PYSCHOSOCIAL SUPPORT AND WELLNESS PROGRAMS AND STAFF PERFORMANCE AT CONCERN WORLDWIDE KENYA

BY:

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DECLARATION

This research project is my original work and it has not been submitted for examination to any other university.

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This research has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I dedicate this work to the almighty God who has blessed me with life and good health and to the entire family of Peter and Phyllis Njoroge especially my mum-Margaret Njoroge, sister-Joan Wakanyi, Aunts-Wanjiru and Gacheri, Cousins-Wamaitha, Emmanuel and Njoroge for their love and support all these years. God bless you all!

ABSTRACT

Aid workers continue to witness atrocities, handle dead bodies, encounter destitute poverty, receive threats, visit and live in foreign countries in conflict among other threats to their lives and health. Traumatic experiences, work-related stress, foreign culture, harsh climate, isolation, illness/disease, professional stagnation, poor management, and dilapidated infrastructures can easily lead to distress, burn-out, and mental and physical deterioration. The views of Concern Worldwide Kenya staff were sought in a bid to gain deeper overall understanding of the current psychosocial support and wellness programs and initiatives that are in place to safeguard their psychosocial and mental wellbeing, how these programs and initiatives impact on performance and highlight challenges to implementing such programs and how the management of Concern Worldwide can deal with them.

According to findings, psychosocial support has been provided on an ad hoc basis and management support in committing financial resources was lacking because they were not able to justify staff care initiatives that would eat into donor budgets There was need for Concern Worldwide to step up its staff care initiatives if it is to reap maximum benefits from staff performance. These initiatives were to be embedded in a staff care policy and collaboration with other actors in the sector to provide a safe and healthy, both physically and emotionally, work environment mostly in emergencies. Appropriate support in reaching their full potential is desperately needed if programme goals and objectives are to be met most effectively and efficiently.

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LIST OF ABBREVIATIONS

INGO:	International Non Governmental Organization
NGO:	Non Governmental Organization
IASC:	Inter-Agency Steering Committee
WHO:	World Health Organization
EC:	European Commission

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Mental health and psychosocial support is used to describe any type of local or external support that aims to protect or promote the emotional, cognitive, spiritual and physical health and wellbeing of staff in any organization. This kind of support basically relates to a non-therapeutic intervention that helps staff cope with stressors at home or at work and is usually a joint effort between several departments, with Human Resource Department as its 'host', each playing crucial roles in the wellbeing of their staff (Baumeister, 1991). Such support is influenced by internal and external factors. Each organization, and indeed each individual, has different staff care needs which reflect different, yet complementary, approaches that vary between and within disciplines and countries.

Several researchers and policy planners in the field of relief and development have given attention to the treacherous life and work of aid personnel. According to Stoddard et al (2009) aid workers continue to witness atrocities, handle dead bodies, encounter destitute poverty, receive threats, visit and live in foreign countries in conflict among other threats to their lives and health. IASC (2007) indicated that 2006 experienced the highest levels of attacks, targeted killings, disease, kidnappings, and deaths yet recorded. Personnel working in more stable environments may not face the same 'traumatic' experiences, but issues of work-related stress, foreign culture, harsh climate, isolation, illness/disease, professional stagnation, poor management, and dilapidated infrastructures can easily lead

to distress, burn-out and mental and physical deterioration. Further, humanitarian organizations employ both national and international staff from diverse socio-cultural backgrounds and therefore have more ethical, moral and legal responsibilities and considerations when it comes to staff care and support.

Whether chronic or acute, aid workers work in emotionally demanding environments and need appropriate support in reaching their full potential if programme goals and objectives are to be met in the most effective and efficient way (Eriksson et al, 2001). This research together with and among other related studies, will contribute towards a deeper overall understanding of the current approaches to psychosocial support and wellness and encourage humanitarian organizations to review, network and take tangible steps towards improving their provision.

1.1.1 International NGOs in Kenya

Humanitarian relief and development work is undertaken across national boundaries. The United Nations and other international NGOs that are dependent on donors in developed countries focus on alleviating suffering by mobilizing their energies to undertake difficult work in aid of others among various ailing populations of the world, mostly less developed countries that are characterized by poor governance, poverty and disease. Humanitarian actors aim at promoting and protecting the human rights of all affected, maximizing the participation of local affected populations, integrating support systems, provision of multi-layered supports and mainstreaming interventions that do no harm. They are also

increasingly active in protecting and improving people's mental health and psychosocial well-being during and after these disasters and emergencies (The Sphere Project, 2011).

According to statistics by the NGOs Board, which regulates NGOs, both local and international, in the country, Kenya hosts approximately 22 registered international NGOs working in, among other sectors, education, water and sanitation, HIV/AIDS, livelihoods, social protection and advocacy among the poorest and most vulnerable groups in urban and rural slums and arid and semi-arid areas. International NGOs such as Concern Worldwide, Care International, Medecins Sans Frontieres, Save the Children, World Vision, GOAL, HelpAge and Action Against Hunger have therefore become household names amongst these groups. International NGOs in Kenya partner with the local NGOs, corporate, civil societies, individuals and the government of Kenya through the various ministries in implementing relief and development programmes.

International NGOs are expected to conform and adapt to internal and external environments, posing both threats and opportunities, in the Kenyan context that are characterized by various legal requirements embedded in various Acts of parliament and other regulatory bodies, adapt to at times an unstable political environment that poses safety and security risks, stagnant economic growth and development. Perhaps the most significant is the socio-cultural background that affects their operations. Kenya has a population of 38 million and is home to 42 ethnic communities, including refugees of war in Somalia and other neighboring countries, various religious denominations, age groups and brackets, relatively wide gaps in social classes, gender disparities and consequently a rich blend of common and conflicting

values and practices. Holtz et al (2002) most of the international NGO work is based on the recognition that Kenya has environmental diversity and there's need to strengthen capacity of civil societies to advocate institutional reforms targeting East Africa's most vulnerable economic hub.

1.1.2 Concern Worldwide

Concern Worldwide, the focus of this study, is registered as a charitable organization working in twenty six (26) countries with its headquarters in Dublin, Ireland. Concern Worldwide has been working in Kenya since 2002. The initial phase of programming 2002-2005 comprised of an urban multi-sectoral community development programme in Korogocho informal settlement, Nairobi and a rural primary education programme in Suba District, Western Kenya. At present, the Kenya office works through 27 local partners, including government, in Nairobi, Kisumu, Kajiado, Loitoktok, Moyale, Sololo and Marsabit in the implementation of Education, HIV/AIDS, Nutrition, Food, Income and Markets underpinned by a strong commitment to Human Rights and & Advocacy.

In addition to providing logistical and administrative support to Concern's Somalia and South Sudan programmes as needed, as well as hosting Nairobi based Concern Somalia and regional staff, Concern Worldwide Kenya employs a total of 82 national (76) and international (6) staff in its programmes and programme support unit. Most of Concern Somalia's international staff are based in Nairobi bringing the total of international staff to twelve (12). The organization is dependent on international and local donors such as

DFID, UNICEF, ECHO, general donations from the Irish people, MAPS and Irish Aid and hasinternal controls, reporting guidelines, rules and regulations have been developed and implemented both locally and abroad.

1.2 Research Problem

According to Stoddard et al (2009) psychosocial support at the work place involves emotional cognitive, spiritual, physical, humane, practical and socially sensitive help given to staff. It's a framework for supporting people at work in ways that respect their dignity, culture and abilities. Simmonds et al (1998) posits that as the reach of humanitarian aid organizations expands into increasingly insecure and dangerous environments we hear and read reports of elevated rates of injuries and death. From kidnappings, to vehicle accidents, to targeted killings, to disease, aid workers ranging from short-term missions to long-term development projects are at risk in several locations around the world. Some may be lucky to not come across such traumatic experiences but work-related stressors such as foreign culture and disparate employment practices for international NGOs, lack of team cohesion, poor management and dilapidated infrastructures can easily weaken the resilience of staff leading to mental and physical illnesses. Peytremaan et al (2001) this is evidenced by the high rates of turnover and in the humanitarian sector.

Studies that have reported on organizational and human resource management of staff wellbeing have demonstrated that there is a variety of practices around selection, training, support and follow-up procedures across organizations (McCall & Salama, 1999). Staff selection and training prior to departure were not well attended to, according to these studies.

Lack of organizational preparation was found to be associated with subsequent personal distress (whilst overseas and upon return home) in the study for international staff and political insecurity, violence and threats to life were found to indicate risk for later adjustment and performance difficulties, supporting the work by Eriksson et al (2001) and that of Ozer et al (2003) who found that civilian interpersonal violence, the kind that humanitarian staff commonly experience, was likely to carry greater risk for post-traumatic stress disorder than other traumatic events. These two studies highlighted a palpable absence of professional help, standards and training in security and safety procedures.

