Planning, Organizing and Implementing a “Service Trip”

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Prepared as part of an education project of the Global Health Education Consortium and collaborating partners
Learning Objectives

• Recognize which elements of a service trip need to be budgeted prior to departure
• Gain insight into determining which medications and supplies are required
• Understand the importance of appropriate drug donation
• Identify the significance of modern medicine in traditional settings
• Learn how to provide culturally competent health care
• Identify safety and security concerns
Presentation Outline

• Planning and Organizing
  – Host and Location
  – Budgeting
  – Funding
  – Determining medication/supplies
  – Acquiring medication/supplies

• Implementing
  – Modern and traditional/indigenous medicine
  – Cultural competence
  – Managing stress
  – Order and safety
  – Support staff
PLANNING AND ORGANIZATION
Getting started…

• Preparations should begin at least 12 months in advance
• Before planning two things should be established
  – A mission destination
    • Developed or developing country?
    • Rural community or urban center?
  – A suitable on-site host
    • Governmental or Non-governmental organization?
    • A missionary group?
    • Local individuals?

Qualities of an appropriate host

• Lives within the community in which the service trip will be conducted
• Understands the local culture, history and people
• Can read, write and speak the local language
• Knows the medical and broader social needs of the community
• Accessible to team management via email, phone or other forms of communication
What to consider during the planning process

• Focus of the service trip
• Available resources
• Weather

Source: http://www.hospitalsofhope.org/images/images/VanProosdy.JPG
Focus of the Service Trip

• Will the trip be medical, surgical, educational, relief or public health oriented?

• This answer depends on 3 important criteria:
  – Skill set of the available volunteers
  – Health needs of the specified community
  – Health services presently available in the community and their functioning capacity
Available Resources

• The resources available determine the size and composition of the health team
• The size of the health team cannot exceed the size which is allowed for by the available resources
• Resource considerations:
  – Logistical support
  – Food and shelter
  – Medical supplies
  – Transportation
Weather

• Many service trips are conducted in developing nations whose road infrastructure may not be adequate to provide year-round traffic
  – Typhoon or Rainy seasons can impose a significant barrier to accessing rural communities via road
• Extreme temperatures – cold and hot – can negatively impact the effectiveness of the volunteer health workers, especially if not accustomed to the weather conditions.
• The epidemiological disease patterns encountered during the service trip are influenced by the weather
  – Eg, Tropical conditions are a risk factor for communicable diseases
Team Composition

• Selection of team members occurs after the focus and available resources are known
• Community’s needs should dictate selection process
  – E.g. If a public health team is needed in a refugee camp it might include the following:
    • Epidemiologists
    • Environmental engineers and scientists
    • Health educators and social workers
    • Health service managers
    • Public health policy analysts
Budgeting for a Service Trip

• What to consider?
  – Transportation
  – Food
  – Residence
  – Taxes and Fees
  – Administrative overhead
  – Unforeseen costs

Transportation

• Travel to mission location
  – Air transport is the most common form of transport but it is very costly
  – Concessions should be sought out for:
    • Group transport and/or
    • Travel due to humanitarian purposes

• Transport within the community during service trip
  – Involves transport from: work to residence, airport to community, work to patient residences, other medical and non-medical errands etc.
Transportation continued

– Amount of luggage (personal and medical supplies) and number of team members must be determined beforehand so appropriately sized vehicles can be obtained at the mission location.
  • Overladen vehicles should be avoided as a safety risk to the volunteers and can damage supplies.

Source: Solheim, Edwards, 2007
Food

• Acquiring safe food and water is important for keeping the medical staff healthy
• How will the team be fed?
  – Will food be prepared by locals?
  – Are there restaurants nearby?
  – Will participants prepare their own food?
  – Will non-perishable foods from the donor countries be brought?
Residence and Taxes/Fees

• Residence
  – Will hotels be used?
  – Will medical facilities also be used for lodging
  – Will participants be billeted by locals?

