

Volunteer Management and Engagement Webinar



Peris Thuo and Richard Skone James

30th May 2018

 @THETlinks

Peris@thet.org and Richard.Skone-James@thet.org

Time	Session
10:00 – 10:05	Introduction and Safeguarding Briefing Peris Thuo, THET
10:05 – 10:10	Managing Volunteers in Somaliland Richard Skone James, THET
10:10 – 10:20	Professor Louise Ackers, University Of Salford
10:20- 10:30	Andrew Fryer, Royal College of Paediatrics and Child Health (RCPCH)
10:30– 10:40	Joy Kemp, Royal College of Midwives (RCM)
10:40– 10:50	David Cohen, Taunton and Somerset NHSFT Volunteer
10:50 – 11:00	RCPCH Volunteer
11:00– 11:25	Q&A
11:25 -11:30	Conclusion/ Closing Remarks Peris Thuo, THET

What is Safeguarding

Safeguarding as a general concept is to protect people from harm and the best way to do that is to put appropriate measures in place. The safeguarding process should start before volunteers are involved in any activity by initially ensuring the right people are recruited in the first place, and that they receive the necessary support and guidance to carry out their work safely and effectively.

Safeguarding also serves to protect volunteers themselves and the organisation they work with by helping organisations avoid potentially compromising situations. Effective safeguarding also looks beyond traditional notions of harm and abuse, also taking into consideration health and safety, and other ways to ensure the health and wellbeing of volunteers , and beneficiaries or clients



THET's Safeguarding Expectations for Health Partnerships

- Zero tolerance policy
- Comprehensive and thorough recruitment processes
- Stance on safeguarding communicated to all partnership staff and volunteers
- Clear guidelines on what to do in the event of an allegation or incident

These expectations are relevant to both UK and overseas partners, including all managing/ implementation partners



THET Country Programmes – Somaliland

Threat and risk assessment



Mitigation procedures

Pre-departure tools
- Volunteer timetable

WHEN	ACTION	RESPONSIBLE
PRE-TRIP		
12 weeks before trip	Trip Terms of Reference created	King's Volunteer Lead
9 weeks before	Selection of volunteer	King's management team
8 weeks before	Volunteer receives initial email with action points from THET, including: <ul style="list-style-type: none"> - Volunteer form - Trip acceptance form - Passport page - Suggested flights - Security manual and trip guide 	THET London
8 weeks before	Programme Induction and handover	Previous trip volunteers and leads
6 weeks before	Flights booked and e-tickets shared	THET London
4-8 weeks before	Course/modules designed	Volunteer
	Visas, insurance, travel health, security certificate obtained	Volunteer, based on guidance from THET
4 weeks before	Trip itinerary finalised	King's management team
2 weeks before	Pre-departure security briefing and per diems	THET London
IN SOMALILAND		
On arrival	In-country security briefing	THET Logistics and Security Officer
First day	Meeting with relevant Co-ordinator	Co-ordinators
Last few days	Trip report completed	Volunteer
Last day	Check-out meeting with THET	THET Logistics and Security Officer
POST-TRIP		
1-2 weeks after	Debrief for process and content	King's management team
Later	Induction meeting for next volunteers	King's management team/volunteers

THET Country Programmes – Somaliland

Threat and risk assessment



Mitigation procedures

Pre-departure tools

- Volunteer timetable
- Reading materials

Somaliland Trip Guide

- Introduction to the country
- Health systems information
- Culture/food/language
- Pre-departure tasks
- In-country logistics
- Stakeholder contact details

Somaliland Security Manual

- Current security conditions
- Security levels
- Critical incident response checklist
- Evacuation and Hibernation plan
- Key Emergency Contacts (incl British Embassy, trusted taxi number, insurer's emergency number, major hospitals etc)

THET Country Programmes – Somaliland

Threat and risk assessment



Mitigation procedures

Pre-departure tools

- Volunteer timetable
- Reading materials
- Acceptance form

Acceptance form

- Medical declaration
- THET's code of conduct and policies
- Acknowledgement of the risks and countermeasures

