Research Protocol - The practice of medical humanitarian emergency: ethnography of practitioners' response to nutritional crisis

RESEARCH PROTOCOL
Médecins Sans Frontières

The practice of medical humanitarian emergency: ethnography of practitioners' response to nutritional crisis

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Proposed Research Question:
In what ways do the perceptions/experiences and techniques/behaviours of MSF practice influence identification and response to nutritional emergency?

Study Site:
MSF-Amsterdam; an MSF country office and field site (to be determined over the course of research)

Proposed start date of data collection for study:
November 2013

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Glossary

ASA: Association of Social Anthropologists of the UK and the Commonwealth

CUREC: Central University Research Ethics Committee (University of Oxford)

DFID: Department for International Development (United Kingdom)

ERB: Ethics Review Board (Médecins Sans Frontières)

Explo: Exploratory Assessment

FEWS-Net: Famine Early Warning Systems Network

HQ: Headquarters

MSF: Médecins Sans Frontières

MSF-OCA: Médecins Sans Frontières—Operational Centre Amsterdam

MUAC: (Measure of) Mid-Upper Arm Circumference

NGO: Non-Governmental Organisation

ORA: Oxford University Research Archive

PI: Primary Investigator

WHO: World Health Organisation

Background

Medical humanitarian organisations work among populations in precarious situations. Isolated shocks can magnify population vulnerabilities to greatly increase morbidity and mortality. For example, a small increase in commodity prices can impact on household income, which impacts on nutrition, transport, access to medical care and ultimately mortality.[1] Medical humanitarians deal with the consequences of these crises; thus by necessity they must attempt to understand the complex, interlinked drivers of crisis. Within the humanitarian community there is impetus to put early warning and intervention on a solid evidential base[2]. Organisations like Médecins Sans Frontières (MSF) have complex, integrated norms and apparatus to measure and communicate when a population slips into risk. Ideally, such early warning systems allow aid agencies to identify population crisis before it impacts. These norms and measurements use quantitative and qualitative information.[3] Quantitative clinical data, anthropometry, epidemiology, market surveys and climate models are balanced with qualitative inquiry, intuition and judgment. Medico-humanitarian ethics inform the evaluation of the evidence base.[4] However complex emergencies are far from the ideal diagnostic setting; effective tools and techniques depend on the people that design and use them and the situations they are deployed in.[5]

There is growing recognition that the interaction between technical apparatus and social factors—norms, expectations and interpersonal relations—enables or frustrates effective identification and response to complex emergency.[6] There is limited research on how these multiple mechanisms are coordinated to produce a coherent picture and response. At times coordination results in early identification and response. At times it fails. What accounts for success and failure? Do the techniques serve the purpose of early warning? Are the tools flexible or do they preconfigure a set response?

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[1] Leatherman, T. (2005) A Space of Vulnerability in Poverty and Health: Political-Ecology and Biocultural Analysis. *Ethos* 33(1): 46–70.
Leatherman, T. (1996) A Biocultural Perspective on Health and Household Economy in Southern Peru. *Medical Anthropology Quarterly* 10(4): 476–495.

[2] For example: Howe, P., and S. Devereux (2007) Famine Scales: Towards an Instrumental Definition of "Famine". In *The New Famines: Why Famines Persist in an Era of Globalization Pp*. 27–49.

[3] Redfield, P. (2008) Vital Mobility and the Humanitarian Kit. In *Biosecurity Interventions: Global Health and Security in Question. Columbia University Press,* eds. A. Lakoff and S.J. Collier, 147-171. Columbia University Press.
Redfield, P. (2006) A less modest witness. *American Ethnologist* 33, no. 1: 3-26.
Tong, J. (2004) Questionable Accountability: MSF and Sphere in 2003. *Disasters* 28: 176–189.

[4] Robertson, D.W., R. Bedell, J.V. Lavery, and R. Upshur (2002) What Kind of Evidence Do We Need to Justify Humanitarian Medical Aid? *The Lancet* 360(9329): 330–333.

[5] Griekspoor, A., and S. Collins (2001) Raising Standards in Emergency Relief: How Useful Are Sphere Minimum Standards for Humanitarian Assistance? *BMJ* 323(7315): 740–742.

[6] Revet, S. (2013) "A Small World": Ethnography of a Natural Disaster Simulation in Lima, Peru. *Social Anthropology* 21(1): 38–53.
Redfield, P. (2010) The Verge of Crisis: Doctors Without Borders in Uganda. In *Contemporary States of Emergency: The Politics of Military and Humanitarian Interventions,* ed. Didier Fassin and Mariella Pandolfi, 173-195. Cambridge, MA: Zone Books.
Sridhar, D. (2008) *The Battle Against Hunger: Choice, Circumstance, and the World Bank*. Oxford University Press, USA.

This research proposes to study these questions in the context of identification and response to nutritional emergency through direct observational study. While *emergency* is the focus, *nutritional emergency* is considered best placed to answer the research question. The tools and techniques used to measure nutritional crisis are well developed and ubiquitous in aid settings. When technical "measures of crisis" are tangible, the tensions, choices and interaction between the tools and people using them is more visible to scrutiny. The research insights should be applicable beyond nutrition, and will inform aid practice at large. The need for social science research of how crisis unfolds is widely acknowledged.[7] However, given the nature of complex humanitarian emergencies, much research is theoretical, retrospective or based on very limited field time. It is rare to conduct prolonged social research over the course of an emergency. This study intends to achieve this through the applied ethnographic method: immersive, participatory, long-term and unobtrusive, a technique uniquely suited to study unpredictable or rapidly changing situations. The research focus is the agency itself, thus the research goes where the organization goes, a flexible and mobile study that can follow crisis and response as it emerges.

Study Sites

1. MSF operational headquarters, Amsterdam, The Netherlands
2. An MSF country office (to be determined in the course of research)
3. An MSF field site (to be determined in the course of research)

Overall Aim

To describe and understand the human and technological factors that contribute to the constitution of *emergency* as a named and actionable entity in the context of medical humanitarianism.

Primary Objective

To describe how individual and institutional attitudes, tools, discretion and practices influence identification and response to emergency.

Secondary Objective

To document ambiguities, uncertainties or structural barriers that impede the identification of and response to emergency.

Methodology

[7] Ford, N., E.J. Mills, R. Zachariah, and R. Upshur (2009) Ethics of Conducting Research in Conflict Settings. *Conflict and Health* 3(1): 7.
Delisle, H., J. Roberts, M. Munro, L. Jones, and T. Gyorkos (2005) The Role of NGOs in Global Health Research for Development. *Health Research Policy and Systems* 3(1): 3.
De Waal, A. (1989) *Famine That Kills: Darfur, Sudan*. Oxford University Press.

The research design is qualitative and ethnographic as the study intends to understand emergency as it is experienced, conceptualized and practiced by participant-responders in the context of existing MSF structures and operations. Because the research question asks how consensual understanding of emergency emerges over time and between professions and locations the methods must be suitable for multi-sited, long-term exposure.

Applying the ethnographic method, the research will take place over a period of approximately one year, permitting exposure to one annual cycle of potential hunger-gap.

