

Are humanitarian workers immune to “India syndrome”?

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The author takes an in-depth approach, bringing readers close to the daily reality, so that we might better understand the difficulties an NGO may encounter when setting up in India.

A fascinating yet disconcerting place, India is known in some first-time visitors to rouse feelings of elation that can trigger anxiety or even mania. Aptly named “India syndrome”,¹ it’s a condition that has now been properly identified by psychiatrists and psychologists, stemming from the abrupt and brutal clash between an idealised India and the real India, which can disturb the disillusioned traveller to such an extent that they feel overwhelmed. The syndrome is specific to India,² illustrating the uniqueness of the country and its otherness. Furthermore, India is the only country in the world where the French consulate has a permanent psychiatrist to deal with problems displayed by French nationals, even though India syndrome is an issue for travellers of all nationalities. What if this syndrome of disillusion also affected humanitarian workers looking to settle over there? The gap between the many needs identified on the ground, the challenges faced when partnering up with active Indian civil society organisations and the reality of working conditions can cause humanitarians to question the legitimacy of their work and the practices employed in India.

With a few years of hindsight, the projects that I implemented in India have left a strange aftertaste in my mouth – just like a *malai kofta* –, an initial sweetness which then turns sour in a way that often takes me by surprise! In all likelihood, this duality stems from the fact that there is so much to learn, co-develop and share with Indian partners. There are also so many needs. On paper, India has the potential to be a key regional player, even as a major contributor to developing international aid initiatives beyond its borders. However, the sometimes puzzling culture, the bureaucracy, the Indian authorities’ unreasonable mistrust of foreign non-governmental organisations (NGOs), and the hazy yet tenacious stain of corruption to a great extent complicate the task and make for a grim picture. Does this mean we should just give up investing in a country with such undeniable needs and potential?

Drawing on my experience as a project coordinator for *Médecins du Monde (MdM) – France* (Doctors of the World) in India in 2012-2014 followed by the several long stays that immersed me in this country-continent, this article seeks to illustrate a handful of the challenges and issues that any humanitarian worker may face.

The indispensable partnership-based approach

¹ Or “Indian syndrome”. This term was coined by a French psychiatrist, Régis Airault, who worked at the French consulate in Mumbai (formerly Bombay) for several years from 1985, in his book *Fous de l’Inde : Délires d’Occidentaux et sentiment océanique*, Payot & Rivages, 2000 (in French, first edition).

² Syndrome de l’Inde, <https://www.courrierinternational.com/article/psychologie-quest-ce-que-le-mysterieux-syndrome-de-linde>

HUMANITARIAN ALTERNATIVES

For MdM's early days in India, maybe more than anywhere else, the partnership-based approach seemed an obvious choice: a test bed for setting up partnerships primarily focused on capacity building. Talented and committed local stakeholders exist, even if they sometimes need support to become fully operational, including for developing their work beyond the country's borders. Therefore, a close partnership, from the outset involving a planned and gradual withdrawal, was set up with an Indian child protection NGO, *Jan Kala Sahitya Manch Sanstha*. The idea was to set up a mother and child health promotion project in the unofficial shanty towns of Rajasthan, developed in the first instance by the MdM Midi-Pyrénées regional office.

Subsequently, the desire to scale up in India took the form of a first project devised at MdM headquarters, in cooperation with the Voluntary Health Association of India,³ a major Indian health NGO in Odisha State. MdM then joined forces with another Indian NGO to deliver primary care through mobile clinics to internally displaced people from Chhattisgarh in the neighbouring state of Andhra Pradesh. This Indian NGO had been working for a long time with tribal communities and made a strong impression on us during the fact-finding mission. The commitment of its volunteers over several years, their ability to converse with these specific population groups – India has 234 mother tongues, of which twenty-two are recognised in the country's constitution as regional languages! – and the palpable acceptance of the future “beneficiaries” augured well. This partnership-based approach seemed to offer a guarantee of success and a necessary path to take from an ethical and administrative perspective and in order to appropriately account for sociocultural factors when developing our projects in a country with such specific social codes. We resolved to take all this into consideration as much as possible, for instance, by hiring an anthropologist before defining the project so that they might shed light on the health practices and cultural views of the tribal communities targeted by the future activities. This led to us employing an Ayurvedic doctor in addition to providing allopathic medicine in the mobile clinics. In so doing, we took into consideration the very deeply-rooted spiritual dimensions linked to illness, such as the need for the patient to return to their home village to undertake spiritual rituals surrounded by their family in order to hope to be cured of certain diseases. Healthcare access is not always the main barrier, as beliefs sometimes play a major role in stopping people from using the health system.

