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## **1. INTRODUCTION AND BACKGROUND**

How best to care for and support field personnel in international organizations has become a matter of increasing concern, and there are now a number of initiatives within United Nations agencies and non-governmental organisations to see how the risks to field workers can be reduced, while still supporting the missions they are expected to accomplish. UN General Assembly resolution 52/167 stresses the need to improve the safety and security of all humanitarian personnel, and highlights the personal risks taken by such workers in the field.

An initiative by the Inter-Agency Cooperation (ICA) unit of the Division of Emergency and Humanitarian Action (EHA) of the World Health Organization in this area was started in October 1997 with the aim of defining some of the salient health-related issues currently facing relief workers in the field, and providing data on which evidence-based recommendations could be made. The project set out to look at a number of characteristics and procedures, including: staff selection and recruitment, training, pre-departure briefing (including security and medical aspects), support while in the field and on return from the field.

In order to take this project further and build on the information that had been gathered, a Consultative Meeting was organized at WHO Geneva, 8-9 July 1998. The specific objectives of the meeting were to:

- identify problem areas with regard to employers' responsibility and practices concerning relief workers
- review the draft report, *The Occupational Health of Field Personnel in Complex Emergencies*
- propose recommendations concerning best practices in the field.

The meeting was attended by 40 representatives from donor country missions, UN agencies, the International Committee of the Red Cross (ICRC), the International Federation of the Red Cross and Red Crescent Societies (IFRC), the International Organization for Migration (IOM), the International Centre for Migration and Health (ICMH), NGOs and academic institutions. A detailed list of participants is appended.

Dr Harald Siem, Chief EHA/ICA opened the meeting, welcomed the participants on behalf of Dr Bassani, Director EHA, and introduced the main issues to be addressed by the meeting. A keynote presentation was then made by Ms Sara Davidson.

## **2. KEYNOTE PRESENTATION BY MS SARA DAVIDSON, PEOPLE IN AID**

I would like to begin by congratulating the World Health Organization, the UN Joint Medical Services and the International Centre for Migration and Health on the Pilot Study we will be discussing today and tomorrow. It is a fascinating and wide-ranging piece of research that highlights a number of the contradictions in humanitarian and development assistance. The main contradiction for those of us concerned about the management, health and well-being of field staff - and those they care for - is perhaps best summed up by the British writer, Quentin Crisp, when he says: "*It is an unalterable law that those who claim to care for the human race are utterly indifferent to the suffering of individuals*".

The challenge over the next day and a half is to demonstrate that whether we are employers, advisers or donors in the relief sector, that law is alterable. It is one we, at least, intend to break consistently in relation to the individuals who work for us in the field. We will also wish to demonstrate that our policy and practice towards human resources and our policy and practice towards the human race - or human rights - are consistently linked by something more than the butterfly effect.

One of the links will be our concern for the personal security of individuals. As WHO's Pilot Study reports, attacks on UN staff have become more common and over the past 4 years at least 219 civilian staff have been killed and another 139 taken hostage. European Commissioner Emma Bonino, speaking in London in April 1998, reminded us of the six ICRC staff murdered in Chechnya; of the five Medicos del Mundo staff killed in Rwanda; and that there were 12 relief staff still held for ransom in the Caucasus.

'Security' is an imprecise term. Sometimes it implies the presence of landmines, sometimes not; sometimes the results of criminality, sometimes not. Definitions change from agency to agency and situation to situation. For the purposes of this presentation, it may be helpful to see it as violence in the workplace. In Britain the national Health & Safety Executive says violence at work is "*Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.*"

Violence is, therefore, more than an act of aggression, it is something that creates a climate of fear.

If an aid worker is assaulted or killed - and particularly if he or she is a white expatriate from a donor country or UN agency - it is news. Because there has been a measurable increase in cases of violence against humanitarian assistance personnel there is an acute - and timely - awareness of this particular risk. People In Aid held a workshop for agencies piloting the People In Aid Code in January this year. We asked participants in advance, what do you feel are the main health and safety risks to field personnel. The most frequent answer was security or violence.

We do not know, however, if figures exist that show violence is the most frequent threat to the individual relief worker or if it is the main cause of death. As a sector, we have not done as much as we could to analyse or record other, less newsworthy, causes of illness, injury or death in the field, such as malaria, infectious disease, accident or HIV. But, given that security is the issue about which we are most uniformly conscious, the way the relief sector prepares individuals to work in the world's most hazardous regions varies considerably.

On the positive side, over a third of those surveyed in the Pilot Study had a security briefing before departure. Over half were briefed before they arrived at their duty station. But that left at least 10% with no briefing; one-third not knowing where to go if there was an emergency; and two-thirds not knowing what the emergency evacuation procedure was. We have to question not only the frequency but the quality of briefing given to field staff.

