



# Working with humanitarian organisations:

a guide for nurses, midwives and health care professionals



Refugee camp on the Turkey-Iraq border, where over half a million kurds fled Iraq during the early 1990s. © MSF

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## Foreword

### Lord Nigel Crisp

During my time as Chief Executive of the NHS in England, I met many people who were contributing – often voluntarily – to improving health in developing countries in very many ways. Their work is impressive and worthwhile.

As I learned more, I recognised the need for more preparation and co-ordination. People contemplating involvement in development work want to be prepared and to know their work will make a difference; to know that their contribution will add to a bigger effort and – perhaps most importantly of all – that they will help train and develop local people. They want to leave something behind. They know that in the end it is local people who will make the biggest difference – “Africans will solve Africa’s problems”.

I am therefore delighted to write the foreword for this publication. The document brings together the wisdom and experience of a number of organisations to help people make a valuable contribution to improving health and relieving poverty in developing countries. It will help people make a real difference to the world, whether they provide help in a desperate emergency – natural or man-made – or in a crisis where children are at risk, mothers die in childbirth and life expectancy is short.

I have also been struck by how much benefit the UK and the NHS can derive from this work. I’ve met people who have come back to the UK refreshed, remembering why they started to work in health in the first place. I’ve also met trainees who learned the fundamentals of public health during their time in aid work, an important start in any career in health. Work in developing countries gives us all a new perspective on our own lives.

I hope that individuals and organisations will make good use of this guidance. Each of us can bring our skills to bear in a valuable way.





**Helping people help themselves: teaching nursing for VSO in Malawi. © VSO/Aubrey Fagon**

## Introduction

This guidance provides advice for health care professionals who want to work as humanitarian aid volunteers in emergency situations or in ongoing development work. It was jointly developed by the Royal College of Nursing (RCN), the Royal College of Midwives (RCM), Voluntary Service Overseas (VSO) and Médecins Sans Frontières (MSF).

A well prepared and trained volunteer is a valuable asset in the humanitarian sector – whereas well-meaning but poorly prepared volunteers can be a liability to both themselves and those they are trying to help.

Many health care professionals from around the world feel compelled to offer their help by volunteering as humanitarian workers when they see media coverage of disasters such as the 2004 Asian tsunami, believed to have killed up to 275,000 people, and the 2005 earthquake in Pakistan which killed over 73,000 people and made 3.3 million homeless. As a result, medical humanitarian organisations, the Department of Health and organisations such as the RCN and RCM receive a great number of enquiries about how to get involved.

This guidance answers some of the questions you may have about working for humanitarian aid agencies.

## The two strands of aid work

There are two broad strands of overseas volunteer work: humanitarian aid which responds to crisis situations, and longer-term development work. Of course the reality is less defined; the differences between the strands are frequently blurred and development and aid often go hand-in-hand.

### Responding to disasters

Disasters and mass casualty incidents have occurred since time immemorial, in every part of the world. According to the International Federation of Red Cross and Red Crescent Societies (IFRCRCS, 2002), on average 220 natural disasters, 70 technological disasters and three new armed conflicts happen each year.

The World Health Organization defines a disaster as: “A catastrophic situation in which the day to day patterns of life are disrupted and people are plunged into helplessness and suffering and, as a result, need protection, water, food, clothing, shelter, medical and social care, and other necessities of life”. (WHO, 1999)

This kind of humanitarian aid tends to concentrate on specific situations, often with relatively short timescales, providing immediate help to those who need it most. With today’s speed of international telecommunications

bringing attention and help, and with improvements in air travel, humanitarian aid agencies can often deploy aid to remote areas relatively quickly.

### Ongoing development work

Although major disasters, such as earthquakes, are often the high profile face of humanitarian aid work, a large majority of overseas medical aid is less headline-grabbing.

In the world’s poorest countries almost 30,000 children under five die every day from preventable diseases – dehydration from diarrhoea, malaria and measles (UNICEF, 2006).

International development involves helping or training people so that they are then in a position to help others. International development has connotations of working for the longer-term, and often aims to help a country, region or group improve their working practices by sharing skills and teaching processes.



