



Working with humanitarian organisations:

a guide for nurses, midwives and health care professionals



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Foreword

Lord Nigel Crisp

Many health workers from the UK contribute, often voluntarily, to improving health in developing countries. They provide professional education and organisational support, help with advocacy, deliver health services and, sometimes as importantly as anything else, give their own personal support and friendship to their peers working under great pressure in other countries.

Their work is impressive and worthwhile – particularly when participants are well prepared and link their efforts with those of others. All of us want to know our work will make a difference; to know that our contribution will add to a bigger effort and help local people grow, develop and create their own solutions. We want to leave something behind. In the end it is local people who will make the biggest difference – “Africans will solve Africa’s problems” – but we can help.

This document brings together experience and wisdom from a number of organisations to help us all make a valuable contribution to improving health and relieving poverty in low and middle income countries. It will help us make a real difference to the world, whether we provide help in a desperate emergency (natural or man-made) or in a long term crisis where children are at risk, mothers die in childbirth and life expectancy is short.

My experience has also told me how much people in the UK can learn from developing countries. Without our resources or our sometimes unhelpful “baggage” and vested interests – local leaders are innovating and developing new ideas about treatments, about services and about engaging communities, families and women in health improvement. I have met senior health workers who have come back to the UK refreshed, remembering why they started to work in health care in the first place and bringing with them new ideas which can benefit us all.

Working in developing countries gives us all a new perspective on our own lives and offers us new ideas for the future. It is about respectful and equal co-development where we each have something to learn and each have something to teach – and about building the future together.

Nigel Crisp was Permanent Secretary of the UK Department of Health and Chief Executive of the NHS in England from 2000 to 2006 and is now an Independent Crossbench Member of the House of Lords. His most recent book *Turning the World Upside Down – the search for global health in the 21st Century* was published in 2010.



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



Introduction

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

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

The global community is becoming smaller. With disasters, epidemics, travel and migration impacting across borders, the UK health sector can no longer work in isolation. Many health professionals feel compelled to act when they see media coverage of disasters such as the 2010 Haiti earthquake and Pakistan floods, the 2005 Pakistan earthquake or the 2004 Asian Tsunami. As a result, international non-governmental organisations, the Department of Health and the RCN and RCM receive a great number of enquiries about how to get involved.

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

The two strands of aid work

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

Responding to disasters

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

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

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

agencies can often deploy aid to remote areas relatively quickly.

Ongoing development work

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

More than 24,000 children under five die every day from preventable causes such as dehydration from diarrhoea, malaria and measles (UNICEF, 2009).

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

Below: MSF team conducting Chagas screening in a remote part of Colombia in 2010. © Mads Nissen

Right: giving a patient his prescription drugs at an MSF HIV/AIDS clinic in northern Uganda in 2009. © Brendan Bannon

Where might I be working?

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

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

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

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

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





Case study – HIV/AIDS treatment with MSF

Jess Cosby left her job as a nurse in the infectious diseases unit in St Bartholomew's Hospital, London, to work in MSF's HIV/AIDS programme in Gweru, Zimbabwe.

“A small group of patients, who have spent the morning receiving pre-test counselling, are waiting. I look them in the eye, smile. Check their names, give them mine. We draw their blood with a needle and syringe. I reflect on the fact that, statistically speaking, two of these six HIV tests will be positive. I don't know which ones yet – maybe the seven year old boy who, bravely, didn't flinch at the needle.

Out of the window I can see the quiet huddle of patients on a bench in the shade, waiting to see if their life is about to change. I don't want anyone to contract this corrosive little virus, which starts by eroding trust and intimacy and works right down through flesh and bone. I want all the tests to be negative.

But they're not. We don't beat the statistics. I try to comfort myself with the fact that these two patients, like the other four thousand treated at our clinic, will at least receive excellent care and access to the essential, life-saving drugs too many of their fellow Africans are denied.”





What skills will I need?

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

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

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

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

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

These qualifications are particularly relevant:

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

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

Depending on your individual circumstances, experience and the needs of the organisation, there are a wide range of options ranging from short to longer-term roles.

Short-term roles are more suitable for those with previous international or humanitarian experience. Longer-term roles can last up to two years or more.