Intercultural aspects do not solely impact project beneficiaries but also multicultural team relationships and working methods. Our French administrator kept wondering why the lead time for delivering vehicles, vital for starting the mobile clinics, was so long: “I just don't understand, if the vehicles are ready, why don't we have them yet?” The response: “The scheduled delivery date doesn't quite tally with Hindu astrology and could set the project back... Things will be much more favourable in three weeks' time so it would be better to wait!” We couldn't possibly go against the planets and gods with innumerable arms, so we went along with it. And it was down to us to manage the fallout of such delays with a Western donor with limited sensitivity to cultural vagaries! Pierre Micheletti, who was actually the co-project coordinator alongside me, whispered that we should “adapt or give up”.⁴

Likewise, it was out of the question to launch the project without having all the local area's leading figures in attendance and especially without the blessing of the influential guru, who would bring together all the team around offerings of flowers, incense and coconut-breaking rituals on an altar. This is how India works and is the glue that holds the country together. It is worth stating that at that

³ Voluntary Health Association of India, <https://vhai.org>

⁴ Pierre Micheletti, *Humanitaire : s'adapter ou renoncer*, Marabout, 2008.

HUMANITARIAN ALTERNATIVES

time, Narendra Modi was yet to be appointed prime minister,⁵ and Hindu nationalism was a lot less extreme. Our team was a faithful reflection of these ceremonies, bringing together Hindus, Christians, Muslims, and even Muslims who had recently converted to Islam to escape the Hindu caste system, in a joyful and respectful cohabitation. The main issue in this team reflecting a multifaith India was reaching an agreement on which public holidays suited each member, in line with the major (and sometimes long) religious festivals, so that everyone was happy. Cultural intelligence, a concept dear to Michel Sauquet,⁶ teaches us that interculturality does not boil down to identifying problems but provides an opportunity for collective success, recognition and excelling. From this perspective, India offers a wealth of valuable lessons, making the country a prime partner.

Major administrative hurdles

Another aspect to be considered, if humanitarian workers are to avoid India syndrome, is understanding the country's administrative system. The Indian authorities are extremely mistrustful of foreign NGOs, which are suspected of meddling, funding terrorism under the pretext of humanitarian work and even of covering up specious environmental agendas. This further complicates the partnership-based approach, forcing NGOs to juggle authorisations and reinforcing inequities between partners, consequently paving the way for all sorts of problems.

Putting together an application to register an international NGO in India is like doing an obstacle course. After several years of trying, MdM never managed to complete the process, which was started by my predecessor and in spite of the support of a battle-hardened lawyer. In fact, it is almost impossible to have a formal foothold in the country – an official office – without setting up an Indian arm, with a solely Indian board. As this approach did not square with MdM's own policy at the time, it was quickly ruled out.

However, it is worth discussing. Why couldn't the partnership go that far? We espouse big notions such as aid localisation and capacity building, but at the same time, we are rather faint-hearted about sharing power – in any real terms. There are many valid reasons for this prudent stance, starting with the aforementioned corruption. Family and community pressures also need to be considered. However, after several years in the country, we had identified extremely smart, French-speaking Indians who were international humanitarian aid veterans. They could have held this role without raising too many doubts. The fact remains that our NGO, rightly or wrongly, opted for caution.