The methods are:

1. Participant Observation: at the level of the MSF headquarters, country office and project site, with a particular focus on meetings, discussions and practices where acute hunger is conceptualized, monitored, and treated. [8]
2. Unstructured Interview: participant-led flexible, open-format interviews based on general topics without structured questionnaire; allows for conversational exchange; elicits both general and specific qualitative/quantitative insight.
3. Semi-structured Interview: like unstructured interview, but with a formal question guideline—targeted when time is limited or specific answers are needed.
4. Direct Observation: Continuous and consensual monitoring of organisational practices, for example, weight-for-height measurement or data-entry, with the intent to catalogue process, obstacles and time allocation.[9]

Practitioners are the focus of the study. This category is broadly construed to include medical, para-medical, public health and humanitarian professionals at all levels of the organisational hierarchy. This incorporation of a wide range of self-representations, will allow for fair share of perspectives, triangulation of how actors position themselves, how methods influence discourse and where decisions intersect.

The study will consist of three stages:

1. Headquarters observation and research (3-4 months)
2. Field-level observation and research (7-9 months)
3. Return to headquarters (1-2 months) including analysis, writing-up, presentation of findings and feedback.

Research will be carried out across three different sites: the aid agency headquarters, the capital coordination office and the field base. The study will start at the aid agency headquarters, where any potential nutritional crises are tracked globally in multiple regions. This phase of the study will focus on the practices, techniques and international mechanisms that attempt to understand early warnings of malnutrition. The trigger for the next phase will come from this project surveillance. As certain crises come to the foreground, the research will move to the MSF country office, where the team attempts to

[8] Reeves, S., A. Kuper, and B. D. Hodges. 2008. "Qualitative Research Methodologies: Ethnography." *BMJ* 337: a1020. doi:10.1136/bmj.a1020.

[9] Bernard, H. Russell. 2006. *Research Methods in Anthropology : Qualitative and Quantitative Approaches*. 4th ed.. Lanham, Md; Oxford: Altamira Press. pp 413-437

pinpoint nutritional crisis on a national or regional scale, and the field project, where the daily work of monitoring, surveillance and treatment is carried out at the local level.

The choice of the research site is crucial. The study is concerned with emergency response. It needs to be done on the site of emergent crisis. It is proposed that in the first 3 months of the project MSF and researcher jointly identify 2-4 field sites, where nutritional emergency is likely to occur in 2013-2014. The research will begin at the MSF headquarters, with final decision on the field research site made in consultation with headquarter support and project team midway through the research timeframe (i.e. ~3 months). The site chosen will be deemed to be the most acute and the most feasible at that moment (from the perspective of access/security/team and government permissions). The discussion of choice is potentially very revealing, as multiple parties balance multiple factors to produce a satisfactory result.

Sampling and recruitment strategy

The method sampling and recruitment will use both purposive and snowball technique. Chance interaction and observation are also a part of ethnography, and the researcher will take advantage of informal moments and encounters to ask questions or observe practice. Interaction with the researcher is always informed and voluntary (see *Informed Consent* section).

Interview and data collection will focus on the activities, tools and techniques of three categories of specialist. Each category of specialist has different perceptions, guiding principles and technical devices that they use to inform their interpretation of events:

1. *Clinical specialists* such as physicians, nurses and nutritionists will focus on the individual patient, understand emergency through individual diagnostics (MUAC, weight for height; other clinical and laboratory diagnostics; other empirical data; discretion and intuition).

2. *Public health specialists* like epidemiologists who focus on population health, understand emergency through statistical tools (aggregate measures from MUAC, weight for height, hospital records; FEWS-Net; other empirical data; discretion and intuition).

3. *Context specialists*, such as operations managers, project coordinators and humanitarian affairs specialists will focus on the "body politic", understand emergency through analysis of legal, political or environmental factors (news sources; SitReps; risk analysis; advocacy records; observation and interaction with others; discretion and intuition).

Data Collection and Analysis

A strict specialist division as outlined above is impossible: individuals can and do employ all three forms of reasoning simultaneously. This division will prove useful for the purpose of structuring data collection. The analysis will focus on how individuals and groups mobilize all three ways of knowing simultaneously to understanding the nature of the emergency confronted. The points of intersection and transference between the categories of specialist will potentially provide key insights. A framework for data collection and analysis is presented in *Annex 1*. This framework would plot data according to both location and professional specialty while analysis will focus on the information flows and transference between locations and specialisms.

Primary data collection from participant observation will be in the form of pen and paper field notes in journal format. Field notes will be reviewed on a weekly basis and summary observations manually transcribed into plain text electronic format. Field journals will not be comprehensively/rote transcribed: they are likely to be voluminous and the time required for verbatim transcription will likely be disproportionately large compared to their analytical value. With informed consent of the subject(s), digital photography may be used to document practices, objects or techniques. Photographs used to illustrate the research will obtain informed consent from the subject to reproduce the subject's image. With the consent of interviewees, interviews will be audio recorded. Interview data will be managed initially through verbatim transcription of all recorded conversational interviews. Additional emotional cues and silences will be noted in keeping with the flow of the interview, thus enhancing the emphasis, or otherwise, of a particular reflection of view that the technique adopted promotes. Such accuracy alongside the drawn out and meticulous process of listening and re-listening to the data will allow the researcher to verify data and already engage in a form of initial analysis or connection with the data that Rich and Ginsberg refer to as the "incoming data stream."[10] Transcription of the data will provide the opportunity for the researcher to assess his performance of interview technique and take note of style and voice inflections that might impact on the analysis. Categories will be drawn from respondents themselves in order to make "implicit belief systems explicit" [11] in order to generate some theoretical insight it will be necessary to constantly compare codes and refine them, therefore finally revealing the experiences of the participants[12]

The choice to perform manual coding as opposed to electronic is partly related to the small sample size and also to the value of interacting with the data in a way that promotes a continuous refinement of interpretations to ensure a deeper understanding of what is being studied. Data analysis will be in process for the entire course of the research; from the moment data is being generated during the interviews the "thinking and theorizing" begins.[13] Once the data has been manually transcribed and coded, computer-assisted qualitative data analysis software may be used to index and search the data, but this will be a data management aide rather than the primary means of analysis.