THET Country Programmes – Somaliland

Threat and risk assessment



Mitigation procedures

Pre-departure tools

- Volunteer timetable
- Reading materials
- Acceptance form
 - Trip briefings

Trip briefings (pre-departure and on arrival)

- Ensure pre-trip tasks are complete
- Provide emergency cash, mobile and satellite phones
- Highlight any recent security incidents
- Highlight main points from the reading materials

THET Country Programmes – Somaliland

Threat and risk assessment



Mitigation procedures

Pre-departure tools

- Volunteer timetable
- Reading materials
- Acceptance form
- Trip briefings

In-country incident management

In-country incident management

- Personal details form (personal and medical details, next of kin) kept in password-protected folder
- Detailed itinerary of stay, kept in an 'international travel log' and circulated weekly to senior management
- Volunteers check in each evening
- Crisis management policy



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Volunteer Management and Engagement Webinar

Tropical Health and Education Trust (THET)

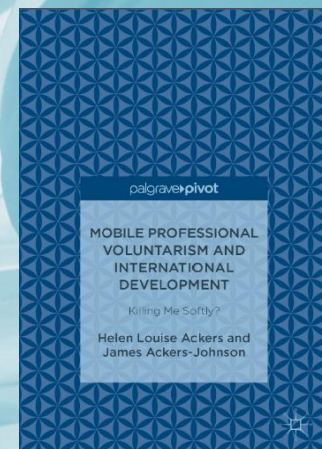
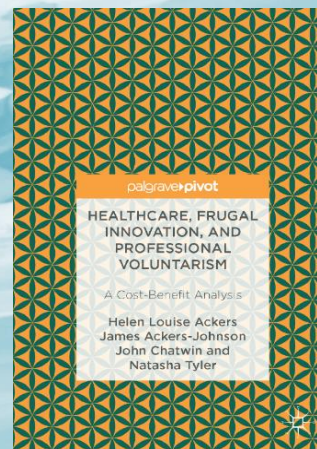
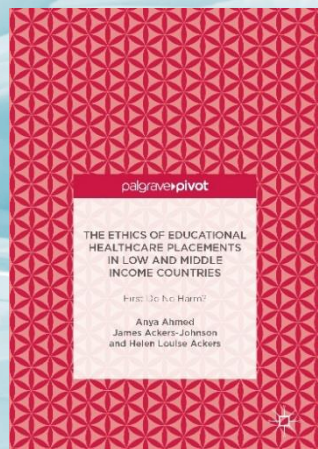
Webinar: 30th May 2018

Professor Louise Ackers, Knowledge for Change and the University of Salford



University of
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Volunteer Recruitment

- Open adverts on website
- Links to other websites (THET/clinical/bio-med etc.)
- Mainly word-of-mouth – high profile presence at events
- Most volunteers come via connections with other volunteers – referrals. Doing a good job acts as a magnet
- Mobilisation of networks when we need a specific skills set
- Recruitment Structure in place but we always start with a very informal / personal process – usually a phone call and wherever possible a meeting to assess the persons needs and ambitions and how they relate to our organisation’s objectives and ethics/culture



Preparation

On-going conversations with time to reflect and think

Use of brochures; risk assessments; induction packs; reading material

Linking interested applicants with previous and existing volunteers; growing web of potential contacts

Workshops (where possible)

Being VERY honest; No preparation can really prepare you... best induction is placement alongside a team of existing volunteers; we always aim to have a multi-disciplinary cluster in situ.

Suggest new volunteers spend 1-2 weeks just being and observing and then talk again.... Over-lapping is the best strategy for all concerned.