Sheik et al. (2000) there was a tendency for international staff who were younger, unmarried and inexperienced to express higher levels of distress (Andrews, 1999). For national, staff inexperience and educational level were associated with higher expressions of distress. Expectations about the overseas mission, risk-taking behaviours and the inability/unwillingness to implement self-care behaviours (for both physical and mental health) were also identified as factors that may place some individuals at risk of personal adjustment difficulties which eventually led to poor performance at work. Organizations were careful not to hire those with these inherent risks. Extrapolating from research with similar groups of people (but not humanitarian staff), other contributing individual factors were hypothesized to confer risk on humanitarian staff included personality, prior psychological adjustment and family history of mental illness (Ozer et al, 2003).

Baumeister (1999) social system dysfunction (structure, accountability, communication, roles and goals) endanger physical health amongst both national and international staff. Staff who

experienced organizational hassles and role conflicts that existed between the nature of the development work were at a risk of vicarious trauma responses which left workers worn out and unable to perform their jobs as they should. Roux et al (2005) organizations dealt with these issues by putting in place rules and regulations that staff were expected to adhere to and be held accountable for.

While a lot has been done around a few key areas, notably: safety/security and management practice; it is clear that minimal organizational attention has been given to the psychosocial adjustment and wellbeing of humanitarian staff despite mounting anecdotal evidence that psychosocial disorders and their consequences are key occupational health hazards (Swords et al, 2007). Humanitarian agencies have not moved quickly enough to minimize the risks to the psychosocial well-being of their staff and there have not been studies that have been carefully and specifically designed to take into account local constructs of mental health, psychosocial wellbeing and suffering in a culturally reliable and germane manner. A significant gap has been the absence of a framework that enables effective coordination, identifies useful practices, flags potentially harmful practices and clarifies how different approaches to mental health and psychosocial support complement one another.

This research therefore will be guided by the following questions;

1. What psychosocial support and mental wellness programs and initiatives that have been rolled out by Concern Worldwide for staff?

2. How do these programs and initiatives impact on staff performance and ultimately on programme delivery?
3. What are the challenges to implementing such programs and how can the management of Concern Worldwide deal with them?

1.3 Research Objectives

The research study is aimed at determining the role of psychosocial support and wellness programs on staff performance at Concern Worldwide Kenya.

1.4 Value of the Study

Management support is critical especially in the allocation of human and financial resources. This study will seek to enlist the full support of management of Concern Worldwide Kenya on the need to mainstream and invest in psychosocial support and mental wellness programs in programming for their staff and to reveal challenges restricting progress in this area and consequently affecting staff performance. A deeper overall understanding of the current approaches to psychosocial support and wellness will encourage Concern Worldwide to review, network and take tangible steps towards improving its provision.

Due to the paucity of rigorous understanding about mental health and wellbeing, this research will seek to emphasize recognition amongst INGO staff in Kenya and specifically Concern Worldwide that their mental health and wellbeing is as critical as their safety and security in achieving programme objectives. Staff will recognize and appreciate what has been done to guard their welfare so far as well point out gaps and areas for improvement.

Form reference material for use by future researchers, other humanitarian stakeholders, students/academicians and other interested organizations to whom knowledge of the role of psychosocial support and mental wellness programs on work performance of INGO staff in Kenya may be imparted. Increased attention will also be paid to research partners and other humanitarian stakeholders including UN agencies and others, to promote enhanced coordination, collaboration and knowledge sharing.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

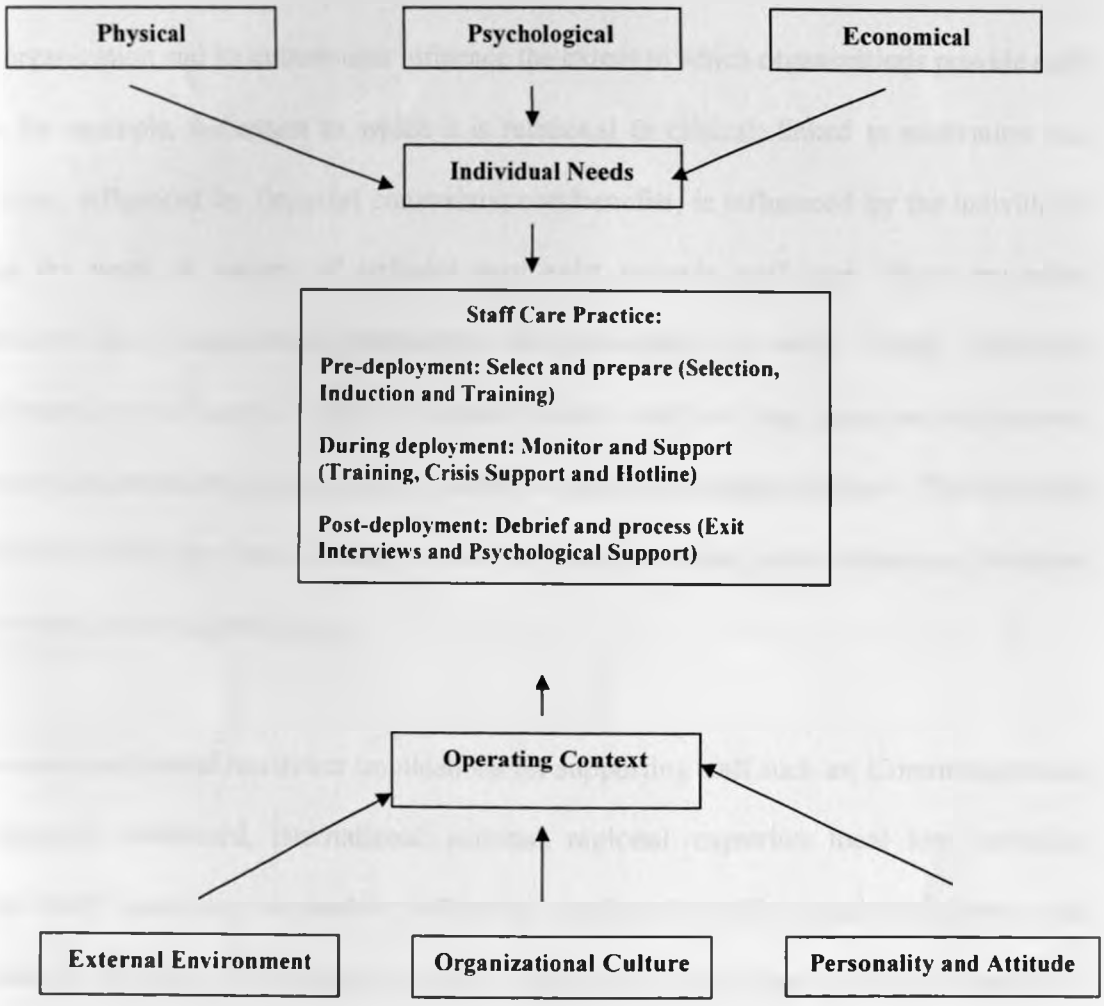
This chapter will review past academic literature in psychosocial support and wellness and how this is linked with the performance of staff at work.

2.2 Review of past studies

2.2.1 Psychosocial Support

Swords (2007) posits that the ability of staff to perform effectively in their job requires that they have their duties and responsibilities and that they understand the job performance requirements and standards that they are expected to meet. In addition to understanding this, the employer has a duty to provide the right work environment not only physically but also emotionally. According to Stoddard et al (2009) psychosocial support at the work place involves emotional cognitive, spiritual, physical, humane, practical and socially sensitive help given to staff. (Moresky et. al, 2001) developed a framework of minimum operational procedures for psychosocial support of relief and development workers at each stage of an employee's life within an organization.

Figure 2: Staff Psychological Support Conceptual Framework



(Source: Moresky et. al, 2001)

The holistic nature of support in this framework is evident. Pick suitable candidates, prepare team members adequately, provide ongoing support during assignments, process their experiences afterwards and plan for transition to other career opportunities although environmental influences such as economic factors such as; stakeholder awareness, availability of funds for staff care activities and whether return on investment can be proven, the legal climate which may place demands for duty-of-care and due diligence, moral issues

and is such support driven by a business model or a model of compassion and the social discourse and current trends in staff care which emerge over time.

The organization and its culture also influence the extent to which organizations provide staff care, for example, the extent to which it is relational or clinical; linked to motivation and retention; influenced by financial constraints; cost/benefits; is influenced by the individuals doing the work. A variety of attitudes may exist towards staff care. These are often constructed from socio-cultural perspectives and personality (i.e. we're "tough" and don't need expensive staff care). A clash of attitude towards staff care may cause serious distress. Some organizations strive to develop a collective attitude towards staff care. The extent to which there is buy-in from a strategic level, for example among senior managers, directors and trustees is also a great factor.

The operational model has direct implications for supporting staff such as; Contractual status for example, contracted, international, national, regional, expatriate local hire, incentive refugee staff, emergency responders, volunteers, employed at will, consultants; Duration of contract for example development (usually long term i.e. 1-3 years or more), emergency relief (usually short term), frequent travelers (15-20% of contracted time or more); Location and role of staff - manager, field workers, office workers, remote managers: Context of work for example unstable (high stress), stable (low stress), Rural, Urban, Insecure, Emergency type (likelihood of assault, death, abduction, vehicle accident, natural disaster, etc.), climate and terrain considerations, infrastructure/development considerations, proximity to more

stable / secure destination: Nature of the role - managerial, advisory, office or field based, isolated and remote team.

