

# The contributions of community based volunteer workforce towards the millennium development goals in Nyando District, Kenya

Ochieng' B.M, Kaseje, D C.O, Wafula C.O.  
Great Lakes University of Kisumu, P.O Box 2224-40100, Kisumu.  
[\\*josinabevery@yahoo.com](mailto:*josinabevery@yahoo.com)

## Abstract

This paper presents results of a study on the contribution of CBVs to efforts towards the MDGs in Western Kenya. The study was cross sectional, descriptive and exploratory in design.

Objective of the study was to describe the contribution of volunteers in services relevant to the achievement of the MDGs.

Services rendered by volunteers were relevant to MDGs 1, 2, 4, 5, 6, and 7. Majority of volunteers spent 6-10 hours in a week offering voluntary services. This is equivalent to \$20 per person per month, for 40 volunteers serving 5,000 people. They contribute USD 9,600 per year, which is 4% budget of \$170,000 the population at recommended \$34 per capita per year. Majority of volunteers (70%) had served for more than five years, indicating a reasonable retention rate. Due to the budgetary strains and human resource crisis, volunteerism presents an alternative of providing services

**Keywords:** Volunteers, Contributions, Millennium Development Goals, Community

## 1. Introduction

Africa is behind in all Millennium Development Goals (MDGs) indicators and is unlikely to achieve them by 2015. Community Based Volunteerism (CBV) is one innovation that is likely to accelerate progress towards the MDGs. Community Based Volunteers are people who work on behalf of others within the community without pay or tangible gain, (Decker 2003). Volunteerism in this context exists in all cultures and religions especially in sub Saharan Africa. It enhances solidarity and reciprocity among people and it's valued as a means of responding to human resource needs, most urgent in Africa because of limited resources (Smith, 1998b).

### 1.1 Research question

What is the contribution of community based volunteers in services relevant to the achievement of the MDGs in Nyando District of Western Kenya?

### 1.2 Broad Objective

The objective of this study is to describe and quantify the contributions of community based volunteers in services relevant to the achievement of the MDGs in Nyando District of Western Kenya.

#### Specific objectives

- 1 To describe the MDG relevant services provided by Community based volunteers and factors influencing their service provision.
- 2 To establish the output of volunteers in terms of length of service, time spent and community coverage.

### 1.3 Research Methodology

#### 1.3.1 Study design

The study was took a mixed method approach. Both qualitative and quantitative methods of data collection were used to include; cross sectional, descriptive and exploratory in design.

#### 1.3.2 Study population

The study population consisted of 261 the volunteers in Nyando District. The unit of observation was the volunteers serving the communities in both Districts.

#### 1.3.3 Sampling design

The study employed a stratified sampling design starting with a purposive selection of Nyando District. Purposive sampling allowed the selection of characteristics which provides the required information in line with the objectives

of the study. Having identified the site, a register of all the community based volunteers was developed starting from the official lists from the chief's and assistant chiefs' offices and complemented by key informants: the village elders, women group leaders, church leaders in each of the villages in the two locations to ensure inclusion of those volunteers that may not be recognized by the administration.

In addition, snowballing was used to complete the lists by asking identified volunteers themselves mention any volunteers they knew, in order to create as complete a register of volunteers as possible. This register constituted the sampling frame for volunteers. A random sample of volunteers was drawn from the register, using simple random sampling techniques, using a table of random numbers, for the study. For households consuming volunteer services the Community Health Worker registers provided the sampling frame. A systematic sampling technique was used to select the households to be included in the sample

#### **1.3.4 Analysis**

Descriptive statistical analysis such as frequency distribution, percentages and measures of central tendency like the mean, mode and the range were utilized in this study. These descriptive statistics were useful in summary and item analysis. They also gave a clearer picture of the shape of the distribution of data and a general impression of values that could be seen as common, middling or average (Saunders *et al.*, 2003). Further analysis served as a basis for inferential statistics to measure association between variables of data from the 261 volunteers. Associations between selected variables and how they relate to volunteer services offered is also presented. The results are presented according to the objectives of the study which reflect the research questions that the researcher set out to answer

## **2. Results**

### **2.1 MDG relevant to services rendered by volunteers**

Services rendered by volunteers were relevant to MDGs 1, 2, 4, 5, 6, and 7. The study found that the volunteers offered training services on food production and income generating activities. They also supported education process within the community by serving in the local schools in various capacities. The key areas of training in relation to farming included: proper farming methods, use of new improved seeds suitable for the particular soils and importance of irrigation and use of organic manure. On animal farming the training included: prevention of diseases, seeking of veterinary attention and advice and use of new farming technology in commercial agriculture.

