

October 2021

Volunteer perceptions throughout the pandemic: Africa region

About this report

Volunteers are the lifeblood of the Red Cross / Red Crescent (RCRC) Movement, so it's crucial to understand how they are experiencing the COVID-19 pandemic and their National Societies' responses. This report presents highlights from the second survey of volunteers across the Africa region. The first, conducted in February – March 2021, explored volunteers' experiences during the pandemic as well as their motivations, challenges, and levels of participation in decision-making. The second round dug deeper into certain themes, aiming to gain further insight to ensure that volunteers are best supported to do their work.

The findings will inform the International Federation of the Red Cross and Red Crescent Societies' (IFRC's) local, national, and regional strategies and policies to better support and train volunteers. The IFRC will share results and country-level data with National Societies so that they can each address their volunteers' unique feedback and ideas.

The survey aimed to:

- assess the relevance and usefulness of the training and information provided to volunteers around Covid-19 and the vaccine, including its impact on vaccine perceptions and uptake;
- generate a better understanding of volunteers' trusted sources and channels for vaccine information;
- reflect on whether volunteers feel supported by their National Societies during the pandemic – particularly in terms of mental health and wellbeing;
- understand whether female volunteers feel they have the same opportunities to influence decision-making as their male counterparts.

Key findings

Information and training provided on Covid-19 and vaccines

- The majority (75%) of the volunteers surveyed say they would get the Covid-19 vaccine if it was offered to them, and over half (58%) say the training and information provided by the RCRC had convinced them to get vaccinated.
- More than half of the respondents (60%) say they have received enough vaccine information and training from the RCRC to engage with their communities, although this varies significantly across countries.
- Those who do not feel sufficiently informed or trained (40%) to advise communities on the vaccine say they need more training and information on the vaccine's origins, side effects, and roll-out, as well as the different vaccines available, how they work, and tactics to debunk rumours within communities.
- Respondents say they trust National Society heads of health, branch managers, and World Health Organisation (WHO) representatives to provide information on the vaccines, although again this varies based on country and also on gender.

Overview of methodology¹

This report summarises the responses of 1,626 volunteers across the Africa region who took part in a perceptions survey between 10 August and 6 September 2021.

An online survey was shared with National Societies in 49 countries, primarily via WhatsApp (the medium through which many National Societies stay in contact with volunteers) and email. Perceptions from 15 African National Societies are included in the aggregate analysis.

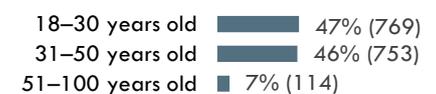
The results below are indicative rather than representative, due to the nature of convenience sampling. These results should not be considered representative of the entire region or of a 'general' volunteer experience.

Overview of volunteer demographics²

Gender



Age



Country

Nigeria	497	30%
The Democratic Republic of the Congo	199	12%
Kenya	167	10%
Ghana	158	10%
Botswana	146	9%
Burkina Faso	91	6%
Togo	60	4%

¹ A more detailed methodology can be found on page 9.

² A more detailed breakdown of this data can be found on page 9.

Support provided and areas for improvement

- Almost all the respondents (95%) say mental health and wellbeing support is important and the RCRC should provide it. However, only 62% feel the RCRC currently provides adequate mental health and well-being support.
- Most respondents (82%) say men and women within the RCRC have equal opportunities to have a say in decision-making. Nevertheless, barriers for women do exist, including work hours that do not align with family commitments and a lack of opportunities to take up leadership positions, as well as serious concerns such as the risk of sexual exploitation, abuse, or harassment at work.
- Volunteers would like to receive free training sessions on a more regular basis to better equip them in their current roles and to support their longer-term development.

Note: in the following analysis, responses which were answered on the Likert scale as 1 or 2 (i.e., "not at all" or "not really") are treated as negative, and those answered as 4 or 5 (i.e., "yes, mostly" or "yes, completely") as positive.

