

DECOLONISING DEVELOPMENT IN SOUTH ASIA

EDITED BY
ELSA MARIE D'SILVA



NEW VOICES
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DEDICATION

To all the Aspen Institute New Voices Fellows who are making the world a better place with passion and dignity.

ABOUT THE ASPEN INSTITUTE NEW VOICES FELLOWSHIP

The New Voices Fellowship at the Aspen Institute is a year-long non-residential program that provides intensive media and advocacy training for frontline development experts. With support from a team of experienced mentors and trainers, New Voices Fellows develop and amplify their ideas to bring about meaningful change.

NVF community manager Holly Kearl assisted with this project.

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INTRODUCTION

ElsaMarie D’Silva

“I do not look to history to absolve my country of the need to do things right today. Rather I seek to understand the wrongs of yesterday, both to grasp what has brought us to our present reality and to understand the past for itself.”

Shashi Tharoor,

An Era of Darkness: The British Empire in India

Decolonising Development in South Asia is a compendium of essays by the South Asian fellows of the Aspen Institute’s New Voices Fellowship alumni network. Each essay addresses the significance of the de-colonial discourse in the Asian context, focusing on a particular topic, like health, gender, and peace. The compendium applies a practitioner’s lens to answering the question of how to interrogate and “decolonise” how we “see” and “do” development in the Global South, especially in South Asia.

What is development? Depending on the sector, it means different things to different people; however, a dominant notion maintains that development, particularly international development—whether in the area of health, agriculture, gender, or livelihood—is driven by the Global North and bestowed upon the Global South. Meanwhile, the national development of many countries in the Global South is still heavily shaped by the remnants of their colonial past. These issues are very much palpable in South Asia, a region that has a diverse history of colonialism and is an important centre for development discussions and activities today. The ongoing COVID-19 pandemic has further bolstered recent, emerging debates about decolonising every aspect of the human experience, but such discussions place little focus on Asia.

People in former colonies are reexamining their history and cultural practices and trying to contextualize them whilst claiming their agency over existing narratives. But it is not an easy process: Many of us have been educated in the language of the colonisers, our laws have been drafted by them, and our governing systems have been designed by them. We need to broaden the scope of the conversation, dive deep, and be vulnerable yet bold and courageous enough to unpack centuries of

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oppression and subjugation. It is only through digging deep into our cultural norms that we can uncover our own stories and rituals separate from those handed down to us through colonialism.

The authors here have written essays that question the very structure of development funding—the relationships between donors and implementors, and between development practitioners and end receivers/users, health and education systems, and religious and cultural organisations. Through the practitioners' lens, these authors help us understand systemic failures; show us how local nuances can make development more effective; and suggest timely solutions.

GIVING POWER BACK TO THE PEOPLE

Rubayat Khan

In 2006 I was conducting research for my undergraduate capstone in a village in Manikganj District, roughly 40 kilometres out of Dhaka. Over several weeks of interviews and focus groups, I grew close to my study participants. One of them was Tarek, a sharp 12-year-old boy with a twinkle in his eyes, with whom I had a lot of fun flying kites. Unfortunately, a devastating flood hit that region while I was there. Before being forced to evacuate overnight, I witnessed the devastation of homes and schools, and I saw Tarek's books—and, along with them, his hopes of a proper education—wash away. Upon my return to Dhaka, I immediately launched an emergency fundraising campaign. A month later, I went back to the village with more than 10,000 dollars' worth of relief and rebuilding supplies. I felt extremely proud at having done something for this devastated community.

Over the years, I have wondered why I never went back to investigate whether those families overcame the tragedy and got back their livelihoods—or whether Tarek ever returned to school. It always leaves me with a stinging suspicion that, at that time, I was more interested in serving my own conscience and ego than in truly helping the people who welcomed me into their homes so warmly.

Time and again over my 15-year career as a development professional, I have seen others engage in development work with this similar motive of altruism. Yet, too many times, this purported “nobility” of our profession blinds us to the glaring power imbalances at the heart of development—whereby we decide on how to help, but the beneficiary may not have a seat at the table. The very term *beneficiary* is a poignant reminder of who wields the power in the relationship. This inequity is the ghost of the “White Man's Burden,” which we as development practitioners have failed to exorcise even after the fall of colonialism some three quarters of a century ago.

The power imbalance between donors and implementers on the one side and beneficiaries on the other manifests itself in all phases and aspects of a development project, starting with design. In 2015, while I was consulting for a highly reputable global nonprofit in Dhaka, the firm flew in a grant-writing expert from Washington, DC, to respond to a 90-million-dollar call for proposals. Impressive as this colleague was—she cranked out a highly polished proposal over the next 6 days before

promptly flying out to her next assignment—she made no effort to consult even one representative target beneficiary. I was utterly relieved when we did not win that bid!

