



Volunteer Toolkit

Your guide to
volunteering in
global health

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Your guide to volunteering in global health

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Volunteer toolkit checklist

Use this checklist to track your progress using the guidance provided in this toolkit.

Checklist				
Virtual Volunteer	In person Volunteer			
		Exploring international development	Have you read and understood the Exploring international development guidance?	<input type="checkbox"/>
			Have you considered how you can include the Principles of Partnership (PoPs) in your work through reviewing the PoPs checklist?	<input type="checkbox"/>
		Incorporating technology	Have you read through and understood the Incorporating technology guidance?	<input type="checkbox"/>
			Have you completed the Digital checklist (if appropriate?)	<input type="checkbox"/>
		Understanding safeguarding	Have you read through and understood the Understanding safeguarding guidance?	<input type="checkbox"/>
			Have you completed the InterAction introduction to sexual exploitation and abuse course ?	<input type="checkbox"/>
		Recognising innovation	Have you read through and understood the Recognising innovation guidance?	<input type="checkbox"/>
			Have you developed learning aims ? (optional)	<input type="checkbox"/>
			Have you taken the Harvard Implicit Association Test ? (optional)	<input type="checkbox"/>

Virtual Volunteer	In person Volunteer		
		Gender Equality and Social Inclusion (GESI)	Have you read through and understood the GESI guidance? <input type="checkbox"/>
		Monitoring, evaluation and learning guidance	Have you read and understood the Monitoring evaluation and learning guidance? <input type="checkbox"/>
			Have you considered with your partners the main MEL activities for your placement ? <input type="checkbox"/>
		Communicating your impact	Have you read and understood the Communications guidance? <input type="checkbox"/>
			Have you considered the moments you might want to capture in communications pieces and noted these down? <input type="checkbox"/>
			Have you read and understood the Ethical collection of data guidance? <input type="checkbox"/>
		Your safety and security	Have you read through and understood the Safety and security guidance? <input type="checkbox"/>
			Have you completed the relevant Pre-commencement checklist ? <input type="checkbox"/>
			Have you viewed the UK National Cyber Security Centre (NCSC) guidance? <input type="checkbox"/>
		Mental health and wellbeing	Have you read through and understood the Mental health and wellbeing guidance? <input type="checkbox"/>
			Have you created a Wellness Action Plan ? (optional) <input type="checkbox"/>

Section 2

CONSIDERING YOUR PROJECT

Exploring international development

Understanding the principles which guide international development work is crucial in ensuring that the work you carry out is ethical, effective, and sustainable. This guidance seeks to ensure that you have sufficient information and understanding of the guiding principles of international development and volunteer work.



Learning objectives

- 1** Clear understanding of why all international development work must align with the principles of sustainable development and aid effectiveness.
- 2** Clarity around the benefits of engaging in global health volunteer work.
- 3** Understanding of THET's Principles of Partnership and how volunteer projects can align with and reach the hallmarks under them.

Health Partnerships are long-term institutionalised relationships between UK and Low and Lower-Middle Income Country (LMIC) health institutions. Partnerships aim to improve health services and systems in LMICs through the reciprocal exchange of skills, knowledge and experience.

Partners co-develop programmes that address institutional and national priorities. The partnerships themselves are generally long-term and sustainable, while the projects which they deliver are discrete and tailored to identified health system needs. The aim of all projects is sustainable impact and mutual benefit.

Definition



Volunteer

An individual (in this context, a UK health professional) who chooses to spend time, unpaid, doing something that benefits others outside the volunteer's household or family.

Health Partnership activities are based on building capacity through volunteer exchange. Volunteers are the lifeblood of Health Partnerships; without them partnerships could not carry out the work they do. Volunteers come from a variety of professional backgrounds: academia, project management and administration, as well as clinical roles from within the health sector itself. The support they provide can take many forms including vital administrative support from the UK, short term placements such as running training courses, to longer term interventions such as curriculum development or quality improvement initiatives. Virtual or remote mentoring and capacity development is becoming increasingly common, particularly in light of travel restrictions made necessary by COVID-19 and a realisation that Health Partnership work needs to adapt to respond to the climate crisis.

In all of the work that volunteers carry out within Health Partnerships, it is important that standards of effective aid and sustainable development are followed. The following chapter outlines some of the thinking and frameworks which have been developed and used by key development stakeholders, and aims to provide a solid foundation for volunteers hoping to engage in or improve Health Partnership work.

VOLUNTEERS ARE THE LIFEBLOOD OF HEALTH PARTNERSHIPS

Sustainable development

Sustainable development is development which meets the needs of the present without compromising the ability of future generations to also meet their needs. For sustainable development to be achieved, it is crucial to harmonize three core and interconnected elements: economic growth, social inclusion, and environmental protection.

2030 Agenda for Sustainable Development

The 2030 Agenda for Sustainable Development is a commitment to eradicate poverty and achieve sustainable development by 2030 world-wide, ensuring that no one is left behind. Within the Agenda are the [Sustainable Development Goals \(SDGs\)](#), adopted by all UN Member States in 2015. These 17 Goals are a universal call to action to end poverty, protect the planet and improve the lives and prospects of everyone, everywhere. They address the global challenges we face, including those related to poverty, inequality, climate change, environmental degradation, peace and justice. Within each of the goals are targets (169 in total) which highlight the specific elements that need to be achieved in order for the overall goal to be met.

ECONOMIC GROWTH, SOCIAL INCLUSION, AND ENVIRONMENTAL PROTECTION

Previous development plans have mainly focused on making progress in low-income countries, but, in the last decade, focus has shifted due to growing evidence that a majority of the world's poor live in middle-income countries, where inequalities within countries are on the rise. Growing concerns around the effects of climate change and environmental degradation are prevalent across societies, as well as a realisation that the impact of these changes transcends the economic status of countries and a more interconnected approach is necessary. As highlighted by the COVID-19 pandemic, health is a global issue, with people all over the world impacted by the virus regardless of economic status. By acting in an interconnected way, we have a greater chance of ensuring that global pandemics do not decimate populations.

In the past, development efforts have often focused on one issue at a time, for example, focusing first on health, then hunger, then women's rights. Nevertheless in nearly all countries, to varying degrees, social stratifiers such as age, sex, disability, race, ethnicity, religion, migration status, socioeconomic status, access to education, place of residence, and sexual orientation and gender identity have been grounds for social exclusion over time. These social stratifiers are interrelated and multidimensional. They influence each other; a concept termed intersectionality. In the SDGs there is a recognition that development must balance economic, social and environmental sustainability — and that interventions in one area will affect the outcomes in others. For example, actions to support women and girls' empowerment can also catalyse local economies, enable safer childbirth, and build more inclusive communities.

The 2030 Agenda takes a radical stance through its pledge to Leave No One Behind. The SDGs are designed to bring the world to several life-changing 'zeros', including zero poverty, hunger, preventable child deaths, AIDS, tuberculosis and malaria, discrimination against women and girls, and human trafficking.

Risk reduction and resilience building are becoming increasingly important, not just referring to environmental disasters such as earthquakes or hurricanes, but also to environmental degradation, pandemics, economic shocks, and conflicts. By preventing, mitigating and preparing, countries and communities will save money, resources and lives. Development should be risk-informed and reactive, creating economies that can quickly bounce back from financial downturns, health systems that can deal with sudden outbreaks and an agricultural sector which can cope with sudden changes in weather. It should also be proactive in seeking new opportunities and areas for support.

Financing for development

With the agreement of the SDGs came a realisation that finance for meeting these goals was the next hurdle to be overcome. The [Addis Ababa Action Agenda](#) provides a new global framework for financing sustainable development, which aims to support implementation of the 2030 Agenda, including the SDGs. The Agenda aligns all domestic and international resource flows, policies and international agreements with economic, social and environmental priorities. It incorporates the SDG means of implementation targets in a comprehensive financing framework, and serves as a guide for further actions by governments, international organisations, the private sector, civil society

and philanthropists. The aim is to ensure that all those working to finance development do so in a coordinated, holistic way which eventually results in a situation where all financial aid is complementary to other efforts rather than contradictory or in competition.

Member States created the Financing for Sustainable Development Office to promote and support this integrated, cross-cutting and holistic approach to the financing of development, as well as the United Nations Economic and Social Council Forum on Financing for Development for reviewing outcomes and implementation of the Agenda on an annual basis.

What is 'aid effectiveness'?

Having decided on the goals and targets for sustainable development, and the route for financing the Agenda, the final corner of the sustainable development triangle is how these goals are achieved in terms of collaboration, partnership and effectiveness. What steps should governments, development actors and stakeholders take to ensure that interventions are effective, high quality and sustainable?



The Paris Declaration and Accra Agenda for Action (AAA)

The first thinking around aid effectiveness began in 2005 through the Paris Declaration. This was a practical, action-oriented roadmap to improve the quality of aid and its impact on development. It gives a series of specific implementation measures and establishes a monitoring system to assess progress and ensure that donors and recipients hold each other accountable for their commitments. The Paris Declaration outlines the following five fundamental principles for making aid more effective:



Paris Declaration

Ownership

Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.

Alignment

Donor countries align behind these objectives and use local systems.

Harmonisation

Donor countries coordinate, simplify procedures and share information to avoid duplication.

Results

Developing countries and donors shift focus to development results and results get measured.

Mutual accountability

Donors and partners are accountable for development results.

Designed to strengthen and deepen implementation of the Paris Declaration, the Accra Agenda for Action (2008) took stock of progress and set the agenda for accelerated advancement towards the Paris targets. It proposed the following four main areas for improvement:

Accra Agenda for Action

Ownership

Countries have more say over their development processes through wider participation in development policy formulation, stronger leadership on aid co-ordination and more use of country systems for aid delivery.

Inclusive partnerships

All partners - including donors in the OECD Development Assistance Committee and developing countries, as well as other donors, foundations and civil society - participate fully.

Delivering results

Aid is focused on real and measurable impact on development.

Capacity development

To build the ability of countries to manage their own future - also lies at the heart of the AAA.

The Global Partnership for Effective Development Co-operation

The Global Partnership for Effective Development Co-operation (the Global Partnership) is the primary multi-stakeholder vehicle for driving development effectiveness. It aims to “maximize the effectiveness of all forms of co-operation for development for the shared benefits of people, planet, prosperity and peace”, by bringing together governments, bilateral and multilateral organizations, civil society, the private sector and representatives from parliaments and trade unions among others, who are committed to strengthening the effectiveness of their partnerships for development.

It supports practical implementation of effective development co-operation principles, promotes mutual accountability, and works to sustain political momentum for more effective co-operation and partnerships.

Agreed in 2011 by more than 161 countries and 56 organizations, the four principles of effective development co-operation contribute to this goal by providing a framework for more equal and empowered partnerships and more sustainable development outcomes. In 2018, 86 governments and over 100 development partners engaged in the Global Partnership's monitoring exercise.

Engaging in global health

The UK health service benefits hugely from its staff engaging in global health. Staff gain access to new knowledge and situations, they learn about diseases they would not necessarily encounter in the UK setting. They gain soft skills such as leadership and communication, intercultural competence and bidirectional learning. They gain experience applying gender equality and social inclusion (GESI) principles in their projects and learn about innovative applying gender equality and social inclusion principles (GESI) in their projects; and learn about innovative methods used in low income settings which could be transferred back to the NHS. Published in 2014, the [Engaging in Global Health: Framework for Voluntary Engagement in Global Health](#) sets out proposed standards in five main areas:

Effectiveness

including the key principles for effective voluntary engagement in global health;

Organisational commitment

including the vital role of UK employers and professional associations;

Support for volunteers

including preparation and support for the whole volunteer journey;

Health values and ethics

the importance of an ethical approach including the values that motivate those who volunteer;

Monitoring, evaluation and learning

highlighting the need to assess impact, improve effectiveness and learn from best practice.

These standards overlap with and reflect some of the principles outlined in the sections above. As well as highlighting the importance of the UK's involvement in global health, the framework explores ways in which institutions can encourage their staff to engage in overseas volunteering work, provides tools and resources for those interested in volunteering in LMICs and demonstrates lessons learnt from past health partnership projects. The framework focuses on how voluntary international development work can contribute to building and sustaining capacity in LMICs, and outlines the benefits and opportunities for UK employers, professional associations and individual volunteers from the UK health sector.



So how is this relevant to health partnership volunteering?

Sustainable development practices are not just for large organisations, programmes or projects. They should be integrated into the design and implementation of any intervention no matter the scope or scale; all well thought through projects can, and should, contribute to the wider development agenda.

For example, the project on which you are working may have a central focus on health (Goal 3: Good Health and Wellbeing) but it will also contribute to the targets under various other goals.

**SUSTAINABLE
DEVELOPMENT
PRACTICES ARE NOT
JUST FOR LARGE
ORGANISATIONS,
PROGRAMMES
OR PROJECTS**

Your project might be training pharmacists to manufacture anti-bacterial hand rub, which will also contribute to Goal 6: Clean Water and Sanitation.

You may then be devising an innovative method of distributing this around the hospital, ensuring that infrastructure is in place within the community to allow for community members to access better sanitation (Goal 9: Industry, Innovation and Infrastructure), and empower female 'Champions' within the community to ensure that all members of the community benefit from the new services (Goal 5: Gender Equality and Goal 10: Reduced Inequalities).

Your project should further take into account social inclusion as a process and a goal, by improving the terms of participation and access for people who might be disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, economic or other status (target 10.2.). Health Partnership work has the ability to contribute to targets across the SDGs, demonstrating the effectiveness of interconnected development work.

THET's Principles of Partnership

Based on the global standards for measuring aid effectiveness, and rooted in THET's fundamental belief, backed up by evidence, that stronger partnerships lead to more effective health projects and programmes, THET developed its Principles of Partnership (PoPs) in 2015.

Reviewed in 2020, these are 9 Principles which THET believes are crucial for ensuring strong, effective and equitable Health Partnerships that will develop projects which are sustainable, empower individuals and have an impact at both the institutional and the health system levels.



1. Strategic

Health partnerships have a shared vision, have long-term aims and measurable plans for achieving them and work within a jointly-agreed framework of priorities and direction



2. Harmonised and aligned

Health partnerships' work is consistent with local and national plans and complements the activities of other development partners



3. Effective and sustainable

Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long term results



4. Respectful and reciprocal

Health partnerships listen to one another and plan, implement and learn together



5. Organised and accountable

Health partnerships are well-structured, well-managed and efficient and have clear and transparent decision making processes



6. Responsible

Health partnerships conduct their activities with integrity and cultivate trust in their interactions with stakeholders



7. Flexible, resourceful and innovative

Health partnerships proactively adapt and respond to altered circumstances and embrace change



8. Committed to joint learning

Health partnerships monitor, evaluate and reflect on their activities and results, articulate lessons learned and share knowledge with others



9. Committed to Gender Equality and Social Inclusion (GESI)

Health partnerships consider unequal power relations and inequalities experienced by individuals as a result of their social identities and conduct GESI activities and analysis to ensure GESI is mainstreamed into organizations, programmes, interventions and activities. All Health Partnerships should aim, as a minimum, for a GESI sensitive approach.

Under each of the principles sit hallmarks, statements which partnerships should aim to meet. These are not statements which can be met overnight but are long term goals which may take months, or even years, to reach together.

The hallmarks describe best practice ways of working in partnership. They are a hallmark of Health Partnership excellence exemplified through an extensive library of case studies available through THET's website.

Though maybe not all of the PoPs can be implemented at the volunteer level, and will be dependent on the nature of the volunteer role, volunteers can contribute to a number of them including, though not limited to:



Harmonised and aligned

Health partnerships' work is consistent with local and national plans and complements the activities of other development partners

The hallmarks of good practice under this principle include ensuring that partnership work both reflects national health priorities and builds on both institution's strategic health plan. Volunteers can play a role in ensuring that partnership work is supported by senior management and other colleagues in each partner institution, and engage in relevant national regulatory, governance and research bodies who can support and learn from partnership work.

While it can sometimes be a challenge to gain support from senior management, particularly when staff are short of time, if project activities do not align with the institution's strategy, any project outcomes may be short lived. Long term volunteers are often best placed to help other partnership members gain an understanding of the context and position of other stakeholders and can be invaluable in building relationships.



Case study

The partnership between the Royal College of General Practitioners and the Ministry of Health and Sanitation (MoHS) in Sierra Leone set out with the aim of increasing the capacity of primary care workers to manage NCDs in rural areas of Sierra Leone.

Long term volunteers on the ground began work by forming strong and meaningful relationships with members of staff based both in the central MoHS and in the District Health Office of the region in which their project was targeting.

A few weeks into the project, elections in Sierra Leone led to a large number of changes in the MoHS and individuals which volunteers had formed relationships with were no longer in the same positions. Rather than continuing with the original project, based on the decisions made with original individuals, the volunteers persisted in forming new relationships, determining the priorities for the new MoHS.

While this delay presented a big risk in terms of the project meeting its deadlines and targets, ultimately, ensuring that the partnership work continued to align with partner priorities has meant that the training manual developed by the partners is now being scaled up throughout the country.



Effective and sustainable

Health partnerships operate in a way that delivers high-quality projects that meet targets and achieve long term results

Partnerships should be made up of interdisciplinary and diverse teams to encourage resilience and adaptability, respect GESI principles, able to recognise a diverse range of barriers and challenges to health systems strengthening and base projects on recognised good clinical practice and health system strengthening principles. While volunteers may play a strong role in delivering any clinical capacity development, it is important that there is always a plan in place for work to be continued once the volunteer has returned to the UK. Mentoring schemes, where volunteers provide longer term support to capacity development through supervision and ongoing support, remotely or in person, or Train the Trainer, where champions at an institution or organisation are trained both in the area of capacity development but also how to deliver this training to their colleagues, are excellent ways of empowering local health care staff to continue work started through the project.