Validation

Absolute observer neutrality has been acknowledged as a theoretical and practical impossibility in anthropology.[14] In the context of qualitative research of organizations, is impossible for a participant

[10] Rich, Michael, and Kenneth R Ginsburg. 1999. "The Reason and Rhyme of Qualitative Research: Why, When, and How to Use Qualitative Methods in the Study of Adolescent Health." Journal of Adolescent Health 25 (6) (December): 371–378. doi:10.1016/S1054-139X(99)00068-3. p 375.
[11] Borgatti, Steve. 1996. Introduction to Grounded Theory. http://trp.jlu.edu.cn:8000/yuhongyan_jpk/uploadfile/200612/20061201165241756.doc. Accessed 13 July 2013. p 2.
[12] Bradley, Elizabeth H., Leslie A. Curry, and Kelly J. Devers. 2007. "Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory." *Health Services Research* 42 (4) (August): 1758–1772. doi:10.1111/j.1475-6773.2006.00684.x. p. 1762
[13] Basit, Tehmina. 2003. "Manual or Electronic? The Role of Coding in Qualitative Data Analysis." Educational Research 45 (2) (June): 143–154. doi:10.1080/0013188032000133548. p 143.
[14] Bernard, H. Russell. 2006. *Research Methods in Anthropology : Qualitative and Quantitative Approaches*. 4th ed.. Lanham, Md; Oxford: Altamira Press. p 5.

observer to avoid implication with social events, since the researcher is a player in the process that she or he is researching. It is exceedingly difficult for anthropologists to do organizational research without occupying an officially sanctioned position. Increasingly in aid and development institutions qualitative research is not only done *in* projects but *on* the project itself, often as a part of project process.[15] Thus the researcher must acknowledge that idealized boundaries between the observer and the observed (outsider and insider) are untenable. However, for the purpose of qualitative research, objectivity remains a methodological goal. Objective research is characterized be the use of empirical (i.e. methodically documented experiential) observation to produce original insight that is reliable and valid.[16] To approach reliability and validity in qualitative research the researcher must: 1) be aware of and assess one's own position (reflexivity or positionality) by way of alertness to prior assumptions, experience (disclosure of personal and intellectual bias) and power-relations linked to personal characteristics such as age and gender; 2) subject one's analysis to objective criticism from others. In the case of ethnography, much of this criticism comes increasingly from research subjects themselves.[17]

Where feasible, the process of data gathering and analysis will include collaborative elements. The extended duration of presence and focus on three different categories of specialist will ensure that the research a wide range of different perspectives. Forums for participant feedback will be presented at various moments throughout the research (e.g. respondent validation or member checking 10% of each transcript shared with each participants for checking and their reactions incorporated into the findings). Attention to negative cases will permit examination of the findings that emerge by allowing for contradictions to be questioned thereby refining the quality of analysis.

The data will be analyzed and findings presented in two phases. Phase One will be submitted to MSF-OCA in the form of an internal operational research report, to be completed as soon as possible after departing the field. Phase One is both a presentation of research findings and an extension of the research to encompass participant feedback. The report will be circulated for comment at headquarters, capital and field locations. Comments will be incorporated and reflected in the final report. From an institutional perspective, this encourages acknowledgement, discussion and consensus

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[15] Mosse, David. 2005. Cultivating Development : An Ethnography of Aid Policy and Practice (Anthropology, Culture and Society Series). Pluto Press. p11.

[16] Kirk, Jerome, and Marc L. Miller. 1986. *Reliability and Validity in Qualitative Research*. 2455 Teller Road, Newbury Park California 91320 United States of America: SAGE Publications, Inc. http://srmo.sagepub.com/view/reliability-and-validity-in-qualitative-research/SAGE.xml. pp 14-21.

[17] For a review of the concept of *reflexivity* and its relevance to self-critique see: Watson, Graham. 1987. "Make Me Reflexive, but Not Yet: Strategies for Managing Essential Reflexivity in Ethnographic Discourse." *Journal of Anthropological Research* 43 (1) (April 1): 29–41. doi:10.2307/3630465.

In anthropology, *positionality* refers to the importance of awareness and open disclosure of one's position and interests within the structure or society one wishes to research. Speaking of his own experience, anthropologist and DFID consultant Mosse said: "there is no position from which [the researcher] can analyse the circuitry of project and policy processes … which does not place [one] within it as a member"; in general it is "virtually impossible to sustain long-tem participant observation in the absence of making a practical contribution (whether as an engineer, a medic or anthropologist), being a member of the community and having a certain status." (Mosse, David. 2005. Cultivating Development : An Ethnography of Aid Policy and Practice [Anthropology, Culture and Society Series]. Pluto Press. p 11, 12.)

on research findings. From an anthropological perspective, this process permits 'reader response' to the research and provides additional theoretical insight.[18]

Phase Two will expand upon the initial report and reader response to meet the academic requirements for a doctoral dissertation in anthropology. Production of the dissertation and subsequent publications will be subject to a signed data management agreement with MSF (see *Data Management*, below) and the academic standards and guidelines of the University of Oxford.

While MSF will provide access and support to the researcher (see Resources, below), this support should not unduly influence the validity of the research findings, as staff participation will be on the basis of voluntary informed consent, the role of the researcher will be explained transparently and the researcher will be outside the decision-making hierarchy. Coupled with full disclosure and a signed research agreement such an arrangement would not compromise anthropological ethics. There is an established precedent of anthropologists simultaneously occupying the role of aid practitioner and observer, where negotiated research arrangements are accepted as workable risk-benefit compromise between research independence and institutional access.[19, 20]

The study is central to a doctoral dissertation in anthropology; as a precondition to awarding the degree the university will formally examine the dissertation to ensure the work meets scholarly expectations for research quality.

Professor Stanley Ulijaszek[21], a nutritional and biocultural anthropologist is the docoral supervisor. The researcher's faculty at the University of Oxford has a strong focus on medical and nutritional anthropology; the work is supported by extensive university resources, instruction and peer review. He will oversee the qualitative analysis and interpretation of data for the thesis.

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[18] Brettell, Caroline B. 1996. "Introduction: Fieldwork, Text and Audience." In *When They Read What We Write: The Politics of Ethnography*, 1–24. Bergin and Garvey. Reader response is a technique to encourage critique and validate findings. Critique of the written text can validate or challenge the research findings, showcase the variety of opinion that exists in any given community and add more nuance to the subject.

[19] Mosse, David. 2006. "Anti-social Anthropology? Objectivity, Objection, and the Ethnography of Public Policy and Professional Communities." *Journal of the Royal Anthropological Institute* 12 (4): 935–956. doi:10.1111/j.1467-9655.2006.00371.x.

[20] For examples of anthropologists filling dual roles of researcher and aid worker, see: Spillius, James. 1957a. "Natural Disaster and Political Crisis in a Polynesian Society An Exploration of Operational Research I." *Human Relations* 10 (1) (February 1): 3–27. doi:10.1177/001872675701000101.

Spillius, James. 1957b. "Natural Disaster and Political Crisis in a Polynesian Society An Exploration of Operational Research II." *Human Relations* 10 (2) (May 1): 113–125. doi:10.1177/001872675701000202.

Farmer, Paul. 2006. *AIDS and Accusation: Haiti and the Geography of Blame, Updated with a New Preface*. University of California Press.

Mosse, David. 2005. *Cultivating Development : An Ethnography of Aid Policy and Practice (Anthropology, Culture and Society Series)*. Pluto Press.

[21] See http://www.isca.ox.ac.uk/about-us/staff/academic/prof-stanley-ulijaszek/.

In Médecins Sans Frontières, Beverley Stringer[22], trained and experienced qualitative researcher and Health Policy and Practice Advisor based in London, will act as a referent point and field advisor to ensure support in gathering and analysis of qualitative data for presentation.

In Amsterdam, anthropologist Annemarie Mol[23], has offered office space, guidance and the collaboration of her research group at the University of Amsterdam, a few minutes walk from the MSF-OCA offices. As specialist on social aspects of medical and food practices, she will act as an advisor on the theoretical approaches.

As noted above, the final research country will be determined in the course of the research. At that time, local ethics approval and opportunities for collaboration will be sought at the mission level.

