



# WORKING WELL?

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AID WORKER  
WELL-BEING AND  
HOW TO IMPROVE IT

# CONTENTS

Why is the CHS Alliance interested in aid worker well-being?	02
What are we talking about?	05
The importance of “care and compassion”	05
The meaning of “well-being”	06
Sharpening the focus: bringing together people management, mental health and organisational culture lenses	06
What’s the status of the aid sector’s investment in well-being?	10
What’s already out there?	12
Our vision: people-centred work for people-centred aid	16

Written by Melissa Pitotti and Mary Ann Clements, co-Initiators of “Cultivating Caring, Compassionate Aid Organisations,” an initiative incubated by the CHS Alliance.

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“Staff often work long hours in risky and stressful conditions. An agency’s duty of care to its workers includes actions to promote well-being and avoid long-term exhaustion, burnout, injury or illness.”

CHS Guidance Notes and Indicators, Commitment 8

# WHY IS THE CHS ALLIANCE INTERESTED IN AID WORKER WELL-BEING?

*The CHS Alliance has long been concerned about aid worker well-being. Why? Because staff and volunteers are crucial to the delivery of meaningful, high quality aid. The actions of staff and volunteers underpin each of the Nine Commitments of the Core Humanitarian Standard (CHS).*

To fulfil the CHS, organisations must support staff and volunteers to do their job effectively and treat them fairly and equitably. Ultimately, if people are not treated well – if they *are* not well – then they cannot *serve* well.

But perhaps there could be another motivation. Humanitarians are supposed to be attuned to human suffering. We care about it and we want to relieve it. This is the textbook definition of “compassion.” When we realise our *colleagues* are suffering in the service of people affected by conflict and disaster, we feel empathy and we want to do something to improve the situation.

Despite recent conversations about safeguarding, diversity and toxic cultures within organisations, we in the aid sector have yet to instigate widespread changes in our practice when it comes to: 1) how organisations treat their staff, and 2) how we care for ourselves and one another. A July 2019 series of CHS Alliance focus group discussions found a strong appetite to do something about it. The CHS Alliance decided to incubate an initiative to “Cultivate Caring, Compassionate Aid Organisations.”



The initiative looks at the intersections between mental health, people management and organisational culture using the lens of care and compassion. The concepts of care and compassion were chosen to frame the initiative as they seem to resonate with most people working in the sector, both as a motivating factor in choosing this type of work and also as the characteristics of the kind of organisation which they would like to work in.

**This report provides a summary of the findings of the CHS Alliance-incubated Initiative to Cultivate Caring, Compassionate Aid Organisations and proposes an inclusive, multi-stakeholder process as a way forward to address the findings.** Comments are welcome and should be sent to [gbaltaeva@chsalliance.org](mailto:gbaltaeva@chsalliance.org).

**Burn-out is described in the International Classification of Diseases 11th Revision as follows:**

*“Burn-out is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.*

*Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”*

## ABOUT THE AUTHORS



### MELISSA PITOTTI

On 23 October 2018, Melissa's doctor ordered her to immediately stop working. For six months she'd been exhausted, increasingly cynical and losing touch at work. These are the classic symptoms of burnout, according to the 11th revision of the International Classification of Diseases (described on page 2).<sup>1</sup> Left untreated, her situation eventually deteriorated into a full blown, crippling depression. After taking five months off to recover, Melissa wrote about her experience on social media and was overwhelmed by the hundreds of aid workers around the world who contacted her, sharing similar struggles and expressing relief they were not alone. Melissa started wondering:

*"Why are so many people suffering in a sector that claims to care so much about people? What more can the sector be doing to support them?"*

Melissa Pitotti has been working in the humanitarian sector since 2001 in various capacities: donor, government, inter-agency, NGO and volunteer. She believes in the power of coalitions and enjoys bringing people together to tackle common challenges.



### MARY ANN CLEMENTS

In 2017 Mary Ann, who'd had her own experience of burnout in a leadership role at an NGO some years earlier, interviewed a group of women working in the international development and humanitarian sectors about the levels of stress in their work and how they coped with them. Many of the women she spoke to were working long days and weeks. Some were doing what might be a number of different people's jobs. Others were working in dangerous and tense situations. They expressed the belief that organisations have less staff than they need to do the work they are trying to do. "Efficiency" had become a buzzword and the understandable desire not to "waste" resources comes at the cost of realistic expectations of our time and energy. Mary Ann concluded:

*"If we are to sustain quality work over the long-term, then investment in our people, resources to support them to work well, and tools to help them prioritise their own well-being are critical. Pushing people harder without doing so runs counter to our values and the change that we profess to seek in the world."*

Mary Ann Clements has two decades of experience in the development sector. For the past three years she has been thinking, writing about and developing initiatives related to care and well-being in aid topics. She is the initiator of the [Healing Solidarity](#) annual conference on reimagining development and the host of the Healing Solidarity Collective, an intersectional feminist space for collective resourcing.<sup>2</sup> She also produces the [Embodying Change](#) podcast on care and compassion in aid and development.