Case study

The Royal College of Paediatrics and Child Health partnership with Ola During Hospital in Freetown, Sierra Leone is an excellent example of how volunteers can ensure a project is effective and sustainable. This project aimed to train paediatric staff to deliver better quality inpatient and outpatient care to neonates, infants and children in Ola During Children's Hospital through delivery of the ETAT+ training course. Long term UK volunteers pair with nurse trainers, and together deliver training at hospitals around Sierra Leone to other nurse trainers, who will then be mentored to deliver the ETAT+ training themselves. The mentor-mentee relationship between the UK volunteers and the Sierra Leonean nurses is built on trust and has meant a generation of nurses have been empowered to deliver training where they actually work. The aim now is that the UK volunteers scale back and the Sierra Leonean nurses continue training independently.





Respectful and reciprocal

Health partnerships listen to one another and plan, implement and learn together.

Partners should clearly define roles and equitably share responsibility for project planning, management and implementation, including among volunteers working on the project. All partners should listen to and engage with each other's needs and ideas, including to produce research papers and funding bids, while respecting and recognising each other's strengths and weaknesses, and diverse backgrounds. By engaging frankly and positively with any challenges in their relationship and externally, partnerships will be strengthened and encouraged to continue working with each other in the future.

Often when clinical volunteers from the UK begin working in lower resource settings, they can be shocked or disheartened by the lack of medical equipment or supplies which are available. By engaging in this discussion early on and making sure they are fully aware of the context which they're going in to, volunteers can use this as a positive exercise to learn from their colleagues and support them in their work and work with partners to design their placement to fit the context they will be entering.



Case study

Butabika East London Link is a partnership between East London NHS Foundation Trust in England and Butabika Hospital in Kampala, Uganda.

The partnership began in 2005 and focuses on improving mental health services in Uganda. Through training, mentoring, and exchange visits, the partnership has managed several successful projects, including introducing a peer support service for patients with mental health challenges, better management of aggression in inpatient settings, and improving child and adolescent mental health services.

The partnership has formal and informal ways of reviewing strengths and weaknesses in projects. Exchange visits are key to mutual understanding, giving visitors an opportunity to learn and

appreciate the context of their partner's work, as well as providing immediate feedback on early-stage ideas. In this partnership, there are short-term, two-week volunteer placements, but also longer-term visits, including a three-month fellowship programme.

The partnership benefits from having had people in key leadership positions on both sides take part in exchange visits. At a managerial level, whenever a UK group visits Butabika Hospital, members of the team meet with the hospital management to provide feedback on current projects and discuss longer-term strategy and focus. This gives both sides of the partnership the opportunity to reflect on what is needed and what is possible within current capacity.



Committed to Gender Equality and Social Inclusion (GESI)

Health partnerships consider unequal power relations and inequalities and try to mitigate them by applying at minimum a GESI sensitive approach

Complying with the Leaving No One Behind principle of the SDGs, health partnerships do consciously take into account that different places have different histories, cultures and institutions which shape norms, values and in consequence different approaches for social inclusion. It is important, that volunteers in pre-departure preparations do get a good idea of where are they going to be placed and which GESI considerations and social stratifiers are important for their project. If a GESI needs assessment or a GESI Strategy and Action Plan have been developed already, they are valuable resources for volunteer preparation. A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalisation.



Case study

The Partnership between the Global Newborn Network, University College London Hospitals and Partners In Health/ Inshuti Mu Buzima aimed to develop and integrate an evidence based early intervention programme for young children with developmental disability into the public health system in Rwanda.

The Early Intervention Programme aimed to promote social inclusion for young children with disabilities and their families by developing knowledge and skills and challenging stigma. The expert parents, usually women, serve as role models to support families in raising awareness and challenging stigma at a family and community level.

Gender plays an important role in families of child with disabilities. Mothers are typically the main caregivers for the child, often after the father leaves the family due to the child's disability. The EIP aims to empower women to care for their children, promoting inclusion and reducing self-stigma, but fathers also have an important role in enabling attendance at health services and the EIP, so the project worked to engage fathers and train them as expert parents as well as mothers.

This had an impact at the community level in promoting a positive role for fathers in the care of their children with disabilities, reducing stigma, and supporting mothers in caring for their children and accessing services.



It focuses on actions to address these unequal power relations and inequalities, reduce disparities and ensure equal rights, responsibilities, opportunities, and respect for all individuals¹.



¹ THET: Gender Equality and Social Inclusion (GESI) Toolkit for health Partnerships, London 2020, p.4.

The PoPs should be used and encouraged by all those working or volunteering within a Partnership. Some of the hallmarks can be worked towards by individuals, and others will need the collaboration of the whole partnership. The below checklist is designed to help you understand the principles that should be incorporated in and monitored throughout your volunteering experience.

Principles of Partnership	Hallmarks	Check if completed
 Committed to Gender Equality and Social Inclusion (GESI)	You identify groups at risk of marginalization, vulnerability, and exclusion to target within your projects	<input type="checkbox"/>
	You incorporate GESI related activities into planning, delivery of your project	<input type="checkbox"/>
 Strategic	You have signed the Volunteer Agreement	<input type="checkbox"/>
	Your plans and objectives are clearly linked to identified needs	<input type="checkbox"/>
	Your needs assessments and plans are reviewed by your supervisor	<input type="checkbox"/>
	Your project activities are prioritized and planned with measurable outcomes	<input type="checkbox"/>
	Your exit strategies for sustainability are developed	<input type="checkbox"/>
You have reviewed the safeguarding guidelines and policies	<input type="checkbox"/>	
 Harmonised and Aligned	Your work is consistent with local and national plans and complements the activities of other development partners	<input type="checkbox"/>
	Your plans reflect national health priorities	<input type="checkbox"/>
	Your plans build on your host institution's strategic health plan	<input type="checkbox"/>

Principles of Partnership	Hallmarks	Check if completed
 Effective and Sustainable	You engage a wide range of stakeholders to ensure continuity and local ownership	<input type="checkbox"/>
	You explicitly recognise barriers and challenges to health systems strengthening, such as health worker movement and unreliable supplies	<input type="checkbox"/>
	You recognise good clinical practice and health system strengthening principles	<input type="checkbox"/>
	Your project is appropriate to the resources (such as equipment and staff) available	<input type="checkbox"/>
 Respectful and Reciprocal	Your project follows good practice recommendations for project management in international development	<input type="checkbox"/>
	Your role is clearly defined, and you equitably share responsibility for project planning, management and implementation with your partners	<input type="checkbox"/>
	You have signed and comply with the Code of Conduct	<input type="checkbox"/>
	You listen to and engage with your partner's needs and ideas	<input type="checkbox"/>
	You and your partners respect each other's strengths and weaknesses, and engage frankly and positively with difficulties in their relationship and external challenges	<input type="checkbox"/>
You have an understanding of the cultural and political context that is reflected in your project/work	<input type="checkbox"/>	

Principles of Partnership	Hallmarks	Check if completed
 Organised and Accountable	You engage individuals with the appropriate experience and expertise and roles and responsibilities have been defined clearly	<input type="checkbox"/>
	You and your partners use clear and appropriate communication channels	<input type="checkbox"/>
	You are aware of the systems and processes that your host and sending institution expect you to follow	<input type="checkbox"/>
	You will keep records following the proper guidelines and secure permission regarding data and reports of significant activities, results and decisions, and share/disseminate them as appropriate	<input type="checkbox"/>
 Responsible	You are up to date with current advice and adhere to international guidelines and best practice for international development organisations	<input type="checkbox"/>
	You are open to admitting mistakes and reflect and respond appropriately	<input type="checkbox"/>
	Your activities are conducted with honesty and respect for others	<input type="checkbox"/>
	You comply with the relevant professional code of conduct for health workers	<input type="checkbox"/>
	You have assessed the risks associated with project activities and duty of care is considered by all those participating in project activities	<input type="checkbox"/>

Principles of Partnership	Hallmarks	Check if completed
 Flexible, Resourceful, Innovative	You propose ways to overcome challenges together that are mindful of context and the need for sustainability	<input type="checkbox"/>
	You are flexible in adapting partnership objectives in response to changing circumstances, especially when there are multiple partners involved	<input type="checkbox"/>
	You use innovative methods where appropriate in their approach to training health workers and are open to suggestions from a wide range of sources	<input type="checkbox"/>
	You consider the use of a wide range of methodologies to deliver projects, including new technologies	<input type="checkbox"/>
 Committed to Joint Learning	You stay aware of your own moral distress (said to occur when one has made a moral judgement but is unable to act upon it) and seek support when needed	<input type="checkbox"/>
	You nurture a culture of reflection and learning with monitoring and evaluation integrated into plans from the outset	<input type="checkbox"/>
	You work together with your partners to identify what works, what doesn't and what can be learned from this	<input type="checkbox"/>

Section 3

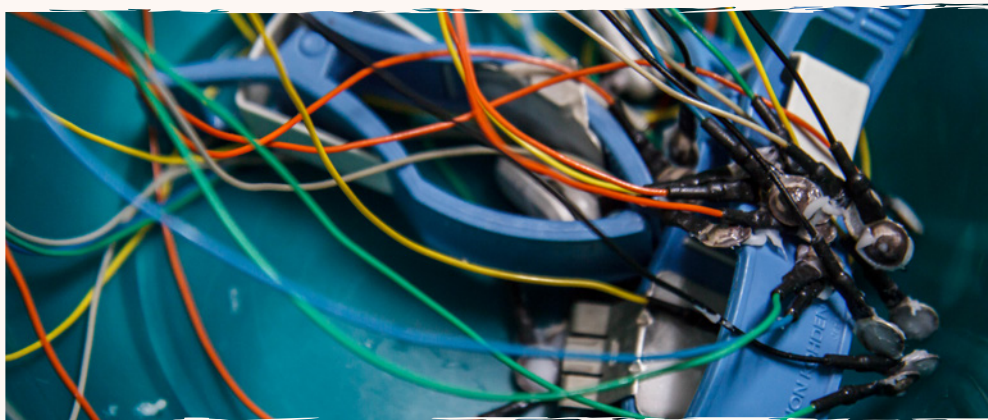
CONSIDERING YOUR PROJECT

Incorporating technology

The role and impact of technology in both our personal and working lives is ever changing. Technology is about taking action to meet a real world issue and providing the solution.

This in turn has enabled us to understand and analyse our day to day working in greater detail. Whether this is using project management software to coordinate live projects or using collaborative spreadsheets to improve invoicing workflows, technology can provide many benefits to your volunteering journey.

Technology is ubiquitous and, during your time volunteering, whether in person or remotely, there will be a variety of ways in which it may enhance your ability to work with partners and deliver your project. Despite this, it is important to carefully consider if, when and how to use technology, especially as your partner's experience may be different from your own.



Learning objectives

1 Improving your project

Any transformation should be formed around this key aim. Digital enhancements should not be made for your own benefit but for the benefit of all parties. It is important to include Gender Equality and Social Inclusion (GESI) considerations.

2 Increased collaboration

Aim to improve your communication and workflow processes through technology.

3 Enhance processes

Streamline your workload by limiting manual and repeated tasks.

4 Be more flexible

Technology can assist in data gathering and analysis which improves your project agility and allows for a more open approach with your colleagues.

Benefits

Technology has improved both the quality of volunteering and the experience of the volunteers themselves. By opening up access of various sources, collaborative tools and online communication, technology can have a positive impact on both the country host and the volunteer. Both hardware and software can be used in an innovative way to address real life problems in a volunteering situation which can have long lasting impacts on the community. Internet and mobile phone texting can enable individuals and members of marginalized groups to consult with medical professionals and receive information on medications.

**TECHNOLOGY CAN
HAVE A POSITIVE
IMPACT ON BOTH
THE COUNTRY
HOST AND THE
VOLUNTEER**

Risks/costs

There are numerous barriers to technical access and usability in LMIC countries. Although it may seem easier and less time consuming to utilise solutions which you are already comfortable with, there is a strong possibility that these technologies will either be inaccessible, unfeasible or exclusive. In order to ensure that no one is left behind, you should therefore research and engage with local stakeholders to analyse potential technologies which your colleagues are used to and happy to use. You may also need to consider possible inequalities in access to such technologies often called “digital divide”, which may widen disparities and social exclusion of specific groups along specific social stratifiers.

Tools

When deciding on which technology to use, both hardware and software, it is important to consider the following scenarios:

Instant messaging

- To avoid cluttering your inbox with short emails, utilize free instant messaging solutions such as Slack, Google Hangouts or Discord to send quick IM’s and calls. Research which technologies are more popular in the region for better results.
- Use IM for informal communications and receive quick real time responses rather than

more formal or detailed communication.

Email

- Email should be used to keep an audit trail of any correspondence between parties unlike instant messaging where messages can be deleted more easily.
- To streamline your workload, make best use of folders, tags and labels for better organisation.
- Free email extensions such as Grammarly, Gmail Offline and Rapportive can provide key improvements to your emailing capabilities (<https://uk.pcmag.com/migrated-2510-productivity/3725/the-best-chrome-extensions-for-gmail>)

Video conferencing

- Use video-conferencing to carry out training, group or one to one meetings and events with geographically dispersed partners.
- Tools such as Zoom, Google Hangout, Skype and Jitsi offer free videoconferencing solutions
- Record live sessions to build a repository of training videos, project walkthroughs and more.



Digital principles

Technology is becoming more and more utilised within global health projects, however, it is important that you consider not just how technology can be used but also if it is required in the first place and if the benefits will outweigh the costs. For example, does the benefit and cost of a new mobile app outweigh the usability and training required for its success? Does the use of the new technology potentially exclude certain groups of your stakeholders?

When conducting any form of digital collaboration, it is important to follow some basic principles. [The Principles for Digital Development](#) aims to establish strong and effective participation in international development:

Design with the user

Engage in conversation and cooperation with your partners to design a mutually beneficial system, which enables stakeholders to equally participate.

Understand the existing ecosystem

Research the current systems in place to understand where improvement is required and what current solutions can be carried forward.

Design for scale

Plan for future growth by ensuring any solutions can cope with major changes in users, data and content.

Build for sustainability

Ensure that any solutions provide maximum long-term impact on the project going forward.

Be data driven

Create quality information and ensure that it is provided to the correct people for when they need it.

Use open standards, open data, open source and open innovation

Conduct an open approach to the wider community to ensure there is no duplication in work.

Reuse and improve

Work with your community to use project solutions on a wider scale to improve efficiency.

Address privacy and security

Be careful of which data is collected and how it is used, stored and shared. Make sure you comply with data protection laws.

Be collaborative

Share your information, insights, strategies and success to improve implementation efficiency.

Scenario

A volunteer notices that data held on a patient is not collected or analysed on GESI indicators which demonstrates a bias in patient treatment. As a result, they decide to use a customizable application to collect data on patients. However, the application is only available on Apple iPhones which are not common in the region. The volunteer then looks to purchase iPhone's for the key staff in the department who will be trained to collect the data. What could be some of the challenges of this approach?

- Staff will need training to use the phones
- Phones/accessories (charging cables) could break and there is no local maintenance available
- A potential lack of ongoing software support for the application once the volunteer leaves
- Information can not be integrated with hospital or national data systems
- Staff who don't receive phones could see the provision as favouritism
- Phones could be stolen
- Sensitive data may not held securely
- No oversight on quality of data inputs

Digital checklist

When you have identified a use for technology, the check list below will help you to consider some key factors. If you answer no to any of these, this could be a sign that you should reconsider the use of technology in your project.

Key considerations	Checklist
Will the technology be effective in solving the issue at hand?	<input type="checkbox"/>
Will end users on the ground have access to the technology?	<input type="checkbox"/>
Will the technology be compliant with the country's laws and regulations?	<input type="checkbox"/>
Will the partner be required to bear any potential costs to the technology?	<input type="checkbox"/>
Does the technology fit or integrate with existing technology on the ground?	<input type="checkbox"/>
Are there alternative solutions exist which are more widely used within the country?	<input type="checkbox"/>
Will the technology handle low bandwidth in the area?	<input type="checkbox"/>
Is the technology accessible by all regardless of gender, race, disability, geographical location, etc?	<input type="checkbox"/>
Is the technology sustainable and able to be used after the project is complete?	<input type="checkbox"/>
Does the local authority have the financial means to support the technology after the project?	<input type="checkbox"/>
Have you engaged with any local staff prior to implementation to ensure their acceptance?	<input type="checkbox"/>

Key considerations	Checklist
Have you engaged with a diverse group of end users along your main GESI stratifiers prior to implementation in order to ensure broad access to avoid a digital divide?	<input type="checkbox"/>
Is data stored collaboratively to streamline processes and prevent data build up?	<input type="checkbox"/>
Is there local support available for the technology you are using if it goes wrong or breaks?	<input type="checkbox"/>
If you require additional hardware delivered to the region from abroad, is this feasible? (duty fees)	<input type="checkbox"/>
Can additional hardware be procured locally?	<input type="checkbox"/>
Will the technology require any major maintenance?	<input type="checkbox"/>
Is any hardware stored in a secure location?	<input type="checkbox"/>
Have local staff received the appropriate training to use the technology effectively (e.g. do you need to provide training in local languages, etc.) ?	<input type="checkbox"/>
Is the way you handle data compliant with the local regulations?	<input type="checkbox"/>
Is data stored securely to prevent leaks?	<input type="checkbox"/>
Is data accessible to all stakeholders involved including trainees, trainers and beneficiaries as appropriate?	<input type="checkbox"/>

Dealing with bandwidth issues

A common issue you may come across in your digital volunteering may be dealing with poor connectivity, especially with colleagues in LMICs. Below is a list of tips which may be helpful in improving connection speeds in your working day:

Turn off HD video in your videoconferencing

- In Zoom, click Settings (the gear icon).
- Click Video in the left-hand menu.
- In the My Video section, uncheck the box beside 'Enable HD' if necessary.