Interview Language

The language of interview will be English, French or Spanish.

Limitations

It is recognized that the explanatory value of ethnography is not in its generalizability but in its "thick description;" that is description of a phenomenon in extreme detail in order to elicit patterns of social relationships within a given context.[24] The study will produce deep understanding of one specific intervention and greater insight on the nature of MSF's practice, however the study's findings cannot be said to be comprehensive, replicable or broadly generalizable. The specificity of the location and circumstances means the findings cannot be claimed as representative of aid interventions at large.

Resources

The researcher is sponsored under a three-year Commonwealth Doctoral Scholarship; this includes a stipend for at least six months of field research, and one round-trip flight to the field site, enabling the researcher to cover most of the research expenses. The scholarship covers the costs of tuition and includes access to the university's scholarly resources (expert advice, libraries, journal subscriptions, databases).

For the purpose of the research MSF-OCA will facilitate some in-field expenses and administrative support, in line with existing MSF precedent for support to voluntary researchers (medical insurance/evacuation, transport, food and accommodation). The arrangement should decrease administration and risk of disruption to the research (i.e. researcher is incorporated into operational and security planning) yet should not present a conflict of interest since the researcher will not have direct programmatic involvement or responsibility for decision-making (see Validation, above).

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[22] See http://www.msf.org.uk/whos-who-msf-uk - Programmes

[23] See http://www.uva.nl/over-de-uva/organisatie/medewerkers/content/m/o/a.mol/a.mol.html

[24] Cohen D, Crabtree B. "Thick Description." *Qualitative Research Guidelines Project*. http://www.qualres.org/HomeThic-3697.html July 2006. Accessed 5 July 2013.

Data Management

Information will be stored in accordance with the (UK) Data Protection Act 1998, without any respondent-identifying information. Electronic data will be stored in a password-protected format that will be accessible only by the principal investigator. Data will be stored for a minimum of six years, in line with University of Oxford policy. The researcher will sign a research agreement with MSF and/or other relevant institution. This agreement will state that data gathered may only be used for the purpose of anthropological research, and that all data will be kept in a manner that respects confidentiality of respondents and protection of data. Data collected will not be shared with others, presented or published without consent of the Medical Director of MSF-OCA or the University of Oxford. After transcription all audio files will be destroyed. A copy of the doctoral thesis is required be deposited in the Oxford University Research Archive (http://ora.ox.ac.uk/).

Informed Consent

There will be two tiers of consent. The first tier, informed consent, recognises that whole communities (i.e. all the members of a village, all the workers in a hospital or office building) will be present as the research is conducted and will implicitly "feature" in the research. In this tier, the researcher will get formal consent from recognized leaders (e.g. state minister of health, chief hospital administrator) supplemented with informed community consent (e.g. informed consent of office and project teams, hospital staff and community members) through group meetings to explain the nature and purpose of the research, with opportunity for participants to ask questions. Anyone not wishing to feature in the research may verbally indicate this to the researcher at any time.

The second tier, individual consent, will apply to those practitioners interviewed formally and specifically for the purpose of the research. The consent process will involve outlining the purpose of the study, stating that participation is voluntary and that the respondent can change their mind about participating at any point. The consent process will be outlined verbally to ensure respondent comprehension and an information sheet will be provided. There will be two steps to the written consent, consent for the interview and consent for audio recording of the interview.

At all times interactions will be governed by both the MSF Code of Conduct and the Ethical guidelines of the Association of Social Anthropologists of the UK and Commonwealth (ASA).[25]

See *Appendix 2: Consent Form*.

Confidentiality

Data stored on the computer will be password protected. Each respondent will be given a code so that only the researcher can identify whom they are. Pseudonyms will be used to ensure that participants should not be identified either by name or contextual details. Codes will be used against quotations extracted from the transcribed data to validate the findings. While every effort will be made to

[25] Association of Social Anthropologists of the UK and Commonwealth (ASA).1999. ASA Ethical Guidelines for Good Research Practice. http://www.theasa.org/ethics/guidelines.shtml. Accessed 13 July 2013.

maintain confidentiality of participants and anonymity of their contributions, the researcher cannot guarantee total anonymity.[26] Participants will be known to one another; the nature of ethnographic writing means that some respondents maybe identifiable (or readers may guess at their identity) on the basis of their responses. It has been acknowledged that anonymity is not always in the best interest of the participants. [27] In some cases participants may express a strong desire to be identified in the text or quoted "on record."[28] In this case their desire and consent would be confirmed in writing. The researcher will ascertain before and after contact/interview the individual's perspective on anonymity: whether they would prefer to be quoted with attribution, without attribution or not quoted at all.[29]

These issues will be communicated to participants both verbally and in the written consent form. See *Annex: Sample Information Sheet and Consent Form*.

Social Value

Public Value

The study fits within an existing anthropological debate on the nature of medical humanitarianism[30] within a broader anthropological research on health policy, aid policy and how institutional norms affect healthcare outcomes for both practitioners and patients.[31] These studies are part of a broader

[26] Moore, Niamh. 2012. "The Politics and Ethics of Naming: Questioning Anonymisation in (archival) Research." *International Journal of Social Research Methodology* 15 (4) (July): 331–340. doi:10.1080/13645579.2012.688330 (p 334-335).

[27] May, Shannon. 2010. "Rethinking Anonymity in Anthropology: A Question of Ethics." *Anthropology News* 51 (4) (April): 10–13. doi:10.1111/j.1556-3502.2010.51410.x.

Haggerty, KevinD. 2004. "Ethics Creep: Governing Social Science Research in the Name of Ethics." *Qualitative Sociology* 27 (4) (December 1): 391–414. doi:10.1023/B:QUAS.0000049239.15922.a3.

[28] For example, to attribute statements that could be considered intellectual property. See: Sheehan, Elizabeth A. 1993. "The Student of Culture and the Ethnography of Irish Intellectuals." *When They Read What We Write: The Politics of Ethnography*: 75–89. Pp 81-82.

[29] Sheehan, Elizabeth A. 1993. "The Student of Culture and the Ethnography of Irish Intellectuals." *When They Read What We Write: The Politics of Ethnography*: 75–89. P 82.

[30] Major ethnographic reflections include: Redfield, Peter. 2013. Life in Crisis: *The Ethical Journey of Doctors Without Borders*. University of California Press.

Bornstein, Erica, and Peter Redfield. 2011. *Forces of Compassion: Humanitarianism Between Ethics and Politics*. School for Advanced Research Press.

Fassin, D., and M. Pandolfi. 2010. *Contemporary States of Emergency: The Politics of Military and Humanitarian Interventions*. Zone Books (NY).

Fassin, Didier. 2007. "Humanitarianism as a Politics of Life." Public Culture 19 (3) (September 21): 499–520. doi:10.1215/08992363-2007-007.

[31] For example: Jaffré, Yannick. 2012. "Towards an Anthropology of Public Health Priorities: Maternal Mortality in Four Obstetric Emergency Services in West Africa." Social Anthropology 20 (1): 3–18. doi:10.1111/j.1469 8676.2011.00190.x.

