



**Global Partners for  
Sustainable Development**  
The Added Value of Singapore  
International Foundation Volunteers



**Singapore  
International  
Foundation**  
for a better world

**Benjamin J. Lough**  
University of Illinois at Urbana-Champaign



#### **About the Singapore International Foundation**

The Singapore International Foundation makes friends for a better world. We build enduring relationships between Singaporeans and world communities, and harness these friendships to enrich lives and effect positive change. Our work is anchored in the belief that cross-cultural interactions provide insights that strengthen understanding. These exchanges inspire action and enable collaborations for good. Our programmes bring people together to share ideas, skills and experiences in areas such as healthcare, education, the environment, arts and culture, as well as livelihood and business. We do this because we believe we all can, and should, do our part to build a better world, one we envision as peaceful, inclusive and offering opportunities for all. Find out more at [www.sif.org.sg](http://www.sif.org.sg).

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## FOREWORD



This year marks the 25th year since the Singapore International Foundation (SIF) began its Volunteer Cooperation programme to contribute to positive and sustainable development in Asia as Singaporean volunteers work alongside their counterparts overseas to share expertise and effect change, while fostering greater intercultural understanding.

We believe research informs policy and practice and this report, in a series of studies by the SIF, demonstrates our commitment to continuously improve and innovate in the practice of volunteer-driven development.

This study centres on volunteer contributions to capacity building for SDG 3 (Good Health & Well-Being), as well as the value-add of international volunteering as a people-centred development approach. It also considers how volunteer programmes can support the Sustainable Development Goals (SDG), specifically SDG 17 which highlights the value of global partnerships as a modality for sustainable development.

As a member of the International Forum for Volunteering in Development (Forum), the SIF also wanted to support the Forum-Tokyo Call to Action in 2015, where 75 organisations involved in volunteering agreed to measure, document and communicate the impact of volunteerism in achieving the new global goals for sustainable development.

This report is our third study in a series of papers on the contributions of international volunteers in Asia. In 2010, the SIF and Forum commissioned a paper on “Innovation and Challenges in International Volunteerism and Development: An Asian Perspective” that highlighted emerging perspectives and challenges in international volunteerism in Asia. In 2012, a second study explored the possibility of “Creating Sustainable Impact through Short Term-Volunteering in Asia” and established the effectiveness of SIF’s model of short-stint specialist volunteering in strengthening healthcare capacity in Southeast Asia.

We would like to thank Dr Benjamin Lough for his time and talent in conceptualising, designing and conducting this study. We are also grateful to our programme partners in India and Indonesia, and our volunteers for their support and participation in this research.

In addition to inspiring change to programme design for better outcomes, the findings have also spurred more conceptual considerations in improving policy and practice at the SIF. For our readers, we hope reflecting on this study will also shape new ideas and spark action for positive change and partnerships.

Jean Tan  
Executive Director

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Please cite the work as:  
Lough, Benjamin J. (2016). *Global Partners for Sustainable Development: The Added Value of Singapore International Foundation Volunteers*. Singapore: Singapore International Foundation.

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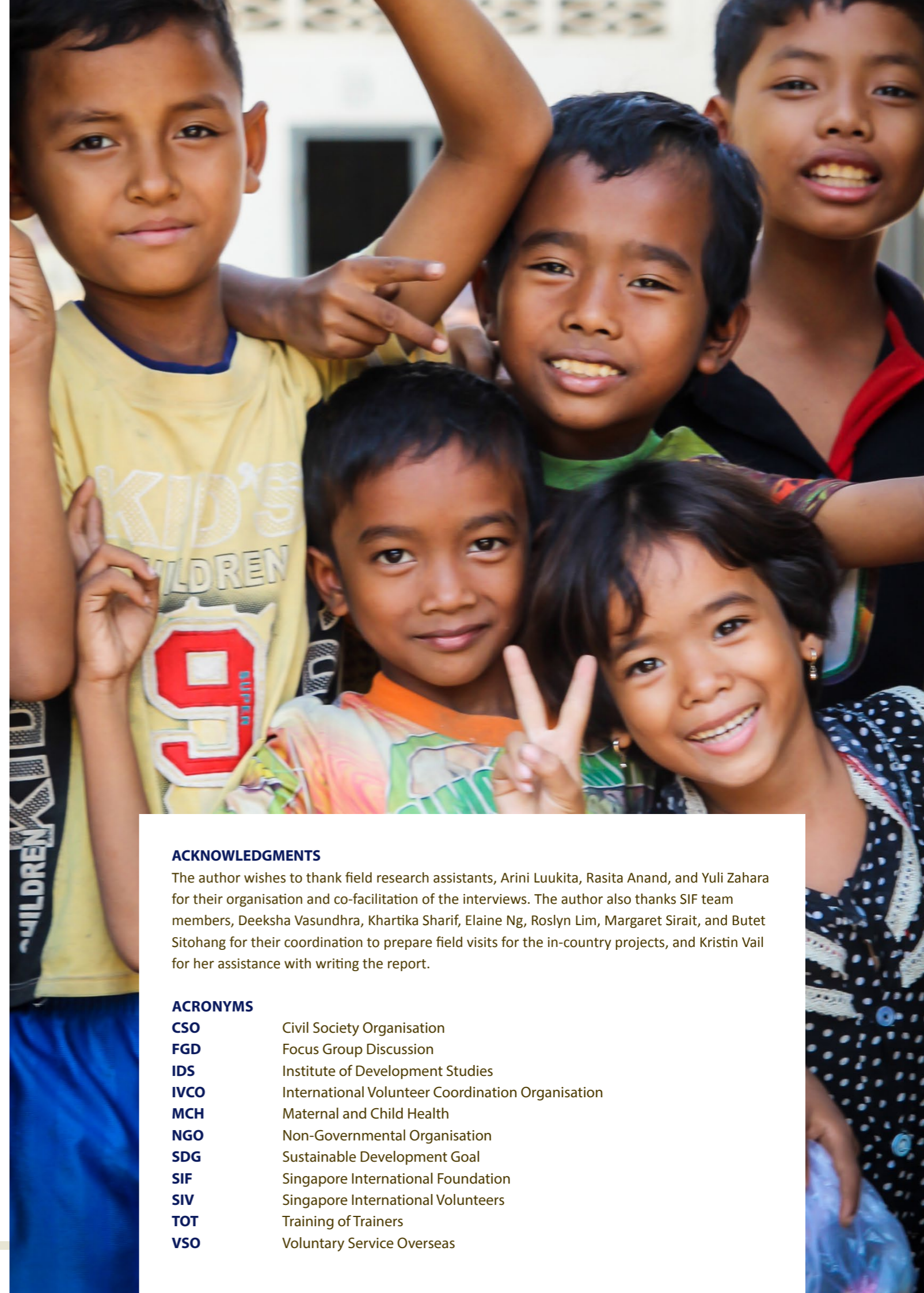
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*The appendices have been published separately and are downloadable from [www.sif.org.sg](http://www.sif.org.sg)*



### ACKNOWLEDGMENTS

The author wishes to thank field research assistants, Arini Luukita, Rasita Anand, and Yuli Zahara for their organisation and co-facilitation of the interviews. The author also thanks SIF team members, Deeksha Vasundhra, Khartika Sharif, Elaine Ng, Roslyn Lim, Margaret Sirait, and Butet Sitohang for their coordination to prepare field visits for the in-country projects, and Kristin Vail for her assistance with writing the report.

### ACRONYMS

<b>CSO</b>	Civil Society Organisation
<b>FGD</b>	Focus Group Discussion
<b>IDS</b>	Institute of Development Studies
<b>IVCO</b>	International Volunteer Coordination Organisation
<b>MCH</b>	Maternal and Child Health
<b>NGO</b>	Non-Governmental Organisation
<b>SDG</b>	Sustainable Development Goal
<b>SIF</b>	Singapore International Foundation
<b>SIV</b>	Singapore International Volunteers
<b>TOT</b>	Training of Trainers
<b>VSO</b>	Voluntary Service Overseas



## 1 BACKGROUND: SINGAPORE INTERNATIONAL FOUNDATION

The Singapore International Foundation (SIF) is a non-profit organisation that seeks to create a better world by connecting communities to enable collaborations that effect positive change. Since its founding in 1991, SIF has accomplished its mission through a variety of different initiatives, including volunteer cooperation, professional and cultural exchanges and digital initiatives.

This report focuses on the Singapore International Volunteers (SIV) programme, a signature programme administered by SIF to fulfil its vision: *Making Friends for a Better World*. Through the SIV programme, SIF provides volunteers with the opportunity to work with overseas partners to build capacity through specialist and direct service projects.

1. SIF's specialist projects are skills-transfer initiatives aimed at enhancing the skills and capacity of local partners in developing countries. Highly skilled volunteers facilitate workshops for local trainees through a "training-of-trainers" (TOT) approach that focuses on long-term, sustainable improvements to key services in sectors such as healthcare and education. For example, healthcare professionals teach local doctors new skills for treating and caring for their patients, with the goal of improving the quality of healthcare services in the country as a whole. Specialist projects also include in-field assignments where skilled volunteers live and work in countries for a period of six months to one year. Volunteers on in-field assignments typically serve as social workers, education professionals or business advisers.

2. In direct service projects, volunteers work to produce immediate and tangible results in the communities they serve, such as the creation of water filters to provide communities with clean drinking water.

From 1991 to 2015, the SIF sent more than 4,000 volunteers to 17 countries including Indonesia and India. Through the exchange of knowledge and skills provided by SIVs, the local partners and host agencies are empowered to continue making lasting improvements long after SIVs have left.

All SIF volunteer programmes aim to strengthen mutual understanding, ties and trust between global communities and seek to bring Singaporeans and friends from overseas communities together, to connect and collaborate for positive change.

## 2 RESEARCH AIMS

This study has three primary aims related to partnerships for sustainable development in the healthcare sector. Because these three aims are not mutually exclusive, the respective sections overlap throughout this report:



### 2.1. Volunteer Contributions to Capacity Building

SIVs in long term skills-transfer projects aim to empower partners to become catalysts for positive change in their own communities by building the human resource capacity of overseas communities to achieve sustainable socio-economic development. These programmes are referred to as capacity-building projects and include both direct community service and specialist skills training programmes. A key aim of this study is to understand the impact of SIF's volunteer cooperation programmes on capacity and skills-building. The selected healthcare projects cut across several targets of the third 2015 UN Sustainable Development Goals (SDGs): *to ensure healthy lives and promote well-being for all*. This research investigates both the formal and informal impact of the volunteers' work, including volunteers' contributions

to strategic capabilities, strengthening of operational functions in healthcare organisations and informal networking. It also investigates both the intended and the unintended outcome of capacity-building at the individual, organisational, and systems levels.

The Organisation for Economic Co-operation and Development (OECD) defines capacity-building as "the process whereby people, organisations and society as a whole unleash, strengthen, create and maintain capacity over time."<sup>1</sup> Capacity-building has long been emphasised as a key method for strengthening individual and institutional capabilities, as well as national mechanisms in pursuit of sustainable domestic development.<sup>2,3</sup> It is conceptualised as a distinctive approach to participatory and people-centred development.<sup>4,5</sup> Although capacity-building is now recognised as necessary for the successful implementation of the SDGs, international volunteering is rarely referenced as a constructive method for capacity development in prominent global outcome documents. Furthermore, there is little research that describes how relational practices facilitate capacity development.<sup>6</sup> One intent of this research is to examine a common belief among international volunteer cooperation organisations (IVCOs) that, when it comes to capacity building, distinctive features of international volunteering give it a comparative advantage over other forms of development cooperation.<sup>7-9</sup> Conceptually, capacity-building spans multiple levels within



a system of change—from individual micro-level changes to societal-level changes to social norms, rules, and policy frameworks.<sup>3,9</sup>

Examining the impact of volunteers on capacity-building is a relatively new area of focus for research and evaluation, coinciding with an increase in attention to measuring the impact of volunteer cooperation. A comprehensive review of 124 evaluation studies from various IVCOs found that capacity-building for individuals and organisations was the most commonly cited outcome of development programmes which involved volunteers over the past decade.<sup>10</sup>

### 2.2. Distinctive Value Add of International Volunteers

The second aim of the study targets other distinctive, and often under-recognised, contributions of international volunteers. It examines if and how volunteers contribute to the building of relational equity, trust, cross-cultural understanding and communication between programme partners, volunteers, and intended beneficiaries. The study also aims to demonstrate if and how volunteers contribute to building social capital across cultures and the intermediary impact of social capital on development outcomes. For instance, are volunteers able to open doors to spaces that local healthcare institutions are unable to access? Are they able to build networks of support and provide additional opportunities for cooperation among partner organisations and other stakeholders?

This study's focus on value-add seeks answers to questions about the advantages of volunteers and person-to-person exchanges. As argued in multiple studies, international volunteering is theoretically distinctive from other forms of technical assistance in its means to development cooperation.<sup>11-13</sup> In recent research on this topic, volunteer-hosting organisations and communities reported that international volunteers provide important "value-added" contributions such as innovation and ingenuity, trust, prestige, diversity, optimism, social capital, non-instrumental friendships, peace and understanding.<sup>11</sup> Organisations that work with international volunteers assert that an important value-add of working with volunteers is their ability to leverage social capital in a distinctive way. Hypothetically, volunteers' personal interactions enable greater participation and influence people to act collectively to promote social change.<sup>14</sup>

### 2.3. International Volunteers as Global Partners for Sustainable Development

The final aim of the study is to capture if and how SIVs contribute to cross-sectoral and multi-stakeholder global partnerships for sustainable development. The 17<sup>th</sup> UN Sustainable Development Goal has emphasised “global partnership for sustainable development” as a critical priority to encourage civil society organisations (CSOs), governments and the private sector to work together to achieve development goals for the future.<sup>9</sup> How have volunteers helped to bring together partners from government, private sector and civil society to promote successful and sustainable healthcare outcomes? What steps were taken to ensure that the scoping and development process for projects was inclusive, participatory, reciprocal and representative?

Since the 1990s, IVCOs have gained greater recognition for their distinctive role alongside other stakeholders working to promote social and economic development around the world.<sup>15</sup> Despite this, there is little research investigating IVCOs’ and volunteers’ contributions to partnership building—particularly from a position that values the relational and communicative aspects of these partnerships. IVCOs continue to assert that international volunteers, in collaboration with civil society organisations, have a distinctive role in the collective pursuit to address needs of vulnerable segments of the population.

Ideally, when partnerships are well conceived and implemented, both parties benefit fairly from the relationship. Equitable partnerships can lead to innovative solutions, shared knowledge, and new resources.<sup>16</sup> On the other hand, poorly conceived partnerships can lead to inequities, blur lines of accountability and responsibility and produce incongruous expectations, dependencies, and cultural misunderstandings.<sup>17,18</sup> Governments increasingly rely on inter-personal and inter-organisational networks to influence and implement development policies and priorities. Although international volunteering and other relational approaches are still not the mainstream method for development, they are gaining validity as a legitimate and important means of accomplishing development goals.

Because the 17<sup>th</sup> UN Sustainable Development Goal has emphasised strengthening and revitalising global

partnership for development as an important focus for the future, this study aims to assess whether volunteers contribute to three specific SDG targets within the context of healthcare prevention and delivery:



development goals, including through North-South, South-South and triangular cooperation.

1. *SDG target 17.9:* Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.

2. *SDG Target 17.16:* Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries.

3. *SDG Target 17.17:* Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.

In consideration of the many previous evaluations and research studies that illustrate IVCOs and international volunteers’ potential to create partnerships and facilitate capacity-building, what are the added contributions of this study? How will this study further strengthen the field’s knowledge base? Many IVCOs assert that, when it comes to capacity development and partnership-building, international volunteering has a comparative advantage over other forms of development cooperation—but what are these distinctions? What qualities of international volunteerism give IVCOs a comparative advantage over other international development NGOs and bilateral assistance programmes?

This study aims to combine voices from the field with social science theory to help further explain why international volunteering may be particularly well suited for capacity development in the healthcare sector. Although international volunteers certainly contribute to

“hard” outcomes, IVCOs tend to undersell the distinctive contributions of volunteers, along with the complementary attributes and qualities that volunteers bring to development projects. This study aims to advance useful theoretical arguments, which can help explain why IVCOs are important players as multi-sectoral partners in pursuit of the new SDGs.