**Below:** In 2005, thousands of families found refuge from fighting on floating islets in the swamps of Lake Upemba, Democratic Republic of Congo. © John T

**Right:** Bringing aid by helicopter to the victims of the 2005 Pakistan earthquake. © Bruno Stevens/Cosmos

## Where might I be working?

In the developing world, there are many regions or countries that have political stability but lack an adequate health service – for example, where a health service is emerging but not yet fully functional; where there has been conflict or war and structures and systems have yet to be rehabilitated; low-income countries where there is not enough government revenue to provide a functioning health service; or areas so remote and hard to access that local health services are unheard of. In such situations, the poorest in society who cannot pay for health care often have to go without.

Working for a humanitarian organisation or non-governmental organisation (NGO) you can provide health care on the ground almost anywhere in the developing world. You could be training local staff so they continue to benefit from your experience for years to come and assisting local managers in setting up a durable and sustainable infrastructure.

Alternatively, you could be part of the response to an emergency, again almost anywhere. A situation is commonly considered to be an ‘emergency’ when the crude mortality rate exceeds 1 death per 10,000 people per day. As a comparison, in 2005 the crude mortality rate in England and Wales was 0.26 deaths per 10,000 people per day.

An emergency however, is more than just a mathematical calculation. Most countries maintain a balance between the population’s health needs and the society’s ability to meet them. A crisis can occur anywhere where there is a sudden disruption to this balance, brought about perhaps by political instability or a natural disaster.

Recent examples include political instability and conflict in Darfur, the ongoing conflict in the Democratic Republic of Congo, the earthquake in Pakistan or the tsunami in the Indian Ocean.





## Case study – earthquake with MSF

**Miriam Bord** (26) left her job as a paediatric nurse in the cardiac unit at London’s Great Ormond Street Hospital, flying into Muzaffarabad in Pakistan by helicopter just days before Christmas 2005. In her own words, “Coming over by helicopter you could see the scale of the damage from the earthquake – quite scary”.

Driving out to remote villages in four wheel drive vehicles, Miriam was involved in setting up clinics – an essential first step as the earthquake had wreaked havoc on many of Kashmir’s health facilities. As winter drew in, living conditions in the isolated mountainous areas became extremely harsh. There were increasing cases of hypothermia, respiratory infections, skin infections and diarrhoeal diseases. Working in the temporary clinics, Miriam was part of MSF’s team of more than 120 staff treating people who were unable to travel to Muzaffarabad.

Miriam had joined an aid project earlier in 2005 to work in the jungles of Belize and Guatemala, following taking a course in tropical medicine at Liverpool’s School of Tropical Medicine. With a sharpened appetite for working abroad, she approached MSF and was invited to help with the Kashmir relief efforts.

*“It’s a huge opportunity to use my skills and qualifications to help others.”*





## What skills will I need?

Different organisations have different requirements for different postings. Some skills, however, are generally desirable for most organisations:

- relevant professional experience and expertise (usually a couple of years)
- teamwork, tolerance, flexibility and interpersonal skills to live and work together with people of all nationalities and cultures
- willingness and experience to train others
- ability to cope with sometimes stressful situations

- an open mind to different ways of doing things and to potentially rapid changes in project circumstances
- language skills can be an advantage for some organisations/postings.

Depending on the role, some skills or qualifications are particularly sought-after. These vary considerably depending on the role and organisation; as you research different types of posting, you should try to gather information on what sort of further qualifications might be useful.

**Left: Children under five are particularly vulnerable to malnutrition, but can recover quickly, as at this MSF feeding centre in Chad. © Gael Turine**

Often particularly relevant are qualifications in:

- tropical health
- midwifery
- paediatric care
- health visiting
- immunisation
- public health
- teaching.

Due to the nature and immediacy of the work, opportunities for newly registered professionals are rare. If you are an inexperienced health care professional who wants to gain some experience, then you may be able to find short-term posts as an unpaid volunteer, funding your own travel. This is often through contact with local UK charities and religious organisations.

Depending on your individual circumstances, experience and the needs of the organisation, there are a wide range of options ranging from short-term contracts to longer-term placements. Short-term placements are more suitable for those with previous overseas humanitarian experience. Longer-term contracts can last up to two years or more.

