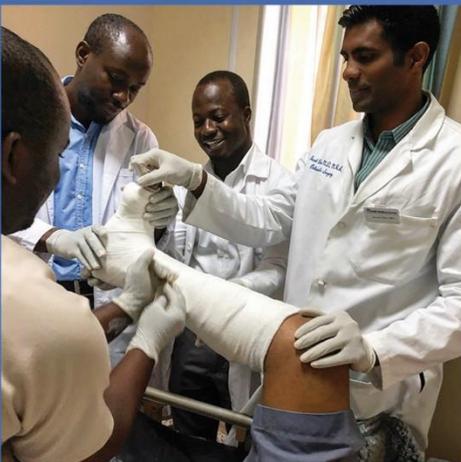




Health Volunteers Overseas
Transforming Lives Through Education

A Guide to

Volunteering Overseas





Mission

Health Volunteers Overseas improves the availability and quality of health care through the education, training, and professional development of the health workforce in resource-scarce countries.

Vision

HVO envisions a world where all people have access to high-quality health care delivered by local health professionals.

Values

- **Sustainability.** We promote activities and investments that strengthen health workforce capacity and advance health for all.
- **Equity.** We foster inclusion and cooperation through partnerships that are based on integrity, mutual respect, and open, responsive communication.
- **Stewardship.** We deeply value our partners, donors, and volunteers, and we are committed to strong stewardship of these vital relationships.
- **Innovation.** We apply creative learning approaches and technologies that align with the needs of our partner institutions to implement effective, transformative education programs.

Guiding Principles

HVO projects are staffed by skilled health care professionals who demonstrate the highest standards of professional and personal conduct. Sensitivity to and respect for the cultural and social beliefs and practices of the host country should guide professional and personal behavior.

Project goals, objectives, and structure vary and reflect the educational priorities of our partner institutions. However, there are certain principles that apply to all projects.

HVO projects:

- Are relevant and realistic.
- Are informed by local diseases, health conditions, available resources, evidence-based practices, and institutional and national priorities.
- Train local personnel who will assume the roles of both educator and provider, whenever possible.
- Promote lifelong learning.
- Focus on disease prevention, when appropriate.

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What We Do and Why

Access to health care is fundamental to a decent quality of life, and yet, 1.3 billion people live without basic health care services. In 2000, world leaders came together to develop a vision for the future – a world with less poverty, disease, and hunger. The result was a comprehensive and ambitious agenda of action – the Millennium Development Goals (MDGs). The MDGs served as a framework for development with targets for measurable progress, and progress was made. Global poverty rates were halved, maternal mortality rates decreased, and many lives were saved due to increased vaccination, increased access to HIV antiretrovirals, and improved access to malaria and tuberculosis treatments.

In September 2015, global stakeholders once again came together, after many months of discussions and meetings, to approve a new framework for the next 15 years. This new agenda was built on the accomplishments of the MDGs while addressing some of the most difficult issues that the world faces today. Called the *2030 Agenda for Sustainable Development*, this ambitious plan includes 17 goals all designed to:

free the human race from the tyranny of poverty and want and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path.

SUSTAINABLE DEVELOPMENT GOALS



Accomplishing this ambitious agenda will require the support and involvement of the private sector and civil society, in addition to national and local governments. **Highly skilled professionals, such as HVO volunteers, are recognized as a key element of any strategy to strengthen local capacity in the health care sector.**

The World Bank estimates that there are over 700 million people (over 12% of the world's population) in the world who live on less than \$1.90 per day. According to the WHO Commission on Social Determinants of Health, there is a graded relation between socioeconomic level and health, with the poorest of the poor having the worst health. Throughout the world, inequity in health conditions prevails. As of 2012, nearly three-quarters of the world's non-communicable diseases occurred in low- and middle-income countries, with those countries impacted by 80% of the world's deaths from cardiovascular disease. The World Health Organization estimates that 99% of all maternal deaths occur in developing nations.

There are many complex and interrelated reasons for poor health in developing nations including lack of economic resources, competing priorities for these scarce resources, poor transportation and communication systems, an absence of political commitment, poorly developed health care infrastructure - and insufficient human resources. In recent years, there has been increasing attention paid to the role of human resources in addressing health care disparity, with the WHO asserting that health workforce shortages have replaced system financing as "the most serious obstacle" to the attainment of universal health care.

In 2013, The Global Health Workforce Alliance and World Health Organization report published *A Universal Truth: No Health Without a Workforce*. The report found that 83 countries had fewer than 23 health professionals per 10,000 people and called for stakeholders – governments, health systems, private organizations and more – to act to improve the availability, accessibility, acceptability and quality of the health workforce to address this shortage. According to this report, there is a current deficit of about 7.2 million skilled health professionals. Future projections based on global population growth would lead to a global deficit of about 18 million by 2035. There are several drivers of increased demand for health care workers including a growing global population (estimated to be more than 8.6 billion in 2035), increased demand for health services as countries develop and people have the financial resources to seek care, increased life expectancy and the significant increase in the incidence of chronic diseases.

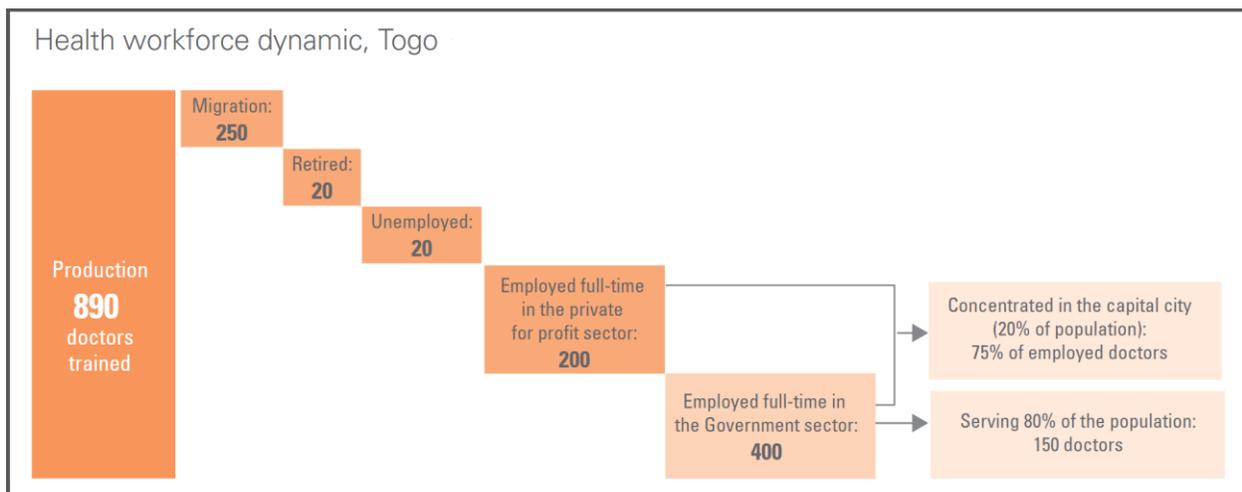
The factors that produce health workforce shortages vary across countries and may even vary within a country. **One common theme, however, found in many countries faced with a shortage is the lack of adequate funding of health worker education, training and continued professional development.**

In the past, health professionals have come to North America or Europe for training because their nations lacked educational resources. Unfortunately, many of these skilled workers choose not to return home after completing their education, contributing to a massive "brain drain" in their home countries. In some low-income countries, over 50% of highly trained health workers leave for better job opportunities abroad. Countries with the highest expatriation rates for doctors include Haiti, Tanzania,

Sierra Leone, Angola, and Mozambique, which are also on the Global Health Workforce Alliance list of countries faced with “critical” health worker shortages.

However, the “brain drain” is not the only cause of health care worker shortages. For health workers who do return home after training abroad, comparative lack of resources and professional isolation lead to frustration and burnout. In addition, these individuals struggle to adapt foreign concepts and techniques from their training that have little or no application in their own country. Health care professionals need support and training opportunities beyond their initial education to ensure they are able to continue successful practice.

Other factors contributing to the health worker shortage include poor working conditions (low pay, poor management) few opportunities for professional advancement, and lack of essential resources such as drugs, supplies and equipment. Given these circumstances, it is not surprising that many health care workers choose to pursue other opportunities. The graphic below is an excellent visual depiction of the many dynamics at play.



World Bank and AFTH. *Togo country status report*. Washington, DC, World Bank, 2011.

The HVO Mission

HVO projects focus on building health care worker capacity by delivering appropriate educational programs to local health care professionals. Education and training are provided in a variety of ways. There is the traditional model that HVO has used since its founding in 1986, which utilizes volunteers on short-term assignments (1 week- 2 months) at project sites.

However, some educational needs require a longer, concentrated period of assistance, as in setting up a new department or field of study. HVO’s Rita Feinberg Fellowship provides funding for extended periods of on-site volunteer service, to address long-term training needs that project sites have requested.

Teaching in the learner's home environment enables each project to concentrate on health practices and procedures that are both relevant and realistic to that setting. HVO projects focus teaching on common local pathologies and health problems and provide training using locally available materials and equipment.

When the COVID-19 pandemic shut down travel in the world, HVO accelerated its use of virtual training. As a result, projects now have access to lessons, resources, and contact with volunteers through an e-learning platform interface. This has been an excellent complement to on-site assignments, and it allows for training interactions such as didactic training, bedside training via mobile telemedicine, case consultations, mentoring, and conference attendance.

The ultimate goal of HVO projects is to identify and train local health care personnel who can, in time, assume the role of training others. Projects should not create dependence between trainer and trainee; rather, HVO volunteers are there to foster the independence and professionalism of indigenous health care providers.

Volunteers often work alongside young professionals who are particularly motivated, talented, and are assuming leadership responsibilities. Such talented providers are eligible to apply for several HVO scholarships, which provide opportunities for international conference attendance or intensive training in another country. Not only does the opportunity accelerate their learning and expand their network of professional colleagues, but the scholarships stipulate that the information must be shared with their colleagues when they return to their home location.

Each of the training models (short and long-term volunteers at the project sites, virtual training, and scholarships for local providers) serves to address specific needs at the project sites, in order to improve the availability and quality of health care at their institute.

It is also essential to remember that HVO's role is to provide knowledge and skills, not medical supplies and equipment.

