



The Impact of COVID-19 on Volunteerism

St Vincent and the Grenadines and Suriname Experience



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1.0 Introduction

The International Federation of the Red Cross and Red Crescent Societies (IFRC) is the largest volunteer-based humanitarian organisation in existence, comprising of National Societies in 192 countries with approximately 14 million volunteers. The IFRC recognises the significance of volunteers, by stating, “our strength lies in our volunteer network, our community-based expertise and our independence and neutrality”¹. The IFRC and Red Cross staff work together with volunteers of different ages, backgrounds and skillsets in their disaster response, early recovery programmes to build back better and cultivate safer communities by working directly with community members to reduce their risks and vulnerabilities and enhance their capacity to cope before, during and after disasters.

Given its geographic location and its tropical climate, the Caribbean is predisposed to a wide range of hazard impacts, from hurricanes, storm surges and flooding to earthquakes, and epidemics. The need for community disaster resilience increases as the frequency and severity of hazard impacts also increases. Red Cross volunteers play a vital role in building this resilience and ensuring that those impacted are provided with much needed aid in a timely manner.

In December 2019, the world first learned of COVID-19; an infectious disease caused by the SARS-CoV-2 virus originating in China. Infected persons experienced mild to moderate respiratory illness, however, older persons and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer² were more predisposed to experiencing complications. Unfortunately, these complications resulted in death. Within a few months the virus affected more than 1.5 million persons worldwide which led to COVID-19 being officially declared a global pandemic, by the World Health Organisation (WHO) on 11th March 2020. On this same day, St. Vincent and the Grenadines reported its first COVID-19 case³. A few days later, on the 13th March Suriname would record its first case⁴.

As a result of the methods of transmission and the ease of the spread of the disease, Government-mandated social restrictions were enforced in many countries globally,

¹ https://www.ifrc.org/sites/default/files/2022-10/20220822_IFRC-Volunteering-Policy-EN.pdf

² https://www.who.int/health-topics/coronavirus#tab=tab_1

³ <http://health.gov.vc/health/index.php/c/808-contact-tracing-li737-march-7th-2020>

⁴ <https://publications.iadb.org/publications/english/viewer/COVID-19-Socioeconomic-Implications-on-Suriname.pdf>

international flights were ceased, and limitations were placed on the number of citizens allowed to congregate privately and publicly. Working from home became the new norm, except for those deemed essential workers. Unfortunately, a repercussion of these much-needed safety measures was the loss of jobs. According to the St. Vincent and the Grenadines National Insurance Services (NIS), “during the period of April 2020 to June 2021, 2771 workers were laid off by 402 employers, while 5,366 persons submitted claims to NIS to receive unemployment income support”⁵. Similarly, unemployment rates increased in Suriname with 20% of low-income households reported having at least one member losing employment, and 13% of high-income homes reporting the loss of income⁶.

These negative effects were also felt by volunteers. Despite the changes and the many challenges brought upon by the virus, volunteers demonstrated their dedication by offering their services to their National Societies and to their communities throughout the pandemic.

This case study would consider the impacts of COVID-19 on volunteerism in St. Vincent and the Grenadines and Suriname, specifically to volunteer engagement, volunteer policies and volunteer safety. Volunteer motivation and reward systems during the pandemic will also be explored in this case study.

2.0 Country Background

St. Vincent and the Grenadines is a small island (389 km²) located in the Caribbean with a population size of 110, 400⁷, while Suriname is the smallest country (163,820 km²) located on the South American mainland with a population size of 621 900 (estimates 2022)⁸. Both the St. Vincent and the Grenadines Red Cross Society (SVGRCS) and the Suriname Red Cross (SRC) have relatively strong volunteer networks with approximately 300 registered volunteers in each country.