When People In Aid Code looked at figures from the British NGO sector on security briefing, we found they did not add up either. Linking personal security to well-being was therefore an important element of the People In Aid Code. Principle 7 of the Code says: *We take all reasonable steps to ensure staff security and well-being.* Its recommendations and indicators focus on key areas: risk assessment, briefing, emergency evacuation, insurance, training, maintenance, records, support, medical treatment, remembering that individuals react differently.

That last point was emphasized by a senior manager from the Save the Children Fund. He reminded us that: *"You must never forget that people are individuals and they will be affected differently by the same situation"*.

This breaks Quentin Crisp's 'law', of course. It is also a reminder that groups of people can also be expected to react differently to circumstances. Younger workers may be more liable to risk-taking behaviour. Those on short-term contracts may take risks if they feel that by doing so they may secure a longer contract. Those who work alone, that is, those who are isolated geographically or culturally, may have a different level of risk too.

There is a link between violence towards individuals and their general level of well-being because there is a link between violence and stress. Britain's Labour Research Department says that *"Workers who routinely experience violence at work, the threat of violence or anxiety about violence can expect their lives to be dominated by stress and its effects"*.

Violence is only one of the things that cause stress for field staff. Stress is symptomatic of things that go wrong, not just for individuals but in the management of teams, projects and organisations. Stress among staff in relief agencies was of major concern a few years ago when People In Aid began its research. Among the catalysts of the Room For Improvement report was the stress we supposed was being caused by fear of violence for those working in war zones, and the distress caused when field staff could see others suffering but not always help.

We found that stress was not confined to relief agency staff nor to those working in war zones. The categories of staff surveyed included expatriate managers and non-managers in both relief and development programmes in 46 countries.

We found that stress for relief workers was caused firstly by security and organisational issues in joint 'first place.' Next came workload, and then seeing others suffer. Other stressors included communications and expatriate colleagues. What is significant is that even for relief workers as a group, organisational issues were as important as security ones.

But what do we mean by organisational issues? Many of the sources of stress People In Aid and the Pilot Study have identified among aid workers can be categorised in much the same way as they are in by occupational health and industrial relations specialists in Britain, the United States, the European Union or the European Free Trade Area. Britain's Labour Research Department identifies five main categories:

- Physical Conditions
- Balancing Home/Leisure And Work
- Job Design
- Work Relationships
- Work Organisation

All of these categories are relevant to our work in the aid sector.

Under the heading of Physical Conditions can come poor maintenance of buildings, plant, vehicles or equipment (we heard from the Pilot Study about staff awareness of poor vehicle maintenance). It includes extremes of temperature and lack of privacy. Concern about working and living in

proximity to colleagues in the Pilot Study, and lack of privacy and irritation with expatriate colleagues were reported in Room For Improvement.

Balancing Home/Leisure And Work includes long hours and the failure to place any upper limit on working hours that were features both of the Pilot Study and Room for Improvement. The People In Aid Code based its recommendation on the EU Working Time Directive. The need for time off between or at the end of contracts is well recognised yet not always acted upon.

Job Design problems include work overload, and the feeling of being responsible for other people's lives yet not always feeling able to help. Both factors were high on the list of stressors for relief workers in Room For Improvement. Problems also include uncertainty about responsibilities if job descriptions and lines of responsibility are not clear.

Problems in Work Relationships can include lack of support or sympathy from managers or colleagues; violence or the threat of violence, and poor communication.

Work Organization problems include job insecurity, the short contract culture and inadequate staffing levels.

The People in Aid Code is not about stress alone. Nevertheless each one of its seven principles addresses at least one of those themes and goes into some detail about what agencies might do. Looked at in this way, Principle 1 addresses agency management; Principle 2 work relationships; Principle 3 job design; Principle 4 work organisation and conditions; Principle 5 balancing home/leisure and work; Principle 6 field staff training and development; Principle 7 physical and work conditions.

There are still managers who think the People In Aid Code is solely about training field personnel to do their jobs better. But there is a link between the well-being of staff and the effective management of programmes. It was when we realised what the phrase 'organisational issues' implied that the People In Aid Code became something that addressed not only individual remedies, such as counselling, health checks or training, but an institutional commitment to support and management of field personnel.

Organisational and management issues obviously impact on programmes for better or worse. Poor job design, on its own or in combination with other factors, can compromise field programmes. Room For Improvement illustrated the private frustration this can cause individuals: the case of the midwife asked to do a social worker's job was one such example. The 1995 Rwanda Evaluation also illustrated what can happen if things go wrong on a larger - and more public - scale. An example was that of the German volunteers without relevant experience, flown fortnightly in and out of Zaire in 1994.

In the Journal of Refugee Studies last year, Mark Walkup of Florida University talked about the impact of poor job design in an article about policy dysfunction and the corporate culture of humanitarian organisations. He quoted a British aid worker in Ngara camp, Tanzania, as saying: *"The problems they expected us to solve were overwhelming, bigger than life - problems of justice, national reconciliation, human rights ..... We were not trained in those things... ..we were just new to all this, but we had to make decisions about these issues almost every day"*.