These kinds of disconnects hardly improve once bids are won and projects are rolled out. Perhaps the most well-known example was the PlayPumps project, which attracted tens of millions of dollars and celebrity endorsements and set up hundreds of PlayPumps in many African communities. It had the attractively simple promise that children riding merry-go-rounds would pump groundwater into a tank, which could serve the needs of the community; however, further research eventually exposed that the children would need to “play” for 27 hours a day to meet the water demands of a typical village. Moreover, the PlayPumps were complex, hard to maintain, and more expensive than other solutions. Not surprisingly, most PlayPumps were hardly ever useful to their communities and have since fallen into disrepair and disuse.

These two examples are by no means exceptions. Across the developing world hundreds of projects are undertaken every year, but one would be hard-pressed to find even a handful of cases where critical decisions about design, modification, phaseout, or scale-up were primarily decided by the people whose lives and livelihoods are most materially affected. Why does this happen?

On the surface, it seems to be a matter of incentives and resource constraints. At the design stage of a project, implementers like my grant-writing colleague are often operating on tight deadlines and constrained internal budgets, trying to turn in as many proposals as possible. Engaging beneficiaries at this stage can only add more time and cost to the process—with little to no upside. Once a project is won—let’s imagine an ideal one, complete with a formative design phase and budgets to organize stakeholder consultations and “beneficiary boards”—the rigidity of development financing structures often means there is little room to change plans and budgets substantively once the rubber hits the road. A Bangladeshi social enterprise I know, which attempted to provide career counselling and training for young graduates, was forced by its 2-year contract from a major bilateral donor to stick to its original project plan, despite the team realizing early that both the target audience and the technology-based approach was not going to work. In the end, the team failed to course correct on time, ran out of resources, and had to shut down operations altogether.

Once a team completes the proposed activities promised to the donor, while knowing very well that they have not been leading to the intended impact, there is little reason to properly evaluate the project and painstakingly document the lessons learned. An honest and comprehensive evaluation could only make the organization look bad

and jeopardize future projects. So, the rational course of action is to do the minimum to fulfil the donor's reporting requirements and shove the rest under the carpet.

If you read between the lines, however, all of this happens because a “beneficiary” holds no real power over development professionals. Have we ever heard of one who lost a job or got a pay cut because a beneficiary complained about not receiving proper service? How many nonprofits even bother to have a customer care hotline?

Let us compare this situation with what goes on in the private sector. Because a business must earn money from customers to survive, it has no choice but to optimize its offerings and marketing to every possible taste and whim. Investors, in turn, have a highly visible metric—the sales performance—that shows whether the company is indeed adding value to its customers. Most venture capitalists would waste little time in firing a CEO who was failing to satisfy customers. The incentives are much better aligned between investors and customers, with the enterprise and its executives being held accountable from both directions.

But it is not enough to blame it all on incentives, resources, and transparency; positions of privilege and resultant unconscious biases deserve their fair share of the blame too. Implementers and donors alike typically come from more advantaged socioeconomic and racial backgrounds relative to those of beneficiaries. It is all too common, unfortunately, for donors and implementers to assume they know what the beneficiaries need and underestimate the contextual factors that may determine success or failure. Consider the example of deworming: A highly celebrated randomized trial by a Nobel Prize-winning economist in Kenya found that deworming pills improved children's attendance and performance in school. Tens of millions of dollars were mobilized to rapidly scale-up the intervention across many countries. Unfortunately, study after study has since found that, in other settings, the results were far more mixed, and that distributing textbooks or giving girls free sanitary pads might have had more impact per dollar.

No researcher can know the contexts of all countries intimately. Even I, an urban middle-class innovator from Dhaka, am too far removed from the context of the elderly rural woman in Manikganj, only an hour's distance away, whose life I am trying to change. Therefore, the ideal place to start solving this disconnect problem is to nurture humility. If we as development professionals acknowledge how little we truly know and are willing to listen to clients deeply at every stage of the project, we have a much better shot at making a real impact. A great example of such engagement was that of Sir Fazle Hasan Abed, the late founder of BRAC (one of the largest nonprofits in the world). He built BRAC to carry out rehabilitation efforts after the 1971 liberation war of Bangladesh, based on a simple philosophy: “Solve the

damn problem.” He never followed donor priorities and instead privileged the people and their problems, convincing donors to come along. When he gave out microcredit loans that people were unable to repay due to health problems, he went out, listened carefully to the borrowers, and designed what became one of the largest nonprofit health programs in the world.