Turn off video and screen sharing if not necessary

- Live streaming video requires a large amount of bandwidth. By turning off your video and muting yourself, this will improve connection.
- Screen sharing can place the largest amount of pressure on your internet connection. Sharing a resource in the chat section can be an easy alternative to screen sharing and reduce the impact on your connection.

Change your meeting times

- As most meetings are scheduled on the hour or at 30 minutes past, you are likely to be met with high traffic congestion on your gateway. Scheduling meetings at 15 minutes past or to the hour can help with better connections.

Turn off background applications on any device connected to the wifi

- Running desktop applications in the background which uses large amounts of CPU (Central processing Unit) will impact the quality of your calls. This will include any program running videos, large databases, interactive content or uploading files to the internet in parallel.
- Mobile apps such as Facebook, Instagram, Netflix, Snapchat, Spotify, Twitter and YouTube will also use large amounts of bandwidth.
- Configure your PC to start device updates when you are not using your computer. You can read more [here](#).

Use collaborative software to share files rather than email attachments

- If you do need to share files with a colleague, sending the link to the file stored in Sharepoint or GoogleDrive should be encouraged. Sending files as attachments require the file to be uploaded to the mail server and will require considerable bandwidth.
- Sharepoint and GoogleDrive also allows more than one user to edit the same document in parallel, reducing the need to send updated versions back and forth.

Revise the devices connected to your network

- By logging in to your router, you can see which devices are operational and which devices are using the most internet. There is a high



chance that many of these devices do not require 24/7 internet access. You can read more [here](#).

- For mobile phones with unlimited data packages, disconnect them from the network if not needed.
- If your router supports both 2.4GHz and 5GHz channels, ensure that devices are spread across both channels, reducing congestion across one channel.

Use lower bandwidth software

- Web browsers such as Opera and Dolphin (for mobile) are specifically built for slower internet connections
- Use low data mode on mobile devices to ease the pressure on your desktop/laptop
 - i. support.apple.com/en-gb/HT210596
 - ii. source.android.com/devices/tech/connect/data-saver

Conclusion

In the current climate, technology is fundamental to your volunteering experience. When planning your digital transformation, it is important to remember a key principle: technology is simply a tool.

When you identify a problem, be careful in your approach to finding a solution. Many solutions will claim to solve all your problems, but it is imperative that you are led by the problem, not the technology. After identifying the problem, use your Digital Principles and checklist to ensure that you are open and inclusive as to which solution you chose.

Be aware, that technological change and innovation can serve as critical tools for social inclusion; but if you do not build on GESI considerations, the inequality in access to the new technologies might also foster “digital divide” and perpetuate social exclusion.

You should be constantly analysing your technology and ensure that even after implementation, you continue to review your objectives. There are thousands of helpful resources and community groups available to you online and using best practices learned by others can help you make a successful impact on your voluntary experience.



Section 4

CONSIDERING YOUR PROJECT

Understanding safeguarding

Recognising that everyone has the right to feel and be safe,

THET aims to safeguard and protect everybody involved in its projects and programmes – and all those they come into contact with – from violence, abuse, exploitation, discrimination, harassment and neglect, with particular emphasis on vulnerable adults and children. Safeguarding applies without exception across all our programmes, partners and staff. This means that all those connected to THET should know how to keep children, vulnerable adults, patients, beneficiaries, staff and volunteers safe.

The purpose of this document and associated policies and procedures is to provide clarity to all on how you should engage with children, young people and vulnerable adults when working for, on behalf of, or in partnership with THET. It is also to help make sure that volunteers are protected while on placement. It is intended to help establish a common understanding of safeguarding issues, develop good practice across the diverse and complex areas and contexts in which we operate and thereby increase accountability across the volunteer placement programme.



Learning objectives

1 Clear understanding

Clear understanding on what safeguarding is and its importance through examples of harm that you may see in the course of volunteering.

2 Clarity on engagement

Clarity on how you should engage with children, young people and vulnerable adults when working in global health.

3 Increased awareness

Increased awareness of how to respond to a safeguarding incident if one occurs while you are volunteering.

Definitions

A child

A person below the age of eighteen years, as defined by the UK Convention of the Rights of a Child.

A vulnerable adult

A person aged 18 years or over who either: Identify themselves as unable to take care of themselves or protect themselves from harm or exploitation or, due to their gender, age or frailty, mental health problems, learning or physical disabilities, and disasters and conflicts, may be unable or unwilling to identify themselves as vulnerable or subject to abuse, but are deemed to be at risk.

Gender Equality and Social Inclusion (GESI)

A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalisation. It focuses on actions to address these unequal power relations and inequalities, reduce disparities, and ensure equal rights, responsibilities, opportunities and respect for all individuals.

Do No Harm

A principle that refers to an organisation's responsibility to minimise the harm they may be doing inadvertently as a result of their organisational activities, in this case, through international volunteer placements.

Remote Volunteers

Remote volunteers are volunteers who provide support without physically being at the facility through online communications methods. They may be in country or in their home or a third country. Other terms used include online volunteers, arm chair volunteers and virtual volunteers.

Social Stratifiers

Also called protected characteristics, are specific aspects of a person's identity that may result in power imbalances and thus a greater risk of vulnerability: sex, age, disabilities, sexual orientation, ethnic or religious minority status, people living with stigmatising illnesses, gender identity, level of education or poverty.



What is safeguarding?

THET uses the NHS 'What is Safeguarding? Easy Read' [2011] definition:

“SAFEGUARDING MEANS PROTECTING PEOPLE’S HEALTH, WELLBEING AND HUMAN RIGHTS, ENABLING THEM TO LIVE FREE FROM HARM, ABUSE AND NEGLECT.”

Safeguarding applies without exception across our programmes, partners and staff. We recognise that it requires the proactive identification, prevention and guarding against all risks of harm, exploitation and abuse. It necessitates appropriate and transparent systems for response, including reporting and learning when risks materialise. Those systems must be child and vulnerable adult-centred and also protect whistle-blowers. They also need to consider the possible existence of specific forms of vulnerabilities in specific contexts, which may be experienced by individuals or groups as result of their social identities. They should also protect the subject of complaint until substantiated and provide secure procedures for reporting



Safeguarding support for volunteers

THET is committed to ensuring the safety and wellbeing of all volunteers involved in our work. We work to ensure that all volunteers are fully supported in their work overseas through open communication channels with host institution leads and THET staff (both in-country and in the UK) to discuss concerns on a regular basis and are committed to ensuring processes are in place to report any concerns in an appropriate and safe manner.

Further details of THET's approach to safeguarding can be found in the [Safeguarding Policy](#).

Inductions and training for volunteers

All volunteers receive full inductions and are encouraged to meet the host institution leads in person or, at the least, via video call prior to their placement. This ensures that volunteers are adequately informed about the cultures and common practices of the country they are travelling to and are aware of the behaviours that will be acceptable and appropriate. When initially appointed, all volunteers are required to sign the Code of Conduct and read THET's Safeguarding Policy and any other relevant safeguarding policies.

WE WORK TO ENSURE THAT ALL VOLUNTEERS ARE FULLY SUPPORTED IN THEIR WORK OVERSEAS

The Code of Conduct unifies the expectations of different institutions and ways for safeguarding standards to be implemented. Please make sure you read its provisions carefully, it lists behaviours that are deemed unacceptable, either by the applicable laws or ethical considerations both in UK and in the country of your posting. If the individual is retained on a long-term basis, they will receive at least annual refresher safeguarding trainings.

Prevention of Sexual Exploitation and Abuse (PSEA): Before volunteering, all volunteers must undertake the InterAction introduction to Sexual Exploitation and Abuse Course available [here](#).

Safe recruitment and employment of staff and volunteers

THET's recruitment and selection processes include a risk assessment as well as appropriate background checks (e.g. Disclosure and Barring Service (DBS) checks in England and Wales or Protecting Vulnerable Groups (PVG) checks in Scotland). This is the case for all UK volunteers attached to THET's work. Where checks are not available, for example where volunteers are from outside of the UK, alternative background checks will be applied. Safeguarding allegations that are upheld will amount to a breach of any employment or volunteer contract and result in dismissal or recall from placement.

Registration with professional councils

It is likely that volunteers undertaking in-person volunteering will need to register with the relevant professional council in-country to gain the correct permissions for the work being proposed. Should any safeguarding incident occur in relation to the volunteer, the council would likely be involved in the investigation and would decide whether that person could continue working in the country.

Definitions of harm

While children and vulnerable adults may be more at risk of harm anyone can be a victim of it.

Harm can take many forms depending on the context and culture. Different countries are guided by different legal systems and not all have the same non-discrimination clauses stemming from the International Human Rights Conventions embedded in their national legal frameworks. Therefore, you should carefully read the provisions of your Code of Conduct and understand what is perceived to be a “harm” or a “legal offence” in a specific national or cultural setting. The following definitions can be used as a non-exhaustive guide:¹

Physical abuse

Actual or potential physical harm perpetrated by another person, adult or child. It may involve hitting, shaking, poisoning, drowning and burning. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in another person. Volunteers could also be subject to physical abuse from patients, their families or co-workers where a treatment option is contentious or there is disagreement over a course of action.

¹ Adapted from [Keeping Children Safe: International Child Safeguarding Standards](#) & [VSO Safeguarding and Child Protection Policy](#).

Sexual abuse

Forcing or enticing any person, adult or child to take part in any sexual activities. This includes situations where that he/she/they does not fully understand and has little ability to consent. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts or unwanted sexual contact. It may also include involving children in looking at, or producing sexual images, watching sexual activities and encouraging children to behave in sexually inappropriate ways.

Sexual harassment

The United Nations Framework on sexual harassment refers to prohibited conduct in the work context and defines it as “any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another person.” It can create an intimidating, hostile, degrading, humiliating or offensive environment.

Psychological abuse

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation

or withdrawal from services or supportive networks. Examples include not giving a vulnerable person opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on a vulnerable person, which may include interactions that are beyond a vulnerable person's developmental capability. It may involve serious bullying (including cyber bullying), or the exploitation or corruption of a vulnerable person.

Neglect and negligent treatment

Allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child's and/or vulnerable adult's basic physical and/or psychological needs, which is likely to result in serious impairment of the individual's healthy physical, spiritual, moral and mental development. It includes the failure to properly supervise and protect children and vulnerable adults from harm and provide for nutrition, shelter and safe living/working conditions. It may also involve maternal neglect during pregnancy as a result of drug or alcohol misuse and the neglect and ill treatment of a disabled child.

² Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non-discrimination in economic, social and cultural rights; 2009.

Financial or material abuse

Including theft, fraud, exploitation, pressure



Case study

Facility: Inpatient centre for children with disabilities, Rwanda

Risk

'The centre had five non-qualified caring staff who helped with caring for the children, all of whom had only one day off per week and slept in the dormitory with the children, so it was a tough job with very little respite. During this time, there was an incident whereby a child who is continent and able to ask to go to the toilet wet the bed. One of the care workers was frustrated and picked them up from the bed, hitting the patient's leg against the side of the bed. The patient had very weak bones and this resulted in a hairline fracture. The staff member immediately apologised and knew they were in the wrong. When we talked through the issue it seemed the staff member was completely overworked and under supported. We realised that this was an organisational failing.'

Mitigation

'To resolve the issue, we established a staff rotation system where staff rotated between a different task each day (e.g. one day working with the children and the next day cleaning) to ensure that they did not become overworked in one area. We also ordered new beds that made it easier for staff to get patients out of bed and introduced a weekly staff meeting to discuss any frustrations or concerns, especially about potential safeguarding issues. These changes received great feedback from the care workers, who felt more supported and able to report concerns.'

Understanding the risks

There are many ways that a safeguarding concern can arise; sometimes it is difficult to know when you need to ask for advice and take action. A concern may arise because of poor organisational practice or because someone is putting a child or vulnerable adult at risk or harming them. International volunteering presents safeguarding risks that individuals and institutions may not have considered and consequently may not have mitigated. These risks may be to the individual, to volunteers/staff, to the institution and/or to the communities in which volunteers are based. All those involved in the volunteer placement process have a responsibility to ensure that all stakeholders are as safe as possible.

Identifying the stakeholders in your placement (e.g. staff, volunteers, patients, senior management, other partners and the wider community) and the risks particular to each group is crucial. Stakeholders are likely to be exposed to different types of risk, dependent on many factors, including their social stratifiers and resources and power that they hold and the context in which they work.

To gain a greater understanding of risks, where possible, it may be beneficial to hold a stakeholders' meeting in which risks can be identified and mitigation measures introduced, e.g.:

A. Risk

UK volunteer(s) are unsafe working alone with distressed patients.

A. Mitigation

Volunteers are accompanied by local staff in their work.

Patient behaviour is reviewed in regular meetings to mitigate escalation of inappropriate behaviour.

B. Risk

Patients are open to abuse in the busy and transient environment that UK volunteer(s) work in.

B. Mitigation

Volunteers are empowered to report any incidents or concerns about patient abuse to the designated focal person, which are then taken seriously.

Responding to a safeguarding issue

All volunteers must be alert to the signs and symptoms that abuse is taking place. These can include unlikely reasons for injuries, reluctance to being alone with certain individuals, signs of self-harm³ and ascertain an understanding of the situation through non-judgmental questions before reporting concerns.

The signs of abuse may be more difficult to ascertain in an unfamiliar context, for example malnutrition may be an obvious sign of neglect in the UK, however, in an LMIC it is unfortunately more common. Where you are in doubt you should discuss what you have seen with someone trusted, for example a THET member of staff and/or the designated focal person for safeguarding within the institution you are working for. Until you are beyond a reasonable doubt you should be careful not to identify the persons involved when seeking guidance or advice to protect the identity of the victim, and their safety as well as the safety of yourself and those you may have discussed the situation with.

It is very important if you suspect or witness any safeguarding issues that you stay calm and actively listen. Record everything you have seen or was said, do not interpret what is being said but record as much as you can. Remember that prior informed consent must be gained before videoing or taping anyone.

If you write notes, then you should try to ensure that they are accurate and avoid paraphrasing. You should then report your concerns. In many settings there may not be a formal safeguarding policy in place or designated safeguarding lead and so volunteers should report all safeguarding concerns to the THET Country Director immediately and the facility appointed safeguarding lead where this position exists.

Where there is a lack of clarity around procedures in a placement facility, the THET Country Director will work with volunteers to ensure that it is reported appropriately either within the facility structures or, in line with national procedures, to the police or other services.

**ALL VOLUNTEERS
MUST BE ALERT
TO THE SIGNS
AND SYMPTOMS
THAT ABUSE IS
TAKING PLACE**

THET will also follow the procedures set out in the organisational policy in parallel.

When reporting an incident each of the following questions should be considered:

- Is it *necessary and appropriate* to share this information?
- Is the information you are sharing *relevant, adequate and accurate*?
- Are you sharing this information in a *timely* manner?
- Have you made *secure* records of the information you are sharing?

In some cases it may not be entirely clear whether a safeguarding incident has occurred, it is okay to ask non-judgemental questions to clarify and contextualise any concerns before making a safeguarding referral, unless you feel that this may cause more harm or fears for an individual's safety.

In any cases where there are safeguarding concerns follow the principles of:

- **Stay safe**
- **See it**
- **Recognise it**
- **Report it**

³ An overview of some signs of possible harm and abuse can be found [here](#)



While overseas you must:

- Be able to identify and manage risk throughout your overseas placement, as well as having well-informed emergency procedures and contact with local/overseas and UK representatives.
- Act within your clinical competency at all times during your placement and adhere to the same professional standards that you would if working in the UK.
- Always consult your in-country liaison where you are not too sure of something whilst at your placement site.
- Ensure you are in a right place at the right time and doing the right thing that is within your placement guidelines.



While overseas you must not:

Engage in harmful behaviour, including but not limited to:

- Sexual activity with children (persons under the age of 18) regardless of the age of consent locally.
- Sexual activity with vulnerable adults (adults that for any reason may be unable to take care of themselves or protect themselves from harm or exploitation).
- Exchange of money, employment, goods, or services for sex, including sexual favours or any form of humiliating, degrading or exploitative behaviour.
- Taking patients to your home or to that of another staff/volunteer member.
- Making sexually suggestive comments to children, vulnerable adults and any other project beneficiary.
- Allowing or engaging in any form of inappropriate touching.
- Any other activity that is intended to cause or may cause physical or emotional harm, or discrimination.
- Taking photos of service users, staff or volunteers without consent.
- Accept or solicit any offers of financial or non-financial payment for services provided.
- Place yourself in situations which may arouse the suspicions of those around you, such as spending too much unnecessary time alone with children and/or vulnerable adults.

Considerations for remote volunteers

Safeguarding

If you are not physically providing support in-country you may still come across safeguarding issues, however, they will take a different form. The main considerations when providing remote clinical support are patient safety and whether your plans whether your plans and suggested changes can be fully implemented in the long term.

While providing remote support, you will not have the same exposure to the context as in person volunteers. This may result in a less which may result in a less thorough understanding of the environment that your partners are working in. This consideration must be at the forefront of decision making.



