading	2 [___]	
	Mason (builder, bricklayer)	3 [___]	
	Carpenter/' wood-work'	4 [___]	
	Tailor/Seamstress	5 [___]	
	Mechanic (motor or motorcycle)	6 [___]	
	Work in hospital (health worker))	7 [___]	
	Farming only (raring animals too)	8 [___]	
Retired with no pension	9 [___]		
Retired with pension	10 [___]		

	Combination of different jobs	11 [____]	
	Others (specify)	12 [____]	
	No response	99 [____]	
4. How far did you go in school?	Did not complete primary school	1 [____]	Further training refers to professional training such as teachers' training, nursing, etc
	Completed primary school	2 [____]	
	Did not complete secondary school	3 [____]	
	Completed secondary school	4 [____]	
	Further training after primary or secondary school.	5 [____]	
	Did not go to school (never attended formal education)	6 [____]	
	No response	99 [____]	
5. What is your marital status?	Married	1 [____] Number of wives [____]	For those who are married state the number of wives in the marriage (including the respondent if female)
	Single	2 [____]	
	Divorced/separated from partner	3 [____]	
	Widow	4 [____]	
	Widower	5 [____]	
	No response	99 [____]	
6. In the last 12 months what was your average monthly income? (<i>Respondent should mention an approximate amount not a range</i>).	Monthly income	[____] FCFA	Income refers to money made from all activities, not necessarily from occupation only.
	No response	99 [____]	
7. What is your religious denomination?	Catholic	1 [____]	Protestant refers to Baptist, Presbyterian, & Pentecostal. If answer is 'Non-believer' skip to Q.12
	Protestant	2 [____]	
	Muslim	3 [____]	
	Non-believer	4 [____]	
	Others (specify)	5 [____]	
	No response	99 [____]	
8. How often do you participate in church activities (mass/service, morning prayers, Bible studies, Christian group meetings, etc)?	Most church activities	1 [____]	
	Only Mass/Service every Sundays/Fridays	2 [____]	
	Only Mass/Service once in a while.	3 [____]	
	Do not participate in church activities	4 [____]	
	No response	99 [____]	
9. Apart from being a Christian/Muslim faithful, do you hold any post of responsibility or perform any specific duties in your church?	Yes	1 [____]	If answer is 'No' skip to Q.12
	No	2 [____]	
	No response	99 [____]	
10. If yes, what post do you hold in your church?	<hr/> <hr/> <hr/>		

11. Were you holding this post before becoming a volunteer for the FLO project?	Yes	1 [_____]	FLO means Family Life Office
	No	2 [_____]	
	No response	99 [_____]	
12. How many people currently live with you (including yourself) most of the time?	My own children	[_____]	Children refer to anyone less than 18 years
	Other children	[_____]	
	Adults (including yourself)	[_____]	
	No response	99 [_____]	
13. How many children (<i>excluding children of the project</i>) do you help in some way or the other?	My own children	[_____]	These include children staying or not with respondent.
	Other people's children	[_____]	
	None	[_____]	
	No response	99 [_____]	
SECTION B: LIFE BEFORE BECOMING A VOLUNTEER			
We will now be asking you some questions relating to your life as a child and as you grew up.			
14. Did any of your biological parents die when you were still a child (less than 18 years)? (<i>Biological parents are your real father and mother</i>)	Yes	1 [_____]	If answer is 'No' skip to Q. 16
	No	2 [_____]	
	No response	99 [_____]	
15. If yes which of them?	Father	1 [_____]	
	Mother	2 [_____]	
	Both	3 [_____]	
	No response	99 [_____]	
16. With whom did you spend most of your years (time) when growing up? (<i>Note, only one response is needed.</i>)	Parents	1 [_____]	
	Mother	2 [_____]	
	Father	3 [_____]	
	Brother/Sister	4 [_____]	
	Other relations (specify)	5 [_____]	
	Non-family relation (specify)	6 [_____]	
	Lived with different people	7 [_____]	
17. Did you grow up in one environment or in different places?	I grew up in one place	1 [_____]	
	I grew up in different places	2 [_____]	
	No response	99 [_____]	
18. Describe the way the person (s) you grew up with took care of you. (i.e. <i>helped to educate you, provided your basic needs, provided food, showed you love, household chores etc</i>)	<hr/> <hr/> <hr/> <hr/> <hr/>		
19. Compared to other children in your community, what can you say about the quality of life you had growing up?	Better than most children	1 [_____]	
	Worse than most children	2 [_____]	
	Like that of most children	3 [_____]	
	Don't know	88 [_____]	
	No response	99 [_____]	