• Taxes and Fees
  – Normal travel fees
  – Medical licenses

Hotel use can become expensive and impose budgetary limits. However, if locals are asked to open their homes, perhaps, monetary or other forms of compensation should be considered. Normal travel fees include expenditures such as entry visas, departure taxes, baggage fees, airport taxes and other various expenses.
Administrative and Unforeseen Costs

• Administrative costs*
  – Involves costs not related to the health aspect of the service trip

• Unforeseen costs
  – Extra costs that can arise through various means and it is wise to allocate additional funds to cover these
  – Can occur when new medical supplies are required that were not initially budgeted for, or additional supplies are needed to cover medical supplies which have run out

*Administrative costs can come to include: Communication and secretarial costs; Salaries for the support staff and translators; Team orientation costs; Medical and logistical supplies etc
Funding a Service trip

• Self-funding

• Fundraising

• Grants

**Figure 1:** Global humanitarian assistance, 2008

US$18bn

Source: Development Initiatives ‘guesstimate’ based on OECD DAC Stat DAC1, DAC2a, UN OCHA FTS, annual reports and programme research
Before getting the meds...

• Information to gather:
  – How many communities will be visited and what medical facilities currently exist in these places?
    • What are the capabilities of these facilities?
  – What are the local prevalence rates?
  – What are the most acute health concerns?
  – How mobile and frequent will the clinics be?
Medications

• Over-the-counter drugs
• Prescription drugs
  – Communities not previously exposed to antibiotics should be treated with basic antibiotics
  – Concerns of antibiotic resistance arise when 2nd or 3rd generation drugs are used on service trips
  – These drugs should only be used to treat infections resistant to basic antibiotics and should not be used for initial therapy

See Notes
Donated Drugs - Concerns

- Secure reliable sources of drug donation
- Service trip success relies heavily on acquiring appropriate medicines for the correct diseases
- Delivery of inappropriate medicines can hinder the performance of the team as they must allocate time and resources to re-sort, process and store bad drugs.

Source: http://www.drugdonations.org/DonationHAI.pdf
Donated Drugs Concerns – Example

Inappropriate donations represented 50-60%, or about 17,000 metric tons, of the total amount donated

**Table 1.** Estimates of International Donations of Drugs and Medical Supplies to Bosnia and Herzegovina, 1992 to Mid-1996.*

<table>
<thead>
<tr>
<th>Type of Donation</th>
<th>All Donations</th>
<th>Inappropriate Donations</th>
<th>Inappropriate Donations as a Percentage of Type</th>
<th>Inappropriate Donations as a Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no. of metric tons (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In accordance with World Health Organization guidelines</td>
<td>13,200 (38-47)</td>
<td>700 (3-5)</td>
<td>5</td>
<td>2-3</td>
</tr>
<tr>
<td>Miscellaneous unused drugs</td>
<td>9300-14,000 (33-40)</td>
<td>7900-12,600 (57-60)</td>
<td>85-90</td>
<td>28-36</td>
</tr>
<tr>
<td>Suspected drug dumping</td>
<td>5300-7600 (19-22)</td>
<td>5300-7600 (36-38)</td>
<td>100</td>
<td>20-22</td>
</tr>
<tr>
<td>Total</td>
<td>27,800-34,800 (100)</td>
<td>13,900-20,900 (100)</td>
<td>50-60</td>
<td></td>
</tr>
</tbody>
</table>

*Values represent data from the sources cited in the text and from field surveys. Data from several agencies were aggregated to arrive at an average figure of 1 ton for 4 m³ of drugs and disposable materials.

†The estimated average is 17,000 metric tons.

Source: Berckmans, Dawans, Schmets, Vandenbergh, & Autier, 1997
Guidelines for Donation

• Health teams should ensure that sources which donate drugs follow these guidelines

• Guidelines based on four principles:
  1. Drugs donated will not jeopardize the health outcomes of recipients
  2. Respect for recipient’s authority over what drugs are donated
  3. No double standards of care between the donor of the medications and the recipient
  4. Interaction between both the donor and recipient

Essential Drug Lists

– The World Health Organization has encouraged nations to compile lists of medicines determined to “satisfy the priority health care needs of the population.”