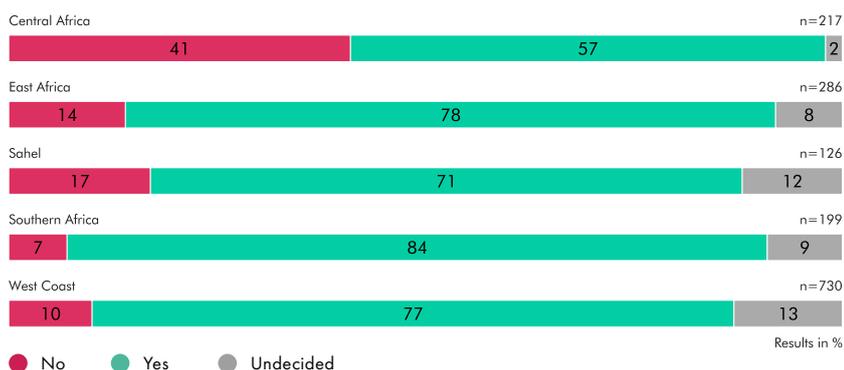
Information and training during the Covid-19 pandemic

Would you get a Covid-19 vaccine if it was recommended to you?

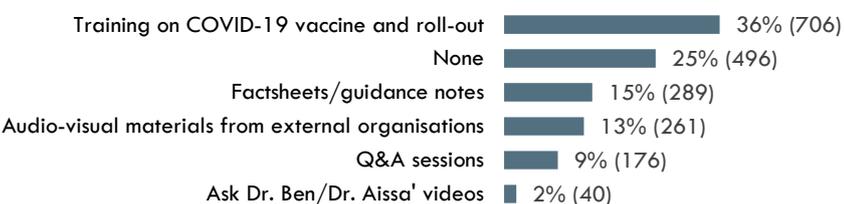


- Most volunteers (75%) would get the vaccine if it was recommended to them, although people over the age of 50 tend to be more hesitant, with 66% in this age bracket saying they would get the vaccine compared to 76% of those between 18 and 50 years old.
- We also see differences between regions, with volunteers from Central Africa the most vaccine hesitant and volunteers from Southern Africa most receptive to vaccines.
- In terms of country-specific differences, volunteers in Mauritius (94%), Botswana (88%), and Kenya (87%) are most receptive to vaccines.

Regional breakdown*: Would you get a Covid-19 vaccine if it was recommended to you?



What kind of information/training have you received from your NS on COVID-19 vaccines so far?*



* Percentages do not total 100 because respondents could choose multiple options.

Eswatini	54	3%
Burundi	52	3%
Mali	48	3%
Somalia	35	2%
Uganda	35	2%
Benin	32	2%
Mauritius	32	2%
Cameroon	30	2%

***Regional breakdown**

Countries in the Central Africa breakdown include Cameroon, The Democratic Republic of the Congo, and Eswatini. Countries in the East Africa breakdown include Burundi, Kenya, Uganda, Somalia, and Mauritius. Countries in the Sahel breakdown include Burkina Faso and Mali. Countries in the Southern African include Botswana. Countries in the West Coast include Benin, Ghana, Nigeria, and Togo.

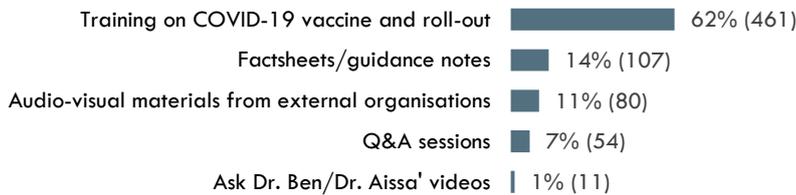
Did the information/training you received from your NS change your opinion on getting a Covid-19 vaccine?



- Training reportedly resulted in more than half of the respondents (58%) becoming more receptive to receiving a vaccine, although this was not the case in all countries. Volunteers in Mauritius (82%), Somalia (79%), Kenya, (73%), and Eswatini (73%) were most convinced by the information/training they received on the Covid-19 vaccine.
- Of those who say the information/training provided did not change their minds, the majority (62%) say they were already planning to get the vaccine, while one-quarter (25%) say they were not convinced by the information or the training provided.
- One-quarter (25%) of respondents have not received any training or information on the Covid-19 vaccine to date.

Follow-up question to those who changed their minds after the information/training they received from their National Society on the Covid-19 vaccine:

What information/training was the most useful?*



* Percentages do not total 100 because respondents could choose multiple options.

- Volunteers say the training and information they received has helped them to better understand the vaccine, how to adhere to protective measures, and how to communicate with their communities about the virus and the vaccine.

Do you have enough information and training to engage with communities about the vaccine?