## Case study – midwifery teacher with VSO

**Linda Brownlie** spent almost 30 years working as a midwife and lecturer in Fife before she decided to take the plunge and volunteer with VSO in Malawi as a midwifery tutor.

*“In Scotland I was employed purely as a midwife teacher,” Linda says. “Here in Malawi, my role is far broader and I teach anything and everything, including paediatrics, working as a clinical teacher across the hospital. There are fewer medical staff than I had expected. Most of the hospitals are really kept going by clinical officers and medical assistants, neither of whom are fully qualified doctors. In total, the number of fully qualified doctors in hospitals or health centres in this area is about six.*

*“By helping to train student nurse technicians and midwives, I and my colleagues are working to try and relieve this situation in the long-term. Volunteering with VSO has been hugely rewarding. It’s made me more adaptable and able to manage with less. I’ve also gained new skills that I will be able to take back to my work in Scotland.*

*“I think it’s definitely made me a more tolerant person and it’s certainly widened my horizons.”*





## How can I develop my skills?

There are certain specialist courses and educational programmes which help equip health care professionals for humanitarian work in the field. These range from one day courses through to masters level degree programmes. Most NGOs provide in-house training and pre-deployment preparation.

RedR-IHE provides training to individuals who are interested in developing a career in humanitarian practice, from one day taster courses to residential courses on a range of humanitarian issues. RedR-IHE also provides a recruitment service for international humanitarian agencies seeking particular expertise in humanitarian

practice. A regular jobs supplement is sent to members of RedR-IHE setting out details of current vacancies (also available on their website). RedR-IHE is part of a wider international federation of other RedR organisations in India, Australia, South Africa, Canada, New Zealand, Eastern Africa and Malaysia.

Working abroad has many challenges for nurses, midwives and other health care professionals. The Royal College of Nursing and the Royal College of Midwives both have International Departments which can advise members on aspects of international work. The RCN has a useful information leaflet entitled *The RCN's international work for nursing and nurses* (RCN, 2004).

**Left: Teaching hygiene can be fun. Community health workers working for MSF in Assam, India, where 150,000 people have fled their homes because of continuing violence. © Henk Braam**

## Courses relating to aid work

Contact the organisations for more details.

### **London School of Hygiene and Tropical Medicine**

Keppel Street  
London WC1E 7HT

Tel: 020 7636 8636

Fax: 020 7436 5389

Email: [registry@lshtm.ac.uk](mailto:registry@lshtm.ac.uk)  
[www.lshtm.ac.uk/](http://www.lshtm.ac.uk/)

### **Hospital for Tropical Diseases**

Mortimer Market  
Capper Street  
Off Tottenham Court Road  
London WC1E 6AU

Tel: 0845 1555 000

Fax: 020 7388 7645

[www.uclh.org](http://www.uclh.org)

### **Liverpool School of Tropical Medicine**

Pembroke Place  
Liverpool L3 5QA

Tel: 0151 705 3100

Fax: 0151 705 3370

[www.liv.ac.uk/lstm](http://www.liv.ac.uk/lstm)

### **RedR-IHE**

1 Great George Street  
London SW1P 3AA

Tel: 020 7233 3166

Fax: 020 7222 0564

Email: [info@redr.org](mailto:info@redr.org)  
[www.redr.org](http://www.redr.org)

### **UCL Institute of Child Health**

30 Guilford Street  
London WC1N 1EH

Tel: 020 7242 9789

Fax: 020 7831 0488

[www.ich.ucl.ac.uk](http://www.ich.ucl.ac.uk)

### **University of Glamorgan**

(MSc Disaster Healthcare)  
Glyntaff  
Pontypridd  
South Wales  
UK

Tel: 01443 483133

[www.glam.ac.uk/](http://www.glam.ac.uk/)

**Finding care and respite from the chaos after the fall of the Taliban in Afghanistan**  
© Mike Hayward





Getting to know the locals at an MSF feeding centre in Cherrati, Ethiopia. © Ake Ericson/World Picture News

## Who do I want to work for?

The humanitarian and development sector is made up of many different NGOs operating from countries all around the world. They vary in size; some have affiliation to a religion or political movement, and some are secular and independent.