Both National Societies relied on their volunteers to support the national emergency systems in the midst of the pandemic. During the height of the COVID-19 pandemic, in 2021, St. Vincent and the Grenadines experienced a major disaster when the La Soufrière volcano erupted resulting in over 2000 persons seeking shelter in 62 centres⁹. Volunteers were asked to assist with evacuations, registering shelterees at shelters and speaking to community

⁵ <https://caribbean.loopnews.com/content/st-vincent-job-losses-recorded-between-april-2020-june-2021>

⁶ <https://publications.iadb.org/en/consequences-covid-19-livelihoods-suriname-evidence-telephone-survey>

⁷ <https://www.britannica.com/facts/Saint-Vincent-and-the-Grenadines>

⁸ <https://www.britannica.com/facts/Suriname>

⁹ DREF Plan of Action St. Vincent and The Grenadines La Soufriere Eruption

members in high-risk areas (red and orange zones) to evacuate to safer areas. Whereas in Suriname, volunteers with the appropriate skills were asked to help bolster shortcomings in the national health care system when hospital staff members went on strike.

3.0 Methodology

This case study will focus on volunteerism in St. Vincent and the Grenadines and Suriname. Secondary data was collected via a literature review of all pertinent reports and documents pertaining to volunteering with the IFRC. The Draft Volunteering Policy for St. Vincent and the Grenadines as well as the IFRC Volunteering Policy were reviewed and referenced in this case study.

Additionally, primary information was gathered, through an online survey, which was distributed to active red cross volunteers in St. Vincent and the Grenadines and Suriname. The main aim of the survey was to better understand the impact of the COVID-19 pandemic on volunteering in the two countries. Questions were also asked to get feedback on volunteer motivation and volunteer reward systems. Primary information was also gathered through separate interviews with the Volunteer Coordinators of both countries.

4.0 Findings

4.1 Volunteer Policy

The IFRC has an overarching Volunteering Policy¹⁰. Updated in 2022, this policy replaces the former adopted by the General Assembly in 2017 and is in alignment with the IFRC Strategy 2030. The updated policy outlines the new vision for volunteers and commitments that should be adhered to by all National Societies globally. The document details six (6) indicators of success which include operational principles, volunteer motivation, volunteer protection, inclusion, volunteer data management systems and new forms of volunteering participation. The IFRC Volunteering Policy can be used as a model for National Societies to adapt and adjust when developing their own national policies.

The SVGRCS has a Draft Volunteering Policy which was structured to embrace the principles imbued in the IFRC Strategy 2030. According to the Draft Policy, "volunteerism is considered

¹⁰ https://www.ifrc.org/sites/default/files/2022-10/20220822_IFRC-Volunteering-Policy-EN.pdf

to be the backbone of the SVGRCS”¹¹. The Draft Policy is also meant to, “provide direction to all members of the National Society, allowing for growth and sustainability of the SVGRCS Volunteer Programme”. The Draft Policy further highlights ways to protect and support volunteers, volunteer rights and responsibilities as well as the duties, rights and responsibilities of the SVGRCS. The SRC currently doesn’t have a national volunteering policy, however, the National Society uses the IFRC Volunteering Policy to guide how the organisation engages with volunteers.

There are no planned additional updates to the SVGRCS Draft Volunteering Policy, however the National Society remains committed to continue ensuring the safety of its volunteers. Even though the SRC currently does not have a national volunteer plan, the National Society is also committed to ensuring their volunteers’ safety, especially those who are considered high risk to the virus. The National Society has many older volunteers and others who live with elderly relatives and therefore the SRC plans to consider new strategies to increase the protection of their elder volunteers.

4.2 Volunteer Data Management

The IFRC Volunteering Policy recognises the need to invest in proper data management systems and to strengthen their approaches to data, to ensure volunteers are effectively onboarded, managed, engaged, accredited and insured.

In terms of onboarding, for both SVGRCS and SRC, newly accepted volunteers receive an orientation which provides them with background information on the International Red Cross and Red Crescent Movement, the IFRC and the National Society. Volunteers are familiarized with the seven (7) fundamental principles as well as the Code of Conduct. All volunteers are expected to display these principles through their behaviour and act in a manner that is in alignment with the Code of Conduct. As part of their induction requirements, SVGRCS and SRC volunteers must complete the Code of Conduct course available on the IFRC e-learning platform. At the orientation, volunteers are also asked to select areas on interest and are subsequently alerted to further training on those topics.