“In unguarded moments over dinner, when I asked my former Centers for Disease Control and Prevention (CDC) colleagues to tell me why they did this work, they invariably grew quiet, visibly softened, and whispered, ‘care,’ ‘compassion,’ or ‘love.’

I became curious. What was it that prevented us from speaking publicly about the very values that we shared, which inspired and motivated all this work?”

David Addiss, Director of the Focus Area for Compassion and Ethics The Task Force for Global Health (FACE)<sup>3</sup>



# WHAT ARE WE TALKING ABOUT?

## THE IMPORTANCE OF “CARE AND COMPASSION”

Carol Gilligan, who writes about a feminist ethic of care, argues that “humans are by nature empathic and responsive beings, hard-wired for cooperation.” As humans we are inherently relational, responsive beings and the human condition is one of connectedness or interdependence.<sup>4</sup>

Since the 1980s, feminist authors of colour such as Audre Lorde, bell hooks and Gloria Anzaldúa have been promoting care practiced through social relationships, care that is cognisant of connections between the personal and political.

But in this era of efficiency, professionalism, public scrutiny, and austerity in aid, care seems to have been reduced to a series of financial transactions or deliverables, often detached from context and the human side of the humanitarian endeavour.

We should take Joan Halifax’s advice to be vigilant about the five “edge states” that implicate caring professions:

- 1 Altruism can turn into pathological altruism, which can cause harm
- 2 Empathy can slide into empathic distress
- 3 Integrity can turn into moral suffering
- 4 Respect can disappear into the swamp of toxic disrespect
- 5 And engagement in our work can lead into burnout.

She argues that compassion is the way to stand grounded and firm on the precipice and not fall over the edge. And when we do fall over the edge, compassion can be our way out of the swamp.<sup>5</sup>

What is compassion? Maria Thorin recently created an online glossary ([compassionglossary.com](http://compassionglossary.com)) that includes the following definition: “Compassion is an emotion involving the wish to relieve or prevent the suffering of another out of a genuine concern for their well-being and a sense of tenderness and care for them. Compassion as an enduring capability refers to cultivating a way of relating to oneself, others, and humanity as a whole through kindness, empathy, and a concern for one’s own and others’ happiness and suffering.”<sup>6</sup>

This sounds a lot like the reason many people entered humanitarian work in the first place.

*“Mature compassion arises from a sense of shared humanity and solidarity. Among health care workers, this kind of compassion actually protects against burnout. It enhances a sense of well-being, purpose, and connection with patients. Yet, compassionate care cannot be sustained by individuals alone – it must be valued and lived on a daily basis by entire organisations.”*

David Addiss, CHS Alliance Interview



David Addiss discusses with colleagues during a compassion in the workplace workshop at The Task Force for Global Health.

## THE MEANING OF “WELL-BEING”

The World Health Organization (WHO) often refers to the term “well-being” in passing: the “state of well-being”; “psychological well-being”; “physical, mental and social well-being.” But how the WHO defines well-being itself is not obvious.

Many documents reviewed for this mapping also refer to well-being without defining the term (including several guidance notes pertaining to well-being). Perhaps this is because, according to the CDC, there is no consensus around a single definition of well-being.<sup>7</sup>

The Chartered Institute of Personnel and Development (CIPD) is a professional association for human resource professionals. Its 2007 change agenda called “What’s Happening with Well-being at Work?” explains:

*“Well-being is more than an avoidance of becoming physically sick. It represents a broader bio-psycho-social construct that includes physical, mental and social health. Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work.”<sup>8</sup>*

In “Strategies for building an organisation with a soul,” Hope and Rudo Chigudu suggest: “Well-being is a state where an individual or group feels balanced and at peace in body, mind and soul. Well-being is realised when we are able to acknowledge the conditions of our lives, including aspects that may be unfair, and yet also nurture dreams and take decisions to change or improve these conditions without harbouring anger.”<sup>9</sup>

*Another way to put it is: “feeling good and functioning well.”<sup>10</sup>*

## SHARPENING THE FOCUS: BRINGING TOGETHER PEOPLE MANAGEMENT, MENTAL HEALTH AND ORGANISATIONAL CULTURE LENSES

Our mapping found that much discussion about aid worker well-being applies only one *lens* at a time: perhaps an HR lens, or a mental health lens, or an individual’s personal lens based on unique life experiences.

It is surprisingly rare to see different lenses applied at the same time to provide the sharpest possible focus and clarity when it comes to our understanding of aid worker well-being.

The CIPD’s 2016 policy report entitled, “Growing the health and well-being agenda: From first steps to full potential” looks at lenses like engagement, culture, leadership and people management.<sup>11</sup> The Expressions Partnership team considers well-being in relation to organizational performance, employee engagement, and management competencies and behaviors.<sup>12</sup>

This paper suggests applying three particular lenses to better understand well-being:

- **people management,**
- **mental health,** and
- **organisational culture.**

All three have the potential to significantly impact a person’s well-being and vice versa.