– These medicines are often cost-effective, and relevant to the public health demand of the nation

– These should be considered when planning and acquiring medications for the trip

Trip Orientation

• Helps to (1) ease integration into the local culture and (2) avoid potentially violating cultural customs
• Orientation should address what your expectations are for what you will see, learn and accomplish

Orienting at home and at the destination

• At home
  – Use available resources to learn about:
    • The culture of the community, and,
    • The global health work/projects of the host organization
• At the destination
  – Arrive before the service trip begins to adjust to the local environment
  – Actively engage and explore the local culture
    • This is the best way to orient oneself
IMPLEMENTATION
Something to be mindful of…

- How appropriate is modern western medicine in the targeted community?
- The western form of health care emphasizes one on one doctor to patient care
  - It is also resource heavy and it can strain the limited amount of resources and capital available to a health team on a service trip

Source: http://www.fr.olympus.be/corporate/1691_1764.htm

vs.

Source: http://blog.redcross.ca/adamjohnston/2006/12/post-campaign.html
Local Health Professionals and Traditional Medicine

• Differences exist between western health workers and local health workers, e.g., placebo effect
• Traditional/indigenous forms of medicine continues to be the predominante form of health service delivery around the world
• When entering a nation with an established traditional health sector volunteers should learn to appreciate the importance of traditional medicine in illness
Cultural Competence of Health Care Workers

• Cultural differences can jeopardize the successful diagnosis and treatment of patients.
• Culturally sensitive care = patient-centered care
• To provide culturally sensitive care health workers should learn to ask 4 questions:
  – What do you call your problem?
  – What do you think caused your problem?
  – How do you cope with your problem?
  – What concerns do you have about your problem and the purposed treatment?
Cultural Competence

• What do you call your problem?
  – Asking this question lets the health worker know the patient’s perception of their problem
  – The same symptoms can mean different problems in different cultures
• What do you think caused your problem?
  – Asking this determines the patient’s belief as to the source of their problem
  – When treating the diagnosed (medical) problem providers must also treat the patient’s believed problem otherwise they will not think they are cured
Cultural Competence - *continued*

- How do you cope with your problem?
  - Determines what treatments they’ve used so far and who else they’ve visited for treatment
  - Health care providers should be non-judgmental when asking this question
- What *concerns* do you have about your problem and the purposed treatment?
  - Patients may have misconceptions of the symptoms and course of their sickness which should be addressed
  - Misconceptions about medical treatment can be common and should be determined
Stress for the Providers

• Medical humanitarian work is difficult
• Staff are often overworked, have little privacy and personal space, commonly face suffering and so on
• Short term → providers can become stressed and fatigued
• Long term → providers can become depressed, burned out, develop post-traumatic stress disorder
• Ultimately stress hinders the ability of the health care workers to provide adequate care

Managing the Stress

• Most stress is manageable

• How stress is managed depends on its severity:
  – Basic Stress
  – Cumulative Stress
  – Traumatic Stress

Maintaining Order

• Crowd control is crucial

• *Under* promise then *Over* deliver

• Maintain neutrality by providing no concessions or doing no favors

Source: http://latimes.image2.trb.com/lanews/media/photo/2008-12/43885756.jpg
Security and Safety in Dangerous Areas

Table 1: Summary statistics of violent incidents against aid workers

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Number of incidents</td>
<td>63</td>
<td>63</td>
<td>75</td>
<td>106</td>
<td>119</td>
<td>155</td>
<td>67</td>
<td>127</td>
</tr>
<tr>
<td>Total aid worker victims</td>
<td>143</td>
<td>125</td>
<td>172</td>
<td>239</td>
<td>206</td>
<td>260</td>
<td>147</td>
<td>235</td>
</tr>
<tr>
<td>Total killed</td>
<td>87</td>
<td>56</td>
<td>54</td>
<td>86</td>
<td>79</td>
<td>122</td>
<td>66</td>
<td>95</td>
</tr>
<tr>
<td>Total injured</td>
<td>49</td>
<td>46</td>
<td>95</td>
<td>87</td>
<td>84</td>
<td>76</td>
<td>63</td>
<td>82</td>
</tr>
<tr>
<td>Total kidnapped</td>
<td>7</td>
<td>23</td>
<td>23</td>
<td>66</td>
<td>43</td>
<td>62</td>
<td>18</td>
<td>57</td>
</tr>
</tbody>
</table>

Figure 1: Absolute numbers of violent incidents affecting aid works

Source: Humanitarian Policy Group, 2009
Local Support Staff

• Maintaining a functional and knowledgeable support staff is pivotal to service trip success
• How successful will the team be if they:
  – Can not commute due to broken vehicles, or,
  – Have no electricity to work with, or,
  – Have no access to supplies, etc.
• Mechanics, generator operators, resupply clerks, translators, cooks and so on ensure the progress of service missions
Collaborating

“Guatemalan patients, especially those with less education, tend to put more faith in a blonde haired, blue eyed, white skinned foreign physician than their own Guatemalan physicians. These foreigners show up with their shiny new equipment and do their free surgeries without ever working with any of the Guatemalan physicians...US physicians are not superior to Guatemalans. I am perfectly capable of taking care of my own people.”