In relation to Income generation activities, training included: characteristics of a good entrepreneurs, development business plans, book keeping, group dynamics and loan applications. They thereafter assisted the clients to access loans for viable income generating activities from various financial institutions.

In schools, volunteers participated as teachers or served in school development boards as well as parent's teachers' association boards. They also helped students' secured scholarships and loans to pay school fees through Constituency development funds or other means.

### **2.2 Sex of volunteers by type of service**

This study showed that there were more male (56.3%) volunteers offering services in relation to food production where as there were more female (60.5%) volunteers offering services in relation to income generating activities, see table 3. These services are related to MDG 1, which is food and income security. In relation to education which is MDG 2, there was insignificant difference between the sexes of the volunteers offering services as (49.5%) were male and (50.6%) female. In health activities which include MDGs 4, 5 and 6, more than two thirds of the volunteers were females. In general, women of reproductive age tended to volunteer more than the males from the same age group, particularly in services to fellow women and children.(See table 1)

Focused group discussion on the sex of the volunteers brought out the fact that women see volunteerism as a critical part of the society's responsibility to the community and it is also an important aspect of building social capital which is a vehicle for promoting development. The discussion also revealed that most males of younger age brackets were not very active in offering volunteer services in the community because they are bread winners in their households, their families look up to them for daily bread. They therefore spend more time working to provide for their family's livelihoods and so have no free time for volunteer work. Women on the other hand look after their homes and tend to find it easier to spend a few hours in a day on volunteer services.

### 2.3 Age of volunteers by type of service

Age appeared to be an important determinant of the type of voluntary service volunteers render. As can be seen on table 4, the older age groups were more involved in food and income security and education (MDGs 1, 2), while the younger, reproductive age groups were more involved with the health of mothers and children and with HIV/AIDS/malaria (MDGs 4,5,6). The mean age of volunteers offering agricultural services was 47, education was 45, for mother and child health 42, while the mean age of volunteers in HIV/AIDS and malaria was 43. These differences were not statistically significant ( $p>0.05$ ).

This study also found that there is a more or less the same number of volunteers among the males and females of ages 50-54 years as women make up 7% while men 5%. In the focus groups discussion it was explained that older men have settled in their rural homes and have invested, making it more possible for them to undertake volunteer services compares to the younger ones. The groups further explained that the older folk tend to be champions of change. They are thus motivated in voluntary service to see change in their communities. This trend continued into ages 55 and above when males begin to dominate voluntary service, reaching 22% of respondents compared to (5%) of females. See table 4.2.2 above. Further analysis showed that these male volunteers tended to be leaders in various committees, coordinators of volunteer activities and administrators of villages, such as the village elders.

The focus groups explained that the older males represent the leadership of the society. Because of their great experience they are viewed as the community advisors. They give technical advice to young upcoming change agents in the community. In general, the younger females tended to be involved in maternal and child health services. They served mostly households, giving health education on immunization, de-worming of children, distribution of ITNs to children under five, distribution of water guard for water treatment, advocating for seeking good health behavior, offering home based care, referring cases, helping in home deliveries, encouraging mothers to go for ANC and PNC, and evaluating health status of the community by carrying out health surveys twice yearly. They also maintained household registers for the villages.

### 2.4 Occupation of respondents by category of service

The relationship between the occupation of the volunteers and the type of service they offer showed that in all the service categories, over half of the volunteers were farmers while a third were self employed. Those in employment were few. This employment pattern was a reflection of the occupation pattern in the study population. The type of employment did not affect the type of service provided by the volunteers.

### 2.5 Output of volunteers

#### 2.5.1 The number of homesteads served by volunteers by type of service

The majority of the volunteers (38.7%) did not serve a specified number of households while (19.9%) served only 6-10 homesteads and (16.1%) served 16-20 homesteads. The majority of volunteers were taking care of less than 20 homesteads across all service categories, while almost a third did not serve specified number of homesteads.