### 3 METHODOLOGY

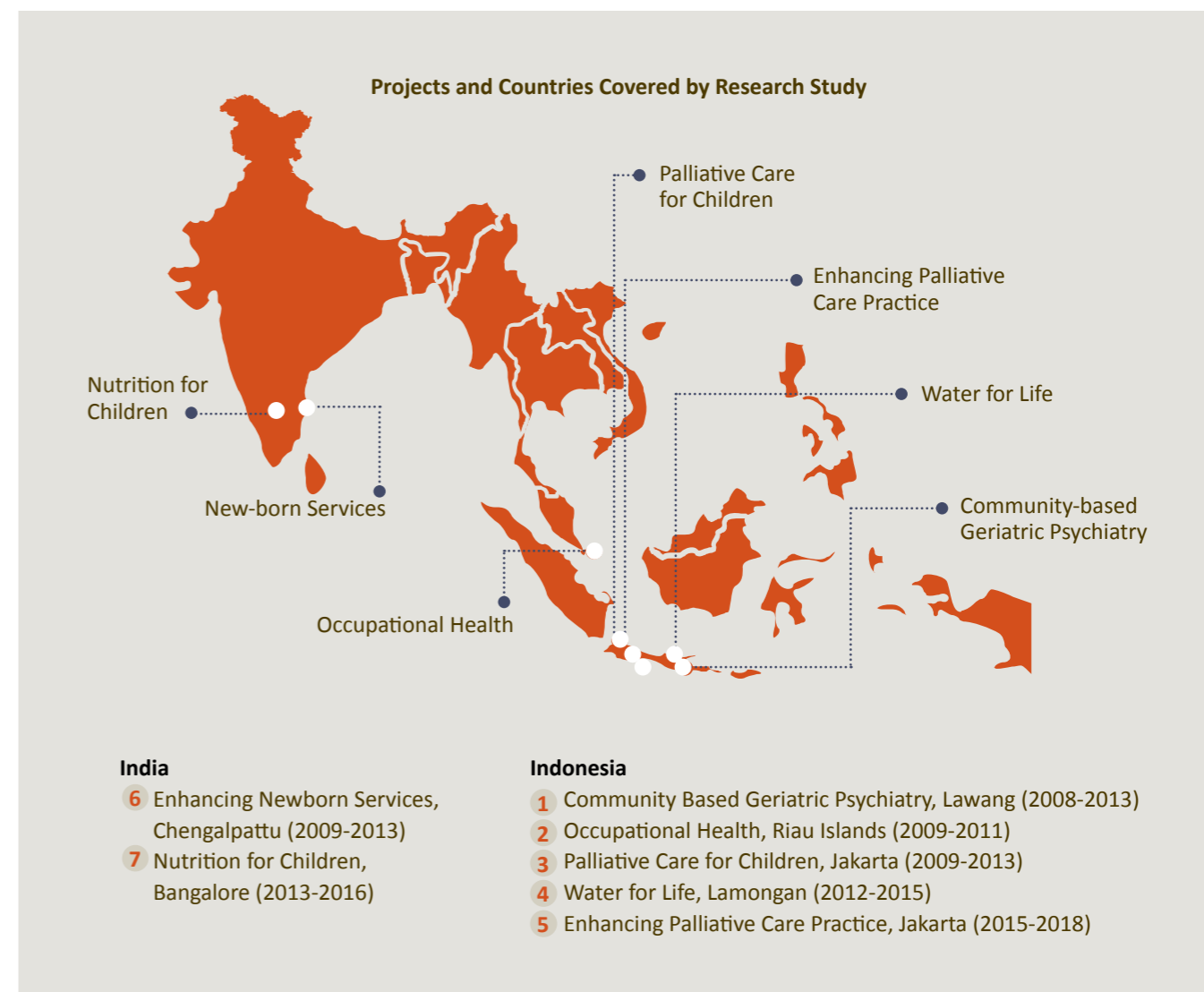
The research study uses a case study approach in order to adequately investigate and document the breadth of outcomes from SIF’s international volunteer projects. The study was implemented over the course of ten months,

with primary field research taking one month, during February 2016. An outline of the overarching research plan established by SIF and the independent researchers can be found in the Appendix.

This research examines two types of SIF international volunteer modalities in healthcare:

1. Specialist skills projects
2. Generalist direct services projects

The specialist projects address maternal and child health (MCH), child nutrition, and mental health in India and Indonesia. The generalist projects cover the Water for Life programme in Indonesia. Research was conducted on five closed or ongoing projects in Indonesia and two projects in India.



<sup>9</sup> This is particularly relevant to SDG Target 17.17: “Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.”



**TABLE 1: SIF PROJECTS IN THE RESEARCH STUDY**

NAME OF PROJECT	NAME & LOCATION OF HOST AGENCY	OBJECTIVES	VOLUNTEER ACTIVITIES
<b>Community Based Geriatric Psychiatry</b>	Lawang State Mental Hospital; Lawang, East Java, Indonesia	<ul style="list-style-type: none"> <li>Provide doctors with skills to diagnose and treat elderly patients with mental illness</li> <li>Develop best practices for psychogeriatric care</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme</li> <li>Focus group discussions</li> <li>Observation of patients and facilities</li> </ul>
<b>Occupational Health (Riau Islands)</b>	Directorate of Occupational Health, Ministry of Health; Province of Riau, Indonesia	<ul style="list-style-type: none"> <li>Enhance the skills of occupational health practitioners in providing health services for the blue-collar working population</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme</li> <li>Lectures/seminars</li> <li>Practical workplace assessments</li> <li>Presentations by locals</li> </ul>
<b>Palliative Care for Children</b>	Rachel House; Jakarta, Indonesia	<ul style="list-style-type: none"> <li>Provide palliative care for terminally ill children</li> <li>Equip doctors, nurses, and caregivers with improved clinical skills</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme</li> <li>Lectures/seminars</li> <li>Bedside teachings</li> <li>Home visits</li> <li>Workshops</li> </ul>
<b>Enhancing Palliative Care Practice</b>	Rachel House & Jakarta Cancer Foundation; Jakarta, Indonesia	<ul style="list-style-type: none"> <li>Enhance doctors', nurses' and caregivers' clinical skills on in-patients and home based palliative care for children living with cancer and HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme</li> <li>Annual leadership roundtable</li> <li>Workshops</li> <li>Annual symposiums</li> </ul>
<b>Water for Life</b>	Cipta Karya, various schools; Lamongan, East Java, Indonesia	<ul style="list-style-type: none"> <li>Install membrane filters to provide communities with clean drinking water</li> <li>Improve health and hygiene practices</li> </ul>	<ul style="list-style-type: none"> <li>Installation of water filters, building of water storage tanks</li> <li>Hygiene training</li> </ul>
<b>Enhancing Newborn Services</b>	Medical College and Hospital; Chengalpattu, Tamil Nadu, India	<ul style="list-style-type: none"> <li>Reduce rates of infant mortality</li> <li>Improve neonatal resuscitation skills</li> <li>Implement infection control plans and policy</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme for doctors, nurses and ambulance staff at CMCH and primary healthcare centres</li> </ul>
<b>Nutrition for Children</b>	Parikrma Humanity Foundation; Bangalore, Karnataka, India	<ul style="list-style-type: none"> <li>Educate the community on basic nutrition, hygiene, healthier food options, and food preparation</li> </ul>	<ul style="list-style-type: none"> <li>Training-of-trainers programme</li> <li>Training workshop for teachers</li> <li>Community-based workshop for mothers</li> <li>Advising the caterers of the school meal programme</li> <li>Donation of nutritional supplements</li> </ul>

**3.1. Sampling Procedures**

The selected projects were chosen by SIF in consultation with the researchers. Determining which healthcare projects were ultimately included in the research was based on their relevance to the study aims, as well as on convenience and logistical considerations. Both ongoing and closed projects were chosen to provide a more longitudinal view of project outcomes. Further information about each of the project profiles included in the research can be found in the Appendices.

This research is intended to primarily represent the perspectives of partner agency staff and the intended beneficiaries of SIV training. However, these perspectives are also complemented by a handful of interviews with key SIF volunteers and local government officials. Respondents who participated in the research were identified through purposive sampling procedures—care was taken to ensure that all key partners involved in the project implementation were included in the study. Because the unit of analysis is at the individual and organisational levels, the resultant findings relate better to individual and organisational capacity-building than to higher level outcomes, such as sectoral and societal capacity-building.

After SIF staff received authorisation to engage in research from local authorities in each partner country, they identified key volunteers and host agency staff. SIF staff provided a list of host agency staff, trainees and other beneficiaries who were best suited to participate in the research based on their involvement in the projects. With this list in hand, the local research assistants contacted each of the partner organisations and coordinated the timing and logistics of each visit. For purposes of survey distribution,



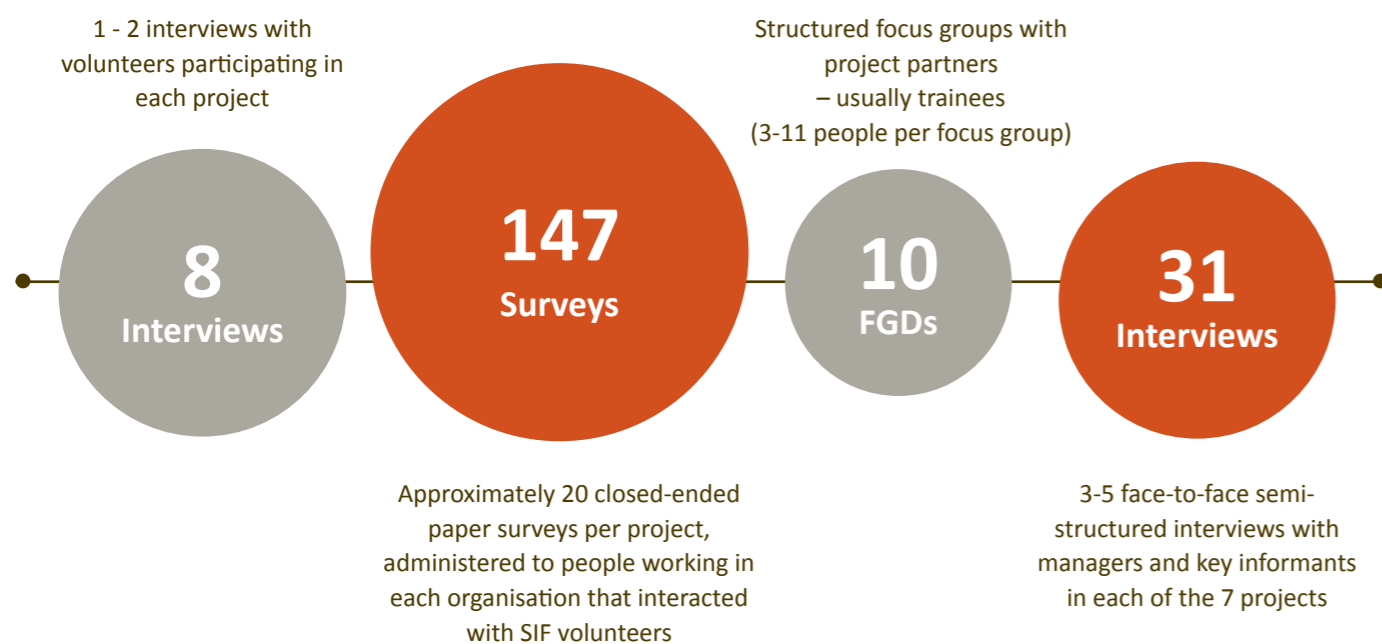
Participants at a focus group discussion in Jakarta, Indonesia

SIF staff also provided the researchers with a detailed list of trainees with contact information, where available.

**3.2. Data Collection**

A combination of data collection methods was used to investigate the process and outcomes of the SIF specialist and generalist healthcare projects. In order to triangulate voices and perspectives, the researchers used a combination of semi-structured interviews, focus groups, and surveys. In total, 244 individuals informed the findings for this report divided according to the following data collection methods:

1. The researchers completed 3-5 face-to-face semi-structured interviews with managers and key informants in each of the seven projects. Interviews took place with the administrative head of each project, key administrative staff, government officials who helped to facilitate the projects, and doctors, nurses, social workers, teachers, etc. who interacted with volunteers. Descriptive information about the interviews is found in Table A in the Appendix to this report. In total, the researchers completed 31 individual interviews with key informants.
2. 1-2 interviews were completed with volunteers participating in each project. Because the research was primarily focused on the partner perspective, the volunteer interviews were underemphasised and mainly performed in order to gain greater insight about the projects from a systems perspective. In total, the researchers interviewed eight returned SIVs.
3. The researchers completed ten structured focus groups with intended recipients of the projects—usually trainees (3-11 people per focus group; average of six per group). In total, 58 trainees or intended beneficiaries were included in the focus group discussions (FGDs). Descriptive information about participants in the focus group discussions are also included in Table A (see Appendix).
4. Approximately 20 closed-ended paper surveys per project were administered to people working in each organisation. To qualify for inclusion in the survey, potential respondents must have participated in at least one training with SIVs—with the exception of the Water for Life project, in which case survey respondents were headmasters of the schools that received water filters. In total 147 total surveys were distributed and completed.



### 3.3. Instrumentation

Four different research instruments were developed for the field research component of this study:

1. Survey questionnaire
2. In-depth interview guide for volunteers
3. In-depth interview guide for managers and key informants and
4. Focus group discussion guide for recipients and trainees.

All interviews and focus groups were facilitated using the semi-structured interview guides. Because of the significantly different focus of the different partner agencies, questions were necessarily broad and were adapted slightly based on their relevance to the agency.

The quantitative survey instrument, consent forms, and media release documents were all translated into the respective local language - Tamil, Kannada and Bahasa Indonesia. Surveys and consent forms were distributed to participants during the researchers' visit to the partner agencies. All instruments were pre-tested and refined following review with staff of SIF and returned SIVs. A copy of the interview guides and the survey instrument (in English) are included in the Appendix.

### 3.4. Research Process

Two researchers participated in all interviews and focus groups, including the principal investigator and a local research assistant from each country. All interviews were held at the facility where the hosting organisation

performed its operations, such as the hospital or school. A number of key informant interviews were also held at government offices of administrators who helped coordinate the projects. Questions for the in-depth interviews and focus groups were emailed in advance to the partner agency manager responsible for coordinating the visit. All of the interviews and focus groups were facilitated in the local language—though some interviews with key informants were primarily conducted in the English language.

Each respondent was also given a consent form describing the research and its primary objectives. All interviews and FGDs were digitally recorded, transcribed and translated. In this way, full texts of the conversations were available for qualitative analysis. The researchers also took thorough notes during the interviews and debriefed together after each interview or FGD was completed. In cases where interviews were conducted in the local language, the recording was first transcribed in the local language and then translated into English for analysis. Prior to recording the discussions, researchers asked permission from each respondent to record the interview and all respondents consented.

Seventy-nine percent of the survey questionnaires were administered by the researchers during their visit to the partner agency. In the case of a women's group where illiteracy was high, a local staff member read each question aloud to ensure that all questions were understood. In cases where the trainees had high literacy and were well aware of survey forms, the respondent received a paper

copy of the survey and was given time to complete the survey independently. The survey was collected later. When a trainee was absent or unavailable, an online version of the survey was sent to their email address for completion. Online survey administration represented 21% of the responses. The overall response rate for survey completion was 93% percent. Table A in the appendix summarises the qualities of individual survey responses from projects included in the study.

### 3.5. Data Analysis

Translated transcriptions of all digitally-recorded interviews and FGDs were imported into Atlas.ti®, a computer software package, in preparation for qualitative analysis. A rough conceptual schema was developed based on the three research aims identified in the initial research plan. During

qualitative analysis, this initial coding plan was modified using a grounded theory approach.<sup>19</sup> From this initial coding schema, additional nodes were added based on new ideas that emerged during the discussions, and “coded down” to accurately represent the data. The text used during qualitative analysis also included the summaries of ideas and key points taken from the field notes written after each staff interview and FGD briefing session.

Quantitative data was manually entered into a spreadsheet by the local research assistants, and double checked by the principal investigator for accuracy. The spreadsheet was then converted to SPSS format for quantitative analysis. Data for this report are primarily presented in descriptive format—although inferential analytic methods were also used to compare differences in data across categories.