A Kenyan aid worker in Rwandan refugee camps in Goma described what it was like working for long hours, with a heavy workload and feeling responsible for others, when he said: *"You have to put on blinkers and act like a machine - it's the only way to survive"*. Room for Improvement described what happened when poor job design clashed with good security precautions - and won, by saying *"During the Rwanda crisis, security guidelines for many agencies advised against night-time driving, yet many co-ordination meetings appeared to have been timed for the hours of darkness"*.

Walkup's point is that to survive the many, sometimes conflicting and contradictory pressures, staff and teams may react by becoming detached or switching off. They may stop identifying with what the agency says and does. A combination of inadequate agency resources, feeling threatened physically or psychologically, plus uncertainty about job responsibilities or performance produces a self-protective reaction. Staff prefer to act on their own volition, he says, rather than following standard procedures. They fail too to promote established agency policy.

This has to be of concern to agencies. It has to be of concern too to the networks and donors that are developing, funding, promoting or endorsing inter-agency standards, procedures and policies. These include not only the People In Aid Code, but the Sphere Humanitarian Standards Charter and the NGO/Red Cross Code of Conduct. Clearly, any initiatives that do not integrate a commitment to quality in people management will not succeed. This was a point acknowledged last year in an evaluation of evaluations by Britain's Department For International Development, when it stated : *" The quality of relief programming is critically determined by the quality of relief personnel, and by the quality of management and support provided to them"*.

Good management and support cost money but poor management and support cost more. If team members leave a programme before the end of a contract there is not only increased pressure on others in the team until a replacement is found but financial cost. The cost of repatriation, re-advertising a vacancy, re-convening a selection committee, briefing new staff, paying for more airline tickets. There are costs to the agency's reputation both as employer and as user of donor funds. These costs can be measured globally but they seldom are and they do not make news. Cost, as well as quality, is doubtless one of the reasons why the British Government's Department For International Development, donor for both the Pilot Study and the People In Aid project, asks organisations that apply for emergency funding if they apply the People In Aid Code.

Governments within most donor countries require employers by law to ensure the health and safety of staff they employ at home. Yet for staff who work abroad for the same employer the law is a lottery. Even though British health and safety laws do not usually apply to British workplaces abroad, British employers have a common law duty - a legal responsibility - to those who work for them anywhere. Many would feel they have a moral duty too.

Yet even if national law need not be followed, it includes much that can be used by international relief agencies. For instance, this is part of British national legislation as it applies to violence in the workplace.

- Establish procedures for imminent danger
- Eliminate or reduce violence
- Protect employees from risk
- Set up a reporting system

- Provide information and training
- Review safety policies

There is much there that is deliberately echoed in People In Aid's Principle 7 and in the policies of good employers in the aid sector.

There are other lessons to learn from home. Although the international relief community is shocked when aid workers are the object of violence, violent assaults at work in Britain more than doubled between 1981 and 1991. Who was most at risk? They included those who work in the caring professions; those responsible for cash transactions or the delivery of goods; those who represent authority. These are roles similar to those of many humanitarian assistance workers. Perhaps what is also shocking is that we are so shocked.

What about the responsibility of aid workers, some people ask? Should staff themselves not look out for their own security, health and well-being? Is it not up to them to say no to risk and overwork? Of course they should and of course it is right to ask these questions. Within Britain and the EU, reviewing work and human resource practice and policy can by law mean involving staff and their representatives in joint consultation with managers. It is something we recommend in the People In Aid Code. Curiously, it is often those who emphasize the responsibilities of staff who are most reluctant to recognise staff unions in their organisations.

In Britain independent research shows that in workplaces where unions are recognised and have representation on safety committees, accidents tend to be fewer. The British Journal of Industrial Relations found significant differences in the numbers of serious injuries in unionised and non-unionised workplaces. It found that where there was no union recognition and no joint safety committee, the serious injury rate was 10.9 per 1000 or 181,500 serious injuries a year. But where there were both union recognition and a joint safety committee, the serious injury rate dropped to 5.3 per 1000 or 58,300 a year.

Beyond national law are the international conventions on occupational health drawn up by UN organisations. The People In Aid Code was influenced by the work of the International Labour Organisation. In 1950 the ILO and WHO together defined occupational health as: *"...the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs"*.

According to a recent Harvard study of conditions that shorten lives across the globe, occupational ill-health comes fifth behind malnutrition, poor water supply, unsafe sex and tobacco and two years ago, the World Health Assembly adopted the WHO Global Strategy For Occupational Health For All. The People In Aid Code echoes many of the keywords in ILO Convention 161 on occupational health which emphasizes:

- 'Assessment of the risks'
- 'Analysis of occupational "accidents" (sic) and...diseases'
- 'Planning and organisation of work'
- 'Advice, information, training'
- 'Maintenance of equipment'
- 'Adaptation of work to the worker'

- 'Contributing to occupational rehabilitation'
- 'First aid and emergency treatment'

There is so much cross-over in all these documents - from WHO, ILO, People In Aid, national legislation, the practice of good employers, that it is clear we all know the scriptures. So why don't we all act on them? Why are we still reacting to current affairs rather than building on history and anticipating events?