Case study – midwifery teacher with VSO

Zoe Vowles spent 10 years working as a midwife in the UK before taking a sabbatical to volunteer with VSO. With the highest maternal mortality rate in the world, colleagues in Sierra Leone urgently needed her skills:

“Primarily my goal was to ensure that the hospital and its staff were working well. I did this by motivating the staff and aiding their professional development. I organised training sessions on practices such as newborn resuscitation and was responsible for ensuring that equipment and stock supplies were managed and maintained.

I faced many challenges on a daily basis. Women came to the hospital with medical problems I’d never seen before and I witnessed women and babies die unnecessarily as a result of cultural preference or problems with infrastructure. We had electricity for just a few hours each day, the climate was difficult to work in and there is a massive problem with mosquitoes and malaria.

I was able to help with the planning and setting up of a new antenatal clinic. The clinic proved an invaluable resource in identifying and treating pregnancy related complications, providing routine treatments, as well as advising on how to plan for a birth.”



How can I develop my skills?

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

RedR provides training to individuals who are interested in developing a career in humanitarian practice, from one day taster courses to residential courses. RedR also provides a recruitment service for international humanitarian agencies seeking particular expertise. A regular jobs' supplement is sent to members of RedR setting out details of current vacancies.

Working abroad has many challenges for nurses, midwives and other health care professionals. The Royal College of Nursing and the Royal College of Midwives can advise members on working abroad www.rcn.org.uk/nursing/workingabroad

The RCN International Department has a useful information leaflet entitled *The RCN's international work for nursing and nurses* (RCN, 2008). You can also join the RCN's International Humanitarian Community online: www.rcn.org.uk/development/communities/specialisms/international_humanitarian

You can also learn from other organisations that share knowledge and information and campaign for improving health care internationally.

Health Information For All 2015 is a global campaign that brings together more than 1,200 professionals from over 100 countries, and is determined to stop people dying from lack of knowledge. Find out more and sign up at www.hifa2015.org

The Global Alliance for Nursing and Midwifery (GANM) is a partnership committed to enhancing health outcomes through knowledge sharing and collaboration. Join at <http://my.ibpinitiative.org/public/ganm>

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

Courses relating to aid work

Contact the organisations for more details.

London School of Hygiene and Tropical Medicine

Keppel Street
London WC1E 7HT

Tel: +44 (0)20 7636 8636

Fax: +44 (0)20 7436 5389

Email: registry@lshtm.ac.uk
www.lshtm.ac.uk/

The Hospital for Tropical Diseases

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

Tel: +44 (0)20 7387 441 ext 5959

Fax: +44 (0)20 7388 7645

www.thehtd.org

Liverpool School of Tropical Medicine

Pembroke Place
Liverpool L3 5QA

Tel: +44 (0)151 705 3100

Fax: +44 (0)151 705 3370

www.liv.ac.uk/lstm

RedR

250 Kennington Lane
London SE11 5RD

Tel: +44 (0)20 7840 6000

Fax: +44 (0)20 7582 8669

E-mail: info@redr.org
www.redr.org

UCL Institute of Child Health

30 Guilford Street
London WC1N 1EH

Tel: +44 (0)20 7242 9789

Fax: +44 (0)20 7831 0488

www.ich.ucl.ac.uk

University of Glamorgan

(MSc Disaster Healthcare)
Pontypridd
South Wales
CF37 1DL

Tel: +44 (0)1443 480480

Fax: +44 (0)1443 654050

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





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

Who do I want to work for?

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

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

MSF and VSO are examples of two different types of NGOs, with different approaches to providing medical aid: one in response to crisis, one facilitating longer-term development. There are a wide range of international projects and roles with organisations worldwide, for those with the skills to offer and the desire to gain unique experience.

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

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

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

Although the organisation's working language is English, training is carried out in Italy and most of its field volunteers are Italian.

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

Médecins Sans Frontières

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

However, MSF also has extensive operations in places that would not normally be considered high risk; where an inadequate local health service or difficult and remote terrain mean that such diseases as tuberculosis, malaria or HIV/AIDS are left untreated. Without clinics set up by organisations like MSF, these populations would have no access to life-saving health care.

MSF and other similar organisations often hand over their activities to other NGOs or the local ministry of health when the worst of the ‘emergency’ is past.