**TABLE 2: DESCRIPTIVE STATISTICS OF COMPLETED SURVEYS (n = 147)**

CATEGORY	n	%	CATEGORY	n	%
<b>Language of Survey</b>			<b>Name of Organisation</b>		
Bahasa	90	61.2	Chengalpattu Medical College and Hospital	8	5.4
English	13	8.8	Rumah Sakit Kanker Dharmais	9	6.1
Kannada	36	24.5	Provincial Health Agency, Batam	12	8.2
Tamil	8	5.4	Provincial Health Agency, Tanjung Pinang	16	10.9
<b>City of Project</b>			Rumah Sakit Omni Pulomas	3	2.0
Bangalore	47	32.0	Parikrma Centre for Learning	47	32.0
Batam	14	9.5	Rachel House	8	5.4
Chengalpattu	8	5.4	Rumah Sakit Cipto Mangunkusumo	6	4.1
Jakarta	34	23.1	Rumah Sakit Jiwa Lawang	10	6.8
Lamongan	18	12.2	Cipta Karya, Lamongan	18	12.2
Malang	10	6.8	Yayasan Kanker Indonesia, Jakarta	9	6.1
Tanjung Pinang	14	9.5	<b>Respondent's Position</b>		
<b>Gender of Respondent</b>			Administrative staff	19	12.9
Female	109	74.1	Doctor	27	18.4
Male	38	25.9	Government official	13	8.8
<b>Age Group</b>			Headmaster	13	8.8
20-30	37	25.5	Nurse	26	17.7
31-40	52	35.9	Nutrition trainee	34	23.1
41-50	30	20.7	Occupational therapist	3	2.0
Older than 50	26	17.9	Pharmacist	1	0.7
			Psychologist	1	0.7
			Teacher	9	6.1



## 4 RESULTS

While IVCOs have gained greater recognition for their added-value to development efforts, their contributions as stakeholders in the promotion of healthcare is not always well understood or articulated. SDG 17 stresses the importance of international cooperation to exchange and disseminate knowledge, expertise and technology; to promote domestic and international resource mobilisation; and to promote effective public, private and civil society partnerships. The SIF is helping meet the basic tenets of this goal by merely fulfilling its operational mission of international exchange and cooperation. It has been successful at mobilising resources for health-related projects from multiple sources, both public and private, as well as in-kind contributions from volunteers. Although research on direct investments by SIF is beyond the scope of this paper, it should be acknowledged that these investments contribute significantly to many of the targets promoted through SDG 3 (ensuring healthy lives and promoting well-being), as well as to targets of SDG 17.

The following sections summarise findings from field research to explore volunteers' contributions to targets identified in SDG 17—namely capacity-building, knowledge-sharing, innovative technology, and skills transfer across borders. The second part of this section investigates how SIF and SIVs promote and encourage public, private and civil society partnerships. The final section delves deeper into the added-value or distinctive impact of SIF and SIVs as stakeholders contributing to development in low-income countries. In order to set the context for the discussion of outcomes, we first review the activities performed by volunteers during their regular visits with counterparts overseas.

### 4.1. Volunteer Activities

As touched on earlier, specialist teams of volunteers conduct training to build the capacity and upgrade the skills and knowledge of communities overseas. The projects assessed in this research span a range of activity areas within healthcare including nutritional education, maternal and child health, palliative care and community-based psychiatric services, in addition to training in the management of healthcare organisations. A key goal of training by specialist volunteers was to train local partners to also become trainers—thereby further enhancing community capacity. Generalist volunteers also engaged in the training on the use of water filters but spent most of their time performing direct hands-on service.

In line with the overall goals of the SIF specialist team projects, 92% of the survey respondents reported that

volunteers provided training on clinical or direct healthcare service activities. Nearly 60% reported that volunteers also gave advice on higher-level management and work processes, and an additional 53% reported receiving communication advice from volunteers such as how to better communicate with patients. Nearly half (46%) also led discussions on leadership, planning or teamwork. This combination of training the counterparts on direct skills as well as wider work dealing with management processes is a valuable component of the SIF volunteering model that will be elaborated in greater detail when discussing organisational outcomes in Section 4.2.2.

Nearly half of respondents (48%) said that volunteers helped to develop training manuals or other materials that could be used during training-of-trainer activities.

In addition to providing training on clinical and healthcare services, nearly half of respondents (48%) said that volunteers helped to develop training manuals or other materials that could be used during training-of-trainer activities. During many of the interviews, these secondary training materials were showcased as a concrete product of the

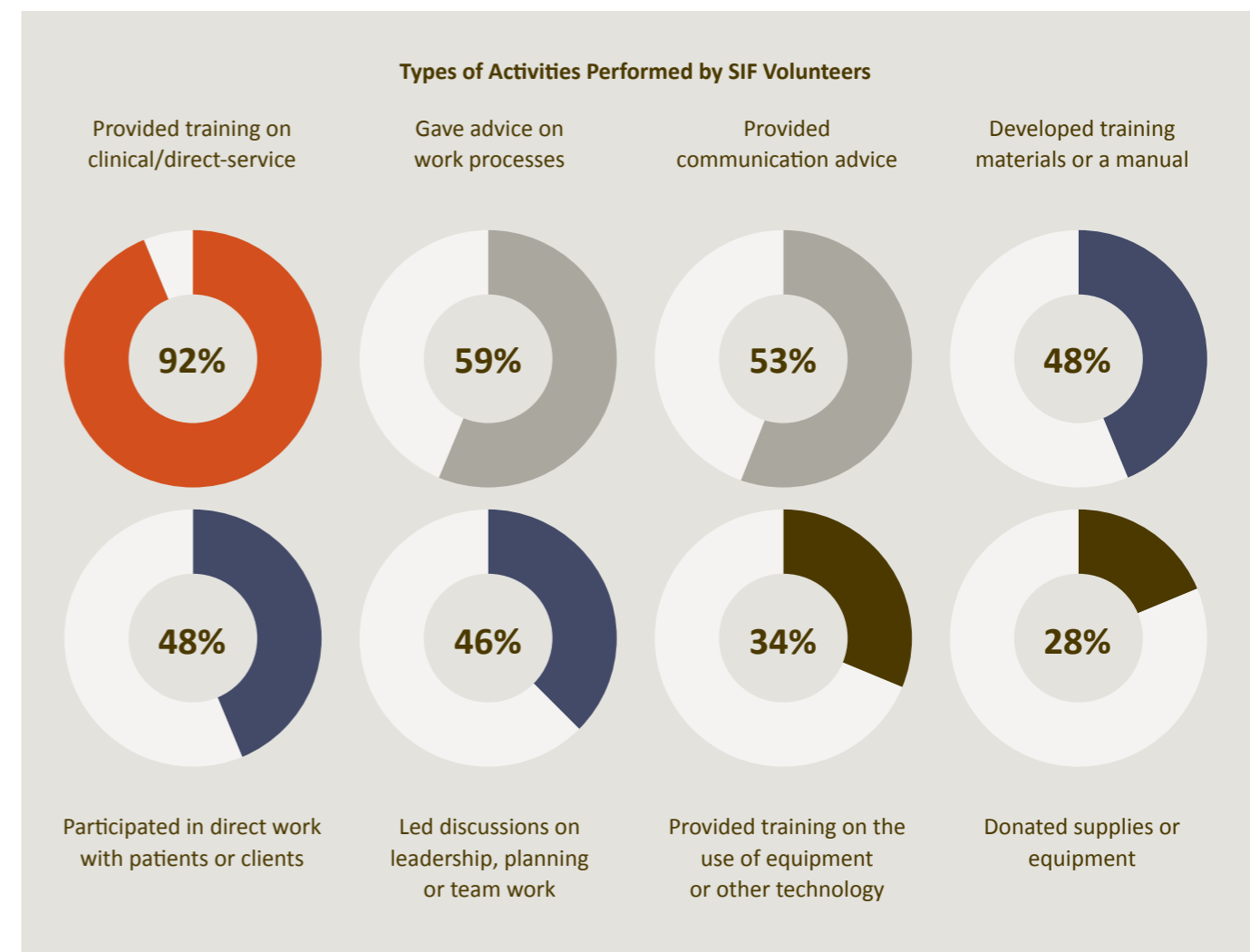
volunteers' work. Teachers at a school in India illustrated how volunteers developed an instructional manual and PowerPoint presentation detailing educational advances and new teaching models for disseminating nutritional information. Instructors and social workers could use these to communicate with parents and other schools. Another example was a Standards Manual that newly trained doctors in Indonesia could use when training other healthcare workers on new advances in palliative medical care practices.

Nearly half of respondents (48%) also reported that volunteers participated in direct service work with patients or clients. Multiple respondents clarified that this did not mean that healthcare workers performed direct interventions on patients. Rather, SIF medical volunteers observed local counterparts as they worked to deliver newborns, to discuss palliative care options with patients and their families or to work with psychiatric patients and their families. In a few cases, volunteers did work directly with

community groups and parents but this was minimal and only performed within an organisational training context.

Training on the use of equipment or other technology was also a relatively common activity (34%), though less frequent than other types of training. Likewise, 28% of volunteers donated supplies and equipment to the partner organisations. For the most part, these donations included

small contributions—such as instructional manuals and inexpensive medical tools or equipment. A far higher ratio (72%) of respondents associated with direct service projects reported that generalist volunteers donated equipment (mostly in the form of water filters), compared to only 20% in the specialist service projects. The figure below summarises the types and proportion of activities performed by SIVs.



### 4.2. Capacity Building

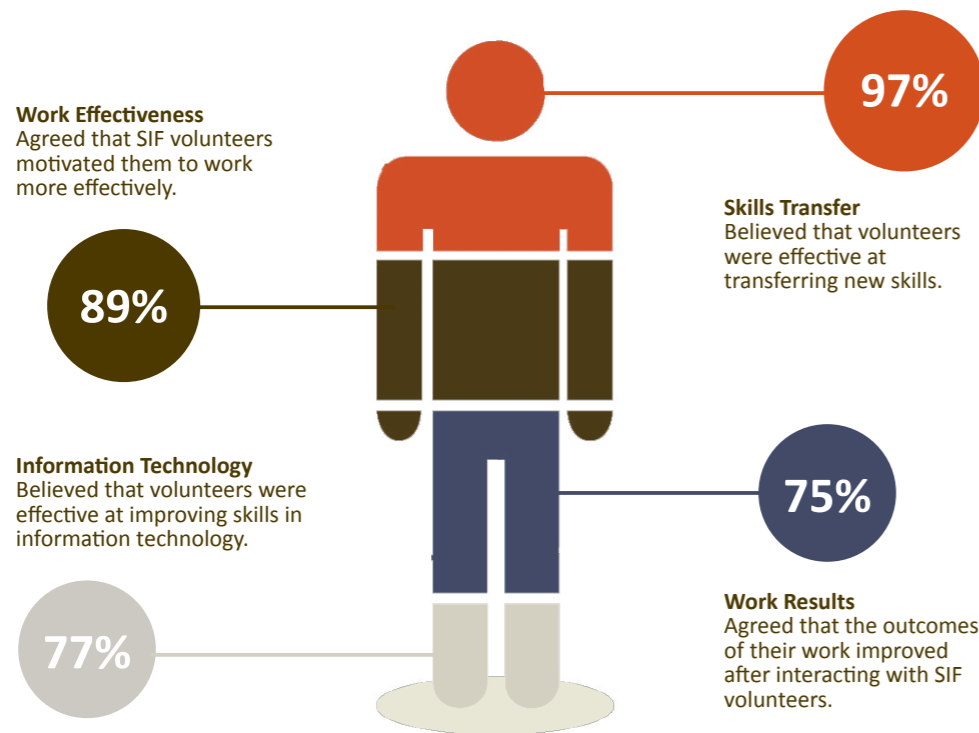
In order to effectively implement all of the sustainable development goals, SDG target 17.9 emphasises the importance of mobilising international support to build capacity in developing countries. The following sections review findings about volunteers' contributions to building capacity at the individual, organisational, sectoral and societal levels to strengthen national efforts to improve healthcare.

#### 4.2.1. Individual Capacity

As noted earlier in this report, volunteers' contributions to individual capacity-building is perhaps the most commonly documented outcome of international volunteering. Volunteers work at the individual level through person-to-person engagement and direct training to share "hard" or technical skills. Such training usually include a strong theoretical base combined with practical hands-on training in healthcare practices. Most projects also include some form of soft skills development through critical observation and mutual problem solving.



## Individual Capacity Outcomes



The *transfer of skills* was the highest ranked outcome in overall effectiveness across all survey questions (97%). Respondents reported a variety of technical skills learned during the training sessions—ranging from new medical procedures, nutritional practices, and new teaching and training methods, to practical advice on the usage of water filtration systems. In addition, 77% believed that volunteers were effective in improving skills related to information technology. A number of respondents asserted that training in technology was particularly important as their work systems rapidly need to adopt new technologies. Volunteers from Singapore have been using new technologies for years, and are therefore able to provide training that are not easily available locally. As a doctor from India explained:

*“Ninety percent of my unit has now evolved from a basic clinical stage to a technological level. When SIVs first came here there was no ultrasound machine, there was no echo machine, so we had to rely on our clinical skills alone. Since then, our technology has improved when*

*we have gotten all these new machines. As we are very busy, we don’t have time to learn echocardiography. I do know the machine is there but we always have to be dependent on a cardiologist to use it. When we told [the SIVs] that now we have the ultrasound machine, they introduced the module [on how to use ultrasound]. So it is really important for us when people [from Singapore] with technical knowledge come here.”*

In addition to sharing hard skills and technical knowledge, the *development of soft skills* was a frequently cited outcome of the volunteers’ work. The primary soft skills developed included collaboration, communication, confidence, time management and teamwork. Although there were a wide variety of examples provided in the interviews, we provide an example of teamwork because this soft skill is often hard to conceptualise in practice. As one doctor described:

*“When I think of what I learned from volunteers, I think about the value of teamwork. Here we work alone.... In this field, we should not work by ourselves; we need teamwork—there must be support between the doctors, nurses, psychiatrists, nutritionists, etc....the discussion in the SIF trainings were done looking at a variety of perspectives and aspects. For example, we heard opinions from the nurses, psychiatrists and so on. So now we are better able to apply the theory we’ve gained from many perspectives. Just sometimes, medical teams in Indonesia do not have the same vision.”*

All trainees believed volunteers were useful to some degree at providing communication advice on working with clients and patients with 32% reporting that volunteers were “very useful”. Likewise, all survey respondents agreed that volunteers were useful for giving advice on work processes (i.e. record-keeping, planning, data collection, quality standards, etc.), with 37% believing that volunteers were “very useful” at providing process-related advice. Finally, interviewees reported learning process-skills as they relate to teaching and training others in their field.

With the combined benefit of improved soft and hard skills, 89% of trainees believed that SIVs motivated them to *work more effectively*, and 75% believed that the *outcomes of their work had improved* following the training sessions and other interactions with SIVs. A nurse described how knowledge received from Singaporean professionals gave her greater confidence. She tied this heightened level of confidence directly to her knowledge gained at capacity-building workshops with volunteers:

*“With the sharing of knowledge from Singapore, surely we have more confidence that the knowledge that we are going to share is right...I have become more confident in sharing knowledge about occupational health with our members [of the Doctor’s Association of Occupational Health], so I have no doubts anymore. Besides benefiting me in the business field [as a consultant], it benefits me in the knowledge field as a lecture and instructor.”*

Along with the wider dissemination of healthcare knowledge as an indirect benefit, respondents also described a number of secondary capacity-building outcomes resulting from the training. These included healthier children in schools, higher employment potential among trainees across a variety of skill levels and better



Nurses and volunteers interacting with a patient at a neonatal care facility in Chengalpattu, India

service delivery of basic healthcare services. The case study on the following page provides an example of indirect benefits received by a group of women in India who participated in a school-based nutritional training programme.

### Added benefits of relational approach

As a relational practice, training-based models of volunteering are particularly well suited for building both hard and soft skills. Although people can learn from books, manuals, videos and other impersonal forms of training, communication theory predicts that transferring skills and knowledge is most effective through face-to-face interaction.<sup>20</sup> This is particularly true for complex tasks that require high social or psychological presence.<sup>21</sup> Communicating the needs and options of palliative care patients is a prime example of an activity requiring high psychological presence that benefitted significantly from face-to-face training with SIVs. Face-to-face interaction also allows both parties to directly observe each other’s reactions and responses in order to determine levels of engagement and comprehension. One nurse explained this distinction in practical terms, “It is totally different to have things just from the textbooks compared to seeing it, experiencing it...having partners who can answer us every time we need to ask is very valuable.”