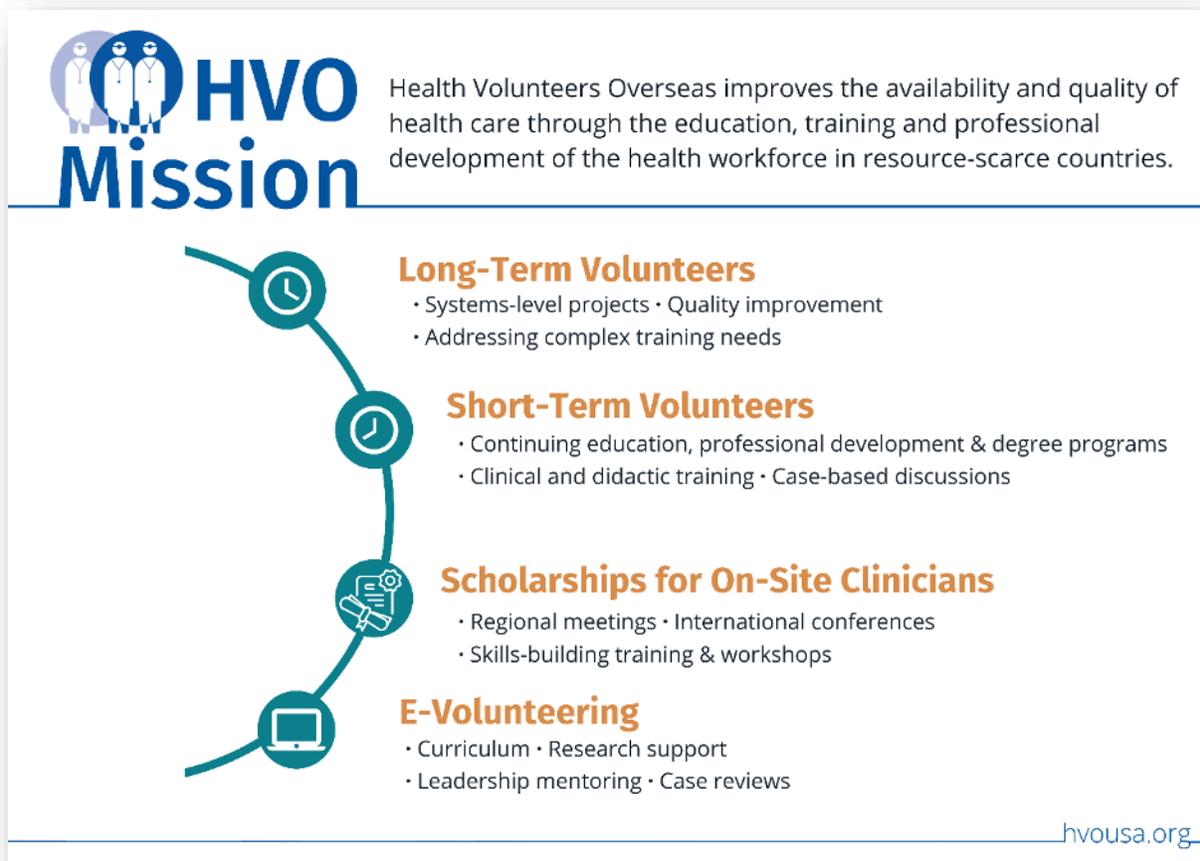
HVO assignments, whether on-site or virtual, challenge volunteers daily to seek new solutions for the problems surrounding the lack of material resources. Often, with a little creativity, health care workers can substitute local materials for what might have been imported. Local materials provide a number of advantages, including ready availability, lower cost than comparable imports, and possible replacement or repair thanks to indigenous sources. Additionally, a focus on local materials underscores the expertise, experience and ingenuity of local health care providers in reaching solutions to their own health care needs.

Another important but, admittedly difficult, concept that a volunteer must understand is that he or she will not be able to help everyone. Health problems in resource-scarce countries are so vast and overwhelming that volunteers on-site may be tempted to provide direct relief to patients rather than to concentrate on training. Such a diversion of effort, however, will only serve to undermine the ultimate purpose of HVO – to effect sustainable, long-term improvements in the quality of health care available in the country.

In order to focus on the educational goal of HVO projects, volunteers should keep in mind this simple precept: local providers should be able to continue any activity or procedure you undertake after you leave a project site.

At the end of their assignments, volunteers often wonder how to measure the impact of their knowledge transfer on the local environment. This is, perhaps, the most difficult aspect of being part of a training project. Unlike volunteers in service-oriented projects, who can point to the number of operations successfully completed and other specific quantitative accomplishments, volunteers in training projects are often unable to see any immediate changes or improvements. Does this mean that they accomplished nothing? Certainly not. Volunteers must remember that they are just one element in an educational process that will take years to complete. Volunteers who return to a site every few years have often expressed satisfaction with the improvements they see in the delivery of care.

The challenges of the global health worker crisis can seem overwhelming, and certainly, no single organization can solve these challenges alone. A broad coalition of international agencies, donors, government ministries, non-governmental organizations (like HVO), universities and others must make concerted efforts to address health care needs. Since HVO first started in 1986, and certainly in the years since the creation of the Millennium Development Goals, there have been many successes in global health. We have much further to go, but the work of HVO volunteers, sponsors, collaborating institutions, partners and strategic alliances is an important step toward sustainable global health improvement.



HVO Mission

Health Volunteers Overseas improves the availability and quality of health care through the education, training and professional development of the health workforce in resource-scarce countries.

- Long-Term Volunteers**
 - Systems-level projects • Quality improvement
 - Addressing complex training needs
- Short-Term Volunteers**
 - Continuing education, professional development & degree programs
 - Clinical and didactic training • Case-based discussions
- Scholarships for On-Site Clinicians**
 - Regional meetings • International conferences
 - Skills-building training & workshops
- E-Volunteering**
 - Curriculum • Research support
 - Leadership mentoring • Case reviews

hvousa.org



The HVO Model

Access to health services remain elusive for a large segment of the world's population. The World Health Organization¹ estimates that in 2017, only one third to one half of people in the world received essential health services. Given the need, there is a multitude of agencies and institutions involved in the design, delivery and funding of global health initiatives. Each has its own specific mission and mandate, although there is considerable overlap across organizations.

This chapter provides an overview of foreign assistance for under-resourced countries and clarifies HVO's positioning among such efforts. The first section provides an overview of the sources of foreign aid, the second section analyzes the types of foreign assistance in the health sector, and the third section explains HVO's approach towards building health care capacity in under-resourced settings.

Sources of Foreign Aid

Foreign aid for under-resourced countries can come from the public sector, private sector, and third sector. Foreign aid donors within the public sector are those linked to governments. Bilateral donors are government entities that provide direct "country-to-country" assistance to developing countries in contrast to multilateral donors, which pool resources from multiple country governments. The United States Agency for International Development (USAID) is an example of a bilateral agency that implements the international development programs of the United States.

Other countries with economically advanced economies such as the United Kingdom, Canada, Japan, Norway, and Sweden also have very active bilateral assistance programs. Brazil, Russia, India, China, and South Africa (commonly referred to as BRICS countries) are also major donors that characterize their assistance as "South-South partnerships" because they have emerging economies and want to express solidarity with aid recipients. Because bilateral aid comes from governments, it is prone to criticisms that it prioritizes the national interests of the donors over local needs.

Multilateral donors, meanwhile, provide assistance with funds from member countries. The United Nations, the World Bank, and the International Monetary Fund are examples of multilateral donors. The World Health Organization (WHO), an agency within the United Nations network, is dedicated to health issues. Founded in 1948, the WHO is governed by 194 member states through the World Health Assembly. The WHO works to extend universal health coverage, to prevent and respond to health emergencies, and to promote conditions that contribute to desirable health outcomes. The WHO takes a holistic view of health, declaring in the Preamble of its Constitution that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Because of its recognition that health is socially determined, the WHO's work extends into the social, political, and economic realms in addition to its biomedical initiatives.

"Official Development Assistance" (ODA) is the term for foreign aid that comes from bilateral and multilateral organizations. With the advent of the COVID-19 pandemic, total ODA reached a historic high of \$ 161.2 billion in 2020.² Nonetheless, the amount of ODA falls short of the UN's urging that

economically advanced countries provide at least 0.7 percent of their gross national income to assist less developed countries, as expressed in its resolution A/RES/2626(XXV) from 1970. More than 50 years later, only five countries (Sweden, Norway, Luxembourg, Denmark, and Germany) are meeting this goal.³

Besides bilateral and multilateral organizations, for-profit companies are another source of foreign assistance. Companies may provide monetary and in-kind donations, as well as share their technical expertise. These donations may be part of a company's corporate social responsibility program through which the company expresses its desire to give back to society. Besides their philanthropic initiatives, for-profit companies stimulate economic development in countries where they establish business operations or provide financial backing for domestic companies. On one hand, companies' foreign direct investments are an important source of employment, taxes, and means for under-resourced countries to access technological innovations. On the other hand, foreign direct investments may translate to low-waged jobs that expose workers in under-resourced countries to hazardous work conditions or environmental degradations from industrial processes.

Development assistance for under-resourced countries also comes from the voluntary sector, also known as civil society. This category encompasses an eclectic group of contributors to development, ranging from formal organizations to informal groups or individuals. Nongovernmental organizations (more commonly called nonprofit organizations in the U.S.), foundations, and church groups are in this category. A prominent donor in the philanthropic world is the Bill and Melinda Gates Foundation, which was established in 2000 and has assets in excess of \$40 billion. The Gates Foundation has given billions of dollars for global health programs, much of it focused on HIV-AIDS, malaria, tuberculosis, and, more recently, family planning, tobacco control and vaccine-preventable diseases. The impact and influence of the Gates Foundation are enormous in the global health arena.

Immigrants and migrant workers are another important source of financial assistance for those in under-resourced countries. Remittances, or money sent by individuals, help families and communities with ties to people who have moved abroad permanently or temporarily for work. It is difficult to track the exact amount of remittances sent globally due to the informal channels through which they may flow; however, for the amount that has been counted, the United Nations⁴ estimates that remittances are three times higher than the combined amount of official development assistance and foreign direct investments.

The funding and delivery of aid for under-resourced countries often involve collaborations among actors across all three sectors. For instance, the Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to bring together governments, civil society, the private sector and affected communities in a partnership designed to mitigate the impact of these diseases. The Global Fund does not run programs; instead, it collects funds and then allocates them to relevant organizations. As of June 2021, the Global Fund has committed more than \$50 billion to combat the targeted diseases in 155 countries.⁵ Like the Global Fund, other donors must decide to whom financial contributions should be entrusted, whether it be given directly to individuals or through intermediary groups like local government entities, international or local NGOs, and contractors. Donors might implement their own programs or work in partnership with other organizations to deliver the assistance; thus, the development industry involves stakeholders across the public, private, and voluntary sectors.

Types of Foreign Assistance

Foreign aid comes in many forms, each with its set of advantages and concerns. Financial contributions may come in the form of grants or loans to support development initiatives. Loans from financial institutions like the World Bank and International Monetary Fund have been critiqued for their high interest rates that are costly for already cash-strapped governments and for stipulations that recipient countries must enact economic and/or political reforms. While supporters claim that the stipulations help usher in necessary reforms and provide a check on how aid money is spent, critics point to the infringement upon aid recipients' sovereignty and negative impacts on health and educational outcomes. Specifically for the health sector, the requirements that aid recipients reduce public health spending and introduce user fees and other market-based features make it more difficult for impoverished families to access care.⁶

Donations of material goods are another form of foreign assistance. Humanitarian crises brought forth by natural disasters or political unrest create conditions in which necessary supplies are difficult to attain, thus making goods like food, water, medicine, and clothing highly desirable. In other circumstances, donated goods may not be appropriate and could bring undesirable consequences. For instance, donated goods may displace local industries that cannot compete with the free products. In regards to donated medical equipment, there is a history of items being outdated or mismatched with local needs, as well as donated items not being serviceable locally due to the absence of spare parts or people familiar with the workings of the equipment.⁷ Consequently, many medical facilities in the developing world have storage rooms filled with donated equipment that is useless. As much as 40 percent of medical devices in resource-scarce countries are out of service, compared to 1 percent in developed countries.⁷ Furthermore, equipment with single-use consumables may prove too costly to utilize in resource-strapped settings. The cost of importing products and the manpower needed to process donated goods make it even more crucial that items are suitable for local use.