20. (If the response in Q.19 is 1 or 2, tell the respondent to say why)	<hr/> <hr/> <hr/> <hr/>		
21. Did you ever stay in the same household (as you were growing up) with children who had lost one or both parents?	Yes	1 [____]	Interviewer should avoid using the word <i>Orphan</i> , or <i>OVC</i> . If answer is 'No' skip to Q.24
	No	2 [____]	
	No response	99 [____]	
22. If yes, how were you related to each child? <i>(Respondent should mention the relation he/she had with each child)</i>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
23. How did you relate with each of the children? <i>(Describe)</i>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
24. Before becoming a volunteer, did you ever help children who were not yours?	Yes. If yes state the number.	1 [____] Number of children [____]	If answer is 'No' skip to Q. 34
	No	2 [____]	
	No response	99 [____]	
25. What was your relationship with each of the children you helped?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
26. For each child tell us why you decided to help the child.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
27. What did you do to help each of the children?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
28. For how long did you help each of the children?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
29. Are you still helping any of these children?	Yes	1 [____]	
	No	2 [____]	
	No response	99 [____]	

30. If yes, how many are you still helping?	Number of children you are still helping	[_____]	
	No response	99 [_____]	
31. Those you are no longer helping, why did you stop?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
32. Did all the children you helped live with you in your household?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
33. How did you feel about helping these children?	_____ _____ _____ _____		
SECTION C: LIFE AS A VOLUNTEER			
Now we will like to ask you some questions regarding your work as a volunteer.			
34. Now that you are a volunteer are you currently helping <i>children of the FLO</i> in some way or another?	Yes	1 [_____] if yes how many? [_____]	FLO means Family Life Office. Avoid using the words Orphan, OVC or Needy children.
	No	2 [_____]	
	No response	99 [_____]	
35. Are you currently helping other children like those of the FLO?	Yes	1 [_____] if yes how many? [_____]	Other children refer to OVC who are not of the project.
	No	2 [_____]	
	No response	99 [_____]	
36. Let's talk about the children of FLO you are helping. How were children chosen and assigned to you for your assistance?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____		
37. Did you know about the children before they were assigned to you?	Yes, I knew all of them	1 [_____]	If answer is 'No' skip to Q.39
	Yes, I knew only some of them	2 [_____]	
	No, I did not know any of them	3 [_____]	
	No response	99 [_____]	

<p>38. If you knew some or all of the children, in what capacity did you know each of them? <i>(Note capacity may mean kinship, neighbor's child, friend's child, child related to another volunteer or member of the church, etc. Probe to get clear answers)</i></p>	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
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<p>39. How many of the <i>children</i> in all you are currently helping live in your household?</p>	<p>From the FLO project</p>	<p>[_____]</p>	<p>'Children' refers to OVC.</p>
	<p>Out of the FLO project</p>	<p>[_____]</p>	
	<p>No response</p>	<p>99 [_____]</p>	

<p>40. What do you do in general to help each child?</p>	<p>FLO OVC</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Non-FLO OVC</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>41. How do you feel about what you are doing for these children?</p>	<p>_____</p> <p>_____</p> <p>_____</p>
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SECTION D: VOLUNTEERISM

<p>42. For how long have you been working as a volunteer for the Kumbo FLO project?</p>	<p>Duration (in years)</p>	<p>[_____]</p>	
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<p>43. In the last month, how many children of the FLO you are helping did you actually see?</p>	<p>Number OVC seen</p>	<p>[_____]</p>	
	<p>No response</p>	<p>99 [_____]</p>	

<p>44. For each child you saw, tell us where you saw the child.</p>	<ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
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45. For each child you saw, tell us what you did when you saw the child.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____		
46. Did you visit any of these children in their homes?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
47. If so what did you do?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
48. If not, why not?	_____ _____ _____ _____ _____		
49. If you did not see all the children you ought to, explain why.	_____ _____ _____ _____		
50. For each of the children of the project you saw or visited in the last 1 month, how many times did you see or visit him/her?	1.	[_____]visits/mth	
	2.	[_____]visits/mth	
	3.	[_____]visits/mth	
	4.	[_____]visits/mth	
	5.	[_____]visits/mth	
	6.	[_____]visits/mth	
	7.	[_____]visits/mth	
	8.	[_____]visits/mth	
	9.	[_____]visits/mth	
	10.	[_____]visits/mth	
51. What is the usual (most of the time) means of transport you use in order to see or visit the children of FLO you are helping?	Walking	1 [_____]	
	Bike (taxi)	2 [_____]	
	Car (taxi)	3 [_____]	
	Others (specify)	4 [_____]	
	No response	99 [_____]	
52. What is the furthest distance you need to cover each time you go to see the	Estimate distance in Km	[_____] Km	
	Estimate distance in number of hours of walking	[_____] Hrs walking	