Many NGOs specialise in certain types of humanitarian work such as emergency medical relief, caring for victims of war/conflict, on-going medical support and public health, disease eradication, famine and nutritional support, reconstruction/infrastructure support, education and vocational training. The important thing is to choose one that you think is right for you.

MSF and VSO are examples of two different types of NGO, with different approaches to providing medical aid: one in response to crisis, one providing longer-term development. There are projects and placements from organisations worldwide which will suit anyone who feels he or she has skills to offer and a desire to experience life overseas.

Whichever approach you choose, it is important to understand the differences between the various humanitarian NGOs and the role they each play. Part of reaching your decision should involve carefully exploring the goals, purpose and philosophy of each organisation. Some NGOs are faith- or religiously-based groups and have

**1945: United Nations founded. The birth of large-scale international development, in response to the massive reconstruction needed in the aftermath of World War II.**

certain expectations of their volunteers, such as daily worship and belief in particular religious doctrines.

Working for a non-UK based NGO also needs careful consideration; there may be strong cultural and country-specific influences on the way the organisation works. An example is the successful Italian medical NGO, Emergency, which is based in Milan and welcomes suitably trained

international volunteers. Although the working language of the organisation is English, training is carried out in Italy and a large proportion of its field volunteers are Italian.

Taking adequate breaks between postings will be essential to your health and well-being, but this can sometimes be a financial burden, so you need to plan carefully with the NGO before you embark on this career choice.

### **Médecins Sans Frontières**

MSF was founded in 1971 and is focused on bringing medical relief to victims of war, disasters and epidemics wherever the need is greatest. This means that MSF frequently operates in regions that are considered high risk – the organisation is often seen as being “first in – last out”.

However, MSF also has extensive operations in places that would not normally be considered high risk; where an inadequate local health service or difficult and remote terrain mean that such diseases as tuberculosis, malaria or HIV/AIDS are left untreated. Without clinics set up by organisations like MSF, these populations would have no access to life-saving health care. MSF and other similar organisations often hand over their activities to other NGOs or the local ministry of health when the worst of the ‘emergency’ is past.

### **Voluntary Service Overseas**

VSO was founded in 1958 and offers a variety of ways for people to use their skills abroad. Its primary focus is on development rather than crisis relief. With 2,000 skilled professionals currently working in over 30 countries, VSO responds to requests from governments and community organisations throughout Asia and Africa. VSO recruits professional and experienced volunteers usually for one to two years, but shorter-term placements suitable for highly experienced professionals are becoming increasingly common.

VSO’s emphasis is on the value of passing on expertise to local people so that when volunteers return home, their skills remain. VSO’s partners vary considerably in location and type – in the medical field there are positions that require a very hands-on approach and others which emphasise ward-based supervision. Some jobs require classroom teaching or involve curriculum development.



**Right: The risks: road conditions travelling to aid centres can be appalling, as in Afghanistan in 2004.**  
© Mike Hayward

## How can my career develop?

Working with an NGO can be a one-off experience or a career choice, depending on the organisation and your preferences. For some, one posting is all they can commit themselves to, for family or financial reasons; others embark on a lifetime of humanitarian work, while some volunteers alternate between their regular clinical job and periods of overseas humanitarian work.

First postings begin with team members working in roles such as project nurse, midwife or clinical teacher. With more experience, volunteers can develop to more senior leadership roles such as team leader, medical co-ordinator, head of posting or head of country. This experience can also open opportunities of working for large international organisations such as the United Nations, UNICEF and the World Health Organization as well as management in the NHS and working in the headquarters of other NGOs.

Many NGOs offer internal and external training to help health care professionals develop their existing knowledge and skills.

## Getting time out from UK employment

One of the barriers to volunteering for humanitarian work is the difficulty of being released from employment, or finding re-employment on returning from a posting.

The Department of Health has produced the useful document, *International Humanitarian and Health Work: Toolkit to Support Good Practice* (DH, 2003). This toolkit aims to raise awareness of the issues surrounding the release of health professionals from the NHS to work abroad on humanitarian and health development initiatives. It looks at the benefits such work could bring to the NHS, patients and to the professional development of individuals.

