

# Preparing International Relief Workers for Health Care in the Field: An Evaluation of Organizational Practices

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**Abbreviations:**

EM = Emergency medicine  
GOVs = Governmental Organizations  
HELP = The Health Emergencies in Large Populations  
NGOs = Non-governmental Organizations  
PVOs = Private Voluntary Organizations

**Abstract**

The growth of the humanitarian aid industry has led to the proliferation of relief programs and the rapid rise in the number of relief personnel working in the field. One major necessity in developing successful international programs is appropriately trained field personnel. The purpose of this study was to evaluate the educational practice and training methods for field workers by non-government organizations (NGO).

Of the 53 organizations surveyed, 64% responded that they sent health care workers to acute human emergencies. A majority of organizations, 31/53 (59%), used manuals as the primary method of training for workers before going into the field. Eighty-five percent of organizations (45/53) supplied their workers with trip briefings from prior personnel before going into the field, and 91% (48/53) had an on-site coordinator. Only 34% (18/53) provided classroom teaching or orientation prior to departure. The average number of months spent by workers abroad was  $\leq 1$  for nearly half (49%) of the NGOs. Only 34% (18/53) of the NGOs required that personnel had previous international experience.

Training of humanitarian workers varies significantly between non-governmental organizations. Lack of standardization in training programs and wide variation of provider preparedness indicates the need by NGOs for enhanced training for field personnel.

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**Introduction**

The humanitarian aid industry has grown rapidly during the last two decades. Reasons for this growth include the escalation in violent civil conflicts, the displacement of large populations, and global demographic shifts toward urbanization. As the number and severity of complex emergencies has grown, civilian participation in the relief process has become more common, and organizations working in the field have become more numerous.

As international non-governmental organizations (NGOs) and private

voluntary organizations (PVOs) become increasing involved in the complex and often dangerous climate of humanitarian assistance, they face multiple challenges. One major challenge is the need to place well-trained personnel in the field to manage relief programs. The growing demand for health providers, public health professionals, and field program administrators, and the time sensitive demands for filling vacant positions, has led many organizations to place inexperienced or inadequately trained personnel in the field. Prior reports have indicated that many health

	n	(%)
NGO	49	(93)
Send workers to acute emergencies	34	(64)
Send workers to post-emergency	40	(76)
Send U.S. physicians	42	(79)
EM physicians	24	(45)
Receive trip reports or briefings from prior personnel	45	(85)
Have an on-site coordinator in the field	48	(91)

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**Table 1**—Personnel characteristics of operations of relief organizations (EM = emergency medicine; n = 53)

workers in such an emergency may be of limited usefulness in the field, and that attention is needed to the types and the training of aid personnel.<sup>1</sup>

The skill set necessary to become an effective field worker is broad-based and requires training in multiple sectors of activity. Non-governmental organizations vary significantly in the type and level of training that they provide for health workers going into the field. Some organizations provide extensive screening and pre-field briefing prior to a field assignment, but many NGOs lack the capacity to train field personnel in areas such as security, management, standardized programs, field educational methods, and cultural sensitivity. This paper evaluates the types of skills that NGOs working in the health sector require, and to what degree they provide training for field personnel.

## Methods

This study used a confidential telephone survey of NGOs/PVOs registered as members of the relief consortium, InterAction,<sup>2</sup> and those provided in the *Journal of the American Medical Association's* list of international organizations.<sup>3</sup> An organization was deemed eligible if it worked in the health sector in humanitarian assistance. Exclusion criteria included organizations involved in humanitarian aid that did not provide at least one of the following: health care, disaster relief, family planning, water/sanitation, or human rights assistance. Organizations that only send supplies, provide funding, or business development also were excluded.

A telephone survey was conducted between November 2000 and March 2001. The survey was a combination of 'yes' and 'no' questions, quantitative multiple-choice questions, and short-answer questions. The survey consisted of questions assessing: 1) organizational field participation; 2) organizational prerequisites; 3) general training practices; 4) health training; 5) cultural and security training; and 6) educational methods. Study participants were encouraged to clarify answers as requested by the surveyor. Organizational representatives from eligible NGOs were asked to participate including the following individuals or their designee: Director of International Relief and Development, Director of Training, Director of International Programs, Director of Human Resources, or President. The surveys were conducted by three of the authors (RM, MB, JE) who, at the time of the study, were not affiliated with any international NGO.