- Guatemalan Surgeon
Debriefing

• Prepare for your return home well in advance
• Consider taking time off in-between your return home and your return to school or work
• Reverse culture shock
  – It is a reality?
  – Often occurs after returning from a long-term assignment

Preparing well in advanced for your return home and participating in activities that help you reintegrate back into your own culture can help minimize the effects of reverse culture shock. Frequently when students, health care workers, aid workers etc return from developing nations to developed, western nations they may return feeling a sense of alienation or withdrawal from western culture or even frustration or boredom toward it.
Coordination: Short-term with Long-term

- Short-term: emphasis is on quick-fix solutions
- Long-term: emphasis is on preventive solutions
- Formula approach vs. Community-specific approach

Source: http://www.msf.org.uk/UploadedImages/b950ca52-2920-4380-b4b4-f7afbd50b086.jpg
Quiz

• Now we invite you to take the module quiz and test your recent learning.
• This module quiz includes 5 questions reviewing some of the key points of this module
• Write down your letter code answers
• After completing your quiz click to see the correct answers.
• The module then concludes with summary and references.
Question 1. When trying to confirm the focus of a service trip what should be considered?

A. Skill set of the volunteers
B. Health services presently available in the community
C. Health needs of the community
D. Cultural taboos within the community
E. All of the above
**Question 2. Which of the following is untrue**

<p>| | |</p>
<table>
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<td>B</td>
<td>Self-funding for a service trip involves payments being made by the volunteers themselves.</td>
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<td>C</td>
<td>Grants represents the most common way service trips are financed.</td>
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<td>D</td>
<td>Multilateral governmental funding occurs directly between donor and recipient nations.</td>
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<td>E</td>
<td>None of the above</td>
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Question 3. Which of the following is a principle of drug donation?

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<td>C</td>
<td>No double standards of care between the donor of the medications and the recipient</td>
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<td>D</td>
<td>Interaction between both the donor and recipient</td>
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<td>E</td>
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</table>
**Question 4. Which of the following is correct?**

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<td>A</td>
<td>Health concerns are uniform across most resource poor and resource rich nations</td>
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<td>B</td>
<td>Traditional medicine is often resource heavy as it demands high quantities of resources and capital</td>
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<td>C</td>
<td>In Canada physicians quite commonly and comfortably utilize placebos to “treat” their patients as opposed to physicians in resource poor nations.</td>
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<td>D</td>
<td>While cultural competence of a physician may make a patient feel happier it does not produce any clinically significant discoveries.</td>
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<tr>
<td>E</td>
<td>None of the Above</td>
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Question 5. What is an important principle to follow while trying to maintain order while delivering care to a crowd?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tr>
<td>A</td>
<td>Threaten to provide poor care if the crowds do not follow directions</td>
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<tr>
<td>B</td>
<td>Try to placate certain individuals by providing them concessions in exchange for their cooperation.</td>
</tr>
<tr>
<td>C</td>
<td>Do not worry about controlling crowd as this wastes resources that can be directed to the actual medical portion of the service trip.</td>
</tr>
<tr>
<td>D</td>
<td>Under promise the amount of care that will be provided to the community.</td>
</tr>
<tr>
<td>E</td>
<td>All of the above</td>
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</tbody>
</table>
Answers to quiz questions on next slides.
Question 1

When trying to confirm the focus of a service trip what should be considered?