#### 2.5.1 Hours spent on volunteer work per week

Analyzed by service type rendered the findings showed that there was little difference among volunteers regarding the average number of hours spent per week, table 7. Less than half of the volunteers (44%) spent 4 hours or less. More than half the volunteers spent 5 or more hours per week (63.6%). Majority of volunteers spent 6-10 hours in a week offering volunteer services. This is equivalent to \$20 per person per month, for 40 volunteers serving 5,000 people. In this analysis 62% of the Households have freely benefited from volunteer work in the last six months. Volunteers contribute USD 9,600 per year, which is 4% budget of \$170,000 the population at recommended \$34 per capita per year. Majority of volunteers (70%) in study area had served for more than five years, indicating a reasonable retention rate.

The average hours spent per week by volunteers of food production is  $2.86_{+1.27}$ , income activities  $2.88_{+1.33}$  hours, education  $3_{+1.43}$  hours, mother and child health  $2.94_{+1.28}$ , HIV/AIDS and malaria mean hours  $2.81_{+1.24}$ . The difference of average hours spent per week by type of volunteer service was not statistically significant, except for volunteers in education. (See table 2)

### **2.5.2 Length of service by category of volunteers**

Asked about how long they had been volunteers, more than two thirds (70%) had served for five or more years, with a third having served for more than 15 years. Respondents who served for duration of 11-15 years were (12%) of the sample population. Volunteers who had served for 20 years and above made up (16%) of the sample population. There was variation among volunteers in length of service by the type of services rendered. However, for all the service categories the largest proportion of volunteers had served for more than 10 years, see table 3.

### **2.6 Beneficiaries of volunteer services**

The beneficiaries of volunteer services include children (85%), mothers (79%), youth (74%) and the elderly (62.5%), see figure 1.

## **3. Discussion**

This chapter presents the implications of the key findings of the study in the light of work done by other researchers, guided by research objectives. In summary, the study highlighted the volunteer's services relevant to MDG as well as the background characteristics associated with volunteerism, as described by many other workers (Ellis 2004)).

The results showed that women of reproductive age record a higher level of participation in volunteer services, the proportion of males overtake that of women in ages beyond 55. It is also noteworthy that they tend to volunteer in leadership or advisory committees. The study also showed that support services such as training, supervision and follow-up contribute to sustainability of volunteers as well as their outputs in terms of time and duration and dedication to service. Volunteers face challenges in financial constraints, support systems, training and supervision.

Due to the budgetary strain on governments, and human resource crisis, volunteerism presents an alternative method of providing services normally provided by the state. Most experts agree that the voluntary sector has a comparative advantage in providing services to the underprivileged because of its closeness to the people and its ability to handle challenges of providing services in good time. The voluntary sector is an efficient method of solving society's problems and it is a way of enhancing self esteem of the people involved. Volunteerism should become a way of life for every citizen, as it is the only way most governments in Africa could make progress towards the MDGs (Griffith 2006). Hence their contribution should be accurately assessed, documented, estimated and valued.

The results of surveys done in Pakistan to measure the extent and nature of volunteerism have provided policy makers with information about the nature of volunteer work. This has led to the inclusion of volunteers in the formulation of economic and social development plans. Such studies have not yet been undertaken in Kenya and therefore this study intends to undertake such an assessment in order to fill this research gap (NHCD 2004).

The contribution of volunteers in Ragul and Pap-Onditi Locations needs to be quantified, recognized and appropriately acknowledged in order to help in policies and plans that govern health and development

### **3.1 Background characteristics of study respondents and service types**

In this section, the researcher was interested in finding the relationships between background factors and the service delivery practices and outputs.

### **3.2 Demographic factors**

A number of demographic factors were related to the types of volunteer services that were offered. Age appeared to be an important determinant of the type of voluntary service volunteers render. The findings show that the older age groups were more involved in food and income security and education (MDGs 1, 2), while the younger, reproductive age groups were more involved with the health of mothers and children and with HIV/AIDS/malaria (MDGs 4,5,6). It was observed that women of reproductive age offered volunteer services in larger proportions than men, but that this changes with increasing age such that by 55 years and above, the reverse is true.