Both National Societies manage their volunteers based on their skillsets and the type of assistance they typically provide and in Suriname, volunteers are placed in groups according

¹¹ St. Vincent and the Grenadines Draft Volunteer Policy

to those skillsets. The SRC categorised their volunteers into different groups and share information with these groups mainly through separate WhatsApp chats. The volunteer groupings include youth, disaster management, health, COVID-19, and welfare. It is through this medium that the National Societies can mobilise volunteers or ask for assistance. The SVGRCS also has different volunteer groups based on geographical location/communities and disseminates information to volunteers through the Volunteer Leaders of each group. Group leaders update their volunteer groups with the information received from the SVGRCS. Alerts and messages are also shared via radio as some volunteers are part of community amateur radio groups. The SVGRCS relied on these methods of communication more during the pandemic.

Additionally, in St. Vincent and the Grenadines, some volunteers “walk-in” or go to the National Society’s Office to offer their assistance in times of emergencies. This was impeded during the pandemic for two main reasons: persons were fearful to risk increased exposure to the virus while volunteering and the SVGRCS staff members were required to work remotely for a period, due to COVID-19 enforced restrictions. Before the office transitioned to a work from home modality, the National Society held a meeting with volunteers to update them on these changes and the new office protocols.

4.3 Volunteer Protection

National Societies are tasked with the responsibility to prioritise volunteers’ safety, security, and overall well-being, since these are the very people that are depended upon to provide aid and support during crises or emergencies. It should be noted that both the global IFRC and the Draft SVGRCS Volunteering Policies outline ways to ensure overall volunteer protection. The SVGRCS policy states, “SVGRCS ensures that their volunteers are properly prepared to carry out their work, through providing them with relevant and timely information, training and equipment, feedback on their performance, as well as appropriately assessed safety and security measures”. The IFRC Volunteering Policy, which guides work done with the SRC volunteers, endorses that, “the duty of care for volunteers is a National Society’s primary responsibility. Volunteer safety and protection needs to be addressed in a comprehensive way”.

Both National Societies took similar steps to ensure the safety of their volunteers during the pandemic. A major precaution taken by the two National Societies was to reduce the amount

of field work conducted by volunteers. Volunteers were only asked to assist when the national system needed support with disaster/emergency management.

4.3.1 Personal Protective Equipment

The provision of personal protective equipment (PPE) was another method used to safeguard volunteers. In the early onset of the virus, the SVGRCS distributed hygiene kits, with masks made by the national society, to volunteers and community members.

When increased participation was needed in St. Vincent and the Grenadines due to the La Soufriere volcanic eruption, volunteers were given additional PPE to protect themselves as they assisted with the evacuation of persons from the red zone (area most in danger of being affected by the eruption) to less hazardous locations. PPE was also provided to those helping with shelter/camp management. In some cases, volunteers assisting in shelters were themselves shelterees, who were displaced due to the eruption. PPE and hygiene kits were also provided to SRC volunteers. Long-sleeve gowns were given to those volunteering in the hospitals and vaccination centres. The PPE provided by both National Societies included masks, face shields, gloves, and hand sanitizer.

Proper hygiene practices and proper use of PPE were paramount in keeping safe against the virus. In this regard, both National Societies conducted short awareness sessions on proper handwashing techniques and the proper use of PPE in communities and with volunteers.

4.3.2 Provision of Mental Health and Psychosocial Support

During the early stages of the pandemic, strict social distancing measures were enforced in both countries. These measures meant that the number of persons allowed to gather at one location was limited and those who contracted the virus were quarantined. Countrywide lockdowns would also have resulted in persons having to stay indoors, which negatively affected income generating activities. As mentioned previously many persons lost their jobs or were left without a paycheck until the lockdowns were lifted. Such restrictions had an impact on the overall mental health of persons. One study showed that 52% of 15 to 29 year-

olds in Latin American and Caribbean countries experienced more significant stress, and 47% had episodes of anxiety or panic attacks during their quarantine¹².

In St. Vincent and the Grenadines, the SVGRCS Mental Health and Psychosocial Support (MHPSS) Team was activated to boost the national disaster management system. The team utilised various avenues to check-in with persons throughout the country to ensure they were coping with the lockdown. Calls were made to quarantined persons and persons who contracted the virus, as many had difficulties coping with the negative feelings associated with being isolated. WhatsApp messaging is a popular method through which the SVGRCS connects with their volunteers and therefore the national society established a dedicated WhatsApp number that volunteers could have used to ask for assistance.