- While the majority of volunteers (60%) feel they have sufficient information and training to engage with communities on the vaccine, this varies significantly between regions. We see that most volunteers feel confident communicating with communities about vaccines in East Africa, Sahel, Southern Africa, and the West Coast. At the country-specific level, volunteers in Eswatini (89%), Mauritius (80%), and Botswana (77%) are the most positive in this regard.
- Conversely, a majority of volunteers (75%) in Central Africa say they are ill-equipped to communicate effectively with communities about the vaccine.

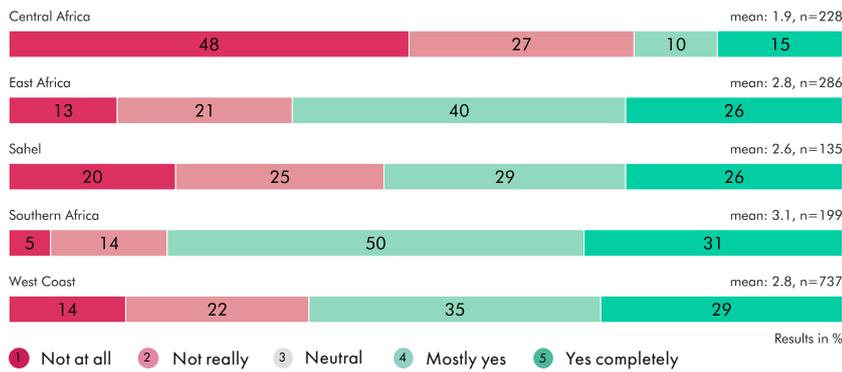


“This information I received made me more certain about getting vaccinated against Covid-19 and allowed me to acquire additional knowledge to be able to convince those around me about Covid-19 vaccines.” – Female volunteer from Benin in her 20s



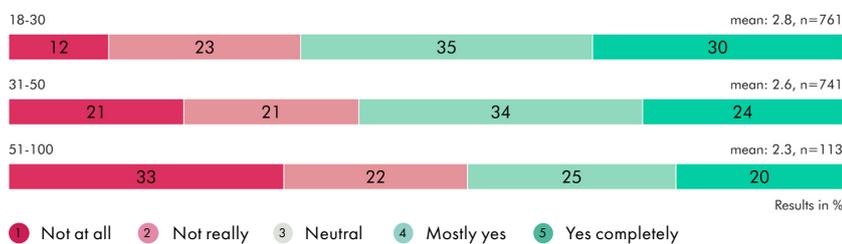
“The information on vaccines is based on facts and clears up all the misconceptions about the Covid-19 vaccine. I remember people saying that the vaccine is intended by Bill Gates and his ilk to depopulate ‘us’ Africans So after I watched and listened to the Ask Dr. Ben/Dr. Aissa videos which were trending on Facebook, I came to realise that the vaccines are being given to build antibodies that will build immunity against the virus.” – Male volunteer from Lesotho in his 30s

Regional breakdown: Do you have enough information and training to engage with communities about the vaccine?



- Volunteers over the age of 50 feel least confident in this regard, with just under half of the respondents telling us they are able to engage with communities about the vaccine.

Age breakdown: Do you have enough information and training to engage with communities about the vaccine?



- Volunteers who do not feel they have received enough information and training on the vaccine say they would benefit from general information on the vaccine as well as training on the vaccine's origins, side effects, and roll-out. Additionally, volunteers want more information and training on the different vaccines available, how they work, and tactics to debunk rumours within communities.
- Respondents repeatedly mentioned that trainings should not only focus on the benefits of the vaccine, but also on the potential risks.
- Volunteers say vaccine information should be provided on a regular basis, so they have up-to-date figures on vaccination rates, the latest efficacy rates, and any ongoing developments.
- Several volunteers say psycho-social support should also be provided to those who have anxiety around getting the vaccine.
- In addition to face-to-face channels, volunteers say information should be shared through means such as pamphlets, audio and visual materials, online trainings and workshops, social media, radio, and television.