As a further advantage of relational training approaches, communication theory predicts that the credibility and reception of a message is largely dependent on the level of trust people have of the messenger.<sup>22</sup> Along with credibility and expertise, “knowing, liking, and trusting” the messenger are pre-conditions for truly effective communication.<sup>22</sup> Although paid healthcare providers and technical advisors also use interpersonal approaches in their capacity-building work, findings from this study suggest that trainees have high levels of *trust and affinity for volunteers*; respondents’ descriptions of trust and gratitude for the volunteers’ work was a common thread woven throughout

many responses. All told, the personal and relationship-based approach is a distinctive feature of international volunteering that in both theory and practice appear to give it a *comparative advantage* over many other forms of development cooperation. In this sense, international volunteering may be particularly well suited to achieve the capacity-building aspirations of SDG target 17.9.

**Challenges** to capacity building trainings should also be acknowledged. Although the following findings are somewhat “evaluative” in nature, they may also apply more broadly to knowledge-based training programmes

### Direct and Indirect Benefits of Nutritional Training for Women in Bangalore



One of the four main objectives of SIF’s school-based project in Bangalore included a community-based nutrition workshop for mothers. During the four-day workshops, SIVs brought together mothers of children who are being taught in the schools to train the mothers in basic nutrition, hygiene and alternative food sources to ensure healthier diets for their family. SIVs taught the mothers different techniques of food preparation, cooking and storage of food for greater retention of nutrition. Participants in these workshops reported a number of direct benefits from these training including better understanding of how to provide nutritious meals at home within their limited budget, as well as how to improve hygiene while preparing meals.

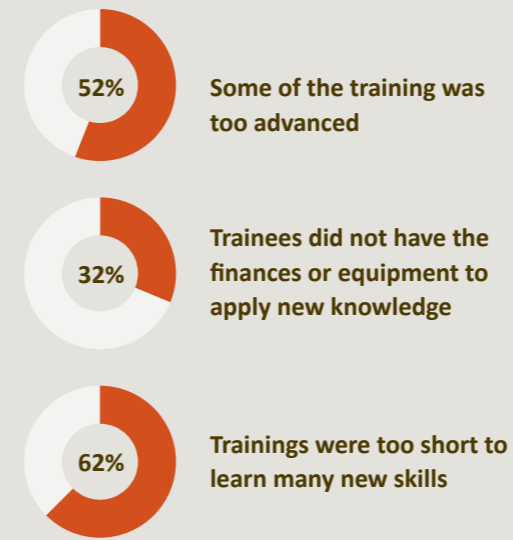
In addition to these direct benefits, the mothers also described various indirect benefits they received during the weeks and months following the training. Most of the women participating in these workshops are employed as

domestic servants or housemaids. As they began to practise the principles learned during the training—using different food to meet nutritional needs and insisting on high hygienic standards in the preparation of food for their employers—they received higher recognition and esteem from their employers. Some of these mothers also reported being able to secure higher paying jobs as housemaids in other households as a result of participating in the SIF training.

In addition, these women also reported learning from SIVs about an enzyme cleaner that could be made using fruit and vegetable waste. A few of these women used this knowledge to create small business enterprise—making and selling the enzyme to other women in their community. The women’s group is now discussing how to scale up and formalise this enterprise. As one woman asserted, “These benefits only come from volunteers because we would have never thought about using an enzyme for a cleaner.” A social worker from this community observed that these women have not only benefited from improved nutrition and hygiene but also obtained gainful employment as a consequence of the SIVs’ intervention.



### Challenges Cited by Trainees



in terms of potential limitations of these approaches. Perhaps, because various levels of professionals were trained together (e.g. EMTs, nurses, pharmacists, doctors, line staff), 52% of respondents believed the training were too advanced. As noted earlier, significant advantages such as teamwork also resulted from this mixed approach to training.

However, more than half of respondents believed that at least some portion of the training was too fast for their comprehension. One doctor suggested that this challenge could be reduced if the volunteers were able to involve the local doctors and health professionals more extensively in the training. As this doctor suggested, it could be more beneficial for highly-skilled doctors from Singapore to spend time with highly-skilled local doctors to provide more advanced training. Following the training, the local doctors could then share their knowledge with lower-level healthcare providers. While this suggestion may or may not be a productive solution, greater consideration of capacities may be needed to optimise the outcomes of the training.

Another challenge that emerged was the lack of resources in partner agencies. About one-third of trainees believed that they did not have sufficient finance or equipment to apply the new knowledge gained from SIF training. Although these respondents recognised the value of the new ideas and approaches, insufficient resources within their organisations limited their ability to implement much

of the new knowledge gained. This belief was particularly high among respondents in health-related fields.

A final challenge that emerged was the duration of training; 62% of respondents believed the training, which was often limited to a few days, was too short to learn the many new skills. This finding is also associated with the approach of mixing professionals of different levels together in training sessions. Specialised professionals and those in administrative positions tended to prefer shorter training sessions. On the other hand, nine out of ten nutrition trainees, who were largely uneducated women, believed that longer training sessions were needed in order to learn and apply the new skills.

Likewise, seven out of ten nurses agreed the training was too short. This view was particularly strong among trainers who were expected to train others. This view is compared to other specialists (i.e. occupational therapists, pharmacists, psychologists) and government officials who mostly believed the training was either adequately timed or too long. For the government officials, this was partly due to a belief that the training material was not particularly relevant to their day-to-day work. A number of trainees remarked that they tend to forget some of the information taught by SIVs shortly after the volunteers leave. This finding is generally consistent with theory, which predicts that complex information has a much longer shelf life when training is longer and/or more frequent.

### The duration of trainings was too short to learn many new skills





#### 4.2.2. Organisational Capacity

Building capacity at organisational level is perhaps the most relevant area to assess volunteers' contributions to SDG targets 17.6<sup>b</sup> and 17.16<sup>c</sup>. Although SIVs' capacity-building work involves interpersonal interactions, enhanced individual capacities can also have a significant impact on the organisation as other employees and clients take advantage of the trainees' new skills and knowledge. At the organisational level, both SIVs and SIF have worked to enhance the overall capacity of the organisation to deliver healthcare services and to function more effectively within its wider environment. This approach appears to draw upon the wider system to enhance the capacity of healthcare organisations by changing their modus operandi. A few key methods resulting from SIVs' work include the development of updated healthcare curriculum, new forms of clinical assessment and diagnosis, the re-design of space to enhance healthcare service delivery and advice on management structures and systems.

Survey results indicate that 63% of respondents believed SIVs provided knowledge or skills that would not otherwise be available in the organisation (84% for school-related projects and 50% for hospital-related projects).<sup>d</sup> This difference between the types of organisations may be partly due to already high levels of capacity and knowledge amongst highly-educated professionals in hospitals. While the overall figure may seem somewhat low—particularly for the hospital-based projects, the ultimate receptivity of the volunteers' training seems to have significant value to the organisation even when the knowledge they bring may not necessarily be "new". This idea will be explored in Section 4.4. which reports on volunteers' value-add.

One category of skills that is of particular relevance to organisational capacity-building is the sharing of knowledge on *management procedures and systems of health practice*.

An express advantage of the SIF model is that volunteers work in collaboration with local partners to review the needs of the organisation from a systems model. Field research revealed that at the bottom level, volunteers







63% of respondents believed SIVs provided knowledge or skills that would not otherwise be available in the organisation.

engaged a variety of stakeholders in individual or organisation-level capacity building activities related to healthcare. At a slightly higher level, SIF and SIVs also collaborated with their partners in systemic activities that aimed to make incremental changes in administrative capacity or governance. As one indicator of the volunteers' contributions, 84% of respondents believed that SIVs brought *new ideas and perspectives* to organisational management procedures. On the other hand, only 54% of programme administrators reported that volunteers *were effective at improving organisational management procedures*. Volunteers' comparatively lower perceived effectiveness

with improving management procedures may be related to the time investment required to make systemic changes at the organisational level. Theoretically, systemic oriented change requires a longer investment period in a partnership, as well as higher levels of trust than would be required to make changes at lower levels of the system or organisation.<sup>23</sup>

*Trust* was a common theme that emerged during the field research. As noted earlier, previous research suggests that the value-add from volunteers from higher income countries tend to enhance the trust that others have of the organisation being engaged by the volunteers, as well as the overall prestige and reputation of an organisation. These conclusions were also partly supported in this research; 80% of respondents agreed that SIVs increased the trust others have of the organisation and its staff, 69% agreed

#### Organisation - Level Contributions of SIF Volunteers

- Skill Building.** Agreed that SIF volunteers provided knowledge or skills that would not otherwise be available in the organisation.  **63%**
- Management Procedures.** Agreed that SIF volunteers brought new ideas and perspectives to organisational management procedures.  **84%**
- Organisational Trust.** Agreed that SIF volunteers increase the trust others have of the organisation and its staff.  **80%**
- Organisational Prestige.** Agreed that SIF volunteers increase the prestige or creditability of the organisation.  **69%**
- Interest in the Organisation.** Agreed that clients seem more interested in the organisation when SIF volunteers were involved.  **41%**
- Organisational Resources.** Agreed that funding to the organisation has increased as a direct result of SIF volunteers' work or participation.  **44%**

that the volunteers increased the prestige or credibility of the organisation, and 87% believed SIVs were effective at strengthening the reputation of their organisation. An example provided by a doctor in Indonesia describes how SIVs enhanced the reputation of his organisation:

*"There are so many people who know that SIF helps us to develop our psychogeriatric services. So it is a plus, a value-add for us...they perceive that we have learned in a right way, from the right resources. So I think it raised our credibility, our reputation. Yes, because other people already know that we have been taught by SIF, that we are in the right way. I think this is now our value-add."*

As the above quote suggests, the emergence of branded training programmes from the SIF-trained organisations was a secondary outcome of building organisational capacity. Both school and hospital-based programmes developed training modules that were marketed/branded as SIF-informed curriculum. Describing the value of SIF training as *reputation-enhancing*, one doctor explained, "Others view us [local mentors] differently now...they see us as experts."

Another doctor, who was also a member of a core training team, explained:

*"The [Singaporean] doctors' messages are often received with greater attention and legitimacy because the trainees have greater confidence that the shared message is legitimate, valuable and credible because it is coming from outside and from Singapore. The message is somehow branded as SIF-trained and informed, even if the actual knowledge is not necessarily new. The trainees' perception of the knowledge is what matters. For good or for bad, knowledge from Singapore is seen as better and more advanced."*

As noted in this quotation (and also consistent with previous research) clients were more interested and engaged in the organisation when volunteers from other countries were involved. Although this conclusion will be explored in greater detail later, it is worth observing that it was only partly supported by the quantitative findings in this study. Only 41% of respondents agreed that clients seem to be more interested in the organisation when SIVs

<sup>b</sup> "Enhance North-South, South-South and triangular regional and international cooperation and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms..."

<sup>c</sup> "Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries."

<sup>d</sup> School-based projects include "Water for Life" and improving nutrition for children in Bangalore. This difference between types of organisations is statistically significant:  $t = 5.80$ ,  $df = 123$ ,  $p < .001$





Professionals from public healthcare institutions at a training on palliative care in Jakarta, Indonesia

were involved. However, further investigation adds an important nuance to this finding; only 32% of respondents in hospital-based projects<sup>e</sup> agreed that clients were more interested in the hospital, while 91% from school-based projects agreed that interest increased when SIVs were involved in the schools. Clearly, there is a significant difference in clients' interest-level in the hospital vs. school-based projects. This will be explored in greater detail in forthcoming sections of the report.

A similar pattern emerged when investigating volunteers' influences on organisational resources. Only 24% of hospital-based projects agreed that funding to the hospital had increased as a direct result of SIVs' participation, while 74% of school-based projects noticed a change in resources.<sup>f</sup> This difference is likely due to comparatively higher public funding for hospitals—the hospitals being publicly funded. In addition, funding for the schools tends to come from private donors. Overall, there appears to be significant differences in organisational capacity-building based on the type of organisation, with volunteers having apparent greater measurable impact on the school-based healthcare projects.

#### Added benefits of relational approach

One of the hypotheses noted in the study proposal was a belief that SIVs may have an influence on relational equity within the organisations. Evidence from the field shows some support for this hypothesis. Although only 40% of respondents agreed that SIVs promoted gender equality in

comparison with local staff in their organisation, qualitative data revealed additional areas of relational equity that may be influenced by volunteers. As a matter of programming, SIF training explicitly disrupts organisational hierarchies by including, for example, doctors, nurses, pharmacists and technical staff in the same training session. While there are some practical challenges and complications with this approach, it also seems to result in useful *equity-relevant outcomes*.

As an example of increased equity between different levels of healthcare professionals, nurses in one organisation trained by SIVs reported being regularly consulted by doctors for their knowledge of conditions affecting palliative care. This is perhaps best expressed by one of the nurses:

*“When we have a difficult case we emailed the doctors in Singapore to staff the problem. Now we have a reputation of staffing difficult cases which many hospitals don't even have the right resources to handle. Even though [our organisation] only has nurses who are technically of a lower level of healthcare, the doctors trust the new knowledge gained by our nurses. This would not have happened without the training from the volunteers. Our nurses are now respected by the doctors for their knowledge.”*

In addition to the mix of trainees, a further programming decision that seems to affect volunteers' ability to transfer knowledge and skills is the mix of volunteers, locals and experts as trainers. SIF embraces the practice of working with local experts to prepare for volunteers' visits, as well as throughout the duration of these visits. For instance, SIVs worked with local nutrition professionals to tailor their messages to indigenous needs and traditional approaches using local food and preparation methods. Likewise, an important part of SIF's capacity-building projects is the development of a core team of *local mentors* who participated in multiple training sessions, and who later served as trainers. Respondents reported on the value of these local mentors and remarked that training by these local volunteers or professionals tended to be more effective, which is consistent with other studies.<sup>6</sup> However, a handful of trainees believed that local healthcare expertise was not used as extensively as it could be during the volunteers' visits.

#### 4.2.3. Sectoral Capacity

As described earlier, sectoral capacity-building refers to changes that affect multiple organisations, including changes to policies and region-wide processes, as well as outreach to educate and build community-level capacity. Perhaps the most evident process designed by SIF to build sectoral capacity is the Training-of-Trainers (TOT) component of the projects. In addition, SIF deliberately brings multiple stakeholders across the sector together in order to facilitate building capacity in a systematic way across the sector. To further strengthen the learning, they also organise regular training attachments to Singapore in order to deepen the learning among core trainers.

#### Training-of-Trainers

Viewed as a step towards enhancing the scalability and sustainability of capacity-building, specialist team projects aim to improve the long-term quality of healthcare service delivery in the country by focusing on a core team of counterparts that are mentored as local trainers. In addition, every trainee is encouraged to train others on the new skills learned and developed. In follow-up training, SIVs continue to work closely with local trainers to design training programmes and to resolve difficult cases. The TOT component aims to act as a multiplier—cascading the new skills learnt to other organisations in the sector. Survey results indicate that, on average, 15 additional people were trained by each trainee that participated in the workshops.

15

**Training of Trainers Multiplier Effect**  
The average number of additional people trained by each trainee after participation in a workshop

In addition to person-to-person training, 53% of respondents reported that SIVs were helpful in developing a manual or other training material. As one respondent explained, the perceived benefit of working with international volunteers on designing training manuals is greater confidence that the knowledge local mentors will be sharing is up-to-date and based on anecdotal evidence:

*“We have a basic manual that we've been using for years but we would like to update the curriculum based on the knowledge provided by the volunteers. This is essentially a protection to ensure the team that is out doing trainings for other organisations is well equipped with up-to-date knowledge. People are asking [our organisation] to do the training but we are not entirely confident of the research-base and how up-to-date is our knowledge. We trust the consultation and knowledge from volunteers is more recent and more informed by research.”*

#### Multi-pronged approach to change

As part of its strategy for holistic and sustainable change, SIF brings diverse stakeholders together to identify needs, agree on outcomes, co-design training plans and co-create projects, as well as discuss public education and publicity to galvanise wider involvement in change. These planning and implementation meetings bring together multiple stakeholders from governments, CSOs, professional groups and occasionally the private sector. By bringing these diverse sectoral leaders together, they are better able to influence change across the entire system. Specific examples and benefits of this approach are explored in greater detail in Section 4.3, “Multi-Stakeholder Partnerships”.