## PEOPLE MANAGEMENT

While promoting the application and verification of the [Core Humanitarian Standard \(CHS\) on Quality and Accountability](#), the CHS Alliance currently focuses on three themes: accountability to affected populations (AAP), the prevention of sexual exploitation, abuse and harassment (PSEAH), and people management.

The reason for its focus on people management is clear: **people are central to achieving the Standard**. To fulfil all Nine Commitments of the Standard, organisations must support staff and volunteers to do their job effectively and treat them fairly and equitably (the Quality Criterion for Commitment Eight).

In the past, the CHS Alliance predecessor People in Aid concentrated on what is commonly called “human resources (HR).” The 2003 edition of the People in Aid “Code of good practice in the management and support of aid personnel” gives a flavour of the HR aspects considered at the time, including the need for well-equipped managers and a duty of care to ensure staff’s emotional well-being.<sup>13</sup>

Starting in the mid-2000s, the discourse in the HR community became focused on “talent management” rather than “human resources.” But recently, according to Josh Bersin, more and more organisations are referring to “people operations” or “people management” instead. Rather than identifying “top talent” and ranking and rating people based on performance and potential, he writes that people managers “focus on making employees happy and giving them a highly engaging and enjoyable work experience.”

*Rather than thinking of people in terms of the way they add value to meet specific needs of the organisation, people managers “focus on each individual as an ‘owner’ and try to create an environment where they feel part of the mission and give them flexibility to add value in unique and special ways.”<sup>14</sup>*

Today, according to CHS Alliance People Management Adviser Gozel Baltaeva, responsibilities have devolved from HR to managers, and **people management could be defined as a manager’s role in training, developing and motivating employees to perform their best**. Unlocking people’s potential is considered the most difficult and important role of a manager and is often seen as the key to organisational success.

### The seven principles of the 2003 People in Aid Code, later integrated into CHS, paraphrased:

- 1 human resources strategies are part of strategic and operational plans;
- 2 staff policies and practices are effective, fair and transparent;
- 3 managers are equipped to prepare and support staff to fulfill their roles effectively;
- 4 all staff are consulted on matters affecting their employment;
- 5 recruitment and selection attract a diverse workforce with the needed skills and capabilities;
- 6 learning, training and development opportunities help staff work effectively and professionally;
- 7 a duty of care is fulfilled, ensuring the physical and emotional well-being of staff.



## MENTAL HEALTH

The World Health Organisation defines mental health as a “state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”<sup>15</sup>

Mental disorders “comprise a broad range of problems with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others.”<sup>16</sup>

People working in the aid sector often experience poor mental health. In the 2015 mental health and well-being [survey](#) of the Global Development Professional Network, 79% of respondents had experienced mental health issues and 93% believed these were related to their work in the aid industry.<sup>17</sup>

In an Antares Foundation joint research project with the Centers for Disease Control and Prevention, among national staff surveyed in Jordan, Uganda and Sri Lanka, between half and two thirds showed clinically significant levels of depression; about one out of two people showed signs of anxiety; and more than one out of five people showed prominent signs of post-traumatic stress disorder (PTSD).

Among international staff of five humanitarian aid and development agencies: approximately 30% reported significant symptoms of PTSD and more than 15% reported drinking alcohol at a dangerous level.<sup>18</sup>

In the UN Medical Services Division’s 2015 Global Well-being survey 49% of UN staff are experiencing symptoms consistent with serious mental health conditions. The survey found unusually high levels of general anxiety disorder, major depressive disorder, post-traumatic stress disorder and hazardous drinking.<sup>19</sup>

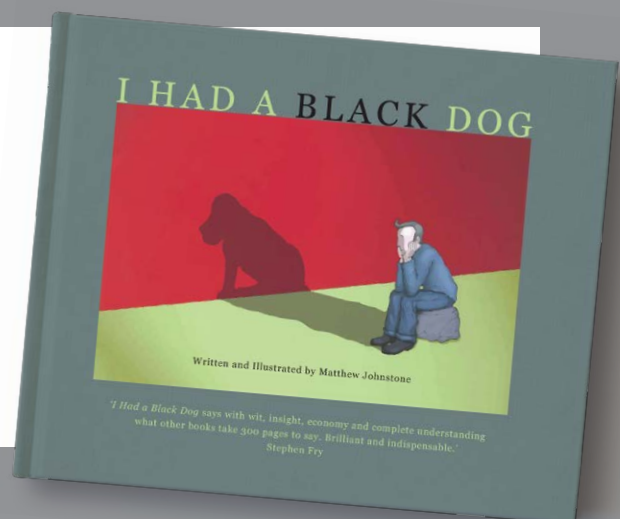
A 2018 research project by Liza Jachens and others on “[effort reward imbalance and burnout among humanitarian aid workers](#)” was the first study to address burnout in a large and diverse sample of humanitarian aid workers across several geographical regions. It found 32% were at risk for emotional exhaustion (emotionally drained and unable to unwind/ recover); 10% were at risk for depersonalization (excessively distant, cynical attitudes towards affected populations); and 43% were at risk for low personal achievement (ineffectiveness, inefficacy, and incompetence).<sup>20</sup>

### According to the WHO, depression is one of the leading causes of disability, affecting 264 million people.

WHO collaborated with writer and illustrator Matthew Johnstone to produce two short videos based on his books, available for free on YouTube.