Lord Crisp's recent report, *Global Health Partnerships*, (Crisp, 2007) made some important recommendations:

“New partnership arrangements with voluntary organisations should be set up to support staff wishing to volunteer abroad for a period and then return to the NHS by:

- reviewing arrangements to improve opportunities and remove disincentives for health workers to volunteer with VSO, and target them on the identified needs of developing countries – for system strengthening, staff training, public health or service delivery
- negotiating revised arrangements with the NHS Pensions Agency – perhaps based on the pilot in Scotland – to allow individuals who volunteer as part of these arrangements to maintain pension continuity

- setting up arrangements in each country (through strategic health authorities in England) to ensure continued employment or re-employment for NHS staff who volunteer as part of this scheme
- considering how to extend these sorts of arrangements to other voluntary organisations.”

NHS Scotland and VSO have developed a groundbreaking partnership which gives NHS staff the opportunity to work in Africa and retain job security, pension and employment benefits back in Scotland (Scottish Executive, 2006).

## Will I be paid?

Traditionally, people involved in many aspects of humanitarian work did so in an unpaid, voluntary capacity. Many organisations still use the term ‘volunteer’ – but nowadays it can mean different things to different organisations and is the source of some disagreement.

Many organisations recognise that in order to attract high quality personnel, and to retain them for more than one posting, then they must pay them. So some organisations now have a basic remuneration structure which usually increases with experience and seniority. This is particularly common for many non-UK NGO organisations such as Emergency in Italy and most large US-based organisations.

However, there are many organisations that pay only a basic cost of living allowance or ‘per diem’ rate relating to the economy of the country where the work is. So you must explore the various options available from different organisations and ensure that you are able to commit to their terms and conditions.





## Case study – a range of postings

**Janet Raymond** (45) qualified as a general nurse in 1981 and as a registered midwife in 1997. She has spent much of her subsequent career abroad, working as an agency nurse at the North Devon District hospital between overseas posts. She took VSO courses in teaching skills and health care in developing countries. Writing from the Chad/Darfur border region in 2005 she said:

*“I love living in the middle of nowhere: the further into the bush the happier I am! I can’t see myself coming back to work in the UK yet or if ever! I love what I’m doing and I’m definitely not ready to stop yet.”*

Janet’s placements have included:

**VSO Clinical Instructor** in Tanzania, Africa, 1993–1995 *“I was in a remote area of northwest Tanzania. Communication was by means of radio*

*and the sparse hospital equipment meant constantly adapting with limited resources.”*

The post involved teaching practical nursing procedures to 90 student nurses in all areas of the 180-bed hospital, including theatres, paediatric and maternity wards, and mother and child health clinics.

**MSF Nurse/Midwife** in a remote province of Cambodia, 1998–1999

Working with the Cambodian Ministry of Health to implement a new Health Coverage Plan. *“Working with Khmer and international colleagues, my role included co-ordination of health centre training, informal training of nurses and midwives in a 60-bed rural hospital, and co-ordination of training for traditional birth attendants. I also supervised the day-to-day running of the district pharmacy and hospital and health centre pharmacies. Another aspect of the role was co-operating with the World Food Programme for food support for TB and leprosy patients.”*

**Left: Overgrazing in the Somali region of Ethiopia has left only desert, and herdsman must search for grazing since they have no other form of income. In many areas, two-thirds of the population rely on food aid for survival.**

© Dieter Telemans

**WHO Short term Consultant on Polio Eradication Programme, Pakistan, 2000–2001**

*“My main role was assisting in preparation and monitoring of campaigns for national immunisation days conducted in remote areas of North Western Frontier Province.”*

**MSF Consultant in border region between Somalia and Ethiopia, 2002–2003**

Janet was responsible for an assessment of the feasibility of a maternal and child health (MCH) project for nomadic people. It is a volatile region with a complex Somali hierarchical clan structure, and Janet had to be evacuated for one five-week period for security reasons.