Key things to remember:

You must not:

- Assume that your plans/project can be implemented without any changes.
- Provide guidance on the treatment of patients if it is outside of your area of expertise.
- Recommend a treatment option without ensuring that the facility and patient will be able to continue the treatment to completion.
- Share patient data over insecure means such as text message or email.

You must:

- Listen carefully to partners, especially when they voice concerns.
- Take time with your partners to understand the context they are working within and ensure that you talk through each aspect of the project.
- Take time with your partners to understand possible gender equality and social inclusion issues in the given context.
- Get to know your partners and their style of working.

- Uphold patients' rights to confidentiality.
- Consider and ask partners about the appropriateness of your suggestions.
 - Can they be implemented fully? What are the changes that you need to make?
 - Are they applicable to and acceptable for different social groups? Do they potentially exclude certain social groups? Think carefully about how you are engaging with men, women, the elderly, the young, different cultural and ethnic groups and people from the Lesbian, Gay, Bisexual and Transgender community.
- Be able to provide follow up support to partners for a sufficient length of time to support the patient in question.
- Consider the unintended consequences of your support.
 - Could your support result in potential exploitation of patients or staff? For example, are the treatments only available privately? Could patients be coerced into unfamiliar or unsafe situations? Would prescribers need to act outside of guidelines to provide the treatment suggested?

Useful resources

You can find more resources on safeguarding from the websites listed below:

[KayaConnect Safeguarding Course](#)

While more tailored to the humanitarian sector rather than development you may find this free course useful to provide an overview of safeguarding, especially in fragile settings.

[UK Government Guidance on Reporting a Charity for Wrongdoing](#)

If you see anything during your time with THET that raises concerns this page provides information on how to report it.



Section 5

CONSIDERING YOUR PROJECT

Recognising innovation in volunteer opportunities

Globally, there is a growing recognition for bidirectional learning in global health systems, especially institutional learning that can inform positive changes in the practice and systems of institutions.

Health partnerships routinely expose LMIC partners to high income country (HIC) approaches and models of care, but to fully exercise a global innovation flow, we need to expand learning opportunities for HICs. The importance of recognising innovations and their suitability for HICs was highlighted by the Covid-19 crisis. Such changes demonstrate a genuine need to learn from outside the establishment and willingness to source great ideas wherever they emerge, including LMICs (Crisp, 2010).



Learning objectives

- 1 Recognising what innovation means**
- 2 Clear understanding of how you can approach it in your placement**
- 3 Understanding on how to bring benefits back to the UK**

Acknowledgments

THET's thinking on innovation, learning from LMICs, bidirectional learning and addressing unconscious bias has developed through long collaboration with Imperial College London, led by Dr Matthew Harris. Much of this chapter is drawn from or influenced by the work of Dr Hamdi Issa, including THET's Innovation Toolkit, which was produced collaboratively by Dr Issa and THET.¹ The Toolkit includes additional source references and is a useful resource for further reading on this topic.

¹ Hamdi Issa, Graeme Chisholm, for THET 2019. [Innovation Toolkit for Health Partnerships](#).



Definitions

Bidirectional learning

Emerges from mutual learning and sharing of innovations from different parts of the world

Cultural Learning

New ideas that instil changes in an individual's behaviour or knowledge about a certain practice or place.

A vulnerable adult

A person aged 18 years or over who either: Identify themselves as unable to take care of themselves or protect themselves from harm or exploitation or, due to their gender, age or frailty, mental health problems, learning or physical disabilities, and disasters and conflicts, may be unable or unwilling to identify themselves as vulnerable or subject to abuse, but are deemed to be at risk.

Intellectual Property Rights

The World Trade Organisation define intellectual property rights as the rights given to persons over the creations of their minds. They usually give the creator an exclusive right over the use of his/her creation for a certain period of time.

Intellectual Property

Refers to creations of the mind. These creations can take many different forms, such as artistic expressions, signs, symbols and names used in commerce, designs and inventions.

Reverse innovation

The process of learning from and adopting ideas ideated, trialled, and tested in countries that are doing more with less for the many.

Stereotype

The belief that most members of a group have some characteristic.

Technical Learning

Involves new ideas in existing knowledge, skills and competencies that inspire and propel changes in an institution's practice or systems.

Unconscious bias

Attitudes or stereotypes that affect our understanding, actions, and decisions in a non-conscious manner of which we are typically unaware.

What is innovation?

Innovation is a popular buzzword often associated with positive change and new ideas. THET and Imperial College define it as “finding new ways to solve problems which affect change”.

In the global arena there is mounting appreciation that innovations are not confined to HICs and there is a growing momentum of reverse innovation, a type of innovation that encourages learning across country borders, specifically between high- and low-income countries in both directions. Health innovations are characterised by working across boundaries, widening access, involving local population and being culturally appropriate, collaborative, sustainable, cost effective & high quality as well as evidence based. For more information on the characteristics of innovation and overcoming barriers please see the [THET Innovation Toolkit for Health Partnerships](#).

FINDING NEW WAYS TO SOLVE PROBLEMS WHICH AFFECT CHANGE

As a volunteer you can play a vital role in the global innovation flow through actively engaging to ensure all partners in the exchange are equally contributing knowledge and ideas and identifying innovations that you can take home with you. It is vital to remember that good ideas are good ideas irrespective of their source. However, you must consider how you are taking into account intellectual property rights. Your actions should not remove benefits from creators, and you should always seek permission from and acknowledge the originator of any innovation as well as insuring that any financial benefit is received.

Examples of innovation

Solar ear ⁱ

- Innovation: Low cost, solar rechargeable and environmentally friendly hearing aids. Lowers hearing loss and associated financial burden.
- Founded in Botswana
- Scaled to Canada, Brazil and India

Kangaroo care ⁱⁱ

- Innovation: Skin-to-skin contact between a preterm infant and their parent for as much time as possible every day. Reduces infant mortality and infection, and improves mother-infant bonding, breastfeeding and maternal satisfaction.
- Introduced in Colombia first
- Routine use in maternity units throughout the world

GE Mac 400 ⁱⁱⁱ

- Innovation: A handheld portable electrocardiogram device. Battery powered with a simplified operating system. Portability has made ECG examinations more widely available.
- Designed for use in rural India
- Now marketing the device in the US

ⁱ SolarEar. www.solarear.com.br

ⁱⁱ Discussed in Skopec, M., Issa, H. and Harris, M. (2019). Delivering cost effective healthcare through reverse innovation.

Opportunities to identify, document and share bidirectional learning

During your placement there are three distinct phases where you can consider bidirectional learning: pre-departure, during your volunteer placement and on your return. Unconscious bias can be a significant barrier to innovation. One common bias in health partnerships can be the expectation that volunteers are the providers of knowledge and LMIC colleagues are the recipients. So it is important in all stages to be consciously open to learning from your partners.

To tackle unconscious bias and begin to explore the potential of Lmic ideas, you can:

- Analyse your decisions – instead of engaging in automatic responses consciously analyse the consequences of your decision.
- Notice your discomfort with a new idea/ practice - are you uncomfortable with an individual or learning from somewhere you are not familiar with? This discomfort can lead us to make assumptions about a group of people, so it is important we are aware of the possible biases or stereotypes we need to overcome, or may be confronted with.
- Create a learning network – team up with other volunteers to encourage each other and think through new ideas.

Unconscious bias

Unconscious bias can take many forms, and by definition you are not aware of the stereotyping you may be bringing into your work.

According to Harvard University's Project Implicit: "Some examples of stereotypes are the belief that women are nurturing or that police officers like donuts. An explicit stereotype is the kind that you deliberately think about and report. An implicit stereotype is one that is relatively inaccessible to conscious awareness and/or control. Even if you say that men and women are equally good at math, it is possible that you associate math more strongly with men without being actively aware of it. In this case we would say that you have an implicit math + men stereotype."

You can explore your implicit biases using the Harvard developed Implicit Association Test here: <https://implicit.harvard.edu/implicit/takeatest.html>



Before you volunteer

The first thing to consider is ensuring that your learning aims and those of your partners overseas are clear, articulated and mutually understood and of interest for all involved, so everyone involved can prepare to both share and gain knowledge and skills. Think about challenges you face in your day-to-day work and consider that you may have the opportunity to learn from your partners.

Whilst most partnerships are commenced on identifying and acknowledging the needs of the LMIC partner you can also explore the needs in your home setting by asking yourself questions such as:

- How can we improve access to care?
- How can we improve access to care for specific groups (e.g. elderly, people with disabilities, women and girls, etc.)?
- How can we improve efficiency in care delivery?
- Are we wasting resources in the system?
- Are there ways we could shift roles and responsibilities to other less-skilled cadres?

BE AWARE OF THE INHERENT GLOBAL POWER DYNAMICS IN KNOWLEDGE DIFFUSION

But not all learning outcomes are planned and thought through in advance, working with colleagues in new environments can expose you to new ideas and practices you were not aware of. It is key to having reflected about your own possible biases and stereotypes before going to the field, in order to dismantle and overcome them.

Be aware of the inherent global power dynamics in knowledge diffusion, and that a bias like “rich country – good research” etc. can greatly impact your ability for learning.^{2,3} Being open-minded and talking through different ways of working with colleagues is vital when analysing what is happening to tease out the potential value of an idea or innovative practice.

It is in these moments that you can identify ideas and innovations that are working well in the setting and that could be beneficial to your home institution. To ensure such moments are not overlooked or forgotten it can be helpful to note down details of these ideas. This will help to bring these ideas and evidence on its effectiveness to your colleagues and peers once you have finished volunteering.

The table below sets out some useful questions that you or your colleagues can use to document innovations that you identify while you are volunteering, either remotely or in person.

² Harris, M., Macinko, J., Jimenez, G. et al (2017). Measuring the bias against low-income country research: an Implicit Association Test. *Globalization and Health*, 13.

³ Harris, M., Marti, J., Watt, H. et al (2017). Explicit Bias Toward High-Income-Country Research: A Randomized, Blinded, Crossover Experiment Of English Clinicians. *Health Affairs*, 36.



Learning experienced and innovations witnessed

Description of learning experienced / innovation witnessed

- What is the idea/innovation?
- Who is involved?
- When was it implemented?
- How was it implemented?
- Has the effectiveness of the idea/innovation been previously evaluated?
- Is it considered cost effective?
- Who owns the intellectual property rights? What will you do to ensure they are not infringed upon?

Potential benefits of innovation/ idea to your setting

- How is this practice different from what I am used to?
- Why is it different from what I am used to?
- Is there something I can learn from what I am seeing? What can I learn?
- Could this be used in my home institution? Why? Why not? Why is it not currently being used in my home institution?

Success/barriers of this innovation

- Has the idea been scaled up?
- What factors supported this scale up?
- What were some of the challenges faced when implementing the idea?
- What facilitated it?
- What hindered it?

After volunteering

As you are finishing your placement you should have a de-brief planned with your host facility and one with your home institution, or sending organisation, if these haven't been organised, you can request them to ensure that you can more formally discuss feedback and learning from your experience. These meeting can be an opportunity for deeper discussions around what happened, why it happened and explores implications of this experience for you and the institution.

Debriefs may be structured by the institution but where possible try to:

- Ensure you have the opportunity to share your experience with your colleagues and explore ways this learning and ideas can contribute to your institutional practices,
- Discuss important learning opportunities – communicate the great ideas you witnessed while volunteering but also reflect on appropriateness,
- Develop a few questions you would like to discuss during the debriefing session as a means to contribute to shared learning and transferring knowledge back into your institution.

Aside from formal meetings with supervisors there are other ways of communicating your learning, outlined in the [communications section](#) of the toolkit.

Questions for both HIC and LMIC partners to answer

a) What learning happened?

This initial question to be explored after you volunteer is what learning was actually experienced, and how it was experienced. Was it hampered by any bias regarding specific stereotypes attached to specific groups (such as gender identity, ethnic, racial or religious background, etc.)? Were there other tensions in the team due to biases or stereotypes, how were they overcome? This question helps gather all the information and experiences from various time points during the exchange. This can initiate a moment of self-reflection and consideration of various perspectives.

b) What can our institution and its staff learn from this?

This question provides a chance for you to use your experience to consider how this new learning can benefit your institution. Some of the immediate learning opportunities can be obscure so require a little more exploration and brainstorming. By sharing ideas that are working well elsewhere, it can provide a platform to gather the different perspectives of team members and discuss which of these ideas can add to their current way of work. It is in these moments of exploration that there are learned insights.

Questions you should explore include:

- What practice is being changed?
- Why should it be changing?
- How will it affect your organisation?
- How will it affect your colleagues directly?

You can find more information on communicating your next steps [here](#).

c) Now what?

A debriefing session without mapping practical steps going forward is a missed opportunity to put ideas into action. This question forces the team to agree on actions that need to be taken to bring ideas and innovations deemed beneficial into your own institutions. It warrants teams to set up tasks, milestones and accountability for these projected actions. As you map the next stages it is important to identify the wider influencers that can facilitate actions that are agreed on namely the call to action, audience, communication and resources necessary.



Call to action

Adopting an idea into a new setting requires shifts in mindset and shifts in practice.

- What behaviours and cultures might need to be adapted to create this new practice?
- What common assumptions, ways of thinking and misconceptions would need to change?
- Do I have enough evidence and convincing arguments to present the innovation, and to change mindsets?
- How might the team dynamics change?

Audience

To make change different individuals need to be influenced. Think through and map who will need to be involved in the buy-in of the idea and then the approval.

- Who is in your multidisciplinary team?
- Who are the main decision makers in your organisation?
- Is your team diverse in their backgrounds and experiences?
- Which members of staff would be using this idea?
- What support / peer networks can you tap into?

Communication

Different audiences hear and take in information in different ways. As you seek to influence a different audience the language and approach you use may need to change.

- For your peers – consider departmental verbiage and acronyms that are familiar to your team and peers. To have their buy-in they need to relate to your idea.
- For your managers - prepare a comprehensive and properly constructed presentation that includes research and supporting evidence. For your manager to take action and support your case with decision makers, they need to be confident in your information and knowledge about the idea.
- For senior decision makers – remember to be clear and be well prepared to answer questions. The time you have to present to senior officials might be limited so remember to be precise. Always adapt your style based on the decision maker preference. If possible, find out from colleagues how your decision maker best receives information.

Resources

Change is a systematic approach that requires the necessary resources to be implemented.

- What resources are readily available to you?
- What additional resources might be required to implement these changes?
- Where can you source these additional resources?

**CHANGE IS A
SYSTEMATIC
APPROACH THAT
REQUIRES THE
NECESSARY
RESOURCES TO
BE IMPLEMENTED**

Section 6

CONSIDERING YOUR PROJECT

Monitoring, evaluation and learning guidance

Monitoring, Evaluation and Learning (MEL) is an important and integral part of project cycle management and helps to measure change in relation to project interventions, and if the envisaged impact and goals are reached, or not. MEL is important to provide evidence of the effectiveness of a project (see: [Exploring International Development](#)).



Learning objectives

- 1** Learn about tools that help you plan desired change
- 2** Understand how to monitor and improve project performance
- 3** Learn how to record and reflect on your skills and competencies achieved as a result of your placement

Definitions

Baseline study

An analysis of the current situation to identify the starting points for a programme or project.

Bi-directional learning

Emerges from mutual learning and sharing of innovations from different parts of the world.¹

Case study

A case study focuses on a particular unit - a person, a site, a project. It often uses a combination of quantitative and qualitative data.

Evaluation

Evaluation refers to the periodic (mid-term, final) assessment and analysis of your volunteer placement project. Depending on the length of your placement, you may choose to do a mid-term and final evaluation for a longer placement or only a final evaluation for a shorter placement.

Gender Equality and Social Inclusion (GESI)

A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities and how these identities intersect to create experiences of vulnerability and marginalisation. In order to measure change GESI responsive indicators including sex/gender specific and disaggregated, and social stratifier specific indicators are developed and measured.

Gender Equality and Social Inclusion Strategy and Action Plan (GESI SAP)

A GESI SAP is based on a GESI needs assessment, includes SMART indicators and targets, which should be measured in a baseline and then be evaluated regularly.

Impact

Impact is the change that happens as a result of an activity or project. Measuring impact can tell you whether changes have been positive or negative, and how much change has happened. You can measure impact through the evaluation you carry out.

Indicator

Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor. (OECD DAC, Glossary of Key Terms in Evaluation and Results Based Management, 2010).

Monitoring

Monitoring is the process of collecting the facts and figures related to your volunteer placement. Monitoring helps you check the activity is being implemented as expected. Collecting this information helps to see if something is not working or working better than expected and whether changes need to be made to the programme.

Needs assessment

A needs assessment is a systematic process for determining and addressing needs, or “gaps” between current conditions and desired conditions or “wants”.

¹ Crisp N. Turning the world upside down the search for global health in the 21st century. Boca Raton, FL: CRC Press; 2010.

Learning

Learning is the process through which information generated from monitoring and evaluation is reflected upon and intentionally used to continuously improve a project's ability to achieve results.

Principles of Partnership

THET developed Principles of Partnership to support health partnerships (can be applied to volunteers), and to improve the quality and effectiveness of what they do.

Reverse innovation¹

The process of learning from and adopting ideas ideated, trialled, and tested in countries that are doing more with less for the many.²

Theory of Change

Specific type of methodology for planning, participation, and evaluation that is used to promote social change and will help you think through your project design.

Unconscious bias

Attitudes or stereotypes that affect our understanding, actions, and decisions in a non-conscious manner of which we are typically unaware.

Story of Change

Stories of change show what is valued through the use of specific narratives of events. Structured with a beginning, middle and end, they focus on the change that has taken place due to the program.