Work permits/ clinical registration/ administrative link-ups with key stakeholders
– Placement managers in situ

Short stays – only engage these now if we have a long term anchoring volunteer and/or project in place –then it can work REALLY well

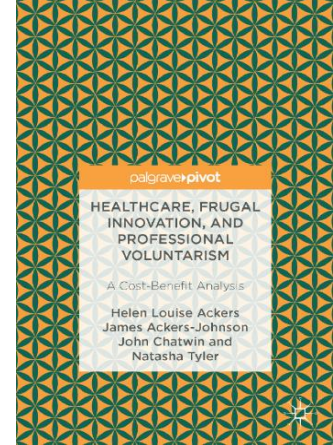


On-going support

- Accommodation/ local transport /practicalities – on-going skyping – frequent visits – engagement in strategic planning / research support / encourage team activities (workshops etc).
- We should not underestimate the time and commitment it takes to manage this kind of work and the level of stress involved
- Engagement in ‘projects’ – co-researching – encourages volunteers to ‘see’ a stressful clinical situation as part of their global health learning
- Co-presence, co-presence, co-presence; firm but supportive and informed management

Professional Development Stories

- Researched this with interviews post-return
- Over 80 long term volunteers in Uganda – and many more short term stays
- You become a part of their life; watch them go for interviews; write many references; discuss career options; maintain contact with many as they progress and maintain links with the charity.
- (critical) learning returns and the ‘mobility capital’ has a major impact in many cases accelerated career progression and influenced career decisions



Many doctors /midwives have achieved promotion to senior and consultancy positions

Career Changes

Social science volunteer is now a nurse

A nurse is now a midwife

Researchers become 'volunteers' : A PhD microbiologist now wants to focus her career in an LMIC

Volunteers become researchers; active co-researching projects; some are completing PhDs in situ – linking in to our research training

One is now taking up a position in global health project management

Mobilities encourage mobilities; many will go on to volunteer again either in LMICs or through actively supporting the charity (community building)

Optimising this requires commitment and the time to mentor and support; 'virtual co-presence'



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Professor Louise Ackers and Mr James Ackers-Johnson (UK)
Dr Robert Ssekitoleko and Mr Allan Ndawula (Uganda)



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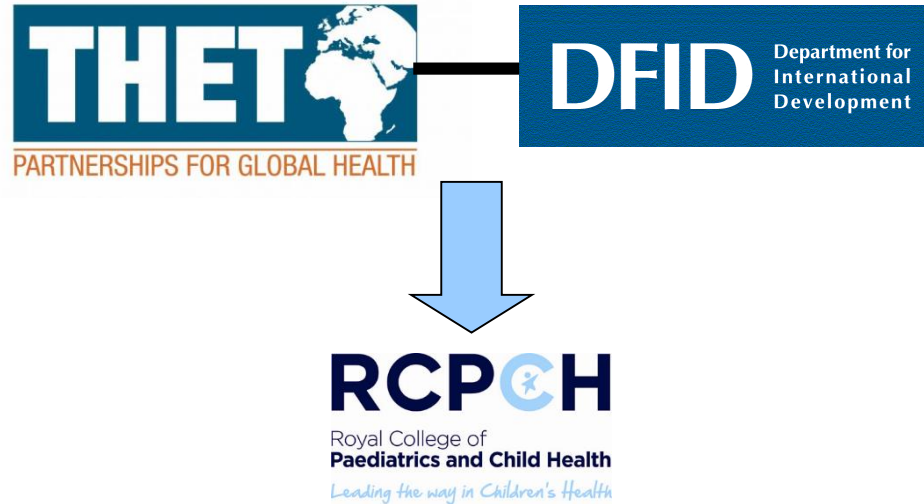
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Volunteer Management and Engagement webinar

- Induction and Training of RCPCH Global Links volunteers
- Andrew Fryer, RCPCH Programme Manager



History of Global Links



Pre- 2012 – Link with VSO sending RCPCH members to VSO programmes

2012-2015 – Global Links - just under £1million grant from DFID/THET for a 3 year Global Links programme across 5 countries, Kenya, Uganda, Nigeria, Ghana and Sierra Leone

2015-2017 – continuation in THET funded programmes that included Global Links Volunteers in Uganda, Sierra Leone and Myanmar

2016 – current – funding from other donors to run programmes with Global Links volunteers supporting in Rwanda, Myanmar and Sierra Leone

Global Links -Selection process

- Competency based interview, proof of experience and/ or a clear understanding
- An ability to understand the complexities of working in a low resource setting
- An ability to adapt and deal with difficult working environments and challenges such a high mortality rates and avoidable deaths
- Pre-departure reading – WHO country profiles, health strategy, journals etc.