"I need more information on how the Covid-19 vaccine operates inside the human body and affects our genes. Training would help to eradicate fears about what we are told about the vaccine – that it will cause genetic mutations and that the virus contains the satanic beast (666)." – Female volunteer from Rwanda in her 40s

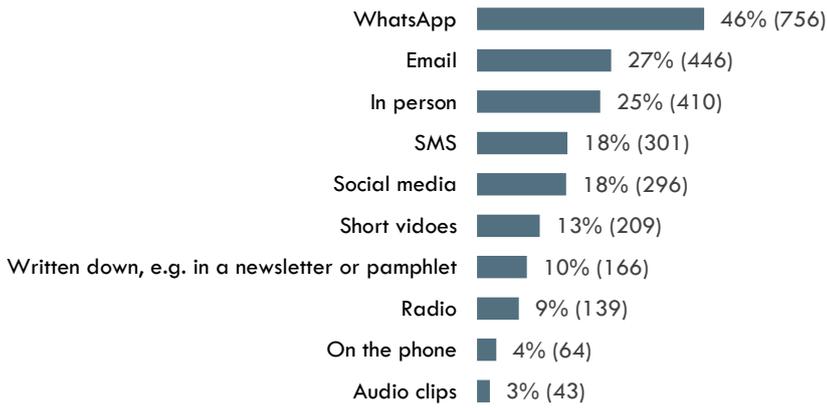


"They should give us clear and convincing information on the vaccination because there are too many rumours, even from scientists and medical professionals." – Male volunteer from Nigeria in his 40s



"There is a need for common information to share with communities to help them prevent the spread of the virus and support ongoing vaccination campaigns. Accurate information should be formulated by the IFRC to be translated and used by NSs in their preferred languages." – Volunteer (gender unspecified) from Rwanda in their 30s

How do you prefer to receive information on Covid-19 vaccines from the Red Cross / Red Crescent?*



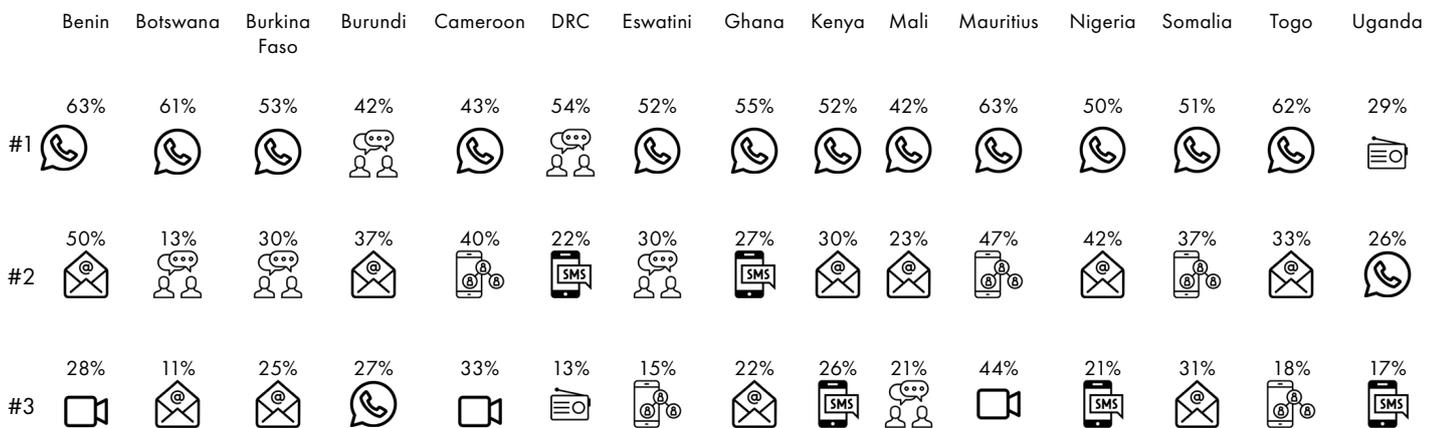
* Percentages do not total 100 because respondents could choose multiple options.

- Female volunteers prefer WhatsApp and verbal, in-person communication, whereas male volunteers prefer WhatsApp and email.
- While email channels are the second most-preferred information channel overall, this heavily correlates with the volunteer's level of education. Only 15% of those who attended secondary school and 34% of those who received bachelors-level education say they prefer email, while the number rose to 41% among those with a higher education level.
- Volunteers over the age of 50 were also less likely to prefer WhatsApp or email correspondence. They prefer to receive information face-to-face.

Communication preferences icons

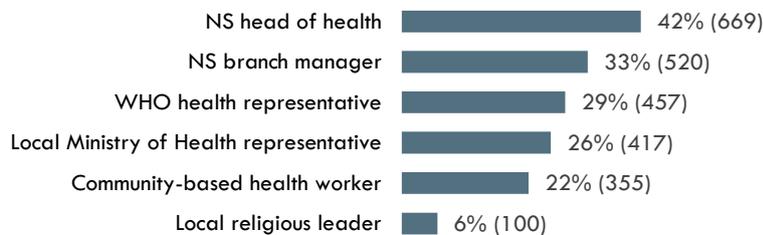


Communication preferences by country*:



* Percentages do not total 100 because respondents could choose multiple options.