But humility alone will not solve the problem if the systemic structures and incentives remain the same. Donors, after taking a dose of the humility pill, need to set the tone and create flexible structures and break down the silos of funding that prevent money from being properly allocated. This shift would allow implementers to design and implement iteratively and move resources where they would yield maximum returns. Donors must help build capacity to adopt—and demand that implementers use—new tools such as human-centred design, A/B experiments, and digital data pipelines, which allow beneficiaries’ opinions to shape interventions. Charging service fees to clients, even nominally or through voucher mechanisms, can also give beneficiaries a voice and reverse the accountability dynamics, making it apparent when a project is not delivering value. Proper use of these new tools can help donors directly tune in to the end users and clients, hold implementers accountable to real results, and guarantee continuity of impactful programs.

In my work across the two organizations I co-founded, my teams and I have tried to experiment with these approaches. From mPower, a digital development consulting company, we executed a 5-year project with funding from USAID; we negotiated an annual allocation of funds (against our own financial interests) instead of the entire 5 years in advance, as is customary. Each year we asked for the budget to be apportioned based on the learnings and experience of the previous year. This approach allowed us to iterate, building from low-fidelity prototypes gradually toward scale, eliminating or improving flawed ideas in the process, with beneficiaries having a say at every iteration. At Jeeon, a primary healthcare social enterprise, we systematically gathered feedback over the phone to assess beneficiaries’ satisfaction and health outcomes a few days after they received telemedicine services from our pharmacies; based on the underwhelming results, we ultimately decided to discontinue the service altogether and are now trying an entirely different approach to overcome earlier shortcomings.

There are indeed signs that the culture is shifting at a larger scale. The social enterprise movement has brought some fresh thinking and tools from the business world into the development space. BRAC’s Social Innovation Lab now publishes a failure report for the previous 3 years; it mines failed projects and innovations for insights and lessons for the future. Save the Children and CASE Foundation reflected openly on their failure with PlayPumps in 2010, soon after the controversy hit the

media. The language is starting to change as well. Monitoring and evaluation has evolved to become MEAL—with *accountability* and *learning* as the new components. Some organizations have started referring to their beneficiaries as *clients*, *users*, or *customers*, representing an intent to change the underlying value system.

Nevertheless, such modifications are still superficial—and more the exception than the norm. The largest donors, including but not limited to USAID and Gates Foundation, are still notoriously rigid and siloed in their funding structures; it took mPower over a year to convince USAID to change to an annual budget cycle. Most development projects still have very little to show for the accountability and learning components. And BRAC's Social Innovation Lab is only a tiny subunit within a behemoth of an organization—and older and traditional programs within BRAC are certainly not nearly as open about their failures.

Even when an organisation approaches the problem with humility, implementers struggle to break from the patron–client mindset within those traditional recipient societies, as it has been cultivated there since the earliest colonial times. At Jeeon, it took us 3 years and over a million dollars before we were finally able to glean the real feedback that we weren't adding sufficient value to our customers. Even though we surveyed with the best of intentions, people told us what we, as patrons, wanted to hear. When focus group participants met us, urbane Bangladeshis and Western donors, they rarely told us when we were not meeting their expectations.

Certainly, numerous challenges remain—at individual, organizational, systemic, and societal levels. But that is all the more reason that we development professionals cannot afford to be complacent and feel good about “giving back.” To stay true to the idea of service, we must nurture humility and submit to the will of the people we are trying to serve, as true “servants.”

Rubayat Khan is a serial social entrepreneur from Bangladesh. His first venture, mPower Social Enterprises, was an early pioneer in mHealth and digitally transformed government and NGO services reaching over a hundred million people. He later founded Jeeon, which innovated a novel approach to leverage pharmacies to extend access to quality health services for the poor. He is a Harvard University Kennedy School graduate, and a fellow of the Acumen Academy and Aspen New Voices. Twitter: @RubayatKhan

USING POWER TO EMPOWER

ElsaMarie D'Silva

I am a first-time entrepreneur who moved from the private sector to the development sector because I wanted to make a difference and address sexual and gender-based violence. But it is important to note that when entrepreneurs like me are designing social impact projects, we may be susceptible to the “colonial mindset” and feel pressured to frame our work in a certain way because of our privilege and the inherent power that comes with it. But this doesn't have to be the case, as my experience as an activist addressing gender-based violence in India shows.

Nine years ago, a college student named Jyoti Singh was gang-raped multiple times on a bus in Delhi, India. A group of misogynistic young men, upset that she was simply heading home from the movies with a male friend, brutally assaulted her. They shoved metal rods into her body, pulled her innards out, and threw her from the moving bus onto the street, leaving her to die. She eventually did die in the hospital. Her story sparked outrage, massive protests, riots, and change.