Data were analyzed using the SPSS software package version 10.0 (SPSS Inc, Chicago, IL USA). Frequencies were calculated for all descriptive data. Data were coded: "1" for a "Yes" answer; "0" for "No"; and "9" for not answered or "did not know" or "not applicable". To quantitative answers the frequency, percent, valid percent, and cumulative percents were analyzed for the responses.

## Results

Of the total of 212 potential organizations identified, 98 NGOs were eligible for the survey. Out of 212 organizations, 114 were excluded; of the 98 eligible organizations 53 (54%) responded. Reasons for lack of response were organizations declining to participate or inability to contact the appropriate representative. On average, organizations were called four times before deeming them non-responders.

### Organizational Characteristics

Of the 53 organizations contacted, 64% (34/53) responded that they sent workers to acute complex emergencies (Table 1). Of the 34 NGOs involved in acute complex emergencies, 26 organizations stated that this was 25% to 100% of their out-of-country activities. Most (40/53; 76%) of the NGOs responded that they sent workers to post-emergency situations. Seventy-nine percent (42/53) of the organizations sent physicians on international missions, and 45% (24/53) responded that they sent U.S.-trained, emergency medicine physicians.

The average number of months spent by workers outside of the United States was  $\leq 1$  month for nearly half (49%) of the NGOs. Forty-five percent (22/53) of the responding NGOs reported that their workers stayed for 6–12 months. These tended to be workers that either started as volunteers and stayed, or were paid employees of the organizations. Only 8% (4/53) of the organizations stated that workers stayed 18–36 months; these organizations were sending paid staff or were Peace Corps volunteers. Only 18/53 (34%) of NGOs required that personnel had previous international experience. Eighty-five percent of the organizations (45/53) supply their workers with trip briefings from prior personnel before going into the field, and had an on-site coordinator 91% (48/53) of the time.

### Organizational Prerequisites

Most organizations required Spanish or French language capabilities when their volunteers were going to regions that spoke the respective languages (Table 2). Almost half, 47% (25/53), stated that they had a formal requirement for languages, but only (23%) 12/53 actually offered coursework teaching the required language. A majority of organizations, (72%) 38/53, stated that they provided interpreters as necessary in the field.

Of the organizations that sent physicians, nurses, or midwives into the field, only 57% (30/53) required board certification. Few organizations (28%, 15/53) required minimal clinical experience, but most requested it informally. The majority of organizations expected, but did not necessarily require, previous international experience. Only 34% (18/53) required that their workers had served previously in

	n	(%)
Language	25	(47)
Board certification	30	(57)
Minimal clinical experience	15	(28)
International experience	18	(34)
Religious affiliation	20	(38)
Physical examination	23	(43)
Psychological examination	9	(17)

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**Table 2**—Requirements for volunteers (n = 53)

	n	(%)
Vary training for novice or experienced workers	13	(25)
Manuals to teach workers	31	(59)
Recommend books or references to workers	29	(55)
Use computers to teach workers	12	(23)
Use classroom teaching before going into the field	18	(34)

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**Table 3**—Training modalities provided (n = 53)

a professional international setting.

Of the organizations contacted, 38% (20/53) had a religious affiliation. About half 57% (30/53) of the organizations did not require a pre-field physical examinations of their volunteers, and 79% (42/53) did not require a psychological examination.

