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Postcolonial perspectives on aid systems in multicultural contexts: Palestine and Uganda Guido Veronese ^a *, Marco Prati ^a, Marco Castiglioni ^a

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Abstract

The care systems in developing countries are subjected to worldwide standard guidelines, in which the western voice is dominant over the local one. Our study aims to point out dominant themes emerging from western care system applied to non-western contexts, to emerge cultural sensitive themes in order to propose alternative local good practices. The two studies, the first curried out in Palestine, the second one in Uganda, have been focused on a content analysis of in depth interviews and representative documents of local institutions. A general unbalance over western criterion was widely identifiable in the two case studies of these papers. Programs of action research are recommended.

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1. Introduction

Year after year, billions of dollars are invested in socioeconomic development and reconstruction programs (Affolter, 2004). Systems of care in developing countries are subject to international standard guidelines in which Western culture dominates over local cultures. Knowledge developed in Western practice is not easy to translate into intervention in a non-Western context (Van der Veer, 2008). Cultural dominance, stigmatization, victimization and diagnoses of pathology are possible outcomes.

Historically, colonialism involved nations occupying the lands of other peoples and dominating the original inhabitants territorially, economically and culturally (Fox, 2010). Post-colonial thinking has tended to 'recognize the pervasiveness of colonialism, to validate the voices of the colonized and to recognize and reverse patterns of colonialist domination' (Tesoriero, 2006, p. 136). Adopting a post-colonial perspective, our study aims to point up and discuss dominant themes emerging from the application of Western care system discourse to non-Western contexts; we discuss culturally-sensitive issues with a view to proposing alternative good practices, embedded in the groundwork, for local use.

2. Study 1

2.1 Background

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The Occupied Palestinian Territory (OPT) is a typical example of an emerging country dependent on Western humanitarian aid, due to an unresolved emergency situation which has been ongoing for the past 60 years. Historically, after the Palestinian *nakbah* (catastrophe) and the foundation of the State of Israel in 1948, the UN Assembly established the United Nations Relief and Works Agency (UNRWA) to assist registered Palestinian refugees in the OPT and elsewhere by providing a food aid, housing, education and health care amongst other key services (Giacaman et al. 2009).

2.2 Method

Participants and procedure

Five individual in-depth interviews were conducted. Four were with key Palestinian informants: a Palestinian writer, the director of Jenin Public Hospital, the director of UNRWA and the coordinator of a local non-governmental organization based in Jenin Refugee Camp (average age = 48.2 years; s.d. = 11.4); the fifth was with the 32-year-old manager of an international NGO based in Jenin Refugee Camp. A group interview with Western and Palestinian volunteers (N=6) from local and international NGOs (4 males; average age = 34.8 years; s.d. = 4.7; 2 females, average age = 32.0; s.d. = 1.5) was conducted by one of the authors of the paper. The group discussion took place through English.

In addition, content analysis was carried out on the contents of the Inter-Agency Standing Committee (IASC) Manual for Mental Health and Psychosocial Support in Emergency Settings. IASC was established in 1992 in response to the General Assembly Resolution 46/182, which called for strengthened coordination of humanitarian assistance. IASC is made up of the heads of a broad range of UN and non-UN humanitarian organizations (IASC, 2007).

Analysis

The interviews were subjected to thematic content analysis, following Boyatzis (1998). In line with constructionist paradigms focusing on socio-cultural contexts and structural conditions, the interviews were analyzed using an inductive approach. "Inductive analysis is [...] a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions. "In this sense, this form of thematic analysis is data-driven" (Braun & Clarke, 2006: 83). The analytical process consisted of the following steps: (a) each participant's response was reviewed by the first author, who initially used open coding to allow for the emergence of recurrent themes; (b) response patterns that were salient across participants were defined and organized into structured categories with verbatim quotes to illustrate each of the emerging codes; these categories were then applied to representative sections of the research material; (c) a second researcher, blind to the study hypotheses, independently coded the thematic categories for the same material in order to determine inter-rater reliability; (d) once inter-rater reliability for the codes had been deemed satisfactory, they were also applied to the remaining material. Percentage agreement levels for the individual categories ranged from 0.71 to 0.98 (mean = 0.84).

2.3 Results

Thematic content analysis of the interviews with Palestinian key informants yielded six general themes, each breaking down into a small number of sub-themes (Table 1). We grouped the themes into two main macrocategories: (1) Non-Western Voice and (2) Western Voice. The emerging themes from the interview with the head of a Western international NGO and from the IASC manual content analysis were grouped into the Western voice macro-category (2).

