UNV Guidance Note
Engaging Volunteers and Volunteer Groups in Health Emergencies
(specific reference to COVID-19)

This guidance note is a collation of practices and examples demonstrating how volunteers and volunteerism can be best engaged by actors in health emergencies, with specific reference to COVID-19. The current outbreak of COVID-19 was classified as a pandemic by the World Health Organization (WHO) on 11 March 2020, placing health, social and welfare systems under strain. Beyond its health impact, the International Monetary Fund (IMF) has reported a global recession, as economic and social life is significantly affected.

1. Background

Volunteering encompasses a wide range of activities that can be carried out at local, national or international level. Volunteering can be done in person or online, full-time or part-time, for a short time-bound period or on a recurring basis. Despite the wide range of activities, there are five main categories of volunteer work as identified below.

MUTUAL AID	SERVICE	CAMPAIGNING	PARTICIPATION	LEISURE
Mutual aid is the wealth of informal, person-to-person helping activities embedded in community and cultural practices. People gather and volunteer together as a response to a shared need or issue.	Service volunteering is where volunteers respond to the perceived needs of another person or community.	Campaigning usually involves the collective action of a group or an individual to amplify 'marginalised' voices and to change the *status quo*.	Participation is where volunteers give time and efforts to engage with governance and decision-making mechanisms at different levels.	Volunteering as leisure are volunteer activities that express personal interests or passions such as in the arts, culture and sports. They still contribute to wider well-being and cohesion.

Volunteerism strengthens civic engagement, safeguards social inclusion, deepens solidarity and solidifies ownership of development results. Volunteers often come directly from communities, which provides them with unique awareness of local priorities, cultural sensitivities, decision-making structures, and access. Volunteering is often scaled up during times of crisis as people respond to the more visible and immediate needs around them. At the same time, the strengths of local volunteerism in particular - flexibility, swiftness to act, the ability to self-organize, and positioning at the front line - mean that volunteers (already vulnerable to ongoing risks) can be exposed to further harm.

Volunteers are already organizing to the direct threat posed by COVID-19 and wider challenges. Providing the relevant coordination, support, and ensuring the safety and security of volunteers must be paramount. On the other hand, improving volunteers' experiences and the contribution that they can make during acute crises also provides an opportunity to increase engagement for prolonged response and recovery phases.

Box 1: Lessons learnt from the 2014 Ebola crisis

For resilient health systems, the lessons learnt from the Ebola crisis show that volunteers can help in improving disease surveillance, building greater trust and engagement with communities and strengthening the health workforce. Mutual aid and service that motivates the volunteers has become a key resource for communities during emergencies. For example, during the Ebola virus crisis, local volunteers in **Guinea**, who worked in treatment centres, on burial teams, or as ambulance drivers, were driven by a sense of community responsibility and patriotic duty to end Ebola and bring hope back to the country's people.

2. Key roles played by volunteers in health crises

The distinctive strengths of volunteerism can be applied through preparation, response and recovery efforts in several ways:

2.1 Information and awareness

The COVID-19 Strategic Preparedness and Response Plan by the WHO identifies community volunteers as key stakeholders for risk communication and community engagement. Volunteers can help ensure that accurate information reaches remote locations and vulnerable sub-populations, and they can enhance the cultural relevance of health materials and information.

Combating misinformation and sensitization of communities: Volunteers can help in demystifying religious, cultural myths, stereotypes, belief systems and misinformation by interacting with communities and by using innovative means in time of social distancing. Online volunteers in South Asia and the Middle East are working to support the WHO and governments through a Standby Task Force to detect and respond to misinformation around COVID-19. Volunteers can use innovative ways for risk communication between health experts and people facing threats to health, economic and social well-being. In **China**, for example, 12 creative artists, designers, and illustrators through the *Community Anti-epidemic Art Design Volunteer Alliance* created a set of promotional materials to supplement the government's standardized materials.

Sharing information in low resource context: A network of 2,000 trained community health volunteers in **Uzbekistan**, who had earlier worked in their home communities to control the spread of Tuberculosis, is now supporting the government's response to COVID-19 by providing information from the Ministry of Health and the WHO to the communities through a Telegram channel. Community radio volunteers in **Lao PDR** have been disseminating government information on preventive measures to more than 300,000 people in their own ethnic languages.

Building trust with communities: Rapid containment of the spread of the Ebola virus was seen in those communities where mobilization efforts by volunteers resulted in building trust between the community and those who were working to control the outbreak.

Modelling behaviours: In the context of the current crisis in **Mali**, volunteers under the national Volunteer Scheme (CNPV) organized sensitization campaigns at mosques and markets for handwashing and personal hygiene. In **Mozambique**, youth volunteers of the National Volunteer Council sensitized vendors at the municipal market in Maputo on handwashing and social distancing. "100 volontaires", a volunteer initiative in **Senegal,** is sensitizing citizens and distributes hygiene kits to the most vulnerable in every district of Dakar.