In a paper on corporate culture in humanitarian organisations for the United Nations Office for the Coordination of Humanitarian Affairs and the Swedish Government earlier this year, Larry Minear of Brown University defined some of the barriers to learning within agencies. He suggested they:

- See every crisis as unique
- Are action-oriented
- Are defensive to criticism
- Lack accountability

How do we anticipate hazards if we approach every crisis as if it were unique? How can agencies improve programme quality and impact if they remain defensive to criticism?

How do we collect, analyse and report information if there is no requirement to be accountable for anything except money?

To try to overcome some of these barriers, agencies piloting the People In Aid Code plan to use social audit methodology. They will set targets, measure and account for their performance as good employers. Let me tell you in their words what the British Red Cross Society is doing:

*"A project team, led by International Personnel Manager, Joan Coyle, and comprising Operations and HR staff, is now working on an audit of HR policy and practice in relation to overseas delegates..... Director-General, Mike Whitlam has himself pledged commitment to the initiative.....This audit will involve consulting key stakeholders - including delegates.....and desk staff - to seek their views on the level of service provided by the Society, and conducting an assessment of its international HR policies and procedures against the principles and indicators which are set out in the Code.....Once complete, the audit will go for external assessment.....Beyond the audit stage, the project team will be looking at ways to improve performance in international HR generally, and to take action in any areas which are identified as weak by comparison with Code standards".*

Clearly, change be achieved: not overnight, but through commitment, consultation, audit and the setting of goals.

I want to come back to Quentin Crisp's 'unalterable law' and concern for individuals and the human race and human rights. The Canadian Council for International Co-operation is an umbrella group which represents Canadian NGOs. It has a Code of Ethics which says that, where staff are concerned, *"an organisation needs to practise what it preaches....[An agency] that espouses sustainable human development on a global level will also organise and manage its workplaces according to sustainable human development principles. [It must] foster a working environment compatible with its goals and objectives"*.

The UN Convention on Human Rights also covers the human rights we have in our working environment. Article 23 covers the right to *just and favourable conditions of work* and the right to



*form and join trade unions.* Article 24 covers the right to *rest and leisure, to limitation of working hours* and to *holidays with pay*. These Articles are not, perhaps, at the forefront in humanitarian assistance programmes but, there again, the Human Rights Convention is not a buffet.

To sum up, what I have tried to show today is that humanitarian organisations are also employers. As employers we cannot see employees and their individual rights to quality of life, management and support as separate from our agenda on human rights and global development. There is a link through the individual to the work of relief and development teams, to the impact and costs of humanitarian assistance programmes and to the credibility of international codes, charters and conventions. There are legal and financial costs if we do not use those links to strengthen our institutions and our capacity to respond to the needs of those who have no choice about when they move out of emergency zones.

How credible our 50 year-old agenda on human development and human rights is, does not depend on whether agencies sign up to this or that law, Code, Convention or Charter. It is what they do and how much they commit themselves to auditing what they do, counts.

I began by quoting a British writer. I will end by quoting a French one. Jean Rouaud won the Prix Goncourt with his novel *Les Champs d'Honneur/ Fields of Glory*. It is a moving account of the impact on three generations of a French family of the failure by the Great Powers to observe the Hague Convention that outlawed, amongst other things, the development and use of poison gas in warfare. It is easy to draw up agreements in peacetime, says Rouaud: "*In peacetime.....those in good health think of themselves as reasonable patients*".

The challenge for relief organisations is to make sure, in the next wartime, complex emergency or crisis, the next time we are in bad health, that we remain reasonable patients then too

(For sources and references see Annex 2)

### **3. CONDUCT OF THE MEETING**

The key-note address was followed by a presentation of the WHO project Management and Support of Relief Workers, and the report from a pilot study "Occupational Health of Field Personnel in Complex Emergencies". Comments were made by ILO, ICRC and IFRC as per agenda.

A number of priority themes emerged from the following discussion and these are highlighted below. There was also consensus that the initiative taken by WHO/EHA has taken the debate on the question of occupational health of relief workers significantly further towards collective action. For although some the issues covered by the WHO/EHA initiative have been referred to in the past by other groups, there was general agreement that the study and the meeting constituted the first attempt to systematically evaluate the situation and make evidence-based policy and programme recommendations. There was a unanimous call for the initiative to be continued under the leadership of WHO.

#### **3.1 Employer responsibility**

According to ILO, current legal guidance on the liability of employers towards relief workers is highly deficient, and there is little information available on the subject despite

the fact that relief workers are regularly exposed dangerous working conditions, and despite numerous UN statements on occupational health and safety.