Individual; each individual comes to an organization with a different history and set of personal attributes. Individual have their own attitude towards staff care; some are heavily reliant on comprehensive support, while others will not accept support unless it is mandated. Whether a person will require extensive support or not depends on: their previous experience, ability to self-care, pre-existing medical or psychological illnesses or disability, level of personal resilience, external support networks (in country and at home), ability to maintain a healthy work/life balance, capacity to adapt to unfamiliar environments, ability to assess risk, interpersonal skills, and many others. Consistently, human resource managers maintain that the wellbeing of staff depends on the "goodness of fit" of the assignment/location.

Swords et al (2007) also presents another cyclical model of care, as shown below, with the main phases of an employee's relationship with an organization primarily from the perspective of psychological provision involving: screening and assessing staff, preparation and training of staff, monitoring staff in the field, ongoing support in the field, crisis support and post-assignment support.

Pre-assignment

The person has to be enrolled into the organization, its values, culture and priorities as a means of making specific the otherwise abstract notion of being a humanitarian worker. An attachment to the organization and its culture has to form so the person feels it is important

and messages from it have emotional meaning. This is the precondition to carrying out instructions and directions, respecting managers and superiors, preserving a loyalty that ensures the person works with commitment, in accordance with the needs rather than simply carries out their job description (Moresky et al, 2001). The work goals and the purpose of the organization need to be defined before going away. Finally, the person needs the opportunity to reconcile or integrate their personal motives for taking on the work with those of the organization otherwise they will lack access to the store of emotional energy and their capacity will be significantly limited and they will be vulnerable in the face of adversity. Any discrepancy between these personal and organizational systems sets up chronic stress situations.

On-assignment

Papadopolous (2007) indicates that the work itself, roles, goals, relationships, accountability, limitations and formal or support systems constitute the social system within which the energy is expended to achieve satisfaction. The lack of support together with the highly arousing circumstances of work means a heightened consciousness of the particular situation and issues is inevitable and adaptive to the goals of the work. But the impossible demands and needs place pressure on the containing social system and result in a tendency to erode the role, goals, or attachments to the system or respect for limits. Then the person is at risk for overworking or becoming less effective.

Another consideration is recognition of the often implicit nature of the emotional support system that enables the person to continue working in such a difficult situation. The problem

is that if the support system is working it tends to be invisible and all that it shows is that the person is functioning well. However, sometimes a small change in the system or relationships may mean the person is no longer getting the input that enables them to continue their output – the attachment is no longer reciprocal. Crucial aspects of the support system are personal contact from managers, inductions, trainings, provision of medical services, good and equitable pay, a safe working environment, team cohesion activities, constant feedback on performance, career growth, work life balance, recreation, informal contact with congenial peers and colleagues, client relationships and opportunity for personal integration (Augsburger et al, 2007).

Post assignment

On the return, the person needs to de-role and relinquish the attachments that have been formed. These include to local people, colleagues, the work itself and the organization. As with all changes of attachments, this is gradual and assisted by rituals and rites of passage as well as personal reflective time and communication opportunities. Operational debriefings are an important part of this (McCall & Salama, 1999). Evaluation of the work and performance is important and is where the sense of satisfaction of the desires that put the process into action is identified. Psychological debriefing provides time for a structured re-examination of the whole experience so that the personal significance of what has happened can be reflected upon and integrated. The debriefing clarifies and corrects the content to be taken away and worked with and is an opportunity to avoid distortions.

Gundel (2001) posits that a noticeable phenomenon on return is the enhanced consciousness developed in the mission being unable to be integrated into the previous life. This is shown by sharpened awareness of the trivia and comfort of life at home compared to where they have been. The so-called culture shock is in fact more like a clash of a consciousness full of new and emotive experiences trying to reintegrate with one that is normalized and routinized, lacking in contact with the fundamentals of life. However the intensity of impressions brought back from overseas is matched by the narrowed focus on those matters and although return to normality can be felt as a betrayal of the human suffering and need they have encountered, if people are to be healthy they must regain the capacity for recreation and enjoyment and belonging in their personal life. This tension is not resolved by a rapid redeployment, only postponed and may become a serious existential identity crisis; people need a process to ensure they leave with their values enhanced and maintain attachment to their home base supports rather than as a flight from alienation.

Re-adjusting to the return is associated with integration of the experience, which means that personal values and life at home are gradually brought into relationship with the experience without jettisoning the important learning. This takes time – often about three months – to achieve an enhancement from the experience without it being associated with the loss of some other area. Humanitarian workers may well need opportunities to communicate with the organization or other experienced colleagues during this time (Holtz et al, 2002).

2.2.2 Stressors in humanitarian work

The elements of the work situation can be defined in the following terms of the store of energy mobilized for the duration, associated with the values and the motivating desire; Preliminary training and readiness to understand the nature of stress and its effects; the social structure of the job including role, goals and resources; The social relationships in the workplace including colleagues, managers and local people; Access to other supports such as national office, family and friends even if intermittently; Access to trained assistance to help with clarifying confusions arising from critical incidents; A structured procedure for enrolment and de-rolling before and after the mission and; The deliberate management of these dimensions of the work experience as safeguarding and enhancing the resource of the energy (physical, emotional, professional, and moral) that is the real resource of humanitarian work (Baumeister, 1991). These elements are the container of the mobilized energy and interference in their operation has to be considered as a potential stressor or hazard.

World Health Organization (2010) chronic stress is generated by interference in achieving the goals and satisfying the desire. Acute stress is a result of the effort to respond to a specific threat. The threat needs to be defined in humanitarian work; it may be the interruption to fulfilling the goals of the work or danger to the workers themselves. Chronic stress can be, firstly, doing too much work all the time and not having enough time to recover. This results in the development of impaired self-regulation and the development of stress promoting habits. It is typical in these situations that the workers lose their sense of

proportion and continue to work until they become dysfunctional in their work, no longer manage or become ill.

The problem is that the achievement of goals leads to an unsustainable output. But people only get into this situation when their output leads to some sense of fulfillment. The danger here is burnout. Secondly, the chronic impedance to achieving work goals through such factors as lack of resources, corrupt local counterparts, inefficiency or incompetence (as aid workers see it) also constitute chronic stress. In these situations the energy is chronically blocked from expression, forced back and expressed in the arousal associated with stress. The result is anger, pessimism and cynicism. Peytremann et.al (2001) acute or critical incident stress also occurs in the form of specific events usually circumscribed in time. These may take the form of threatening events such as assaults and conflicts, excessive exposure to disturbing events such as suffering and death of local people or colleagues and interpersonal conflicts with colleagues or other people in their support system.

Holtz et al (2002) say that a range of mental health concerns amongst international and national staff that are reported by staff include substantial exposure to traumatic events (for instance, personal assault, witnessing mass death, etc.). In particular, depression and heavy alcohol use were commonly reported, comparatively, post-traumatic stress is uncommon, staff who are on their first mission and those who have completed five or more missions were most at risk and organizational communication and support significantly influenced the mental health and wellbeing of these staff members.

National workers experience elevated levels of depression and anxiety associated with longer duration of employment. A goodness-of-fit model is recommended for adoption in the recruitment and selection particularly with international staff. It is proposed that they can be selected and screened for individual risk factors weighed up against the situational risks that may be apparent in the host country they are destined for. Placing people who carry a high load of multiple individual risk factors in countries where multiple situational risks (e.g. violence, political instability, social, cultural and geographical isolation) are apparent should be carefully considered and avoided if possible.

The more carefully this subjective and objective structure of the work is prepared before departure, maintained during the mission and dismantled after it, the more the whole experience is likely to be existentially enhancing and professionally rewarding and result in increased skills and experience. If it is not, people may continue the work (for good or not good reasons) but carry with them an increasing store of vulnerability, bias, prejudice, insensitivity, cynicism and other qualities that are the antithesis of the humanitarian ideas that are embodies in the work (Augsburger et al, 2007).

2.2.3 Job Performance

First, performance is defined as behavior. It is something done by the employee. This concept differentiates performance from outcomes and productivity. Outcomes are as a result of other influences while productivity is a comparison of the amount of effectiveness that results from a certain level of cost associated with that effectiveness (Campbell et al, 1993).

Different types of behaviors make up performance, this is divided up in terms of task and contextual (citizenship and counterproductive) behaviors. Whereas task performance describes obligatory behaviors, contextual behaviors are behaviors that do not fulfill specific aspects of the job's required role. Citizenship behaviors are defined as behaviors which contribute to the goals of the organization through their effect on the social and psychological conditions. Counterproductive behaviors, on the other hand, are intentional actions by employees which circumvent the aims of the organization.