The first, “I had a black dog, his name was depression,” tells the story of overcoming depression.

The second, “Living with a black dog,” advises those living with and caring for people with depression on what to do, what not to do, and where to go for help.





## ORGANISATIONAL CULTURE

Recognising there is no single, authoritative definition of “culture,” let’s consider aid worker well-being using a framework recently offered by Mar Yam G. Hamedani and Hazel Rose Markus.<sup>21</sup> They adapted a “culture cycle” tool that represents culture as a multi-layered, interacting, dynamic system/cycle of ideas, institutions, interactions and individuals.<sup>22</sup> This framework also invites us to see how wider cultures in which organisations operate impact what shows up within organisations.

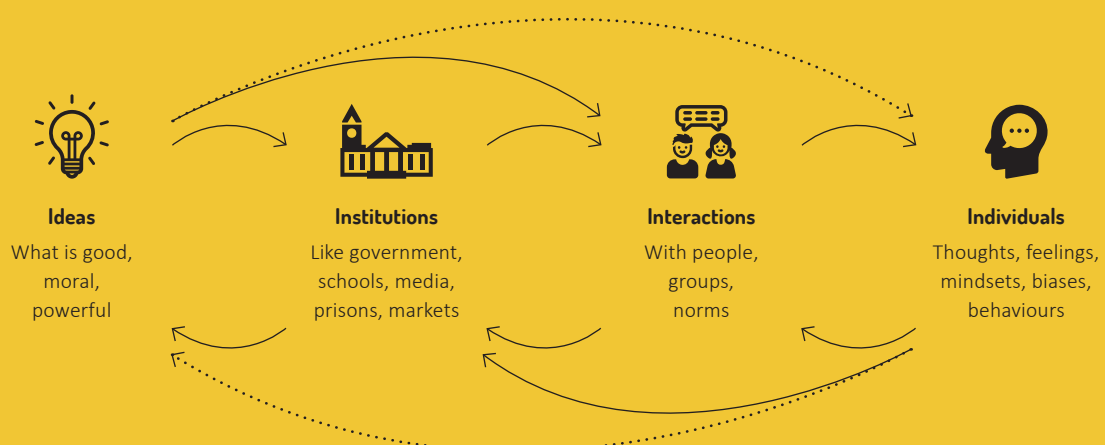
- **Ideas:** Many humanitarians have a strong, emotional, values-based connection to their work and employing organisations.<sup>23</sup> Their well-being can become compromised over time as they observe the work carried out in a way that is inconsistent with those stated values.
- **Institutions:** What keeps humanitarians up at night? It is often the *organisational*, rather than the *operational*, dynamics employees report as being the primary causes of stress.<sup>24</sup> Many people have become exasperated with heavy bureaucratic processes and organisational politics impeding their work.
- **Interactions:** All the way back 1995 respondents to questionnaires acknowledged the stress they face in insecure environments, but “for many the most difficult aspects are relationships with colleagues and managers.”<sup>25</sup>
- **Individuals:** In her “Burnout Recipe,” Alessandra Pigni describes how “do-gooders” play their part by bringing to work the following traits: perfectionism, self-esteem tied to productivity, a fear of showing vulnerability, an incapacity to say no and set appropriate boundaries, and overly high expectations of the non-profit sector.<sup>26</sup> The coping mechanisms they adopt to get through the workday – workaholism, alcoholism, emergency sex, etc. – often worsen dysfunctional dynamics within humanitarian organisations.<sup>27</sup>

Toxic or dysfunctional cultures within organisations impact the well-being of staff often affecting their mental health and contributing to an environment where it is difficult for people to feel supported to do their best work. We found numerous examples in our conversations with people working in the sector where organisational culture appeared to be affecting how well people could work and how well they felt.

Organisational cultures interact with larger systems in our wider cultures. This is an issue emphasised in the recent work of Gemma Houldey, which highlights the role that power and privilege play in how the sector provides support for well-being. “Well-being can’t be properly addressed without recognising the structural forces within and beyond the aid sector which contribute to inequality and the silencing of the personal lives of so many of its staff.”<sup>28</sup> Gender and inequity between the support available to staff in different locations come out as two key issues.