The need for agencies to be made accountable for the health and safety of relief workers is clear, and legislation on this subject is long overdue. It is widely accepted that employers have a duty to care for staff. The European Union legislation on health and safety, for example, clearly states that employers have a responsibility to employees; there is no reason why relief workers in the field should be excluded from this.

Although the WHO/EHA project did not fully explore this issue, WHO and ILO are challenged to collaborate to explore how best the question can and should be taken up within a legal framework of what is 'reasonable and practicable'.

### **3.2 Insurance**

Insurance coverage of field staff working for relief agencies continues to be highly deficient, and there are wide disparities in what agencies and organizations provide. In many cases the matter has been so poorly addressed that many field workers are unaware of the issue and/or their coverage (if any). Others have simply had to resort to personal private insurance. The meeting agreed that this constitutes a major area of concern and that agencies must take steps to provide appropriate insurance coverage to field staff for the entire duration of their contracts, and certainly while in the field and between the end of one contract and the beginning of another.

### **3.3 Cost effectiveness of good management**

Within many humanitarian assistance organizations there remains a feeling myth that "doing things properly" is necessarily expensive. This in part reflects the history of humanitarian assistance in which much of the work has traditionally been done on a voluntary basis. The growing magnitude of humanitarian assistance, however, calls for a much more structured approach in which sound management principles are applied. The meeting agreed that good management is ultimately less expensive than poor and inexpensive management, and that the cost effectiveness of good management needs to be understood by employers. The cost of poor management is ultimately greater in both economic and organizational terms.

### **3.4 Local staff**

The relationship of locally (national) recruited staff to their employer organizations presents a number of concerns and it still remains unclear how to cater for their needs. From a legal perspective the local legislation applies, but there is a lack of precision in how local staff should be covered and what the responsibility of international humanitarian agencies is to them. Some organizations have nevertheless taken steps to deal with the problem, and ICRC, for example, provides war-risk coverage to all national staff it employs. ICRC argues that local staff are often exposed to even greater risks than international staff, especially in the case of working for ICRC.

This position is by no means typical, however. International organizations differentiate between internationally and locally recruited staff. The latter are usually ineligible for the

same rights and privileges as international staff, including security and medical evacuation. This has caused serious personnel problems. There have been cases of international staff refusing, on principle, to be evacuated and leave local colleagues behind.

The problems faced by local staff, however, are not simply ones of evacuation. Despite the fact that local staff are often invaluable as sources of information and education about local needs, priorities and what is feasible, they are often excluded from decision-making and planning and are recruited for less important positions. One of the difficulties often cited is that local staff are not necessarily trained in emergency work, but it was pointed out by the meeting that this is true of international staff too.

### **3.5 Transparency**

One of the most immediate concerns with regard to treatment of both national and international staff is the lack of managerial transparency and poor accountability on the part of some organizations. Many individuals go to field positions poorly prepared and badly informed about the job at hand, the conditions they will be working in and the support they can expect to receive. The lack of solid and comprehensive briefing often leaves international staff ill prepared to face the conditions in the field and seriously erodes their work efficiency and capacity.

The need for organizations to address this problem cannot be over emphasized. The meeting agreed that from a managerial as well as an ethical perspective, it is imperative that the terms of reference to which people will be expected to work be clearly enunciated and agreed upon by all partners. The legal liabilities of not doing so could be considerable, and the health and welfare implications of not doing so are obvious. Misunderstandings could be avoided by greater and more systematic transparency on the part of employers during recruitment and briefing.

In fulfilling these and other obligations to employees, it was agreed that agencies must recognise that they are accountable to their staff and also to the donor agencies that fund them. These agencies are increasingly looking for examples of such accountability, and are likely to make their continued funding conditional on measurable accountability.

### **3.6 Violence and security**

By its very nature, complex emergency work involves threats to security, and work in emergency field settings inevitably places people in situations of chronic stress and insecurity. Definitions of violence and security nevertheless seem to vary between organizations and countries. Given the number of relief workers who have been killed in recent years, and in view of the indirect impact of insecurity on the mental and physical health of relief workers, security issues must be given very high priority, and certainly more than in the past.

There are a number of factors to be considered within this general rubric. The meeting felt that young relief workers may be more risk-taking than more experienced/seasoned workers, and this has implications for how staff are recruited, trained and supervised, as well as for the postings to which younger staff are sent. People on short-term contracts

may also be “pushed” to demonstrate their daring and capacity in risk situations in order to merit further contracts. This too needs to be addressed in the recruitment and overall management of field operations.

People in AID and others have observed that where there is no trade union recognition in humanitarian agencies, and where there is no Joint Safety Committee (JSC), the incidence of accidental injuries is twice as high as where unions and JSCs are present. This is an important indication of the need for more attention to be given to this field. WHO, ILO, People in AID and other agencies have previously referred to the need for greater attention to be given to this issue, but little action has thus far been taken.