2.2 Data gathering and assessment support

Volunteers' ability to reach those often left furthest behind means that as well as disseminating information, volunteers can also be a valuable resource for actors who are designing and targeting responses.

Mapping of vulnerable populations: Over 4,000 community health volunteers in **Uganda, South Sudan, Rwanda and Burundi** supported governments and United Nations agencies in surveillance actions to detect potential cases of Ebola to protect their communities.

Identifying needs: In **Peru,** 20,000 volunteers are reaching out by phone to 450,000 older adults and people with disabilities throughout the country to understand their needs, including in terms of emotional health and well-being, and reporting any cases for follow up. Volunteers are also providing information and assistance through a helpline on the government's financial assistance package for vulnerable families.

2.3 Response and service delivery

Volunteers can play a range of roles in response and service delivery, from boosting numbers of health professionals to providing secondary support to those on the frontline.

Delivery of health services as volunteer health professionals: In the context of the current crisis, retired and working doctors and health professionals in **Morocco**, **Ecuador**, **Sudan, Cameroon, Niger,** and medical student volunteers in **Lebanon, Tunisia, Jamaica** are volunteering to address medical queries, managing helplines, and providing support to health workers, while **Barbados**, **Paraguay**, **Kenya** are launching similar initiatives. Health workers and volunteers in **Ethiopia** are supporting the government's door-to-door temperature screening plan. Psychologists in **China** are providing psychological counseling through the Beijing Volunteer Service Federation.

Complementary roles to support medical professionals: In **Thailand,** more than one million village health volunteers conduct home visits, provide health education, deliver medicines, and make reports to public health authorities. Community volunteers are being mobilized in 75,000 villages across **Indonesia** to assist the government in increasing public awareness programmes of the COVID 19 pandemic. In the **United Kingdom (UK),** 750,000 volunteers responded to a call by the National Health Service to support the UK's response to COVID-19.

Secondary support to responders: Volunteer Psychologists in **Tunisia** and **Turkey** are providing psychosocial support to medical professionals dealing with COVID-19, and to general citizens for psychosocial disorders due to prolonged confinement. **Syrian women volunteers in Turkey** stitched masks for frontline health workers. Disaster Response Team volunteers in **India** supported fire departments in sanitizing public places. In **China**, Beijing Normal University student volunteers provided online teaching services for the children of front-line medical workers from some Beijing hospitals. Volunteers in **Lebanon** are supporting quarantined citizens to use the government's digital platforms for information around COVID-19 and facilitate follow up procedures.

Delivery of other essential services: Young volunteers in **Morocco**, **Moldova**, **Colombia** and **South Korea** delivered groceries, medicines and other items to elderly and vulnerable people to help them stay at home during the COVID-19 outbreak. Volunteers of national volunteer schemes in **India** (Nehru Yuva Kendra Sangathan – NYKS) and **Burkina Faso** (Programme National de Volontariat - PNVB) are delivering essential government services, distributing food items to poor populations in remote villages and conducting health check-ups.

Civil society volunteers augmenting government service delivery: Goonj, a civil society organization in **India,** prepared and delivered kits with essentials such as dry rations and personal care products to over a million people

in areas with huge pockets of migrant labour affected due to confinement. Sarvodaya Shramadana, a volunteer organization in **Sri Lanka,** is disseminating essential food and medical supplies to elderly, children and differently abled at 800 welfare homes in 25 districts. In **Kazakhstan,** more than 200 volunteer organizations are delivering food, medicine and hygiene products to vulnerable populations. "Let's Avoid Hunger", a volunteer initiative in **Guinea Bissau,** is delivering food aid to affected people.

2.4 Wider coordination, innovation and capacity-building

Coordination among volunteers, governments, private sector and civil society can lead to innovative use of technology and effective use of health services.

Support to community structures and services: Community monitoring of health clinics during normal times through volunteers can lead to better service delivery and positive perception on quality of health care provision as seen in an increase in the use of health systems in **Sierra Leone** during the 2014-15 Ebola crisis. Community volunteers can also be effective means of strengthening the capacity of decentralized governance structures such as woreda (districts) and kebele (wards) in **Ethiopia** for dissemination of vital information during health emergencies.

Coordination platforms and networks: Civil society organizations in **Malaysia**, **Panama** and **Turkey** developed online platforms for COVID-19 mutual aid initiatives, matching people who want to volunteer with people who need help. The Government of **India** has launched an online platform with a database of 12.4 million health professionals and 2.8 million youth volunteers of national volunteer schemes to help local governments in the preparation of crisis management plans in response to COVID-19. In the **United States of America (USA)**, the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a platform for registration of health volunteers to respond to medical emergencies.