*“This isolated semi-desert region is under-developed from all points of view and living conditions were very basic. I assessed many aspects of the existing and potential MCH services, including identifying problems, potential actors and counterparts, and suggesting an appropriate approach. I concluded that an MSF project would be feasible and this project was subsequently implemented.”*

**MSF Nurse Supervisor of a Therapeutic Feeding Centre in Ethiopia, 2003**

*“I worked for six weeks as supervisor of an emergency feeding programme, setting up and supervising the centre with 250 – 300 children. It was also interesting to be involved alongside the co-ordination team on the political issues that*

*were possibly underlying the problem of malnutrition in this area of Ethiopia.”*

**MSF Field Co-ordinator and Midwife in south-western Ethiopia, 2003–2004**

The project was based in another remote area of Ethiopia, bordering Kenya and Sudan, with a nomadic population made up of 13 different ethnic tribes. Janet’s main responsibilities included setting up a new primary health care project with an emphasis on training, and co-ordinating, managing, monitoring and evaluating the project. The role required negotiation with local authorities and other NGOs and facilitating good communications within the field team.

*“One pregnant woman came in with the baby’s hand waving out from between her legs, as it had been for three days. So we immediately transferred her in our car to the nearest hospital (six hours’ drive). I was very worried... however, after an emergency C-section both mother and baby were fine. Four days after the operation she WALKED back to her village (a two-day trek) and later came into our clinic with her baby and her father to give us a goat to say thank you. It’s things like that that keep me doing this kind of work.”*

Janet is currently a member of MSF’s Emergency Response Team, a rapid response unit that conducts short emergency projects.



## What are the benefits and risks?

### The benefits

Working as a humanitarian health care volunteer can be extremely rewarding. For many it is a life-changing experience. Working for a humanitarian organisation also gives professionals different experiences to those they gain working in an organised, developed health service. Aid work develops autonomy and enables practitioners to make decisions and clinical judgements in isolation. You will become extremely resourceful and probably develop a whole new skill set.

You will also be able to see your skills and knowledge making a direct impact on individuals and communities deprived of access to even the most basic health care provision. Some of the less tangible benefits are the personal skills and attributes that you develop whilst working in difficult, isolated and poorly resourced areas – *see box*.

### The risks

Although there are personal rewards and professional development opportunities, there are many challenging aspects to the work of which volunteers need to be aware.

There are the obvious dangers. Considering the amount of humanitarian aid work that is

#### Personal skills enhanced and developed by humanitarian work

Flexibility  
Adaptability  
Resourcefulness  
Tact  
Diplomacy  
Patience  
Conflict resolution  
Cultural awareness  
Personal insight

delivered every day across the world, in many challenging and dangerous places, serious incidents and death for aid workers are still uncommon. But, by the very nature of the job and the operating locations, there are many more risks associated with humanitarian work than are found in most jobs. These include exposure to tropical diseases, exposure to the dangers of war, risk of serious injury through travel accidents and risk of violence, abduction, rape or even death through conflict.

So we recommend that you thoroughly research the organisations you consider applying for to look at their record, and do your research on the regions you expect to work in.



## Case study – project nurse


Mike Hayward, an experienced emergency and medical nurse, completed a master's degree in disaster relief nursing at the University of Glamorgan. He worked for the UK-based medical aid agency MERLIN as a nurse in Taloqan, North East Afghanistan after the fall of the Taliban.

*“Although I had a great and very rewarding experience, I think that there were many harsh realities that I probably wasn't well enough prepared for,”* Mike says.

*“The first thing was the incredible social isolation and distance from your family, friends and cultural peers. Afghanistan is a dangerous place for many Westerners and therefore we lived in a small, secure walled compound. We were subjected to a nightly armed curfew, which meant we were essentially living in very cramped and restricted accommodation the moment we returned from the field. The generator could only be used for short periods which meant that, come nine o'clock at night, there was no light and no power.*

*“Living and working in such confined and restricted circumstances meant that there were often issues around team dynamics. Working very long hours, six days a week and with huge amounts of travel across challenging physical terrain, in temperatures of over 40 degrees, was another huge challenge.*

*“Although it was hard work both mentally and physically, the experience was hugely rewarding.”*



Thousands of newly arrived refugees gather in Dubie, Katanga Province, Democratic Republic of Congo. Four million people have died in Congo since 1996, many of preventable diseases, as the civil war has caused the collapse of the health care system.

© Per-Anders Pettersson/Getty Images

## Conclusion

As health care professionals in the UK, we are fortunate that we live in an affluent and politically stable country. However, there are many societies and individuals across the world who do not enjoy the same luxury and have little or no access to health care. There will always be a need for experienced professionals to share their knowledge and skills with those in need, whether it's responding to urgent disasters such as a catastrophic earthquake or providing expert help in ongoing disaster relief or development projects.