From whom do you prefer to receive information about Covid-19 vaccines from?*



* Percentages do not total 100 because respondents could choose multiple options.

- Almost half of the male volunteers say they prefer to receive information from the NS head of health (45%), followed by an NS branch manager (38%) and a local Ministry of Health representative (23%).

- Female volunteers prefer to receive information from the NS head of health (34%), a local Ministry of Health representative (30%), or a World Health Organisation (WHO) representative (30%).

Most trusted information sources on the Covid-19 vaccine by country*:

	Benin	Botswana	Burkina Faso	Burundi	Cameroon	DRC	Eswatini	Ghana	Kenya	Mali	Mauritius	Nigeria	Somalia	Togo	Uganda
#1	69% 	57% 	63% 	48% 	50% 	60% 	37% 	45% 	37% 	48% 	56% 	45% 	63% 	60% 	46%
#2	19% 	23% 	29% 	42% 	37% 	25% 	33% 	33% 	35% 	33% 	47% 	40% 	46% 	35% 	31%
#3	16% 	21% 	20% 	15% 	37% 	20% 	22% 	30% 	32% 	27% 	47% 	38% 	46% 	25% 	17%

* Percentages do not total 100 because respondents could choose multiple options.

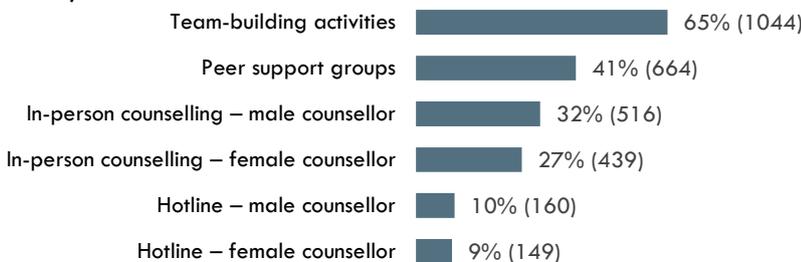
Support from the RCRC

How important is it to you that the Red Cross / Red Crescent provides mental health and wellbeing support to volunteers?



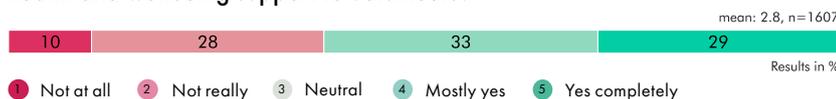
- Almost all the respondents (95%) feel it is important that National Societies provide mental health and wellbeing support to volunteers, with very little variance between countries, ages, or genders.

What kind of mental health and wellbeing support do you think would be important/useful?*



* Percentages do not total 100 because respondents could choose multiple options.

Do you think the Red Cross / Red Crescent currently provides adequate mental health and wellbeing support to volunteers?



- While volunteers highly value mental health and wellbeing support, only 62% say they are currently provided with adequate support in this regard. The level of support volunteers feel they are given varies between countries – volunteers in Eswatini, (75%), Benin (74%), Somalia (74%), and Mali (73%) are the most positive in this regard.

Trusted information sources icons

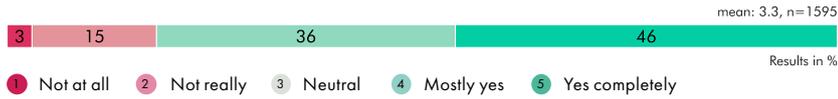
- NS head of health
- NS manager
- Community-based health worker
- Local MoH representative
- WHO health representative

Do you feel comfortable talking about sensitive issues (such as mental health, stress, or harassment) with supervisors or branch managers at the Red Cross / Red Crescent?