Pre-departure training

Updated based on feedback both following the course and the placement in country

Currently contains the following:

1 week - UK based

- Managing expectations
- Programme/Country specific overview
- Training the trainers
- Security

- Additional courses – Child Health in Low Resource Settings, ETAT+, Help Babies Breathe

In-county induction

- Arrive Freetown – Travel to accommodation, rest, scrub tops (tailor)
- Equipment allocation & packing
- Admin: Medical & Nursing registration forms, residential permits
- Tailor: Scrub tops
- Africell office: set up of mobile banking, internet & phone
- Admin: Phone/internet, emergency contact numbers, Stipend, Receipts, Travel, Job descriptions, USB Information Packs
- Krio Lesson
- Training day at Scan Drive with SL Nurse mentors
Covering: M&E, Examinations, Teaching materials, timetabling - planning visits, allocated hospitals & hospital structures
- Registration appointments with the Sierra Leone Medical and Dental Council
- Clinical Day at Ola During Children's Hospital
- Clinical Day at Ola During Children's Hospital
- Rest day
- Deploy to hub hospitals - Makeni
- ETAT Sensitisation Meetings Hub Hospitals
- Introductory meetings & tour of hospitals

Summary

- Shift from focus on individual placements where a volunteer is placed in a hospital that often lacked structure.
- Moving to individuals forming part of longer term programmatic plans and supporting these through training, data collection and working alongside local staff (e.g. Sierra Leone)
- Being selective with recruitment and identifying those who will fit within the system
- Managing expectations/ placing the onus on those departing on RCPCH Global programmes.



**THANK
YOU**
for
**LISTENING
ANY QUESTIONS?**



Management of International Volunteer Placements

The Royal College of Midwives

Joy Kemp

Global Professional Advisor

*(Acknowledgements to Carmel
Moran, Eleanor Shaw and Cawa Ali)*



Promoting • Supporting • Influencing

Background

- Since 2012...
- Twinning Projects in Uganda, Cambodia, Nepal and **Bangladesh (current)**
- Mostly funded by THET through HPS but currently by UNFPA Bangladesh
- 113 volunteer placements for 93 UK midwives
- Steep Learning Curve in volunteer management
- Currently reviewing volunteer management processes so timely presentation



April 2018 with
Bangladesh Midwifery Society

- The RCM's Global Framework:
 1. Delivering excellent international midwifery twinning projects
 2. Facilitating Reciprocal Learning
 3. Engaging and involving our members (around 47,000!)
 4. Engaging and involving our staff (77)

Identifying specific roles for volunteer

- Developing JD and PS – involving our HR team
- Preparing volunteer contracts
- Preparing volunteer handbooks