2.2.4 Determinants of performance

A meta-analysis of selection methods in personnel psychology found that general mental ability was the best overall predictor of job and training performance. Campbell (1993) also suggested determinants of performance components. Individual performance differences are a function of three main determinants; declarative knowledge, procedural knowledge and skill and motivation.

Declarative knowledge refers to knowledge about facts, principles and objects. It represents the knowledge of a given task's requirements. For instance, declarative knowledge includes knowledge of principles, facts, ideas, etc. If declarative knowing what to do, procedural knowledge and skill is knowing how to do it. For example, procedural knowledge and skill includes cognitive skill, perceptual skill, interpersonal skill, etc. The third predictor of performance is motivation, which refers to a 'combined effect from three choice behaviors - choice to expend effort, choice of level of effort to expand and choice to persist in the

expenditure of that level of effort'. It reflects the direction, intensity and persistence of volitional behaviors. Campbell et al (1993) continued to emphasize that the only way to discuss motivation as a direct determinant of behavior is as one or more of these choices.

Campbell et al (1993) also mentioned the distinction is between typical and maximum performance. Sackett et al (2001) did a study on supermarket cashiers and found that there was a substantial difference between scores reflecting their typical performance and scores reflecting their maximum performance. This study suggested the distinction between typical and maximum performance. Regular work situations reflect varying levels of motivation which result in typical performance. Special circumstances generate maximum employee motivation which results in maximum performance. Additionally, the impact of organizational justice perceptions on performance is believed to stem from equity theory. This would suggest that when people perceive justice they seek to restore justice. One way restore justice is by altering their level of performance. Procedural justice affects performance as a result of its impact on employee attitudes. Distributive justice affects performance when efficiency and productivity are involved. Improving justice perceptions improves productivity and performance.

2.3 Critical review

Associated with the level of disability, mental health problems have become one of the leading causes for absenteeism from work and early retirement all over. Mental health problems in the workplace have serious effects not only for the individual but also for the productivity and competitiveness of businesses and thus the economy and society as a whole.

Employees' mental health status affects employees' performance and rates of illness, absenteeism and staff turnover. Sickness absenteeism can lead to substantial productivity losses. Early retirement and exclusion from the labour force due to work-related stress and mental health problems account for an enormous share of long-term social welfare benefits.

In the United Kingdom, for example, the total cost to employers of mental health problems among their staff is estimated to be nearly £26 billion each year, equivalent to £1035 for every employee in the workforce. The business costs comprise £8.4 billion per year in sickness absence, £15.1 billion per year due to reduced productivity at work and £2.4 billion per year in replacing personnel who leave their jobs because of mental ill health (WHO, 2010). Mental disorders affect individuals and their employment much beyond the economic issues. Globally, mental disorders are leading causes of disability. In some high-income countries, as much as 40% of disability can be attributed to mental disorders. In the WHO European Region, depression alone causes 13.7% of all years lived with disability, the leading cause. Alcohol disorders are ranked second with 6.2%, and schizophrenia and bipolar disorders, much rarer but often lasting many years, rank numbers 11 and 12 respectively with just over 2% each.

The productivity of individuals with unsupported mental health needs may decline while at work: presenteeism. Mental health problems can affect work performance in terms of increase in mental health and well-being at the workplace – protection and inclusion in challenging times error rates, poor decision-making, loss of motivation and commitment, tension and conflicts between colleagues. Burnout and depression as well as stress related

physical conditions such as high blood pressure, sleeping disorders and low resistance to infections can result in an increase in overall sickness absence. Work-related stress and poor mental health are major reasons not only for absenteeism but also for occupational disability and for workers seeking early retirement.

Mental health problems have many effects on the individual at the workplace. People with mental disorders face stigmatization, social exclusion and barriers in obtaining equal opportunities at all levels of life. Finding a job in the open labour market, returning to work or retaining a job after sickness absence due to mental health problems is often a double challenge because of the stigma attached to the label "mental". People with mental health problems have twice the risk of losing their jobs due to poor performance and are disproportionately out of work (Papadopolous, 2007).

2.4 Summary

Psychosocial support is a framework for supporting people at work in ways that respect their dignity, culture and abilities. It begins at recruitment, continues on the job and ends on exit. This is not only the minimum any caring employer should provide. It is worth noting that benefits such as a motivated, more committed and hence a productive workforce results from making a worthy investment in the mental wellbeing of employees. An organization is not only able to reduce and or eliminate the amount of lost man hours, high turnover, employee stress and burnout and disciplinary cases but also make a good image for itself in the labour market making it easy to attract a bigger and more competent pool from which to choose from (Augsburger et al, 2007).

CHAPTER THREE

RESEARCH METHODOLOGY

3.2 Research Design

This was a case study. Structured and semi structured interviews were conducted in person or by telephone for low level employees who were illiterate and with no access to email. Structured and unstructured questionnaires, self or interviewer administered were also used.

3.1 Population

This research studied all eighty two (82) Concern Worldwide Kenya national and international staff working in Nairobi, Kisumu, Moyale, Marsabit, Kajiado and Loitoktok.

3.3 Data Collection

Primary data was to be collected from one on one interaction with staff, questionnaires and interviews. Comparison with secondary sources such as organizational policies, manuals and a review of current practice where possible was very crucial. Each participant was informed of the purpose of the research and guaranteed confidentiality.

3.4 Data Analysis

MS Excel was used to analyze using descriptive statistics such as frequencies and percentages. Data was presented in charts and graphs and content analysis from a summary of responses to open ended questions was presented in prose form.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents an analysis and interpretation of the data from the primary sources that were gathered from the respondents using questionnaires, interviews and observations in form of tables and graphs for ease of making inferences and conclusions.

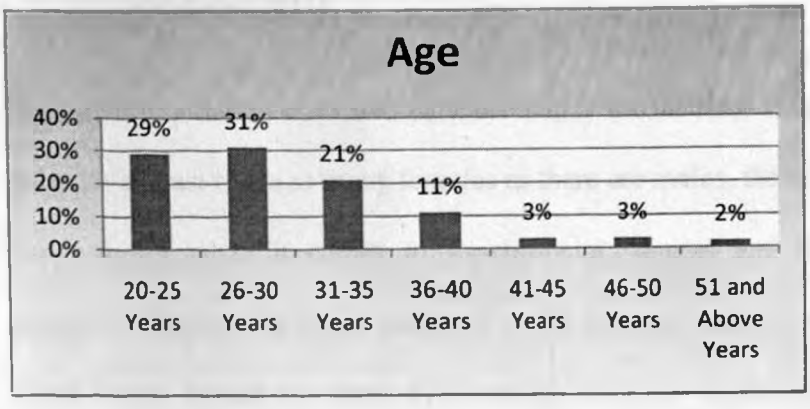
4.2 Response Rate

Fifty eight out of the targeted eighty two responded. This represented 70% of the target population and should be taken as the views of the whole population.

4.3 Demographics

4.3.1 Age

Figure 2: Age

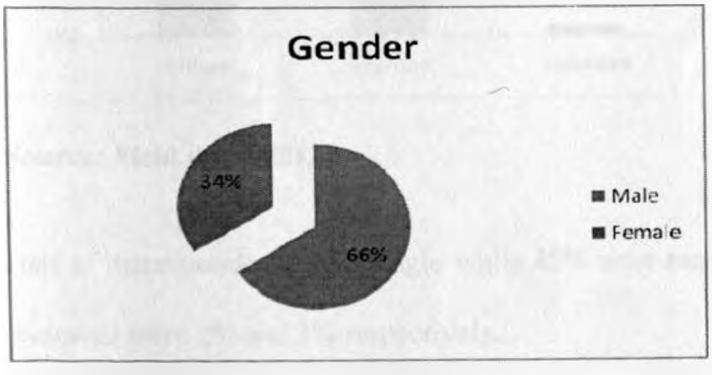


Source: Field data (2012)

Those between 26 to 30 years old form the largest group at 31%followed closely by those between 20 -25 years old who were 29% while 21% were aged between 31 and 35 years old. A few 3% were between 41-45 years and 46-50 years. Those above 51 years old and above are the formed the smallest group at 2%. Most staff were aged between 20 and 35 years. This young group is known to achieve a lot, creatively and innovatively, than the elder group by bringing forth new and trendy ideas at the workplace. For them, actualizing these ideas in a flexible work environment and area specific benefits are key in influencing their performance.