Sustainable impact

A change that happens as a result of an activity or project that can be maintained after the end of a project, through continuing activities or as due to the embedding of behaviours or systems during the lifetime of the project.

² Skopec, M., Issa, H. and Harris, M. (2019). Delivering cost effective healthcare through reverse innovation. *BMJ*, 367.



Overview

This MEL guide has been developed to support you to increase knowledge, confidence, and success in MEL. It aims to strengthen your MEL practices; enhance your capacity to become more effective; and maximise your impact; through review and learning with partners and the communities you work with. As a volunteer you are likely to play a variety of different roles in relation to the MEL of the projects you are involved in.



This may range from a contribution to the design and delivery of the MEL plan for a project, to participating in a GESI needs assessment, or to a more discreet interest in assessing what difference this is making to the volunteer themselves. This guidance aims to cover all of these scenarios, including tools and templates to help with the delivery or implementation at various stages in your volunteer experience.

This guidance and series of tools seeks to provide volunteers in global health with a framework for recording the skills and competencies achieved as part of your volunteer placement and to reflect on how these can be best applied when you return to work. It also aims to share guidance on how to capture if and to what extent priority needs, defined by national partners, have been met through your specific projects. It is very important to describe and document the difference your project makes to volunteer partners, trainees, the beneficiaries, and their community. This guidance will help you understand what we mean by 'impact', what to think about before you start volunteering, methods that might be used and resources that can help you measure impact.

In this guide, you will find answers to questions like:

- Why is MEL important?
- What is the MEL cycle?
- What is a Gender Equality and Social Inclusion (GESI) approach?
- What is the process for collecting evidence for impact?
- How to be aware of the learning you will be contributing and the learning you will seek?
- What are the steps for developing a MEL plan and implementation?
- How to improve the quality and effectiveness of what you do?
- How to measure changes in your capabilities prior and after to volunteering?
- What are the different types of learning?
- How to develop a strategy for dissemination?

You can also use the MEL Checklist located in the Annex to help keep you on track and aware of the different MEL tools and activities according to the project lifecycle.



Monitoring, Evaluation and Learning Snapshot:

MEL is an integral part of project design, implementation, and completion; MEL is done at all stages within the project cycle and this MEL cycle helps you to position MEL in the life of your project, as shown on the diagram to the left.

The MEL cycle starts with the **initial needs assessment**, this is when you identify a particular need for change in a specific community or facility which you may be able to address. Ideas are generated by learning from existing projects, projects which have ended or simply through conversations with partners, communities, and funders. Then you develop an in depth understanding of the need or problem, its underlying causes, and how it affects the target communities or facilities. This is also the stage to think through potential solutions with your partners and target communities. Based on the identified need, you then **design a project**, which will be the most suitable intervention to address the problem.

The next stage in the MEL cycle is MEL planning. This is where you, in collaboration with your partners and target communities or facilities, develop a realistic plan for monitoring project progress. This could include conducting a baseline, undertaking routine monitoring, undertaking mid-term and final evaluations and how to go about reflecting on information and learning from it to improve project performance.

Monitoring is an ongoing process through which you keep an eye on project progress to ensure activities are on track to achieve desired results. At the completion of your project an evaluation should be conducted. This is where you evaluate, in collaboration with your partners, target communities or facilities, whether your project brought about any real change in the lives of the communities you work with. Once the final evaluation is complete you should take time to review it and take note of any **learning** that can be gained. This stage also provides opportunity to use this **learning as input** to new project ideas.

As a volunteer, you will not necessarily carry out each of these steps or stages for your project. What you choose to use will depend on the type and length of the project, the project needs and the length of your stay. For example, while an initial needs assessment, project design and baseline study are generally a good idea, you may not carry out a midterm evaluation for a shorter project, rather only a final evaluation. You may also carry out an informal baseline study, or it may form part of a needs-assessment.

Process for collecting evidence for impact

Gathering evidence on impact is crucial in learning and discovering opportunities for improvement. Impact addresses the ultimate significance and potentially transformative effects of the intervention. This provides an opportunity for you to discuss successes during your projects, unintended outcomes and recommendations for others involved in similar projects in the future. Additionally, it offers a chance to discuss things that could have been done differently, the root causes of problems that occurred, and ways to avoid those problems in later project stages. Gathering this evidence can be done through structured and unstructured processes such as project critiques/reflections, meetings, case studies, self-assessments, evaluations and surveys. As impact can normally only be evaluated after the end of the project, you can also seek to evaluate outcomes, immediate results and effectiveness of your intervention.

The cycle of good impact practice follows four stages: planning for impact, measuring change, assessing your data, and reviewing your work based on what you have learned.

Plan

- Identify what you are trying to achieve/ use your theory of change (guidance in Project Design Section) if it applies
- Involve others and work together
- Identify clearly why you want to assess impact and who it is for

Do

- Make use of available tools and frameworks
- Use existing information and evidence

Assess

- Build in enough time for analysis and making sense of data
- Think about positives and negatives

Review

- Be creative in how you share and use your findings
- Feedback to those involved
- Use the learning

For more guidance on how to plan for impact, carry out measurement, assess your data and review your work, check out Inspiring Impact's step-by-step guidance.

PROJECT DESIGN

MEL planning and implementation

A critical stage in the MEL cycle is MEL planning. This is where you, in collaboration with your partners, decide the main MEL activities. You then go on to put in place a realistic plan for undertaking them using a Project workplan.

The following set of tools and guidance may be used for your projects to ensure you have considered MEL activities such as undertaking routine monitoring, creating a Theory of Change if necessary, taking a GESI approach and deciding how to go about reflecting on information and learning from it to improve project performance.



Project Workplan and Guidance

This [Project Workplan and Guidance tool](#) will be one of the most important tools you can use during your project. It is to help you think through capacity development projects that you may want to undertake during your placements. The scope of work and responsibilities are often communicated to you by your supervisor/partners at the start of your projects. Additionally, this tool is designed to help you think through the sustainability of the intervention, the feasibility of the intervention, how you will carry it out, resources, needs, support required and how you will know if your intervention is working effectively. The workplan in this tool will help you plan your intervention timeline.



Theory of Change Guidance

Designing a Theory of Change at the start of your project will help you think through the logic of your project and how you foresee social change being achieved, test any assumptions you are making, identify any potential barriers and outline your desired project outcome or result. It involves describing what you do, the changes you want to bring about, and the long-term wider change that your work contributes to. However, if you want to develop a more in-depth theory of change for your project, you can use this comprehensive step by step [THET Theory of Change Guidance](#) document. If you are a more visual learner, you can view this [Introduction video](#) on how to make a Theory of Change.



Taking a Gender Equality and Social Inclusion approach

A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalisation. It focuses on actions to address these unequal power relations and inequalities, reduce disparities and ensure equal rights, responsibilities, opportunities, and respect for all individuals. Social stratifiers to take into account are including, but not limited to, gender identity, (dis)ability, economic status, access to education, age, caste/ethnicity, race, sexual identity and geographical location, THET follows a GESI responsive scale (see: [Gender Equality and Social Inclusion Toolkit for Health Partnerships](#)), ranging from GESI unequal to GESI transformative.

Unless vulnerable and/or marginalised groups are explicitly targeted and engaged within your projects, it is likely that they will not benefit equally from the project's intended impacts. It is therefore important that GESI is part of project design, i.e. that GESI is part of the rationale for a particular intervention, in tandem with improving health outcomes. The following activities may be considered when structuring a project to ensure a GESI approach is taken.

GESI integration activities can include: conducting a GESI needs assessment of the context; identifying relevant GESI related activities and integrating these into the project; establishing processes for identifying groups at risk of marginalisation, vulnerability, and exclusion; ensuring meaningful participation of key groups; and assessing activities against a gender/GESI responsive assessment scale. For more guidance on these tools, you can refer to [Gender Equality and Social Inclusion \(GESI\) Toolkit for Health Partnerships](#).

**A GESI APPROACH
CONSIDERS UNEQUAL
POWER RELATIONS
AND INEQUALITIES
EXPERIENCED BY
INDIVIDUALS AS A
RESULT OF THEIR
SOCIAL IDENTITIES**



Indicator development

An indicator is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor. Indicators are the basic element of your MEL framework. Below are some questions you may ask yourself when developing indicators if appropriate for your project and to ensure you are embedding a GESI approach in the MEL of your projects:

- Are monitoring systems collecting and analysing sex-specific or sex-disaggregated data?
- Are monitoring systems collecting and analysing data disaggregated by other relevant biological and social stratifiers (such as age, ethnicity, religion, geographical location, etc.) based on the results of the GESI needs assessment (if available)?
- Are the findings from the analysis of sex-specific or sex-disaggregated data being used to inform planning and programming?
- Are monitoring systems collecting and analysing gender equality indicators?
- Are the findings from the analysis of the gender equality indicators being used to inform planning and programming?

Virtual volunteers



Project design, MEL planning, data collection, and observation will greatly differ between in person and virtual placements. You will be differently immersed in the placement as a virtual volunteer as you will be volunteering a set number of hours per week of your time, rather than 'living' in the placement, physically at the facility and in the country, observing practices. Virtual volunteers will rely more on secondary sources of information, such as facility staff, previous volunteers, and other data sources to understand the data you may want to collect, the story you may want to capture and other MEL activities.

You will need to adapt some of the MEL plan and tools you choose to use, for an online-only environment. You will likely be limited to what you are shown through a phone or laptop camera, for example, if you have a video call, or rely on voice-only calls to collect information and develop an understanding of needs.

You may be involved in the process of deciding which approach, or which combination of approaches, works best for their project. You might be involved in the data collection process such as choosing the data from primary (e.g., interviews) and secondary sources (e.g., documents, meeting minutes). Remember, this process must be carried out with the partners and facility. It should not be done independently.

Benefits and drawbacks for collecting primary and secondary sources

Primary sources	
Pros	Allows you to obtain original data that are current and highly specific to your needs
	You can have confidence in knowing that the original material is untarnished and intact. It has not been misinterpreted by outside parties, because you are obtaining the information straight from the source
	You are less subject to subsequent misinterpretations and assumptions made after the fact.
Cons	Because of the processes involved, it can be very time-consuming.
	When you rely solely on primary sources, you are also relying solely on your own knowledge and interpretation. That may not be sufficient in really extracting as much value as possible out of the original materials.
	Primary sources are often first-hand accounts that reflect the viewpoint and memory of a participant or observer, the information may be biased or skewed.
Secondary sources	
Pros	As it is largely based on already existing data derived from previous research, secondary research can be conducted more quickly and at a lesser cost.
	Since secondary sources aim to expand upon the material in original sources, they can provide a lot more context and meaning.
Cons	A major disadvantage is that you may have difficulty obtaining information specific to your needs.
	You are inherently viewing the original material through the lens of a different writer or content producer. Their experiences and biases will colour how the information is presented.



Case study

This case study shows how MEL may be incorporated into a placement.

Jane – Delivering lectures and training staff on Radiology in Tanzania.

Jane developed a project workplan with her facility supervisor, based on her understanding of the needs of the facility. She then carried out a needs assessment by asking a selection of staff what current practices were and what problems they were experiencing. This also informed a baseline, with understanding the current levels of training, knowledge and practices among staff. With this information, she finalised her project workplan with her facility supervisor, complete with timelines and targets for how many training sessions, lectures and activities needed to be carried out, including how frequently to consciously monitor the project to reflect on how it was progressing. Towards the end of the project, she discussed with her supervisor and interviewed staff on what their experience had been, what could have been done differently and what more could be done going forward. This helped her to evaluate the project and reflect on any learning for future.

The following tools will allow you to practice your learning skills and provide you with a set of questions to help measure the results of your volunteering experience on your capabilities.

Pre-volunteering exercise for learning

The table below can be used as a simple exercise before your in-person or virtual volunteer placement begins, to ensure both partners are aware of the learning they will be contributing and the learning they will be seeking from each other.

Overall learning aims for the volunteer placement	Checklist
How will the learning you are contributing benefit your partners?	
For professional development	<input type="checkbox"/>
In clinical practice	<input type="checkbox"/>
In health systems strengthening	<input type="checkbox"/>
In quality improvement	<input type="checkbox"/>
In inclusion of GESI concerns	<input type="checkbox"/>
How will the learning you are gaining contribute to you?	
For professional development	<input type="checkbox"/>
In clinical practice	<input type="checkbox"/>
In health systems strengthening	<input type="checkbox"/>
In quality improvement	<input type="checkbox"/>
In inclusion of GESI concerns	<input type="checkbox"/>

Assessing your skill set pre and post volunteering

The following assessment tool helps measure changes in your capabilities from prior to your participation in the volunteer placement to after. In addition to benefits to the project/partner organisation, there is growing recognition of the benefits volunteering also brings to the

individual volunteer. The following tool helps assess capacity, knowledge and competency of volunteers. This could be a tool you use or are asked to use in your project to assess any changes to your capability, knowledge or skills as a result of your placement.

On a scale of 1–5:

1 = Strongly disagree

2 = Disagree

3 = Neither agree or disagree

4 = Agree

5 = Strongly agree

Indicate where your skills lie within the following areas, before and after your project.

Scale of 1–5	Before	After
<p>Communication</p> <p>Do I communicate honestly, appropriately and at the right time with people at all levels, using verbal, written or other means; taking into account the message and the situation? Do I modify my way of communicating to deal with the more complex and difficult issues? Do I listen carefully and thoughtfully to all views and opinions?</p>		
<p>Personal and People Development</p> <p>Do I take personal responsibility for my own performance? Do I give balanced and effective feedback and support to help others improve their performance?</p>		
<p>Equality and Diversity (GESI)</p> <p>Do I notice negative or unsettling emotions in those I work with and act to put the situation right? Do I pay close attention to what motivates and possible GESI related concerns with those I work with so that I can support each person effectively leaving nobody behind?</p>		
<p>Service Improvement</p> <p>Do I support my colleagues make changes to their way of working to improve services? Do I have the self-confidence to question the way things are done in my area of work?</p>		
<p>Project Management</p> <p>Do I act as a role model and ambassador for NHS values and commitment? Do I ensure that the services or projects that we seek to improve are planned, implemented and evaluated appropriately? Do I use findings and evaluations accordingly for new interventions?</p>		
<p>Developing Leadership Skills</p> <p>Do I contribute to creating a positive and supportive environment at work? Do I encourage a climate of high expectations in which everyone looks for ways for our services to be even better? Do I support a good working environment with everybody being able to participate equally (without discrimination or harassment)? Do I build networks and work with others to help achieve better outcomes for patients and the team?</p>		



Learning Reflection



Figure 1 David Kolb/Kurt Lewin's model of reflection

In order to learn from your experiences, think about what happened, your experience and role in what happened, why it happened and what you might do were the same things to happen again. Taking the time to write down your reflections, following the model depicted above, can help to clarify your thoughts and give some structure to the process.

Types of learning

Cultural vs. Technical

During your placement you will learn a lot about yourself, and about the country you are visiting or engaging with, building both your cultural and technical knowledge^{3,4,5}:

Cultural Learning examples include:

- Individual level learning
- Developing your own technical capabilities or particular skill set
- Furthering cultural understanding and intercultural competencies about a country or group of people and intercultural cooperation
- Building confidence in teaching others

Technical Learning examples include:

- Institutional level learning
- Adopting an innovation from outside the institution
- Changing a professional practice
- Delivering new ideas into strategic planning to drive system level change

Discussing the learning from your project provides an opportunity for team members and yourself to discuss successes during the project, unintended outcomes, and recommendations for others involved in similar future projects. It allows the team to discuss things that might have been done differently, the root causes of problems that occurred, and ways to avoid those problems in later project stages.

As you are finishing your placement you should have a de-brief planned with your host facility and one with your home institution, or sending organisation, if these haven't been organised, you can request them to ensure that you can more formally discuss feedback and learning from your experience. These meeting can be an opportunity for deeper discussions around what happened, why it happened and explores implications of this experience for you and the institution.

Debriefs may have already been structured by the institution but where possible try to:

- Ensure you have the opportunity to share your experience with your colleagues and explore ways this learning and ideas can contribute to your institutional practices,
- Discuss important learning opportunities – communicate the great ideas you witnessed while volunteering but also reflect on appropriateness and possible GESI implications along the GESI responsiveness assessment scale.
- Develop a few questions you would like to discuss during the debriefing session as a means to contribute to shared learning and transferring knowledge back into your institution.

Aside from formal meetings with supervisors there are other ways of communicating your learning, outlined on page 62 of the toolkit.

**DURING YOUR PLACEMENT YOU WILL
LEARN A LOT ABOUT YOURSELF**

³ Issa, H., Townsend, W. and Harris, M (2021). Benefiting the NHS through innovation: how to ensure international health partnerships are genuinely reciprocal. *BMJ Global Health*, 6 Suppl 6. x

⁴ Issa, H., Kulasabanathan, K., Darzi, A. et al (2017). Shared learning in an interconnected world: the role of international health partnerships. *Journal of the Royal Society of Medicine* 110.

⁵ Hamdi Issa, Graeme Chisholm, for THET 2019. [Innovation Toolkit for Health Partnerships](#).



Case study and story of change

Case studies or stories of change may be generated for many different purposes, for example, for evaluation or communications purposes. The case study should give an insight into the work that you do at a particular moment – a snapshot. Ideally, it should have a single focus and feature an individual. Case studies can be used before a project or programme begins as part of a situational analysis, or as part of a project or programme design process. Stories of change are similar to case studies, but focus specifically on change. Stories of change attempt to show how a project or programme has contributed to change within the lives of its targeted beneficiaries, or to other forms of change such as policy or organisational change. This means a story of change is not normally developed until after a project or programme has started, whereas a case study may be developed at any point.