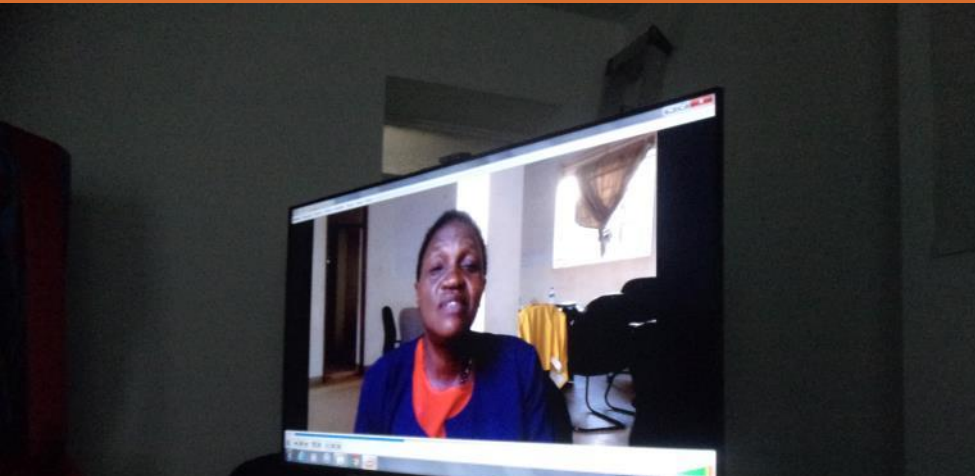
Volunteer recruitment

- Involvement of our marketing team - where to advertise and for how long
- Preparing FAQs
- Writing application forms
- Risk assessment – involving our business services team
- Interviews and references

■ Volunteer preparation

- Negotiating employer support and engagement
- Preparation for cultural competence
- Forming relationships
- Understanding the project design
- Understanding M&E responsibilities
- Understanding research /project methodologies e.g. Action Research
- Co-presence
- Supporting self-briefing

MOMENTUM Project Briefing: December 2015



Two-day team orientation to:

- The RCM and senior staff
- The project background, log frame and M&E framework
- Action Research briefing
- Mentorship
- Ugandan Culture
- Our partner: UPMA
- Donor: THET

Whilst in-country

Management systems and structures

Communication systems

Expenses systems

Reporting systems

Travel arrangements including insurance arrangements

Accommodation considerations

Setting up placements with partners

Selecting and preparing twins

Managing in-country

Encouraging independence

Promoting flexibility

Facilitating twinning

Supporting relationship building

Maintaining down time

Safeguarding – using other agencies where appropriate e.g. VSO



Key concepts

- Co-presence (Ackers, 2014)
- Peer to peer support
- Co-development and ownership of knowledge

Managing remotely

- Maintaining contact
- Problem solving
- Keeping volunteers on track

Monitoring and evaluating volunteer placements

- Setting outcomes
- Data collection
- 360° evaluation – employers, volunteers, management
- Reviewing and implementing feedback