Sridhar, D.L. 2008. The Battle Against Hunger: Choice, Circumstance, and the World Bank. Oxford University Press, USA.

Mosse, David. 2005. Cultivating Development : An Ethnography of Aid Policy and Practice (Anthropology, Culture and Society Series). Pluto Press.

Sinclair, Simon. 1997. Making Doctors: An Institutional Apprenticeship. Berg Publishers.

policy and research agenda that seeks greater efficacy, transparency, accountability and public understanding of aid and development practices.

Institutional Value
The study is not a systematic review of agency practices but is intended to give critical insight to institutional enablers and barriers to effective care. On a project level, the interview and observation process will prompt introspection and critical reflection on the part of participants.

Community-Level Value
The study aims to give insight to the nature of medical humanitarian practice in emergency settings, influencing future policy and practitioners, ultimately making more effective outcomes for host communities.

Potential Risks

The main burden to participants will be the time taken for the in depth interviews. Actual time will be explained as part of the informed consent so that the participant is able to consent with this in mind. The questions included in the study are not considered sensitive but it is impossible to predict individual reactions, psychological support through routine resources available in MSF will be sought if required.

Informed consent will be obtained and participant privacy and confidentiality respected, as practitioners are the focus of the study contact with patients will be minimized as much as feasible, though in such a setting interaction with beneficiaries is inevitable. There will be no formal research engagement with patients or caregivers, other than to inform them of the nature and intent of the researcher's presence. No patient interviews or focus groups will be conducted. Description of situations will contain no information that could be used to identify any patient. No photograph will contain or portray a patient in any identifiable manner. The researcher will be on site to directly observe the team's practice (for example, MUAC/weight-for-height measures, day-to-day clinical care) and may occasionally fill a basic role within the team (for example, marking a tally sheet). The principal investigator will endeavor to minimize any interference with routine program activities. As the researcher will be present for long periods of time, participants and patients will become familiar with his presence, thus reducing the possible influence on behavior.

The potential for disclosure will be discussed with participants during the consent procedure. There may be a potential need for disclosure should any information be recounted (revealed during the course of an interview) or directly observed which might indicate risk or harm to the participant or patients (e.g. concerns that would require medical intervention or psychological support). In this instance it will be necessary to discuss with the participant beforehand the need to disclose such information to relevant medical personnel in order to protect their interests.

Allen, Davina. 1997. "The Nursing-medical Boundary: a Negotiated Order?" Sociology of Health & Illness 19 (4): 498–520. doi:10.1111/j.1467-9566.1997.tb00415.x.

Compliance with local laws regarding disclosure with identity will be managed closely with the senior responsible MSF managers, with the wellbeing of patients and participants as the foremost consideration. This duty of disclosure is made explicit in the consent form and information note for participants.

The questions included in the survey are not deemed to be sensitive, however as it is impossible to predict individual reactions, psychological support through the MSF psychosocial care unit will be available in case of need. Interviewees will be free not to answer any question posed or to stop the interview at any time without prejudice their position within the organisation.

There is a risk that the organisation or individuals may disagree with conclusions the researcher draws from the data. In the event of disagreement, it will be important to emphasize beforehand that the purpose of the research: it is not an audit, consultancy or evaluation to judge the relative merits of a given program; it does not aim to provide a comprehensive or definitive account; rather the research attempts a understanding of the social context, relationships and perceptions that impact individuals and projects.[32]

The research will take place in an MSF operational setting at the moment a nutritional crisis is unfolding. It will be impacted by the same risks, uncertainties and constraints that affect the project as a whole (i.e. visa or administrative problems, unrest, insecurity, criminality, population movement, environmental hazards or other factors that could impede or suspend operations). The initial selection of context will be based on locations where this is less likely to occur. Depending on the nature of the disruption, contingencies to mitigate disruption will be implemented with the guidance of the operational team. The research is multi-sited (Amsterdam HQ, the capital HQ and the field project site) and therefore flexible; constraints affecting one site are unlikely to affect others; disruption in one site can be compensated for by time spent in another site.

Respect for recruited study participants and study communities:

The findings and outcomes of this study will be made available to all participants via feedback mechanisms which respondents can choose to either opt in or opt out of prior to interview commencement. Summary findings of the study will be made available to all participants. Feedback mechanisms will be used to ensure participants are aware of the findings and outcomes of the study.

Independent Review:

This research proposal was submitted to anthropological ethical review (the University of Oxford's CUREC) via the School of Anthropology and Museum Ethnography Research Ethics Committee. Ethics approval for the research was obtained: see *Appendix 3*.

The researcher will seek all appropriate local permissions (from both formal and informal authorities). Depending on the site selected, governments may have varying requirements for research permissions. Formal ethics review at the national or regional level will be sought.

[32] Mosse, David. 2005. Cultivating Development : An Ethnography of Aid Policy and Practice (Anthropology, Culture and Society Series). Pluto Press. Pp x-xi.

Appendices:

APPENDIX 1: FRAMEWORK FOR DATA GATHERING AND ANALYSIS

3 Specialist Understandings

Clinical Specialist Focus on the individual patient	*Public Health Specialist* Focus on population health	*Context Specialist* Focus on health of the "body politic"	
People: Nutrition Advisor, Health Advisor *Tools & Techniques:* Protocols (diagnostic & treatment), research (especially control trials)	*People:* Nutrition Advisor, Epidemiologist *Tools & Techniques:* Famine Early Warning System (hunger "radar"), project reports, epidemiology	*People:* Operational Mangers, Operational Advisors, Advocacy Specialists *Tools & Techniques:* Newspapers, reports, discussion, analysis, medical advice	*HQ*
People: Medical Coordinator (MedCo) *Tools & Techniques:* Project reports, analysis, coaching, protocols	*People*: MedCo, Epidemiologist *Tools & Techniques:* Epidemiological analysis, project reports, discussion, advice	*People:* Head of Mission, Advocacy Specialists *Tools & Techniques:* Newspapers, reports, discussion, analysis, medical advice	*Country Capital*
People: Doctor, Nurse, Nutritional Assistant, Clerks, Lab Tech *Tools & Techniques:* MUAC, weight-for-height, medical diagnosis, lab diagnostics, protocols	*People*: Doctor, Nurse, Epidemiologist, Data Clerk *Tools & Techniques:* Aggregate clinical data (MUAC, weight-for-height, admission & discharge records)	*People:* Project Coordinator, Advocacy Specialists *Tools & Techniques:* Newspapers, reports, discussion, analysis, medical advice	*Field Site*

3 Sites

Analysis of information flows between locations and specialists

APPENDIX 2: SEMI-STRUCTURED INTERVIEW GUIDE

(Preliminary) Interviewee Biography

Probe:
Understand interviewee's background, how it may influence focus. Set tone and flow of interview

Prompts:
"Tell me about yourself, how did you come to MSF?"

(Part 1) Definition of Nutritional Emergency

"What does 'Nutritional Emergency' mean to you?"

Probes:
Ask interviewee what they understand "emergency" to be.
Ask interviewee why we use the term "nutrition" in this context (and not, for example "food" or "hunger")
Prompts:
"When does hunger become an emergency?"
"What is a 'nutritional emergency'?"