#### Training Practices

The pre-field training provided was stratified based on novice or experienced workers in only 25% (13/53) of organizations (Table 3). A majority (59%, 31/53) of organizations used manuals as a primary means to train their workers before going into the field, and 29/53 (55%) recommended specific books or reference materials. Frequent references included the following texts: *Where There is No Doctor*,<sup>4</sup> the *SPHERE Minimum Standards in Humanitarian Response*,<sup>5</sup> *War and Public Health*, (International Committee of the Red Cross, ICRC),<sup>6</sup> and *Refugee Health (MSF)*. Only 34% (18/53) of the organizations offered classroom teaching or orientation prior to departure, which varied in length from two days to two weeks. The qualifications and background of the staff providing the training was highly variable. Healthcare workers, public health professionals, clergy, and legal council were used. Frequently, programs used veterans with previous international experience and included physicians, nurses, and midwives.

Less than half of the NGOs provided pre-field training in health care. Specific areas of health education included: 1) HIV (42%); 2) nutrition/dehydration (45%); 3) disaster relief (34%); 4) tropical medicine (35%); 5) Advanced Cardiac Life Support / Advanced Trauma Life Support / Pediatric Advanced Life Support (11%); 6) women's health (36%); 7) family planning (30%); and 8) water/sanitation training (40%) (Table 4).

	n	(%)
HIV	22	(42)
Nutrition/dehydration	24	(45)
Disaster relief	18	(34)
Tropical medicine	18	(35)
ATLS, ACLS, PALS courses	6	(11)
Women's health	19	(36)
Family planning	16	(30)
Water/sanitation	21	(40)

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**Table 4**—Topic areas included in pre-field medical training (n = 53)

	n	(%)
Education and history of the region	35	(66)
Cultural sensitivity training	31	(59)
Language of the region	12	(23)
Interpreters	38	(72)
Security training	27	(51)

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**Table 5**—Cultural and security issues (n = 53)

#### Cultural and Security Training

Two-thirds of the organizations provided history and education about the region to which the workers were sent. Fifty-nine percent (31/53) of the responding NGOs provided cultural sensitivity training. Most often, it was comprised of literature that was sent to personnel before they were sent into the field. Most organizations (72%, 38/53) provided interpreters, since there often was not sufficient time to teach the local language. Security training has become increasingly important in humanitarian relief work, yet only 51% (27/53) responded that they provide training or resources for security preparedness (Table 5).

#### Educational Training

Only 38% (20/53) of organizations provided lessons on teaching volunteers to teach, 62% (33/53) evaluated the effectiveness of their training and 44/53 (83%) required post-field debriefing, although in most organizations described this was a very informal process. Many organizations stated that post-field debriefing often was not possible, since workers were difficult to contact or moved onto another site (Table 6).

#### Discussion

The intricacy of modern relief intervention necessitates that NGOs dispatch more highly trained personnel into the field. As the number and scope of relief operations has increased, so has the demand for increased numbers of relief personnel working in the field. The lack of rapidly deployable local personnel or disaster specialists and the limited training of short-term workers create an environment in which inexperienced personnel may be in leadership roles during relief activities.<sup>8,9</sup> Yet, it takes time and training to prepare relief workers for the field, a luxury that many NGOs do not have. In this study, while most organizations provided trip briefings from personnel with prior experience (85%), and had on-site coordinators for personnel to liaise

	n	(%)
Provide lessons on teaching volunteers to teach?	20	(38)
Evaluate the effectiveness of training?	33	(62)
Provide post-field debriefing?	44	(83)

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**Table 6**—Quality of education (n = 53)

with (91%), only 34% reported that their organization had a regular policy of providing any training to field personnel prior to deployment to the field.

#### *Organizational Characteristics and Prerequisites*

This study identified that many organizations send inexperienced personnel into the field. Although most organizations preferred health providers with prior clinical experience, few organizations stipulated that a minimum of experience was required. Several organizations deployed medical or nursing students in the field, and nearly half of the organizations surveyed did not require prior international experience before deployment to the field. The combination of sending inexperienced personnel in the field without sufficient training or formal organizational briefings may contribute to ineffectiveness of interventions and program failure.

Training of the workers varied enormously depending on the size and funding of the organization. Potential full-time staff was sent more often to short-term courses. Many organizations that participated in pre-field training had some sort of short, on-site orientation, but it varied extensively in the breadth and depth of the topics taught. More often than not, such training consisted only of a 2–3 day briefing at the headquarters of the organization, or at most, one week of course. The staff providing this training on-site was quite varied. The background of the staff often reflected the emphasis of the NGO or current projects that were underway. Frequently, the qualification for teaching was prior field experience, and was not a function of prior, specific training.