A. Skill set of the volunteers
B. Health services presently available in the community
C. Health needs of the community
D. Cultural taboos within the community

<table>
<thead>
<tr>
<th>Alternative answers</th>
<th>Feedback to student</th>
</tr>
</thead>
<tbody>
<tr>
<td>A       A, C, D</td>
<td>Incorrect. Cultural taboos within the community is the only variable that shouldn’t be considered.</td>
</tr>
<tr>
<td>B       A, B, C</td>
<td>Correct</td>
</tr>
<tr>
<td>C       C, D</td>
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<tr>
<td>D       B, D</td>
<td>Incorrect. Cultural taboos within the community is the only variable that shouldn’t be considered.</td>
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<td>E       All of the above</td>
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## Question 2

Which of the following is untrue?

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<tr>
<th>Alternative answers</th>
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<tbody>
<tr>
<td><strong>A</strong> Self funding, fundraising and grants are methods through which funds for a service trip may be gathered</td>
<td><strong>Incorrect</strong>&lt;br&gt;This is true. These 3 are plausible strategies. The untrue answer equates multilateral funding to funding between donor and recipient countries.</td>
</tr>
<tr>
<td><strong>B</strong> Self-funding for a service trip involves payments being made by the volunteers themselves.</td>
<td><strong>Incorrect</strong>&lt;br&gt;This is true. Self funding does involve payment coming from the volunteers. The total cost of the service trip is divided equally among the volunteers and they are expected to cover the cost. The untrue answer equates multilateral funding to funding between donor and recipient countries.</td>
</tr>
<tr>
<td><strong>C</strong> Grants represents the most common way service trips are financed.</td>
<td><strong>Incorrect</strong>&lt;br&gt;This is true. The untrue answer equates multilateral funding to funding between donor and recipient countries.</td>
</tr>
<tr>
<td><strong>D</strong> Multilateral governmental funding occurs directly between donor and recipient nations.</td>
<td><strong>Correct</strong>&lt;br&gt;This is untrue because this is characteristic of bilateral funding.</td>
</tr>
<tr>
<td><strong>E</strong> None of the above</td>
<td><strong>Incorrect</strong>&lt;br&gt;The untrue answer equates multilateral funding to funding between donor and recipient countries.</td>
</tr>
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</table>
## Question 3

Which of the following is a principle of drug donation?

<table>
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<tr>
<td>A  Drugs donated will not jeopardize the health outcome of recipients</td>
<td>Incorrect. All of the above is the correct answer.</td>
</tr>
<tr>
<td>B  Respect for recipient’s authority over what drugs are donated</td>
<td>Incorrect. All of the above is the correct answer.</td>
</tr>
<tr>
<td>C  No double standards of care between the donor of the medications and the recipient</td>
<td>Incorrect. All of the above is the correct answer.</td>
</tr>
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<td>D  Interaction between both the donor and recipient</td>
<td>Incorrect. All of the above is the correct answer.</td>
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<td>E  All of the Above</td>
<td>Correct</td>
</tr>
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</table>
Which of the following is correct?

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Health concerns are uniform across most resource poor and resource rich nations</td>
<td>Incorrect. Many of the health concerns found in developing nations are not pressing in developed nations. This explains why western modern medicine may be inappropriate in certain settings in the developing world. The correct answer is “none of the above.”</td>
</tr>
<tr>
<td><strong>B</strong> Traditional medicine is often resource heavy as it demands high quantities of resources and capital</td>
<td>Incorrect. This is characteristic of western/modern medicine. The correct answer is “none of the above.”</td>
</tr>
<tr>
<td><strong>C</strong> In Canada physicians quite commonly and comfortably utilize placebos to “treat” their patients as opposed to physicians in resource poor nations.</td>
<td>Incorrect. In Canada, physicians practice a western form of health service delivery where the placebo is not frequently used compared to non-western medical systems. The correct answer is “none of the above.”</td>
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</tr>
<tr>
<td><strong>D</strong> While cultural competence of a physician may make a patient feel happier, it does not produce any clinically significant discoveries.</td>
<td><strong>Incorrect.</strong> By being culturally competent, a physician can gather important information from patients such as their previous traditional treatments they have undergone and current traditional medicines they are taking. This is significant because certain traditional treatments can be dangerous and some traditional medicines can have dangerous interactions with new drugs prescribed by the physician. The correct answer is “none of the above.”</td>
</tr>
<tr>
<td><strong>E</strong> None of the Above</td>
<td><strong>Correct.</strong></td>
</tr>
</tbody>
</table>
Question 5

What is an important principle to follow while trying to maintain order while delivering care to a crowd?