Another means of checking-in was the administering of a short questionnaire to volunteers after the eruption of the La Soufrière volcano to determine the level of support needed, especially to those who were displaced from their homes and required to stay at a shelter. A volunteer desk was also set up at the office, so that persons also had the option of visiting the SVGRCS office to ask for support.

Similar nationwide restrictions were imposed in Suriname and the national society also implemented measures to check-in with their volunteers. Like the SVGRCS, phone calls were also made periodically to volunteers to determine if they were coping well with the COVID-19 restrictions. National society staff would also reach out to volunteers through the WhatsApp groups previously established for the various volunteering factions. Volunteers who worked at the hospitals were visited to ensure that they were not feeling overwhelmed.

In Suriname, volunteers would meet on a monthly basis to discuss the work done in the field, however, due to the pandemic, these meetings were held online. These meetings also gave volunteers the opportunity to provide support to one another. Suriname also has a number of volunteers who are past the age of 60 and the national society has one of the oldest volunteers at the age of 96. Special attention were placed on these volunteers as the national society as well as other volunteers made the effort to maintain contact as they fell within the high risk bracket.

¹² <https://repositorio.cepal.org/handle/11362/46981>

4.3.3 Detailed Safety Briefs And Sensitisation Sessions

All volunteers received detailed safety briefs before going in the field in both countries. The safety briefs included information on the virus and reminders of safety measures and precautions to be taken when interacting with members of the public.

The SRC also held face-to-face sensitisation sessions with volunteers to update them on the various variants, the methods of transmission, the importance of vaccination and ways to protect themselves and their families. The national society saw a need for more similar sessions due to the many rumours or unverified information being spread in the public about the virus. Persons attending these sessions had several questions as they did not know what to believe. It was important to regularly update volunteers about the virus and the usefulness of the vaccine as there was some vaccination hesitancy on the part of some volunteers. There was also a need to have vaccination drives to encourage persons to take the vaccine.

The SVGRCS also conducted similar sensitisation sessions with communities. SVGRCS staff also visited clinics to provide COVID-19 related information regarding the spread and precautions to take. The national society staff ensured that pregnant women received this information as persons had many concerns and questions about pregnancy during the pandemic.

As mentioned previously, both national societies conducted awareness and proper handwashing sessions with communities and volunteers.

4.3.4 COVID-19 Vaccinated Volunteers

COVID-19 vaccinations were also available to the public but as mentioned previously, there was some vaccination hesitancy due to rumours of it causing health complications resulting in fertility issues and even death. Generally, vaccine hesitation was experienced throughout the Latin America and Caribbean Region. As of 4 July 2021, only 13.6% of the population in the region had been fully vaccinated¹³.

Both national societies disseminated information on the importance of being vaccinated against COVID-19. However, in Suriname, as a further precaution, only vaccinated persons

¹³ <https://www.cepal.org/en/publications/47059-recovery-paradox-latin-america-and-caribbean-growth-amid-persisting-structural>

were allowed to volunteer at the hospitals, since they would be at a higher risk of being exposed to the virus.

4.3.5 Seeking Family Approval

The SRC tried to recruit more volunteers to help in the hospitals via a press release which obtained positive responses from 30 persons. Before accepting their applications, volunteers were encouraged by the SRC to discuss their decision to volunteer with their parents and partners. These discussions resulted in some persons having to rescind their offer to volunteer since it entailed working with persons who were COVID-19 positive, and their families did not agree with them working so closely with affected persons.

4.3.6 Digital Volunteering

Digital volunteering or volunteering online was another method used to circumvent persons having to be in the field as well as alleviate some of the fear of family members. A volunteer in Suriname said, "I needed to put my family first so I didn't take field activities which would put me at extreme risk and increase my chances of getting sick (which would have consequences for my immediate family) so I took on digital services or field activities which allowed me to keep physically distant". Due to fear of putting themselves in high-risk situations, some persons felt more comfortable to only volunteer in situations which would allow for sufficient social distancing or not having to engage in face-to-face interactions.

Culturally in St. Vincent and the Grenadines, volunteers are typically more hands-on, and some did not have the resources to facilitate volunteering online. Therefore, digital volunteering was not something that was done.