Most training was done on an informal basis. Approximately half of the organizations either recommended books or manuals prior to sending workers into the field. Some manuals provided information relating to pre-departure preparation, country life, professional life, communication, travel, health, and security, but most were very basic. Most often, they provided information about personal medical care, and recommended references such as tropical medicine literature, international volunteer books, Hesperian Foundation publication lists, and Brigham Young University Culture-grams. The use of computers (23%) or formal classroom training (34%) even was more limited. A handful of organizations recommended short courses that their worker might wish to take pre-departure, but these usually required a 3–8 week commitment.

Training in the areas most critical to relief organizations during complex emergencies and natural disasters varied depending on the size, focus, and religious affiliation of the organization, but ranged from only 11% for advanced life support training to 45% for nutrition/dehydration (Table 5). The importance of at least a basic understanding of

these crucial, selected activities when working in the field cannot be overemphasized. During any emergency and most post-emergency situations, problems in health, nutrition, water and sanitation, and shelter overlap extensively. Specialists in each area are needed, but it is crucial to have some understanding of the complete picture.

The development of the SPHERE standards emphasizes this importance. These standards were defined in 1997 to develop a set of universal minimum standards in core areas of humanitarian assistance.<sup>5</sup> This Project was a collective effort by many agencies working to produce standards that relate to disaster assistance in: 1) water supply and sanitation; 2) nutrition and food aid; 3) shelter and site planning; and 4) health services. Despite the definition of the SPHERE guidelines, many organizations did not train their personnel in the applications of these standards. Only a handful of organizations mentioned the SPHERE standards when listing their recommended book reference lists.

There are a large number of religious organizations working in the theatre of international humanitarian assistance. A significant number of organizations surveyed (38%) had a religious affiliation. Religious prerequisites exist in several organizations, but are considered on an individual basis. Commonly, workers being sent from religious organizations either had to be of that denomination or not have any adversarial beliefs to that faith. Generally, organizations responded that the volunteers were not required to be of that NGO's faith.

#### *Culture and Security Issues*

Cultural sensitivity training is an important, but frequently overlooked area. Cultural and local political issues can prove to be significant barriers to progress in both the emergency and post-emergency phase, and an understanding of a region's particulars can be valuable. Of the organizations surveyed, 66% provided education on the history of the region and 59% on cultural sensitivity, usually through reference materials. Approximately 47% of NGOs had a language requirement, yet only about a quarter reported that they taught the language of that region.

Knowledge of the security situation also is important. Violent, multifaceted, ethnic tensions of the post-Cold-War era have created increasingly dangerous settings for relief activities. In an analysis of data from 382 deaths, Sheik *et al* found that deaths from intentional violence accounted for 67% of all of the humanitarian worker deaths.<sup>10</sup> The study suggested that the number of deaths due to hostile acts was increasing. Relief personnel no longer can depend on the relative protection of neutrality once enjoyed by humanitarian agencies, and relief workers are working in increasingly dangerous environments. About half (49%) of the organizations surveyed responded that they did no specific training of personnel in issues pertaining to security. A number of NGOs have undertaken security training for field staff, and some have adopted security policies for field operations. Many NGO personnel and field managers have received little or no formal training in security and personal safety. Because of high turnover and short institutional memory, these efforts are insufficient.

1. On-site classroom training, when employed, was limited to 2–3 days of pre-field teaching.
2. Time constraints on professional volunteers such that short-term courses were not feasible.
3. Short-term disasters undermining the ability for timing training pre-field.
4. Diversity of projects such that headquarters training or manual development was difficult to standardize.
5. Assumption that professionals with degrees in medicine and public health possess all of the necessary skills for humanitarian relief.
6. Limited time and high turnover rate of volunteers.
7. No standardization for assessing the physical/psychological makeup of the volunteers.
8. Lack of security training.
9. Paucity of training for effective teaching.
10. Overall lack of financial resources by smaller organizations to provide training.