4.3.2 Gender

Figure 3: Gender



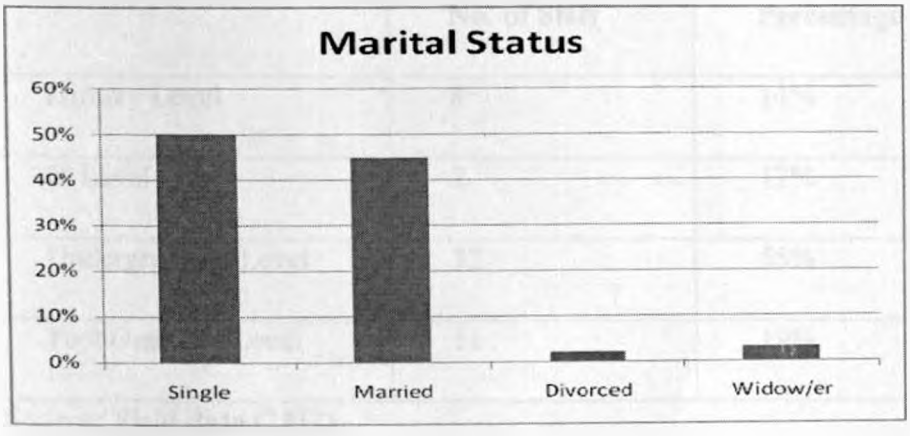
Source: Field data (2012)

The target population consisted of more males (66%) than females (34%). This meant that with at least twice as many females as there are males, the organization has a greater responsibility when it comes to psychosocial support and wellness and staff care generally. Women are more prone to stress because a lot of emotional and physical demands are placed on them even though they are more resilient than their male

counterparts. This is evidenced by the large number of women who indicated their appreciation for more channels for receiving support from home and a 'keen ear' to their problems at work. Most men were not privy to this.

4.3.3 Marital Status

Figure 4: Marital Status



Source: Field data (2012)

Half of therespondents were single while 45% were married (45%). Those divorced and widowed were 2% and 3% respectively.

With so many singles and quite a number of them between the age of 20 and 35 years, there was bound to be a lot of charged up energy for a lot of activities both work and non-work related. Theseindividuals do not have a lot of family commitments and responsibilities and are therefore less prone to a number of stressors associated with the married ones. Most of them were therefore flexible when there were changes in work

hours and/or relocations, except for a few who felt they would not afford such changes because they are enrolled in various academic programmes.

4.3.4 Highest level of education

Table 1: Highest level of education

	No. of Staff	Percentage
Primary Level	8	14%
O' Level	7	12%
Undergraduate Level	32	55%
Post Graduate Level	11	19%

Source: Field data (2012)

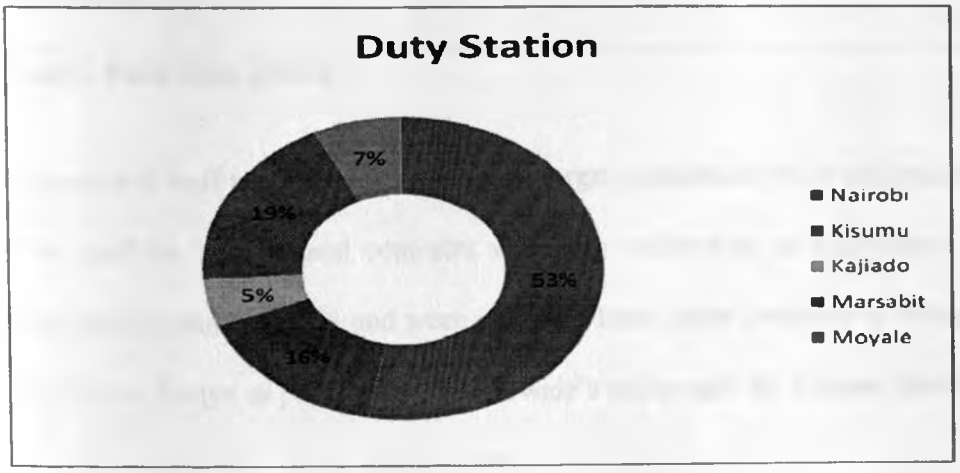
55% of the respondents had completed their undergraduate studies, 19% were at the post graduate level while 14% and 12% went up to primary and O' levels respectively.

Most of those who went up to primary and O' level were domestic workers, security guards and drivers in field offices. They had challenges responding to the questionnaire and were all resident in their respective Concern programme areas. According to most of them, they were not thoroughly inducted but they receive regular personal safety and security briefings and trainings. All programmes and project managers and officers, programme support staff in the finance. Logistics, IT and HR departments had

undergraduate and post graduate education and were not necessarily resident in their respective duty stations.

4.3.5 Duty Station

Figure 5: Duty Station



Source: Field data (2012)

Most respondents (53%) were based in Nairobi, 19% in Marsabit, 16% in Kisumu, 7% in Moyale and 5% in Kajiado.

Nairobi was home to all international staff and 78% of all national staff. Staff in Nairobi and Kisumu had easy access to a lot of facilities while in Kajiado, Marsabit and Moyale were marginalized. In these marginalized areas staff indicated that were mostly fatigued by frequent travelto outreach sites in pastoralist communities. Some outreach sites were over 200 kilometers apart and the transport network was not good. 63% of the respondents claim that inter clan conflicts and local politics affected their work and lives in these remote areas.

4.3.6 Contract Type

Table 2: Contract Type

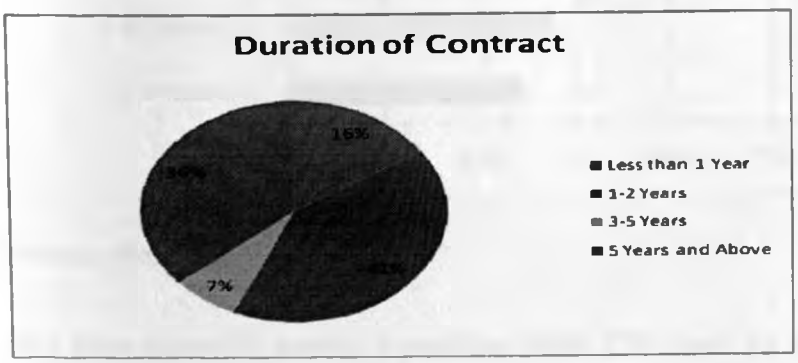
Contract Type	No of staff	Percentage
International staff	4	7%
National staff	54	93%

Source: Field data (2012)

International staff accounted for 7% of the target population while national staff accounted for 93%. Staff on international contracts were also referred to as expatriates. These expatriates were not Kenyan nationals and were recruited from other countries to bring in their technical expertise to Kenya as per Concern Worldwide's policy and the Kenyan immigration laws.

4.3.7 Duration of Contract

Figure 6: Duration of Contract



Source: Field data (2012)

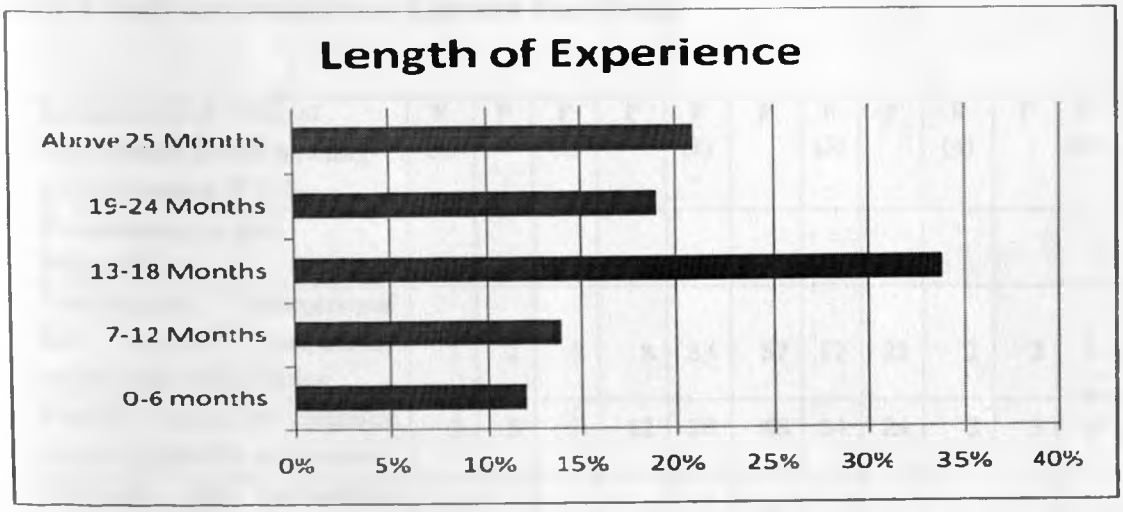
41% have a one to two years contract, 36% have a contract for five years and above while

16% and 7% have a contract for less than a year and three to five years respectively.

It was also worth noting that most national staff had contracts of less than one year or five years and above while most international staff had 1 to 2 and 3 to 5 years' contracts. Duration of contracts run with the length of funding from donors which are usually a one to two year term. Staff on longer term contracts felt more at ease to perform than those on short term contracts who were unsettled and were always looking out for greener pastures. The researcher was informed that this was the norm in the humanitarian sector.

4.3.8 Length of Experience

Figure 7: Length of Experience



Source: Field data (2012)

34% have above 25 months experience while 21% have 13-18 months of experience. Those with 19-24 months, 7-12 months and 0-6 months represent 19%, 14% and 12% of the respondents respectively.

