

In the Eyes of Others

In the Eyes of Others How People in Crises Perceive Humanitarian Aid



How People in Crises Perceive Humanitarian Aid

Edited by Caroline Abu-Sada

NYU CENTER ON
INTERNATIONAL
COOPERATION

Humanitarian Outcomes

 **MEDECINS SANS FRONTIERES**
DOCTORS WITHOUT BORDERS

In the Eyes of Others

How People in Crises Perceive Humanitarian Aid

Edited by Caroline Abu-Sada

Copyright 2012 © Doctors Without Borders/Médecins
Sans Frontières (MSF), Humanitarian Outcomes,
and NYU Center on International Cooperation

Published in the United States by MSF-USA

Originally published in France as *Dans l'oeil des autres: Perceptions de l'action
humanitaire et de MSF* by Editions Antipodes

ISBN-13: 978-1475211832

www.doctorswithoutborders.org/perceptions

Book design by Cynthia Spence

Acknowledgements

This book could never have seen the light of day without the help of Mireille Lador. Her help bringing it to publication has been invaluable. Jean-Marc Biquet has been similarly indispensable over the last few years. This project would not have succeeded without his help.

Research Unit on Humanitarian Stakes and Practices (UREPH) team members Philippe Calain and Françoise Duroch also helped immeasurably, both during the project and when it came time for publication.

Michael de Souza led surveys providing data, and wrote some of the reports, for which I thank him. Jehan Bseiso facilitated the Middle East study.

Tayeb Tounsi and Vassily Klimentov were a great support in finalizing the manuscript.

Khurshida Mambetova and Danielle Trépanier set up conferences and created the documents supporting them.

The students and faculty of the sociology, anthropology, and political science departments in the countries where we performed our study helped make sure our research was successfully completed, bringing a different perspective to it.

All of the teams in the field, in coordinating offices and at headquarters, were involved in shaping this research through discussions of progress and of results, changing the way MSF implements its projects.

Everyone at MSF-Switzerland contributed to this study, especially Laurent Ligozat, Christian Captier, Bruno Jochum, the IT team—without whom nothing would have been

possible—Rash Brax and Dilo, who illustrated the articles and the presentations associated with the project, and Sébastien Soulier, who allowed us to clarify several points.

Thanks also to Kevin P.Q. Phelan and Elias Primoff for bringing together the English-language edition, and to NYU’s Center for International Cooperation and Humanitarian Outcomes for their collaboration.

The scientific committee that oversaw this project, notably Hugo Slim, Béatrice Pouligny, Andreas Wigger, Ronald Ofteringer, Antonio Donini, François Piguet and Xavier Crombé, Rony Brauman, and Jean-Hervé Jézéquel, helped re-orient and enrich the work.

The participants of the October 2010 workshops in Geneva, as well as all those who agreed to speak, Sophie Fux who helped organize these workshops—all allowed us to synthesize the results of this research. Thanks especially to Jean-Hervé Bradol and Unni Karunakara for permitting their work to appear in its entirety.

Finally, thanks as well to my partner for his support and patience throughout this process.

—Caroline Abu-Sada

Contents

Caroline Abu-Sada—Introduction.....	1
-------------------------------------	---

Part I: Studying How MSF is Perceived

Caroline Abu-Sada—Origin of the Perception Project	10
Methodology	13
Themes From the Project	23
The Dynamic Generated By the Project.....	64
Bibliography	84

Part II: Essays on the Perception of Humanitarian Action

Caroline Abu-Sada—Introduction.....	97
Bruno Jochum—Perception Project: A Remedy Against Complacency	100

Humanitarian Action and MSF Viewed From Outside

Abdul-Wahab Soumana—MSF Switzerland in Southeast Niger	109
Jean de Dieu Fosso—A Look at the Activities of Humanitarian Organizations and MSF in Akonolinga and Yaoundé, Cameroon.....	115
Linda Ethangatta—MSF Perceptions Based on Experiences of a Relief and Emergency Staff Member in the Field	121
Li Anshan—China-African Medical Cooperation: Another Form of Humanitarian Aid	126

Humanitarian Action and Stabilization Missions

Samir Elhawary—Mirror, Mirror on the Wall . . . Stabilizers, Humanitarians, and Clashes of Perception.....	134
Abby Stoddard—Collateral Damage: Internationalized Counterinsurgency and Its Toll on Humanitarian Action.....	143
Paul Bouvier—Perception of Humanitarian Medicine by Military and Political Stakeholders	154

Other Questions Raised by the Issue of Perception

Jerome Singh—Humanitarian Medicine and Ethics	164
Ronald Ofteringer—The Dialectics of Perception, Acceptance, and Meaningful Action.....	173
Antonio Donini—Humanitarianism, Perceptions, Power	183
Contributors' Biographies.....	193
MSF Charter	197
Acronyms	198

public image for security, the local approach to security, the importance of local contacts and networks and the vital need to maintain those networks, the perception of differences, discussions about the applicability of principles, the dissemination of project achievements as a basis for public communication, and the need to adapt HR management.

Conclusion

We have now looked at all the themes that were addressed during the field surveys.

Lack of communication concerning MSF's objectives and identity was raised frequently by our respondents. In most cases, people know about the organization because of a previous intervention in the region (Iraq, in 1991, for example) or because of interventions that have received high-profile media coverage in other regions of the world (natural disasters such as the Haiti earthquake attract a lot of media attention). However, people who are not employed by MSF seem to have little understanding of ongoing projects and what differentiates MSF and its objectives from other organizations working in the region.