At the time, I was working in the aviation industry, where I held the position of vice president of network planning. I had been cocooned in my bubble of aviation for close to 20 years, but this incident jolted me into thinking more deeply about sexual and gender-based violence. Hearing Singh's tragic story and the stories of so many victimized women triggered memories of several incidents I'd faced: when men groped me on a train, when I'd witnessed men masturbating on public buses, and when I was sexually harassed at my workplace. As more and more people I knew also shared their stories, it seemed as though the floodgates were open, and there was no turning back.

At that moment, I felt compelled to act: With some friends I launched Safecity, an application to crowdsource incidents of sexual and gender-based violence. Through this anonymous reporting platform, users can share their story, documenting it by category, location, time of day and day of week, and details about the incident. The aim is to make it easier for survivors to report a problem and start the process of healing, but Safecity also seeks to make such violence more visible by plotting the acts as dots on a map. I felt this approach was important because sexual and gender-based violence is a global epidemic that affects 1 in 3 women around the world, yet 80 percent of victims choose *not* to go to the authorities. And this choice creates a data gap and encourages a culture of silence.

Initially, Safecity was meant to be a platform for documentation alone, but as the stories started pouring in from different parts of the country, I wondered how the

data could be used for social change. One of Safecity's first projects was working with a community in Mumbai. Residents in the suburb of Bandra, after seeing the dataset on their area, collectively brainstormed ideas and solutions. Then they brought the ideas to key stakeholders. As a result, the police changed their patrol schedules to match the times when harassment was reported to Safecity most often and installed closed-circuit television cameras in key junctions. The community created information trees for rapid dissemination of news and other systems of support. These interventions were so effective that the crime rate decreased.

Our team at Safecity used the same model in Delhi with students on college campuses and nonprofits in low-income communities. It had the same effect: The power of the data combined with the work of the community created a potent solution that challenged the status quo, demanded accountability, and brought about change.

These interactions and interventions made me realise that we at Safecity were disrupting centuries-old patriarchal structures that were reflected in harmful gender stereotypes—stereotypes that disadvantaged women, made them vulnerable to abuse, and limited their opportunities. The families of many young girls and women, under the guise of allegedly protecting their safety, restricted their access to public spaces late at night, monitored their movements, and curtailed their mobility. Because of these kinds of restrictions and experiences with harassment or assault, many young women opted not to further their education or take a job. If they did, they often compromised by picking an educational institution close to home, regardless of whether it was the best on offer or had the course of their choice. Or they may have paid about \$300 extra for safer transportation options, upgrading to private transport or shared taxi rides rather than using public transport.¹

We at Safecity, with our communicative methodological approach, were able to bring women and girls and their communities into an egalitarian dialogue with one another.² We want to help communities use Safecity data so that victims can understand and convey to the community the violence they experience—and devise their own solutions. Our intervention brings to light the violence women and girls experience as part of their everyday lives, including physical harassment, such as groping, and nonphysical harassment, such as catcalls and stalking/following. As part of the community intervention, the Safecity team trains women and girls

1 Borker, G. (2021). *Safety first: Perceived risk of street harassment and educational choices of women*. Policy Research Working Paper No. 9731. World Bank, Washington, DC. <https://openknowledge.worldbank.org/handle/10986/36004>

2 Gómez, A., Padrós, M., Ríos, O., Mara, L. C., Pukepuke, T. (2019). Reaching social impact through communicative methodology; Researching with rather than on vulnerable populations: The Roma case. In *Frontiers in Education* (vol. 4, p. 9). <https://doi.org/10.3389/educ.2019.00009>

participating in the safe neighbourhood or safe campus campaigns to review the anonymous data and analyse emerging patterns and trends of violence. The women and girls offer further insights into the contributing factors that cause the violence to occur. This process of discovery and dialogue brings clarity to unique local contexts and allows policymakers to create hyperlocal solutions with their communities.

As a result of these interventions, the Safecity team can engage men and boys to be allies instead of perpetrators. Take, for example, Mohan in Sanjay Camp, New Delhi. He and his friends had placed a couch outside the only public toilet to which women and girls in the neighbourhood had access. The toilet itself was badly maintained; it had no doors or windows, and poor lighting. The boys hanging around would crack jokes when the girls would enter the toilet and often take pictures and videos of them without consent. This behaviour made the girls feel extremely nervous, and many of them tried to limit their water intake just so that they did not have to use the toilet.