Most of the respondents had at least a year's experience and were well versed with the humanitarian work environment. They were already familiar with its tribulations and felt that they needed less psychosocial support to deal with the effects of compassion fatigue which was occasioned by the painful suffering of beneficiaries of their programmes. According to most respondents, with less than a year's experience, their experienced counterparts played a critical role in assisting them to deal with the stressors in their new work environment while at the same time passed on behaviours that were antecedents to stress like working at night and over the weekends and taking alcohol after each working day to reduce boredom and to drown their misery, if any.

4.3.9 Psychosocial support

Table 3: Staff care practices at Concern Worldwide

	Frequencies (F) / No. of respondents for each rating & Percentages (P) -%	**F (0)**	**P**	**F (1)**	**P**	**F (2)**	**P**	**F (3)**	**P**	**F (4)**	**P**	**F (5)**	**P**
	Pre-assignment and Preparation												
a	Psychological, interpersonal and cultural competency assessments before hiring	1	**2**	5	**9**	33	**57**	12	**21**	1	**2**	6	**10**
b	Medical checks and clearance related to specific assignment	3	**5**	7	**12**	28	**48**	14	**24**	3	**5**	3	**5**
c	Thorough and standardized organizational and technical inductions for all staff	11	**19**	4	**7**	17	**29**	11	**19**	11	**19**	4	**7**
d	Training in team cohesion, psychological first aid, stress and conflict management	9	**16**	6	**10**	21	**36**	10	**17**	9	**16**	3	**5**
e	Provision of travel health advice vaccinations and medical supplies/first aid kit	3	**5**	4	**7**	18	**31**	16	**28**	10	**17**	7	**12**

f	Personal safety and security training	3	**5**	5	**9**	20	**34**	13	**22**	8	**14**	9	**16**
g	Briefing with staff on in-country social, historical, cultural and political information	14	**24**	9	**16**	13	**22**	7	**12**	12	**21**	3	**5**
	On-assignment												
h	Ongoing and follow-up on inductions	4	**7**	7	**12**	18	**31**	14	**24**	10	**17**	5	**9**
i	Access to psychological support by a professional counselor or psychologist	4	**7**	34	**59**	14	**24**	3	**5**	3	**5**	0	**0**
j	Regular staff care and wellness appraisals with feedback	8	**14**	39	**67**	3	**5**	2	**3**	5	**9**	1	**2**
k	Culturally appropriate evidence-based treatment and support	7	**12**	23	**40**	17	**29**	5	**9**	4	**7**	2	**3**
l	Focal point person per team in charge of staff well-being	3	**5**	13	**22**	14	**24**	15	**26**	11	**19**	2	**3**
m	Workshops and trainings on compassion fatigue and self-care	6	**10**	47	**81**	2	**3**	3	**5**	0	**0**	0	**0**
n	Annual medical check-ups (general, optical, dental)	8	**14**	39	**67**	5	**9**	2	**3**	1	**2**	0	**0**
o	Area-specific benefits: vacation time, R&R, hardship compensation, transportation	3	**5**	6	**10**	17	**29**	22	**38**	7	**12**	3	**5**
p	Mechanisms for receiving support from home e.g. phone calls home, internet	6	**10**	3	**5**	22	**38**	17	**29**	4	**7**	4	**7**
q	Continuing education/career development	9	**16**	21	**36**	17	**29**	4	**7**	3	**5**	4	**7**
r	Peer support system with other aid organizations	10	**17**	43	**74**	2	**3**	1	**2**	1	**2**	1	**2**
s	Work/life balance	0	**0**	3	**5**	28	**48**	13	**22**	8	**14**	6	**10**
t	Established protocols (including mental health) for specific emergencies	2	**3**	23	**40**	13	**22**	10	**17**	8	**14**	2	**3**
u	Designated funding scheme for staff care and emergency contingency	7	**12**	13	**22**	20	**34**	9	**16**	6	**10**	3	**5**

	Post-assignment												
v	Psychological First Aid (PFA) for all staff in the aftermath of crisis	39	**67**	12	**21**	4	**7**	1	**2**	2	**3**	0	**0**
w	Post-assignment medical checkup through a professional	4	**7**	43	**74**	6	**10**	2	**3**	1	**2**	2	**3**
x	Debriefing, 360° review and feedback sessions with HR	21	**36**	18	**31**	11	**19**	3	**5**	2	**3**	3	**5**
y	Practical support with relocation, transitional coaching and career planning	25	**43**	17	**29**	7	**12**	8	**14**	1	**2**	0	**0**
z	Continued mental health support upon request and reverse culture shock lessons	38	**66**	13	**22**	7	**12**	0	**0**	0	**0**	0	**0**

Source: Field data (2012)

Employees are well aware, and are satisfied with, of psychological, interpersonal and cultural competency assessments, medical checks and clearance, organizational and technical inductions, personal safety and security training, travel health advice and detailed briefing on prevalent and possible environmental and security conditions before job assignments. Training in team cohesion, psychological first aid, stress and conflict management were marginally done. Information on briefing with staff on in-country social, historical, cultural and political information and thorough technical and organizational inductions was limited according to 24% and 19% of the respondents respectively although according to most respondents it was generally well done.

During the assignment, ongoing and follow-up on inductions, provision for focal point persons per team in charge of staff well-being, area-specific benefits and work life balance were good according to most respondents. Others felt that culturally appropriate evidence-based treatment and support, mechanisms for receiving support from home and

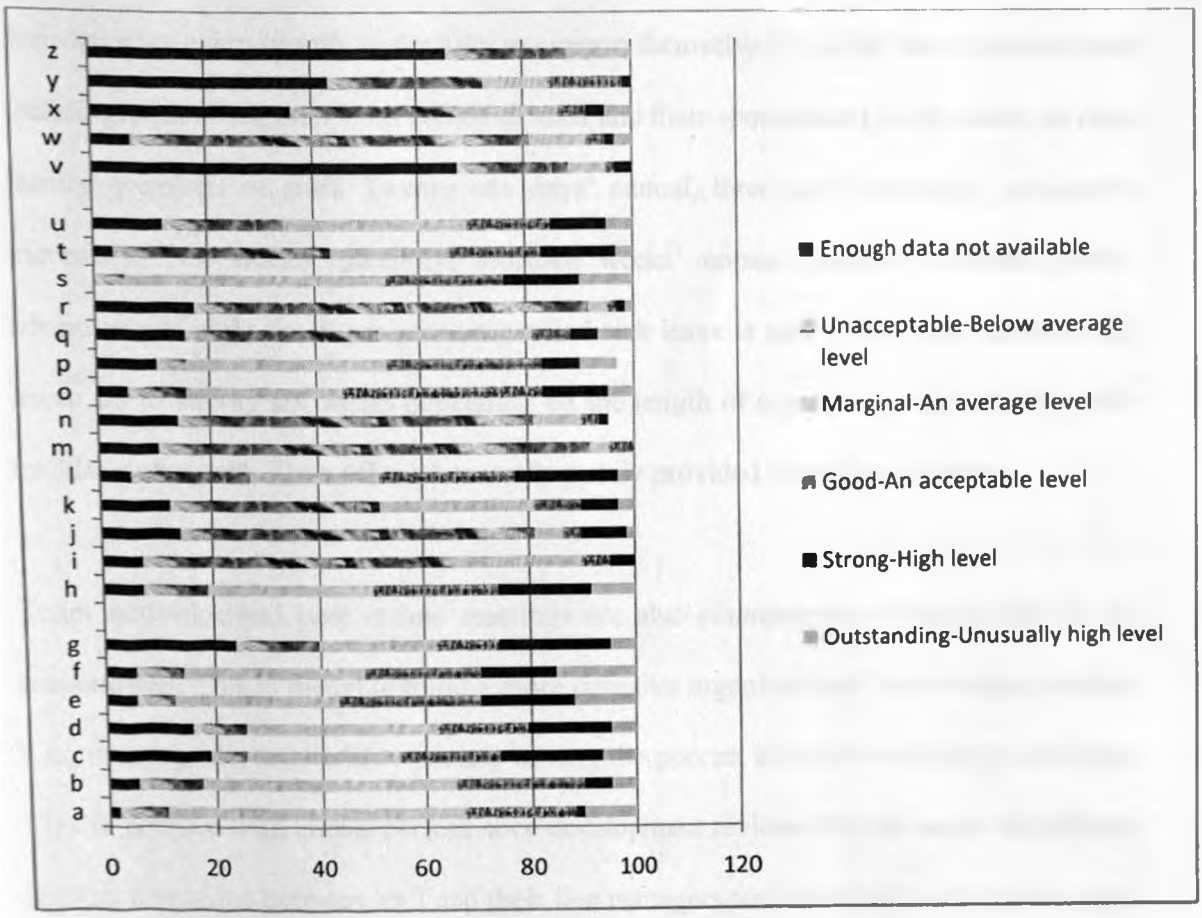
continuing education/career development were marginally provided while access to psychological support by a professional counselor or psychologist, regular staff care and wellness appraisals with feedback, peer support system with other aid organizations, workshops and trainings on compassion fatigue and self-care, peer support system with other aid organizations in psychosocial support, annual medical checkups were below average. The organization, however, had to a certain extent established protocols (including mental health) and designated funding scheme for staff care and emergencies but it was not clear whether these protocols and treatment included psychosocial support and whether they were aimed at safeguarding the metal health and wellbeing of staff during and after emergencies.