children of the project? <i>(Respondent should choose the most appropriate estimate he/she can give)</i>	Estimate distance in number of hours taking a car or motor bike	[_____] Hrs by car or bike	
	Do not know	88 [_____]	
	No response	99 [_____]	
53. In which of these locations do you most often meet with the children of the FLO you are helping?	In school	1 [_____]	Respondent should select one option only.
	At my place of work	2 [_____]	
	In church	3 [_____]	
	In their homes	4 [_____]	
	In my home	5. [_____]	
	Around the neighborhood	6 [_____]	
	Other locations (specify	7 [_____]	
	No response	99 [_____]	
54. How do you decide when to see and help each child? (Describe)	<hr/> <hr/> <hr/> <hr/>		
55. What are all the activities you do as a volunteer? (Volunteer work)	<hr/> <hr/> <hr/> <hr/>		
56. How do the activities fit into your other activities? <i>(If they don't mention anything about interference, then ask Q. 56)</i>	<hr/> <hr/> <hr/> <hr/>		
57. Do your duties as a volunteer interfere with your other daily activities and responsibilities?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
58. If yes how?	<hr/> <hr/> <hr/> <hr/>		
59. If not, how do you manage to fit them in.	<hr/> <hr/> <hr/> <hr/>		Note that, the answers to Q. 57 58, and 59 might have been provided in Q. 56.
60. Do you experience any conflicts with your family (children, partner, other relatives) with regards to carrying out your volunteer duties?	Yes most of the times	1 [_____]	
	Yes, sometimes	2 [_____]	
	No	3 [_____]	
	No response	99 [_____]	

61. If yes, tell us the kind of conflicts you have?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
62. How do you deal with the conflicts?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
63. If you do not have any conflicts, tell us why.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
64. Do you know in person the guardian (s) of the children of the FLO you are helping?	Yes, I know all the guardians	1 [_____]	
	Yes, I know some of the guardians	2 [_____]	
	No	3 [_____]	
	No response	99 [_____]	
65. If yes, how often do you meet with them?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
66. What do you do with them?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
67. Could you characterize the nature of your relationship (<i>connectedness</i>) with the guardians?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
68. Have you ever had any conflicts with any of the guardians?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
69. If yes, for each guardian how did you deal with the conflict?	1. <hr/> 2. <hr/> 3. <hr/> 4. <hr/> 5. <hr/> 6. <hr/> 7. <hr/> 8. <hr/> 9. <hr/> 10. <hr/>		
70. Has working as a volunteer contributed to	Yes	1 [_____]	
	No	2 [_____]	

anything in your life?	No response	3 [_____]	
71. If yes, tell us what.	<hr/> <hr/> <hr/> <hr/> <hr/>		
72. Tell us about the positive and negative things about your work as a volunteer.	Positive: <hr/> <hr/> <hr/> Negative: <hr/> <hr/> <hr/>		
73. Since becoming a volunteer for the FLO project, do you have some one who supervises your work as a volunteer?	Yes	1 [_____]	If answer is 'No' skip to Q.81
	No	2 [_____]	
	No response	99 [_____]	
74. If yes, who? (<i>Note different supervisors-deanery, FLO, external</i>)	<hr/> <hr/>		
75. Did you see your supervisor last month?	Yes	1 [_____]	Q. 75 to Q.80 refer to the deanery supervisor.
	No	2 [_____]	
	No response	99 [_____]	
76. Did you see your supervisor the month before?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
77. In past one year how many times did you see your supervisor?	Number of times	[_____]	
	No response	99 [_____]	
78. When you saw your supervisor last, what did he/she do?	<hr/> <hr/> <hr/> <hr/>		
79. What he/she did was it helpful to you?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
80. Do you receive feedback from your supervisor on your work as a volunteer?	Yes most of the time	1 [_____]	
	Yes sometimes	2 [_____]	
	No, never received any feedback.	3 [_____]	
	No response	99 [_____]	
81. Do you write and submit reports of your volunteer	Yes		IF answer is 'No' skip to
	No		

activities to the family life office?	No response		Q.84
82. If yes, how often do you submit your reports to the FLO?	<hr/> <hr/> <hr/> <hr/>		
83. Is it easy to write the report?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
84. For how long has the Kumbo FLO project existed?	Duration of project	[_____]	
	Do not know	88 [_____]	
	No response	99 [_____]	
85. Apart from the children you are helping, are you aware of the other activities of the Kumbo project?	Yes	1 [_____]	
	No	2 [_____]	
	No response	99 [_____]	
86. If yes, tell us about them.	<hr/> <hr/> <hr/> <hr/>		
87. Describe your personal characteristics, which you think, have enabled you to work as a volunteer.	<hr/> <hr/> <hr/> <hr/>		
88. Mention the thing(s) that will make you to stop working as a volunteer for the project.	<hr/> <hr/> <hr/> <hr/>		
89. What are the major problems you face as a result of working as a volunteer?	<hr/> <hr/> <hr/> <hr/>		
90. Which of these problems do you consider affecting your desire to continue volunteering?	<hr/> <hr/> <hr/> <hr/>		
91. If you have any other thing to add concerning volunteers, please kindly state it?	<hr/> <hr/> <hr/> <hr/>		

Thank you so much for your participation.



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