Voluntary Service Overseas (VSO)

VSO is an international development charity working to tackle poverty through skilled, experienced volunteers. Founded in 1958 it is the leading independent volunteering organisation, focusing on long-term, sustainable development. At any one time 1,500 volunteers are working in 44 countries in Africa, Asia, Latin America and the Caribbean. VSO roles are usually one to two years, but roles of six months and less are increasingly available for highly experienced professionals.

VSO volunteers support local colleagues to develop their skills enabling them to achieve their priorities. Volunteers work with and for VSO partner organisations who request their help. Partners range from Ministries of Health to rural mission hospitals. All nursing and midwifery roles will involve on-the-job training and mentoring of colleagues. Some roles involve classroom teaching and curriculum development for degree courses, helping develop the next generation of nurses or midwives.

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

Continuing professional development

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

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

Many NGOs offer internal and external training to help health care professionals develop their existing knowledge and skills. VSO 'Skills for Working Development' course is now accredited by the Royal College of Nursing. The course prepares nurses and midwives for volunteering with VSO, and counts towards their post registration education and practice (PREP).

Impact on my career

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

The Department of Health has produced the useful document, *The Framework for NHS Involvement in International Development* (DH, 2010). This builds on the *International Humanitarian and Health Work: Toolkit to Support Good Practice* (DH, 2003).

Both documents look at the benefits such work could bring to the NHS, patients and to the professional development of individuals.

The Framework states that international work offers nurses and midwives the opportunity to 'develop a range of hard and soft skills such as clinical, managerial, leadership cultural and educational skills, which are beneficial to and transferable to the NHS' (DH, 2010).

The Framework was developed in response to recommendations made by *Global Health Partnerships*, Lord Nigel Crisp's report examining how the NHS could better support the improvement of health in developing countries (Crisp, 2007).

In 2006, NHSScotland and VSO developed a groundbreaking partnership which enabled NHS staff the opportunity to work in Africa and retain

job security, pension and employment benefits back in Scotland (Scottish Executive, 2006). The two-year partnership concluded with the recommendation that health boards continue to support staff embarking on international service (Scottish Government, 2008).

Will I be paid?

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

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

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





Janet Raymond qualified as a general nurse in 1981 and as a registered midwife in 1997. She has spent much of her subsequent career abroad, working as an agency nurse at the North Devon District hospital between overseas posts. She took VSO courses in teaching skills and health care in developing countries. She says:

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

Janet’s placements have included:

VSO Clinical Instructor in Tanzania, Africa, 1993–1995 *“I was in a remote area of northwest Tanzania. Communication was by means of radio and the sparse hospital equipment meant constantly adapting with limited resources.”*

The post involved teaching practical nursing procedures to go student nurses in all areas

of the 180-bed hospital, including theatres, paediatric and maternity wards, and mother and child health clinics.

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

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

Left: in the days following the 2010 Haiti earthquake, MSF set up temporary theatres and wards outside the destroyed hospitals. © Julie Remy

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

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

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

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

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

MSF Nurse Supervisor of a therapeutic feeding centre in Ethiopia, 2003

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

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

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

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

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

Janet has since worked for MSF in Chad, Pakistan, Uganda, and most recently, Haiti, after the earthquake in January 2010.

What are the benefits and risks?

The benefits

Working as a humanitarian health care volunteer can be extremely rewarding. For many it is a lifechanging experience. Working for a humanitarian organisation offers different experiences to that gained working in an organised, developed health service. Aid work enables practitioners to make decisions and clinical judgements in isolation. You will become extremely resourceful and probably develop a whole new skill set.

You will also be able to see your skills making a direct impact on individuals and communities deprived of access to basic health care. Some of the less tangible benefits are the personal skills and attributes that you develop while working in difficult, isolated and poorly resourced areas –see box. As you return to work in the UK, you bring these skills back to benefit NHS patients too.

The risks

Although there are many personal rewards and professional development opportunities, there are many challenging aspects to the work.

There are the obvious dangers. Considering the amount of humanitarian aid work that is delivered every day across the world, in many challenging and dangerous places, serious

Personal skills enhanced and developed by humanitarian work

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

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

It is important to thoroughly research the organisations you consider applying to and the regions you expect to work in.

