



## Making a Difference as a Global Volunteer: Finding Sustainable Projects

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## Objectives

- Learners will identify benefits and risks of global volunteer trips
- Learners will identify core principles of practice in global health
- Learners will recognize key guiding principles inherent in sustainable projects
- Learners will identify examples of sustainable projects.

## Global Health Volunteerism: What is it?

- Mission trip? Medical clinic for a day? A week? A month?
- Increasing interest by nursing and medical students
- Motivations
  - Altruistic
  - Nonaltruistic
    - Desire for adventure, resume building, gaining experience, feeling good about yourself
- Public health challenges
- Voluntourism?

## Potential Benefits

- **Opportunities:**
  - Face atypical diseases
  - See advanced stages of diseases
  - Improvement of physical assessment skills
  - Identify public health challenges
  - Improved cultural sensitivity

## Potential Risks and Concerns

- **Actions that can be harmful**
  - Untrained volunteers performing healthcare
  - Overreaching the volunteer's knowledge and/or skills
  - Not incorporating the expertise of local providers
  - Ignoring local languages, customs, and beliefs
  - Unfamiliarity with local diseases and treatment used by local providers
  - Using medications (especially non-World Health Organization Essential Medicines), equipment, and supplies donated externally rather than what is locally available
  - Administering inappropriate medications (vitamins, NSAIDs, antibiotics)
  - Donating medical equipment that is not required or is beyond the capacity of local providers to use or maintain
  - Inadequate pre-travel preparations
  - Creating local community dependence on an external medical team

## Assistencialism

- "Treating the recipient as a passive object, incapable of participating in the process of his own recuperation"

Paulo Freire, in Education for Critical Consciousness

## Guiding Principles for Global Perinatal Health Advocacy

### 1) Sustainability

- Requires identifying project objectives and systems for measuring outcomes
- Primary objective
  - Avoid development of any sense of external dependency or learned helplessness
  - Occurs with reliance on external medications, equipment, or other donated resources
- Key: Develop partnerships with local providers and organizations
- Crucial to foster **mutuality** between sponsor organizations and host-country partners at every stage
- **Continuity** of programs; having continual communication with host partners

## Guiding Principles for Global Perinatal Health Advocacy

### 2) Needs Assessment with Host Community Involvement

- Very challenging
- Community-based participatory research is recommended
- Communication = **respect, collaboration, and exchange**
  - Health officials
  - Community organizations
  - Community leaders

## Guiding Principles for Global Perinatal Health Advocacy

### 3) Process and Outcomes Evaluated & Used for Improvement

- How do you know if your program is benefiting the host community?
- **Cost, efficiency, impact, preparedness, education, sustainability**

Many groups evaluate the benefits to their volunteers but not to the host communities

- Often anecdotal

## Guiding Principles for Global Perinatal Health Advocacy

### 4) Focus on Prevention

Challenging everywhere  
 Sometimes controversial  
 Important to partner with other organizations

## Guiding Principles for Global Perinatal Health Advocacy

### 5) Local Capacity Development - Education & Information Exchange

Based on **needs assessment**

Can include developing facilities, such as OR, laboratories

(as long as there is follow up with equipment maintenance, etc.)

Examples:

- Trips focused on education of health care providers
- Surgical trips requiring local surgeons to be trained and follow up provided
- Using local interpreters

## Guiding Principles for Global Perinatal Health Advocacy

### 6) Strong Volunteer Preparation

Most volunteers receive grossly insufficient preparation re history, culture and language of the country

Basic requirements:

- Basic terms of greeting
- Knowing something about the country
- Learning how to act with cultural humility

## Guiding Principles for Global Perinatal Health Advocacy

### 7) Value and Engagement with Local Health Care Providers

Connection is crucial!

7 sins of humanitarian medicine:

- 1) Leaving a mess behind
- 2) Failing to match technology to local needs & abilities
- 3) Failing on non governmental organizations to cooperate & help each other & accept help from military organizations
- 4) Failing to have a follow-up plan
- 5) Allowing politics, training, or other distracting goals to supercede the program
- 6) Going where we are not wanted or needed and/or being poor guests
- 7) Doing the right thing for the wrong reason

Welling, D.R., Ryan, J.M., Burris, D.G., & Rich, N.M. (2010).