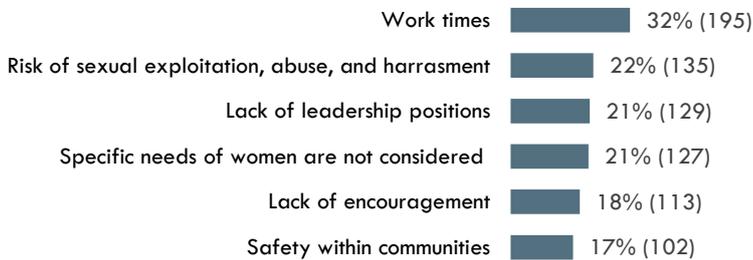
- The majority (81%) of volunteers feel comfortable speaking to their managers/supervisors at the RCRC about sensitive issues, with particularly positive responses from volunteers in Uganda (94%), Mali (90%), and Burkina Faso (90%). We see little difference between genders, age groups, or education levels in these responses.

Do female volunteers have the same opportunities to influence decision-making within your National Society as male volunteers?



- The majority of both male and female volunteers (82%) feel there are equal opportunities to influence decision-making within their National Societies.
- Those who mention specific barriers for female volunteers commonly point to the fact that work hours do not fit around their family commitments, to a general lack of opportunities to take up leadership positions within their National Societies, and to the fact that women’s specific needs are not taken into account.
- Concerningly, the second most-common barrier female volunteers mention is the risk of sexual exploitation, abuse, and harassment at work. This warrants further investigation in order to foster a work environment in which women do not feel exposed to such risks.

What barriers do you experience as a female volunteer?*



* Percentages do not total 100 because respondents could choose multiple options.

How could the Red Cross / Red Crescent better support and encourage female volunteers?

- Equal opportunities at all levels:** female volunteers should be encouraged to participate in branch- and national-level activities and to take up positions that involve greater authority and decision-making power. Giving female volunteers more responsibility and equal access to leadership positions would be a step in the right direction for gender inclusivity at all levels within National Societies.
- Workshops and training** should be provided for female volunteers to strengthen their leadership skills.
- Gender equality training** should be provided for all volunteers to help them better understand gender issues and how to reduce bias.
- A quota system** for specific roles (such as election to branch committees and councils) was suggested as a way to encourage female leadership and representation.



“I suggest that the movement showcases female executive leaders as role models to motivate other women to take on leadership roles.” – Female volunteer from Malawi in her 20s

- **A safe place for women to share their views:** many volunteers suggested the creation of a specific forum in which women are encouraged to participate and to share their opinions.
- **Female support groups:** creating female-only groups would provide a community of support in which female volunteers could encourage and learn from one another.
- **Menstruation sanitary products** should be provided so that female volunteers can continue their normal activities during their menstrual cycles.
- **Leadership and management culture:** ensuring that leadership and management are engaging with and valuing the opinions of female volunteers would support an environment in which women feel more empowered to participate fully.
- **Recognition of female volunteers' contributions:** for example, volunteers suggested an awards ceremony in which certificates of recognition could be presented to encourage female volunteers.
- **Financial incentives:** female volunteers should be provided with income-generating activities and opportunities not only to volunteer, but to be considered as candidates for paid positions.

What kinds of activities/training should the Red Cross / Red Crescent provide to support your further development?

- Volunteers suggest a range of training and activities which would help them to further develop, both within the RCRC and also in their professional careers. Regular training should be offered to volunteers free of charge and should also be recognised with certificates. Respondents also suggest providing all volunteers with first-aid kits, annual psychosocial evaluations, and training opportunities in neighbouring countries to increase their international exposure.
- Suggested training topics include:
 - o agricultural, livestock, and livelihoods;
 - o community engagement and accountability (CEA);
 - o community-based disaster risk management (CBDRM);
 - o disarmament, demobilisation, and reintegration (DDR);
 - o safer access training;
 - o core humanitarian principles and values;
 - o information technology;
 - o water, sanitation, and hygiene (such as building wells, water management, and promoting hygiene);
 - o Covid-19 (information, preventative measures, and vaccines);
 - o basic healthcare, including mental health and psychosocial support;
 - o professional development and employment skills;
 - o data collection methodologies and report writing;
 - o leadership and management;
 - o training of trainers;
 - o team-building activities.



“Women could be better supported by being given equal opportunities and resources as their male counterparts to engage in branch activities. Additionally, providing a platform where women can express their views would help.” – Female volunteer from Kenya in her 20s



“We would really benefit from more training on psychosocial support because as volunteers we go through extremely emotional incidents, such as helping in terrible accidents and helping those most in need in any way we can.” – Female volunteer from Lesotho in her 30s



“I believe that as a fully registered volunteer, certain trainings such as first aid are a bit steep for our pockets. Times are already hard, jobs are scarce, and money is difficult to find, yet membership has increased and prices for first aid are killing us.” – Male volunteer from Botswana in his 30s

Sampling methodology

A Kobo survey link was shared with National Societies in 49 countries across the Africa region, primarily via WhatsApp and email. WhatsApp was chosen because it is the medium through which many National Societies stay in contact with volunteers. Volunteers from 15 National Societies submitted more than 30 responses, which was the threshold to be included in the aggregate analysis.