- **Gender:** Studies show women are disproportionately affected by anxiety, depression, PTSD and emotional exhaustion than males. Staff mobility policies and long work hours cut into family life, for which they continue to bear the brunt of responsibility. Sexual harassment and sexism persist.<sup>29</sup>
- **National staff:** 90 per cent of aid workers are national staff from countries in the Global South. Studies show particular struggles related to economic/ financial problems, lack of recognition for their work, and tensions due to inequality of treatment between expatriate and national staff. Houldey points out there is a deeply racialised nature to this.<sup>30</sup>

## VISUALISATION OF CULTURE CYCLE



# WHAT'S THE STATUS OF THE AID SECTOR'S INVESTMENT IN WELL-BEING?

The CHS verification scheme enables organisations to understand the extent to which they have applied the Core Humanitarian Standard and identify areas for improvement.

*CHS Organisational Responsibility 8.9 states that "policies are in place for the security and the well-being of staff." Based on 57 validated assessments – 37 validated self-assessments, 19 certifications, and 7 independent verifications – the average organisational score for this Responsibility is currently 2.6 out of 4.<sup>31</sup>*

This appears to be good news. Scoring higher than 2 means that the efforts made by organisations are consistent and systematic, even though not covering all aspects of the requirement. To achieve the higher score of 3, indicating that the requirement is fully fulfilled, there would need to be some improvement.

Our mapping found that, whilst in these areas of security and well-being of staff, mental health and organisational culture there are many guidelines, most organisations have struggled to implement them.

Another way to gauge the state of affairs is to examine results of various studies related to staff and HR in the sector.

## CHS COMMITMENT 8

**Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.**

## QUALITY CRITERION

**Staff are supported to do their job effectively, and are treated fairly and equitably.**

## CHS ORGANISATIONAL RESPONSIBILITY 8.9

**Policies are in place for the security and the well-being of staff.**

*"All organisations have some policies in place covering aspects of staff care, but only one third of the organisations interviewed had a distinct and specific staff care policy. Staff care practices appear to be inconsistent, and existing guidelines (or minimum standards) tend not to be adhered to."*

Benjamin Porter & Ben Emmens, "Approaches to Staff Care in International NGOs," Page 7. September 2009. InterHealth and People In Aid.

**In the 2016 START Network Humanitarian Well-Being Survey by Hitendra Solanki 60% of responding HR personnel indicated “we could be doing more” to deliver staff care and support.** The majority of staff (over two thirds) were hesitant to raise wellbeing and mental health concerns within their organisations. 44% of staff on average indicated that raising concerns regarding their mental wellbeing “would impact adversely on promotion and deployment opportunities.” Staff highlighted the need to change organisational cultures to help break the stigma and taboo of mental health issues.

In interviews carried out for this mapping in 2019:

### CHS GUIDANCE NOTES AND INDICATORS

Staff often work long hours in risky and stressful conditions.

- An agency’s duty of care to its workers includes actions to promote well-being and avoid long-term exhaustion, burnout, injury or illness.
- Managers must make aid workers aware of the risks and protect them from exposure to unnecessary threats to their physical and emotional health.
- Measures that can be adopted include effective security management, preventative health advice, active support to work reasonable hours and access to psychological support when required.
- Managers can promote a duty of care through modelling good practice and personally complying with policy.
- Aid workers also need to take personal responsibility for managing their well-being.
- Psycho-social support should be immediately available to workers who have experienced or witnessed extremely distressing events.

*People at every level are feeling overwhelmed by their workload. Well-being is not a consistent, sustained priority given other competing priorities.*

*Many measures that are put in place are not fully utilized, for a variety of reasons.*

*Many people interviewed cautioned against placing too much emphasis on the individual, given the influence of managers, peers and the work culture.*

*Several interviewees were unfamiliar with the symptoms of burnout and mental illness. Many wanted to know what to do to prevent, detect and address burnout and mental health issues in themselves and colleagues.*

*Several managers welcomed the idea of a sample “script” showing how to have conversations with staff on mental health and stress management.*

## WHAT'S ALREADY OUT THERE?

This is intended as a useful resource for readers.

### WELL-BEING

In the run-up to the 2016 World Humanitarian Summit (WHS):

- [Brendan McDonald](#) published a [business case](#) for investing in aid worker well-being.<sup>32</sup>
- More than one thousand people signed his petition to “include staff welfare as a key issue” in the Summit.<sup>33</sup>
- [Amy Brathwaite](#) released a 10-minute film, “[Kick at the Darkness: an exploration of the psycho-social impact of humanitarian work](#).”<sup>34</sup>
- A coalition of advocates, including [Rebecca Maudling](#) of ILS, proposed a WHS side event on the issue of aid worker well-being. This was not accepted (though one of the 15 special sessions was dedicated to the protection of journalists).<sup>35</sup>

At the end of 2016, the late [Alessandra Pigni](#) published “[The Idealist’s Survival Kit: 75 Simple Ways to Avoid Burnout](#).”<sup>36</sup> A 3-part, recorded book club discussion is available in the Healing Solidarity Collective. It can be a comforting read for individuals who are struggling.