A third form of aid is technical assistance, which involves the sharing of knowledge, skills, and innovations. One model of technical assistance involves foreign aid providers going to an area and applying their expertise to solve local needs. In this model, not much attention is paid to building skills and knowledge among local people so that they may tackle the problems themselves. An alternative model is for foreign aid providers to devote energy to increasing the capacity of locals to meet development challenges. Because the latter model involves efforts to help develop human capital, or the resourcefulness of people, it can help aid recipients avoid becoming dependent on foreign assistance in the long-term. An emphasis on capacity-building can be found in the adage "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." The saying highlights the desirability of assistance that is centered on building skills rather than product donations since those skills can lead to self-sufficiency.

Medical missions that bring health care workers to care for patients directly are examples of the first model of technical assistance. The health care workers travel in teams ranging from two or three people to groups of 20 to 30. The teams often bring all the surgical equipment, drugs, and disposable supplies needed to perform their service. These medical missions help meet the shortage of medical personnel in low-income settings and expand access to medical procedures for people in need; however, they do not help develop the capacity of local health systems. The medical missions can only help a finite group of people, and essential follow-up care may not be available once a mission ends. Furthermore, medical missions may allow doctors-in-training to participate, which raises ethical and safety concerns over medical procedures being completed by individuals who are not fully-trained. To increase local health capacity, resources could support strategies that aim to increase the number of local health care

personnel who can provide high quality care rather than relying on foreigners who fly in for short periods of time. Mission hospitals, funded and supported by various religious denominations, tend to both host medical volunteers and offer training to local personnel. These hospitals play an important role in the delivery of health care to the rural populations and urban poor in many countries around the world.

This section has discussed financial contributions, donations of material goods, and technical assistance as different forms of foreign assistance. Another way to differentiate foreign assistance is to consider whether it is humanitarian relief or development work. If the need is acute, due to a man-made or natural disaster, agencies will focus on relief programs designed to minimize the impact of disease and death in the short-term. Relief work, to be effective, must be well-coordinated and have the requisite logistical support needed to provide food, clothing, shelter, clean water, and medicines in a timely manner. Development work, meanwhile, focuses more on entrenched issues. The UN's seventeen Sustainable Development Goals provide a framework for development initiatives while the Human Development Index (HDI), also developed by the UN, offers concrete dimensions by which to measure development. Established in 1990, the HDI conceptualizes development as the extent that individuals can realize their full potentials. Health, educational, and economic indicators comprise the HDI, and the use of these dimensions underscores the multifaceted needs of under-resourced settings that development initiatives ought to address.

HVO's Role in Improving Global Health

HVO's work addresses the need for more well-trained health care workers in low- and middle-income countries. Qualified health care workers are crucial for the attainment of good health outcomes, and yet the world suffers from an insufficient supply of workers. In 2006, the World Health Organization alerted the international community to the global shortage of health care workers in its annual World Health Report entitled *Working Together for Health*.⁸ The report showed the shortage to be a global phenomenon, with shortages most pronounced in developing regions. It states that 37 percent of the world's health workers live in the Americas, which contain 10 percent of the global burden of disease whereas Africa, which shoulders 24 percent of the global burden of disease, is home to only 3 percent of health workers. A study published in 2017 indicates a continuation of the shortage into 2030 and predicts that there will be a shortage of 15 million health workers worldwide. The COVID-19 pandemic has taken an extra toll on the global health workforce, with many health workers contemplating leaving the profession due to exhaustion or succumbing to the disease as the result of their frontline work. To increase the supply of health workers, the WHO⁹ recommends expanding access to educational opportunities, rethinking the training process, improving work conditions and pay for workers, and also discouraging high-income countries from recruiting health workers from areas with a limited supply of workers.

HVO's work aligns with the WHO's calls to expand access to training and educational opportunities and to improve work conditions for health professionals. **Through a network of volunteers who are fully trained and experienced health professionals, HVO facilitates the transfer of clinical knowledge and decision-making skills to students, clinicians and faculty at partner hospitals and universities. HVO's goal is to strengthen the capacity of individuals and institutions to provide better health care.** Alongside the sharing of technical knowledge, HVO helps to expand the social networks of health professionals in under-resourced settings and colleagues from the U.S. The cross-cultural interactions among HVO's stakeholders provide a means for personal and professional growth.

The HVO Model

HVO establishes projects with the full knowledge, support, and consent of the host government or institution. Although it can be a lengthy process to receive a formal commitment, HVO sees it as an important step towards ensuring that each training project fits into the national strategy for health and human resource development. In this way, HVO projects complement the existing health structure and reinforce national health priorities and goals.

HVO only initiates a project after an extensive needs assessment. HVO first recruits an individual or team of professionals to gather appropriate preliminary background material such as historical and demographic data, information on national health needs and priorities, and the education system. Then, HVO organizes a visit to the potential site. The purpose of the visit is to meet with local health care professionals and teachers to determine the level of their interest in and commitment to training. These meetings also serve as the basis for developing a teaching curriculum that factors in local health care conditions and resources. HVO will not establish a training program if the host community is not committed to supporting its planning, implementation, and follow-up. By securing the host community's support and cooperation, HVO projects truly represent a partnership between HVO volunteers and the host country coordinators and trainees.

After assessing factors such as host country support and interest, political and social stability, and local resources, the team submits a site visit report to the appropriate HVO steering committee. The committee then reviews the report and makes the final decision about starting a new project. If approved, HVO prepares a Letter of Agreement delineating specific training goals and the respective roles and responsibilities of HVO and the hosts. For example, in most countries, the hosts provide interpreters if there is a language barrier and free or low-cost housing for the volunteers. HVO, in turn, promises to recruit a certain number of volunteers per year.

Each HVO project has an experienced HVO volunteer to serve as project director and an on-site coordinator who is a local. Project directors and on-site coordinators are jointly responsible for organizing volunteers, implementing training goals and modifying training objectives as appropriate. HVO staff assists the project director with recruiting and scheduling volunteers, as well as providing country-specific cultural and health information. The local institution selects and appoints the on-site coordinator who takes on these responsibilities in addition to his/her already busy schedule. The on-site coordinator is responsible for helping volunteers with housing and other orientation issues once they arrive in-country. Volunteers work closely with their on-site coordinators to ensure that the training offered is relevant and realistic.

Typically, HVO makes a three- to five-year commitment to ensure that the site can meet training goals and receive follow-up education when appropriate and necessary. At the end of this period, HVO and the on-site coordinators assess the project and determine whether it should be continued, modified or closed.

Team-Based Volunteer Service

Most HVO assignments are set up around individual volunteers sharing their skills and knowledge with their colleagues. In some situations, however, HVO utilizes a team-based approach if that will address the needs identified by the local institution. The use of a team of volunteers allows for a multi-disciplinary approach and can model the advantages of different professionals working together to address an issue.

Frequently, team-based volunteers develop very close bonds from working so closely together in a new environment. Unfortunately, those close bonds can result in an insular, expatriate experience and lead to insufficient time spent getting to know host colleagues. HVO strongly encourages team-based volunteers to spend extensive time on their own, cultivating professional relationships with their host counterparts so that local health care providers can know each person as an individual rather than just a member of an expatriate team. This protocol encourages more informal sharing of information and helps the volunteer build a better understanding of local resources and needs. Extending yourself as an individual volunteer within a team-based assignment will bring much greater professional and personal reward to you, the volunteer, and to your host institution colleagues who look forward to your assignment and the opportunity for exchange.

E-Learning

Increasingly, HVO is working with overseas partners to develop and implement distance-learning projects. With improvements in technology and communications, these modules can provide a low-cost supplement to hands-on training. The COVID-19 pandemic accelerated e-learning efforts, and many of the programs now have on-going virtual training which will complement the on-site education projects.

HVO e-learning projects take various forms, from monthly “teleconferences” that enable residents to present cases to a panel of experts from around the world, to fully developed courses complete with educational and testing materials. Volunteers who have visited a site also take advantage of technology and communication advances to keep connected with their colleagues and to offer professional support from afar. As with on-site projects, e-learning projects are driven by local needs and local capacity.

To facilitate e-learning, HVO developed an online platform called the Remote Education Interface (REI). The REI serves as a repository for technical resources that our partners abroad can access at any time. For e-learning projects that involve live lectures, the REI is also the place for logistical information about the meetings, associated educational materials, discussion boards, and recordings of previous lectures. The REI is highly customizable, and HVO staff works with project directors and on-site coordinators to design an REI for each project.

HVO’s Policy on Donations of Medical Equipment and Pharmaceuticals

The goal of HVO is to equip local personnel with skills and knowledge to provide better treatment within the framework of existing technology. While the thought of providing supplies and equipment that is more modern may be very appealing, the realities of maintenance, access to spare parts and other considerations may dictate staying with older, sturdier and more familiar models and materials already in use. HVO wants to ensure that the equipment and pharmaceuticals that our volunteers work hard to collect are appropriate and safe for use at our partner institutions

“...the critical element in transferring knowledge does not lie in shipping the box that contains a physical product but in conveying the scientific thinking that supported its development and guides its use... Transplanted technology without science is unviable in the long term and cannot lead to an indigenous capacity to solve problems independently.”

-Paul Basch, Textbook of International Health

We developed the following guidelines for the procurement of equipment and pharmaceuticals by our volunteers based on the WHO's recommendations, a review of the literature, and our experiences running programs for more than three decades. First, find out what is needed at the site. The project director or a recently returned volunteer are both good sources of information on this. In addition, it is often possible to email the on-site coordinator directly for input. Any equipment brought to a site should be easy to use and maintain, affordable, effective, locally sustainable, culturally and politically acceptable, and environmentally safe.

Any equipment you take should be in working order and should be donated to the facility at the end of your trip. It is not effective to bring a piece of equipment, teach local personnel how to use it, and then bring it home at the end of your trip. At some sites, volunteers are actively discouraged from bringing equipment or other items due to problems with customs. This will be addressed in the orientation materials and should not be ignored as the items will probably be confiscated.

There are a host of ethical issues surrounding the donation of pharmaceuticals to developing countries. As Dr. Scott Norton⁹ states in his article, *The Dermatologist's Baedeker*, "[too] often the medications are damaged, or spoiled, unidentifiable, unsorted, unlabeled, expired or simply irrelevant. There are considerable unanticipated costs for the receiving nation to sort, process, distribute and store the well-intentioned donations." The WHO's Guidelines for Medicine Donations¹⁰ recognizes four important principles:

1. Donations of medicines should benefit the recipient to the maximum extent possible. All donations should be based on an expressed need. Unsolicited medicine donations are to be discouraged.
2. Donations should be given with due respect for the wishes and authority of the recipient, and in conformity with the government policies and administrative arrangements of the recipient country.
3. There should be effective coordination and collaboration between the donor and the recipient, with all donations made according to a plan formulated by both parties.
4. There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.

The WHO recommends that donated medications have a remaining shelf life of at least one year. If volunteers take pharmaceuticals with less than one year of shelf life remaining, then they should notify the personnel at the site to make sure that the drugs will be used prior to the expiration date. Volunteers should not take expired medications. While some may argue that the medications are still efficacious, it is unethical to give medications to a patient in another country that you would not use on patients in your own country.

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The Volunteer

The Volunteer

Preparation is Key

Preparation is an essential step for an overseas volunteer, particularly in the case of short term assignments, since there are a few key challenges. First, short-term volunteer work may result in a lack of continuity in the training provided. Secondly, short-term volunteers, like all volunteers, need time to acclimate to the site and learn local health conditions and training needs, but they have a very short window to do so. Short-term volunteers also run the risk of becoming a burden. In spite of their skills, motivations, and abilities, short-term volunteers can be a drain on the time and energies of local health care providers. This is especially true when a volunteer has a difficult time adapting to the food, the weather or the culture thereby needing extra time and attention from the hosts. This section describes the steps for personal preparation – you can find the specific arrangements for volunteer trips in Chapter 6: Getting Ready.