	No	n-Western Voice	Western Voice
1.	POLITICAL	a) narrative of the catastrophe (al NAKBAH)b) resistance to occupationc) right of return and the rhetoric of the refugee campd) right to the land	 a) political neutrality b) exportability c) epidemiologically teachable models d) sustainable colonization
2.	CULTURAL	 a) religion b) oral tradition and memories c) traditional viewpoint of the elderly and the family d) Arab tradition e) Semitic tradition f) education 	 a) generalizability b) scientificity c) empirically supported bases for intervention d) theoretically and academically-informed bases for intervention c) culturally- sensitive models
3.	ECONOMIC	a) continuity of workb) overcoming povertyc) restoration of agriculture and economy	 a) accountability b) "<i>funding-friendly</i>" characteristics c) data-collection friendly
4.	VERTICAL RECOVERY OF THE TERRITORY	a) in term of spaceb) in terms of movement	a) emergencyb) vicarious infrastructures
5.	RESTORING THE PERSON	a) in terms of psychological and physical well-being, quality of lifeb) in terms of dignityc) in terms of self-esteem	a) physical healthb) mental healthc) basic needsd) securitye) human rights
6.	RESTORING FAMILY & COMMUNITY	a) in terms of reunificationb) securityc) cohesion	a) child protectionb) general fragility and disruptionc) domestic violence

Table 1: themes e	merging from	kev informant	interviews and IASC	guidelines content	analysis

2.4. Discussion

A general and consistent discrepancy emerged between the Western voice and the Palestinian voice.

Since 1948, the ongoing emergency conditions affecting the Palestinian people have led to a huge concentration of humanitarian agencies operating in the territory. The most evident outcomes of this is are a high level of fragmentation in the development of a Palestinian welfare system in general and of the health system in particular, as well as radical asymmetries between domestic/public structures and the international services coordinated by UN help programs. Over the years, the UNRWA and NGO humanitarian system has developed into a quasi-permanent structure; however, at another level, it appears to work within a theoretical and action framework which corresponds more closely to emergency requirements. Political neutrality, exportability and epidemiologically teachable models are key political values that international NGOs have to deal with.

The funding system and the need to maintain status as a key agency in emergency contexts drive a culture based on standard procedures, accountability and empirically-supported bases for intervention, which is all too often in conflict with increased sensitivity to culture. Economic constraints and "funding-friendly" guidelines seem to inform the design of humanitarian programs, mainly focused on interventions targeting dysfunction, mental health, illness, supplying basic needs and minimizing damage caused by the disruption of families and communities. The Western perspective emphasizes child and family protection. The discrepancy between Western and non-Western voices emerged strongly during the group discussion: the Palestinian aid workers emphasized that traumatic experiences and pathological reactions were only one aspect within a broader context where quality of life and well-being in terms of self esteem, dignity, freedom and hope may be promoted thanks to resistance to occupation, political involvement, education, religion and family cohesion (Veronese et al, 2010; Veronese et al. 2010; Barber, 2008).

Thematic content analysis of the interviews with Palestinian key informants yielded six general themes, each breaking down into a small number of sub-themes (Table 1). We grouped the themes into two main macrocategories: (1) Non-Western Voice and (2) Western Voice. The emerging themes from the interview with the head of a Western international NGO and from the IASC manual content analysis were grouped into the Western voice macro-category (2).

The interviews lasted 60 minutes on average (range = 45-90 min.); key informants' narratives were videotaped, transcribed, and translated into English by bilingual linguistic experts before being analyzed.

The encoding system developed for the interviews was also used to carry out content analysis of the *IASC* guidelines manual (percentage agreement ranged from 0.70 to 0.85; mean = 0.78).

3. Study 2

3.1 Background

The second study was carried out in the Gulu district of northern Uganda. The region has been affected for well over 20 years by a long-term "guerrilla war" which began in 1986. Local rebels have been organized under different labels at different times (the most famous being the HSM, or Holy Spirit Movement, and the LRA, or Lord's Resistance Army). The conflict with the central government originated with the aim of winning representation for the northern ethnic groups on the national political scene. The war, often inaccurately described as a religious conflict, degenerated into a bloody "house to house" battle and has led both the central army and the local guerrilla groups to perpetrate horrific acts of violence against the civilian population in the villages in a spiral of violence, which was originally justified in terms of supporting the cause. Mass killings, raiding for food, rapes, the abduction of children in order to force them to become soldiers and the ensuing terror became features of everyday life in northern Uganda for many years.

The Western response to this humanitarian disaster was initially slow and weak, but during the 1990s many governmental and non-governmental agencies planned interventions in the region: at last hundreds of projects started up with the aims of managing the emergency and later aiding development. As a result, the region came to be dependent on Western aid. Our pilot study focused on the health care system, and in particular on the largest private Western hospital in the area, St. Mary's Lacor Hospital. This facility was founded in 1959, many years before the war, and was of particular interest to us as it was undergoing an ambitious process to transform it from a traditional missionary hospital to an institution run by native Ugandan management (albeit still reliant on funding from Western donors).