5.0 Volunteer Training

The assistance that a volunteer provides is dependent on the mandate and purview of the National Society and therefore, the typical ways in which a person volunteers would vary across National Societies. Even though volunteers may have training and experience in their

own field, Red Cross volunteers also receive training on various topics to enhance their capacities and ability to help their communities.

Furthermore, volunteers receive standard training in first aid and psychosocial support. Only one volunteer was uncertain if they received adequate training, all other volunteers surveyed agreed that they receive adequate and continuous training. It should be noted that during the COVID-19 pandemic, the SVGRCS conducted MHPSS trainings in communities, both online and face-to-face, which were done in accordance with the COVID-19 guidelines.

Typically, face-to-face trainings would be conducted, but due to the pandemic social distancing and social gathering restrictions, the way trainings were conducted had to be changed. National societies found a solution by adapting trainings to fit an online modality.

This solution posed a separate challenge to some volunteers as they did not have the needed resources such as an internet connection or digital devices. To overcome the issue of lack of access to online trainings, the SRC conducted orientation of new volunteers, face-to face, but with only ten persons at a time, as outlined in the country's new COVID-19 guidelines. The SRC made sure to meet in a large enough space to ensure adequate social distancing.

6.0 Volunteer Motivation and Volunteering During the Pandemic

As part of the survey, volunteers were asked why they chose to volunteer with the Red Cross. Even though all shared a strong passion for volunteering, many stated that they liked and agreed with the principles of the movement and what it stands for. Others appreciated the Red Cross for being a reputable organisation that helps persons when they need it, especially after a disaster. One volunteer pointed out that the trainings received as a volunteer are useful in both daily life and in emergencies.

When asked if they were comfortable with continuing to volunteer during the pandemic, 91% of persons surveyed stated that they felt comfortable. These volunteers felt comfortable because they were well informed about the virus and took all their safety precautions. Most of the volunteers also expressed their passion to help others in their time of need and this was a clear motivational factor to volunteering during the pandemic as one expressed, "I feel like it is my duty to humanity, and I have a passion for volunteering". One volunteer stated that, "it's in my blood, no matter what it is I will volunteer". Another said, "people's well-being

is central, and I find it necessary to help people". Volunteers also wanted to do what they could to help persons who were being impacted by the virus with a SRC volunteer testifying, "as soon as the Suriname Red Cross called us to register to work at the command centre, I put my name as I feel that we had to fight against the covid-19 pandemic". It is clear that the movement appeals to those with an innate drive to help humanity and based on the responses from these volunteers and they are drawn to the Red Cross because it provides them the opportunities to put their values into action.

While volunteering during the pandemic were stressful, it also had some positive effects as many volunteers viewed their time in the field as an opportunity to learn more about the virus and to gain useful experience. Therefore, being in the field made volunteers more aware of how to deal with the virus, persons with COVID-19 and how to be cautious.

Volunteers also gained a change in perspective about living in the time of the pandemic as one volunteer even stated that they had to "make a mind shift (change in mindset) about living during the pandemic. You can't do things that you normally do but that's also not the end of life. You have to make life enjoyable".

Notably, due to the stressful conditions of volunteering during the pandemic, on checking with their volunteers, the SRC recognised the need for more psychosocial support for volunteers as well as for National Society staff.

7.0 Volunteer Reward Systems

Volunteers give their time and effort simply because they want to be of help to their communities, but it is important that their efforts are not being taken for granted. Feeling valued or appreciated plays a role in volunteer motivation. The IFRC Volunteer Policy also states, "Successful volunteer management includes creating a simple volunteering tracking system which enables the systematic appreciation and gratitude to volunteers and the measurement of each form of volunteering contribution, including service delivery, administrative volunteering work, volunteering in governance as well as other specialized volunteering". The SVGRCS is committed to "take formal and informal opportunities to appreciate, individually and collectively, the work of volunteers and its impact" in accordance with the draft volunteer policy.

Both National Societies maintain a volunteer database and track the number of hours volunteered. The SRC allows volunteers to upload the number of hours volunteered to an Excel Spreadsheet which is reviewed by the volunteer manager. Both societies currently use an Excel Spreadsheet to keep track which can be time consuming. The SRC hopes to upgrade this system in the future.