A lack of coordination and collaboration with local and international actors was mentioned as a consequence of an excessively literal interpretation of the notion of independence. Many would like to see greater collaboration with other stakeholders, including national health systems, to make MSF's missions more sustainable. People often express their concern about the dependency that the organization creates and the medical and economic consequences of its departure. More training is requested, not only for national staff but also for civil servants and certain government employees, in order to guarantee the sustainability of medical action.

Although one of the main working hypotheses was knowledge of MSF's financial independence as a key aspect of its hallmark, the study showed that the general public are generally unaware of its funding sources. Similarly, at the start of the study, we postulated that the perceived quality of aid projects would be one of the main criteria determining acceptance of the actor. Recognition of the medical quality of the projects implemented by MSF at all the field sites visited was noted by the vast majority of respondents, but some believe that the organization's medical intervention choices are not always appropriate.

Another initial hypothesis was that being an external (rather than necessarily Western) actor was more important than all the other considerations for acceptance. All the responses disprove this, however. As we have seen, the analysis and interpretation frameworks of local populations do not necessarily include this dimension. The premise that the proximity of the teams to the population contributed to a positive perception was generally disproved. Indeed, to the contrary, security management measures usually created a distance between MSF's teams and the local populations.

Perceptions among MSF staff were one of the key elements of this research project. As long as there continues to be a lack of communication with national colleagues about MSF's identity and actions, it is wrong to think that the host society will be familiar with the organization. There is a widespread idea among international employees that national staff members working on MSF projects are intermediaries between the international teams and local populations and are, therefore, the best vector for conveying messages to the population as a whole. This idea does not hold water for several reasons. The first is that, generally, apart from at very specific times of crisis, little

information about the organization per se is disseminated to national staff. The second is that the organization's associative nature is rarely explained or, in any case, rarely understood by the national teams in the way headquarters would like. In the Occupied Palestinian Territories, for example, local associations and organizations created at the start of the 1980s were usually set up as an alternative to the political parties banned by the occupying power. The idea of a nonpolitical association is therefore imported, and sometimes difficult to understand. The third reason is that, within the teams, MSF is, and will remain, first and foremost, an employer in countries where the situation is generally difficult for the population. The high turnover of international staff makes it difficult to establish long-lasting contacts and is believed to hamper MSF's understanding of contexts and ability to act.

At field sites, we received requests for investment in the training of local health workers and in infrastructures, for a variety of reasons. In Cameroon, for example, at the Akoloninga project, which treats Buruli ulcer, local health personnel employed by the Ministry of Health lack knowledge of this disease and the latest advances in dressings. According to several respondents, the training of health workers by MSF would make it possible to continue treating this disease after the organization has left Cameroon. In Iraq, although there are health facilities in place, the war has seriously disrupted medical training. Moreover, many organizations, including the ICRC, have donated large amounts of equipment and drugs, which means that Ministry of Health staff and private health facilities have a greater need for medical training, particularly in specialist fields, than for medical equipment.

International staff do not always have a good understanding of the political, economic, and cultural contexts in which they

work. In any event, the image the organization transmits is that of a western NGO. MSF is sending field workers with increasingly technical profiles into the field, overlooking generalists who might be better able to understand the complex contexts. Respondents suggest that MSF move away from this technical model, instead placing more emphasis on general profiles in each mission, making it possible to develop links with authorities and the community. Moreover, it would be interesting to study the relationship with power and its exercise by coordinators—the type of leadership they choose, for example—and the consequences on image-building among those who are exposed to MSF.

MSF's quality standards were also questioned. Some informants considered the standards too high to enable them to be taken over by national authorities. Others, particularly within the organization, think that MSF should always strive for excellence in its standards.¹⁰⁶

It is important to note that a population's analytical framework significantly influences its perception of an organization such as MSF. As analyzed above, religion was eventually incorporated into this study, although it was not initially included within the scope of the research.

Finally, MSF should definitely get back into the habit of negotiating with the parties involved: politicians, ministries of health, and local people. In the practice of humanitarian action, perhaps because of excessive confidence in the power of humanitarian organizations, there has been a tendency to neglect these negotiation processes. They are, however, indispensable.

Concerning the caregiver/care receiver relationship, a great

¹⁰⁶ See article by Jérôme Amir Singh, "Humanitarian Medicine and Ethics."

deal of internal work still needs to be done. This was discussed at length, as we will see below.

In most projects, step-by-step explanations to help patients understand medical treatments are lacking. This issue requires sustained attention in the majority of projects. Nevertheless, the direct impact on patients is what sets MSF apart from other organizations. These studies of perception have enabled teams to become aware of their environment, to be less focused on their own projects, and to understand that MSF is part of a broader system, the workings of which need to be understood. Perceptions that do not correspond to what we would like to hear are not the result of misunderstandings, but reflect reality. The process of changing perceptions, should that prove necessary, is not just a matter of communication, but rather a problem of institutional identity and exercising that identity.

THE DYNAMIC GENERATED BY THE PROJECT

Internally

Over the project's three years, it has had real repercussions within the organization. First of all, an important aspect has been to involve the MSF departments in the research in order to ensure subsequent appropriation of its results. Unsurprisingly, the Operations Department has been the most concerned, as it was in direct contact with the research team before and after field visits. The individual country reports, written following each visit, made it possible to quickly modify certain facts, behaviors, or strategies which could have a negative effect on the perception of the organization.

Perception is now a dimension that is integrated from the start of each project. For the Medical Department, although the themes of "caregiver/care receiver relationships," "vertical