(Part 2) Experiences of Nutritional Emergency to Date

"Tell me about your experiences of nutritional emergency."

Probe:
Ask interviewee to relate experiences with nutrition and emergency response
Prompt:
"What was your first/is you present experience of hunger as an emergency?"
"How did you know the people you were seeing were in crisis?"

Probe:
Ask about MSF's approach to nutritional emergency
Prompt:
"What does MSF do in these situations?
"How does MSF differ from others?"

Probe:
Ask interviewee to relate their personal reaction to the MSF response
Prompt:
How did you feel?
What were your thoughts about the response?
How easy is it to see or measure crisis and response?

Probe:
Ask interviewee to relate difficulties encountered in intervention.
Prompts:
"What was the hardest part of the intervention?"
"Was the intervention affected (for better or worse) by…"

- The security situation?
- Geography/climate/seasons?
- The language(s) of work?
- Team dynamics?
- Leadership?
- HQ or capital support?

Probe:
Ask interviewee to relate support/team dynamic
Prompt:
"When you needed personal or professional support, where would you go for help/advice?"
"If you or a team member had any concerns about the direction of the intervention, where would you go first for help/advice?
"Why go there?"

Probe:
Did the intervention respond well to the crisis?
Was there more that could have been done?
Where does/did MSF's responsibility end?
Prompt:
"How satisfied are you with the outcome of the intervention?"

(Part 3) Strengths/deficits of MSF approach
"How well do you think MSF addresses hunger?"

Probe:
Inquire about MSF technical approach/understanding of hunger

Prompt:
"Is there one thing MSF does better than anyone else?"
"Are there things MSF does poorly/does not understand?"

(Part 4) The end of emergency
"How do we know when the emergency is over?"

Probe:
Enquire how MSF measures/determines when to end the intervention.

Prompt:
"How do we know when a population is no longer at risk?"
"What is a normal level of hunger/risk in an MSF context?"

(Part 5) Future interventions
"How do you envision MSF's approach to hunger in the future?"

Probe:
Ask how MSF's response to (nutritional) emergencies is likely to change in the coming years.

Prompt:
"Will things be different in the future?"
"What innovations are occurring in how MSF approaches hunger?"
"What effect will new technologies/climate change have on MSF's response to nutritional emergency?"

(Part 6) Closing:
"Thank you for your time. Do you have any questions that you would like to ask of me?"

APPENDIX 3: RESEARCH INFORMATION NOTE AND CONSENT FORM

University of Oxford

School of Anthropology
AND MUSEUM ETHNOGRAPHY

51 Banbury Road, Oxford, OX2 6PE

Research Information Note

My name is Darryl Stellmach. I am doctoral candidate at the Institute of Social and Cultural Anthropology at the University of Oxford. I am also an experienced humanitarian relief worker; from 2003-2012 I worked as a field coordinator for Médecins Sans Frontières (MSF). My doctoral research examines how the perceptions, experiences and technical practices of people in Médecins Sans Frontières influence the identification and response to nutritional emergency. The study is entitled *The Practice of Medical Humanitarian Emergency: Ethnography of Practitioners' Response to Nutritional Crisis.* You have received this letter because you are invited to participate in this study. Before agreeing to take part in this study, it is important that you understand the study and how you may be involved.

What is the study about?

This study looks at how social factors (like norms, expectations and interpersonal relations), technical skills and tools (like surveys, diagnostics and epidemiological analysis) interact to enable identification and response to medical humanitarian emergencies. In short, my research asks "when does hunger become an emergency and how does MSF know an emergency when they see it?"

This study is ethnographic, meaning scientific insight is gathered from the researcher's participation in every day life. Data is qualitative, gathered from interviews and conversations, but also from observation of daily routines and one's own reaction to events. The ethnographer is present as a participant observer over the period of many weeks and months, watching an emergency response as it unfolds.

The University of Oxford supports the study as part of the requirements toward fulfilling my degree. It is funded through a scholarship grant from the Commonwealth Scholarship Commission of the United Kingdom. MSF has agreed to participate in the study because they hope to gain insight that will improve the effectiveness of their humanitarian interventions. For this reason, they have granted me access to their offices and work sites and will assist the study by providing in-kind support (food, transport, accommodation and medical coverage) while I visit their capital offices and field projects.

How will I be involved in this study?

There are two ways to be involved in the study. First, as a member of the local community, government service or an MSF team, you will interact with me in the role of ethnographer as part of daily life. Those interactions will form part of my experience and understanding of MSF and our shared context. I may reflect upon our interactions. When I write the research text, I may describe our conversation or situation, without using your name or any description that could identify you specifically. If you feel uncomfortable with this, just inform me verbally that you wish not to be included in the study. While you cannot opt out of interaction with me or interaction with others who may be part of the study, you can request that your statements and our experiences be omitted from my notes and analysis. This doesn't mean I'll ignore you or never talk to you, but rather that I will not quote or reflect upon our conversations and experiences in the research.

The second way to be involved is to consent to an interview. I will interview you in person. Interviews may take anywhere from 30 to 90 minutes. I will ask you questions and record your answers but this is not a formal checklist-style interview. It will be open and broad, my questions will generally cover organizational philosophy, structures, decision-making and daily experiences of your work in emergency. You will choose the direction of the interview and what we focus on. If you decide to participate, you may choose not to answer any interview questions.

The interview may take another form, where you teach me about a tool or technique that you use in your work. For example, a nutritional assistant could teach me how to calculate weight-for-height measures or an epidemiologist could teach me how to understand epidemiological tables.

Later, after our interview, I will provide you with a summary of what we discussed. I will ask you if the summary correctly reflects what we talked about, if you have any further thoughts, and if there is anything you'd like to clarify or add. This is known as "member- checking."

With your consent, I may digitally record our interviews so that they can be re-reviewed and transcribed (written down word-for-word). Interviews might be audio-recorded, but not video-recorded. During the study, the recordings and transcripts will be kept under lock and key and password protected on my computer. Only I will hear the recordings or read the whole transcripts. Once the study is published, the recordings will be destroyed. Six years later, the transcripts will be destroyed.

What are the risks?

By participating in this study, there may be certain risks to you as explained below:

- Psychological/emotional risks:
    - It may be bothersome or emotionally taxing to have an ethnographic observer present for long periods of time. The research is not intended to be intrusive. I am an experienced MSF volunteer and should fit into the organizational structure with minimal disruption. However, if you ever feel uncomfortable with my presence, just tell me; I will respect your wishes, distance myself and only resume interaction with your consent.
    - In the context of interview or discussion there is the risk of emotional and psychological stress in recounting experiences that you may have found disturbing or traumatic. If you were to feel emotionally distraught during an interview, then the

interview would be stopped, and the interview would only reconvene with your verbal consent and at your convenience.