Both case studies and stories of change may be used to communicate specific concepts or ideas to different stakeholders. They may be used to make reports to donors or governments more readable – to show the ‘human face’ behind statistics and broad statements. You may decide during or after your project to develop a case study or story of change to capture the impact of your experience, a specific change you witnessed or a particular moment.

You can find more guidance and a [template for a Case Study](#) and a [template for a Story of Change](#) in the ‘Communicating your Impact’ Section on page 62.

Bi-directional learning guidance

As mentioned above, we know that volunteering in global health projects not only benefits the host institution and team, but also benefits the volunteer and their home institution. In recognition of this, and the mutual benefits and innovations this can result in, the [Innovation Toolkit for Health Partnerships](#) was designed to try to capture learning and foster the discovery of innovations in an equitable way which will both help improve the way we work with partners in LMICs and secure vital innovations for the NHS and other health systems. It is designed to be used by HIC and LMIC participants involved in global health initiatives. It allows you to answer questions like:

- How can you prepare to better identify innovations in your work overseas?
- How are you capturing the learning?
- How are you sharing the learning on return?

Guidance Document on [Recognising Innovation in Volunteer Opportunities](#) will help support and prepare you to better identify innovations in your work overseas and help you answer questions listed above during and after your placements.

Dissemination process

The final element is the dissemination of lessons learned. This learning is of little benefit unless it is distributed and used by people who will benefit from it. Dissemination can include the revision of a work process, training, and routine distribution via a variety of communication media. Look for opportunities to speak at national, international and local conferences or webinars, share case studies of what you have done and share the good practices you have pioneered in your organisation as well as any lessons learned.

Developing a dissemination strategy, points to consider:

- Begin by identifying the target audiences
- Consider what impact you want to have on these audiences
- Ensure the case study/story of change format is suitable for the audience (in terms of length, style, presentation)

Once the dissemination objective and audience are identified, there are a variety of ways to share the developed content.

You can refer to the '[Communicating your Impact](#)' Section for more guidance on how to disseminate lessons learned and share the impact of your projects.



Volunteer evaluation of placement

Organisations often provide volunteer evaluation forms to improve and develop their volunteer programmes. This can be a valuable tool for them in assisting in the planning and preparation for future programmes. By completing these evaluations, it will help:

- Measure how well your host organisation is doing as a service.
- Identify good practice.
- Identify where they might need to make improvements.
- Highlight the positive impact of your volunteering.

Principles of Partnership assessment

The Principles of Partnership (PoP) are 9 Principles which THET believes are crucial for ensuring strong, effective and equitable Health Partnerships that will develop projects which are sustainable, empower individuals and have an impact at both the institutional and the health system levels. Though maybe not all of the PoPs can be implemented at the volunteer level, depending on the nature of your volunteer role, you can contribute to a number of them, seeking to improve the quality and effectiveness of volunteering within a Partnership. The PoPs should be used and encouraged by all those working or volunteering within a Partnership. By following the PoPs checklist provided in the [Exploring International Development](#) section you can understand the principles that should be incorporated in and monitored throughout your volunteering experience. Assessing your experience according to each PoP provides the chance to learn and reflect on your experiences.

You can download the Principles of Partnerships Assessment [here](#).

Annex

Tools

- [Project Workplan and Guidance tool](#)
- [Inspiring Impact's step-by-step 'Learn to Measure' guidance](#)
- [Theory of Change Guidance](#)
- [Case Study Template](#)
- [Story of Change Template](#)

Toolkits

- [Innovation Toolkit for Health Partnerships](#)
- [Gender Equality and Social Inclusion \(GESI\) Toolkit for Health Partnerships](#)

Evaluation and Learning

- [Principles of Partnership Assessment](#)
- [ESTHER EFFECT Tool](#)



MEL checklist

Below is a proposed checklist for volunteers for those who are involved and /or want to understand the MEL associated with their project.

Preparation for volunteering

- Read this guidance document

- Watch the MEL online training to get a more in-depth understanding of this guidance

- Complete the 'before' section of Skills Self-Assessment table

- Familiarize yourself with the different Project Guidance tools for MEL

- [Project Workplan and Guidance tool](#)

- [THET Theory of Change Guidance document](#)

- [Case Study Template](#)

- [Story of Change Template](#)

- Familiarize yourself with bi-directional learning using the guidance provided in [Recognising Innovation in Volunteer Opportunities](#) section on page 36 as well as the [Innovation toolkit](#)

- Familiarize yourself with the [Gender Equality and Social Inclusion \(GESI\) Toolkit for Health Partnerships](#)

During your volunteering experience

- Make use of the different MEL tools at your disposal to help document evidence of activities/learning

- Confirm with your partners and document/continuously review your project workplan

At the end of your volunteering experience

- Reflect

- Re-visit the 'Dissemination Process' section which allows you to identify the different ways to showcase your learnings from your placements

- Complete 'After' section of Skills self-assessment table

- Complete a Volunteer Evaluation of Placement form if provided

- Complete the [Principles of Partnership Assessment](#) which helps you reflect on your experience

Sources

- A Guide to Capturing Lessons Learned 2015, The Nature Conservancy, www.conservationgateway.org/ConservationPlanning/partnering/cpc/Documents/Capturing_Lessons_Learned_Final.pdf
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- Measuring the Impact of Volunteering 2013, Volunteer Scotland, www.volunteerscotland.net/media/242021/guide-to-measuring-impact-of-volunteering.pdf
- Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project 2015, Health Education England/NHS, www.hee.nhs.uk/sites/default/files/documents/2312-HEE%20Toolkit%20for%20evidence%20Interactive%20v4.pdf

Section 7

CONSIDERING YOUR PROJECT

Communicating your impact

Before, during and after taking part in a volunteer placement, you can use a range of multi-media such as videos, photography, blogs and social media to raise awareness of your work and help demonstrate the impact of the placement and/or partnership.



Learning objectives

- 1** How to communicate effectively
 - a. How to engage your audience
 - b. How to disseminate lessons learnt
- 2** How to communicate ethically/with informed consent.

Communications

If volunteering overseas, you are best placed to gather and produce content as you will be working directly with colleagues, delivering training, and working with patients. As such, you can generate valuable, emotive and engaging content for use across various online channels, including social media.

If you are taking part in a virtual volunteering programme, you can develop engaging content that communicates the unique challenges and benefits of supporting health systems strengthening remotely.

In order to maximise the value of these activities, we recommend that you plan your communications activities in advance and identify a clear objective by stating what content you want, why, and what use it will have.

PLAN YOUR COMMUNICATIONS ACTIVITIES IN ADVANCE

There are various ways you can develop content, the below list highlights a few of these but the list is not exhaustive:

- Interviewing health workers and patients for a [health worker profile](#) or [story](#),
- Writing a blog entry per day to create an online diary that supporters can read,
- Writing a longer, reflective blog at the end of your placement,
- Making a short film or [video](#).

Social media is a fantastic way to share news and updates, our THET accounts can be found here:

 **Twitter:** @THETlinks

 **Facebook:**
[TropicalHealthandEducationTrust](#)

 **Instagram:** THETlinks

 **YouTube:** THETpartnerships



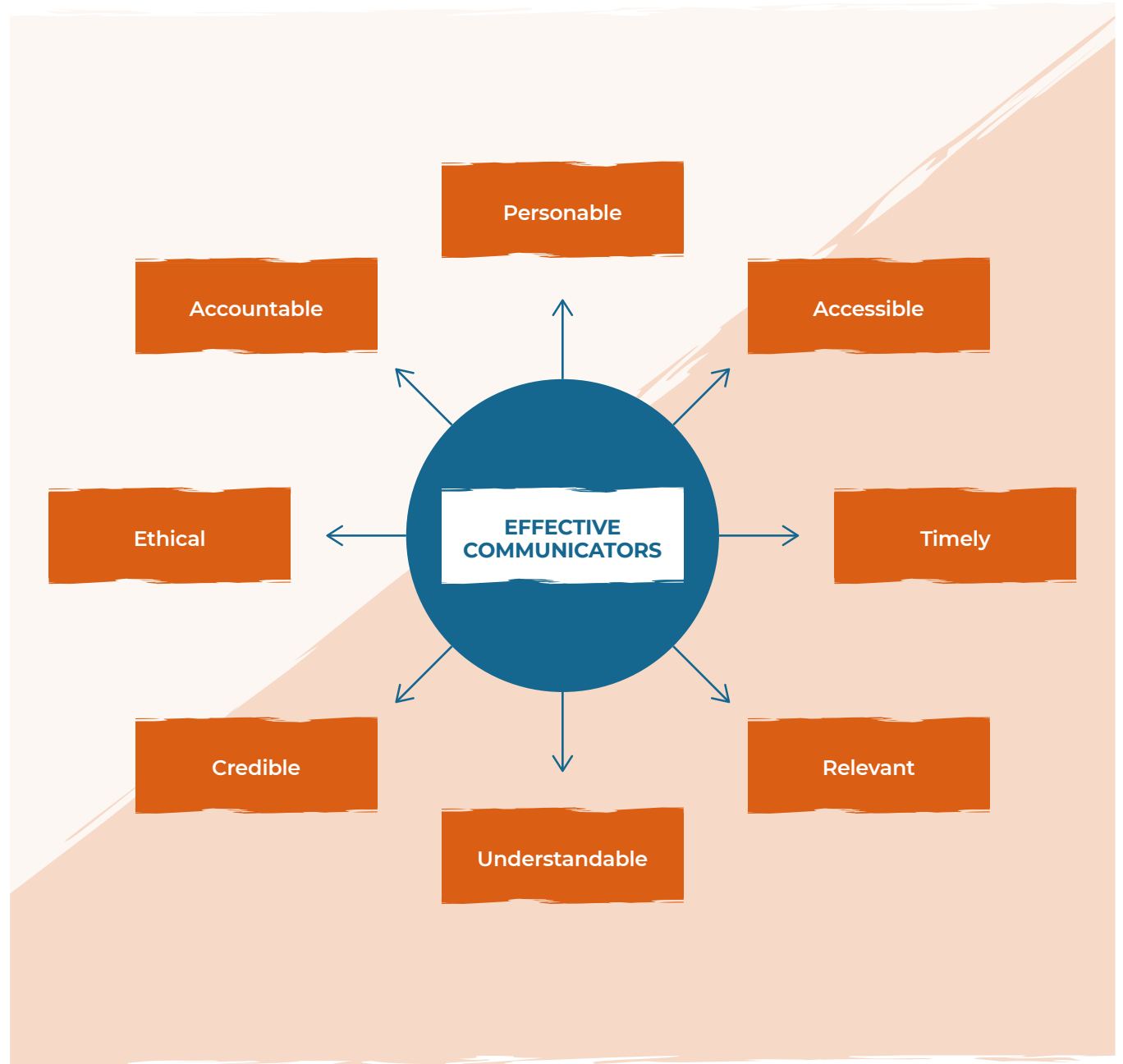
How to communicate effectively

To ensure that what you are communicating is as effective as possible, you should aim to ensure that your communications materials meet most or all of the characteristics displayed in Diagram 1.

It is also important to consider the target audience of your content. Different and diverse audiences interpret and take in information in different ways. As you seek to influence a different audience, the language and approach you use may need to change. It is worth taking the diversity of your target audiences into consideration when planning your communications activities and setting your objectives.

Questions to consider

- What level of understanding does the audience have about the topic you are discussing?
- How do you want the audience to feel after engaging with your content?
- What tone will they best respond to? E.g. formal, conversational, friendly or informative.
- What do you want them to think?
- What do you want them to do? For example, is there a call to action you would like to end with such as 'please retweet to show your support', or 'click here to donate'.



Tools and guidance

THET has produced a range of short practical guides to help you produce quality communications and media content which can be found below:

[Health Worker Profile Guide](#)

[Blog Guidelines](#)

[COVID-19 Blog Guidelines](#)

These resources will help to guide the content you develop, however they are largely personal accounts that will be led by your own tone of voice and style of communicating. A more formal approach to communicating impact takes the form of a case study. Below we provide some helpful guidelines to ensure this type of content is as impactful as possible.



Case study guidance

Case studies or stories of change may be generated for many different purposes, for example, for evaluation or communications purposes. The case study should give an insight into the work that you do at a particular moment – a snapshot. Ideally, it should have a single focus and feature an individual. Stories of change are similar to case studies, but focus specifically on change. Stories of change attempt to show how a project or programme has contributed to change within the lives of its targeted beneficiaries, or to other forms of change such as policy or organisational change. This means a story of change is not normally developed until after a project or programme has started, whereas a case study may be developed at any point.

Both case studies and stories of change may be used to communicate specific concepts or ideas to different stakeholders. And they may be used to make reports to donors or governments more readable – to show the ‘human face’ behind statistics and broad statements.

There are many types of case studies and stories of change

Typical or representative cases can be useful in describing the typical effect that projects or programmes have on people, communities or organisations. For example, if a project helps support a hundred households a detailed representative case study showing changes in one household can be used to communicate the estimated overall change across all the households.

Illustrative cases may be used to illustrate a key point or message. Within M&E, they are often used to provide more in-depth information in support of a particular finding, lesson or conclusion

Comparative cases are used to compare two or more different situations or to compare change across different households, communities or organisations. They may be used to help explain why change occurred in one place but not in another, or to explore the implications of different interventions.

Learning cases are used to communicate significant learning that can be used to help improve performance in the future, either within the project or programme that generated the case study, or more widely.

A case study or story of change could be about:

- An individual who has directly benefitted from the volunteer placement
- A member of staff involved with the host institution from the LMIC (or a small group of staff)
- A member of staff involved with the NHS trust (or a small group of staff)
- An individual patient or family
- A community
- A department in a hospital
- A specific policy, system, curriculum, piece of equipment

It is important to include the wider context, however case studies should be about specific situations in which a challenge or problem arose and a solution – in the form of a response or initiative – was put in place. As such, they should be action oriented – presenting the response to a need and the outcome of that intervention. It should not simply be a description of a way of doing things.

Remember

Case studies do not have to just be about success. They can also show where something did not work so well, what the constraints were, and what was learnt.

They should be brief, around 400-600 words – short, snappy, in continuous prose, and with statistics to break up the narrative. They should also be ‘real’, with pictures, quotes, names of people (names can be changed if necessary) and places involved, etc.

Permissions

Case studies can be written in the first person by the individual involved, or they can be based on an interview or series of interviews with other people. When conducting interviews, remember to always explain what the purpose of the interview is, how the data will be used, and get permission to quote. Ask the person if they are happy to use their real name; or you can use a pseudonym. For further information, please see below section on usage and consent.

- You can complete a Case Study using this [Case Study Template](#) with guiding questions.
- You can complete a Story of Change using this [Story of Change Template](#).

Dissemination

A key step when undertaking communications activities is to disseminate lessons learnt. The content you produce will be of limited value unless it is distributed and used by others. Dissemination can take place through a variety of communications channels, such as speaking at national, international and local conferences or webinars, sharing case studies with relevant stakeholders to demonstrate best practices and lessons learnt, and promoting written and audio-visual content through social media.

Developing a dissemination strategy

Points to consider

- Begin by identifying the target audiences and their diversity
- Consider what impact you want to have on these audiences
- Ensure the format is suitable for the audience (in terms of length, style, presentation)

Once the dissemination objective and audience are identified, there are a variety of ways to share the developed content.

Channels

- Publishing your case study
- Workshops
- Network meetings
- Formal research/publishing results
- Emails lists and websites
- Lunch-time presentations

The data you collect can be used by different people involved in the project, including host facilities, the organisation you volunteer and yourself to:

- Showcase achievements
- Develop a programme or activity
- Secure support for continuing the project
- Identify 'what works'
- Accounting for funding
- Provide evidence to support an application for funding



Usage and consent

Blogs, case studies and other communications materials become a valuable resource not only for the organisation you are volunteering for, but for yourself, Health Partnerships, and potential donors. Features may appear on websites and social media channels, in publications, at events and within fundraising and marketing communications.

For example, a blog written about the skills and knowledge gained overseas can be used to demonstrate the benefits of overseas volunteering to the NHS Trust you work for, helping to generate support for future placements. If you are part of a Health Partnership, you may find the content beneficial when applying for grants or other funding.

You must always be sure that the data that you submit within your communication pieces (names, job title, location, interview material, etc.) is kept on secure servers, online accounts, and drives that are password-protected and accessible only to relevant colleagues or project members.

When interviewing another individual, such as a health worker or patient, you must first gain and record their informed consent to use the transcript of the interview. It is key when you are asking for consent that you ensure that it is given freely and with a clear understanding of how the information will

COMMUNICATIONS MATERIALS BECOME A VALUABLE RESOURCE

be used. Particularly when interviewing or photographing vulnerable persons or children, you must be careful not to create expectations of further support or give the impression that services or care are dependent on their engagement. You must be careful especially when you are interviewing or photographing vulnerable persons or children that you do not create expectations of further support or that any services or care is dependent on their engagement.

Here you can find [examples of THET's consent forms](#) to help guide you.

Where people are more comfortable with a language other than English, the consent form and use of materials should be explained to them in their language of choice.

Photography

Often global engagement photography is of the people that make project work happen, as well as the people that it benefits. This includes health professionals, project managers and patients.

When sharing photographs with relevant stakeholders and through communications channels, it is vital to ensure you have the informed consent of the people in the photograph. [Linked here](#) is an example of THET's consent form to help guide you in this.