<table>
<thead>
<tr>
<th>Alternative answers</th>
<th>Feedback to student</th>
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</thead>
<tbody>
<tr>
<td>A  Threaten to provide poor care if the crowds do not follow directions</td>
<td>Incorrect. Providing sub-par care should not be considered. <strong>Under-promise</strong> care is the correct answer.</td>
</tr>
<tr>
<td>B  Try to placate certain individuals by providing them concessions in exchange for their cooperation.</td>
<td>Incorrect. Doing this can actually exacerbate the difficulty of controlling the crowd because once one individual receives concessions others may want them as well. <strong>Under-promise</strong> care is the correct answer.</td>
</tr>
<tr>
<td>C  Do not worry about controlling crowd as this wastes resources that can be directed to the actual medical portion of the service trip.</td>
<td>Incorrect. Maintaining organization goes a long way with respect to how effective and efficient a service trip can be. If too many people arrive to a clinic and demand care it requires further resources (ie, personnel) to maintain order amongst them. <strong>Under-promise</strong> care is the correct answer.</td>
</tr>
<tr>
<td>D  <strong>Under-promise</strong> the amount of care that will be provided to the community.</td>
<td>Correct.</td>
</tr>
<tr>
<td>E  All of the above</td>
<td>Incorrect. <strong>Under-promise</strong> care is the correct answer.</td>
</tr>
</tbody>
</table>
Summary

• The focus of the service trip, resources available and the climate at the destination are all interacting factors that guide the planning process.

• Budgeting requires consideration of multiple factors well in advance.

• To attain appropriate drug donation the service trip volunteers should consult national essential drug lists and seek out drug donating sources that adhere to the WHO Drug Donation Guidelines.

• For excellent patient care volunteers must be culturally competent and respectful of differing but culturally relevant perceptions of diseases.

• Due to the nature of medical service trips a certain degree of stress is involved and it is important that it is managed appropriately to maintain proper patient care.

• Safe and organized conditions must be maintained to maximize the efficiency of the health volunteers and the cooperation of the locals.
General references

Papers


General references

Books
General references

Books


General references

Web links


• Organization for Economic Cooperation and Development. (2009). *Development Assistance Committee (DAC)*. Retrieved from http://www.oecd.org/about/0,3347_en_2649_33721_1_1_1_1_1_1,00.html

Credits

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Notes on Food

If food is to be prepared by the locals then it should made certain that the locals understand how to make food safe for the volunteers who may not be accustomed to the local cuisine. Furthermore, restaurant use may be convenient but it can become very expensive and can limit the team’s ability to budget sufficient amounts of resources towards the actual medical portion of the service trip. As well, relying on non-perishable foods can be problematic with respect to transport. Having to transport enough rations for the entire team on top of medical supplies and personal luggage can create excessive luggage issues.

Funding a Service trip

Self funding requires that the entire cost of the service trip be divided up evenly among the health professionals who are participating and that they pay for their own portion. Moreover, if this is the chosen form of funding then sponsorship of the service trip by a non-governmental organization should be considered to provide tax exemptions for the volunteering health professionals.

The most common form of funding a service trip comes from acquiring grants from governments, non-governmental organizations and international institutions like the International Monetary Fund, World Bank, and the various UN agencies. Governments around the world can fund humanitarian missions (including medically oriented missions) via bilateral or multilateral means. Bilateral funding occurs from donor nations directly to recipient nations or indirectly via non-governmental organizations. Multilateral funding occurs through multi-national institutions such as the European Union, African Union, WB, IMF, UN and more.


The above figure demonstrates how significant assistance by governmental institutions is when it comes to funding missions. Of the nearly $18 billion dollars

Note: DAC refers to the Development Assistance Committee of the Organization for Economic Cooperation and Development. This committee consists of multiple selected member states which work to promote development aid and poverty reduction. For more information refer to: http://www.oecd.org/about/0,3347,en_2649_33721_1_1_1_1_1,00.html

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**Before getting the meds…**

Some communities may already have access to medications and medical facilities previously constructed by the government or local, national or international NGOs and so certain medical supplies may not need to be budgeted for as they will already be available. Furthermore, knowing the epidemiological status of the specified community is especially important because this information can allow the medical team to anticipate which diseases they will encounter and allow them to ration more for the medicines which treat these identified diseases.