Personal Reflection

As you consider volunteering overseas, an essential first step is assessing your own qualifications and readiness for the experience. In his classic book, *Survival Kit for Overseas Living*, L. Robert Kohls suggested that low goal/task orientation, a sense of humor, and the ability to fail are essential to a successful overseas assignment.

Beyond personal qualifications, you should also assess your motivations for the trip. You should not consider volunteering as an opportunity to escape an unpleasant personal situation. “Getting away from it all” may sound like a good idea in the midst of a divorce or other personal crisis, but experience shows that volunteers who go under these circumstances often do not complete their assignments. If they do stay for their assignment, they are rarely effective.

Once you have reflected on your own readiness to volunteer, it is essential that you become familiar with the history and culture of the country you will visit. Of course, there are many resources on the Internet or at your local library. Your hosts will appreciate any efforts you make to familiarize yourself with their country, culture, history and customs.

Second, talk with others familiar with your assignment. An important source of information is all the previous volunteers to the site. They can provide insight into the training program, its goals, your responsibilities, and an understanding of the country and its culture. The HVO program staff can give you the names and contact information for a number of former volunteers. This information is also available on the MyHVO. You should feel free to contact them for information and advice; many return from their assignment enthused at the prospect of discussing the program with new volunteers.

In addition, every HVO program has an experienced volunteer project director who is responsible for designing and monitoring the program, as well as screening and selecting volunteers. Prior to departing you should have at least one, if not several, discussions with the project director about the project, its goals, local working and living conditions, and the contributions and experiences of previous volunteers.

Finally, the HVO staff is another source of pre-departure information. Staff will refer you to reports from previous volunteers, as well as articles and other information about specific countries. Of course, once you arrive on assignment, conditions and expectations may differ from those for which you prepared. This is where the qualities of flexibility, cultural sensitivity, innovation, organization and a commitment to shared knowledge and experiences come in!

Spouses and Families

It may or may not be advisable to take your spouse and family on assignment with you. This decision depends on a variety of factors, including the project site, availability of acceptable activities, suitability of housing, and flexibility and interest of family members. Should your family not find enough to keep busy during your stay, they can become yet another responsibility and burden for the host.

On the other hand, the presence of family can be very reassuring to the volunteer. There are often opportunities at the local health facility or a nearby school or library, which can lead to a meaningful experience for family members. Check with HVO staff and the project director for guidance about bringing family members on assignment.

Culture Shock

Culture shock is the term used to describe the more pronounced reactions to the psychological disorientation most people experience when they move into a culture markedly different from their own. Signs of culture shock include homesickness, withdrawal, irritability, stereotyping of and hostility toward host nationals, loss of ability to work effectively, and physical ailments.

Culture shock is a cyclical phenomenon, with the volunteer experiencing at least two "low" periods during the course of his/her time overseas. There are several recognized stages of culture shock, including: (1) initial euphoria; (2) irritation and hostility; (3) gradual adjustment and a level of comfort with the culture; and (4) adaptation or bi-culturalism.

How can you cope with culture shock and minimize its negative impact on your work overseas? Understanding your own culture and its peculiarities may be the first step to combating culture shock. According to Kohls, Americans have been described by foreigners as outgoing and friendly and, alternately, as informal and rude. Other qualities ascribed to Americans include: hard-working, extravagant, wasteful, confident that they have all the answers, disrespectful of authority, and always in a hurry.

Many other stereotypes abound about Western culture and your awareness of them will help you to reject stereotypes of the culture in which you are working. Indeed, being a volunteer means being aware of cultural differences and working effectively in an atmosphere of differing expectations and values. Volunteers, unlike tourists who can choose to remain relatively isolated, must work closely with people within the local cultural context.

Another way to combat culture shock is to learn as much as you can about your host country. Do not be afraid to ask questions, even if they sound silly. This is the only way you can learn about a different

culture and begin to understand how to function effectively. Indeed, although you may have gathered a lot of information prior to your departure, you will find that there is much more to discover once you arrive in-country.

Remember that volunteering overseas is as much a learning experience for you as for the people with whom you are working. Having realistic expectations of yourself and others will help you to be flexible and tolerant. Above all - maintain your sense of humor and your sense of adventure - no matter how well you prepare for your overseas assignment, there will inevitably be problems and challenges. You can, indeed, make a positive impact on the health care of the community you are working with - just remember that true change is slow and incremental.

Communication Skills

Good listening skills are invaluable to a productive volunteer experience. When you first arrive at your site, listen closely and observe others to develop an understanding of communication patterns, greetings, hierarchy and protocol. You will need to listen very carefully to understand what is happening in a foreign environment. You may find that even if you are speaking English with your counterparts, certain words have different meanings. Conversations may not be as straightforward as you initially think.

Some helpful communication techniques include asking open-ended questions and paraphrasing the words of others. These techniques will help to ensure that you understand conversations and that your listeners grasp your message.

You should also be aware of the importance of nonverbal communication, or "silent language." Nonverbal communication is largely unconscious, spontaneous and culturally specific. Understanding this form of communication is critical since nonverbal clues often indicate how to interpret oral communication - is the message friendly, sarcastic or threatening? Moreover, you will quickly discover that body language and the meanings we associate with it are not necessarily culturally transferable. A sign of greeting in one culture may well be an obscenity in another culture.

Other examples of potential miscues in nonverbal communication: while direct eye contact connotes sincerity in our culture, it may be rude or disrespectful in another context; shaking hands may be a sign of professionalism and assertiveness in our culture but may be inappropriate or suggestive between members of the opposite sex in another culture. In addition, Americans often need more physical space between themselves and their listeners than other cultures require. There may be occasions when your colleagues cause you to feel crowded; this is not necessarily a sign of rudeness or aggression, but, rather a reflection of different spatial patterns in communication.

Other Tips for Working Overseas

For many in developing countries, the concept of volunteering is strange. Local people sometimes think international volunteers have ulterior motives, such as practicing experimental medicine or gathering information for the Central Intelligence Agency. Even finding a suitable translation for the word "volunteer" can be a challenge. Volunteers, in turn, find local health care providers frustrating when they arrive late to clinics or leave early for private practices or other jobs. They may have private practices in the afternoon and evening or they may have a second job in an entirely unrelated field, such as driving a taxi or acting as a tour guide. You may even feel that local health care providers are less concerned and committed than you are. But remember, these individuals face many daily frustrations and, in fact, often must work more than one job just to provide for their families.

Not surprisingly, most hospitals where volunteers work are overcrowded and less sanitary than in the United States. Volunteers make a powerful contribution by serving as a positive role model, such as setting an example of cleanliness and infection control. Other arenas where volunteers can serve as role models include interaction with the patients, with family members, and with other health care personnel. Volunteers may also find that they have an important role in supporting a department or in promoting the professional status of certain members of the health care team. Local health care workers view international visitors with great respect and afford them considerable prestige. With such status, volunteers are often able to further a discussion about certain clinical issues to a greater degree than are the local providers. However, it is important not to assume an attitude of the “all-knowing expat.” Discuss issues privately with local providers but, in front of patients, defer to the local provider who will have on-going contact with the patients.

Volunteers need to realize that they are not going to change the world in the short time that they are working overseas. Remember not to raise hopes or to make – or even infer – promises that you or HVO cannot keep. Show that you are part of a team that will continue to work side-by-side with your host counterparts, and not just a visitor. Indeed, how your hosts perceive you is critical to how effective you will be during your stay.

Always remember that you are a guest. You have been invited to share your knowledge and skills with interested colleagues at the sites. **You do not have any decision-making authority or responsibility.** You can (and should) make suggestions that you think will result in better outcomes or more efficient delivery of services. Do not be upset if all of your recommendations are not adopted immediately.

Start your trip with a sensitivity and curiosity to learn from everything you see. Realize that you will be working with counterparts in the host country who have a great deal to teach you; arrive with humility as you will not always be the expert. Listen, look, and enjoy the cultural differences. Don't be afraid to ask questions. Take the time to learn a little bit more about yourself and your own culture through the eyes of your counterparts. Remember that the more empathy and respect you show for the culture and problems of your hosts, the more respect you will command and the more effective a teacher you will become.

When you are overseas you are not only a representative of Health Volunteers Overseas, but also an ambassador of your country. Courtesy and respect for local customs are essential. Your professionalism and general demeanor are important to HVO, as well as to those volunteers who will follow you. HVO expects volunteers to complete the full term of their assignment. Leaving early, unless necessitated by a medical or family emergency, can damage the credibility of HVO and hamper the effectiveness of the entire project.

As stated in the HVO Guiding Principles, HVO expects volunteers to demonstrate the highest standards of professional and personal conduct. Sensitivity to cultural and social beliefs and practices of the host country should guide professional and personal behavior.

Personal Behavior

HVO volunteers are expected to adhere to the highest standards of both professional and personal behavior. While you may not realize it, most people at the site - the university, the hospital and the surrounding community - will know who you are and of your affiliation with HVO. Think twice about how your behavior will be perceived. Be respectful, at all times, of your host colleagues, whether or not you agree with their decisions. Refrain from discussing or criticizing your colleagues in public. For example, complaining in a loud voice at a local restaurant about the absurdity of some particular

requirement is likely to be overheard and repeated to others. Follow the rules – even if you don't understand why the rules exist. If you are told that photographs may not be taken inside the hospital, respect that rule. If you need a travel permit to take a weekend excursion, apply as required.

If you find yourself in an uncomfortable personal situation, extract yourself as quickly as possible. At no time should you conduct yourself in a manner that makes your colleagues uncomfortable. Of particular concern is any perception of sexual harassment or any indication of crossing the line of appropriate behavior. Unfortunately, several NGOs are finding staff have been involved in inappropriate (and illegal) behavior with local staff and beneficiaries. Leave no room for misinterpretation of your words or actions.

When in doubt, ask your host colleagues for guidance.

The Benefits of Volunteering

What can you expect to gain from your overseas assignment? After all, as a volunteer you are paying your own expenses and merit something in return for your efforts.

Most returned volunteers state that they learned much more than they taught while on assignment. You will undoubtedly observe and learn how professionals in difficult and resource scarce environments use innovative approaches to treat their patients. You may be able to contribute to their knowledge by teaching skills and interventions that will make their tasks easier. In this way, you become an integral part of an educational process that fosters independence and professionalism among health care providers in developing countries.

In the process of volunteering overseas, you will also develop and hone your teaching skills along with your communication and learning skills. Overseas volunteering exposes you to other cultures, customs and attitudes, and you will see first-hand their impact upon health care delivery. Finally, you will broaden your scope as a citizen of the world, gaining awareness of global health care and international development that you never had before.

Many volunteers comment on the sense of professional renewal that develops. They return home energized, both personally and professionally, and are reminded once again of the motivations that made them choose a career as a health care professional.



On Teaching

Developing an effective teaching module, as with all other aspects of volunteering, requires considerable advance preparation. In the art of teaching as with the art of healing, there is a process that will enable you to be more effective in achieving your desired outcome. The purpose of this chapter is to acquaint you with this process, its pitfalls and some of the necessary skills to be successful. You can obtain most of the required background information from discussions with the project directors and/or returned volunteers.

