

Resilience in MSF and its Personnel

Annick Filot and Carla Uriarte

¹ MSF – Belgium ² MSF – Spain
African Health Sciences 2008; 8(S): 44-45

Médecins Sans Frontières (MSF) is an independent international medical humanitarian organization that delivers emergency aid in more than 70 countries to people affected by armed conflict; epidemics; natural or man-made disasters; or exclusion from health care. There are 19 sections, of which 5 are operational. In this workshop we will be representing the Belgium (MSF-OCB) and Spain-Greek (MSF-OCBA) operational sections. (When referring to MSF in this abstract we refer to the OCB and OCBA psychosocial units approach)

In emergencies and their aftermath, MSF provides essential health care, rehabilitates and runs hospitals and clinics, performs surgery, battles epidemics, carries out vaccination campaigns, operates feeding centers for malnourished children, and offers mental health care. When needed, MSF also constructs wells and dispenses clean drinking water, and provides shelter materials like blankets and plastic sheeting.

Through longer-term programs, MSF treats patients with infectious diseases such as tuberculosis, sleeping sickness, and HIV/AIDS, and provides medical and psychological care to marginalized groups such as street children.

MSF staff is very diverse and is the basement of our work in the Psychosocial Care units. The diversity of our staff has multiple sides; the main ones are individual, professional, cultural and social backgrounds. Inside this population, at the given moment, we have staff working, in their own country (6000 national staff) and staff working out of their country (900 expatriates from at least 25 nationalities) on 3 to 12 months contracts. Both subpopulations will have common and specific stress factors and resources to consider.

Working in a humanitarian organization is inherently stressful. Indeed, the nature of MSF is to work close to human suffering in, often, extreme psychological and physical conditions. Adjusting to the environment, facing up to potentially traumatic events, the proximity to human suffering, the lack of means to support the population in need like we would like to, difficulty in stepping back and giving space to oneself, the urgent pressure of the needs, team living, violence, poverty of the beneficiaries, ... are potential common stressors for all MSF staff. The national staff is, in a lot of places, chronically exposed to the stress linked to their socio-economic-political context and/or to the stress associated to their survival after natural disasters. In the other hand, the expatriates experience the stress of remoteness from familiar systems to which they belong. A major difference between the two populations is the choice they have or not to be where they are and to leave it or not.

MSF Resilience Model

To speak about **resilience** we have chosen the definition given by Bonnano as the capacity to, in the face of loss and trauma, maintain relatively stable, healthy levels of psychological and physical functioning. So it would not be the capacity to recuperate from a disorder but the ability to not have one. To present the relevant resilience factors, their indicators and how MSF promotes and supports them, we have modified the stress model to organize the information:

The resources we believe are most relevant for MSF staff have been gathered into a questionnaire. We have designed it in order to assess the importance of all these resources by contexts, and to analyze trends to help us promote those perceived by international staff as most relevant. It is not designed to be an academic instrument, but to use in a trend report. In MSF we have been passing the questionnaire since March, although validations and data analysis will not be possible until the second half of this year.

For MSF teams in the field, external resources can be grouped as:

Correspondence:

Annick Filot

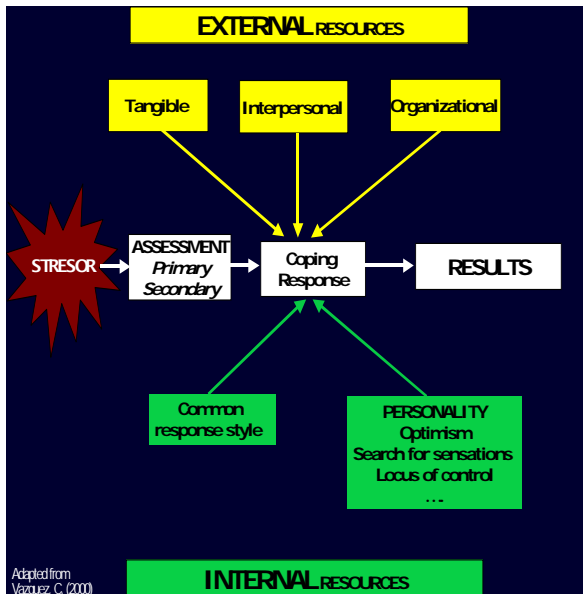
MSB OCB, Rue Dupré 94

1090 Jette-Brussels, Belgium

Phone 0032 2 474 74 48

Fax 0032 2 474 75 75

E-mail : annick.filot@brussels.msf.org



- Tangible (housing, climate, access to goods and logistics resources, etc.)
- Interpersonal (social support from others in the field and at home, team dynamics, supervision and support from coordinators, contact with local culture and beneficiaries, etc.)
- Organizational (rest periods promoted, job profile and tasks, pertinence of the project, etc.)

For example, in a on going war emergency, with teams working many hours on end, few tangible resources and strict security norms constraining personal liberty, interpersonal and individual resources become most important.

In missions where the context is stable, and the activities are programmed and planned (ie. HIV/AIDS projects) organizational factors might gain more importance, such as rotation, access to ARV medicaments, etc.

Internal Resources for MSF staff can be:

- Active coping mechanisms
- Social skills
- Optimism
- Autonomy
- Problem solving skills
- Ability to put things in perspective
- Openness to new experience
- Seek for sensations
- Internal locus of control
- Flexibility
- Hardiness
- Self esteem

So for us, the effectiveness of these resources varies greatly from mission to mission, and to person to person.

Resilience Promotion and Intervention in MSF

As part of the organizations policy some operational sections have created units with the mandate to support the organization and it's staff in preventing and managing mental health problems in the field team members. In MSF OCB and MSF OCBA units we agree in the need to promote resilience at the individual, interpersonal and organizational level. In order to accomplish this we carry out the following activities:

- In the hiring, screening and assessing staff process resilience traits are taken into account (information sessions and assessment centers)
- Preparation of staff
 - Before leaving on a first assignment all international staff go through a week pre-departure preparation workshop, with special training on interpersonal communication and stress management skills
 - When leaving for a mission all international staff go through a briefing process, on the project, the context, the security, the job and tasks, etc. For specific contexts they undergo a psychosocial preparation briefing.
- Trainings and field workshops
 - Technical skills trainings
 - HR management skills
 - Stress and mental health management skills
- HR management practices
 - Ie. Clear job profiles, clear organigram
 - Taking care of team dynamics
 - Supervision, evaluations
 - Monitoring and support of staff well-being
- Psychosocial support sessions in specific contexts
 - Support with respect to traumatic stress
 - Training of coordinators on enhancing resilience in the aftermath of incidents
 - Critical incident interventions
 - End of assignment support
 - Debriefings
- HR, technical and psychosocial
 - Specific psychological support (also to review individual resources and learn new ones)