As well, depending on the needs and demand of the community the frequency and distribution of clinics can change. In some cases clinics could simply be held everyday at the same location for the entire day or in other cases clinics could be held at one location in the morning and at another location in the evening. If multiple locations are used during the service trip then more overall medical supplies may be required because of the higher demand. Additionally, in the case of multiple locations the mobility of medical supplies becomes more important because certain tools may need to be shuttled between locations. These types of questions must be taken into account before ordering supplies and medications.


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**Medications**

Some examples of important OTC drugs to take include:

- Vitamins for malnutrition
Powerful 2\textsuperscript{nd} and 3\textsuperscript{rd} generation antibiotics are used to treat strains of bacteria resistant to 1\textsuperscript{st} generation antibiotics. Giving patients these powerful antibiotics as a first course of treatment allows for frequent exposure of these drugs to the bacteria increasing the chance that the bacteria will develop resistance. If their ability to combat these resistant bacteria is lost and the bacteria become resistant to these 2\textsuperscript{nd} and 3\textsuperscript{rd} generation drugs then no other medical treatment is available for the patient.


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Donated Drugs Concerns

Image – 95\% of the unsolicited drug donations to the small island nation of Vanuatu are inappropriate. The drugs are often either expired, require high storage costs, used/opened, not useable by local professionals who have no training with them and so on. http://www.drugdonations.org/DonationHAI.pdf


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Donated Drugs Concerns – Example

Table 1 shows the degree to which damaged, unlabeled or expired drugs were donated to the various medical missions that worked during the Yugoslav wars from 1992-1996.

Of the donations that followed WHO guidelines only 3-5\% (700 metric tons) of the medicines were deemed inappropriate. However, of the drugs originating from NGOs or personal donations which have been classified as “miscellaneous,” close to 60\% were inappropriate. Overall 50-60\% of all donations were inappropriate.

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**Orienting at home and at the destination**

Ways to educate yourself beforehand include:

- Contacting the national embassy of the host country
- Contacting someone who has participated in a service trip in the target community
- Contacting someone who lives within the target community
- Reading guidebooks
- Searching the internet


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**Something to be mindful of...**

Common health concerns in developing nations include immunizations, promoting breastfeeding, clean water, sanitation, diarrheal diseases and more. These health concerns however, are not pressing in many developed nations which have a western model of medicine. Therefore, despite the many advantages of modern medicine it is possible that this form of medicine may be irrelevant and inappropriate in a rural community of a developing country.

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**Local Health Professionals and Traditional Medicine**

Local physicians, pharmacists, nurses and so on may practice medicine in a manner different from western health care workers by incorporating treatments and practices based in non-western medical traditions. For example, depending on the geographic region the importance of the placebo effect in medical practice may be high unlike in western health care. In certain areas physicians may be comfortable in administering injections or giving written prescriptions to patients knowing that what they are giving the patients is a placebo and not a medical treatment.
Cultural Competence of Health Care Workers

When in a foreign environment cultural differences between the health care worker and the locals can create misunderstanding, tension, and lack of trust between patient and provider. During the course of the mission health care workers should emphasize becoming more culturally competent to ensure superior care.


Cultural Competence

Call:
Acknowledging the patient’s understanding of their problem can increase trust between doctor and patient and improve patient compliance.

Example - lets say you moved from Canada to a rural village in Southeast China and you were epileptic. Would you trust and follow the advice of a traditional Hmong healer if they told you your seizures was actually spirit possession instead of a disruption of neurological impulses in your brain? The likely answer is no and therefore the same may be true if a Hmong patient in Canada was told their epilepsy was actually a neurological condition. Therefore, during the service trip health providers should be aware of local perceptions of different diseases if they want the full cooperation of the locals.

Cause:
If a patient believes that the source of disease identified by the health care provider is false and instead something else they may refuse medical treatment that can make them better. For example, in the case of infectious diseases commonly believed alternative sources of disease include upset body balance, sinning or spirit possession.