3.2 Method

Participants and procedures

Five individual in-depth interviews were conducted. Four of these were with Ugandan key informants: two hospital directors, a hospital communications officer and a personnel officer from Lacor Hospital (Age average = 40.1; s.d. 10.2) and one with the 41-year-old director of an Italian NGO based in Gutu town. A group interview with six Ugandan managers from Lacor Hospital (two males; average age = 41.4; s.d. = 10.1; four females; average age = 36.5; s.d. = 12.4) was conducted by one of the authors of the paper. Both individual interviews and group discussion took place through English.

In addition, content analysis was applied to the strategic plan of St. Mary's Lacor Hospital. The document covers the period between 2007 and 2012 and contains all the main implementation policies of the hospital at both financial and managerial levels.

Analysis

The analysis of the interviews was carried out following the same methodology used in Study 1. The level of percentage agreement for each theme ranged from 0.70 to 0.94 (mean = 0.77).

The interviews lasted 50 minutes on average (range = 40-70 min). The narratives of keynote informants were audio-taped and transcribed.

The encoding system generated from analysis of the interviews was also applied to analyze the contents of the hospital strategic plan (percentage agreements ranged from 0.71 to 0.82; mean = 0.76).

3.3 Results

Thematic content analysis of the interviews with the Ugandan key informants yielded five general themes, each breaking down into a small number of sub-themes (see Table 2. We grouped the themes into two main macrocategories: (1) Non-Western Voice and (2) Western Voice. The themes emerging from the interviews with one of the hospital directors and from content analysis of the hospital strategic plan were grouped together into macrocategory (2).

Non-Western Voice			Western Voice
1.	COMMUNITY	a) tribe b) clan c) family d) seniority	a) family b) institutions
2.	ROLES	 a) communication between all hierarchical levels b) roles defined by tasks c) focused on relationships d) shared responsibility e) professionalism related to personality 	 a) communication via standard channels b) roles defined by targets c) focused on institutional targets d) individual responsibility e) professionalism related to indicators and performance evaluation
3.	ORGANIZATION	a) network of relationships b) delegated to leaders	a) standardization b) quality of service c) accountability
4.	AUTHORITY	a) distant b) passive c) conciliatory	a) active b) directive
5.	DEVELOPMENT	a) overcoming povertyb) facilities, health care	a) sustainabilityb) economic growth

Table 2: themes emerging from key informant interviews and strategic plan content analysis

3.4 Discussion

The results reveal a consistent discrepancy between Western and Ugandan voices with regard to key aspects of the organizational and cultural context in which the Hospital is situated.

The gap is particularly marked with regard to perception of what a role in the institution involves vis-à-vis the individual covering it. The person, the clan and the community are the priority values expressed by the Ugandan voice, while raising quality standards in the hospital is the leading priority for the Western voice.

When Western donors and Ugandans talk about roles, authority and organization, they attribute consistently different meanings to these labels (Antrosio, 2002). Many of the policies aimed at achieving a culturally-sensitive reorganization of the Hospital are threatened by this discrepancy. Some of the attempts to create new "roles" for managers at different levels and to institute new and efficient organization patterns are based on Western key

constructs that would need to be renegotiated and reconfigured in line with the cultural context in order to attain an effective Ugandan-run institution.

4. Conclusions

Although the past decades have seen humanitarian programming devote increased attention to the cultural factors influencing the psychological and social impact of conflict and poverty, the framework offered by Westerninformed plans and interventions seems to remain deeply enrooted in Western discourse based on power (Roy, 2003). Consolidated appeals and psychosocial guideline manuals for emergency contexts are a typical example of Western language exported worldwide. Eligibility, funding and accountability requirements orient Western agencies towards the creation of evidence-based, generalizable plans. Both case studies investigated in our study, the Palestinian psychosocial system and hospital organization in Uganda, display consistent asymmetry between Western and non-Western voices (Gilligan, 2009). The Western perspective confirms the dominant voice of standardized exportable aid programs, reproducing a sort of "sustainable colonization" of the care system.

In order to reduce and overcome the gap between Western and non-Western voices, we strongly recommend the promotion and development, in the field, of action research informed by action science theories (Friedman & Razer, 2004; Friedman et al., 2010). This type of framework values the groundwork as a *medium* to coordinate meanings from different viewpoints, cultures and voices. A continuous series of iterative cycles of planning, action and further planning allows new social spaces to be created in which the coordinating function is open to creative, sustainable and novel solutions emerging from the field.

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