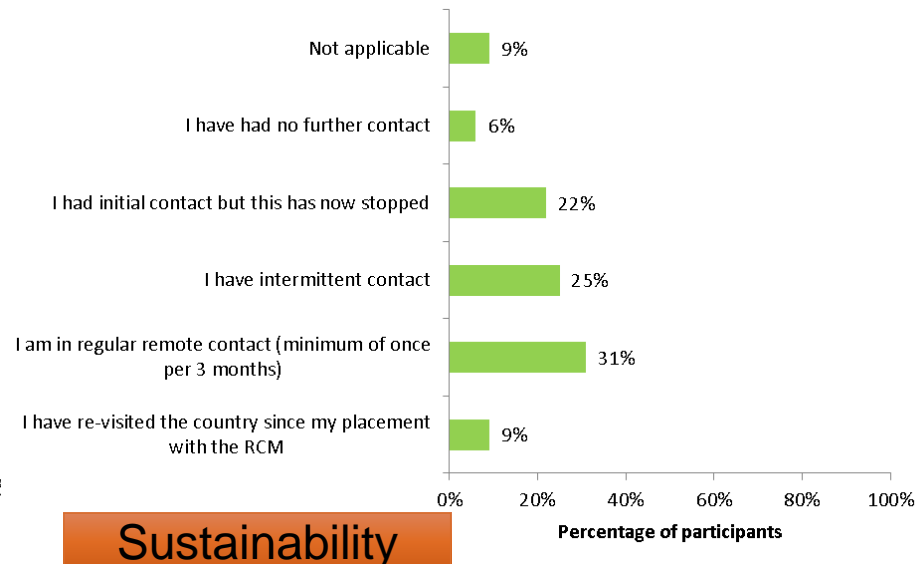
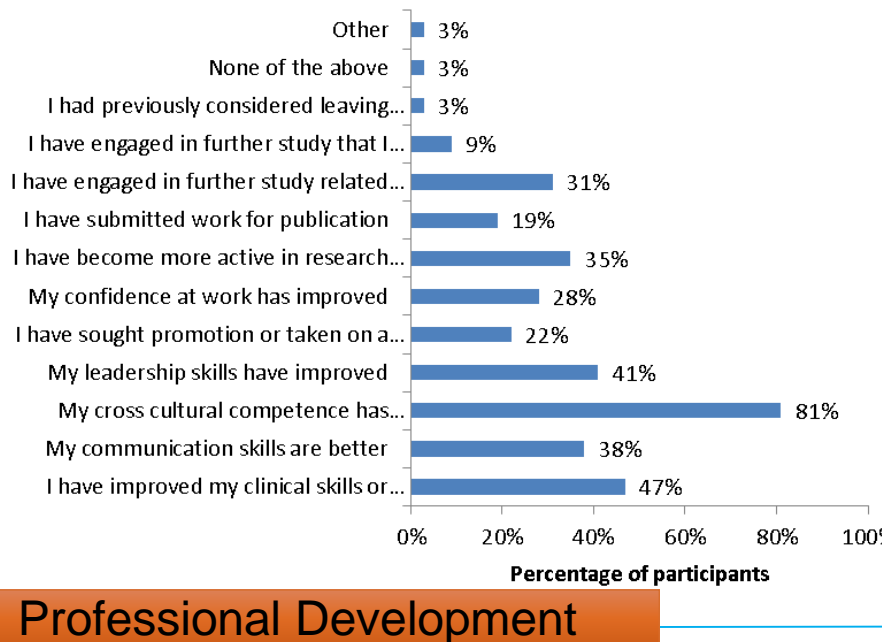
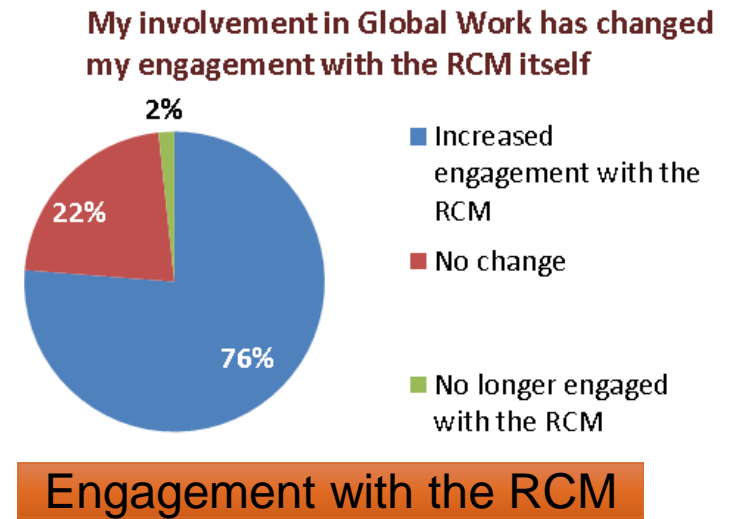
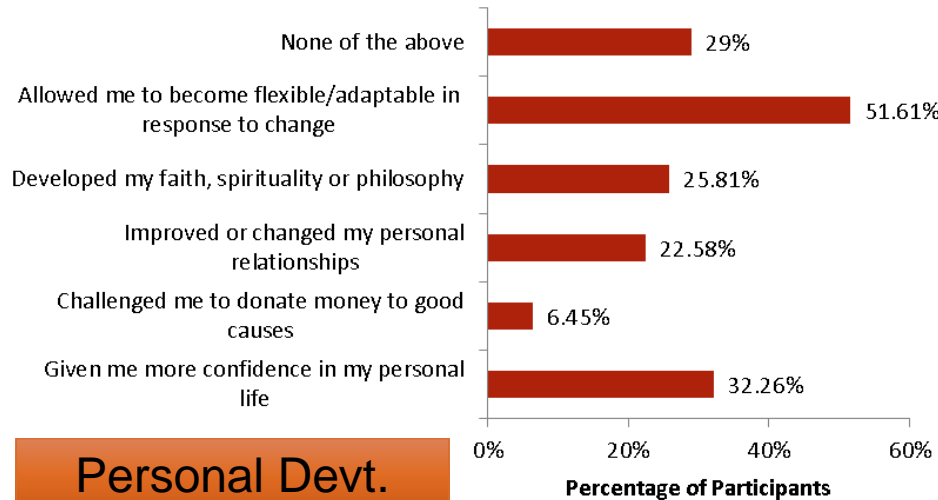
Supporting Returned Volunteers