- Social risks:
    - All the information that I collect about you will be kept confidential. I will not make public anything that will identify you unless you give me formal, written consent to do so or if I am compelled by law.
    - During data collection and analysis, I will use an ID number instead of your real name. Only me, my Faculty Supervisor and Ethics Review Board (ERB) would be able to link your ID number with your real name. If the results of the study are published, your name will not be used and your identity will not be released or published without your specific consent to the disclosure. However, despite our efforts, anonymity cannot be guaranteed. For the purpose of analysis, I will have to document the organization that you were with, your role within that organization, and the type of work that you did. Therefore, there is a chance that someone could figure out your identity or the identity of your organization based on our published information.
    - There may be a potential need for me to break confidentiality and disclose information, should any information be recounted (revealed during the course of an interview) or directly observed which might indicate risk or harm to you or patients (e.g. concerns that would require medical intervention or psychological support). If this is the case, I will discuss with you beforehand the need to disclose such information to relevant medical personnel in order to protect your interests.

- Legal risks:
    - This study will deal with hunger and emergency, which can be politically charged and sensitive topics. It is not an audit, consultancy or evaluation to judge the relative merits of a given program, nor is it an advocacy study. This study is in no way designed to pass judgment or apportion blame. Rather, the study will attempt to produce a neutral understanding of the context, relationships and perceptions that impact individuals and projects dealing with nutritional emergency. However, given the sensitive nature of the topic, some people could misinterpret the reason for this study and consider it threatening. To reduce this risk, this Information Letter will be made publicly available and further efforts will be taken to prevent any such misunderstandings.

What are the benefits?

There will unlikely be direct benefit to you for participating in this study. You will not be paid or compensated for your participation. There may be indirect benefit to MSF, the international public health and humanitarian aid community because the results of this study may be used to inform policy and operational planning. There may be indirect benefit to the scholarly community as this study will inform existing work in anthropology.

Do I have to do this?

Your participation in this study is voluntary. It is your choice whether or not to participate. If you decide not to participate in this study, there is no consequence to you. If you do decide to participate, you may decline to answer any interview questions. If you decide to participate but change your mind later, you may do so without explanation or penalty. You may withdraw from

the study up until the end of the human subject participation, which is approximately September 2014, when fieldwork, interviews and member checking procedures will be complete.

What next?

At any time please feel free to approach me with observations or questions. Let me know if you do not want to be included in this research. If you do not want to be included in the study you only need only inform me verbally.

If I approach you to ask for an interview, are free to decline. If you agree, I will ask you to initial this Information Letter to show that you have read it, and to sign the Informed Consent Form. Then we will arrange an interview time.

What if I have questions?

If you have any questions, I would be happy to address them. You can speak to me in person, or email me at Darryl.Stellmach@anthro.ox.ac.uk. I will do my best to respond to all mails promptly.

Thank you for your consideration in helping with this research study.

University of Oxford

School of Anthropology
AND MUSEUM ETHNOGRAPHY

51 Banbury Road, Oxford, OX2 6PE

Consent Form for Semi-Structured Interviews

By signing this Consent Form:

I agree to participate in this study entitled *"The Practice of Medical Humanitarian Emergency: Ethnography of Practitioners' Response to Nutritional Crisis"*

I agree I have had the nature and purpose of the study explained to me by the Principal Investigator

I agree to be interviewed at a time to be arranged by myself and the Principal Investigator.

I agree to be (*check one):*

- quoted with attribution (quoted "on record")
- quoted without attribution (quoted anonymously)
- not quoted at all, but to have my responses incorporated in the study as background information

(If left blank I am assumed to agree to "quotation without attribution")

I agree that my participation is voluntary and that I may withdraw at any time.

I understand that I may decline to answer any questions during the interview.

I understand that my interview may be audio-recorded for reviewing and transcribing, that any digital recording will be destroyed upon publication of the study, and that any transcription will be destroyed five years from the completion of the study.

I understand that my participation will have no direct benefit for me and that I will not be paid or compensated for my participation.

I understand that my participation may have certain risks; that, while every endeavour will be taken protect my identity, there is a chance that someone may deduce my identity based on published information.

I understand that the results of this study will be published, and will be made publically available in an online research archive, and that my name will not appear in any of the publications without my explicit consent.

I understand that I may receive a summary of the research results if I so request.

I understand that I can contact the Principal Investigator if I have any questions about this study:

Darryl Stellmach

Darryl.Stellmach@anthro.ox.ac.uk

c/o Institute of Social and Cultural Anthropology
University of Oxford
Wolfson College
Linton Road
OX2 6UD
Oxford, UK

Signatures

Participant's name	Researcher's name
Participant's signature	Researcher's signature
Date and location	Date and location

---

*Note to ERB: Some text in this Research Information Note and Consent Form is copied from forms used in the study "The Nigerian lead poisoning outbreak and the international humanitarian response: A case study in global health ethics." by permission of the author, John Pringle.

APPENDIX 4: ETHICAL CLEARANCE FROM OXFORD CUREC

SCHOOL OF ANTHROPOLOGY AND MUSEUM ETHNOGRAPHY
51-53 Banbury Road, Oxford OX2 6PE
Tel: +44(0)1865 274670 Fax: +44(0)1865 274630
info@anthro.ox.ac.uk www.anthro.ox.ac.uk

From the office of the Head of School

Darryl Stellmach
School of Anthropology and Museum Ethnography

12 June 2013

Dear Darryl,

Research Ethics Approval

Ref No.: SAME/CUREC1A/13-43

Title: Coordination in Crisis: An Ethnography of Nutritional Emergency

The above application has been considered on behalf of the School of Anthropology and Museum Ethnography Research Ethics Committee (SAME REC) in accordance with the procedures laid down by the University for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to the SAME REC, the proposed research has been judged as meeting appropriate ethical standards, and accordingly approval has been granted.

Should there be any subsequent changes to the project, which raise ethical issues not covered in the original application, you should submit details to the SAME REC for consideration.

Yours sincerely,

Marcus Banks
Professor of Visual Anthropology
Head of the School of Anthropology
University of Oxford

cc Stanley Ulijaszek

APPENDIX 6: ETHICAL CLEARANCE FROM MSF ERB

Ethics Review Board
Instituted by Médecins Sans Frontières

Dr Sid Wong
Medical Director
Médecins Sans Frontières - Artsen Zonder Grenzen
Operational Centre Amsterdam
Plantage Middenlaan 14
1018 DD Amsterdam

22 October

Re: Ethics approval of research protocol *The practice of medical humanitarian emergency: ethnography of practitioners' response to nutritional crisis*. Version 5 Completed: 7 October 2013

Dear Dr Wong,

Many thanks for your reply to our review of the above-mentioned proposal which we received on 11 October. We are happy with your answers and the modifications introduced. We thus approve the amended protocol for a period of 12 months from initiation of the study. The study must be initiated within the next 12 months. If this is not the case the approval of this protocol is no longer valid. It is your responsibility to ensure that all people associated with this particular research are duly informed about the changes introduced and what has actually been approved.

Any subsequent changes you might wish to make to the project must be notified to the Ethics Review Board for further consideration and approval. Anything that may occur during the research that may affect ethical acceptability of the project, including adverse effects on participants or unforeseen events, must be reported immediately to the Ethical Review Board. We would appreciate receiving the final research report.

We would like to draw your attention to the fact that the ERB will routinely check the reported and published outcome measure(s) against the outcome measure(s) initially approved in the protocol. If the outcome measures published differ from the proposal, the ERB should be consulted beforehand. There may be good reasons for the change, but as any other alteration in the approved protocol it should be assessed on ethical grounds.