However, one of the fundamental tasks facing you if you are thinking about volunteering for humanitarian work is to make sure you are adequately informed, prepared and trained. A poorly prepared volunteer becomes a hindrance rather than a help and is therefore counter-productive.

This guide has set out some of the things you will need to think about when you are looking at humanitarian aid work and how best to prepare yourself. With some planning and discussion, you should be able to match your skills and aspirations to a relevant organisation – and go on to help deliver high quality humanitarian aid.

## Useful contacts

### Action Against Hunger

1st Floor  
161-163 Greenwich High Road  
London SE10 8JA  
Tel: 020 8293 6190  
Email: [info@aahuk.org](mailto:info@aahuk.org)  
[www.aahuk.org](http://www.aahuk.org)

### British Red Cross Society

UK Office  
44 Moorfields, London EC2Y 9AL  
Tel: 0870 170 7000  
Fax: 020 7562 2000  
Email: [information@redcross.org.uk](mailto:information@redcross.org.uk)  
[www.redcross.org.uk](http://www.redcross.org.uk)

### Christian Aid

35 Lower Marsh  
London SE1 7RL  
Tel: 020 7620 4444  
Fax: 020 7620 0719  
Email: [recruitment@christian-aid.org](mailto:recruitment@christian-aid.org)  
[www.christian-aid.org.uk](http://www.christian-aid.org.uk)

### Progressio

(Formerly Catholic Institute for International Relations) (CIIR)  
Unit 3, Canonbury Yard  
190a New North Road  
London N1 7BJ  
Tel: 020 7354 0883  
Fax: 020 7359 0017  
Email: [enquiries@progressio.org.uk](mailto:enquiries@progressio.org.uk)  
[www.ciir.org](http://www.ciir.org)

### Church Mission Society

PO Box 1799, Oxford OX4 9BN  
Tel: 0845 620 1799  
Fax: 01865 776 375  
Email: [info@cms-uk.org](mailto:info@cms-uk.org)  
[www.cms-uk.org](http://www.cms-uk.org)

### Emergency

Via Meravigli 12/14  
20123 Milano  
Tel: (+39) 02881881  
Fax: (+39) 0286316336  
Email: [info@emergency.it](mailto:info@emergency.it)

### Concern

(Temporary address)  
Alpha House  
100 Borough High Street  
London SE1 1LB  
Tel: 0800 032 4000  
Fax: 020 7863 3082  
Email: [londoninfo@concern.net](mailto:londoninfo@concern.net)  
[www.concern.net](http://www.concern.net)

### Goal UK

7 Hanson Street  
London W1W 6TE  
Tel: 020 7631 3196  
Fax: 020 7631 3197  
Email: [info@goal-uk.org](mailto:info@goal-uk.org)  
[www.goal-uk.org](http://www.goal-uk.org)

### Health Unlimited

Unit 6, Park Place, 12 Lawn Lane  
London SW8 1UD  
Tel: 020 7840 3777  
Fax: 020 7840 3770  
Email:  
[personnel@healthunlimited.org](mailto:personnel@healthunlimited.org)  
[www.healthunlimited.org](http://www.healthunlimited.org)

### International Service

Hunter House  
57 Goodramgate  
York YO1 7FX  
Tel: 01904 647799  
Fax: 01904 65 23 53  
Email:  
[is@internationalservice.org.uk](mailto:is@internationalservice.org.uk)  
[www.internationalservice.org.uk](http://www.internationalservice.org.uk)

### International Voluntary Service (IVS)

Four offices around the UK, see:  
[www.ivs-gb.org.uk](http://www.ivs-gb.org.uk)

### Medical Aid for Palestinians

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**Save the Children Fund**

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www.savethechildren.org.uk

**Skillshare International**

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**Tearfund**

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A midwife examines a pregnant Sri Lankan woman  
at one of MSF's mobile clinics.  
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Review date June 2009

Published by the  
Royal College of Nursing  
20 Cavendish Square  
London W1G 0RN

020 7409 3333

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Publication code 003 156

ISBN 978-1-904114-41-3

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