Many respondents were aware of the existence of a post assignment medical checkup and debriefings with HR and other stakeholders up meaning these were being done although most them acknowledged that they did not know how effective they were in assisting employees who were leaving the organization and whether there was need to engage in this in the first place. Practical support with relocation, transitional coaching and career planning and psychological first aid for all staff in the aftermath of crisis were below average as evidenced by the large number of respondents who did not know about their existence.

The figure below shows that most respondents were well versed with the pre assignment and ongoing psychosocial support or staff care initiatives while there was very little knowledge on those on post assignment. Most of them felt that the support they received before the assignment was better than during and after the assignment. Most of them felt

that that was the time when it was most important to receive support anyway. The general feeling amongst respondents, looking at the three stages as a whole, was that the level of psychosocial support and staff care was below average level or unacceptable. Improvements were recommended for on the assignment to motivate employees and minimize preventable turnover.

Figure 8: Staff care practices at Concern Worldwide



Source: Field data (2012)

In regards to other psychosocial support and wellness programs provided by Concern Worldwide. one of the respondents argued that Concern has provided an elaborate

inpatient and outpatient medical cover with local and international medical insurance companies for national and international staff respectively. Ailing employees, including those with mental illnesses, could visit specialists that have been provided on the medical cover panel or specialists with which Concern has credit arrangements with. The medical cover also included emergency evacuation from the remotest part in the country and in the world.

A mandatory staff welfare scheme for national staff exists. Ksh 200 was deducted from their salaries every month, to the kitty to support themselves in social events such as staff weddings, receiving new born babies of staff and their spouses and on the death of close family members of staff. Twenty one days' annual, three days' marriage, six-months maternity, two weeks' paternity, fourteen weeks' unpaid parental, fourteen weeks' adoptive and eight days' per year uncertified sick leave is also given. Paid certified sick leave up to twenty six weeks depending on the length of service is given and all public holidays observed. Time off work was adequately provided according to many.

Team activities and peer review meetings are also common according to 55% of the respondents. This is meant to build a more cohesive organizational unit working towards a common goal - to eliminate poverty among the poorest and most vulnerable in Kenya. This is coupled with annual performance development reviews that are meant to facilitate feedback sessions between staff and their line managers and to identify performance gaps that are attributable to not only skill but also lack of organizational and team support.

Most respondents believe that there was lack of or limited financial resources to engage professional psychosocial support especially where employees suffered mental ill health away from health facilities or when they exhausted their medical cover sub limit for psychiatric help which was ksh 150, 000 only. This, for most (78% of the respondents), was attributed to lack of management support in implementing psychosocial support and wellness programs and the absence of a safety and health policy which psychosocial support and wellness was thought to be part of. It was also reported that there were no laid down methods or procedures for identifying problem employees who would be susceptible to mental illnesses and posting of non-resilient staff in hardship areas was common. Poor security detail while in transit to and in volatile field locations - Moyale and Marsabit - and individualism amongst team members were also among mental and physical health risks that threaten 67% of the respondents' wellbeing.

Increased incidents of internal conflict especially in Moyale, resulting violence and miscommunication, increased the risk to the lives of the respondents and the community at large. This meant that their movement was restricted and they could not get the much needed help to beneficiaries. Their own supplies such as food and water also run out too. Witnessing the suffering of the communities they serve was difficult for most of the respondents especially where Concern had no mandate to operate those programmes in those areas adding to their stress. Most of them confessed to feeling helpless and confused.

Creative leisure and team building activities that could get their minds off the job during weekdays after work and on weekends e.g. cable TV, outdoor games e.t.c were not arranged staff therefore find themselves working while they should be taking a break. Lastly, frequent travel to the very remote programme areas left most respondents fatigued and worn out. In addition to that they were expected to go back to their duty stations and continue with other duties without adequate periods of rest. Others felt that their departments were understaffed and therefore this placed a lot of work demands on them. They therefore spent a lot of time at work.

A relationship existed between mental and physical health risks and interventions put in place to reduce the effect of those risks on employee performance according to most respondents. For 84% of the respondents, the presence of organizational initiatives and interventions and securing their mental and physical health signals that their employer cares about their wellbeing thus keeping them motivated to work towards achieving innovative results. Most respondents (69%) attributed a lot of lost man hours, high turnover rates, increasing number of disciplinary cases and failed probations to lack of, real or perceived, organizational and team support to lack of technical and individual support by their line managers and the organization at large.

Most of those who had worked for more than three years remember a Christmas bonus that they hope to get back one day. According to most of them the bonus came in handy for the holidays making them look forward to a less stressful new year. The annual performance development reviews were not being used to reward their efforts and this

demotivated 65% of the respondents. Most of them agreed that money was not their sole motivator towards achieving their goals but that was also he simple yet self-fulfilling activities that their jobs entailed and the organizations role in reciprocating the same through ensuring their wellbeing is safeguarded.

Most respondents felt that international staff receive more comprehensive organizational, technical inductions and ongoing support because they were likely to come across cultural in addition to work and life stressors far away from home unlike national staff who were already used to the local context. All Kenya based international staff resided in Nairobi and only made visits to the field when necessary for short periods of time on end. This, according to them, reduced the risks associated with the remote areas. Many had a hard time with the nature of the development work and funding arrangements with donors, the actions of the host country governments and those of the international community. Difficulties such as interpersonal conflict with other expatriate staff, concerns related to family left at home and intercultural differences with national staff also stressed them. Ideological differences always arose and this sometimes led to irreconcilable differences that affected individual relationships, teamwork and therefore performance.

Management's commitment to psychosocial support and mental wellbeing was felt by 53% of the respondents. According to them all the initiatives and interventions above were a good start but they also felt that more should have been done, increasing the frequency and intensity of team activities, putting greater focus on improving the 'social

life' of staff who have relocated to the remote field areas. Collaboration with other agencies and frequent reviews of the work situation to identify changing social and health needs were also critical according to 69% of the respondents.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes, discusses and makes conclusions on the findings of this study in relation to the objectives. It also discusses the recommendations and suggests areas for further research.

5.2 Summary

The level of support was below average or unacceptable and the respondents were generally well aware of most pre assignment and ongoing psychosocial support or staff care initiatives while there was very little knowledge on those on post assignment. Although much has been done here and there, staff care practices appear to be inconsistent. These initiatives have not been consolidated to form a wealth of staff care and wellbeing framework. Notably, there were policies covering certain aspects of staff care but not a distinct and specific staff care policy. The organization current initiatives have not been evaluated in order to provide scientific evidence on the effects of staff care in work performance and this together with the lack of or limited financial resources pose serious challenges to management in spearheading and implementing such worthy programs. The organization however expressed interest in determining staff care according to: staff types, duration of contract, and context, yet clear definitions for these categories have not been developed.

65% pointed out that performance development reviews were not being used to reward their efforts and this demotivated them. For them money was not their sole motivator but that it was the simple yet self-fulfilling activities that their jobs entailed and the organization's role in reciprocating the same through ensuring their wellbeing is safeguarded. Most staff did not appreciate the withdrawal of the Christmas bonus and disparities in staff care between international and national staff were evident. It was evident that the organization was only doing the bare minimum in ensuring staff wellbeing. This was not enough to derive optimum value from them and consequently of the programmes they implement. Staff look forward to workshops and trainings on compassion fatigue, self-care, psychosocial first aid in case of emergencies and peer support with other agencies among other viable welfare initiatives.

Lost man hours, high turnover rates, increasing number of disciplinary cases and failed probations to lack of, real or perceived, organizational and team support to lack of technical and individual support by their line managers and the organization at large as well as the withdrawal of the Christmas bonus were seen to be as a result of the lack of a comprehensive psychosocial support and wellness program or policy. In addition to these, international staff were seen as receiving more support because they were likely to come across cultural in addition to work and life stressors far away from home unlike national staff who were already used to the local context. This is likely to breed tension among national and international staff and could interfere with the good working relations between and amongst them.

5.3 Conclusion

There has been significant effort in preparing staff to enter the field. The on-assignment period continues to be extremely diverse. This is primarily due to various models of operation, but this research shows that the organization continues to engage with staff illness and distress on an ad hoc basis, which is unsatisfactory. The area where most improvements can be made is that of post-assignment/re-entry. In a sector where one assignment/deployment flows into another, staff should not head out or return to massively different contexts without systematic regional or headquarter debriefings.

Poor performance was evidenced by lost man hours from the many staff sick offs taken, high turnover, increasing number of disciplinary cases and failed probations due to lack of, real or perceived, organizational and team support which are characteristic of an ill motivated or dissatisfied workforce. Although poor performance could be as a result of other extraneous, these indicators attribute poor performance to a wanting staff care practice. The provision of support to mitigate the possible psychosocial consequences is a moral obligation and a responsibility of any organization exposing staff to extremes if the organization is to reap maximum benefits from its employees. Existing initiatives offer general staff care considerations but lack specificity with respect to types of staff, duration of contract and context. While some tools of the "Western" workplace may be appropriate, Concern Worldwide and its staff are well placed to further develop benchmarks and inform the organization on best practice for staff care considering the staff profile.