When these incidents showed up in the Safecity dataset, our team members invited the girls to a meeting and shared the data with them. We asked them how they would like to address the problem. They decided to gather up the courage and as a group invite the young men to a meeting. Mohan was one of them. On seeing the data and hearing the stories of how the girls felt, he realised the impact of his behaviour. He decided to join the campaign on safe neighbourhoods with the girls, became a peer educator, and convinced his friends to remove the couch.

We at Safecity have other such examples: Many men and boys, after being invited to dialogue on an issue, seeing the patterns and trends in the data, and witnessing the pain that women and girls face, have become allies. In another city, Pune, we worked with the community and local nonprofits in an area called Kasewadi. On seeing the data on local incidents of harassment, the community as a whole felt it needed to advocate for better services and facilities to make the area safer, whilst also creating awareness for behaviour change. Community members petitioned their local councillor for better public toilets, working streetlights, safe access to the community centre, and increased police patrolling in certain areas. Armed with evidence-based data, the community had the power to get their demands met.

Despite our proven success in challenging the status quo for women, newer organisations like ours find it difficult to be accepted by older nonprofits, whose founders and leaders have been part of the women's movement or have degrees in social work or gender studies. Anyone without the requisite background is treated with condescension. These older organisations have either dismissed our approach, because we are not working with individual survivors, or they have not understood how crowdsourced data could be useful. It was extremely difficult to get

funding early on—and it still is, because we at Safecity don't necessarily speak the "language" typical of this social impact sector. Not having been part of the women's movement in India or earning a master's in gender studies puts me, as the founder of the organisation, at a disadvantage. Successful grants employ terminology that is narrow and specific. Without a formal education in gender studies or social work, grant writers can face a daunting task. Further, it is the prerogative of the donor to accept or reject without giving feedback. Theory of change, monitoring, and evaluation are often used as tools of oppression to withhold funding or to dismiss a nonprofit's work. Most donors have their own ideas of the theory of change and how it must take place, creating a power structure reminiscent of that during colonialism—when even doing social good meant a hierarchy based on pedigree of education, contacts and networks, and direct access to the funders/donors.

In the early years I was keen to learn about the social impact sector, recognising my lack of knowledge. I reached out to several professors at a reputed college of social sciences and gender studies. One of them dismissed me perfunctorily and said to come back when I was working with rural women. It was as if women from urban areas facing sexual and gender-based violence did not matter. After several rounds of interviews, another donor questioned Safecity's ability to create systems change; however, when I attended a class on social entrepreneurship at Yale University, where I was selected for the Yale World Fellows, I was informed by the class professor that my work was indeed changing systems. Thereafter, several other organisations and institutions have recognised Safecity as a systems changer. And whilst we are still struggling to access grants from women-centric donor organisations, we have been extremely successful in finding grants from other groups and winning innovation competitions and awards.

My experience has led me to believe that often donors do not make the effort to understand new and innovative ways of social change. They love to see huge numbers, as they, in turn, attract more donations and support further efforts. Donors are complacent in backing the long-established organisations that have large overheads and are slow to evolve. Often donors' idea of impact embraces scale, only in terms of width and not necessarily depth. In speaking with the founders of Jeeon, Protsahan, and others, I have realised that innovative solutions might attract different philanthropic organisations—and that learning to communicate impact might require a shift in perspective, bold investments, and empathetic capacity building.

I live in a major city, I graduated from college, and I speak and write English fluently. If I face this difficulty in raising funds, imagine the difficulty of implementers based in rural areas or small towns, who do not speak English, and who have few or no professional networks.

But I remain hopeful because groups such as Amplify Change and Acumen do back new organisations with innovative methods. They also invest in capacity-building exercises and hand-hold organisations to develop their theory of change and impact metrics, knowing that in the early years it is very difficult to estimate the social change to come. It might be useful for donors to work with each other to support grantees who move from one category of funding to the next. Some donors might focus on early-stage work with new organisations and then hand them over to others that might help scale the work whilst becoming true partners in it.

So, as Safecity grows, I am mindful of not creating and perpetuating patriarchal systems that exacerbate power imbalances between development professionals and the communities we serve. By design, Safecity's data are not only crowdsourced but open source. Team members undertake every effort to make the reporting platform accessible to the community. Through "talking boxes" Safecity accepts paper forms that are then uploaded by community members onto the digital platform. A "missed call" facility allows users to call for free and document their story. Safecity has created legible dashboards so that the insights from the data are simplified. Access to the data is critical to empowering the community and giving its members a tool for accountability.