Styles of teaching and learning vary widely across cultures. You may find some resistance, for example, to hands-on practicing of skills. This may be a result of cultural differences, modesty issues or lack of comfort on the part of the trainees. Be prepared for resistance on occasion and have a strategy for overcoming this resistance.

Trainees may feel very comfortable with memorizing information and are usually able to repeat back the information verbatim if asked. The challenge, of course, is to take the trainee to the level of critical thinking and problem solving that requires the application of the knowledge to a specific situation or patient.

Training at most HVO sites is in English, although a few sites will require translators, which the host institution will provide. If you are working with a translator, it is a good idea to meet with him/her in advance and determine his/her level of comfort with your prepared material. If you utilize translators during the session, you will need to allot more time to accomplish your goals. A 20-minute talk may take 40 minutes to deliver. It is also important to build in adequate time for questions in order to determine whether your trainees understand the material or not.

Getting Started

The basic guidelines to keep in mind before you begin are:

1. NEVER ASSUME ANYTHING
2. KEEP IT SIMPLE
3. CHANGE IS SLOW

Some basic concepts to keep in mind are:

1. The most effective way to learn how to teach is – to TEACH.
2. For teaching to be effective, it is necessary for both the teacher and the learner to perceive that learning is important.

Needs Assessment: The First Step

Basic Concepts:

- Find out what the learners perceive as the major problem(s).
- Start with a problem, issue or topic that is a priority for the learner.

Make observations and ask questions about your topic that will help you find out the following information:

- Who is the target group for the teaching? What is their level of understanding?
- Is the selected topic a perceived problem? What are their major concerns or issues?
- What are the learners' beliefs, myths, concepts and practices?
- Will the person be able to use the new knowledge, skills and attitudes?
- What are the major barriers?

Know the Subject Being Taught

Basic Concepts:

- It's difficult to make a subject simple and clear if it's not understood well by the teacher.
- Teach only what you know.

You should choose a topic because the learner has a real need. Don't waste time teaching unnecessary knowledge and skills. A student should spend their time learning useful information, skills and attitudes, and learning them well, rather than covering a lot of information that might be "nice" to know. Your depth and breadth of knowledge of the subject will allow you to prioritize information into essential, useful, and "nice to know."

Know the Learner

Basic Concept:

- How and what you teach will depend on the level of knowledge, skills and background of the learner(s).

This is where you must remember the guideline to NEVER ASSUME ANYTHING. It is very important that you know the ability level of the learners before you start your teaching. Some methods of assessing knowledge, skills and background are:

- Observation
- Consultation
- Questions, answers and discussion
- Demonstration
- Pre-test

Planning

Basic Concepts:

- The most important factor for effective teaching is advance planning.
- Being prepared and organized is the only way to feel comfortable and confident.

Planning begins when you already know:

- Why? (the needs)
- What? (the subject or topic)
- Who? (the learner & level of understanding)

Planning involves answering the following questions:

- Where? (the location) When? (the time)
- What? (clear, measurable objectives)
- How? (methods and techniques to fulfill objectives) Did the learner learn? (evaluation)

Planning involves scheduling time to allow for preparation of materials, the teaching sessions, and evaluation of the skill or knowledge taught.

Developing Objectives

Objectives:

- are clear, simple statements of what you want the learner to learn or accomplish;
- form the bridge between the perceived need or problem and the planned solution;
- guide the session to proceed logically in a step-wise fashion to learn a new attitude, concept or skill;
- are given to the learner so he/she understands what is expected; and
- are measurable, which means that they can be demonstrated or observed by the teacher to see if the learner has learned the objective

Measurable objectives include: to list, to identify, to describe, to demonstrate, to define, to match, to summarize, to explain, to review, to organize, to apply, to discuss, to diagram, to measure.

Un-measurable objectives include: to learn, to know, to understand, to feel.

Teaching Goal:

- This is a stated reason why the teacher feels this topic is important to teach.

Writing Objectives:

When writing your objectives, follow these simple guidelines:

1. Know what you want the learner to learn.
2. Never ASSUME other people know what you know.
3. Find out what the learner already knows.
4. Plan to reveal the knowledge, new attitudes or skills in successive steps from simple to complex.
5. Teach each step or objective in order. Make sure each is well understood before going to the next.
6. In each step, the learner should be active. Use words in your objectives like: "the learner will demonstrate, explain, identify, discover, etc."
7. Limit your objectives to the amount of time you have available.
8. Plan time to observe or evaluate if the learner has learned the objective.

Teaching Methods and Techniques

Basic Concepts:

- Use a wide variety of methods and techniques to accommodate different learning styles and abilities.
- The teaching methods you choose depend on your objectives and the kind of information you aim to teach (i.e. skills, knowledge or attitudes).
- The methods of teaching are as important as what you're teaching

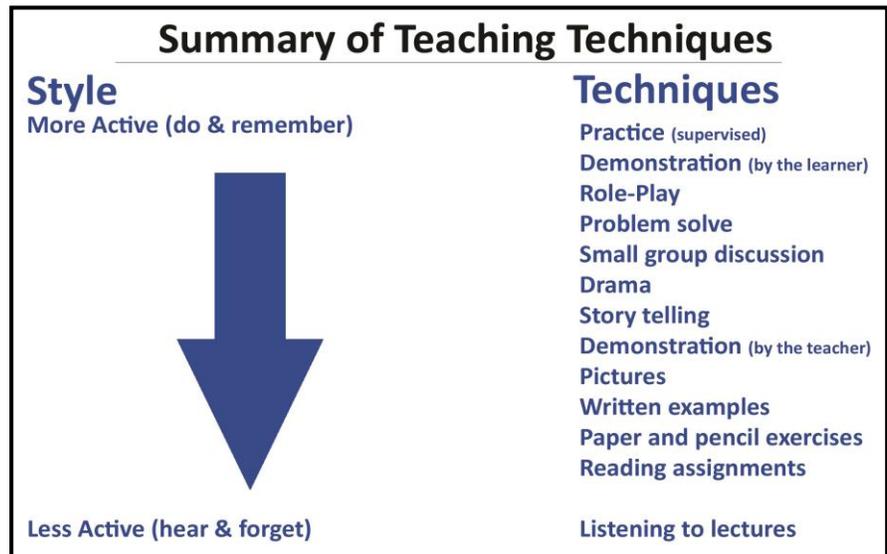
In choosing a technique or method, remember that learners learn how to DO things rather than just know about things. Teaching methods vary from active to passive. Try to pick the most active method you can to achieve your objective. Different methods work best depending on if you plan to teach knowledge, a new skill or change an attitude.

Attitudes: If changing an attitude is your goal, you should be aware that it is more difficult than teaching skills or knowledge. Below are three methods that may be effective – serving as a model, role-playing and discussion.

As a teacher, you are a **role model**. Learners tend to copy demonstrated behavior. If you are sarcastic, nonchalant, rude, careless with equipment or always lecturing, the learners will tend to follow these poor examples. If, on the other hand, you model respect by attentively listening, encourage discussion and provide positive feedback, the learners will tend to behave in a similar way. Changing attitudes often involves

understanding another person's point of view. **Role-playing** can be used to:

- develop insight into other people's feelings;
- develop increased awareness of one's own feelings;
- give the learners practice in using what they've learned;
- maintain or motivate interest;
- provide a channel in which feelings can be expressed under the guise of make-believe.



Discussion offers the learner an opportunity to share knowledge, experience and beliefs. As the teacher, your role should be to:

- introduce the topic for discussion and facilitate the group process.
- speak very little (follow the 80/20 rule).
- encourage all to participate by prompting the quiet and subduing the talkative.

- offer feedback on how well objectives are being met.
- find and correct misinformation and misconceptions.
- clarify the goals during the discussion.
- mediate differences.
- summarize.

You may want to arrange the group in a circle to encourage discussion and group interaction, and to decrease your role as an authority figure. In some cultural settings, however, this may not work.

Knowledge: The method used most often for relaying knowledge is the "talk" or lecture. In our system of education, it is all too often the only method. As we have seen, the lecture is the most passive of all the teaching methods used. However, it can be valuable for providing background information or a foundation of knowledge necessary for the learner to get started on a new skill or attitude. The following are some hints for using the lecture successfully:

- Keep it simple and essential.
- Make it relevant to the learner's experience and environment.
- Use language the learner can understand.
- Keep it short and to the point.
- Do not overuse this method.

Evaluation

Basic concepts:

- Evaluation is based on your objectives.
- Did the learner learn the objectives?
- Was the teaching effective?

Without evaluation, you have no way of knowing if you met your objectives, if the learner has mastered the new skill, knowledge or attitude, or if your teaching methods and techniques were effective. The most common reasons for evaluation are to:

- provide a check to determine whether learners are able to do a task or skill according to the given standards or criteria.
- identify the lack of skill or knowledge in a specific area.
- identify parts of the teaching which need to be improved.
- encourage learners to participate or try harder.

Evaluation methods include:

Observation	The teacher watches the learner perform the skill or task and gives written or oral feedback.
Oral	The learner tells the teacher about the task, skill or knowledge.
Problem Solving	The learner is given a problem or situation and is asked to develop a solution.
Self-assessment	The learner is asked to show, write or tell the teacher what he has learned.
Exams	The learner takes a written test.

Access to Support

Many volunteers are astonished to learn that their colleagues do not have access to photocopying services, reliable Internet connections, current journals and textbooks. Educational materials are a scarce resource at most HVO sites. Slide, overhead and LCD projectors may be available but not functioning (problems with electricity or a burned out bulb). Once again, volunteers need to remember to be flexible, resourceful and, on occasion, creative in the presentation.

This chapter is adapted from a training session developed by Susan Moher Berryman, MEd, CHES and presented at several HVO workshops



Your Health

Taking care of your own health is essential if you are going to be an effective volunteer. This section will serve as a starting point for the volunteer but should NOT substitute for professional medical advice.

When selecting a site, consider any health issues or physical limitations that you might have. Travel is strenuous and day-to-day activities at the sites may involve more physical exertion than what you are accustomed to at home. If you have any chronic conditions or physical disabilities, you need to carefully assess your ability to handle being in an environment that is not able to accommodate special requests. For example, elevators may not be functional and you may need to climb several flights of stairs daily. Sidewalks and roads are often in need of repair and walking can be a challenge. If you have concerns, discuss this with the HVO staff during the placement process.

There are numerous resources available to assist in planning for a safe and healthy trip. Check the HVO website for links to the Centers for Disease Control and Prevention (CDC), as well as other sites. Another source of excellent information is your local travel clinic. There are hundreds of travel clinics around the country. To find the one nearest you, check the HVO website. You should begin this process well in advance of your trip -- six to eight weeks is best.

When deciding on immunizations and medications you need for your trip, think about all the places you will visit including stopovers and side excursions. The length of your trip is also a factor as some vaccines may not be advisable if you are in an endemic area for a short time period. It is important to ask about any epidemics in the areas you are visiting and to determine if any of the countries on your itinerary will require proof of immunization against yellow fever or cholera. Many countries also require proof of a COVID-19 vaccine, negative testing results prior to travel, and a quarantine period upon arrival in the country.

Make sure that the health care provider is aware of any chronic conditions you might have. There may be issues related to medications you take for a chronic condition and high altitude, for example. If you take medications regularly for a chronic condition, take an adequate supply (in the original packaging) with you.