Maintaining registration

Whilst practising overseas and to maintain your UK registration, you must ensure the NMC has an up to date address. You will need to declare every three years that you have complied with Prep standards (450 hours of registered practice and 35 hours of learning activity in the previous three years) and pay the registration fee each year.



Case study – Nurse Tutor

Joanna Haworth swapped emergency nursing at St Barts' for the Faculty of Nursing in Sierra Leone, through VSO:

“For the majority of my time here I’ve really enjoyed it. But it’s not been easy by any stretch of the imagination. Day to day living can be hard, there are issues with water and electricity. I had a rat living in my house. And I had typhoid, which isn’t the most pleasant illness I’ve ever had.

Getting to know a culture in more depth than a two-week holiday is a fantastic experience. I’ve been able to develop my skills in a way I would never have been able to at home. My greatest achievement has been helping to establish a new course in nursing education.

When I arrived, all student nurse educators were sent to Nigeria to train. So we held a workshop to develop a curriculum pertinent to Sierra Leone. It took a lot of work. We did it though. The course is up and running and Sierra Leoneans can now study for a diploma in nursing education in Freetown.

The university can now train more than 10 nurse educators in Freetown for the same price as sending four students to Nigeria. It will also improve nurse training. There can be as many as 120 students per tutor on nursing courses. With more trained tutors, class sizes will reduce, giving students a better quality of teaching. It’s a major achievement for the country.”



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

© Per-Anders Petterson/Getty Images

Conclusion

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

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

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

Useful contacts

Action Against Hunger

1st Floor
161-163 Greenwich High Road
London SE10 8JA
Tel: +44 (0)20 8293 6190
Fax: +44 (0)20 8858 8372
Email: info@aahuk.org
www.aahuk.org

British Red Cross Society

UK Office
44 Moorfields
London EC2Y 9AL
Tel: 0844 871 11 11
From overseas: +44 (0)20 7138 7900
Fax: + 44 (0)20 7562 2050
Email: information@redcross.org.uk
www.redcross.org.uk

Christian Aid

35 Lower Marsh
London SE1 7RL
Tel: +44 (0)20 7620 4444
Email: info@christian-aid.org
www.christian-aid.org.uk

Church Mission Society

Watlington Road
Oxford OX4 6BZ
Tel: 0845 620 1799
From overseas: +44 (0)1865 787400
Fax: +44 (0)1865 776375
Email: info@cms-uk.org
www.cms-uk.org

Concern

13/14 Calico House
Clove Hitch Quay
London SW11 3TN
Tel: +44 (0)20 7801 1850
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Email: info@concern.net
www.concern.net

Doctors of the World UK (DOW UK)

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London E14 4JB
Tel: +44 (0)20 7515 7534
Fax: +44 (0)20 7515 7560
Email: info@doctorsoftheworld.org.uk
www.doctorsoftheworld.org.uk

Emergency

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20127 Milano
Tel: +39 02 881 881
Fax: +39 02 863 163 36
Email: info@emergency.it

Goal UK

7 Hanson Street
London W1W 6TE
Tel: +44 (0)20 7631 3196
Fax: +44 (0)20 7631 3197
Email: info@goal-uk.org
www.goal-uk.org

Health Poverty Action

(formerly known as Health Unlimited)
Ground Floor, 31-33 Bondway
London SW8 1SJ
Tel: +44 (0)20 7840 3777
Fax: +44 (0)20 7562 2050
Email: general@healthpovertyaction.org
www.healthunlimited.org

International Health Links Centre

Liverpool School of Tropical Medicine
Pembroke Place, Liverpool L3 5QA
Tel: +44 (0)151 705 3273
Email: ihlc@liverpool.ac.uk
www.ihlc.org.uk

International Service

Hunter House, 57 Goodramgate
York YO1 7FX
Tel: +44 (0)1904 647799
Fax: +44 (0)1904 652353
Email: is@internationalservice.org.uk
www.internationalservice.org.uk

International Voluntary Service (IVS) Four offices around the UK, see: www.ivsgb.org

Medical Aid for Palestinians

33a Islington Park Street
London N1 1QB
Tel: +44 (0)20 7226 4114
Email: info@map-uk.org
www.map-uk.org

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Merlin

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at one of MSF's mobile clinics. © Karsten Bidstrup

Front cover: A child vaccinated against meningitis in Niger.
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