It is one thing to dismiss our work at Safecity, but it is another to want our data and the expertise—developed over the years at great cost and effort—without proper acknowledgement. Recently, we had two cases in which our dataset was used but due acknowledgement was not offered. In the first one a Global North police force held several consultative sessions with us for a collaboration. We freely shared our knowledge, community methodology, and technology infrastructure flow. Later we were informed that this police force was creating its own application, which is like ours, without due public acknowledgement of the time spent or knowledge shared. In another incident, a college professor in the Global North asked for our dataset for research; she later informed us that she was launching her own application and using our dataset as a base. In India too, we have had a large NGO use our dataset but did not want to acknowledge the collaboration. In our work at Safecity, we respect the dataset and its relationship to the community with which we co-own it. It is unprofessional and unethical to use an organisation's data or work without first having a proper discussion about it or seeking permission.

One of the lessons I've learned over the last 9 years in the social impact sector is that I am privileged to do this work, and every day I check my privilege. Being patient and empathetic, and engaging in deep listening, has been part of an important learning process, though it can be uncomfortable. It means giving up most of the power to make space for the people with whom we at Safecity work, so they can

make their own decisions whilst we support them and facilitate their success. When development professionals empower people with tools and resources—like the Safecity crowdsourcing application and the data therein—or support other organisations to build their capacity to access funding, nonprofits reclaim local agency, and everyone can fight back against colonial and patriarchal structures.

ElsaMarie DSilva is the Founder and President of Red Dot Foundation (India) and Red Dot Foundation Global (USA), non-profits that work on gender equality and justice. She is a Yale World Fellow, a Rotary Peace Fellow and has been awarded numerous recognitions by the United Nations for her work with Safecity. She can be found at @elsamariesilva on Twitter and @elsamarie_ds on Instagram.

DECOLONISING GLOBAL HEALTH RESEARCH: STRATEGIES TO MOVE FROM EXPLOITATION TO EQUITY

Dr. Junaid Nabi

The COVID-19 pandemic is a perfect case study for understanding the political nature of global health research and what needs to change. For several decades, the conversations on global health—and the ensuing debates—have focused on the “donor–beneficiary” nature of the relationship between countries that have resources and countries that need them; COVID-19 has upended these discussions. In addition to highlighting how all health is global, and how addressing the health care needs of communities in low-resource countries is important for maintaining the economies of high-resource nations, the pandemic has demonstrated that investments in research and capacity building across the global health spectrum might be one of the most sustainable strategies moving forward.

Take the example of masking: On the surface, it is a simple public health measure that can curb the spread of viral outbreaks, but it has become an issue that political actors, especially in the Western liberal democracies, have used to divide people. At the beginning of the COVID-19 pandemic, there was no clear consensus among experts on the efficacy of masking. Although masking made intuitive clinical sense—and some preliminary and observational data supported it—a lack of robust empirical data on the effectiveness of the practice made it an easy target among those who saw masking as an unnecessary burden. While the political discourse on the efficacy of masking continues, now a randomized controlled trial, or an RCT—also called the “gold standard” of medical evidence—demonstrates its usefulness. Given the political heat that masking recommendations have generated, especially in the United States, it would seem logical that the U.S. or one of the high-income countries would lead this kind of trial. However, the country that was eventually *able to deliver* on this question was Bangladesh,¹ a small but resilient nation that has

1 Abaluck J, Kwong LH, Luby SP. We did the research: masks work, and you should choose a high quality mask if possible. *The New York Times*. September 26, 2021. <https://www.nytimes.com/2021/09/26/opinion/do-masks-work-for-covid-prevention.html>

previously succeeded in highlighting the importance and urgency of other public health interventions, such as lowering maternal and infant mortality rates.

One reason why Bangladesh has been so successful in implementing these public health measures—and in generating high-level, real-world evidence for their use—is that its citizens understand that having a higher health status in the community is a collective effort, one that requires a sacrifice of some individual comfort. Policymakers and politicians in those countries where masking is controversial continue to struggle in articulating this concept of collective action—as the crises with the Omicron variant show. Although this ground-breaking research on masking, conducted in Bangladesh, is prominent and topical at the time of this writing, it is not the only example where research conducted in a low-resource country has benefitted nations across the world. In 2021, a study in the medical journal *JAMA Network Open* demonstrated that although people in low- and middle-income countries participate in clinical trials that are required for regulatory clearance for novel drugs, they often cannot avail themselves of these drugs for a long time after approval; their counterparts in wealthier nations, however, enjoy earlier access.²

A typical justification—in the form of press releases and accompanying communications on these kinds of research studies—is that such research endeavours lead to mutual benefit. These justifications underscore that although people with low power may not benefit now, they are bound to benefit eventually—as if waiting were the only adverse effect of this imbalance. This distorted sense of benefit is devoid of justice.