The insurance company, Cigna, publishes results of its [well-being survey](#) and other [analyses](#). It has a public [campaign](#) to see stress differently by visualizing it artistically and considering “whole health” – rather than just physical health. It calls for urgent action to curb the causes of stress.<sup>37</sup>

### PEOPLE MANAGEMENT

“[Room for Improvement: The Management and Support of Relief and Development Workers](#),” by [Rebecca Macnair](#) for the Overseas Development Institute (ODI), was published in 1995. It catalysed a conversation about how getting staff care wrong leads to poor performance and diminished program quality. It argued for professionalism in human resource management in the aid sector.<sup>38</sup>

That report also paved the way for the creation of People in Aid and the [Code of Good Practice in the Management and Support of Aid Personnel](#) (first published in 1997 and revised in 2003).<sup>39</sup>

People in Aid merged with HAP to become the [CHS Alliance](#) in 2015.

- The [CHS](#) includes elements related to well-being.<sup>40</sup>
- The [Core Humanitarian Competency Framework](#), originally produced in 2010 and updated in 2017, includes self-awareness.
- The Humanitarian Human Resources (HHR) conference, most recently held in [October 2019](#), often includes discussions about staff well-being.<sup>41</sup>
- A page called “[Introduction to Duty of Care](#)” is on the CHS Alliance website. It includes resources, tools, partners, experts and research reviewed by [Christine Williamson](#).

### MENTAL HEALTH

The Inter-Agency Standing Committee (IASC) published [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#) in 2007. Of particular relevance is Action Sheet 4.4 about preventing and managing problems in mental health and psychosocial well-being among staff and volunteers.<sup>42</sup>

The Antares Foundation’s 2012 “[Guidelines for Good Practice: Managing Stress in Humanitarian Workers](#)” are organised around eight principles corresponding to the course of a staff member’s contract, each with its own supporting indicators, comments and examples.<sup>43</sup>

The [International Conference on Mental Health and Psychosocial Support in Crisis Situations](#) was held in Amsterdam on 7-8 October 2019. Its [background document](#) has an entire chapter providing specific recommendations related to staff and volunteers.”<sup>44</sup>

WHO’s response to media coverage of the 11th revision of the International Classification of Diseases (ICD-11)’s [definition of burnout](#) noted that the WHO will develop evidence-based guidance on mental well-being in the workplace.<sup>45</sup> The process will likely take two years to complete.

A [resolution](#) adopted at the December 2019 33rd International Conference of the Red Cross and Red Crescent calls on States and the Movement to protect and promote staff and volunteers’ mental health and well-being.<sup>46</sup>

## CULTURE

“Strategies for Building an Organisation with a Soul,” by Hope and Rudo Chigudu, provides an inspiring African feminist perspective on organisational leadership.<sup>47</sup>

Liz Griffin’s blogs reflect on the “tragic irony of NGO martyrdom culture”<sup>48</sup> and caution against only “asking employees to tend to their individual self-care.”<sup>49</sup> She offers concrete tips for how managers can improve staff well-being.<sup>50</sup>

Gemma Houldey’s recent PhD thesis and other writing explores stress among aid workers in Kenya. She invites us to reflect on how power within the sector might be reimagined and a more compassionate working culture created, particularly as it relates to race and gender.

Tosca Bruno-van Vijfeijken, a self-described “pracademic,” reflects on cultural causes of abuses of power and harassment in the NGO sector.<sup>51</sup>

Barb Wigley is currently a senior change management advisor at UNHCR. She authored the widely read May 2005 paper on “The state of UNHCR’s organisation culture.”<sup>52</sup>

## CARE & COMPASSION

David Addiss is the Director of the Focus Area for Compassion and Ethics (FACE) at the Task Force for Global Health. His recent interview with the CHS Alliance explains why compassion is important.<sup>53</sup>

FACE recently launched the quarterly Global Health Compassion Rounds, which it co-hosts with the WHO’s Global Learning Laboratory.

Joan Halifax’s 2018 book, “Standing at the Edge: Finding Freedom Where Fear and Courage Meet,” describes five “Edge States”: altruism, empathy, integrity, respect, and engagement. These can lead to suffering among people who care, but compassion, she argues, is the answer.

Maria Thorin has created an online Compassion Glossary and is developing an online course on compassion-based resilience.

Liza Jachens, PhD, at Webster University, writes from the perspective of occupational health psychology. Her most recent editorial concludes by promoting protection, compassion and trust.<sup>54</sup>

Matthew Clarke makes a strong case in his August 2019 OpEd for new principles in the humanitarian sector: compassion, solidarity, equity and diversity.<sup>55</sup>

“You mention power, but what does it have to do with wellness?”

Rudo Chigudu

“Power is the root of human experience. We need to continue learning to reclaim our power to love ourselves, to fight for our wellness and our right to happiness, to work in nurturing and supportive environments.”

Hope Chigudu

## WHAT'S ALREADY OUT THERE?

This is intended as a useful resource for readers.