### **3.7 Mental well-being**

Just as with violence and insecurity, stress or tension is probably an integral part of all relief operations. The personal insecurity associated with relief operations has become more pronounced in recent years. Other sources of tension also need to be taken into account, however. International field staff with family may not have the possibility of communicating with dependants at home for long periods of time, and local staff may have families in threatening situations. The lack of good and frequent communication between field staff and their local or regional offices is also a matter of concern, and given the communications technology available today is unacceptable.

Discomfort associated with the physical conditions of relief work, including the lack of privacy, the lack of good housing and health care support merits much more attention than it has been given to date. While relief work implicitly involves deprivations, the fact remains that the discomfort associated with it (especially if there has been inadequate briefing and preparation) can be personally and professionally damaging. In many cases, it can be avoided or mitigated.

Having to confront violence and suffering on a daily basis is a mental burden, even for the most seasoned of staff. If field workers have not been sufficiently well prepared or are not properly backed up in the field, the feeling of powerlessness might lead to apathy and failure. The meeting agreed that better and more sensitive training and back up to deal with this is called for.

### **3.8 Under-reporting of negative incidents**

There appears to be a serious lack of reporting of negative incidents, ill health, non-functioning of staff etc. The reasons for this remain unclear, but may be related to the fact that many field staff are not trained to routinely report incidents (positive or negative) and “evolving” situations, or fear for continuous employment, or protection of image. This seriously undermines the capacity of organizations to maintain up-dated assessments and provide support to field staff. It also limits the capacity for planning and evaluating on-going logistical, security and medical back-up needs.

### **3.9 Training**

Training of managers for field operations remains a highly variable issue. Agencies have taken different attitudes and approaches depending on their special mandates and

experience, and where training has been developed, a variety of approaches have emerged with respect to curricula and training principles. The meeting, realising the high cost of training, nevertheless felt that training has also been under-emphasized because it is often seen by organizations as time-consuming and superfluous. However, when coupled with deficiencies in recruitment and briefing, the lack of good training can be a serious impediment to effective field operations.

### **3.10 Briefing and debriefing**

Briefing and debriefing of staff is an essential component of their health protection and of good management. The attitude of agencies to this also remains variable. There are few, if any clear directives on when and how to brief and debrief staff. Omission of sound briefing and debriefing can result in agencies failing to identify problems at an early stage, and can mean that staff are sent to the field with insufficient qualifications or preparation. Inadequate debriefing can result in potentially valuable information being unavailable and hence not used to refine support to staff in the field. The absence of good briefing and debriefing raises serious questions about the perceived responsibility for health and follow-up

With specific respect to medical issues, the United Nations Joint Medical Services (JMS), which provides total confidentiality and counseling, has already introduced systematic debriefing of staff. Some other organizations are also exploring how best to do this, but the JMS model could be applicable.

### **3.11 Counselling**

Staff counselling, just as briefing, training and debriefing, is a highly variable procedure. Some agencies systematically provide counsellors when needed, while others do not. Some provide it to international staff but not to locally recruited staff, and seldom on a regular basis. Counselling of counsellors is even less common, despite the psychological load that counsellors working in field situations may be under.

As a result of the little attention given to this domain of health promotion and protection, there are again no clear guidelines on how to provide counselling, to whom, under what conditions, and with what content and referral. Evaluation of the impact of counselling has also been difficult and in the absence of more and better guidelines, it may remain difficult to do this. The meeting agreed that counselling of staff and of counsellors themselves merits far more attention than it has been given.

## **4. RECOMMENDATIONS**

The following issues and areas on which specific recommendations may be called for were agreed:

**4.1** Agencies recognise that the health and safety of relief workers in international agencies is the responsibility of the employer, as well as the employee. Although the legal responsibilities of the employer for staff working abroad might be unclear in some respects, the employers should recognise their moral responsibility to take all reasonably practicable steps to assure the health and safety of the employees.

**4.2** Agencies regularly review the human resource policies to seek consistency, transparency and fairness with particular regard to health and security risks at remote locations.

**4.3** Although it is recognised that national staff and international staff are recruited under different conditions, the country-specific standards for national staff shall reflect the international responsibility of the agency. Guidelines need to be developed on employment standards for national employees.

**4.4** Agencies should develop clear and explicit policies and management capabilities with regard to:

- 4.4.1 selection and recruitment of staff
- 4.4.2 briefing and training
- 4.4.3 medical preparation for field mission
- 4.4.4 support while in the field
- 4.4.5 work environment and living conditions
- 4.4.6 insurance
- 4.4.7 security
- 4.4.8 debriefing

#### **4.4.1 Selection and recruitment of staff**

- Agencies develop profiles as to mental and physical health requirements they will apply to staff selected and recruited for relief work in the field.
- Agencies develop clear guidelines as to criteria for the evaluation of individuals for work in the field. These will relate to knowledge, skills and attitudes both in the technical field and in evaluating the human qualities.
- Agencies develop clear guidelines as to the process for the evaluation and selection of individuals for work in the field. Issues are time and personal interviews.