## Prior Experiences in Guatemala



Klump, K. 2010. San Antonio, Guatemala

## Examples of Sustainable Projects

### Innovative programs for Low-Resource Countries

#### Helping Mothers Survive (HMS) & Helping Babies Survive (HBS)

- WHO, USAID, JHIEPGO, UNICEF, American Academy of Pediatrics collaboration (AAP, n.d.; Evans et al., 2014; Niermeyer, 2015)
- Improved knowledge and confidence (Evans et al., 2014; Jhpiego, 2015)
- Low-dose, high-frequency simulated practice (Evans et al., 2014; Niermeyer, 2015)



## Helping Mothers Survive

Supporting agencies:



## Helping Babies Survive

Supporting Agencies:



## Helping Mothers and Babies Survive

GOALS: To equip frontline health workers with knowledge & skills they need to prevent mothers & babies from dying on the day of birth & during the first postpartum weeks

### Focus on the primary causes of maternal mortality

- Bleeding after birth
- Pre-eclampsia/Eclampsia
- Threatened Preterm Birth
- Essential Care for Labor & Birth
- Essential Care for Complicated Labor & Birth



### Focus on the primary causes of neonatal mortality

- Helping Babies Breathe
- Essential Care for Every Baby
- Essential Care for Small Babies



<http://www.healthcare.com>

## Helping Mothers & Babies Survive

### Clinical simulations with mannequins

#### Helping Mothers Survive: Mama Natalie



#### Helping Babies Breathe: Neo Natalie & Premie Natalie

Use of pre and post tests for confidence, knowledge, and skills competency



<http://www.helpm.org/neonatal>  
<http://www.helpm.org/mamanatalie>

## Questions and Conclusion

- Opportunities cost
- Consider the ethics of medical volunteering
- Consider your motives and the criticisms: A new colonialism?
- Choose projects with long-term investment and strong preparation
- Partnership and evaluation

## References

- American Academy of Pediatrics. (n.d.). *Helping babies breathe: The golden minute*. Retrieved from <http://www.helpingbabiesbreathe.org/>
- Breakey, S., Corless, I.B., Meedzan, N.L., & Nicholas, P.K. (2015). *Global health nursing in the 21<sup>st</sup> century*. New York, NY: Springer Publishing/
- Evans, C. L., Johnson, P., Bazant, E., Bhatnagar, N., Zgambo, J., & Khamis, A. R. (2014). Competency-based training "Helping Mothers Survive: Bleeding after Birth" for providers from central and remote facilities in three countries. *International Journal of Gynecology and Obstetrics*, 126, 288-290.
- Farmer, P., Kim, J.Y., Kleinman, A., & Basilio, M. (2013). *Reimagining global health: An introduction*. Berkeley, CA: University of California Press.
- Holtz, C. (2017). *Global health care: Issues and policies*. (3<sup>rd</sup> ed). Burlington, MA: Jones and Bartlett.
- Iserson, K.V. (2014). *The global healthcare volunteer's handbook: What you need to know before you go*. Tucson, AZ: Galen Press.
- Jhpiego. (2015). Innovative training to help frontline health workers save lives. Retrieved from [www.helpingmothersurvive.org](http://www.helpingmothersurvive.org)
- Lasker, J.N. (2015). *Hoping to help: The promises and pitfalls of global health volunteering*. Ithaca, NY: Cornell University Press.
- Leffers, J., & Plotnick, J. (2011). *Volunteering at home and abroad: The essential guide for nurses*. Indianapolis, IN: Sigma Theta Tau International.
- Nelissen, E., Ersdal, H., Ostergaard, D., Mduma, E., Broerse, J., Evjen-Olsen, B., Stekelenburg, J. (2014). Helping mothers survive bleeding after birth: An evaluation of simulation-based training in a low-resource setting. *Acta Obstetrica et Gynecologica Scandinavica*, 93, 287-295.
- Newton, C., & Early, F. (2015). *Doing good...says who?* Minneapolis, MN: Two Harbors Press.
- Niermeyer, S. (2015). From the Neonatal Resuscitation Program to Helping Babies Breathe: Global impact of educational programs in neonatal resuscitation. *Seminars in Fetal & Neonatal Medicine*, 3-9.
- Skolnik, R. (2008). *Essentials of global health*. Sudbury, MA: Jones and Bartlett Publishing.
- Upvall, M.J., & Leffers, J.M. (2014). *Global health nursing: Building and sustaining partnerships*. New York, NY: Springer Publishing.
- Wall, A.E. (2012). *Ethics for international medicine: A practical guide for aid workers in developing countries*. Hanover, NH: Dartmouth College Press.
- Welling, D.R., Ryan, J.M., Burris, D.G., & Rich, N.M. (2010). Seven sins of humanitarian medicine. *World Journal of Surgery*, 34(3), 466-470.
- Wilson, J.W., Merry, S.P., & Franz, W.B. (2012). Rules of engagement: The principles of underserved global health volunteerism. *The American Journal of Medicine*, 125(6), doi:10.1016/j.amjmed.2012.01.008.