Example - If a patient refuses antibiotic treatment for a local ear infection because they believe the disease was caused by a sin they committed against god then the infection could become systemic and possibly life-
threatening. However, if the health care provider recognizes this alternative explanation for disease (sinning) they might be able to convince the patient to begin antibiotics if they bring in a clergy member to pray with the patient.


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**Cultural Competence - continued**

Coping:

It is important providers be non-judgmental because locals may feel intimidated when asked this question since they might be embarrassed of the previous measures they’ve taken and may withhold information. This information, however, is important to obtain because certain traditional treatments can be dangerous and certain traditional medicines may lead to dangerous drug interactions with drugs provided by the health care worker.

Concerns:

Based on others’ experiences with similar treatments patients may have negative misconceptions about certain treatments and not comply with the health provider’s advice. For example, it is common for individuals to avoid taking insulin for diabetes as they believe the insulin causes blindness, when, in fact the diabetes causes blindness and insulin is used to treat diabetes.


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**Slide 34**

**Managing the Stress**

Managing Basic Stress

Easy but effective measures are required to combat basic stress. These include identifying the source of the stress, acknowledging personal limits, keeping a positive attitude, having appropriate sleep, eating well, managing time and so on.

Managing Cumulative Stress
Cumulative stress occurs when a provider experiences a strain that is intense, frequent and long in duration. This form of stress develops over a long period of time and often the provider may grow used to this stress and not be able to recognize it as stress. To manage this stress one must first, take personal responsibility for the stress and identify it then change it. Secondly, the individual must accept that not every stressful situation can be changed and finally, the individual must understand that maintaining high expectations has its limits and is not sustainable.

Managing Traumatic Stress
Traumatic stress arises after a provider witnesses a sudden, traumatic and intense experience. To manage this form of stress individuals (1) should recognize that symptoms are normal to have after a traumatic incident, (2) shouldn’t be critical of themselves, (3) should vocalize and discuss the experience, (4) should rest and recover.

Refer to the United Nations Stress Management Booklet for more in depth explanations on how to manage stress.

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**Maintaining Order**

Once medical aid becomes available it is likely many people will require service and it is probable that large crowds will gather. Controlling this crowd begins during the planning and organizing phase of the service trip with meetings with local authorities to organize groups of locals to control the crowds. Before beginning the mission the amount of medical aid to be provided should be under-promised and this information should be disseminated throughout the target community to discourage large gatherings of people. However, once service begins health care providers can over-deliver relative to the communities expectations which will leave them content with the quality of care provided by the team. Furthermore, giving certain individuals in the crowd things such as food, water, clothes, empty bottles and so on can attract the attention of others who may demand similar treatment leading to a potentially volatile situation that should be avoided.


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Security and Safety in Dangerous Areas

While providing care health care providers are not only at risk of disease such as malaria or tuberculosis, but they can also become targets of violence. Since 2006 there has been a rapid increase in the number of violent incidents against aid workers particularly with respect to kidnappings. The majority of the violence is directed towards expatriate staff of international non-governmental organizations and local staff of UN agencies. Furthermore, “political motivations have increased relative to incidents that were purely economically motivated, or in which the victim’s role as an aid worker was incidental to the violence. (Humanitarian Policy Group, 2009)”

In light of this increasing trend of violence against aid workers, including medical service trip volunteers, measures should be taken to ensure their safety. If nations such as Sudan, Afghanistan or Somalia – which account for 60% of all violent incidents – are selected as the mission destination then extreme caution and heavy protection should be acquired. Transport in convoys, increased physical security around clinics and volunteers and armed security are common methods of maintaining safety in communities where risk of violence is high.


Collaborating

During a service trip if the volunteers work in isolation from the local providers then it can actually undermine the relationship local providers share with their community. Therefore, to ensure that the community continues to observe their local providers as competent it is important that the volunteers visibly collaborate with the local providers.

Coordination: Short-term with Long-term

If short-term projects are not coordinated with long-term programs then they offer only “bandage” solutions and fail to address the underlying causes of ill health. Short-term projects also tend to incorporate general/formulated approaches that are used in various settings that often ignore important community specific factors. On the other hand, long-term planning and assistance efforts involve locally appropriate mission designs. Therefore, if short-term projects can be incorporated into long-term programs their overall impact can become (1) more effective since their activities will be geared towards a specific community and (2) more sustainable because their benefits will address the root causes of ill-health.

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