HUMANITARIAN ACADEMY · HUMANITAIRES JOBS

Mini MBA Security and Risk Management: protecting teams and maintaining access

Course handout · Week 8 : Health, psychosocial wellbeing, internal safeguarding and insurance

A programme of exactly 3 months (12 weeks, 144 hours) to manage the security and risks of a humanitarian organisation: duty of care, context analysis, risk assessment, plans and procedures, acceptance and access negotiation, incidents, crisis management and kidnapping, staff health and wellbeing, digital security and data protection, organisational risks and compliance, risk sharing with partners, governance and business continuity. Corrected numerical exercises, three monthly exams with case studies, and a verifiable diploma from the Humanitarian Academy.

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Week 8 : Health, psychosocial wellbeing, internal safeguarding and insurance

Objectives

- Organise the protection of staff health: prevention, care, medical evacuation and first aid.
- Prevent and manage stress, burnout and trauma, and measure team wellbeing.
- Treat harassment, sexual violence against staff and insurance needs as risks in their own right.

Health, the first risk

In many contexts, **illness** (malaria, digestive infections, poorly managed chronic diseases) and **accidents** cause more sick leave, repatriations and sometimes deaths than violence. Protecting health is therefore part of risk management.

Essential measures:

- **Before departure or assignment**: medical check-up, vaccinations, appropriate malaria prophylaxis, a health briefing on the context.
- **On site**: mapping of health facilities (quality, distance, opening hours, languages), contracts with clinics, first aid kits, staff trained in first aid (at least one person per team or per vehicle in isolated areas).
- **Medical evacuation**: written procedure, contract with a provider or an insurer, trigger criteria, realistic timeframes.
- **National staff**: health coverage that is equivalent in practice, including for families according to the organisation's policy.

Critical time. The "golden hour" after serious trauma is decisive. If the nearest surgical hospital is 6 hours away by road and no air evacuation is possible before the next day, the risk of a serious accident weighs much more heavily in the assessment, and advanced first aid training becomes a priority.

Stress, burnout and trauma

Aid workers are exposed to three types of stress:

- **Basic and cumulative stress**: workload, living conditions, isolation, team conflicts, permanent insecurity. Left unaddressed, it leads to **burnout**.
- **Traumatic stress**: exposure to a violent event or to death.
- **Vicarious trauma**: from repeatedly listening to and witnessing the suffering of others.

Several surveys of aid workers have found high rates of symptoms of anxiety, depression and burnout, often higher than in the general population, and higher still among national staff

exposed to the same violence as their own families.

Measures: a reasonable workload, leave and recovery breaks respected (rest and recuperation, R&R, depending on the context, for example every 6 to 12 weeks in a difficult context), confidential access to psychological support, training for managers to spot the signs, psychological first aid after an incident, a culture that does not stigmatise asking for help.

> A manager who never takes leave sends a message to the whole team. Wellbeing is also a matter of setting an example.

Measuring wellbeing

Team wellbeing is measured, like any risk:

- **Leave and R&R uptake rate**: days taken / days due.
- Average **overtime** and number of people above a threshold.
- **Sick leave** and staff turnover (early departures).
- Short, regular **anonymous surveys** (validated stress or burnout scales, questions on perceived support).
- Use of **psychological support** (in numbers, never names).

Example. A team of 40 people: 1,200 days of leave due over the year, 690 taken, i.e. 57.5%. 14 people regularly work more than 55 hours a week. Turnover: 11 departures in the year, i.e. 27.5%. These figures signal a high risk of burnout: action plan (mandatory leave planning, reinforcements, fewer meetings, follow-up by senior management).

Harassment and sexual violence against staff

Harassment (psychological and sexual), discrimination and **sexual violence** against staff, including by colleagues, are under-reported risks. They fall at once under security, human resources and internal safeguarding.

A minimum system includes:

- a clear, signed **code of conduct**, which also prohibits sexual exploitation and abuse of affected populations;
- multiple, confidential **reporting channels** (including outside the line management and external ones);
- a **survivor-centred** approach: safety, confidentiality, respect for the survivor's choices, rapid medical care (HIV post-exposure prophylaxis and emergency contraception within the time limits), psychological support;
- **investigations** conducted by trained people, independent of the line management concerned;
- effective **sanctions** and information-sharing between organisations to prevent the recruitment of sanctioned individuals (inter-agency reference-checking schemes).

Post-exposure prophylaxis kits must be available and designated staff trained in their use, because the window of effectiveness is short (ideally within the first few hours, and at the latest within 72 hours).