Data technology: Private sector, civil society and governments partnerships can harness the power of volunteers and technology for data collection and dissemination during emergencies. In **Australia**, a volunteer team of citizen reporters has created a real time data monitoring for COVID-19. In the **USA**, New York State mobilized technology volunteers from technology companies to help the State's pandemic response through 90-day volunteer deployments. In **China**, private sector IT companies provided a platform for government agencies and other stakeholders to mobilize community volunteers and facilitate program activities. Ushahidi, a crowd-sourcing platform, is offering its online platform to track incidences of COVID-19.

Design and production: Volunteers can contribute their skills and resources to support communities and health workers in low-resource contexts. In **Algeria,** engineers are volunteering to produce 3D masks and personal protective equipment (PPE). Networks of volunteers from technology and medical backgrounds in **Turkey, Morocco, Tunisia** have printed 3D masks for health care professionals and designed respiratory and resuscitation equipment for hospitals.

2.5 Recovery efforts

Volunteerism can counter post-crisis marginalization and exclusion. It can promote dialogue between authorities and vulnerable populations and can help in livelihoods recovery. Earlier programmes have demonstrated that volunteers build resilience of communities and help to develop a sense of ownership of development interventions in communities. They can support government efforts in developing employability skills, delivery of education and health food security interventions that can help communities recover better. Youth volunteers schemes as demonstrated in **India** and **Cambodia** can be an important resource for governments and United Nations agencies to mobilize youth volunteers for vocational training to build employability skills in response to

the economic crisis resulting out of COVID-19. In **Peru**, the United Nations Development Programme (UNDP) is working on corporate volunteering schemes for the development of tools to reactivate small and medium businesses' economies.

3. Principles of effective volunteering:

As the above examples show, volunteers can be an indispensable resource in health emergencies, including COVID-19. However, as people scale up their efforts to help, governments and development partners need to ensure that volunteer efforts are deployed effectively, and that they reduce risk for both the volunteers and the communities that they seek to support. Therefore, governments and national partners must ensure:

- **Safety and security of volunteers**:
  - Adequate training, including in the use of personal protective equipment (PPE) and psychosocial support, should be provided to volunteers who are likely to work in disease prevention and control.
  - Relevant equipment must be provided in line with WHO standards, where appropriate.
  - Volunteer management processes should be in place for volunteers, including code of conduct, life and health insurance, community protocols, security from violence and abuse.
  - Logistical support should be in place prior to the deployment of volunteers to ensure that they can deliver their tasks.
  - Specific needs of women and of marginalized groups according to the context must be taken into account and addressed by volunteer-involving organizations and initiatives.
  - Re-skilling and reintegration of frontline volunteers should be part of the recovery plans.
  - National/local governments and volunteer-involving organizations should ensure the protection of data and information related to volunteers (e.g. background information on ethnicity) that can put them at risk, especially in times of crisis/pandemic areas.
  - Complaints and grievance procedures should be in place for volunteers working on formal schemes and programmes to be able to address the issues above.

- **Safeguarding vulnerable populations:**
  - Volunteer initiatives should be designed to ensure that they adhere to preventive measures during health emergencies (e.g. social distancing), so as not to distribute further risk and to safeguard the beneficiaries.
  - Oversight of volunteers and reference-checking or police checks, where possible, for those carrying out sensitive roles should be undertaken, to the extent possible, as part of preparedness activities.
  - Complaints and grievance procedures should be in place for target populations for raising issues regarding volunteer conduct.

- **Effectiveness of volunteer efforts:**
  - Mechanisms for voice and representation of volunteers should be established as part of the overall coordination structure as they have critical insights and information.
  - Volunteers should be part of emergency and crisis plans and be involved in the planning and design of volunteer-led activities, etc.
  - Stakeholders should rapidly map existing structures for emergency planning, for example, networks of community health workers who were normally engaged in polio eradication or played key roles in limiting the spread of Ebola virus infection within **Nigeria** in July 2014. However, care should be taken to avoid duplication and to ensure that other critical volunteer services to vulnerable populations do not collapse due to lack of available volunteers.
  - Complementary partnerships between governments, United Nations agencies and volunteer-involving organizations can ensure the success of programs to deal with health emergencies. Often, the volunteers

of national volunteer schemes can be important for delivery of information, care support and government response plans in health emergencies.

- At the same time, space and freedom for people to volunteer informally (directly between persons) should be assured, in line with regulations and provisions (e.g. social distancing).

4. Tools and resources

1. **IFRC: Protect. Promote. Recognize. Volunteering in emergencies**
2. **IFRC: Volunteers, Stay Safe - A security guide for volunteers**
3. **UNICEF: Practical tips on Engaging Adolescents and Youth in the Coronavirus Disease (COVID-19) Response**
4. **UNICEF: Coronavirus disease (COVID-19): Key tips and discussion points for community workers and volunteers**
5. **UNICEF: Mental health and psychosocial considerations during the COVID-19 outbreak**
6. **FORUM: The Global Standard for Volunteering for Development**