There was a strong relationship between sex of the volunteers and the type of service in Agriculture and food production that had more males than females ( $p=0.004$ ). The finding was explained in focus group discussion which revealed that men tend to volunteer more at this age group, when they have enough experience to assume leadership

roles. In addition, many of them have retired, if they had been employed, and able to serve their communities. Other researchers such as Wuthnow (1995), have shown that women are more likely to regard caring as an expression of their selfhood, and therefore tend to volunteer more often, whereas men are more likely to associate caring with specific roles they play and hence the difference between men and women volunteers in terms of age and type of voluntary services they render.

This study adds the dimension that the difference between men and women in volunteerism is timing, as men tend to volunteer later in life than women. Above 55 years of age, the proportion of men volunteers was higher than that of women. Additionally, there are cultural limitations to reproductive health services men can render outside their own households. This further limits the type of services men can render to women in their reproductive age.

Although men were more in the category of volunteers dealing with income, the difference was not significant statistically ( $p=0.065$ ). For education services, men were significantly more than women ( $p<0.05$ ). In all the health services, MDGs 4, 5, 6 females were more than two thirds, significantly higher than males ( $p=0.00$ ).

Further, the majority of volunteers (71%) are married. Other researchers have had similar findings. Rotolo and Wilson (2006a) demonstrated marital status influences volunteering.

Studies of personal backgrounds have tended to find a variety of family and other circumstances influence patterns of volunteering. Parents' volunteering is influential (Sundeen and Raskoff, 1994). Wilson (2000) (cited in Rotolo and Wilson 2006b) reports that those more likely to volunteer are married and have children.

### **3.3 Economic characteristics**

More than half (56.7%) of volunteers were substance farmers. Only 10% were on a salary, a pattern consistent with the situation in the general population. This study found that source of income and employment status, particularly of spouse influences volunteering positively. Focus group discussions confirmed this as respondents explained that those whose spouses are salaried are better able to volunteer since their basic needs are met. Recent studies have examined more detailed aspects of such factors. Studies by Rotolo and Wilson (2006b) identified employment as a factor that influences volunteering. They showed that husbands and wives influence their spouses' extent and activities in volunteering (Rotolo and Wilson 2006b).

### **3.4 Output of volunteers**

#### **3.4.1 Household coverage**

The majority of volunteers who had assigned homesteads served less than 20 homesteads across all service categories, while almost a third did not serve specified number of homesteads. A household survey was carried out to estimate the households that were served by volunteers who served homesteads in the study area. The results indicated that 62% of households benefited from the volunteer services.

According to this study, two thirds of the households (62%) benefited from volunteer services in the past six months. A similar survey in Pakistan revealed that 75% of the households benefit from volunteer services (NHCD 2004).

In all the categories females served more homesteads than the males counterparts. The results show that 73% of females served specified homesteads and a fifth (22%) of whom served between 6-10 homesteads compared to men with 63% assigned homesteads but with 17% serving between 6-10 homesteads. This workload is consistent with what is recommended by the Community Strategy for CHWs involved in the provision of essential care package for health.

#### **3.4.2 Time spent doing volunteer work**

Majority of volunteers spend at least 3 days in a week offering services, two to three hours per day, giving a mean of 8 hours per week, which is equivalent to 1 working day.

The amount of time spent per week varied with type of services with health related volunteers spending relatively more time in their activities per week than the volunteers dealing with food, income and education. Therefore the volunteers spend an average of 1 working day per week. The contribution of volunteer services has been recognized by a number of researchers, (UNDP 1994), and would be an important contribution towards the MDGs. Which this research has not accurately estimate the contribution.

### **3.4.3 Length of service by category of volunteer**

More than half of the volunteers (55.7%) had been in volunteer service for a period of 5 or more years. Many of them 10% and 25.7% had served for 10 and 20 or more years respectively. The study demonstrates that a large number of volunteers have provided dedicated service for many years, and hence have made meaningful contribution towards the MDGs, over the years, particularly so in resource constrained settings.

### **Conclusions**

Volunteerism is a way of life, present in all societies. In resource poor settings, it is one way of achieving health and development goals. This study has shown that volunteers have contributed greatly in MDG relevant services in Rangul and Pap Onditi locations.

Volunteerism involves reciprocity. This study has demonstrated that those individuals who offer volunteer services are likely to benefit from the same. It has shown that women of reproductive age volunteer in large numbers, yet they and their children are also the majority among beneficiaries of volunteer services.