#### **4.4.2 Briefing and training**

##### **For each new assignment:**

- Specific and clear terms of reference or job description exists and has been discussed in detail with the person who is responsible for the mission at head office.
- General conditions of work are given in writing, and opportunities

given for a discussion. Issues are: Administrative issues such as contract, entitlements, medical insurance, medical evacuations and repatriation; security guidelines and health issues, in preparation for a mission and during the mission.

- Specifics with regard to the geopolitical situation where the mission will take place.

**For each type of assignment:**

The training and experience of the incumbent must meet the tasks and responsibilities for which they are being recruited. In addition to the general competence for the job, specific training should be considered for:

- Coping with the work environment and living under emergency conditions. Issues here correspond to the issues below, under 4.4.4 and 4.4.5.
- The agencies consider education and training for field assignment, which should be appropriate for the character, size and capacity of the emergency, and the experience of the candidates. Particular regard should be given to the knowledge and attitudes of relief workers regarding security and well-being.

**4.4.3 Medical preparation for field mission**

**Before each field mission of any duration, (three months or more):**

- General medical briefing, supported by printed guidelines as to healthy living, psycho-social preparedness for fieldwork and hazards to health.
- Mission and country specific advice.
- Medical examination; the general certificate of health should be part of the recruitment procedures. The agencies' responsibilities in preparing for a field mission focus on dental sanitation, pregnancy, and possible chronic disease, e.g. asthma and diabetes. The pre-departure medical examination, if appropriate, should reflect the above.
- Immunisation; (WHO) recommendations with regard to country specific vaccinations and supplement any vaccinations given where necessary.
- Malaria; every agency needs to firmly declare its guidelines on malaria prophylaxis, diagnosis and treatment.

**4.4.4 Support while in the field**

**Agencies have available at each location, in writing, and updated at least every three months, information on:**

- Available medical personnel and facilities.
- Procedures for medical evacuation.
- Name and coordinates for the health focal point and medical responsible for the agency at head office (or regional office, if appropriate).
- Psychosocial support system.

#### **4.4.5 Work environment and living conditions**

##### **Agencies should develop minimum standards for:**

- Rest and recuperation.
- Work schedule and work environment, whether the assignment is in a city or in the most remote rural setting.
- Living conditions including accommodation, food, leisure (opportunities for exercise and recreation).

#### **4.4.6 Insurance**

##### **Agencies to consider what is appropriate coverage for different categories of staff, and location, and make the policy available to all staff.**

Short-term staff have difficulty obtaining insurance to cover health problems which occur after or between missions. Insurance coverage should include a post-mission period for all contractual categories.

#### **4.4.7 Security**

##### **Agencies designate a security official/advisor who coordinates with the UN Designated Official responsible for the security of personnel at each duty station.**

The primary management tool for security preparedness at the duty station is the Security Plan which is established by each Designated Official and Security Management Team. Such a plan clearly describes the various security measures to be taken and arrangements to be followed in emergency situations.

It is recommended that the need for training be recognised. Security plans should be updated regularly. Information on security matters should be shared in a systematic way with all agencies

#### **4.4.8 Debriefing upon return**

##### **Agencies develop an explicit policy with regard to debriefing**

Issues are: Who should be debriefed? Where? On what? Any follow up?

**4.5** Agencies to develop an ongoing mechanism for monitoring and evaluation of the above policies and practices in order for them to be responsive and reactive to changes in the work environment.



## **ANNEX 1**

### **CONSULTATIVE MEETING ON MANAGEMENT AND SUPPORT OF RELIEF WORKERS**

**Geneva, 8-9 July 1998 - Room M605**

#### **Agenda**

##### **8 July 1998**

- |             |   |
|-------------|---|
| 09:30-09:45 | Welcome and introduction by Dr H. Siem, Chief, Inter-Agency Cooperation (ICA), Division of Emergency and Humanitarian Action (EHA)  |
| 09:45-10:30 | Keynote speaker - Ms Sara Davidson, Project Manager, People In Aid  |
| 10:30-11:00 | Coffee break  |
| 11:00-12:00 | Presentation of project "Management and Support of Relief Workers" - Ms Sandra Simmonds<br>Overview of findings from pilot study - Dr Manuel Carballo and Mr Damir Zeric<br>Overview of medical findings from pilot study - Dr Pascale Gilbert-Miguet |
| 12:00-13:00 | Comments by:<br>- ILO: Ms Karen Curtis, Senior Legal Officer<br>- ICRC: Dr Jean-Claude Mulli, Division of Health Operations<br>- IFRC Ms Wendy Smith, Health Adviser, Field Personnel Service   |
| 13:00-14:30 | Lunch   |
| 14:30-15:45 | Discussion  |
| 15:45-16:00 | Coffee break  |
| 16:00-17:30 | Discussion  |