Before You Go

Most of the information in this chapter is from the CDC website (www.cdc.gov). Volunteers should always check with the CDC or their local travel clinic for the most recent recommendations.

Prior to leaving:

- Check with your insurance company to determine the level and type of coverage you are entitled to should you become ill overseas;
- Determine if you should purchase medical evacuation insurance;
- Take these documents with you: your immunization record, a list of current medications, a list of any medical problems and drug allergies, and your doctor's telephone number.

Immunizations: Volunteers should be up-to-date with the following immunizations normally given during childhood: Measles, Mumps, and Rubella (MMR); Diphtheria, Tetanus, and Acellular Pertussis (DtaP); Polio; Haemophilus influenzae type b (Hib) vaccine; Hepatitis B vaccine; Varicella vaccine (for persons who have never had chickenpox). In addition, adult travelers may want to consider Influenza (Flu) and Pneumococcal vaccines, which doctors recommend for adults 65 years or older and other high risk individuals.

Boosters: Tetanus and diphtheria - a booster dose of adult tetanus diphtheria (Td) is recommended for every 10 years. Measles - persons born in or after 1957 should consider a second dose of measles vaccine before traveling abroad. Polio – check with your physician to determine if you need an additional dose of this vaccine. This additional dose of polio vaccine is necessary for travelers to high risk areas only once in adulthood.

Required Immunizations: Yellow fever is a potentially fatal viral infection that mosquitoes transmit; it is endemic to certain regions of sub-Saharan Africa and Latin America. Some countries require proof of immunization against yellow fever upon entry. In order to find an approved WHO Yellow Fever Vaccinating Center near you, contact your local or state health department. If you cannot receive the vaccination due to your own health, you should acquire a vaccination waiver. Do not forget to put your Yellow Fever Certificate or waiver in with your important papers when packing for your trip. A country can deny you entry or require you to take the vaccination at the time of your arrival if you do not have proper documentation.

SARS Cov-2: As this is being written, international travel regulations regarding the COVID-19 vaccines and testing continue to change rapidly, as outbreaks occur. Both airline and country requirements vary, so be sure to check the regulations frequently. Some countries are specific about the COVID-19 vaccines that are acceptable (which are those listed with WHO). Be sure to have a vaccine card available to show upon embarkation and arrival.

Many airlines require testing within a few hours prior to your flight. It is the volunteer's responsibility to be aware of and make the necessary testing arrangements. In some countries, testing and/or a quarantine are required upon arrival, often at the passenger's expense. Please ensure that you are aware of any such regulations so your assignment can be appropriately scheduled.

While it is the volunteer's responsibility to assure compliance with all travel-related and country-specific regulations, HVO will make every attempt to assure that up-to-date information is available on MyHVO regarding this changing landscape. HVO will also share updated information from the project sites regarding their requirements for vaccines, boosters, and testing.

Volunteers should also observe all local requirements in terms of social distancing and mask wearing.

While On Assignment

Millions of people travel every year and, unfortunately, many get sick during their trips. Diarrhea and the common cold are the most common illnesses. Cardiovascular disease is the most frequent cause of death among all travelers; although the age-specific rates of mortality are similar to non-travelers. There is no way to prepare for every potential illness or incident. The following are some common health problems (in alphabetical order) travelers face while abroad and some ways to deal with or avoid them.

Accidents

Trauma, specifically motor vehicle accidents, accounts for a significant percent of travel-associated deaths - exercising sound judgment when getting into a vehicle or on the back of motorcycle can save your life.

AIDS

The global epidemic of AIDS is of great concern to anyone who travels and works overseas. There are certain precautions that all volunteers should follow:

- Avoid any procedure that pierces the skin unless it is absolutely necessary. This includes tattoos, ear piercing, acupuncture, and immunizations or injections.
- Reduce the risk of serious injury, which may require blood transfusions, by taking everyday precautions. Wear a seat belt and drive carefully, etc.

If you are injured, avoid or postpone any blood transfusion, unless it is absolutely necessary. If you need blood, try to ensure the use of screened blood.

Animal Bites

The best protection against animal bites is to be aware of the risk, and to avoid situations where a bite may be more likely. Most animals are wary of humans and will keep their distance unless an individual provokes them. Be sure that your tetanus immunization is up-to-date and don't forget to ask your doctor about rabies vaccination.

Avian Influenza

Bird flu —avian influenza—is an infection caused by avian (bird) influenza (flu) viruses, such as influenza A (H5N1) subtype. Avian influenza infection occurs mainly in wild birds worldwide. Symptoms of avian influenza in humans range from typical human influenza-like symptoms (fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress syndrome), and other severe and life-threatening complications.

Prevention: The CDC advises travelers to countries with known outbreaks of H5N1 influenza to avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animals. Wash your hands often with soap and water to prevent disease transmission. If soap and water are not available, use an alcohol-based hand gel (containing at least 60% alcohol). Cover your mouth and nose with a tissue when you cough or sneeze, and encourage others to do the same.

You cannot get avian influenza from properly handled and cooked poultry and eggs. Most cases of avian influenza infection in humans have resulted from direct or close contact with infected poultry or surfaces contaminated with secretions and excretions from infected birds. Even if poultry and eggs were to be contaminated with the virus, proper cooking would kill it.

Diarrhea

Diarrhea is the most common health problem that afflicts travelers. Anywhere from 10 to 50% of travelers to developing nations have diarrhea with at least 20% being bedridden for part of their trip. According to the CDC, infectious agents are the primary cause of travelers' diarrhea (TD). Persons at particular high-risk include young adults, immune-suppressed persons, persons with inflammatory-bowel disease or diabetes, and persons taking H-2 blockers or antacids. The primary source of infection is ingestion of food or water contaminated by fecal matter.

The main problem of traveler's diarrhea is dehydration, which can be especially severe in small children. Rehydration is very important, preferably with clean, safe water. You should seek medical assistance if the diarrhea is accompanied by a high fever (> 100.4F) or bloody stool.

Prevention: Travelers can minimize their risk by following these simple guidelines. These include:

- Avoid eating foods or drinking beverages from street vendors or other establishments where unhygienic conditions are present. Avoid eating raw or undercooked meat and seafood.
- Avoid eating raw fruits and vegetables unless they grow with a peel. Always peel such fruits and vegetables before eating. Avoid ice cubes and fruit drinks that have been made using tap water.
- Do not drink (or brush your teeth) with untreated tap water. Always wash your hands with soap and water before eating.

If handled properly, well cooked and packaged foods usually are safe. Tap water, ice, unpasteurized milk, and dairy products are associated with increased risk for TD. Safe beverages include bottled carbonated beverages, hot tea or coffee, beer, wine, and boiled water or water appropriately treated with iodine or chlorine.

Treatment: TD usually is a self-limited disorder, lasting an average of four days, and often resolves without specific treatment. However, oral rehydration is necessary to replace lost fluids and electrolytes; clear liquids are often best for addressing this in adults. If you develop three or more loose stools in an 8 hour period – especially if associated with nausea, vomiting, abdominal cramps, fever, or blood in stools – you may benefit from antimicrobial therapy, which is generally a 3-5 day treatment.

Malaria

Malaria is a protozoan infection that mosquitoes transmit to humans, and it is a significant health risk to travelers. Transmission occurs in large areas of Central and South America, sub-Saharan Africa, the Indian subcontinent, Southeast Asia, the Middle East, and Oceania. The estimated risk of acquiring malaria varies markedly from one region to another. It is highest in sub-Saharan Africa and Oceania, intermediate in South Asia, and lowest in the Americas and Southeast Asia. The risk varies according to the time of travel and altitude (transmission is rare above 2000 m).

Volunteers should take the appropriate chemoprophylactic drugs before, during, and after their trip as protection against malaria. There are several factors to consider in choosing an appropriate regimen. Review your travel itinerary in detail and compare it with the information on malarial areas to determine if you will be at risk. In addition, be sure to tell your doctor if you have experienced an allergic or other reaction to the malarial drug of choice. It is important to ask about possible side effects as well.

You can obtain information about malaria drug regimens on the CDC website. Since recommendations for malaria chemoprophylaxis change with some regularity, we recommend that you check with the CDC (or your local travelers' clinic) prior to starting a specific regimen.

Due to the nocturnal feeding habits of mosquitoes, malaria transmission occurs primarily between dusk and dawn. You should take measures to reduce contact with mosquitoes during those hours by remaining in well-screened areas, using mosquito nets (especially those infused with insecticide), and wearing clothes that cover most of the body.

Additionally, we advise the purchase of insect repellent for use on exposed skin. The most effective repellents contain DEET (N, N diethyl-metatoluamide), an ingredient in many commercially available

insect repellents. The actual concentration of DEET varies among repellents; the higher the concentration, the longer lasting the repellent activity.

Finally, volunteers should be aware that it is still possible, despite these efforts, to get malaria. It is important to understand that malaria can be treated effectively early in the course of the disease but delaying treatment can have serious or even fatal consequences. If you have symptoms of malaria (fever, chills, headache, muscle ache, and malaise), promptly seek medical attention and inform your physician of any recent travel history. Neither you nor the physician should assume you have the flu or some other disease without doing a laboratory test to determine if your symptoms are due to malaria.

Tuberculosis

TB is one of the most common infectious diseases in the world. While significant progress has been made toward the elimination of TB in the United States, this disease remains an urgent public health problem in many other parts of the world. It is likely that you will come in contact with people who are contagious, not only at the hospital, but in other areas as well. Although TB is contagious, it is difficult to contract without prolonged exposure but volunteers should be aware of the risks. For more information visit the CDC website. Volunteers should take precautions such as frequent hand washing and wearing a mask when working directly with TB infected patients.

Zika virus

According to WHO, Zika is caused by a virus transmitted primarily by Aedes mosquitoes. People with Zika virus disease can have symptoms including mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days. Zika virus disease is usually mild and requires no specific treatment. People sick with Zika virus should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines. If symptoms worsen, they should seek medical care and advice. There is currently no vaccine available.

As with malaria, protection against mosquito bites is a key measure to prevent Zika virus infection. This can be done by wearing clothes (preferably light-colored) that cover as much of the body as possible; using physical barriers such as window screens or closing doors and windows; sleeping under mosquito nets; and using insect repellent containing DEET, IR3535 or icaridin according to the instructions on the label.

Given the scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome, women of child bearing years should exercise caution when traveling to areas where there is Zika virus.

Work-Related Infections and Universal Precautions

Working in developing countries exposes the volunteer to a higher risk of acquiring a work-related infection than at home. You should be aware of this fact and consider the risks when deciding whether or not to volunteer. Individuals should practice universal precautions on-site as a means of reducing their risk of acquiring a work-related infection. This is also an opportunity to act as a teacher and role model, stressing the importance of reducing the risk of exposure for the local health care providers. The underlying philosophy of universal precautions is that you assume every patient has an infecting agent that is transmissible by bodily fluids. When handling any bodily secretions or fluids of any patient, wear gloves. Since gloves are often in scarce supply at sites, you might want to bring a supply with you and donate extras at the end of your assignment.

After removing your gloves, wash your hands. Hand washing is one of the most effective ways of preventing the transmission of infectious agents (from one patient to another, and from the patient to you). Many health care facilities often ignore hand washing (in both developed and developing countries). You should “buck the trend” and make a point of washing your hands between patients with soap and water. It may not be convenient - you may need to walk across the room, you may need to walk out to the yard - but virtually every health facility has water (you may want to donate some soap).