### REFLECT

Hitendra Solanki writes prolifically about aid worker well-being. He:

- strongly believes in the importance of mindfulness, as articulated in "[Mindfulness and Well-being – Mental Health and Humanitarian Aid Workers: A Shift of Emphasis from Treatment to Prevention.](#)"
- recalls that self-awareness is a core competency in the [Core Humanitarian Competency Framework](#).<sup>56</sup>
- helped to create the [Well-being Cluster in the Philippines](#) and
- led the compilation of "Exploring good practices for well-being: resources, tools, services and initiatives for well-being in the humanitarian sector."

Online

- [Dr. Dominique Cassidy](#) offers online, communal "meditation beyond boundaries" on Zoom.<sup>57</sup>
- [Mindstrength](#) offers masterclasses and daily mindfulness meditations.<sup>58</sup>
- The University of East London offers an online "[MSc Humanitarian Intervention Course](#)," with a January and a September 2020 start date.<sup>59</sup>

### CONNECT

Online platforms

- The [Healing Solidarity Collective](#) is an online space, hosted by Mary Ann Clements, for members to support each other in healing the aid sector both from unsustainable work practices and injustice. There were over 500 members participating at the time of writing. The 2018 and 2019 Healing Solidarity online conferences were recorded and can be downloaded for a contribution.<sup>60</sup>
- [Burnout Collective](#) is a new peer support space hosted by Nurhaida Rahim and Maryana Mcglasson on Facebook to chat about burnout.

Networks

- [Bond](#) has recently held seminars on how to ensure staff are supported and safeguarded.
- The [CHS Alliance](#) runs a Community of Practice for People Management.
- The [Inter-Agency Standing Committee \(IASC\)](#) has a Working Group specifically focused on Staff/Volunteer Care. It is co-chaired by GIZ, HIAS and Save the Children.
- The NGO Staff Well-being Network convenes virtual discussions facilitated by CAFOD's Jody Gunn-Russell. The Initiative described in this paper has been discussed in this forum.

### DEEPEN RELATIONSHIPS

With self

- A [resilience retreat](#) will be held in **Jordan** 18-24 April 2020 which covers stress management, tension release exercises (TRE), Quantum Energy Coaching and more.<sup>61</sup>
- [Space Bangkok](#) is organising a resilience retreat in **Thailand** to be held in 2020 (TBD).<sup>62</sup>
- The [Garrison Institute International's](#) next training retreat in contemplative based resilience (CBR) will be held in **Kenya** on 14-18 May 2020.<sup>63</sup>

With family

- The Headington Institute published an online training manual called "[Family matters: self care for family members of humanitarian workers](#)" by Lisa McKay.<sup>64</sup>

With peers

- [Co-Create Humanity](#) is a new organization based in Geneva with ties to the staff-led "Culture of Care" in ICRC. It aims to support a community of humanitarian peers through peer support and implementing organisational cultures of care. It organises monthly Humani-Café gatherings in Geneva for people to exchange about what is on their minds.<sup>65</sup>



## LEARN FROM OTHERS

### Organisational examples

- Heather Howard spearheaded Amandi, the compassionate care initiative at Alight.<sup>66</sup>
- The FRIDA Happiness Manifesto beautifully illustrates a young feminist fund's commitments to self and collective care.<sup>67</sup>
- With help from Julia Warrington, Save the Children UK's Aid Worker Well-being and Resilience "AWARE" Programme combines risk assessment and avenues for confidential self-referral.<sup>68</sup>
- Michael Hegenauer and Suzanne Wavre are supporting World Vision's peer support program to provide non-clinical line assistance and basic crisis support to fellow workers.

### Compilations

- Dierdre Guthrie, PhD and David Addiss, MD, MPH wrote the report on the "Hilton Prize Coalition Well-being Project." Appendix D provides examples from laureates.
- The "Embodying Change" podcast includes perspectives from India, Mexico, Uganda, and Somalia as well as an interview with Kate Gilmore.
- Melissa Pitotti's December 2019 blog, "Reflections on Healing Solidarity Embodying Change," summarizes examples given in the conference of self and collective care.<sup>69</sup>

## FIND SUPPORT

### Specialist organisations

- Antares Foundation offers direct psychosocial support in emergency settings, carries out research, offers practical solutions, and campaigns for better systems of support for national and international staff.
- Enkindle Global supports organisations to prevent burnout and enhance well-being.<sup>70</sup> It's co-founder and CEO Davida Ginter recently published a book called, "Burning out won't get you there: cultivating well-being to successfully lead social change."
- KonTerra specializes in staff care, organisational development and evaluation. Check out the "Practices to strengthen resilience in international humanitarian and development organisations" it produced with InsideNGO and DisasterReady.org.<sup>71</sup>
- Thrive Worldwide, building on the legacy of Interhealth Worldwide, provides clinical, learning and consultancy support.<sup>72</sup> It carries out online employee well-being surveys.