Use of organisation names

If you are volunteering as part of a funded project, you need to be aware of how and where you can use the name and logo of the funder or organisation. This includes any news release, public announcement or proactive media work.

Summary

In this section, we have covered how to maximise the value of your communications activities, including how to communicate effectively, and ethically, how to identify the most suitable form of content to produce, how to tailor it to your target audience, and how to disseminate lessons learnt through various communications channels.

Section 8

CONSIDERING YOUR PROJECT

Integrating gender equality and social inclusion

As outlined in the Sustainable Development Goals (SDGs), gender inequality and social exclusion are inextricably linked to social, economic and health outcomes as root causes of poor health and wellbeing.

Globally, it is recognized that efforts to address gender inequality and social exclusion lead to long-lasting and sustainable change. Therefore, a Gender Equality and Social Inclusion (GESI) approach is essential for the success of Health Partnerships and your volunteering work.



Learning objectives

- 1** Recognising what GESI means
- 2** How to be GESI responsive
- 3** Understanding of how you can include the GESI approach in your placement (before, during and after volunteering)

Definitions

Gender

Gender is the socially constructed norms, roles, and attributes considered appropriate for men, women and people of other genders, while gender equality ensures equal rights, responsibilities, opportunities, and respect for men, women, and people of other genders. Gender norms are changeable over time.

Gender Equality

Gender equality ensures that women, men, and people of other genders have equal rights, opportunities, and respect. Gender equality is the end goal of gender equity.

Gender Equity

Recognises that women and girls, and men and boys, as well as people of other genders, may have distinct needs, and seeks fairness of treatment according to a person's respective need to ensure the realisation of equal rights, opportunities, and respect. Gender equity is needed if gender equality is to be achieved.

Intersectionality

An analytical lens which examines how different social stratifiers (such as gender, age, ability, geographic location, sexual orientation, migrant status, ethnicity, race, and economic status, etc.) intersect to create different experiences of privilege, vulnerability, and/or marginalisation. Intersectionality recognises the complexity of human existence and allows us to explore within group differences by recognising that the experiences of all men, women, and people of genders are not the same.

Prevention of Sexual Exploitation and Abuse (PSEA) regulations

Policies and regulations that organisations and institutions have in place to protect staff, volunteers, beneficiaries and others from being sexually exploited or abused through the work of the organisation or institution.



Sex

The biological or chromosomal attributes that separate males, females, and intersex people. Sex is assigned at birth and may differ from a person's gender identity.

Sex/Gender-disaggregated indicator

An indicator that measures differences between women, men or people of other genders in relation to a particular metric.

Social Exclusion

Social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state (UN 2016).

Social Inclusion

Social inclusion includes the inclusion of women and girls as well as other vulnerable groups who are at risk of exclusion within a particular context¹. Such groups may include: women and girls, adolescents and young people, the elderly, people

living with disabilities, ethnic minorities, religious minorities, people living with a stigmatising illness, internally displaced people, migrant populations, nomadic communities, members of minority clans or subclans, people living in urban settlements or geographically inaccessible districts, the Lesbian, gay, bisexual, transgender, queer (or questioning), and intersex community, groups with less education, and the very poor.

Social Stratifiers

Also called protected characteristics, are specific aspects of a person's identity that may result in power imbalances and can include sex, age, disability, socio-economic status, sexual orientation, ethnic or religious minority status, people living with stigmatising illnesses, gender identity, level of education or poverty.

Social Stratifier Indicator

An indicator that measures differences between different groups based on social stratifiers. All indicators should be also disaggregated by sex where applicable.

Strategy and Action Plan

Health Partnerships should develop a GESI Strategy and Action Plan (SAP), which will help them focus on achieving improved GESI within identified areas. A GESI SAP identifies who has responsibility for delivering the SAP and identifies the related goals, baselines, targets and activities needed to undertake the prioritized GESI activities.

Stereotype

The belief that most members of a group have some characteristic.

Unconscious bias

Attitudes or stereotypes that affect our understanding, actions, and decisions in a non-conscious manner of which we are typically unaware.

A GESI APPROACH CONSIDERS THOSE UNEQUAL POWER RELATIONS



In nearly all countries, to varying degrees, age, sex, (dis)ability, race, ethnicity, religion, migration status, socioeconomic status, place of residence, sexual orientation and gender identity have been grounds for social exclusion and discrimination over time. A GESI approach considers those unequal power relations and inequalities experienced by individuals as a result of their social identities. It also looks at how these identities intersect to create specific experiences of vulnerability and marginalisation. It focuses on actions to address these unequal power relations and inequalities, reduce disparities, and ensure equal rights, responsibilities, opportunities, and respect for all individuals. Social inclusion is both a process and a goal of improving the terms of participation in society for those who are disadvantaged, to ensure that nobody is left behind. These are very important considerations for health interventions. Please see the [THET Gender Equality and Social Inclusion \(GESI\) Toolkit for Health Partnerships](#), for a more detailed information.

As a volunteer you can play a vital role in supporting the inclusion of the GESI approach through actively engaging to ensure that GESI concerns are taken into account, and by being aware of potential challenges of gender inequality and social exclusion regarding specific groups of people (or individuals) and supporting ways to overcome them.

Vulnerable groups who are at risk of exclusion may

- Have inadequate representation and/or participation in leadership and decision making.
- Be discriminated against or experience stigma as a result of their social identities or poor health.
- Have restricted rights and/or lack power and agency to exercise their rights and access protections. This not only affects their ability to participate as equal members in society, including with health projects or partnerships, but can have negative effects on health and wellbeing.

Opportunities to identify stages of GESI responsiveness

THET has committed to ensuring that Health Partnerships should aim, as a minimum, to be GESI responsive. Below are some examples that you can use to identify the status of your project along a GESI continuum.

GESI Unequal

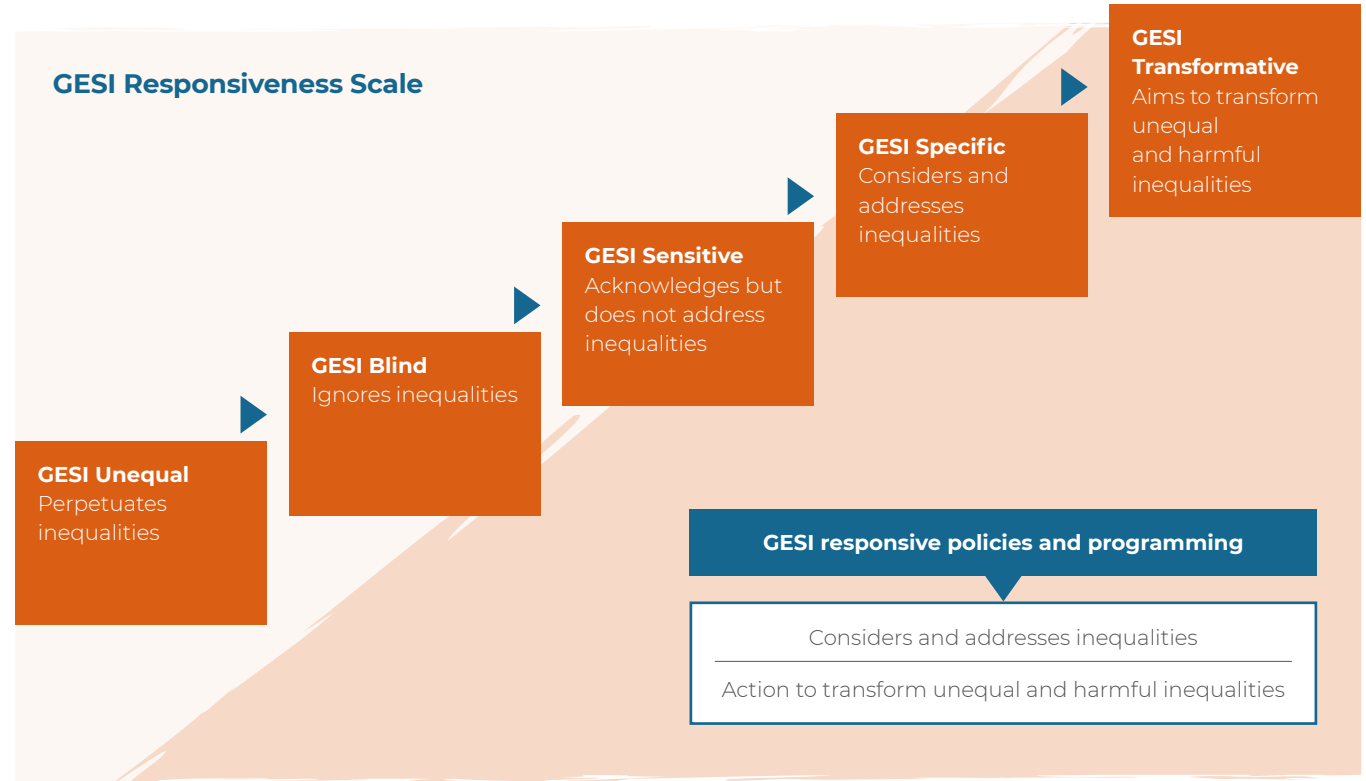
gender and other forms of inequality are perpetuated by reinforcing unbalanced norms, roles and relations (e.g. in a project, travel allowances or per diems for participants are different for doctors and nurses).

GESI Blind

the health intervention ignores gender and other forms of inequality (e.g. a project for improving mental health access and services through the provision of group therapy not having separate sessions for different genders).

GESI Sensitive

considers gender and other forms of inequality but takes no remedial action to address it (e.g. a project disaggregates data collection on participants to include information on whether trainees have any disabilities and gender but does not change any activities based on this data).



GESI Specific

considers gender and other forms of inequality and takes remedial action to address it but does not change the underlying power relations. (e.g. designing a hospital based training to be multidisciplinary and giving a nurse a leading role in the trainings which include doctors, but does not focus on challenging hierarchies on wards).

GESI Transformative

addresses the causes of gender-based and other forms of inequality by transforming harmful norms, roles and relations through the inclusion of strategies to foster progressive changes in power relations. (e.g. a project that seeks to improve women's access to ante-natal care in rural areas, holds behaviour-change focused community awareness raising sessions with gender-specific and mixed groups targeting their messaging to the audience to foster dialogue and address the imbalances that were creating barriers).

Before you volunteer

Before you volunteer, you will go through a series of pre-deployment steps depending on your sending organisation, your hosting organisation, your previous experience, and the project or Health Partnership you are going to volunteer for, and you should be considering GESI throughout this process.

During safeguarding instructions, your sending organisation needs to inform you about the relevant legal context on non-discrimination and equal opportunities in the countries you are going to work. You also need to study the stipulations of the Code of Conduct to be signed pre-deployment; and you need to be informed about the Prevention of Sexual Exploitation and Abuse regulations in place at your sending and host institutions.

Social stratifiers may differ from country to country and depend on the national non-discrimination or equal opportunity law. They derive from international Human Rights Law Conventions which are ratified and included to varying degrees into national legislations. So, you might find e.g. that, in a specific nation, homosexuality is punishable, whereas in other countries there are no restrictions regarding Sexual Orientation and Gender Identity features.

SOCIAL STRATIFIERS MAY DIFFER FROM COUNTRY TO COUNTRY

In some countries there might be places which are not accessible to women and men equally, or specific ethnic groups might find it difficult to access health institutions de facto, although legally they should have the equal opportunity for access (etc.).

For the purpose of monitoring, evaluation and learning and with a social science lens, protected characteristics are also called social stratifiers – in order to be able to identify groups of people at a higher risk of vulnerability and marginalisation along age, sex, (dis) ability etc. If you are going to work for a Health Partnership, in an ideal case there is already a GESI needs assessment will have been carried out which forms the basis of the formulation of a GESI Strategy and Action Plan (SAP).

If existent, make sure you are studying it to be informed about GESI concerns, challenges, and opportunities you might encounter at your posting and how you can support, if possible, transformative change.

You should go through some pre-deployment training, which leads you through self-awareness exercises regarding your own possible bias or stereotypes you might unconsciously be bringing to your work. Self-reflection is an important part if you want your work to be GESI responsive or transformative.

- E.g., Health Partnerships should develop an ongoing GESI awareness training programme for all team members,
- or you might read other recent documents related to the GESI features in the region of your posting and the respective health care system.

In case if no GESI needs assessment or GESI SAP has yet been formulated:

- Your sending organisation may have some other important project or Health Partnership reports which include features of GESI,
- Other more experienced colleagues who have been working in the country or hosting institution you are going to might be a valuable resource of information.
- There may be a learning network in place, where you can access relevant information.
- You can raise this with the organisation and consider how you can incorporate it in your placement and projects.

During your placement

During your placement it may be possible to include GESI concerns into your volunteering work, depending on the nature of your placement and the length of your stay, as well as the kind of project or Health Partnership you are volunteering for.

If you are working for a Health Partnership, make yourself acquainted with the GESI activities and processes laid down, ask if they have GESI statement, how GESI is integrated into their policies and procedures and what is in place to protect you and others from sexual and gender based violence and if GESI training will be provided. More details on how sending organisations can think through their incorporation of GESI can be found in the [THET GESI Toolkit for Health Partnerships](#):

GESI activities within internal Health Partnership structures and processes	Status (e.g. already in place, needs action, not going to implement with justification)
Partnership GESI statement	
GESI protocol for recruitment	
Intergrating GESI into existing and new policies and procedures	
Internal procedures around sexual and gender-based violence	
GESI training and awareness for Health Partnership staff and volunteers.	
Adequate representation of women within leadership and decision-making	
Other:	

There might be a defined role for you in contributing to those GESI activities, especially if a GESI SAP exists already. You might also find a local GESI champion on the ground, who can orient and brief you on the current situation in your field of expertise and the needed activities. Probably you will also measure your work by monitoring GESI relevant indicators. Where a GESI approach has not been designed you can work with your host and sending organisations to implement ones.

On the other hand, you might also encounter new important GESI concerns during your placement, which might contribute to dismantling possible inequalities and vulnerabilities. A helpful tool is the **Intersectional Gender Analysis Matrix** in the THET's GESI Toolkit for health partnerships presenting possible concerns.

In your sending organisation or in your host organisation there might be an institutional mechanism on how to report on your findings.

Maybe there is a learning network, a gender & diversity champion, or an equal opportunity officer in place.

In any case it will be helpful to ensure such elements are not overlooked or forgotten to note down details of these findings. This will help to bring data and evidence to your colleagues and peers and has the potential to meaningfully enhance the quality of your project over time, once those GESI aspects can be addressed.

After volunteering

As you are finishing your placement you should have a de-brief planned with your host facility and one with your home institution or sending organisation. These are a good space for addressing your experiences regarding GESI challenges, concerns and opportunities you encountered during your placement.

If these de-briefs haven't been organised, you can request them to ensure that you can more formally discuss feedback and learning from your experience. These meetings can be an opportunity for deeper discussions around what happened, and why it happened. They also explore implications of these experiences and evidence for you and the institutions and stakeholders involved.

Debriefs may be structured by the institution, but where possible try to:

- Ensure when presenting your findings on GESI, that you present it in a culturally acceptable way, depending on your audience or stakeholders involved. E.g. you might want to highlight inequalities, which are deeply entrenched in a health system or in a practice in an institution, but this needs to be done thoughtfully, consider how you present your information, try to root your arguments in objective facts and present information positively rather than as criticism without mitigations.
- Ensure you have the opportunity sharing your experience and evidence with your colleagues and explore ways this learning can positively contribute to your institutional practices regarding GESI.
- Develop a few questions you would like to discuss during the debriefing sessions as a means to contribute to shared learning and enhance GESI responsive or transformative practices.

Aside from formal meetings with supervisors there are other ways of communicating your learning, outlined in the [communications section](#) of the toolkit.

THET also supports partnership to share their learning through its website and other platforms – you can also share your learnings via those channels (contact grants@thet.org).

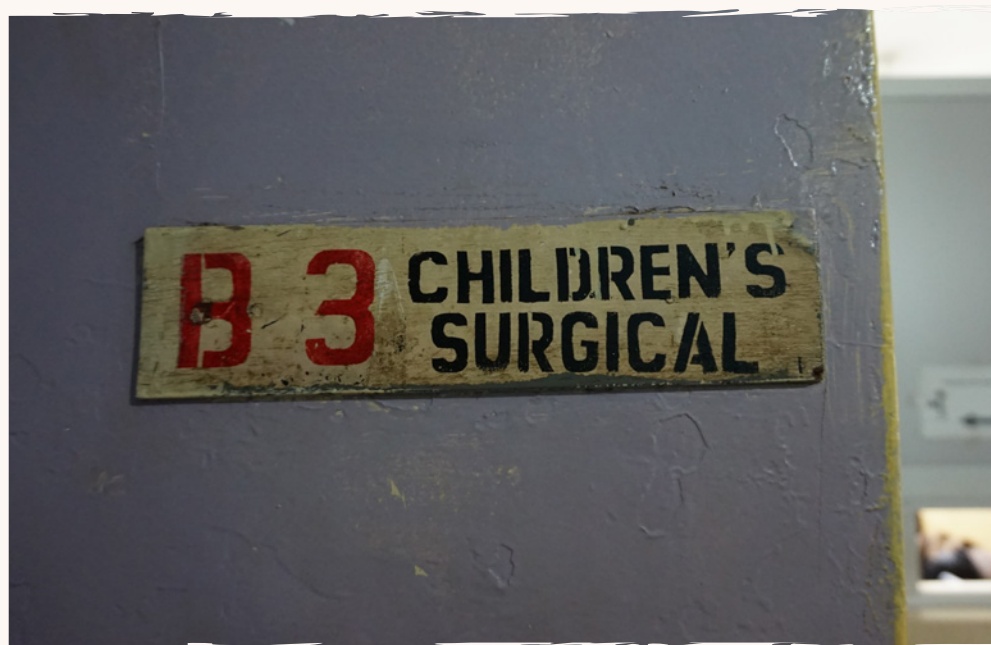


Section 9

THINKING ABOUT YOU

Your safety and security

Your safety and security as a volunteer, whether remote or in-person, should be of paramount importance to all the organisations involved, and yourself. This guidance seeks to support you to ensure that you have sufficient information and understanding of your placement before it commences in order to have a safe and successful time.