If you will be in an operating room, you may want to bring some masks and gowns. Masks and face shields are usually not available at the sites. Gowns are often too small or in poor condition. Again, we suggest donating these items to the facility at the end of your assignment.

1. Follow philosophy of universal precautions (above).
2. Never recap needles, or bend them or remove a needle from a syringe no matter where you are in the world.
3. Discard sharps in a specified container.
4. You should carry out all procedures CALMLY, SLOWLY, AND DELIBERATELY. Remember that most needle-stick injuries occur during rapid movements, during stressful situations, or during recapping of needles.

There are many infections that can be transmitted by blood. Some of the most worrisome are HIV, hepatitis B, hepatitis C, malaria, Chagas, etc. Before beginning your assignment, you should complete the full hepatitis B vaccine series. Check your serology for hepatitis B surface antibody after completing the series. There is no vaccine for hepatitis C (and post exposure prophylaxis does not work). There are medications for malaria and Chagas, and if your patient has these illnesses, you may want to empirically treat yourself after a blood-to-blood transfer.

The risk of HIV varies depending on the patient population, the geographical location of the health facility, your level of experience, and your type of exposure. In many sub-Saharan countries in Africa, 15 to 25% of the population is HIV positive. The rates among hospitalized patients are often higher. The first rule to protecting yourself is to remember that this is not the time to learn a new procedure.

Two main modes of entry exist for nosocomial HIV infection: via skin and via mucous membranes. To avoid any such exposure, follow these simple rules:

The CDC has formal recommendations regarding post-exposure prophylaxis for health workers' HIV exposure, but there is no universal protocol. Overseas, it is often impossible to know if blood contains HIV (or other blood-borne infections). Volunteers involved in teaching surgical procedures may want to consider bringing a five-day supply of antiretroviral therapy with them. These drugs may not be available at the site.



Getting Ready

Advance preparation is a critical component of a successful volunteer assignment, but one not easy to accomplish since most volunteers are squeezing their trips into already busy schedules. Once you arrive on assignment, briefings will usually be short because your host country counterparts are busy, so you need to take steps to prepare yourself, both personally and professionally, prior to your departure.

Volunteering overseas is an exciting, wonderful opportunity to see the world, but being an effective volunteer is hard work. Preparation is essential; don't let the adventure sweep you away, and fail to adequately prepare for the assignment.

This chapter will help you to start making the necessary arrangements for your trip, and describes some of the things you can expect before and during your trip. It is by no means complete but should serve as a starting point for your planning

The Paperwork

In the months leading up to your assignment, HVO staff will give you access to orientation materials on the *MyHVO* – HVO's cloud-based platform for the exchange of ideas and information (formerly called the *HVO Knowledge Network, KNowNET* for short). There is a lot of information available on the *MyHVO* that will help as you start making plans for your trip – including detailed project descriptions, previous volunteer reports and contact information from former volunteers, visa and embassy information, and much more. The following is a break-down of the specific preparations for an assignment with HVO.

Passport

Find your passport and make sure that it is current. **Many countries now enforce a 6-month rule, requiring that your passport be valid at least six months after your departure from the country.** If you need a new passport, the Department of State recommends that you apply several months in advance due to the volume of applications. If you travel frequently, it is a good idea to make sure that you have sufficient blank pages for the visas you will need. You may no longer have additional pages added to your passport. So, if you do not have enough pages, you will need to apply for a new passport.

If your passport is not current, apply immediately. If you need a passport in less than two weeks, contact one of the Passport Agencies around the country (see current list on Department of State website). These Passport Agencies accept applications by appointment only. Call in advance to make your appointment and to ensure that you take the proper paperwork. In addition, certain post offices can issue passports, as well as several thousand federal and state courts. If you have an expired passport, you may be able to renew it by mail. There may be an online option at some point in the future.

After you get your new passport, sign it immediately. If you send an unsigned passport to an embassy for a visa, they will likely return it to you without the visa. Make several copies of the face sheet of your passport. Leave one at home and take the other with you but keep it in a separate location from your passport. Should you lose the original, having a copy of the face sheet makes replacement much easier.

Visas

It is the responsibility of the volunteer to obtain all necessary visas for the trip. Instructions for applying for a visa are included in the HVO orientation materials on MyHVO and you should read and follow them carefully. If you are planning to go to several countries and need multiple visas, you might want to use a visa service. Contact HVO staff for information on this option. Note – if you are issued a single-entry visa, you MAY NOT leave the country for a weekend trip and expect to return!

Register with the Department of State

Volunteers traveling on a US passport should register their trip with the US Department of State prior to departure by visiting the [Smart Traveler Enrollment Program](#) on their website. By registering your trip, you ensure that the Department of State can more easily assist you in case of an emergency.

Licensing Requirements

Most HVO sites require documentation about the volunteer's educational and professional background before accepting him or her. Host institutions must ensure that volunteers have appropriate licensing and credentials. This process is especially important for those sites which are in an academic setting, since your host counterparts will be well-trained, experienced professionals. HVO staff and project directors instruct volunteers well in advance about the documents required for a site. Volunteers are responsible for providing the proper documentation in a timely fashion. Instructions are in the HVO orientation materials; please review these instructions carefully.

Background Checks

In addition to confirmation of licensing requirements, some sites require criminal background checks for child protection and patient safety purposes. HVO project descriptions will indicate if such a background check is necessary. The process for acquiring a background check can vary by country, but there are online resources to assist in the process.

Travel and Medical Evacuation Insurance

Volunteers are responsible for obtaining whatever health insurance coverage they feel is necessary. Some volunteers have opted to take travel insurance as well. Information on a comprehensive travel insurance options is included on MyHVO.

All volunteers, regardless of age or health status, are strongly encouraged to obtain medical evacuation insurance. If you have a serious accident or medical incident while overseas, evacuation insurance will arrange for your health care needs and transport home, if needed. Consult with your primary insurance carrier to see if it has agreements with any of the major overseas evacuation companies such as SOS International, etc. A list of companies that offer medical evacuation insurance is available on the HVO website under the Resources tab

HVO Release Form

Volunteers must sign and return a copy of the "Release Form" to the HVO office prior to departure. Depending on your country of assignment or other factors, there may be a second release form that you are required to sign.

Liability Insurance

Some sites may require that the volunteer have liability insurance; this is at the discretion of the local government or facility. However, HVO volunteers, in their capacity as teachers rather than primary providers of services, have generally found that liability insurance has not been an issue. Keep in mind

that if you serve as the primary provider of care, you are opening yourself to the possibility of malpractice action. HVO will inform volunteers of all requirements at the project sites in this regard. Information on this will be in the HVO orientation materials.

Fundraising

Many volunteers are interested in raising money to help defray some of the costs associated with going overseas. Local civic groups, churches and individuals are often willing to contribute, especially to someone from their own community. HVO has an online fundraising tool available for volunteers. Contact HVO staff to learn more about setting up a page.

If you intend to seek either financial support or donations of equipment and other materials, notify HVO first. It is important that staff know who you will approach and what you will request. Very often the potential donor will contact the HVO office to confirm a volunteer's assignment or other specific matters.

Travel Arrangements

Shop around when looking for your airline ticket; you might be able to save yourself quite a bit of money. Many volunteers have found that their local travel agent may not have access to information about travel to such remote places as Bhutan, Malawi or Cambodia. HVO uses a travel agency which has extensive experience in booking tickets to the developing world. Information on this travel agency will be included in your orientation materials. You are under no obligation to use this travel agency. A note of caution, however: should anything happen during your trip - a missed flight, for example - and you have purchased your ticket from another source, HVO staff will not be able to assist you in changing your itinerary.

NOTE: It is a good idea to avoid arriving late at night as there may be security concerns. Also, reconfirm your flight home a few days before departure from the training site.

Personal Items to Take

To avoid problems when going through customs, keep medicines in their original, labeled containers. Bring a copy of your prescriptions and the generic names for the drugs. If a medication is unusual or contains narcotics, carry a letter from your doctor attesting to your need to take the drug. If you have any doubt about the legality of carrying a certain drug into a country, consult the embassy or consulate of that country first. You may also want to consider taking:

- 2-6 extra passport photos
- extra pair of prescription glasses and a copy of your prescription
- any prescription or non-prescription drugs you use regularly
- earplugs
- basic first aid kit
- sunscreen/sunburn lotion
- mosquito repellent (with DEET)
- altitude sickness medicine and/or motion sickness pills
- sunglasses
- water purification tablets – halazone or tincture of iodine
- flashlight

You may also want to take some good books as you may have a lot of spare time, especially in the evenings, and photos of your family to help alleviate homesickness. An added bonus to bringing pictures is that they are often of interest to overseas colleagues and conversation starters.

Check the HVO project description for your site and talk to previous volunteers and the project director for further information about what to bring.

Gifts

Many volunteers, especially those who return to a site every year or two, get into a pattern of bringing gifts for selected members of the department. This can be a problem when one member of the department receives a disproportionate share of the gifts. The jealousy and tension that this situation creates can be long-lasting. Volunteers should be aware of this dynamic and carefully consider the implications of giving gifts to individuals as opposed to the department as a whole.

An experienced volunteer suggested “taking just one really useful and new textbook to use while there and to leave behind.” Other small items can also be valuable and, if possible, should be shared with all the students or made available for shared access.

How to Keep in Touch with Family at Home

Volunteers might want to set up an e-mail account such as Yahoo, Gmail or Hotmail to facilitate communications with family and friends back home. Internet cafes are common in most countries of the world and the prices are usually quite reasonable, though the band-width may not be the speed to which you are accustomed. You might want to do some research about emails – for example, gmail cannot be accessed in China.

Many volunteers use WhatsApp, a cross-platform mobile messaging app which allows users to exchange messages without having to pay for SMS. WhatsApp Messenger is available for iPhone, Android, Windows Phone and Nokia! Since WhatsApp Messenger uses the same internet data plan that you use for email and web browsing, there is no cost to message and stay in touch with your friends. Again, some research is a good idea – WhatsApp is not available in certain countries.

You might consider renting or buying a cell phone at the site. Cell phones are everywhere and usually reasonably priced. Check with your carrier to determine if you can use your regular cell phone at the site with an international calling plan. Another strategy, if you have an unlocked phone. Is to buy a local SIM card after you arrive. This is an excellent way to avoid roaming charges and other fees for talk, text, and data overseas. SIM cards give you access to a local phone number and the plans are usually pretty cheap, e.g. \$10-\$30 for 30 days.

For your Family

Leave a copy of your itinerary with your family and/or at your office. Make two copies of the following: face sheet of your passport, information on any credit cards you are taking, and airline ticket. Give one copy to your family and take the other with you but keep it in a separate place from the rest of your valuables. Digital copies are also an option.

Give your family a telephone/fax number or e-mail address where they can reach you, or plan to call (or e-mail) immediately upon your arrival. This will help alleviate any concerns they may have.

Money

Generally it is not a good idea to carry a large amount of cash. Automated teller machines (ATM) are now available at an increasing number of sites. Check with your bank to find out if you need a new PIN number to access your funds from abroad, and to inform them of your travel plans. You should also notify your credit card companies, though some countries do not accept credit cards. Be sure to read the materials in your orientation materials for details on both the availability of ATMs and acceptance of credit cards.

Be aware that some credit cards charge a foreign transaction fee while others do not. Check with your credit card company before your trip.