We wish you much success with the research.

Yours sincerely,

Doris Schopper

Doris Schopper
Chairperson, Ethics Review Board

APPENDIX 6: CURRICULA VITAE: DARRYL STELLMACH

DARRYL STELLMACH
Curriculum Vitae

102 Eagle Butte Ranch
Calgary, Alberta
CANADA
T3Z 1K3
Tel: +1 (403) 288-7754
Skype: darryl.stellmach

Email: Darryl.Stellmach@anthro.ox.ac.uk

Experience

1998-Present

Doctoral Candidate in Anthropology — October 2013-Present

Institute of Social and Cultural Anthropology, University of Oxford Oxford, United Kingdom

Scholarly and ethnographic research on disasters and emergency as social and cultural phenomena, specifically: the epistemology of nutritional emergency. Intensive three-year academic training with some of the world's leading anthropologists includes research and field ethics; research methods; fieldwork theory and methods; health, safety and risk management; academic writing and presentation.

Humanitarian Aid Worker — March 2003-June 2012

***Médecins sans Frontières* (MSF)** Operational Centre Amsterdam

Field-based leadership, coordination and management of medical humanitarian interventions in remote conflict, post-conflict or crisis environments. Posts of increasing complexity and responsibility:

Consultant, Pakistan	Quetta Remote Management Implementation, June 2012
Head of Mission, Nigeria	Maternal Health Care, Lead Poisoning & Epidemic Response, October 2010 to January 2012
Assistant Head of Mission, Pakistan	Maternal & Child Health Care, January 2009 to June 2009
Project Coordinator, Pakistan	Kurram Maternal & Child Health Care, September 2007 to August 2008
Permanent Facilitator, Holland	Egmond *Basic Management Course*, July 2007
Project Coordinator, Somalia	Marere Health Care, Nutrition & Emergency Preparedness, December 2006-May 2007
Project Coordinator, Colombia	Sincelejo Primary & Mental Health Care Start-up, April 2005-May 2006
Logistician Administrator, Northern Uganda	Pader Primary Health Care Start-up, July 2004-November 2004
Logistician Administrator, Sierra Leone	Kambia Obsterics & Secondary Health Care, July 2003-April 2004

Operations Advisor — July 2002- February 2003

***Western Valley Development Authority* (WVDA)** Cornwallis Park, Nova Scotia

Community Economic Development. Designed an agency-wide operations manual. Documented best practice in administration, human resources, communications, technology and project management

Project Coordinator — February 2001- October 2001

***Action Against Hunger-USA* (ACF-USA)** Gulu, Uganda

Field-based management, security, logistics, administration and human resources for water, sanitation and nutritional humanitarian programs in the northern conflict zone

Project Coordinator — July 1999- December 1999

***Western Valley Development Authority* (WVDA)** Bridgetown, Nova Scotia

Community Economic Development. Designed and managed grassroots development projects

Intern: Programmes Department — September 1998- June 1999

***The Pearson Peacekeeping Centre* (PPC)** Clementsport, Nova Scotia

Administration and delivery of peacekeeping and humanitarian aid training courses to an international audience

Education

Doctor of Philosophy in Anthropology
University of Oxford, 2015 (anticipated)

Master of Science (w. Distinction) in Medical Anthropology
University of Oxford, 2010

Bachelor of Arts (w. Distinction) in Art History
University of Calgary, 1998

Bachelor of Arts in Anthropology
University of Calgary, 1997

Conference & Panel Presentations

(Recent)

"Health Risk of Extracting Industries: Lead Poisoning in Nigeria." *XV Humanitarian Congress Berlin: No access! Who Cares? How to reach people in need,* Virchow-Klinikum, Berlin, 26 October 2013.

"The moral economy of humanitarian welfare: Two cases from the war on terror in Northwest Pakistan." *Human Welfare Conference VI*, Green Templeton College, Oxford, 3 May 2013

Member of **"Beyond Academia NGO Panel."** *Human Welfare Conference VI*, Green Templeton College, Oxford, 3 May 2013

"Living in Catastrophe." *High Impact Careers in Health Care: 80,000 Hours Symposium*, 23 Feb 2013

"Seeing Famine." *President's Seminar on Hunger*, Wolfson College, Oxford, 28 Jan 2013

"The Instrumentalisation of Health and Humanitarianism in the Global War on Terror: Two Cases from Northwest Pakistan" *Liverpool School of Tropical Medicine, Second Annual Health in Humanitarian Settings Research Symposium*, 3 December 2012

"Past and Future Challenges in Global Health and Humanitarian Aid." *Oxford Forum for International Development: Introduction to International Development*, 17 Nov 2012

"Zamfara, Nigeria Heavy Metal Poisoning: Present Challenges and Questions" presentation to the *General Assembly of MSF-Holland* 25 May 2011

Publications & Reports

Stellmach, D. **"Cottage Industrial Pollution".** *The Discard Studies Compendium*, *Eds*. M. Liboiron, R. Nagle and M. Acuto (forthcoming)

Stellmach, D. **"Peter Redfield, 'Life in Crisis: The Ethical Journey of Doctors Without Borders'"** (book review). *Culture, Medicine and Psychiatry: An International Journal of Cross-Cultural Health Research*, *Ed.* A.D. Gaines, Springer: USA (in press: Vol. 38, Issue 2: June 2014).

Greig, J., N. Thurtle, L. Cooney, C. Ariti, A. Ola Ahmed, T. Ashagre, A. Ayela, K. Chukwumalu, A. Criado-Perez, C. Gómez-Restrepo, C. Meredith, A. Neri, D. Stellmach, N. Sani-Gwarzo, A. Nasidi, L. Shanks & P.I. Dargan. **"Blood lead level association with neurological features in 972 children affected by an acute severe lead poisoning outbreak in northern Nigeria".** *PLOS Medicine*, *Ed.* Virginia Barbour, Public Library of Science: Cambridge, UK (submitted).

Stellmach, D., N. Thurtle & J. Greig **"Metals and Semimetal Compounds Incidents"** in *ToxicoSurveillance: Methods and practices for Health Risk Evaluation, Eds.* A. Ferrer-Dufol & E. Vilanova-Gisbert, Wiley & Sons, Inc.: USA (submitted).

Thurtle, N., C. Meredith, E. vd. Velden, E.S. Mohamed Ahmed, D. Stellmach, P. Dargan, C. Hoel, J. Greig, L. Cooney & L. Shanks, ***Description of the Outpatient DMSA chelation therapy programme to treat lead toxicity in ≤ 5 year old children in Zamfara, Northern Nigeria***. Unpublished presentation to *MSF Scientific Day 2011*, http://fieldresearch.msf.org/msf/handle/10144/145257, MSF Netherlands: Amsterdam, 2011.

Stellmach, D. ***Humanitarianism and its Discontents: The Valuation of Aid in Pakistan's NW Frontier***. Unpublished thesis for the degree of MSc in Medical Anthropology, University of Oxford, September 2010.

Stellmach, D. **"First do no Harm: Medical Ethics as the Core Principle of MSF"** in *My Sweet La Mancha,* MSF International: Geneva, December 2005.

Languages

English, Spanish, French

References

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