

CRITICAL APPRAISAL OF PROGRAM IMPACT ON A LOCAL SOCIETY IN CHRONIC CONFLICT

Listening to how beneficiaries and program
implementers view changes



MSF-CH Health Care Program, Tonj county / Southern Sudan

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III. SUMMARY

The challenges of humanitarian intervention in Sudan are representative for many situations in protracted crises. This research provided a rare opportunity to study the impact of a humanitarian program in chronic conflict, primarily based on the view of beneficiaries. Qualitative methods were chosen to capture perceptions and opinions of beneficiaries and of Medecins Sans Frontieres (MSF) local and international staff.

The biggest obstacle in using a beneficiary based approach was at the same time an important finding of this study: the fact that the targeted communities are so little informed about the intervention, its aim, and the implementing agency, made it at times difficult to get responses to research questions.

The main results of this study give indications on changes in health status and health perception and show multiple unintended impacts of an intervention in an area where there was previously little else existing apart from people's traditional means to survive. Considering the scope of the program that has rapidly grown in the process of responding to a major emergency, and the fact that the target area has been almost totally isolated from the outside world before the arrival of the NGOs, its effects seem to be predetermined. The introduction of cash, the development of trade and markets, and the formation of a town are all directly linked to the presence of NGOs; as are the consequent changes on people's lifestyle. By far the majority of these changes are seen as very positive by the beneficiaries as they are in line with 'development and progress', hence they are welcome.

A positive impact on the health status of the population is attributed to the program, and explained by the ability of those who practice western medicine to recognise and consequently treat illness, which is experienced as a significant change to the traditional view that illnesses are caused by spiritual forces, witchcraft or curse and are categorised according to those. A gradual change in treatment seeking is being observed, away from traditional health care to an increasing trust in and utilisation of western medicine. However the findings of this study also point at one adverse effect of the program in the sense of a secondary change in treatment seeking away from the hospital to the newly emerged market.

Urbanization

From a public health point of view one potential negative side effect are health hazards that might grow with the population of the town, if the necessary precautions are not taken. The fact that with the NGO presence the location has become a major centre of attraction, particularly for displaced or disadvantaged people, must be taken into consideration in the preparedness for any future emergency.

Relations between MSF and the community have been looked at in this study as they directly influence the effects of the program. The findings suggest that current approaches to community participation are inappropriate for a population that has been overly used to relief, and need to be redefined. A key element for successful community involvement will be an improved understanding of local community organisation and traditional leadership structures.

The Marial Lou program offers plenty of lessons to learn. Starting from the missed opportunity to carry out a thorough needs assessment for the preparation of a long-term program, to the need for a clear operational policy and the importance to reconsider program objectives and strategy after a major emergency such as the nutrition crisis in 1998. It also illustrates the dilemmas of MSFs involvement in a long term, community-based program with an organisational structure and thinking that is primarily emergency oriented.

Situations of chronic political emergencies increasingly pose a major problem and are unlikely to be responded to by other than humanitarian agencies, such as MSF, who are prepared to deal with difficult logistics and relative insecurity. Those will have to make the decision of whether or not to intervene for the sake of, and speak about, the suffering of people who have been forgotten by the outside world. The inappropriateness of current relief models are not an excuse but a challenge to find new and flexible approaches that are better suited for chronic crises. Primarily they must consider beneficiaries needs and resources and their planning and subsequent action must look beyond technical objectives and anticipate unintended impact on the population as well as on the conflict.