It is a good idea to carry a supply of US dollar bills (in good condition) in small denominations, especially for airport departure taxes. Given the problems with counterfeiting, you may find that some banks or foreign exchange bureaus insist on new bills in excellent condition.

Personal Safety

The safety of our volunteers is a top priority at HVO. Health and safety risks are an inherent part of international volunteer service. HVO volunteers can reduce these risks by following recommendations for locally appropriate behavior, exercising sound judgment and abiding by HVO policies and procedures.

Prior to starting a project in a country, HVO undertakes a complete assessment of the health and safety conditions of the country. In selecting sites, we carefully consider the suitability of housing options, the availability of communications and the local security situation. HVO routinely monitors activities at program sites and regularly receives updates from the Department of State.

On occasion, HVO may have a project in a country for which the Department of State has issued a Travel Warning. Volunteers for these projects will be subject to additional requirements established by HVO in order to qualify for service at that site. The requirements may include, but will not necessarily be limited to, prior HVO experience, relevant international experience, proof of purchase of medical evacuation insurance, and site-specific criteria.

If HVO has an active project in a country that the Department of State decides is unsafe for Americans to travel to, HVO reserves the right to suspend the project and volunteers on the schedule may be asked to change their assignment to another site.

The Department of State also issues Travel Alerts. HVO monitors these regularly to determine if there is reason to modify placement of volunteers at a site but most often the project continues. For more information about Travel Warnings and Travel Alerts, visit the Department of State website. All volunteers are strongly encouraged to register with the US Embassy upon arrival in-country if they have not registered with the Department of State prior to their departure.

Reducing Your Risk Profile

While HVO strives to ensure volunteer safety, there are many steps you can take to reduce your risk profile. Safety begins when you pack. To avoid being a target, dress conservatively. A flashy wardrobe or one that is too casual can mark you as a tourist. As much as possible, avoid the appearance of affluence. Leave your jewelry at home. Always try to travel light. If you do, you can move more quickly and will be

more likely to have a free hand. You will also be less tired and less likely to set your luggage down, leaving it unattended.

Carry the minimum amount of valuables necessary for your trip and plan a place or places to conceal them. Your passport, cash and credit cards are most secure when locked in a safe but that may not be possible at the site. When you have to carry valuables on your person, you may wish to conceal them in several places rather than putting them all in one wallet or pouch. Avoid putting much of value, except for a small amount of easily accessible cash, in hand bags, fanny packs and outside pockets which are easy targets for thieves. Inside pockets and a sturdy shoulder bag with the strap worn across your chest are somewhat safer. One of the safest places to carry valuables is in a pouch or money belt worn under your clothing.

Put your name, address, e-mail and telephone numbers inside and outside of each piece of luggage. HVO provides volunteers with multiple luggage tags. These tags are brightly colored and have HVO's logo and contact information on them. Several volunteers have reported that these tags helped them to identify their bags quickly and have reduced the incidence of bags being switched by mistake or taken deliberately at busy airports.

Use the same common sense traveling overseas that you would at home. Be especially cautious in or avoid areas where you are likely to be victimized. These include crowded subways, train stations, elevators, tourist sites, market places, festivals and marginal areas of cities. Do not use short cuts, or walk in narrow alleys or poorly lit streets. Try not to travel alone at night. Avoid public demonstrations and other civil disturbances. Keep a low profile and avoid loud conversations or arguments. Do not discuss travel plans or other personal matters with strangers. Avoid scam artists. Beware of strangers who approach you, offering bargains or to be your guide. Beware of pickpockets. They often have an accomplice who will:

- jostle you
- ask you for directions or the time
- point to something spilled on your clothing to distract you by creating a disturbance

A child or even a woman carrying a baby can be a pickpocket. Beware of groups of children who create a distraction while picking your pocket. Wear the shoulder strap of your bag across your chest and walk with the bag away from the curb to avoid drive by purse snatchers. Try to seem purposeful when you move about. Even if you are lost, act as if you know where you are going. Don't pull out a map! When possible, ask directions only from individuals in authority. Think twice about going to restaurants or other venues that cater to the expatriate crowd. These places are targets due to their clientele. Being there will not reduce your overall risk profile.

If confronted, don't fight back. Give up your valuables. Your money and passport can be replaced, but you cannot.

Legal Requirements

When you are in a foreign country, you are subject to its laws. Use common sense. Avoid areas of unrest and disturbance. When entering some countries or registering at hotels, you may be asked to fill out a police card listing your name, passport number, destination, local address, and reason for traveling. Some countries may even require you to leave your passport at the hotel reception desk overnight so local police officials can check it. This is a standard procedure; if you do not receive your passport the

following morning, you should immediately report this to the local police authorities and the nearest US Embassy or consulate.

Contraband Items

Do not purchase or accept any items, such as firearms or illegal drugs, that a host government considers contraband. While overseas, you are subject to local laws which may impose harsh penalties for the possession of contraband items.

Local Politics, Attitudes and Cultural Norms

Volunteers should remain neutral with respect to expressing their opinions about the national or local government. You may put your hosts in a difficult and potentially embarrassing or dangerous position by commenting on the government or even the administration of the hospital or health facility at which you are working.

Remember, cultural, social and political norms don't change quickly. As a volunteer you will come into contact with people who have different values and beliefs, some of which you may find disturbing. As an HVO volunteer your role is to strengthen the health care system through the education and professional support of health care providers. In discussions with colleagues about topics that might be controversial or sensitive, volunteers should maintain a level of discretion about sharing their views.

Volunteers should be aware that in some countries homosexuality is illegal and punishment ranges from imprisonment to death. Volunteers should take the time to research the laws and attitudes of their destination (the Department of State has country-specific information for LGBTI travelers) and determine if they will be comfortable in this environment.

Photographs

HVO is constantly seeking photographs from volunteers for use in newsletters, annual reports and on the website and for social media. We are especially interested in high resolution digital images of volunteers in action and local scenes.

There are some rules of etiquette that you should observe when taking photographs, however. For example, it is a good idea to ask permission to take someone's picture. This does not need to be a formal process with a signed release, but simply indicate that you would like to take a photo and see if anyone shakes their head indicating that they do not want to be in the photo. Some people may decline due to cultural or religious beliefs, although very often the response is positive.

If taking photos within the hospital setting, ask your colleagues and/or hospital administration about the appropriateness of taking photos within the hospital. Also, in some countries it is unlawful to take photographs of the local airport, presidential residence or other official installations. It is best to be mindful of these restrictions as the consequences can be quite unpleasant.

Social Media

If you are posting images and comments on social media while on assignment, remember that your posts can be viewed by a variety of people – many of whom you do not know. Again, be discrete. Do not use this platform as a way to criticize your hosts or the institution where you are working.

Volunteers should be circumspect about commenting on social media on the local political situation, as well as this could have negative consequences for the institution and possibly for the placement of future volunteers.



Returning Home

As you prepare for your trip abroad, it is important not only to think about what you do before and during your trip, but also in the weeks and months after your return. In this chapter, we discuss some of the challenges returning volunteers have faced and the best ways to address them. We also include practical considerations for your return.

Challenges You May Face

Volunteers frequently comment on the unexpected stress they encounter upon returning home. Many find that their culture shock upon re-entry exceeds what they felt going abroad. In a new situation, people expect things to be different, but back home, they expect to feel the same as before. However, an overseas experience can change you. How well you handle re-entry will depend upon both your own preparation and the concern of your family, friends, and colleagues. Re-entry culture shock is usually most acute after the first assignment, and the magnitude lessens with each trip.

Many volunteers returning home find Western lifestyles to be wasteful and lavish compared to what they have just seen and experienced in the developing country setting. You will have a new perspective of the world after witnessing unimaginable poverty and daily struggles for survival.

Understandably, you will want to talk about what you have seen and done, and will want friends and colleagues to share in your new knowledge of the world. However, you may find that many of your friends and colleagues are not interested in hearing the details of your trip. Naturally, they may ask how it was and what you learned, but it is possible they will not want a lengthy discourse on the lack of economic resources, poor health conditions, lack of environmental control, problems of illiteracy and malnutrition, and other everyday conditions. Many volunteers have found this frustrating and confusing.

Re-Entry Strategies

Those who are successful at coping with re-entry find ways to integrate their volunteer experience into their lives at home. One of the best ways is to communicate with other volunteers, especially those on the schedule to go abroad in the near future. HVO also encourages volunteers to call their project director upon returning home to brief him/ her about their experience at the site. Along with keeping the project director up-to-date on site developments, this provides an opportunity for you to relate your experience to someone who has both interest and familiarity with the problems you encountered.

Another successful re-entry strategy is to give talks and presentations to interested civic, church and professional groups about your overseas experiences. This way, you can channel your enthusiasm for overseas work to those who share your interests. HVO has a PowerPoint show that you can integrate with slides from your trip for presentations at professional society, club or other group meetings. You can access the PowerPoint on the HVO website. HVO also has printed informational materials available to volunteers; just visit the HVO website or contact the HVO office to request these materials.

A Few Items Needed by HVO

Another useful tool for successful re-entry is the completion of HVO's required post-trip forms. While this data and feedback are important to the organization, they are also a great way for you to summarize your trip and reflect on your experience.

Post Trip Surveys: HVO asks that you complete a feedback survey after your assignment in order to share your impressions and experiences. Your feedback is an invaluable resource for future volunteers and also informs HVO staff about how to improve the orientation process and support services for volunteers. Further, the data collected enables HVO to continually monitor and evaluate projects, make any necessary modifications to improve effectiveness, and ultimately increase HVO's impact. HVO also encourages you to include any teaching materials you developed or photos from your assignment along with the survey. HVO frequently shares selected parts of volunteer surveys through various HVO media and communication platforms. However, if you prefer your survey be kept confidential, we will honor that request.

If it is your first assignment with a particular project, you should complete the *Volunteer Feedback Survey*. Volunteers who participate in the same project more than once should complete the *Impact Assessment Survey*. Both surveys can be found in the "For Every Volunteer" section of the *MyHVO* and a preview of both surveys is available on the HVO website.

Tax Considerations: HVO is a public charity under section 501(c)(3) of the U.S. Internal Revenue Code. The 1986 Tax Act denies a deduction of travel expenses when the volunteer enjoys a significant element of personal recreation. Volunteers should make note of this when planning their trips – a long trip home via several countries for an apparent vacation may cause the IRS to question the deduction.

Volunteers are responsible for keeping all appropriate receipts and other documentation related to the trip. Upon returning home, go online complete the Financial Contribution Form. HVO will send a letter to you confirming your participation in the program and acknowledging your contribution. You should keep this letter with your receipts for tax purposes. The value of your time and services is not tax-deductible; nor are any personal expenses unrelated to the volunteer service. Volunteers should consult with their tax advisor regarding any specific questions concerning deductions or other related matters. HVO does not and cannot offer advice for filing taxes.

Staying Involved

Of the over 450 volunteers that HVO fields every year, nearly 40% are 'repeat' volunteers. There is a strong tradition of continued involvement among HVO volunteers. After you've completed your assignment, we highly encourage you to continue your membership with HVO. Renewing each year ensures your continued access to the *MyHVO* and to continuous updates on new HVO projects and volunteer opportunities.

We hope this Guide serves as a useful tool as you begin planning a safe and rewarding experience abroad, and we look forward to working with you to transform lives through education!

Bon Voyage!



Health Volunteers Overseas

Transforming Lives Through Education

1900 L Street, NW, Suite 310

Washington, DC 20036