5.4 Recommendations

Concern Worldwide should move away from their 'problems focus' and 'sticking plaster' approach that is at best reactive, to a philosophy that acknowledges the variety of supportive needs of all staff from a perspective of prevention and addresses underlying or root issues. It can therefore be inferred that a number of organizations continue to operate on an ad hoc basis. Concern should choose its path when it comes to deciding whether its staff care policy should be integrated or it should be in the form of a discrete, stand-alone policy (or selection of policies). The policy should take into account the dynamic relationship between environmental influences, the organization's culture, operational model and contractual phases and the individual. An elaborate framework that enables effective coordination, identifies useful practices, flags potentially harmful practices and clarifies how different approaches to mental health and psychosocial support complement one another. Finding viable solutions to address psychological distress in this diverse workforce remains a challenge.

The area where most improvements can be made is that of post-assignment / re-entry. In a sector where one assignment/deployment flows into another, and staff return to massively different contexts without systematic regional or headquarter debriefings, some may "fall through the cracks", risking their personal health and wellbeing, and putting the organization at risk of liability. Tangible steps to improve psychosocial health and wellbeing at all stages of an employee's relationship with the organization should be taken. There is opportunity for learning and experience to be shared more systematically

at a local level, through networking and collaboration. Coordination within and between organizations in country programmes and robust peer support programmes could be more fully explored.

Monitoring and evaluation of psychosocial support and wellness relating to a variety of situations can guide the effective care for aid workers. The provision of support to mitigate the possible psychosocial consequences within crisis situations is a moral obligation and a responsibility of organizations exposing staff to extremes. By providing scientific evidence on the effects of these interventions or initiatives, Concern Worldwide can determine the effects of the intervention and justify to donors and affirm to employees that there's the need to invest in staff support programs which translates to high staff performance and by extension effective and efficient programme delivery.

5.5 Areas for further research

The efficacy of staff care interventions must be proved to convince donors and senior management of its value. A business model for staff care gives clout to advocacy activities and cost/benefit analysis presents staff care as essential and not an add-on: this is essential for the survival of staff care in lean programme budgets. Running pilot projects and developing logistical frameworks with specific indicators and outcomes that are compared over time, increases organizational learning and effectiveness.

A lot has to be done in building a resilience model. While negative psychological consequences (i.e. depression, PTSD, acute stress) of aid workers need to be well documented and more attention should be given to identifying the resilience, growth, and adversity-activated development, that is equally common in the INGO sector. By sharing practices, and developing effective monitoring and evaluation of those practices, organizations can transform dysfunction into coping, and coping into individual and organizational thriving.

Managers and management systems may play one of the largest roles in the wellbeing of staff. Many organizations have turned their interest to strengthening leadership and management capacity to prevent and mitigate severe distress in the field, but research in this area is limited. Greater success in supporting staff might be determined by the extent to which managers and team leaders effectively manage their teams. Most international NGOs have had very strong operation and technical skills processes, but like many other organizations, they have had a very weak people management capacity process. Focus on capacity building at a leadership and team cohesion level, rather than using the language of stress, distress and disability can be of great help. Team cohesion and leadership quality and are the strongest protective factors that can be built in a program.

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Rita Wamaitha Wakanyi
University of Nairobi
Nairobi, Kenya.

21 September 2012

The Country Director
Concern Worldwide
P.O Box 13850—0800
Nairobi, Kenya.

RE: EXPRESSION OF INTEREST IN UNDERTAKING A RESEARCH STUDY

I am a Master's Degree student – International Business Management option at the University of Nairobi. I am in my last semester and am required to submit as part of my course work assessment a research project report on a management issue. To this end I wish to register my interest in undertaking a study on the role of psychosocial support and wellness programs on staff performance at your organization.

I wish to establish what psychosocial support and wellness programs and initiatives have been rolled out by Concern Worldwide for staff, how these programs and initiatives impact on performance and highlight challenges to implementing such programs and how management of Concern Worldwide can deal with them.

Please note that the report will be sued for academic purposes only and a copy will be availed to the organization upon request.

Looking forward to a favorable response from you.

Yours faithfully

Rita Wamaitha Wakanyi

UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
MBA PROGRAMME

Telephone 020-2059162
Telegrams "Varsity", Nairobi
Telex 22095 Varsity

P.O Box 30197
Nairobi Kenya

DATE 06/10/2012

TO WHOM IT MAY CONCERN

The bearer of this letter ..... RITA WAMAITHA WAKANYI .....

Registration No..... D61/61929/2010 .....

is a bona fide continuing student in the Master of Business Administration (MBA) degree program in this University.

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate your assistance to enable him/her collect data in your organization.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on reques'.

Thank you.

UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
06 OCT 2012
MBA OFFICE
P.O. BOX 30197 NAIROBI

IMMACULATE OMANO
MBA ADMINISTRATOR
MBA OFFICE, AMBANK HOUSE

QUESTIONNAIRE

Responses provided will be treated with utmost confidentiality and will be used for academic purposes only.

A) Demographics

Age:

20-25 ( )
26-30 ( )
31-35 ( )
36-40 ( )
41-45 ( )
46-50 ( )
51 and above ( )

Gender: Male ( ) Female ( )

Marital Status: Single ( ) Married ( ) Divorced ( ) Widow/er ( )

Highest level of Education:

Primary Level ( )
O' Level ( )
Undergraduate Level ( )
Postgraduate Level ( )

Duty Station: Nairobi ( ) Kisumu ( ) Marsabit ( ) Moyale ( ) Kajiado ( )

Contract type: National ( ) International ( )

Duration of contract: Less than 1 Year ( ) 1-2 Years ( ) 3-5 Years ( ) 5 Years and above ( )

Years of Experience:

0-6 Months ( )
7-12 Months ( )
13-18 Months ( )
19-24 Months ( )
Above 25 Months ( )

B) Psychosocial Support / Staff Care

List in order of importance elements at the organizational, team and individual levels that you believe pose mental or physical health risks that threaten yours and your colleagues wellbeing.

.....

.....

Highlight three key staff care performance indicators that Concern needs to keep track of;

- ☐ Number of failed and/or passed probations
- ☐ Rates of physical and mental illnesses
- ☐ Absenteeism rates-Lost man hours
- ☐ Number of disciplinary cases
- ☐ Staff turnover rates
- ☐ Number of ex staff who would work for Concern again

Tick and rate against each listed competency based on the scale below;

5	Outstanding-Unusually high level
4	Strong-High level
3	Good-An acceptable level
2	Marginal-An average level
1	Unacceptable-Below average level (significant weaknesses were evident)
0	Enough data not available

-assignment and Preparation	YES	NO	RATING
ychological, interpersonal and cultural competency assessments before hiring			
dical checks and clearance related to specific assignment			
orough and standardized organizational and technical inductions for all staff			
aining in team cohesion, psychological first aid, stress and conflict management			
ovision of travel health advice vaccinations and medical supplies/first aid kit			
ersonal safety and security training			
Briefing with staff on in-country social, historical, cultural and political information			
On-assignment			
Ongoing and follow-up on inductions			
Access to psychological support by a professional counselor or psychologist			
Regular staff appraisals, including indicators of wellness, with feedback			
Culturally appropriate evidence-based treatment and support			
Focal point person per team in charge of staff well-being			
Workshops and trainings on compassion fatigue and self-care			
Area-specific benefits: vacation time, R&R, hardship compensation, transportation			
Mechanisms for receiving support from home e.g. phone calls home, internet			
Continuing education/career development			
Peer support system with other aid organizations in psychosocial support			
Work/life balance			
Established protocols (including mental health) for specific emergencies			
Designated funding scheme for staff care and emergency contingency			
Post-assignment			
Psychological First Aid (PFA) for all staff in the aftermath of crisis			
Post-assignment medical checkup through a professional			
Debriefing, 360° review and feedback sessions with HR and other stakeholders			
Practical support with relocation, transitional coaching and career planning			
Support by HR or a professional including a stress review assessment			
Continued mental health support upon request and reverse culture shock lessons			

List three other, not listed above, employee assistance and wellness programs, policies and practices that Concern has put in place to secure your mental health and wellbeing?

1.....

2.....

3.....

Do you see a connection between the risks and interventions and your performance at work? Yes ( ) No ( ) Briefly explain you answer.

.....

.....

What are the differences and similarities (if any) in employee assistance and wellness programs for national and international staff and how do they vary by context or location?

.....

.....

From the above, are you certain of management's commitment to your psychosocial and mental well-being? Yes ( ) No ( )

.....

.....

What benefits accrue from these psychosocial interventions and wellness programs and initiatives?

.....

.....

Recommend possible ways in which Concern can implement on its own and/or collaborate with other actors in sharing the burden of staff care?

.....

.....

Thank you for taking time to respond to this!