Participants

All participants were over the age of 18. Fifty-eight percent of the respondents have been volunteering with the RCRC for between 1 and 5 years, and 21% for more than 5 years.

Language of the interviews

Surveys were offered in Arabic, English, French, Hausa, Portuguese, and Swahili.

Weighting

In order to be included in the aggregate analysis, a cut-off of 30 responses per country was decided in advance.

Due to the nature of the sample (a convenience sample), the data presented should not be considered representative of the entire Africa region. Indeed, taking into account such different political, cultural, and social contexts, a 'general' volunteer experience does not exist, and this report does not attempt to generalise in this way.

For this reason, the data in this report was not weighted – neither by population size nor by the total number of RCRC volunteers in each country. It is worth noting that the total number of RCRC volunteers in each country does not always relate to the country's population size – many smaller countries have very large National Societies. When we compared each of these weighting methods to the unweighted data, the results differed by a maximum of six percentage points. Since neither weighting option provided a convincing theoretical basis over the unweighted data, we decided to analyse the unweighted data. This method has the benefit of including all the countries that achieved more than 30 responses, while using either of the other two weighting methods would have meant losing a handful of countries with either small populations or small numbers of volunteers.

Where generalisations across countries are made in this report, we refer to the percentage of survey respondents who express a certain opinion. This should be treated as indicative of general sentiment only and as a potential signpost for further exploration.

Dates of data collection

The survey was open between 10 August and 6 September 2021.

Challenges and limitations

- **Gender balance:** despite estimates indicating that around 55% of RCRC volunteers are female,³ only 38% of the survey respondents were female. Although the results do not indicate vastly different responses between male and female volunteers, efforts should be made in future to capture the specific experiences of women and to encourage more female volunteers to voice their opinions.
- **Selection bias:** due to the nature of a convenience sample, only the views of those volunteers who actively decide to participate are captured. This may lead to the under- or over-representation of certain groups or views. For example, those with strong ties to their National Societies, or those with grievances to voice, may have been more motivated to respond.
- **Smart phone access:** the survey was distributed to volunteers over WhatsApp and by email, meaning that those without internet access or a smart phone were likely unable to complete the survey. As alternatives to mitigate these issues, some National Societies offered volunteers a central location with internet access to complete the survey, and others offered printed versions which were then uploaded.

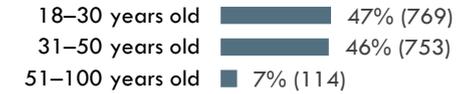
Volunteer demographics

The graphs below present demographic information on the 1,626 RCRC volunteers who took part in the survey.

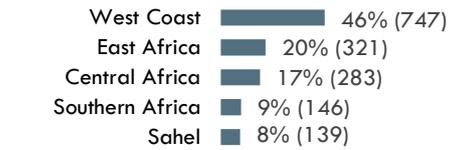
Gender



Age



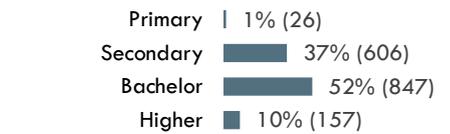
Region



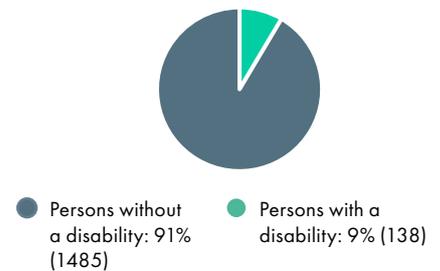
Length of time volunteering



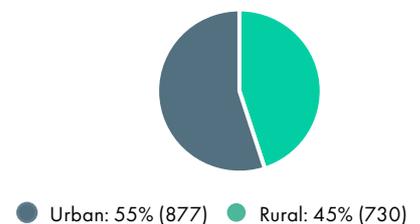
Education level



Disability status



Rural/urban



³ IFRC. "Federation-Wide Databank and Reporting System." <https://data.ifrc.org/fdrs/societies>