In order to increase the number of professionals trained within a city or region, SIF also requires corresponding organisations (e.g. multiple hospitals or schools) within the same sector to coordinate their outreach and implementation plans. Reflecting on this coordination, respondents suggested that this strategy ultimately led to greater efficiency across the sector. For instance, during the training, healthcare professionals from multiple organisations meet regularly in a common space. They get to know each other and form links with each other's organisations. As a consequence of this *coalition-based approach to training*, healthcare referrals reportedly became more frequent between hospitals; the relationships built during the training made it easier to make appropriate referrals. This has helped to strengthen the entire healthcare ecosystem through the enhanced networking of diverse healthcare professionals. As a result, the newly created partnerships produced outcomes that are larger than the aggregated contributions made by any single organisation.<sup>17</sup>

<sup>e</sup> This difference in interest level is statistically significant:  $t = 3.77$ ,  $df = 80$ ,  $p < .001$

<sup>f</sup> This difference in funding attribution is statistically significant:  $t = 7.25$ ,  $df = 126$ ,  $p < .001$



On a similar note, research revealed secondary group benefits that resulted from bringing people from the same community together in a common space. For example, participants in the women’s nutrition workshops independently self-organised follow-up sessions after the training had ended. During these meetings, the women continued to share new experiences along with their shared commitment to implement the new knowledge on sanitation and nutrition. Staff members from the schools described a similar pattern of discussions that took place during regular staff meetings with teachers and school administrators. During these follow-up meetings, trainees continued to discuss how to enhance nutrition in the school’s meal plans and how to integrate new information into the school’s health education curriculum. They continued to share their experiences with each other, and

worked together to identify students that may be suffering from nutrition-related health problems. Essentially, the trainees continued to implement the knowledge gained and concepts learned during the training and put into further practice. Respondents noted that these same patterns of discussions and learning also happened sector-wide as trainees from different types of healthcare organisations came together during follow-up meetings.

#### Training attachments

Further evidence of sectoral capacity-building emerged from a “South-to-North” exchange component built into the SIF projects. These exchange projects were designed to further solidify shared learning and capacity by providing opportunities for trainees to observe the techniques learned during the training as they are applied in practice by Singaporean professionals. Most of the projects in

#### Training Attachment in Singapore for Healthcare Professionals from Jakarta, Indonesia in Palliative Care



Training attachments in Singapore that follow after the SIVs’ initial visits in partner countries are an important capacity-building component of SIF’s specialist team projects. As part of the programme of palliative care training in Jakarta, a core group of trained Indonesian healthcare specialists travelled to Singapore to observe comparable healthcare infrastructure in Singapore. The training attachment incorporated lectures, role-play, group work and other training methods with workplace visits in order to enhance and complement the comprehensive training that SIVs completed in Jakarta. Training attachments helped Indonesian healthcare specialists to learn more about case assessment techniques, intervention strategies, patient education sessions, and how to better communicate difficult news to patients and their families.

Training attachments enabled the core team of local experts or “master trainers” to meet with a wider group of professionals in Singapore. These master trainers were able to observe first-hand, the methods of practice of their Singaporean trainers as they dealt with palliative care issues. The new trainers were able to directly witness how different cultural practices in Singapore influence methods of dealing with death and dying. Beyond observing these skills and techniques applied in practice, trainees also examined how healthcare systems operate in Singapore, thereby providing additional environmental and organisational context to the application of the new techniques learned during the palliative care training in Jakarta.

Participants who attended the training attachments in Singapore reported that it expanded their vision of palliative care practice in a different context. They also reported that, by observing practices in Singapore, they recognised many shared challenges with professionals in Singapore, which enhanced their confidence in managing common healthcare issues back home. Following the immersive learning environment in Singapore, they were able to further integrate new knowledge and skills into their clinical practice and future training with others. They also reported that training attachments multiplied their application of knowledge sector-wide as they shared their learning with other trainers, nurses and doctors after returning back to Jakarta.

this study included a training attachment component in Singapore. The box on the previous page highlights a case example of this exchange programme for occupational health professionals.

Implied in the example of the South-to-North training attachment component of SIF programming is that SIVs are not the only drivers to enhance sectoral capacity through direct training programmes. SIF also plays an important role in building sectoral capacity by bringing organisations together. This finding was particularly evident in the growth of palliative care practice in Jakarta, which respondents attributed to SIF’s interest and investment in palliative care, as well as to SIF’s insistence on sector-wide cooperation. As a further dimension, while working to organise and facilitate the volunteers’ multiple trips to partner countries, SIF forms relationships with governments and other key decision-makers. These higher level relationships play a valuable role in building sectoral capacity. While working with SIF on these connections, the management of partner organisations also reported learning about new processes and regulations that ultimately benefitted their work. One health worker in the Riau Islands of Indonesia explained what he learned from volunteers about the process of working with government regulations for occupational safety:

*“The training also gives us new knowledge that when we want to do any further interventions, such as health checks before employment, we not only need to deal with the health service alone but we also must involve many other parties such as from the Department of Labour, politicians and government workers in order to make rules regarding liability of the company. We learned that we have to do this before any hiring to verify the health status of employees.”*

#### Challenges

While there appear to be many sectoral-level benefits resulting from the SIVs’ work, there also appears to be a tension between individual capacity-building, organisational capacity-building, and the overall impact on the sector. A number of organisational administrators described how they lost employees a few months after they were trained. In these cases, the organisations often lost some gains in organisational capacity. While regretting the loss of employees, this movement was however, viewed by all three administrators that mentioned this trend as being beneficial for the sector overall as trained individuals would spread their new knowledge to heretofore untrained areas. A concrete statement of this tension was provided by the head of an office specialising in occupational health:

*“One benefit that participants got from the training was that their confidence increased—because only very rarely is training organised here by the government - by professors or experts. But with SIF, the direct teaching is conducted by a professor from a Singapore University! For me, it makes my confidence high. Some of the participants move from this office to another city because they got a new job. Because Batam has many industries and workers, we have to make capacity-building for other doctors and nurses too. So, when after they learnt, [from SIVs] their reputation improves and they get jobs in other places after training...It’s bad for office but good for them, so they can spread their knowledge to another place.”*

#### 4.2.4. Societal Capacity

Societal capacity-building refers to the broader effects of SIF projects, including the dissemination of knowledge to the wider social, economic and political environment. The ultimate goal of building capacity and partnership is to develop sustainable national level capabilities and policies that will have a positive influence on society. In line with this goal, sectoral level capacity-building is particularly relevant to SDG target 17.9: “Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.”

Field research revealed a tacit diffusion and dissemination of healthcare knowledge by the trainees and the organisations that received training. In these cases, training of larger segments of society may or may not have been intended—though it was noticed by participants in this study. For example, a nurse at a hospital in Indonesia relayed a case where a family she worked with was taking a new approach to caring for a family member, which ultimately led to a positive effect on the wider society as its knowledge spread. As the nurse explained:

*“The doctor asked the family why they were doing it this way? The family said that the SIVs explained to them the advantages. The doctor then called [our organisation] to learn more and now this knowledge has spread to many doctors and families in the system. This is an example of innovation diffusion from the SIVs that has reached many other people, beyond the first trainees.”*



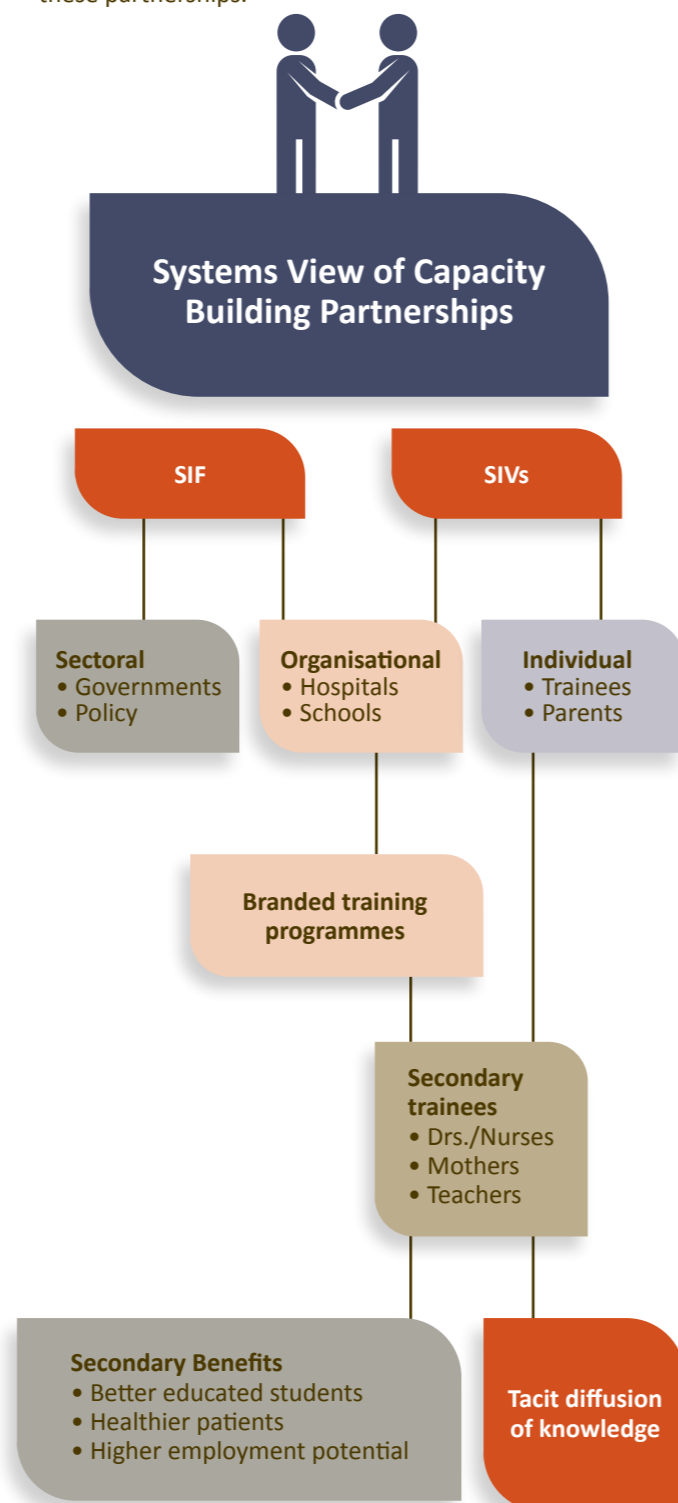
Benefits like the example above are difficult to measure and see in the short term, as diffusion takes time—though the participants in this study provided a number of examples to describe changes at the societal-level. Nonetheless, across all respondents, *86% believed that SIVs were effective at promoting healthcare and wellness in the wider community and society*. Specific reasons for the volunteers' effectiveness are described in greater detail in Section 4.4.

A further outcome of building capacity at the societal level was a noticeable *increase in volunteering and community engagement* following SIF projects. From a quantitative perspective, 91% of trainees believed that SIVs inspired them to be more engaged in their local community. In many cases, this was witnessed as international volunteers inspired trainees to mobilise local volunteers to help organise and manage small social change efforts in their own communities. As a doctor from Indonesia working in geriatric psychiatry commented, "I think and see [the volunteers] efforts are very uplifting. They are rewarded without pay...and it can change our thought patterns and also can be a motivation for us to volunteer."



In summary, although SIV's relationships with partners are not always tangible or easily measured, these *relationships appear to impact positively on the transfer of knowledge and skills* in measurable ways towards the achievement of health-related and capacity-building goals promoted in the SDGs. The psychological and social presence needed for effective interpersonal interaction necessitates high levels of engagement at individual, organisational and sectoral levels. As skilled and trusted volunteers continue to engage with local partners on a personal level, the emerging relationships enhance the likelihood that capacity-building efforts will be absorbed and implemented by trainees.

As this knowledge continues to be used and propagated through both formal training and informal instruction, it creates secondary benefits that can enhance the capacity of other social actors. The figure below illustrates the various partnerships that were formed during the implementation of SIF capacity-building projects, including some of the indirect health and livelihood benefits that emerged from these partnerships.



**Points to consider**

- SIF has a multi-sector approach to building capacity in the healthcare, education, environment, livelihood and business sectors. This study investigated only healthcare projects but found significant differences in organisational-level capacity building between school-based and hospital-based projects. Compared to hospitals, school-based projects were more likely to report that SIVs provided knowledge or skills not otherwise available within the organisation, received greater interest from the surrounding community when SIVs were involved, and were far more likely to report that funding to the schools increased as a direct result of SIVs' participation. Given the multi-focus is also common to many other IVCOs, what relevance might these differences have for programming decisions?
- A distinguishing feature of the SIF training model was a systems approach to building capacity which combined training in hard and soft skills at the individual level, training in work and management processes at the organisational level, and sectoral-level interventions with decision makers, government leaders and professional groups. The success of this systems approach to training relied on the work of staff members at SIF as well as the work of SIVs on the ground. Although research on the contributions of international volunteers is growing, research on the *role of IVCOs in building partnership* is largely overlooked. How might recognising the crucial role that IVCOs play in building and facilitating multi-stakeholder partnerships alter the narrative?
- While respondents viewed the systems approach as a considerable advantage, a natural consequence was a rebalancing of capacity across different levels of the system (e.g. organisational capacity was sometimes sacrificed to enhance sectoral capacity in other areas). How might this dynamic alter IVCOs' theory of change model and evaluation protocol at different levels of the system? How might this affect the level of support strategies IVCOs' provide to people or organisations across different levels of the system?
- Respondents listed both benefits and challenges resulting from mixing people with various levels of education, roles and responsibility together in the same training. On the one hand, training was viewed

as too advanced by more than half of the surveyed participants. Nonetheless, mixing multiple levels of professionals together in the same training resulted in new levels of teamwork, more efficient problem-solving and greater equity in the organisation. All told, this mixed approach appeared to enhance a variety of soft skills, but was not an ideal approach for developing hard skills for all participants. Is there a plausible way to better accomplish both goals such as simplifying training, or extending them for participants that need more time to absorb and apply complex information? Multiple theories suggest that interpersonal and relational training models are particularly well suited for building skills—especially when people doing the training are trusted and well-liked.

On the whole, this study found that skilled international volunteers appear to be trusted, liked and well-motivated for person-to-person teaching and engagement. While global goal 17 explicitly references capacity-building as a valuable means of implementation to achieve the SDGs, international volunteering rarely receives attention as a mainstream development method. This is perhaps, not surprising considering the wide variety of forms of international volunteering, where only a minority of programmes focus on capacity-building.<sup>24,25</sup> How might IVCOs that specialise in building capacity better promote their distinctive value and competitive advantage as stakeholders in the mix of other development actors?



A volunteer conducting on-site occupational health training at a factory in the Riau Islands, Indonesia

### 4.3. Multi-Stakeholder Partnerships

This section explores how SIF and SIVs encourage partners from government, private sector and civil society to collaborate together in order to promote successful and sustainable health outcomes. Because SDG 17 also emphasises the importance of “inclusive partnerships built upon principles and values [of inclusion]”, this section explores the degree to which SIF and SIVs encourage a decision-making process that is inclusive, participatory, representative and reciprocal.

#### 4.3.1. Reciprocity in Partnership

The development mindset that emerged early in the 21<sup>st</sup> century emphasises the importance of empowered development approaches through collaboration and engaging with others. Impersonal top down approaches no longer align with the values of empowered relationships extolled in the pursuit of collaborative and inclusive partnerships for development. While many development organisations give lip service to empowered partnership, this is often less evidenced in practice. This section suggests that, with a focus on relationships, IVCOs have a solid value case for developing collaborative and engaged partnerships. This partnership focus potentially differentiates the value of IVCOs and volunteers from other development actors.

Research suggests that the SIF projects are designed as *equitably market-based* rather than supply-based partnership models, which are indicative of empowered partnerships. This is contrasted with a number of previous research studies on partnerships, which found that the IVCOs under investigation failed to critically assess partners’ needs or were primarily designed to meet the needs of the IVCO and volunteers.<sup>18,26,27</sup> SIF volunteer projects begin with a feasibility study where a handful of volunteers visit

a site and work in *close collaboration* with the host agency to decide on project goals. During the feasibility study, partners are asked about their specific capacity-building needs. For the most part, agencies reported that volunteers were highly responsive to their needs during the feasibility study, and continued to reassess needs after each training, including follow-up with a post-training report. With some minor exceptions, the final project proposal was reportedly based on an assessment of the counterparts’ needs in negotiation with the needs and interests of the volunteers—comprising a joint decision-making approach.