As one can glean from these stories, there is a deliberate misrepresentation of how the benefit is distributed among different countries that participate in global health care delivery. This distortion is often a function of power and privilege. High-resource countries often dictate the terms of how care is delivered—ostensibly because these nations control the flow of funds needed for such work. One of the most glaring examples of this power dynamic is the Mexico City policy—often referred to as the “global gag rule” by reproductive health advocates and academicians. This official U.S. policy blocks federal aid for nongovernmental organizations engaged in the provision of abortion or related services as a form of family planning in foreign countries. Since 1984, this policy has continuously been rescinded or reimplemented depending on which political party in the United States secures the White House. In effect, the reproductive health and clinical needs of millions of women around the world often rely on the domestic politics of the United States. When researchers from

2 Miller JE, Mello MM, Wallach JD, et al. Evaluation of drug trials in high-, middle-, and low-income countries and local commercial availability of newly approved drugs. *JAMA Network Open*. 2021;4(5):e217075. doi:10.1001/jamanetworkopen.2021.7075.

Stanford University examined the impact of this policy, they *reported* a significant increase in abortions (40 percent), a decrease in usage of modern contraception (14 percent), and a rise in pregnancies (12 percent)—primarily for vulnerable women residing in fragile countries.³

At the same time, another element exists in these imbalanced relationships—one that stems from political relationships of the last century. When wealthier, more powerful countries colonized nations in the Global South, there was an accompanying sentiment that colonization led to mutual benefit. This one-sided view of benefit is also guided by how research, within and outside of global health, is understood. Research is often thought of as an objective endeavour—one that is devoid of human biases and aimed solely at understanding the truth. The “power” of research—that is, its acceptance as objective truth in popular imagination and influence in public policymaking—also derives from this conceptualization. However, researchers and practitioners are human, and it is injudicious to assume that their decisions are not influenced by their social, economic, and political conditioning. In 2016, researchers from the University of Virginia *showed* how racial biases impact pain assessment and lead to disparities in pain management for Black patients.⁴ This study illustrated how a significant number of white medical students and resident physicians believed in false biological differences between white and Black patients, such as “Black people’s skin is thicker than white people’s skin”—falsehoods that drive systemic undertreatment of pain for Black patients.

I was raised by a father who was a physician–scientist in a politically fragile and economically vulnerable place: Kashmir. He spent countless nights writing academic papers for peer-reviewed medical journals. Growing up, I saw how much effort he invested in each paper, and this dedication inculcated in my mind an abstract idea of research—one that was a function of effort. However, after having worked in global health and international development for the past decade, I have witnessed how the direction of research and the selection of people who would lead multinational research efforts were more likely to depend on who holds power than on who holds the best ideas. I realized that for experts and researchers like my father, those from low-resource and historically oppressed places, possessing insightful ideas or an uncompromising work ethic was unlikely to help them secure leadership roles in organizations that deliver global health care.

3 Brooks N, Bendavid E, Miller G. USA aid policy and induced abortion in sub-Saharan Africa: an analysis of the Mexico City Policy. *The Lancet Global Health*. 2019;7(8):e1046-e1053.

4 Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between Blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*. 2016;113(16):4296-4301.

This needs to change. Global health research cannot be sustained by colonialist designs—where wealthier nations guide the direction of research and implementation priorities. This unfair direction will inevitably lead to exploitation and to publication of research articles that do not reflect how global health care is truly delivered. A better, more equitable framework involves a two-pronged strategy: elevating voices and shifting powers.

Elevating voices, the first prong, refers to an intentional and explicit commitment to the inclusion of researchers from low- and middle-income countries. Global health research programs must institute standards where authorship on academic collaborations reflects the work on the ground. Often researchers from the Global South work tirelessly on the collection and analysis of data—and, more important, on developing necessary relationships with research partners and participants—only to later find themselves missing from the final publications. There is *abundant evidence* that authorship in global health publications is severely inequitable: lack of gender diversity, lack of representation of academicians from low-income nations, and lack of early-career researchers.⁵

In recent years, there is greater recognition among high-impact peer-reviewed journals of “parachute research” in global health—a phenomenon in which foreign researchers arrive in low-resource countries for a brief duration, take advantage of local resources and expertise, and later publish findings in top-tier Western journals without due acknowledgment or inclusion of local collaborators.⁶ Because it is virtually impossible to conduct parachute research without local support, high-impact journals can play an active role in elevating voices. They can start with developing submission checklists that require corresponding authors to acknowledge how local collaborators have contributed to the final report. These questions can be structured to understand the scope of local assistance toward data collection and analysis, patient recruitment, and, when necessary, patient education. And if corresponding authors suggest that no local help was received, then they should be asked what kinds of opportunities were provided to local partners for contributions. Some leading journals—including *The Lancet Global Health*, *BMJ Global Health*, and *PLOS Global Public Health*—have pledged to use related criteria to determine which submissions will receive a favourable review; however, efforts on this front from most Western journals continue to be lacking.