##### **9 July 1998**

- |             |   |
|-------------|---|
| 09:30-10:30 | Plenary discussion                                |
| 10:30-11:00 | Coffee break                                      |
| 11:00-13:00 | Discussion and agreement on Draft Recommendations |
| 13:00       | Closure of meeting                                |

## **ANNEX 2**

### **CONSULTATIVE MEETING ON MANAGEMENT AND SUPPORT OF RELIEF WORKERS**

**Geneva, 8-9 July 1998 - Room M605**

#### **EXTERNAL PARTICIPANTS**

Dr Michel Baduraux, Physician, Joint Medical Services, United Nations High Commissioner for Refugees  
Ms Elisabeth Bailly, Personnel Assistant, United Nations Children's Fund  
(representing Mr Umberto Cancellieri)  
Ms Catherine Calvet, Staff Counsellor, United Nations High Commissioner for Refugees  
Dr Manuel Carballo, Coordinator, International Centre for Migration and Health (ICMH)  
Dr Rufaro Chatora, WHO Transition Team (representing Ambassador Störe)  
Ms Meghan Cronin, Intern, United States Mission to the United Nations Office and other International Organizations at Geneva  
Ms Karen Curtis, Senior Legal Officer, International Labour Organization  
Mr Alvaro José Da Silva Durao, General Secretary, Federation of International Civil Servants' Associations (FICSA)  
Mr Jon Ebersole, Humanitarian Affairs Officer, Complex Environments Training Initiative, Office for the Coordination of Humanitarian Affairs (OCHA)  
Mr Patrick Gasser, Chief of Personnel, International Committee of the Red Cross  
Dr Deborah Harding, Medical Officer, International Organization for Migration  
Ms Hilde Haug, Programme Officer, United Nations Population Fund, UNFPA/ERO  
(representing Dr Daniel Pierotti)  
Mr Alessandro Henning, Deputy Director, Human Resources, United Nations High Commissioner for Refugees  
Mr Charles Higgins, Field Coordination Support Unit, Office for the Coordination of Humanitarian Affairs (OCHA)  
Ms Karen Howell, Travel Health Care Limited  
Ms Mary Lange, Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva  
Ms Kirsi Madi, Programme Officer, United Nations Children's Fund  
Mr André Molard, Attaché, European Union  
Dr Jean-Claude Mulli, Assistant Chief of Division, Medical Section, International Committee of the Red Cross  
Ms Susan Purdin, Project Manager, The Sphere Project  
Dr Eric Ram, Director, World Vision International  
Dr Martin Schneider, Travel and Migration Medicine Unit, Hôpital Cantonal  
Ms Wendy Smith, Health Advisor, Field Personnel Service, International Federation of the Red Cross and Red Crescent Societies  
Mr Meinrad Studer, Head of Sector, International Organizations Division, International Committee of the Red Cross  
Ms Dubravka Suzic, Staff Counsellor, UNICEF  
Ms Brita Sydhoff, Norwegian Refugee Council  
Mr Damir Zeric, International Centre for Migration and Health (ICMH)

**CONSULTATIVE MEETING ON MANAGEMENT AND SUPPORT  
OF RELIEF WORKERS**

**Geneva, 8-9 July 1998 - Room M605**

**WHO PARTICIPANTS**

Dr R. Billington, Chief, MNH/MHP  
Mrs A. Caloz, Nurse, JMS  
Dr Pascale Gilbert-Miguet, Physician, JMS  
Dr J-P. Menu, Chief, EHA/DAC  
Dr J. Mocellin, Programme Officer, WHO/MNH  
Ms M. Petevi, Coordinator, WHO/MNH  
Dr H. Siem, Chief, EHA/ICA  
Ms S. Simmonds, Project Coordinator, EHA/ICA  
Dr M. Thieren, Medical Officer, EHA/FSL  
Mrs M. White, Nurse, JMS

**SECRETARIAT**

Ms M. Coutty, EHA/ICA  
Ms S. Sanchez, EHA/ICA

**CONSULTANT**

Ms S. Davidson, Project Manager, People In Aid

## **ANNEX 3**

### **Sources and references to Ms Davidson's presentation**

*Occupational Health Of Field Personnel in Complex Emergencies: Report of a Pilot Study*, World Health Organisation Division of Emergency and Humanitarian Action/UN Joint Medical Services/International Centre for Migration and Health, July 1998

*Quality and Audit in Occupational Health and What is Occupational Health*, R Agius, Health, Environment and Work Home Page, University of Edinburgh, July 3 1998

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*Guidelines on Humanitarian Assistance*, Department For International Development, May 1997

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*The Global Burden of Disease* (Volume 1), C Murray, A Lopez, Harvard School of Public Health, 1996

*Room For Improvement/Peut Mieux Faire*, R Macnair, Overseas Development Institute,

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*Unions, Safety Committees and Workplace Injuries*, B Reilly, P Paci, P Hall, British Journal of Industrial Relations, June 1995

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