Learning objectives

- 1** Clear understanding of the information regarding the organisation you should receive before you start volunteering
- 2** Clarity on the information you require on the cultural, legal and ethical considerations you need to be aware of before you start volunteering
- 3** Understanding of where you can find information on how to stay safe online

Pre-commencement preparations

Pre-departure briefings and trainings are one of the most important elements of a successful volunteer placement, whether it is remote or in-country, and directly contributes to the success and sustainability of any volunteering experience. It is, therefore, imperative that certain points have been considered and addressed before you depart, below we provide a checklist of information that you should be provided with (or ensure you have).

In-person checklist

Travel logistics	Is your sending organisation booking flights for you?	<input type="checkbox"/>
	If yes, have they shared booking confirmations and the details required for you to check in?	If no, have you been made aware of if and how to be reimbursed for your flights? Has a claim form been provided?
	Do you know how you will travel from your port of entry to your accommodation and if you will be required to pay for it?	<input type="checkbox"/>
	Will you need cash on arrival? <ul style="list-style-type: none"> • Can this be obtained beforehand? • Is there an ATM at your port of entry? Have you checked that your bank card can be used? 	<input type="checkbox"/>
Health	Have you been provided with details of how to get appropriate vaccinations and medicines and who will bear the costs?	<input type="checkbox"/>
	Have you made your host and sending organisation aware of any pre-existing conditions before you travel that may affect your insurance or placement?	<input type="checkbox"/>
	If you are taking ongoing medication will you be able to obtain it while volunteering or can you take sufficient quantities when you travel?	<input type="checkbox"/>

Visas and work permits	Have you been made aware of the visa requirements for your country of placement?	<input type="checkbox"/>
	Will you require additional work permits and/or professional registration for your placement?	<input type="checkbox"/>
	If yes, have you been informed of the process to obtain these and who is responsible?	If no, are you aware of where to find this information?
Code of Conduct	Did you sign the Code of Conduct and did you study the details of which behavior is deemed ethically correct and which behavior is legally, culturally or ethically unacceptable at the place of your posting?	<input type="checkbox"/>
Insurance	Has your sending organisation provided travel insurance details?	<input type="checkbox"/>
	If providing clinical support, does your medical indemnity insurance cover you outside of your home country?	<input type="checkbox"/>
	If yes, will additional costs be covered by the sending organisation?	If no, is medical indemnity insurance available in your placement country?
Expenses	Have you been made aware of how your expenses will be met? <ul style="list-style-type: none"> • Is any stipend paid in advance or arrears? • Have you been asked to provide bank details? • Will you be reimbursed after costs have been incurred or be advanced sums? • Has an expense claim form been shared with you and the process for submitting claims outlined? 	<input type="checkbox"/>

Security	Have you reviewed the Foreign, Commonwealth & Development Office Travel Advice for your country of placements?	<input type="checkbox"/>
	Have you been made aware of the safety and security protocols you must follow during your placement?	<input type="checkbox"/>
	Do you know who to contact in the case of an incident? <ul style="list-style-type: none"> • At your host institution • With your sending organisation • Emergency services contact details 	<input type="checkbox"/>
	Are you aware of the protocols in place in-case of a serious security incident occurs?	<input type="checkbox"/>
	Has a comprehensive security briefing been organised for before you depart or shortly after your placement begins that provides you with the safety protocols that you should follow and a thorough understanding of the context in which you will be working?	<input type="checkbox"/>
Other	Have you received a copy of the sending organisations data protection policy or GDPR? ¹	<input type="checkbox"/>

¹ GDPR: The General Data Protection Regulation is a regulation in EU law on data protection and privacy in the European Union and the European Economic Area. It also addresses the transfer of personal data outside the EU and EEA areas

² GDPR: The General Data Protection Regulation is a regulation in EU law on data protection and privacy in the European Union and the European Economic Area. It also addresses the transfer of personal data outside the EU and EEA areas

Virtual volunteers checklist

Health	Have you made your sending organisation aware of any pre-existing conditions that may affect your ability to undertake your placement?		<input type="checkbox"/>
Insurance	If providing clinical support, does your medical indemnity insurance cover providing remote volunteering support?		<input type="checkbox"/>
	If yes, will additional costs be covered by the sending organisation?	If no, is medical indemnity insurance available in your placement country?	
Expenses	Have you been made aware of how your expenses will be met? <ul style="list-style-type: none"> • Is any stipend paid in advance or arrears? • Have you been asked to provide bank details? • Will you be reimbursed after costs have been incurred or be advanced sums? • Has an expense claim form been shared with you and the process for submitting claims outlined? 		<input type="checkbox"/>
Security	Are you aware on online security principles?		<input type="checkbox"/>
	Do you know who to contact in the case of an incident? <ul style="list-style-type: none"> • At your host institution • With your sending organisation 		<input type="checkbox"/>
	Are you aware of the protocols in place in-case of a serious security incident occurs?		<input type="checkbox"/>
	Have you received a copy of the sending organisations data protection policy or GDPR? ²		<input type="checkbox"/>

Understanding your context

Understanding the context you will be working within is a key element for ensuring your safety and security while you are volunteering and will be different for every country and region.

A useful first place to start is the Foreign Commonwealth and Development Office (FCDO) whose website provides an overview of key information for all countries: www.gov.uk/foreign-travel-advice



You should also ensure that you are aware or made aware of the following:

Climate

- Is the place that you are going to subject to natural disasters such as earthquakes? What should you do if this is the case? For example, are there local protocols that you would need to follow?
- What season will you be travelling in? You should ensure that you are clear about what you need to take to be safe in this, for example you may need to take a torch or alternative power sources if there are frequent power cuts or change routes or vehicles due to flooding in the rainy season or do you know how to avoid heat stroke?

Political context

- Are there major political events, such as elections, due during your placement? You will need to consider if this could lead to instability or might result in difficulties gaining buy in with partners in-country such as government and local government stakeholders.
- Are there any particular laws that you need to be aware of such as taking photographs of government buildings or censorship?
- Are there sensitive subjects such as ethnicity, tribalism, politics, religion that should be avoided in conversations with colleagues or any communications you produce?

Cultural context

- Are there particular restrictions on behaviour that you need to know? This could include restrictions on drinking alcohol, or expressions of sexuality.
- Are there any restrictions in how to address the opposite sex in public spaces or in health institutions?
- What is expected of you in terms of clothing, for example, some countries require modest dress, the definition of which may be very different in different contexts, for example you may need to cover your head or have your shoulders and knees covered, in others this may mean being covered from wrists to ankles. In others you may be expected to dress more formally than you usually would.
- What is considered polite? How should you greet different colleagues? There may be specific actions or gestures that are considered offensive, but you may also find that colleagues will take different approaches when they disagree or agree. Understanding these will help you to engage your colleagues in your project and help to avoid misunderstandings with partners.

Healthcare context

- Before you travel you should ensure that you are aware of what healthcare is available to you if you were to have an accident or fall ill. Key questions include:
 - Will you be expected to use public or private healthcare?
 - Are you responsible for calling any insurance companies or will that be done for you?
 - Will you be expected to pay and be reimbursed for any care?
- What are the main illnesses you may be at risk of? Some of these you should be aware of because of vaccinations and travel health provided but there may be outbreaks of diseases without prophylaxis that you may be less often discussed.

Personal safety

- You should receive a comprehensive security briefing before you leave that is tailored to the context you will be working in. The below are some key questions that you will want to ensure you can answer after you've been briefed:
 - What travel options are available to you? Is public transport a safe option? Should long distances be covered by air or land? Are there any transport modes that you should avoid?
 - How common is petty theft? How you will be able to store your valuables?
 - Do you need to carry photographic identification? What options are available to you need to replace them if lost and stolen?
- Are there restrictions on when you should travel during the day or week? Is travel alone advisable?
- How you will be able to communicate? Is a local SIM card obtainable? Will you be able to use your existing phone?
- Are there any restricted areas you should not go to, such as mined areas after armed conflict, etc.

Online safety

Safety and security is also a consideration when volunteering virtually, while you will not be exposed to the same risks it is important to remember that there are potential areas of harm that you may encounter and that digital security incidents can have extremely negative effects on you as a volunteer.

There are a number of resources that you can view to make yourself aware of how to protect yourself from these risks, and the UK National Cyber Security Centre (NCSC) has been expanded and published a number of policies which you should familiarise yourself with:

- CyberAware
ncsc.gov.uk/cyberaware/home
- How to spot and react to suspicious emails, phone calls and text messages
ncsc.gov.uk/guidance/suspicious-email-actions
- Reporting harmful content
reportharmfulcontent.com
- Checking content you share is not misleading or false
sharechecklist.gov.uk

Section 10

THINKING ABOUT YOU

Mental health and wellbeing

Volunteering, whether in person or remotely, can be both challenging and rewarding. Awareness of strategies to support your own health and wellbeing can be helpful as you undertake your volunteering work.

This document has been designed to help you consider some of the common challenges you may face and provide practical steps to support yourself through them. With any volunteering work it is important to remember, especially when working with a team, that different people will react very differently to situations they find themselves in, both remotely and in person – this is a normal part of volunteering. Proactively considering some of the potential challenges that you might encounter can help you to overcome them should they occur.

A strategy that we recommend for all volunteers is the creation of a Wellness Action Plan. The charity MIND have created a very useful template – available [here](#).



Learning objectives

- 1 Learning to recognise Culture Shock
- 2 Learning to recognise Burn Out
- 3 Understanding strategies to support your wellbeing during volunteering



Culture shock

Undertaking a volunteer placement can result in culture shock. This can happen to any volunteer regardless of their experience abroad. You may also experience elements of culture shock while undertaking a virtual volunteer placement as you will be working with colleagues without meeting face-to-face in a setting that you may be less familiar with and processes and systems that you cannot physically observe and become fluent in. It is important to recognise the signs of culture shock and have planned strategies to combat them to ensure that you limit the impact on your mental health. There are seven signs of culture shock often cited:²

Fatigue

This can come on slowly or quickly but may manifest as lethargy, sleeping more than normal, finding even small problems overwhelming and/or a lack of interest in activity.

Hyperirritability

You may find yourself responding negatively and out of proportion to interactions with others, venting your anger inappropriately, blaming people around you or the environment for your negative feelings and/or assuming the worst of ambiguous/unclear interactions.

Depression

You may find that you do not enjoy activities that you usually would. Depression may also come across as loneliness, a feeling of helplessness, vulnerability, loss of identity and/or an inability to complete tasks.

Anxiety

Common anxieties that you may feel if suffering from culture shock include: a general, undefined sense of anxiety, preoccupation with your health, a sense of dread, excessive or irrational fears around being cheated, tricked, or robbed, excessive concern about food safety, preoccupation with cleanliness and/or doubts about your ability to navigate this new experience.

Illness

Sometimes you can get physical manifestations of stress from cultural shock, this could be a general feeling of not feeling well without an obvious cause, general aches and pains, disturbed sleep and/or a resurgence or increase in chronic health issues.

Negative feelings towards your host culture

In some cases of culture shock, you may feel that you are not adjusting well or enjoying the new setting, this may result in wanting to withdraw from the setting and seeking out people or places that are more familiar, over-criticism of the local culture or aspects of it, making unnecessary comparisons, imagining or planning leaving, stereotyping, idolisation of your home culture and/or focusing on relationships back home or with same-culture

friends.

Self-doubt

You may find that the disorientation of culture shock leads you to doubt your choices, this could be related to your work, your beliefs or your ability to overcome challenges resulting in feeling more shy or insecure than usual or imposter syndrome.

Definitions

Culture Shock

the feeling of disorientation experienced by someone when they are suddenly subjected to an unfamiliar culture, way of life, or set of attitudes.

Burn Out

According to the World Health Organisation, burn out “results from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.”¹

¹ www.who.int/mental_health/evidence/burn-out/en/

² www.internationalrelationsedu.org/the-7-symptoms-of-culture-shock-identifying-them-and-getting-ahead-of-the-problem/

Phases of culture shock

There are five phases of culture shock,^{3,4} to keep in mind to help you to identify if you are suffering from it:

Honeymoon period

Changes are exciting, and differences seem intriguing.

Disintegration phase

Differences become confusing, isolating or make you feel inadequate or out of your depth.

Reintegration phase

Differences may make you angry and dislike of the culture becomes more apparent.

Autonomy

This is the first stage of acceptance where you feel more confident and better able to cope as you accept the differences you are experience.

Independence

Where you have embraced the differences and feel more like yourself.

Please note that when returning back home from a longer period of volunteering or overseas posting, you might be going through all those phases again as you got used to the other cultural setting and need to readapt to your own culture.

Coping with culture shock

It is important to recognise that culture shock is a normal part of the adjustment process when exposed to new settings. However, you should think through how you might deal with it before you begin volunteering so that it does not negatively impact on you, your colleagues or the work you are trying to do.

How you deal with culture shock and the best options to help you cope will differ for everyone. In the initial stages of your placement, however, we recommend that you expose yourself to the local culture as much as possible. Below are some additional suggestions that may be helpful:

All volunteering

- Recognise that this is a normal process and that adjustment may take some time.
- Ensure that you have people that you can talk to when you feel overwhelmed.
- Connect with other volunteers.
- Exercise.
- Make time to follow your usual self-care routines, if you usually practice pilates, meditation, running or cooking in your spare time, try to find time to continue to do so.
- Be open to other cultures and try to reflect if you are unconsciously biased or influenced by explicit or implicit stereotypes about the hosting culture or specific groups of people.

In-person volunteering

- Travel with objects that remind you of home such as a favourite book or object with sentimental value.
- Schedule time to connect with people at home while still giving yourself enough time to enjoy your experience.
- Take a guidebook and identify activities that you would enjoy, aim to undertake one or two of these in the first week.
- Set goals, such as trying one new thing a week.
- Take part in local language classes.
- Join online communities such as Facebook groups for people with your interests in the local area.
- Treat yourself e.g. to a nice meal out.
- Ask your colleagues for recommendations of local attractions to enjoy.

Remote volunteering

- Spend some time getting to know more about the country you are volunteering with, for example by reading fiction and non-fiction books, watching documentaries and films and learning about the history.
- Take time to get to know your colleagues either in meetings or follow up conversations.
- Ask questions, if there is a process or way of doing something that doesn't make sense to you, try to gain more information and context from your colleagues.

³ journals.sagepub.com/doi/abs/10.1177/136346159603300310?journalCode=tpsd

⁴ deborahswallow.com/2010/05/15/the-classic-5-stage-culture-shock-model

Burn out

Burnout can happen to anyone, but working or volunteering in low resource settings, or volunteering remotely, can bring a unique set of challenges. Experiencing culture shock, as well as continuing to undertake existing responsibilities at home or at work if volunteering remotely, can enhance the likelihood of burnout. This is especially true if you do not feel that you have adequate support from the organisations you are working with.

IT IS IMPORTANT TO RECOGNISE THE SIGNS OF BURNOUT

Signs and symptoms of burnout

As with culture shock it is important to recognise the signs of burnout and address them as soon as possible. If you experience some or all of the below, you may be experiencing burn out:⁵

- Excessive cynicism or being hypercritical at work
- Struggles with motivation to get to work and complete tasks
- Increased irritability with co-workers or patients/service users
- Lack of energy to be consistently productive
- Difficulty concentrating
- Lack of satisfaction from your achievements
- Disillusionment
- Using food, drugs or alcohol to feel better or to simply not feel
- Changing sleeping patterns
- Unexplained headaches, stomach or bowel problems, or other physical complaints.

Tackling burnout

To prevent and manage burn out, it is important to make space to have a work/life balance. The specific approaches you take will depend on your individual preferences. Especially when working in high pressure situations, such as clinical settings or remotely, it is important that you take time to look after yourself. You cannot help others if you are burnt out, exhausted or unwell from overwork. If you are worried that you are experiencing burn out, talk to your volunteering coordinator or contact person at your host or sending institution.

Working remotely or virtually can be very challenging and isolating and can lead to some unique difficulties while volunteering. To combat this, it is important to take regular breaks including a lunch break, and to finish working and turn off at an appropriate time. It is essential to set clear boundaries and to allocate specific times for communication, particularly when you are in a different time zone from your overseas colleagues in order to maximise efficiency and reduce the number of unsociable hours that you may be required to work. This will help you to maintain a healthy work-life balance – something that is often hard to achieve, especially when taking part in a volunteer placement on top of regular employment and personal commitments.

⁵ www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

Useful resources if you are experiencing burn out

- The [Burnout Collective](#) is a Facebook group that describes itself as a “dedicated space to chat about burnout in all its realities, messiness and togetherness”.
- The NHS provides a [list of charities](#) that you can access for mental health support on your return to the UK.
- Member Care Associates have produced an overview of available resources: “[Helping the Helpers 50 Resources for Humanitarian Workers](#)”.
- Travel health providers such as [Nomad Travel](#) can provide psychosocial support.



About THET

One billion people in the world do not have access to a qualified health worker. THET has a vision of a world where everyone has access to quality health care. We achieve this by training and educating health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this focus.

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