Joint decision-making is a key dimension of reciprocal partnerships.<sup>28</sup> Reciprocal partnerships should be open to the influence of the other party; willing to give and to receive; to teach and to learn.<sup>5,28</sup> Other dimensions of reciprocal partnerships, such as multilateral exchange, were less prominent. With the exception of a small core team of professionals that visit Singapore for training attachments, SIV projects are designed primarily as a unidirectional capacity-building model. Despite this, 71% of counterparts reported that SIVs also learned from them how to work differently. When asked what volunteers’ learned, the counterparts’ answers were often somewhat abstract but included learning about gratitude and simple living, culture-specific healthcare interventions, and treatments for diseases that are not widely present in Singapore. They also referred to training attachments in Singapore where the master trainers were able to share their experiences from India and Indonesia that were not evident in Singapore. Responses from SIVs covered similar areas—indicating areas of personal growth combined with learning how to apply their skills and healthcare interventions in low-resource environment.

#### 4.3.2. Opening Doors to Domestic and International Resources

SDG 17 aims to “strengthen domestic resource mobilisation, including through international support to developing countries”. Field research uncovered a number of ways that SIF and SIVs were able to mobilise and strengthen domestic resources by leveraging social capital to link stakeholders across sectors. In addition, the soft and hard skills that individuals and organisations acquired through capacity-building initiatives also enhanced their ability to engage in networking and building coalition with national and international bodies.

In response to the survey, 55% of respondents reported that SIVs were able to open doors for them or their organisation to work with new national or international partners. Among those that reported new linkages with multi-stakeholder partners, the most common linkages were to government entities (47%), followed by non-governmental or civil society organisations (43%), donors or funders (27%), business or private-sector organisations



(14%), and media or communication bodies (13%). An additional 21% reported being linked with “other” people or organisations but did not specify what type of new connections were made.

#### Governments

Perhaps given their recognition as international actors, SIF and SIVs were able to connect partner organisations with local governments in ways that the local partners had not previously been able to. As one example, a doctor working with new-borns and their mothers in India described how their hospital had been experiencing material problems for many years, and lamented that the water taps in the hospital had not been working for months. As a consequence, the medical staff were not able to wash their hands, which resulted in heightened cases of sepsis and infection-related mortality and morbidity in the hospital. Although they had communicated their needs to the government, their requests for material resources and support had not been met. However, once SIF began working with government officials and SIVs began visiting the hospital, they communicated these problems to the health ministry, which resulted in immediate evidence of change. As the project progressed, SIVs linked hospital

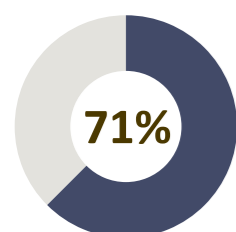
administrators with individuals in the health ministry that came to visit the hospital throughout the course of the project. Although the project is now over, the hospital administrators continue to have a direct line of communication with government officials. A parallel outcome was evident in most projects included in the study—after the volunteers from Singapore became involved, there was a noticeable difference in the amount of attention paid by the government to the issues and activities promoted by the partner organisations.

The higher levels of engagement by governments in the project were not only a result of SIVs’ visits but also a result of the substantial investment by SIF into building higher level relationships at the organisational level. This notion was perhaps best expressed by a doctor recently trained in palliative care practices:

*“SIF has been effective at convincing the government that palliative care is needed and valuable. This has come at an institutional level between SIF and the government, rather than through the volunteers’ relationships. Four to five years ago, the government barely noticed and there was little attention [to palliative care]. Thanks to the relationship SIF has made with the government, they now invest and care more about palliative care in Jakarta.”*

#### NGOs/CSO/Partner networks

Volunteers began to connect partner organisations with other hospitals or schools as early as the first feasibility study visit. One of the reasons for connecting healthcare organisations with similar training needs is that a single organisation rarely has enough specialised staff to justify a training session. As noted earlier, there appear to be a number of positive external benefits that result from requiring organisations operating within the same city or region to connect and collaborate. Once networks are established, these organisations often continue acting as an alliance to influence governments and other stakeholders through their expanded network. In this sense, the events themselves often serve as important partnership-building and capacity-building moments. Although the training sessions



#### Reciprocal Learning

Agreed that SIF volunteers also “learned from us” how to work differently





Staff from various healthcare institutions participate in a training on palliative care in Jakarta, Indonesia

are originally facilitated by SIVs, they often create additional bridges that persist even after the volunteers leave. For example, the practice of developing “core teams” continues to influence local healthcare professionals. In addition, these core teams span multiple organisations within a region or sector, which further enhances the likelihood that the new partnerships will be sustained.

Beyond SIVs’ work to bring multiple organisations within a sector together, SIF also acted as an important linking mechanism. Most of the SIF projects involved a partnership between one or two Singaporean organisations along with multiple organisations in the partner country. Thus, SIF and SIVs not only facilitate domestic networks of CSOs, but also facilitate the formation of international networks. One doctor provided an example of SIF connecting them to a larger professional network in Singapore that has remained a beneficial partner. As this doctor of geriatric psychiatry suggested, without SIF providing an introduction, the hospital would have limited ability to access this network in Singapore:

*“I asked SIF to connect us with any organisation in Singapore that they think would be suitable. In the end, they connected us with the AWWA...if we didn’t have the connection with SIF, I don’t think they [AWWA] would have received us, because we are only a very small organisation here.”*

### Donors/Funders

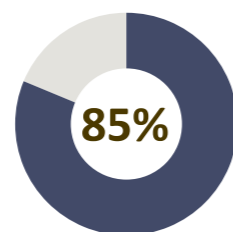
In response to the survey, 85% of respondents reported that SIVs are effective at strengthening partnerships and networks even after volunteers returned to Singapore. Interviewees specified how SIF and SIVs have helped link individuals and partner organisations to potential donors and counterpart agencies in Singapore. While many of these connections were with CSOs and counterpart organisations, qualitative responses indicate that some of these connections were also with private donors. However, international connections with donors were more common among school-based projects than hospital-based projects—and were particularly low for public hospitals. As one respondent from India clarified when asked whether volunteers had linked them with donors or funders:

*“It doesn’t make sense here because this is a government hospital; if it was a private hospital, maybe it would make sense.... for a private organisation foreign people come and train; it would improve the status of the private hospital, but for the government hospital it doesn’t make much difference.”*

The nurse continued to explain how, even if volunteers were able to influence the reputation of the hospital, the surrounding community has few other options for receiving healthcare services. Demand for their services is high enough that reputation does not seem to matter much. She also reported that when public hospitals receive private donations it typically results in a reduction in government funding to the hospital. In conclusion, schools seemed to benefit more than hospitals from volunteers’ connections with external funders. On the other hand, hospital-based projects may have an arguably greater impact on overall healthcare improvements across the sector than school-based nutrition or water sanitation projects.

### Private sector

The ideal multi-stakeholder partnership would include a tripartite partnership between governments, corporations



**Reciprocal Learning** reported that SIVs are effective at strengthening partnerships and networks even after volunteers returned to Singapore

and civil society. Although interviewees provided a handful of references to SIVs facilitating connections with the private sector, these examples were rare in comparison with governmental and civil society connections. One notable exception was the occupational health project in the Riau Islands, where volunteers worked closely with private companies in Singapore and Indonesia. In another prominent example, the palliative care project in Jakarta was able to connect with a large Indonesian bank, which later funded the development of a training centre in palliative care for healthcare professionals and families. Most of the mentors that were originally trained by SIVs eventually worked as trainers for this centre.

### Media

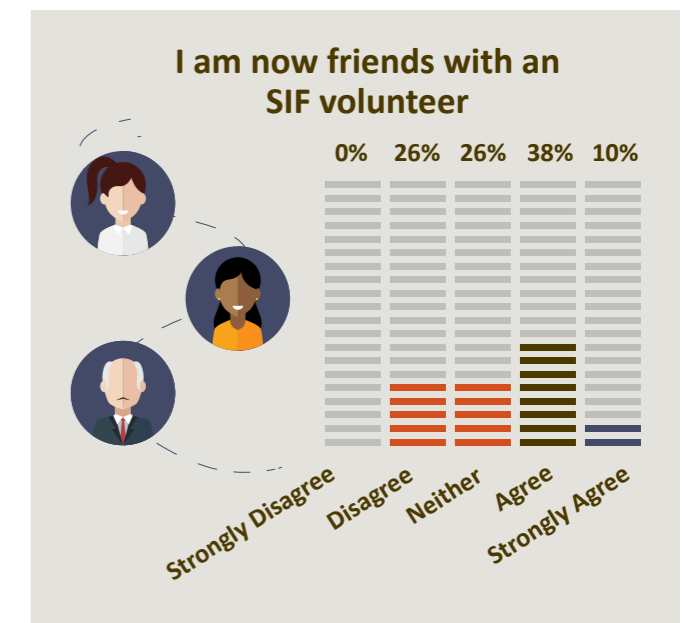
Quantitative results suggest that SIVs connected a small number of respondents to the media or other communication services that helped to bring awareness of their programme to the public. Concrete examples were rare in the qualitative data. Interviewees did cite a couple instances where, following the training with SIVs, the news media started to feature their organisation as an innovative model or as particularly effective at delivering some form of healthcare (mentioned frequently in relation to palliative care). In turn, the organisation responded to media’s requests and inquiries—though the volunteers’ role in their connection was only secondary. Volunteers also tended to disseminate information about the programmes on social media, and to market the programmes back in Singapore. This is in line with SIF’s strategy to raise public awareness and conduct public education.

### 4.3.3. The Power of Friendships

SIF’s vision *Making Friends for a Better World* underlines the importance of connections and networks in enhancing global cooperation and facilitating functional working relationships. Although friendship is intangible, it is empirically associated with many positive relational and inter-organisational outcomes. Friendship is strongly correlated with increased loyalty, commitment, trust and successful cooperation—and has long been an explicit strategy used by management to increase loyalty and commitment within and between organisations.<sup>29,30</sup> When it comes to international cooperation for development, friendship can also make a difference between

engagement/investment and detachment/indifference. Prior studies have found that familiarity, trust and feelings of “friendship” are needed for effective collaboration.<sup>6,31</sup> In development cooperation, assumed non-instrumental friendships are often more instrumental than they may initially appear.

With this understanding, how effective are SIVs at developing and maintaining friendships? Although 63% of respondents agreed that SIVs are effective at developing international friendships, only 48% of respondents agreed that they are now friends with an international volunteer. As might be expected, this outcome was strongly correlated with whether the respondent was able to personally interact with the volunteer (20% of those who didn’t interact directly with volunteers during their assignment compared to 60% for those who did). Language and communication barriers were noted as complications that dampened the likelihood that respondents would become friends with an international volunteer, which is consistent with other studies.<sup>8</sup> However, as the headmaster of one “Water for Life” school from Indonesia explained, language differences are not an impermeable barrier: “They really want to know about our culture, although we have difficulty communicating because of the language...but even now we still communicate with them via email, etc.”



<sup>8</sup> This difference is statistically significant:  $t = 4.32$ ,  $df = 116$ ,  $p < .001$

Another variable that appeared to affect whether respondents formed friendships with SIVs was the size and type of the group. Both respondents and volunteers reported that large corporate groups tended to do more bonding with each other but less bonding and relationship-building with the host country partners (i.e. bridging social capital). Conversely, volunteers who arrived in the partner organisations alone or with a small group were more likely to report forming bonds and friendships with individuals in the partner organisation. Friendships also did not tend to develop well in short-term assignments where there are little informal spaces to interact. Respondents indicated that friendships were developed during ‘down time’ or during the space between formally organised training. These informal and unorganised space created opportunities for volunteers and local counterparts to interact such as during meals, between training sessions or when visiting homes. This finding is consistent with other studies, which found that (particularly in the Asian context) social and relationship-oriented outcomes were important to establish before task-oriented outcomes could be achieved.<sup>6</sup>

The duration of the volunteers’ placements was a common point of discussion. Theories on the development of reciprocal relationships stress the importance of face-to-face communication, repeat interaction, and the sustained duration and continuity of relationships.<sup>32</sup> Partnerships that

include longer time perspectives and repeated interactions can theoretically build trust and encourage both parties to adopt norms of reciprocity and fairness in the expectation of long-term returns.<sup>32</sup> These hypothetical predictions were supported in the research findings, which are covered in greater detail in Section 4.3.4.

While longer-term placements commonly resulted in stronger friendships, respondents also provided examples of relationships that developed from multiple short-term assignments. Relationships of trust are built through continued engagement, which often require long-term commitment—though not necessarily long-term placements at a single point in time. When volunteering for the long-term is not possible, reciprocal relationships through repeated visits by shorter-term volunteers could hypothetically achieve similar relational results.<sup>28</sup> For the core training team in particular, much of the mentorship and communication that resulted in friendships with volunteers happened between workshops—when volunteers were back in Singapore. As an alternative to months or year-long volunteer assignments, responses from field interviews suggest that the continuity of the relationship seems to be a critical component.

Respondents also described relationships formed between SIF and partner organisations (i.e. organisation-level partnerships) as equally important, if not more so, than relationships between volunteers and their counterparts. The memorandum of understanding (MOU) that SIF has with partner organisations helps to cultivate a “shadow of the future” for repeat interaction, and seems to provide a level of security and assurance necessary for sustained partnerships.<sup>33,34</sup> Most SIF projects assessed in this study lasted from 3-5 years—although some of the projects were implemented in multiple phases—possibly for a total of 6-10 years before SIF formally ended the projects. Among the organisations that had already ended their collaboration with SIF, many seemed to maintain a belief or hope that SIF would start another project in their area soon. In general, the relationships between SIVs and their professional counterparts appeared to last longer than relationships between SIF and partner organisations, though this pattern appears to be by intentional design.

#### 4.3.4. Duration of SIF Partnerships

For the most part, respondents were satisfied with the duration of their engagement with SIF. As a matter of

strategy, SIF focuses in particular geographic regions for greater impact, and tends to remain in partnership with organisations for 3-5 years. Because this expectation was clarified and the exit strategy defined, at the beginning of the partnership, people were able to plan for the discontinuation of volunteers and did not report project termination as unfair or damaging to the partnership. Findings indicate that organisations that have hosted volunteers for many years are much more articulate in their needs and demands of how volunteers can benefit them. Reflecting back on earlier years, the manager of one long-term partnership reported noticing a clear imbalance of power during the early relationships with SIF, which she was able to correct over the course of a few years as her organisation became less reticent to express their needs. The relationship between the continuity of volunteer placements and the partners’ ability to assert and defend their needs has also been documented in other studies.<sup>6</sup>

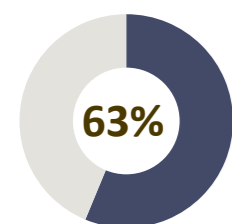
For in-depth learning and particularly for lower level professionals engaged in complex tasks such as nurses, they may need deeper relationships in order to have significant learning. As described earlier, many nurses believed the training was too short or too advanced, and they reported often forgetting knowledge shortly after the training ended. For some respondents, the new skills and knowledge seemed to be either too much or too complex to be transferred in the short-term. This is highly consistent with theory on the strength of ties within networks, which suggests that strategy should follow the type of networks desired. For *networks of awareness or exchange* weak ties would be preferred, whereas *networks of empowerment* that aim to build individual or institutional capacity may need stronger ties built on deeper and longer-term relationships.<sup>23</sup>



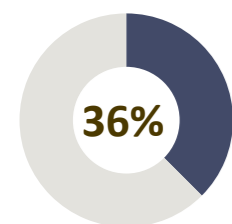
Host agency staff, volunteers and government officials at a MOU signing ceremony in Jakarta, Indonesia

#### Points to consider

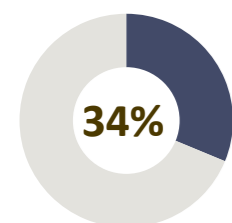
- As prioritised by SDG 17, successful and sustainable development partnerships are optimised through ongoing collaboration between governments, academia, the private sector and civil society. Along with providing technical expertise, SDG 17 prioritises partnership with the private sector to boost strategies for sustainable resourcing. This research found many illustrations of SIF and SIVs helping to develop and promote partnerships between CSOs, and between CSOs and governmental and public institutions. However, partnerships at the ground level between CSOs and private sector organisations were far less evident. Although partnerships with the private sector manifest at higher levels, such as between SIF and private donors, in what ways might SIF and other IVCOs better help grassroots CSOs to strengthen partnerships with private sector organisations (including local, regional, national and international connections)?
- Much of the partnership-building happened at the organisational level between SIF and organisations within and between countries. Both volunteers and SIF drew upon their social capital to open doors. Volunteers typically occupied a lower-level space – often linking individuals and grassroots organisations to people and organisations in Singapore. SIF occupied a higher-level space – often linking local and international organisations across sectors to facilitate volunteer placements and exchange. Requiring CSO cooperation within cities, for instance, provided a method of organising that did not exist earlier, and resulted in lasting vertical partnerships. Although the focus of evaluation is often on the volunteers’ contributions, how might the role of IVCOs feature more prominently in discussions of the sector’s contributions as partners for sustainable development?
- SDG 17 aims to enhance multilateral North-South to South-South cooperation. In pursuit of multi-stakeholder partnerships, effective partnerships should ideally be reciprocal. Relationships and friendships that are overly



**International Friendships**  
Agreed that SIVs are effective at developing international friendships



**International Interaction**  
Agreed that they were unable to interact personally with SIF volunteers



**Language Barriers**  
Believed that there were language barriers and trouble communicating



one-sided are not typically sustainable or functional as both parties must view their contributions to the relationships as fair. Findings from this research indicate that SIF healthcare projects mostly follow an empowered and reciprocal approach to building partnerships with joint ownership and design of the projects. However, as is common to many contemporary IVCOs, teaching and learning is largely implemented as a unidirectional process from North-to-South. In what ways might boosting the training attachment or other mutual-learning elements of the projects enhance the overall reciprocity of partnerships?