Volunteers make substantial contribution to efforts, and budget towards the MDG relevant services, and are vital if MDGs are to be achieved.

Due to the budgetary strains and human resource crisis, volunteerism presents an alternative of providing services. It should become a way of life for every citizen, as it is the only way governments could progress towards the MDGs.

Men volunteer too, but they tend to do so in their late 50s while women are active in their youthful child bearing age. The study further demonstrates that most volunteers have other sources of income, such as salaried spouses.

In terms of output, volunteers spend an average of 8 hours in a week serving the community. Volunteers contribute in MDG1 eradication of poverty, MDG 2 achieving of universal primary education, MDG 4 and 5 reduce IMR and improve Maternal Health, MDG 6 combat HIV/AIDS, Malaria and other diseases.

### **Recommendations**

#### **Policy Makers**

1. Volunteers are needed in the efforts towards MDGs, but they need to be supported and motivated through training, supervision and recognition in order to retain them in the volunteer workforce, to avoid high attrition of volunteers in provision of services.
2. Volunteerism is not without costs, the direct costs of volunteering such as transport, equipment and materials they need to carry out their tasks need to be reimbursed by the support agencies or the State.
3. Categories of volunteers by age and gender should be identified and engaged according to services required to be in line with the motivating factors identified in this study. The youth, women in reproductive age, and elderly men seem to be motivated differently and also tend to engage in different volunteer tasks. Assignment of tasks according to gender and age may improve volunteer performance.

#### **Community members**

4. Recognizing that the majority of the households benefit from volunteer services, community based structures such as villages, religious congregations and social groups should deliberately organize themselves to provide and receive volunteer services, since reciprocity is the driving principle.

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8. Kaseje Dan Clement Owino. (MD, MPH, PhD) Director, Center for Research Excellence, senior lecturer faculty of Tropical Institute of Community Health and Development. Great Lakes University of Kisumu,
9. Wafula Charles Ouma, Lecturer, faculty of Tropical Institute of Community Health and Development, Great Lakes University of Kisumu.

## Tables and Figures

**Table 1; Distribution of volunteers by sex and type of service**

Type of service offered		Agric and food	Income	Education	MCH	HIV/AIDS & Malaria
Females	n	35	17	44	100	75
	%	43.8	39.5	50.6	69.9	65.8
Males	n	45	26	43	43	39
	%	56.3	60.5	49.4	30.1	34.2
Total	N	80	43	87	143	114
	%	100	100	100	100	100
P value		0.004	0.065	0.000	0.000	0.000

**Table 2: Hours spent per week by category of service**

Hours spent per week	Food production N (%)	Income N (%)	Education N (%)	MCH N (%)	HIV/AIDS, & Malaria N (%)
<1-4	13 (28.9)	6(13.3)	12(26.7)	17(37.8)	20(44.4)
5-8	19(28.8)	14(21.2)	23(34.8)	42(63.6)	24(36.4)
9-16	26(28.6)	10(11.0)	23(25.3)	43(47.3)	44(48.4)
17-24	10(28.9)	5(21.7)	11(47.8)	14(60.9)	10(43.5)
25 +	12(33.3)	8(22.2)	18(50.0)	27(75.0)	16(43.5)
<b>TOTAL</b>	<b>80(30.7)</b>	<b>43(16.5)</b>	<b>87(33.3)</b>	<b>143(47)</b>	<b>114(43.7)</b>
Means hrs	2.86	2.88	3.00	2.94	2.81
p – value	.405	.497	.031	.010	.641

**Table 3: Length of service by category of service**

<b>Length of service in years</b>		<b>Food production</b>	<b>Income</b>	<b>Education</b>	<b>MCH</b>	<b>HIV/AIDS, &amp; Malaria</b>
<1 – 4	n	22	16	18	46	39
	%	8.4	6.1	6.9	17.6	14.9
5 – 10	n	26	9	29	43	27
	%	10.0	3.4	11.1	16.5	10.3
>10	n	32	18.0	40	18	48
	%	12.2	14.1	15.3	20.8	18.4
<b>Total</b>	<b>N</b>	<b>80</b>	<b>43</b>	<b>87</b>	<b>143</b>	<b>114</b>
	<b>%</b>	<b>30.7</b>	<b>16.5</b>	<b>33.3</b>	<b>54.8</b>	<b>43.7</b>



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