But how could we attempt to move forward without a legal representative, without work permits for international staff, without an office in our name and without our own bank account? We therefore relied on a partner, as our main aim was to operate as discretely as possible. Therefore, due to our shaky administrative situation, we had to move from simple operational cooperation on a shared project to a partnership immediately based on institutional cooperation, *i.e.* a partnership-based approach, which would require more time, a trusting relationship to be developed and checks to be carried out on whether we shared common values and so on. The high-intensity partnership relationship was not based on sufficiently solid foundations. Consequently, the partner became

⁵ For example, listen to this Radio France podcast about Narendra Modi (in French) on <https://www.radiofrance.fr/franceculture/podcasts/cultures-monde/narendra-modi-le-gourou-du-nationalisme-hindou-5427379>

⁶ Michel Sauquet, *L'intelligence de l'autre. Prendre en compte les différences culturelles dans un monde à gérer en commun*, Éditions Charles Léopold Mayer, 2007.

HUMANITARIAN ALTERNATIVES

increasingly aware of its power – and therefore of our vulnerability – and of our dalliance with legality, as everything had to go through the partner: staff recruitment, procurement (from cars to furniture for international staff), office and accommodation leases, signatures on communications documents, official meetings, etc. In short, we could do nothing without our partner.

This transfer of power and our lack of independence in practical and legal matters quickly destabilised the partnership. Consequently, when we detected the first worrying signs of a lack of transparency, the concealed recruitment of family members and even suspicions of corruption, the partner quite simply threatened to report to the authorities that we were working on tourist visas.

This sort of situation occurs in India, as it does elsewhere, but often goes unnoticed by the general public and sector watchers. However, very often, these are the difficulties facing NGOs, who only came to the country to run vital initiatives for vulnerable communities, meet unmet needs and, quite simply, fulfil their mandate. Of course, there is a need to always be more mindful, take the time and be more selective when choosing partners, even though these vital prerequisites are not always in tune with the pressure applied, at the other end of the spectrum, by donors whose expected outcomes remain unchanged, despite being aware of these difficulties.

For a project in the broad sense of the term (operational or advocacy), the French NGOs gathered together by *Coordination Sud* identified nine quality criteria for partnerships,⁷ which may be worth keeping in mind and questioning: agreement about project aims; co-development of an implementation strategy; the degree and method of involvement of each partner in the project; agreement about the sharing out of roles, activities and resources; the complementary nature of skills and resources; reciprocity; setting a timeframe for the relationship; the quality of human relationships, and, finally, transparency. Nonetheless, when the rollout of a project hinges totally on the goodwill of one of the partners, the only administrative and legal focal point, the complementary nature of the partnership is destabilised. Likewise, the degree and method of involvement of each partner in the project is, in this case, more an obligation (for each of the partners, in our example) than a choice, one of them having the feeling of being “used” without being sufficiently involved in the decision-making. And the fact that the financial resources come unilaterally from the other partner changes nothing: access difficulties for international NGOs remain a complex issue.

In this country-continent, everything seems excessive, both the potential and the intercultural gulf. The legitimacy of getting involved in India, just like the bureaucratic stumbling blocks that rein in ambitions and, over time, reduce motivation; everything can be called into question. Regarding my experience, it ended a year later with a complete withdrawal by MdM from India, largely due to the difficulties mentioned (but also an internal choice being made between India and China, our NGO not being able to work everywhere at that time).

Despite it all, is it really worth French NGOs getting involved in India? Without a doubt, albeit with the precautions and limitations outlined here, particularly when we take into account the needs unmet by the Indian State which, on the other hand, heavily publicises its humanitarian work abroad. And what if one day Indian NGOs start working outside the country, what might their organisational culture be

⁷ These criteria were set by the *Coordination SUD Commission financement et renforcement institutionnel et organisationnel*, in consultation with some fifteen French NGOs and can be found in the *Guide partenariat* published by *Coordination Sud*.

like? In turn, will they not be faced with the trials and tribulations that some Western NGOs have experienced in India?

Translated from the French by Gillian Eaton

Biography

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