Insurance

Insurance transfers part of the financial risk. Usual coverage:

- **Health** (including abroad) and **medical evacuation**;
- **Accident, disability and death**, including war and terrorism risks, which are often excluded from standard policies;
- The organisation's **civil liability**;
- **Property**: vehicles, equipment, stocks, cash;
- **Kidnap and ransom**, which mainly funds specialist consultants and whose existence must remain confidential.

Points to watch: exclusions (areas, activities, war), ceilings, notification deadlines, equitable coverage of national staff, and consistency with local law (compulsory insurance).

A simple calculation. A premium of 4% of the payroll for accident and death coverage including war risks, on a payroll of USD 2,400,000: USD 96,000 a year. If the organisation insures only its 30 international staff (payroll USD 1,500,000) and leaves 120 national staff (USD 900,000) without equivalent coverage, the saving of USD 36,000 creates a serious inequality and a legal and reputational risk.

First aid and medical preparedness

Field medical preparedness is planned like everything else:

- **Training**: basic first aid for everyone, advanced first aid in isolated or conflict areas (haemorrhage control, tourniquet, recovery position, burns).
- **Equipment**: individual kit (with a tourniquet in conflict areas), vehicle kit, base kit.
- **Confidential medical records** for staff (blood group, allergies, treatments, emergency contacts), accessible only in an emergency.
- **Medical evacuation plan** for each area: first-line facility, referral facility, means of transport, timeframes, numbers, cost.

Calculating training needs. 85 staff in an isolated area, target: at least 2 people trained in advanced first aid per team of 5 on the move. If 17 teams can be in the field at the same time, at least 34 trained people are needed; with a 30% margin for absences and turnover, about 45 people.

Exercise: a team at breaking point

Situation. A base of 25 people (5 international, 20 national) in a conflict area. Over 6 months: 3 early departures of international staff, 4 long periods of sick leave among national staff; 210 days of leave taken out of 450 due; the base manager has taken no leave at all; a national staff member has told a colleague about repeated advances from a supervisor, but does not want to "make a fuss". The nearest surgical hospital is 5 hours away by road; nobody is trained in advanced first aid. The death and disability insurance covers international staff only.

Task. 1) Calculate the leave uptake rate. 2) Identify the risks. 3) Propose priority measures.

Answer. 1) 210 / 450 = 46.7%. 2) Collective burnout (little leave taken, departures and sick leave, the example set by the base manager); sexual harassment reported informally, with a risk of escalation and silence; serious medical risk (5 hours from hospital, no advanced first aider); unequal insurance coverage. 3) Mandatory planning of leave and R&R, starting with the base manager; accessible, confidential psychological support; inform the staff member, without pressuring her, of the confidential reporting channels and her options, guarantee her safety and freedom from retaliation, and involve the safeguarding function according to the policy (an alert received by a manager cannot be ignored); quickly train at least 2 people per team in advanced first aid and review the medical evacuation plan; extend the insurance to national staff.

Key takeaways

- Illness and accidents often weigh more than violence: plan prevention, care and medical evacuation.
- Cumulative, traumatic and vicarious stress: leave, R&R, confidential support, managers setting an example.
- Measure wellbeing: leave taken, hours, sick leave, turnover, anonymous surveys.
- Harassment and sexual violence: confidential channels, a survivor-centred approach, PEP within 72 hours.
- Insurance adapted to war risks, and equitable between national and international staff.

Quiz

1. A team has taken 540 days of leave out of 900 due. Uptake rate:
   A. 60%
   B. 40%
   C. 54%
   D. 90%
2. HIV post-exposure prophylaxis must be started at the latest within:
   A. 7 days
   B. 2 weeks
   C. 30 days
   D. 72 hours
3. Payroll USD 1,800,000, premium of 3%. Annual cost:
   A. USD 5,400
   B. USD 18,000
   C. USD 54,000
   D. USD 540,000
4. Vicarious trauma is caused by:
   A. A road accident
   B. Repeated exposure to the suffering of others
   C. Too much leave
   D. Jet lag
5. A manager receives an informal alert about sexual harassment. They:
   A. Inform the victim of their options and the confidential channels and activate the safeguarding procedure
   B. Wait for a written complaint
   C. Publicly confront the alleged perpetrator
   D. Ignore it if the victim does not want to make a fuss

Quiz answers : 1. A · 2. D · 3. C · 4. B · 5. A