The two National Societies take actions to reward their most active volunteers. One method used by both societies is the distribution of certificates, although the SVGRCS acknowledges that culturally, this isn't the best way to show appreciation. Additionally, volunteers deemed to have done outstanding work are given trophies by the National Society. In some cases, persons who are awarded trophies are those identified by their volunteer groups as hard-working individuals.

The SRC also has a reward programme, which had to be postponed due to COVID-19. Every year volunteers get a certificate of appreciation and depending on the number of years of service, volunteers will also receive medals.

Most of the volunteers felt valued and recognised for their work by the National Societies and their fellow volunteers. There were different reasons for volunteers feeling this way and the following are a few testimonials received. A volunteer of the SRC felt valued, "because I can count on my fellow volunteers and especially on the volunteer manager for help or support". Another stated that, "I am recognized for my skills and support during activities". One more felt pride from the level of respect received from other community members stating, "when someone hear you are a volunteer of Red Cross, they look up to you". Feeling supported and getting recognition by others goes a long way to keeping volunteers motivated.

It is also important to understand that volunteers genuinely have a love for what they do and a true passion for helping others.

8.0 Moving Forward

There is no doubt that the COVID-19 pandemic has had an impact on several facets of life including the workplace. The pandemic brought about innovation in everything that we do, including volunteering.

Volunteering is “the bloodline” of the National Societies and their protection was the top priority of the national societies. In this case study, it is evident there were notable changes to the typical mode of operations with regards to the type of work done by volunteers, how volunteers were engaged and trained, and the equipment given to volunteers. The following are some key learnings from adapting during the COVID-19 pandemic:

1) Online Training and Hybrid Training

Ways of adapting training to an online modality has worked and it also always for a wider reach as volunteers can now access trainings, not only in their countries but within the region, that were not accessible to them before. Online platforms and applications such as Zoom, and Microsoft Teams have many features that effectively caters to group and collaborative work since participants are able to meet in separate breakout rooms and are not limited by geographical barriers. Zoom polls, AHA slides and Kahoot! are efficient tools that can be used to test knowledge and measure participant participation.

It is also very cost effective for both participants and the National Society. Depending on the type of training, a hybrid approach can be utilised whereby the training is partially done online and face-to-face. Training that includes a practical component or a simulation exercise can be done via a hybrid methodology.

2) Digital volunteering

Volunteers don't necessarily have to be leave their homes to be of serve to their communities and to a larger extent their countries. As mentioned previously, with the improvement of technology and online applications breeds new opportunities for accessing and gathering information, sharing information, and analysing data. Volunteerism within the Red Cross Red Crescent movement has embraced these new trends and National Societies must continue to adapt their engagement strategies to suit the changing needs of the people in order to remain relevant. Volunteers can contribute to activities that require research, putting together awareness content, assist with social media strategies, provide MHPSS and thematic information via phone, all from the comfort of their homes.

3) Enhanced MHPSS for volunteers

Volunteers provide assistance during very stressful situations which can be overwhelming at times. Both national societies implemented measures to check-in and provide MHPSS to as many volunteers as possible, however given the sudden onset of the pandemic and the ensuing drastic changes to a 'normal' way of life, both national societies recognised the need

for even further MHPSS support for volunteers. It is important to check-in with volunteers since humanitarian workers sometimes overlook their own mental health as they view the work being done as a priority and for the greater good.

4) Appropriate rewards and motivations

Although all of the survey participants expressed a genuine love for volunteering, a few also voiced a need to be shown more appreciation, or as one volunteer put it, “a pat on the back”. Though National Societies demonstrate their gratitude, a discussion could be held with the most active volunteers to determine ways the volunteer recognition systems could be improved or revamped to increase volunteer motivation.

5) Continue engagement with volunteers to keep them informed.

The number of positive cases and COVID-19 related deaths in the region has decreased but there is still a need to keep informed about the virus and take the necessary precautions to ensure safety. There is still a lot of contradicting information and misinformation about the virus and COVID-19 vaccinations. It is important to continue having periodic awareness sessions with volunteers to keep them abreast of the latest information especially as more volunteers are being asked to conduct field work. Awareness sessions and safety briefs which include up-to-date information about the virus should become standard practice.