### Compilation

- In 2017 Member Care Associates published "Helping the Helpers: 50 Resources for Humanitarian Workers."<sup>73</sup>

## OUR VISION: PEOPLE-CENTRED WORK FOR PEOPLE-CENTRED AID

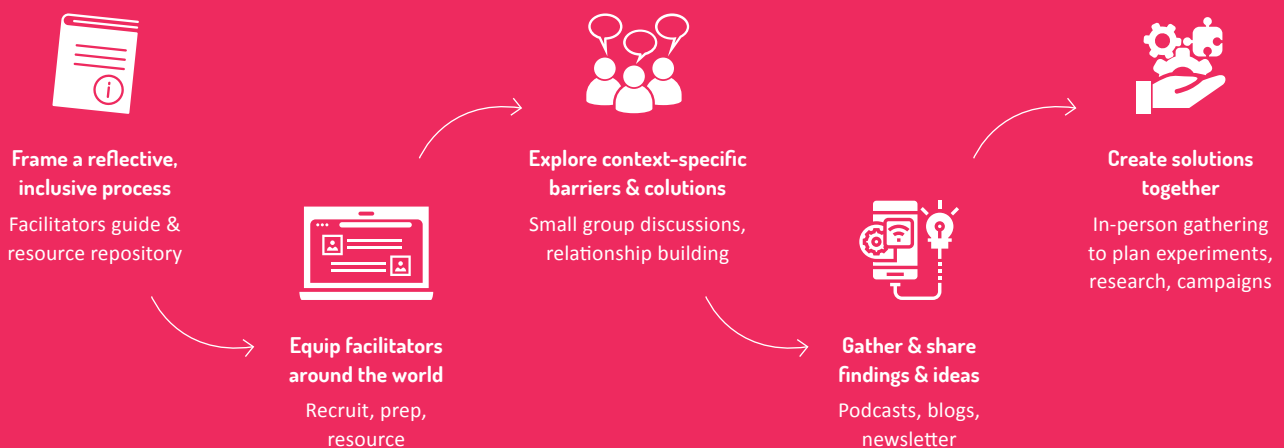
The year 2019 ended with leaders committing to do something about aid worker well-being. Participants in the 7-8 October International Conference on Mental Health and Psychosocial Support in Crisis Situations pledged it. IASC Principals at their 5 December meeting agreed it. Member States at the December 9-12 International Conference of the Red Cross and Red Crescent “resolved” it.

But this mapping shows that good intentions will only get us so far. The issue of aid worker well-being requires a “home” that weaves together the various components we have outlined in this document: mental health, people management, culture, care and compassion. It needs sustained resourcing connecting people working in these areas and to support their work. It warrants uninterrupted attention from leadership, but also from their boards, from middle management and from the working majority: regular workers. It requires a different way of working that better aligns with our stated humanitarian values.

Our vision is to cultivate organisational cultures of care and compassion where people thrive and work more effectively. Staff engagement surveys of the future will show higher levels of satisfaction and productivity. We will hear of less burnout, less abuse, less harassment, less scandals, less alcoholism, and less poor decision making. People we revisit from our interviews will tell us they look forward to going to work. They find meaning in their daily tasks. They feel connected to their colleagues. They are proud of themselves and their accomplishments. They are proud of their sector.

### CULTIVATING CARING, COMPASSIONATE AID ORGANISATIONS, YEAR ONE PLAN

To learn more about the initiative, or to get involved, please contact us at [gbaltaeva@chsalliance.org](mailto:gbaltaeva@chsalliance.org)



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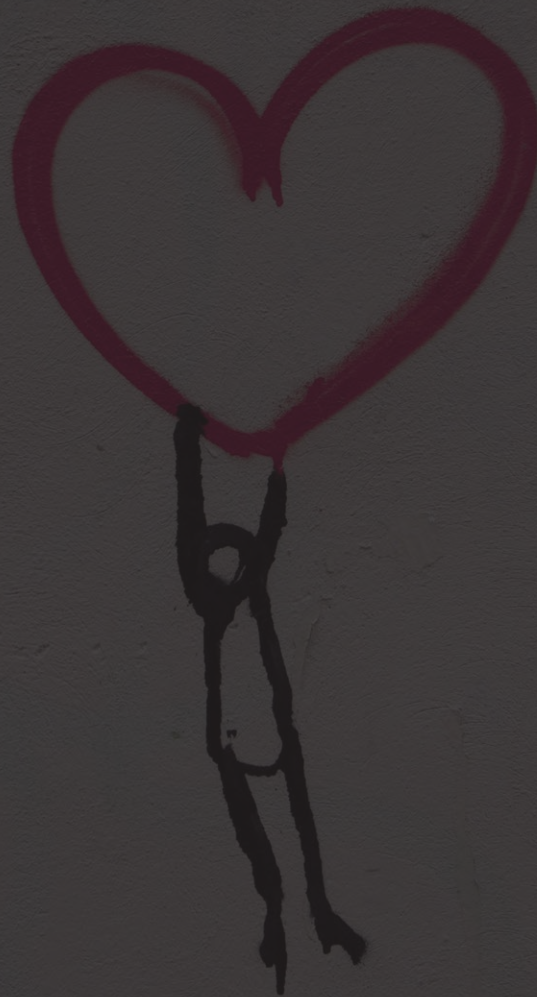
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