- In connection to the ideal reciprocal partnerships, a three to five-year investment may not be enough for some organisations to become fully valued and empowered partners. If relationships matter as a primary outcome, are volunteers going abroad for a sufficient length of time, or participating in enough return visits, to develop truly meaningful relationships? Likewise, is SIF engaged with partner organisations for the optimal amount of time to accomplish their friendship and partnership-building goals? Considering the finding that different types of organisations varied in their description of optimal duration for the working partnerships, how might the process for termination with partners be more flexible to accommodate for changing needs of partners?
- Relationships have intrinsic value as they validate the experiences of both parties. Partners and counterparts consistently reported special feelings of amity and appreciation as they recognised that their lives matter to others outside of the community. Although the value of interpersonal relationships is part of the connective mind shift occurring in contemporary strategies of development, it also makes a difference at a very personal level.<sup>35</sup> Ideas such as friendship, love, trust and appreciation are typically too intangible to be of measurable value to donors—particularly when outcome targets have traditionally focused on economic development and modernisation. Despite donors’ preferences, these “soft” outcomes were consistently cited as valuable and important outcomes that contributed to the attainment of development goals. Within a new measurement framework where partnerships are explicitly referenced as a productive development tactic, how might intangible and intermediate outcomes that strengthen partnerships be better recognised and validated?

#### 4.4. Value-Add

The preceding two sections outlined many of the distinctive contributions made by volunteers and IVCOs in their pursuit of healthy lives and well-being for all. The first section described their competitive advantage in capacity-building initiatives. The second section deepened the discussion about the value of relationships on outcomes that extend beyond building capacity—including empowered and reciprocal development, building network and coalition, strengthening partnerships, and solidifying individual and organisational commitments to development cooperation. This final section explores the *added value* of IVCOs and volunteers as stakeholders to implement sustainable development plans, including situations where it may be preferable to engage volunteers as complementary players in development cooperation.

##### 4.4.1. Volunteer as Social and Relational Contributor

Social interactions motivate much of human behaviour. Maslow interpreted this motivation as our fundamental human need for love and belonging, and our desire to achieve meaningful relationships. As a relationship-based approach, volunteering is able to tap the social dimensions of human nature to motivate learning and acting in new ways. When asked to describe volunteers’ value-add, a few respondents referred to books and healthcare training manuals that ostensibly contain similar information as the volunteers shared but also emphasised that they were unlikely to read or use these manuals because they were either too busy, had little incentive to invest additional effort, or found it hard to motivate themselves (or their staff) to devote the time needed. On the other hand, when volunteers from abroad arrived to provide new information and teach new skills, nearly all respondents remarked that the training was interesting and created a sense of excitement for learning and engagement among their peers. In sum, they were generally eager to participate. These busy professionals made time to participate in the workshops in part because of the relational and interactive nature of the training.

Assuming one added value is the benefit of interpersonal social interaction, do SIVs offer a comparative advantage over other interpersonal approaches such as the use of paid consultants or domestic person-to-person training? Beyond cost-effectiveness, under what circumstances might it be beneficial to include volunteers in the mix of diverse stakeholders working on development projects? Most respondents explicitly mentioned volunteers’ motivations as distinctly different from experts and other paid healthcare consultants they had worked with—including both local

and international experts. The *participatory nature* of the projects was viewed as one key difference, and an advantage over other types of consultancy or expert-informed projects. For the most part, SIVs worked closely with the partner organisations from the beginning—starting with a feasibility study that engaged multiple partners in a needs assessment, mutually planning for the monitoring and evaluation of the project, working with a core team of local healthcare professionals during the project, and following up after each visit with a revised plan. From a quantitative perspective, only 5% of respondents believed that volunteers did not sufficiently value local knowledge and practices.

When asked how the training by SIVs was different from local training, some reported that the methods used by volunteers were interactive, whereas local training was described as lecture-based. This observation was consistent across both countries and all projects included in the study. Many respondents also commented on the stamina of volunteers—who were described as working 12-15 hour days during their stays, and consistently showed high levels of enthusiasm and interest in the projects. They also made many references to volunteers’ big hearts, caring attitudes, and friendly dispositions. Although these motivation-related personal qualities are difficult to measure or quantify, they were stated as *comparatively distinct added values embodied in volunteers*—and noticeably different from the characteristics of many paid healthcare experts they had worked with in the past.

Volunteers’ *motivations and attitudes* also seemed to *have instrumental value* for capacity development. The volunteers’ motivations were often linked to respondents’ claims of heightened levels of trust for what the volunteers



Women from the community and volunteers interact with each other during a training workshop in Bangalore, India

were sharing and teaching. This is consistent with various communication theories,<sup>21,36</sup> which emphasise that the credibility, and ultimate reception, of a message increases when the person delivering the message is viewed as giving, empathic, and trustworthy—qualities that were often attached to the respondents’ descriptions of volunteers.

On a similar note, theory suggests that when volunteers self-identify as people with altruistic attitudes and motives, they will continue to act in ways that maintain and perpetuate that perception, even after returning to Singapore.<sup>37</sup> Hypothetically, the volunteers’ motivations and desires to continue being seen as altruistic and helpful drive their engagement with partners even after the project has officially ended. Respondents provided many examples of volunteers that continued to provide pro-bono support, advice, encouragement and assistance even after the project ended. On the other hand, a minority of respondents also noted counter-examples, mentioning volunteers who had changed after returning to Singapore—become less, interested, engaged and helpful. While it is not yet clear how the volunteers’ diverse experiences shape their continued engagement with partners overseas, motivations do appear to be an important factor distinguishing volunteers’ added value as partners in development.

##### 4.4.2. Volunteers as International Stakeholders

A common critique raised during conceptual discussions of capacity-building projects in the host country that use international volunteers is a belief that there is little knowledge from abroad that would not otherwise be available locally. In fact, the “indigenisation debate” contends that locals may actually be preferred in most circumstances because much of the new knowledge that international volunteers provide may not be relevant to the local context.<sup>38</sup> While these critiques certainly have some merit, they are largely advanced by scholars from high-income countries. Considering the voice of partner organisations included in this research study, these critiques were not well supported. A common belief across a large majority of respondents in this study was that healthcare knowledge from the outside (i.e. from Singapore) was considered more informed, more recent, and was often preferred over local trainers—even if not always fully relevant to the local context. This section dissects this common preference to better understand the added value of the “international” component of Singapore International Volunteers.



As described in the previous section and earlier literature review, personal interaction and face-to-face communication are important methods for effective capacity-building projects.<sup>23</sup> Findings also suggest that the value of interpersonal communication is further enhanced by the mystery and novelty of volunteers that come from other countries. The “foreignness” of the volunteers’ ideas and concepts inspires a curiosity to learn and to understand the new information and methods presented. This is particularly true in contexts where the provision of healthcare services is tedious and problems are difficult; the added excitement and energy of the volunteers inspired and encouraged counterparts to consider new ways of solving difficult cases. Respondents provided a number of examples where a cross-fertilisation of ideas between volunteers and local staff led to creative and hybrid solutions to healthcare problems. As one of the doctors stated, “*We had been given a science by the volunteers. Then our challenge is to be creative in developing interventions appropriate to the needs of the community here and the available resources in this hospital.*”

The distance travelled by volunteers was also associated with a more profound care and concern for the volunteers’ work, as well as a greater appreciation for their projects and project outcomes. For example, headmasters from the schools receiving water sanitation filters claimed that the school personnel and community members that used the water filters tended to view these filters as precious and valuable because the volunteers that installed them came from far away. The headmasters asserted that people seemed to protect these filters more than they otherwise would if management from the schools installed them. Likewise, women participating in the nutrition groups expressed feelings of being noticed and validated by volunteers who had travelled long distances to spend time training them on how to select and prepare nutritious food. The community social worker involved in this project claimed that the women felt and acted much more empowered following the training and interaction with volunteers. She believed one reason these women were more likely to implement the new nutrition practices was partly because the trainers had come from abroad.

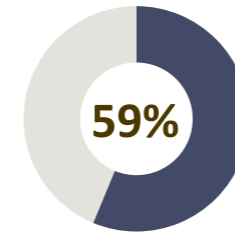
Because SIVs came from Singapore, they were typically viewed as VIPs (very important people) by both community



Volunteers interact with school children after conducting a training session on personal hygiene in Lamongan, Indonesia

members and counterparts in the partner organisations. Given the SIVs’ heightened status, training events provided an excuse for communities to come together in a way that they otherwise might not. This coming together had its own value for networking and building social cohesion. The gatherings also afforded additional benefits. For example, every time villagers learned of volunteers’ arrival in the schools, they would come together to cook food. This assembly of community members made the school a centrepiece—if only for a short time. One headmaster remarked that some parents, who had not regularly sent their children to school, began sending them more consistently after the SIVs left. Recognising that foreign volunteers were investing in the school, and also recognising that the water filters were important resources for the community ultimately raised the profile of the school. Through installation of the water sanitation filters, the school became more central to the community.

Many respondents indicated a greater level of trust for the knowledge shared by volunteers. This was largely attributed to the volunteers being healthcare professionals from Singapore. Nearly 60% of respondents said that they trust the knowledge received during SIF volunteer training more than they trust knowledge from local trainers. As one doctor from India affirmed, “*I always trust what volunteers from Singapore tell us because they have a good level of healthcare system in their country*”. Another doctor seemed to place more emphasis on the urban knowledge that these foreign volunteers shared. As this doctor clarified,

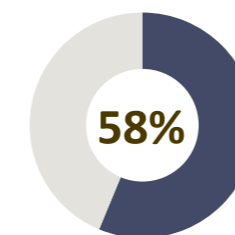


#### Trust of External Knowledge

Agreed that they trust knowledge received from SIF volunteer trainings more than they trust knowledge from local trainings

“Clearly the volunteers have a more educated background; their perspective is different from us because they live in a country that is metropolitan while we’re rural.”

It is interesting to note the degree of trust in volunteers’ knowledge of healthcare practice seemed to vary depending on the respondents’ geographic proximity to Singapore. Respondents in the Riau Islands (a short ferry ride from Singapore) seemed noticeably less impressed by the international volunteers. This difference was also evident in the quantitative data: 44% of respondents from the Riau Islands said they trusted knowledge received from SIF volunteer trainers more than local trainers. In comparison, 64% of respondents from India and Indonesia agreed with this statement.<sup>h</sup> Relational sociology helps to explain some of this difference; as theory predicts, when the volume and frequency of interactions goes up, the novelty and relative potential to influence goes down. If public diplomacy outcomes are a priority for international volunteer programming, this finding may have implications for decisions related to the geographic placement of volunteers.



#### Cross-Cultural Exchange

Reported that SIVs are effective at engaging in cross-cultural sharing and exchange

In the trainee survey, only 18% of respondents said they trusted local healthcare knowledge more than external knowledge. This finding informs the indigenisation critique often levied against capacity building programmes that originate from outside local systems. When asked about this critique, respondents asserted that, while foreign knowledge is generally respected and trusted, it is also

not blindly accepted or implemented. As a teacher from the nutrition project in India explained, “We are open to learning from volunteers about whatever practices they are teaching. Whatever suits us we are able to take or re-modify to our needs.” The teachers in particular cited a number of examples where they rejected some of the volunteers’ knowledge and teachings on nutrition as not relevant to their situation. Likewise, as a doctor from Indonesia affirmed, “*Dr. [Volunteer] always said during the training that the material conveyed the Singapore context but must always be adapted to our culture or what is here.*” In theoretical terms, people are unlikely to adopt practices or “graft knowledge” from an outside system unless there is a cultural match.<sup>39</sup> This proposition was largely supported in the findings from this research.

#### 4.4.3. Power and Status of SIVs

The issue of power was discussed along a number of different fronts, including information as power, resources as power, and the power of reputation and authority. Although empowerment is often used as a catch term in international development, *power* as the root concept of empowerment is often glossed over. However, discussions about relational approaches to development and diplomacy cannot easily overlook the importance of power, which was emphasised by multiple respondents. Power dynamics permeated and significantly influenced volunteer and partner relationships. These dynamics have also been emphasised in previous studies on international volunteer service.<sup>6,26,40</sup>

In this study, references to power asymmetries and imbalances between SIVs and their counterparts resulted from disproportionate access to information, resources or reputation. The partners’ comparative low aptitude in the English language, which was the primary language used during the training and discussions, also reinforced these differences. However, with a few exceptions, power differences were leveraged to benefit local partners though this is certainly not always the case in international volunteering.<sup>26</sup> In some cases, volunteers used their comparatively high influence together with SIF, to connect partners with networks of decision-makers, including governmental players. In other cases, they worked directly with decision-makers to open doors (see Section 4.3.2). The power difference was viewed by some respondents as an important value-add and an efficient route to meaningful change.

<sup>h</sup> This difference is statistically significant:  $t = 2.75$ ,  $df = 120$ ,  $p < .01$





A volunteer and a public health official work together to install a water filter in Lamongan, Indonesia

adding value through person-to-person engagement, higher network positions, and heightened status as international stakeholders. Additional findings from the interviews were not highlighted in this report but were consistent with added value contributions covered in previous research—such as innovation and ingenuity of ideas, the value of diversity and outsider perspectives, and the perceived optimism and enthusiasm of SIVs.<sup>11,42</sup>

#### Points to consider

- If one added value of using volunteers is their person-to-person connection and relationship-based approach, in what ways can development partnerships better utilise this distinctive advantage? For example, are social activities explicitly built into formal training plans and agendas? Are training programmes flexible enough to allow place for informal “down time” during the in-between spaces so that people can strengthen relationships and take advantage of the social capital that is likely to develop through people-to-people engagement and interaction?
- Assuming volunteers are effective at building meaningful relationships—thereby helping others to meet social and “sense-of-belonging” needs, how might volunteers be strategically placed to activate stakeholders in situations where motivation or engagement are low? Might this be a condition where volunteers are particularly well-positioned to make a difference? For example, in poorly-resourced healthcare setting where burnout is high and morale is often in short supply?
- Respondents often tapped volunteers’ higher network positions to develop new partnerships and disseminate healthcare knowledge across the sector. Although discussions about power disparities are often minimised as a somewhat stigmatised concept in development cooperation, how might these power differences be leveraged to benefit both parties? In consideration of such differences, how might IVCOs take advantage of power disparities while simultaneously enabling both partners to develop equitable, fair and mutually beneficial relationships?