- Social Media – WhatsApp and Facebook Groups
- Engaging volunteers as RCM Activists
- Co-publishing and co-presenting
- Further volunteering opportunities
- Seeking advice for future projects
- Nominating for awards
- Workplace support through regional staff



■ Sustainability

- Support and facilitate volunteers to keep in touch with their partners



- Volunteer management is complex and hard work but can bring benefit to partners, to volunteers and to sending organisations
- Recruit volunteers for specific jobs and use experienced HCPs
- Don't send inexperienced volunteers into difficult situations
- Cross-cultural skills are vital
- Match twin partners and teams carefully
- Give support to volunteers but also give space
- Time monitoring visits carefully – don't jeopardise volunteers' success by diverting the partner's time and efforts to host you
- Involve other teams in your organisation
- Work in partnership with other agencies in country
- Don't overwhelm your partners with volunteer – build capacity, don't drain it
- Partners value the relationship with your organisation as much as, or more than, the volunteers
- Constantly evaluate

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Thank you for listening



- For further information:
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VOLUNTEER EXPERIENCE OF SIERRA LEONE ETAT+ PROGRAMME 2017

Dr Darshana Bhattacharjee
University Hospital Wales

Background

- ◆ General Paediatrician, CCT obtained September 2016
- ◆ Interest in Public Health- completed MPH 2018
- ◆ Interest in teaching
- ◆ Short periods working overseas
- ◆ Currently locum consultant in NHS

Volunteering

- ◆ Email correspondence from RCPCH December 2016 regarding ETAT+ programme in Sierra Leone.
 - ◆ Applied; shortlisted; interviewed.
- ◆ Completed ETAT+ and GIC January 2017.
- ◆ Pre-departure preparation
- ◆ 1 week in-country induction June 2017.

Placement in SL

- ◆ Based in Pujehun Government Hospital, southern SL, from June to December 2017.
- ◆ Part of national ETAT+ programme: delivered 3-month teaching schedule with SL nurse mentor.
- ◆ Simultaneous clinical work, supervision, and exam preparation.

Placement in SL

- ◆ Data collection on quality of care
- ◆ Establishing use of national triage form and clinical guidelines
- ◆ Improving patient flow in hospital
- ◆ Organising clinical spaces optimally
- ◆ Designing and opening a Newborn Unit
- ◆ Opportunistic PHU visits for introductory ETAT+ training
- ◆ Brief Training the Trainers sessions before departure

Lessons learnt

- ◆ Partnership model of training is effective.
- ◆ Long course taught in-situ has benefits over ex-centric short courses.
- ◆ ETAT+ training package can be generalised to other hospitals in low-resource settings.
- ◆ For training to be effective, wider capacity building measures need to be included.

Transferable skills

- ◆ Organisational and delegation skills
- ◆ Ability to keep an overview
- ◆ Constantly looking for quality improvement opportunities

Overall experience

- ◆ Challenging but positive.
- ◆ Proud to have been part of a programme with a long-term outlook.
- ◆ Keen to do further similar work.
- ◆ RCPCH support excellent.

THANK YOU!

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