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**Table 7**—Barriers to effective NGO training of field workers

### *Training Programs for Field Workers*

In order to assure sustainability of a program, training of local people is a crucial part of emergency and post-emergency interventions. However, most organizations indicated that they did not provide lessons on how to teach, nor did they require previous teaching experience. Many referenced *Helping Health Workers Learn*,<sup>11</sup> but no formal training was provided. Although 62% of organizations stated that they evaluated the effectiveness of their training in the field, most were vague on exactly how this was accomplished, and there was a general lack of standardization.

Overall, two-thirds of respondents replied that they had no mechanism for internally training candidates for the field. Unfortunately, the current availability of training programs to non-governmental organizations is limited. Respondents stated they had little or no access to external training programs, and that a number of other barriers to training were noted (Table 7).

Improving the performance of humanitarian workers has been a goal of many programs. Despite the apparent training needs outlined in this study, a number of educational opportunities already exist. The Health Emergencies in Large Populations (HELP) is a three-week course that is offered in two modules: the first two weeks concentrate on public health interventions, and the third week focuses on international humanitarian law, human rights, responsibilities of health professionals, and ethics. The Combined Humanitarian Assistance Response Training (CHART) Course, the Office of Foreign Disaster Assistance (OFDA) funded courses, and others have attempted to address this need for training workers. The International Health Exchange publishes a worldwide short course calendar for the entire year. The International Rescue Committee and World Education, Inc. offer a two-week course in Public Health in Complex Emergencies.

There are a number of databases describing humanitarian training programs. The American Council for Voluntary International Action (InterAction) also offers an on-line list of courses by the name of the institution or topic. InterAction also has a disaster response database

available. There are numerous other training databases accessible over the Internet, (i.e., Relief Web has a Humanitarian Assistance Training Inventory that includes links to other databases). In addition, management of health programs in humanitarian emergencies now is well-established in the curriculum of some schools of public health.

It seems intuitive that health managers trained in basic principles will make more appropriate decisions and avoid costly mistakes. However, with the rapid turnover of personnel and the trends of using more professional staff from developing countries, there still is a long way to go to create a stable cadre of readily available, skilled, health managers.

### *Limitations*

The limitations of this study primarily were related to the diversity of NGOs. The resources and, subsequently, the goals of the organization often were proportional to the financial resources available to that NGO. Due to the international nature of relief and development, appropriate organizational contacts often were out of the office or country. It is possible that the personnel contacted were not the most knowledgeable about organizational practices. Due to the multidisciplinary nature of humanitarian relief, some of the smaller organizations had very specific goals or had reorganized to use local healthcare providers in the respective countries. Two organizations had completely pulled out of the health care sector due to their inability to provide adequate care with the resources that they had available.

Differentiation between the training of true short-term volunteers vs. paid staff not always was elucidated due to time constraints or lack of knowledge base of the respondent. Length and depth of each interview varied considerably based on these factors. Due to the competitive nature of the non-profit sector for funds, not all of the organizations were willing to relinquish their manuals for analysis for fear of duplication. Thus, sample size of manuals analyzed was not a complete representation of what currently exists.

### **Conclusion**

There is wide variation among NGOs with respect to the amount and type of preparation provided to relief workers in the field. Screening of personnel for appropriateness is non-standardized, and organizations differ considerably in the educational practices and field preparation. Most humanitarian aid organizations do not provide management, sector specific, and security training for their personnel in the field. This study suggests that despite the efforts of governmental programs, academic institutions, and NGOs, many relief workers do not have ready access to training resources for their staff in the field. Given the growing complexity of modern humanitarian interventions, more aggressive attempts at producing and disseminating training materials for various aspects of field work in humanitarian assistance should be a high priority for international relief agencies. As the humanitarian assistance industry grows, it may be helpful to develop accepted standardized educational programs

to better prepare humanitarian workers for the field. Improved partnerships among NGOs, academic institu-

tions, and government agencies may be needed to address the growing need for innovative training programs

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