Volunteers’ reputations and status also seemed to enhance the rate of dissemination of new knowledge. Many administrators reported that although much of the information volunteers taught was available locally, it wasn’t until the volunteers arrived that people began to take interest and listen. Theory suggests that volunteers’ enhanced status or higher network position within the system increased the adoption of new and innovative information and practices.<sup>41</sup> Volunteers’ positions as experts, and their reputation as Singaporeans likely expedited the uptake of information as well as the speed of dissemination of new knowledge.

Finally, as a process component, power is an important consideration for project decisions. As a rule, the locus of decision-making power seemed to be distributed fairly evenly between SIVs and local counterparts. Although SIF ultimately decided which aspects of the project to fund, SIVs worked closely with local partners to determine project priorities—beginning with the feasibility study and continuing through multiple phases of a project. Although the timing and duration of projects did not always meet the local partners’ preferences, respondents provided ample examples of SIVs negotiating and changing the timing of projects in cases where the proposed duration or continuity was incompatible with the partners’ needs.

This section only covered the most prominent contributions that emerged through the qualitative interviews. Findings illustrate that international volunteers brought significant benefit to capacity and partnership-building projects—

## 5 CONCLUSION

As the new global goals emphasise the importance of multi-stakeholder partnerships to implement the sustainable development goals, IVCOs have an opportunity to gain greater recognition for their distinctive role in promoting healthy lives and well-being. Findings from this study provide further evidence that IVCOs and international volunteers have a comparative advantage in their collective pursuit to meet the needs of vulnerable segments of the population. Through a relationship-based approach, the SIF model of skills-based international volunteering aligns with the connective mind shift taking place in development and diplomacy circles, which value collaborative approaches and empowerment through engaging others in the development decisions that affect their lives.<sup>35</sup>

Although some researchers and policymakers have expressed scepticism about volunteers’ ability to provide distinctive value to development, a growing number of case studies strongly suggest that volunteers have a comparative advantage in building capacity, network and relationships, revitalising service delivery, and promoting inclusive and empowered approaches to development. Findings from this study help map circumstances where it can be effective to engage international volunteers in the mix of development actors working to prevent disease and enhance the delivery of healthcare. Considering the composition of these multi-stakeholder partnerships, under what circumstances might it be best to engage international volunteers instead of local healthcare professionals, local volunteers, or paid healthcare consultants from abroad? Under what circumstances might it be best to invest more heavily in local mentors and co-educators? A few comparative advantages that emerged from this study to justify the use of international volunteers include:



Participants at a training workshop in Jakarta, Indonesia

- **Strengthening capacity building.** Multiple theories predict that interpersonal or relational training models are particularly well-suited for building technical knowledge as well as “soft” skills such as collaboration, communication, confidence and teamwork. Findings from this study suggest that specialist volunteers demonstrate comparatively high levels of philanthropic motivation, dedication and commitment during their service abroad. Trainees interpret these motivations and values positively—showing high levels of trust and interest in the information shared by volunteers. Although prior studies have found different outcomes for non-specialist volunteers, respondents in this study credited SIVs with high degrees of competence and trust, which appear to strengthen the transmission of knowledge and technical skills. Because the unit of analysis in this research was focused at the individual and organisational levels, evidence of capacity-building at the sectoral and societal levels are more tenuous but nonetheless evidenced in respondent narratives.
- **Cross-fertilization of ideas.** When progress has slowed or innovation is needed to jump-start initiatives, international players may be particularly beneficial. Because foreign doctors, nurses and allied healthcare professionals are external to otherwise limited local healthcare systems, they are likely to co-create innovative hybrid solutions in collaboration with local partners. Findings from this study provided multiple examples of new ideas and methods generated through these types of mutual collaborations. Notable examples include neonatal resuscitation techniques for poorly-resourced hospitals, specialised control plans for reducing infection and disease, community-involved diagnosis and treatment of mental illness, culturally-relevant palliative care techniques, innovative design spaces for out-patient elderly care, and detailed nutrition plans using local food and preparation techniques.
- **Developing networks and international partnerships.** In pursuit of SDG 17, IVCOs and international volunteers are in a good position to connect and build networks of international partnerships that span multiple levels and sectors. In pursuit of healthy lives and well-being, SIF has invested resources to incentivise public-private collaborations in partner countries. SIF projects have also incentivised local networks of hospitals, schools and other sector-wide organisations to join together in training cooperation. Furthermore, volunteers have built relationships with grassroots CSOs while also

developing relationships with local decision-makers, transnational CSOs and organisations in Singapore. Through their relationship-based approach, SIF and SIVs have successfully strengthened local networks and international partnerships that would have been difficult to build without *relational investments*.



Enhancing healthcare for newborns at a maternity hospital in Chengalpattu, India

• **Vitalizing the routine delivery of health services.**

When the delivery of routine services is particularly taxing or demanding, such as the delivery of healthcare in low-resource hospitals, local counterparts found the added excitement and energy of the volunteers to be a significant added value that inspired continued improvement. Because this finding was closely tied to volunteers' perceived intrinsic motivations and sincere enthusiasm for the work, it may be more difficult to achieve in paid positions where the extrinsic motivators are likely higher. With a few exceptions, local health educators were not met with the same level of perceived interest or excitement.

• **Promoting inclusive and empowered development approaches.**

Findings suggest that when training is conducted by local educators and mentors with follow-up from a team of trained healthcare professionals, they tend to be much more effective with increased sustainability. SIF has embraced the importance of working with local experts—such as involving local nutrition professionals to inform the development of curriculum and training local mentors to disseminate information on palliative care. In a similar

vein, many respondents expressed strong validation after being included in the training. This feeling of inclusion, combined with a greater awareness of new opportunities reportedly provided a sense of hope tied to the volunteers' interventions. Although hope, passion and energy are not easy concepts to measure and are not likely included in programme logic models, these outcomes were reported as important contributions resulting from the SIVs' work.

The points highlighted above were prominent themes emerging from the field research but are far from comprehensive. In principle, these themes are intended to illustrate that IVCOs and international volunteers have distinguishing contributions to offer when valued as stakeholders in development partnerships. If IVCOs and volunteers have distinctive functions in multi-stakeholder partnerships, how do these findings strengthen the field's efforts to measure change? How might they help other IVCOs advocate for international volunteering as a development model?

These are difficult questions because the effectiveness of international volunteer programmes is contingent upon many factors such as the skill level of volunteers, the length of time that people volunteer, their age and experience, and their ability to communicate with those in the host community, among other related factors. Not all forms of international volunteering are created equally. For instance, multiple studies have concluded that short-term volunteers often encounter cultural and communication barriers that limit their ability to form meaningful relationships.<sup>43</sup> On the other hand, the continuity and commitment embedded in the SIF model requires volunteers to complete a multiple-year cycle of ongoing volunteer placements which seems to have overcome many of these difficulties.

One of the opportunities provided by SDG 17 is an opportunity for IVCOs to consider whether their particular model of volunteering is a viable means for implementing the other global goals. In the case of SIF, evidence from this research suggests that SIF and SIVs are building capacity, developing meaningful partnerships, and providing direct services to, “ensure healthy lives and promote well-being” (SDG 3), and to “ensure availability and sustainable management of water and sanitation” (SDG 6). By leading training programmes to develop hard and soft skills and

providing other added-value contributions, SIF volunteers are helping to uplift the standard of healthcare in the countries where SIF projects have been implemented.

As a means of implementation, SIF works with international volunteers as a distinctive and valuable means to help accomplish these goals. Because SIVs work alongside other development players, any gains made to healthier lives, sanitised water or enhanced well-being cannot be attributed to the SIVs' efforts alone. In the spirit of partnerships, this is how it should be. However, SIVs do appear to have a comparative advantage. In cooperation with other stakeholders, SIF and SIVs are complementary in their means of implementation as they successfully work to:

- Enhance international support for implementing effective and targeted capacity-building in developing countries... (SDG target 17.9)
- ...mobilise and share knowledge, expertise, technology and financial resources to support the achievement of the sustainable development goals in all countries, in particular developing countries' goals (SDG target 17:16)
- Encourage and promote effective public, public-private and civil society partnerships... (SDG target 17.17)

IVCOs that use different models and practices may or may not bring similar strengths and their means of implementation may differ. In addition, SIF is not without

room for improvement as SIVs work to build capacity, share knowledge and promote partnerships in pursuit of priority SDGs. In a comparative study of various development workers, the relative value of these workers could be measured and weighed in absolute terms. However for now, the actual experiences of partner organisations suggest that skilled international volunteers with a high degree of relational continuity over time, offer a meaningful and distinct contribution to healthy lives and well-being in low-income countries.

In order to truly value the contributions of volunteering as a people-centred development approach, donors and decision-makers need to *place a higher value on intangible constructs such as friendship, compassion, inclusion, enthusiasm and trust*. Although these constructs are not typically received with high esteem from an evaluation perspective, they have real value in the eyes of beneficiaries. In many cases, these characteristic were articulated as volunteers' *most valued contributions* beyond project outputs. In addition, these “soft” qualities act as intermediary outcomes that *multiply the effectiveness* of volunteers' contributions to “hard” development impact. In a world of results-based management, people often fail to validate the merit of these contributions. Although this field research clearly indicated volunteers' contributions to health-related outcomes, until stakeholders place a greater emphasis on less-tangible but valued intermediary constructs, the true merit of volunteers' contributions to sustainable development will remain undervalued.



## REFERENCES

1. Devereux P. International volunteering for development and sustainability: Outdated paternalism or a radical response to globalisation. *Dev Pract.* 2008;18(3):357-370.
2. Nussbaum MC. Capabilities as fundamental entitlements: Sen and social justice. *Fem Econ.* 2003;9(2-3):33-59.
3. Fukuda-Parr S, Lopes C, Malik K, eds. *Capacity for Development: New Solutions to Old Problems.* London: United Nations Development Program (UNDP); Earthscan; 2002.
4. UNDP. *People-Centred Development: Empowered Lives. Resilient Nations.* New York: United Nations Development Programme; 2011.
5. Eade D, Oxfam UK & Ireland. *Capacity-Building : An Approach to People-Centred Development.* Oxford and Atlantic Highlands, N.J.: Oxfam (UK and Ireland); Humanities Press International [distributor]; 1997.
6. Fee A, Heizmann H, Gray SJ. Towards a theory of effective cross-cultural capacity development: the experiences of Australian international NGO expatriates in Vietnam. *Int J Hum Resour Manag.* 2015;Advanced A:1-26. doi:10.1080/09585192.2015.1093015.
7. Peace Corps. *Roles of the Volunteer in Development: Toolkits for Building Capacity.* Washington DC: Peace Corps; 2002.
8. *Voluntary Service Overseas. The Role of Volunteers in International Development.* London: Voluntary Service Overseas; 2002.
9. Singapore International Foundation. *SIF'S Approach to Sustainable Capacity Building in Developing Communities in Asia.* Singapore: Singapore International Foundation; 2011.
10. Lough BJ, Thomas M, Asbill MA. *International Volunteering for Development: A Desk Review of Forum Members' Grey Literature.* Ottawa: International FORUM on Development Service; 2013.
11. Lough BJ, Matthew L. *Measuring and Conveying the Added Value of International Volunteering.* Ottawa, Canada: International Forum for Volunteering in Development; 2013.
12. Devereux P. *International volunteers: cheap help or transformational solidarity toward sustainable development.* 2010; PhD thesis.
13. Lough BJ. *Balancing Donor Priorities and the Civil Society Function: A Challenge for Modern IVCOs.* Ottawa, Canada: International Forum for Volunteering in Development; 2015.
14. Lough B, Sherraden M, McBride AM. *Developing and utilising social capital through international volunteer service.* *Volunt Sect Rev.* 2014.
15. Franco EL, Shahrokh T. The changing tides of volunteering in development: Discourse, knowledge and practice. *IDS Bull.* 2015;46(5):17-28.
16. Van Huijstee MM, Francken M, Leroy P. Partnerships for sustainable development: a review of current literature. *Environ Sci.* 2007;4(2):75-89. doi:10.1080/15693430701526336.
17. Koschmann MA, Kuhn TR, Pfarrer MD. A communicative framework of value in cross-sector partnerships. *Acad Manag Rev.* 2012;37(3):332-354. doi:10.5465/amr.2010.0314.
18. Nelson K, Child C. Adding the organisational perspective: How organisations shape service work abroad. *Volunt Int J Volunt Nonprofit Organ.* 2016;27(2):525-548. doi:10.1007/s11266-015-9575-1.
19. Bazeley P, Richards L. *The NVivo Qualitative Project Book.* London: Sage; 2000.
20. Raman KS, Tan BCY, Wei KK. An empirical study of task type and communication medium in GDSS. *Syst Sci (Proceeding Twenty-Sixth Hawaii Int Conf.* 1993;4:161-168.
21. Lengel RH, Daft RL. The selection of communication media as an executive skill. *Acad Manag Exec.* 1988;2(3):225-232.
22. Cairns G, de Andrade M, MacDonald L. Reputation, relationships, risk communication, and the role of trust in the prevention and control of communicable disease: A review. *J Heal Commun Int Perspect.* 2013;18(2):1550-1565.
23. Zaharna RS. Network purpose, network design. In: Zaharna RS, Arsenault A, Fisher A, eds. *Relational, Networked, and Collaborative Approaches to Public Diplomacy: The Connective Mindshift.* New York: Routledge; 2013:174-191.
24. Sherraden MS, Stringham J, Costanzo S, McBride AM. The forms and structure of international voluntary service. *Volunt Int J Volunt Nonprofit Organ.* 2006;17:163-180.
25. Lough BJ. *A Decade of International Volunteering from the United States, 2004 to 2014.* CSD Resear. St. Louis, MO: Washington University, Center for Social Development; 2015.
26. Perold H, Graham LA, Mavungu EM, Cronin K, Muchemwa L, Lough BJ. The colonial legacy of international voluntary service. *Community Dev J.* 2013;48(2):179-196. doi:10.1093/cdj/bss037.
27. Simpson K. "Doing development": The gap year, volunteer-tourists and a popular practice of development. *J Int Dev.* 2004;16:681-692.
28. Lough BJ. *Reciprocity in International Volunteering.* Oslo: FK Norway; 2016.
29. Pesämaa O, Hair JF (Jr. . More than friendship is required: an empirical test of cooperative firm strategies. *Manag Decis.* 2007;45(3):602-615.
30. Morrison R. Informal relationships in the workplace: Associations with job satisfaction, organisational commitment and turnover intentions. *NZ J Psychol.* 2004;33(3):114-128.
31. Girgis M. The capacity--building paradox: Using friendship to build capacity in the south. *Dev Pract.* 2007;17(3):353 - 366.
32. Ostrom E, Walker J. Trust and reciprocity: Interdisciplinary lessons for experimental research. In: Ostrom E, Walker J, eds. *Trust and Reciprocity.* New York: Russell Sage Foundation; 2003:19-79.
32. Umoren RA, James JE, Litzelman DK. Evidence of reciprocity in reports on international partnerships. *Educ Res Int.* 2012;2012:1-7.
33. Axelrod R. *The Evolution of Cooperation.* New York: Basic Books; 1984.
34. Zaharna RS, Arsenault A, Fisher A, eds. *Relational, Networked and Collaborative Approaches to Public Diplomacy.* New York: Routledge; 2013.
35. Flaherty LM, Pearce KJ, Rubin RB. Internet and face-to-face communication: Not functional alternatives. *Commun Q.* 46AD;3(1998):250-268.
36. Burger JM. The foot-in-the-door compliance procedure: A multiple-process analysis and review. *Personal Soc Psychol Rev.* 1999;3:303-325.
37. Gray M, Coates J. "Indigenization" and knowledge development: Extending the debate. *Int Soc Work.* 2010;53(5):613-627.
38. Legro JW. Which norms matter? Revisiting the "failure" of internationalism. *Int Organ.* 1997;51:31-63.
39. Lough BJ, Carter-Black J. Confronting the white elephant: International volunteering and racial (dis) advantage. *Prog Dev Stud.* 2015;15(3):207-220.
41. Wejnert B. Integrating models of diffusion of innovations: A conceptual framework. *Annu Rev Sociol.* 2002;28:297-326.
42. Randel J, German T, Cordiero M, Baker L. *International Volunteering: Trends, Added Value and Social Capital.* Oslo: Final Report: Development Initiatives; 2005.
43. Lough BJ, McBride AM, Sherraden MS, O'Hara K. Capacity building contributions of short-term international volunteers. *J Community Pract.* 2011;19(2):120-137. doi:10.1080/10705422.2011.568921.







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