5 Ravi K, Bentounsi Z, Tariq A, et al. Systematic analysis of authorship demographics in global surgery. *BMJ Global Health*. 2021;6(10).

6 Closing the door on parachutes and parasites. *The Lancet Global Health*. 2018;6(6):e593. doi:10.1016/S2214-109X(18)30239-0.

Shifting powers is the second prong. Global health organizations—ones that fund research, set study priorities, and lead implementation—do not have global perspective and global expertise. Primarily based in high-income countries, these organizations are led by people who generally lack the lived experience of the very communities they aim to serve. Research studies underscore that these mismatched dynamics result in policies that may not address all the critical unmet needs in countries with low power.⁷ Therefore, these organizations need to update their core power and management structures and demonstrate a comprehensive commitment to local partners' inclusion and professional advancement. The global health inequities that have resulted from COVID-19 make this commitment a moral and economic imperative.⁷ Organizations must create processes and systems that foster accountability—to understand how their collaborative efforts with local partners enable power sharing. Possible strategies include investing in recruiting, training, and promoting talent from communities where research or implementation work is being carried out. Pledges to expand diversity in leadership must go beyond marketing campaigns and toward creating and sharing space at the decision-making tables.

Author and human rights advocate Arundhati Roy has called the COVID-19 pandemic a “portal,” writing, “Historically, pandemics have forced humans to break with the past and imagine their world anew. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.”⁸

Although COVID-19 has revealed the consequences of complacency about inequities in the global health care system, it has also provided a once-in-a-century opportunity to address the extraordinary health challenges we face. The question is: Do we have the courage to do what is necessary?

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7 Abimbola S, Asthana S, Montenegro C, et al. Addressing power asymmetries in global health: imperatives in the wake of the COVID-19 pandemic [published correction appears in PLOS Medicine. 2021;18(6):e1003667]. PLOS Medicine. 2021;18(4):e1003604. doi:10.1371/journal.pmed.1003604.

8 Roy A. The pandemic is a portal. Financial Times. April 3, 2020. <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>

CAMPAIGNING AGAINST FGM

Masooma Ranalvi

The practice of female genital mutilation (FGM) is centuries old, and women who live in the regions that practice it have been struggling against it for hundreds of years. Today, the World Health Organisation (WHO) estimates that more than 200 million women in the world have been subject to FGM, its prevalence marked in more than 92 countries.

FGM is *defined* as the removal for nonmedical reasons of a part of or the entire external genitalia of a woman. It is one of the most medieval, ruthless, and basic forms of violence against a woman, her body, and her most intimate parts. FGM attacks the very base of her sexuality and is meant to deny her sexual pleasure and control her sexual desire so that she is nothing but a tool, an appendage, to a man's pleasure.

I am a survivor of FGM. I live in India, and over 75 percent of the women in my community, the Bohra Muslims, face FGM each year.

My strongest memory from the day it was performed—when I was 7 years old—and across the next 40 years is that of silence. I had no prior knowledge about what was going to happen, and my grandmother, who took me to the procedure, told me to hush. As a child I sensed the veil of silence and secrecy around me. It was a silence that I internalized because my mother and sisters were silent. Even the lady cutter and my grandmother spoke in hushed tones. I always thought that was the way to be. I was told it was a secret. And I never questioned it, though I felt full of shame. My silence as a child was not so much an act of subjugation or coercion, it was just a cultural norm, and I remained a quiet introvert who never questioned authority.

Although FGM is a global phenomenon, the official discourse on the practice varies from community to community. FGM is exercised for numerous reasons: from ensuring that a girl is “pure” before she marries to maintaining “hygiene,” to “controlling a woman.” The bottom line is that FGM practitioners view female sexuality as very dangerous and something that must be controlled.

It is a powerful tool of the patriarchy, perpetuated by women, that has been justified because it's been part of my culture for so long. The Bohras belong to a trading community; in earlier times, men travelled far and wide for commerce purposes, leaving their wives behind. The patriarchal mindset at that time—that these women

should be controlled and prevented from going astray and having extramarital sex—made a compelling argument for the practice. Because FGM happened then, proponents say it should continue today.

FGM is not mentioned in the Koran; however, some Muslims, like the Bohras, argue for the practice on religious grounds. Still, it is interesting to note that FGM is not practiced by the majority of Muslims in officially Islamic countries, such as Iran or Saudi Arabia or even India, though it is practiced among some Christians in Africa. Religious grounds for justifying FGM remains a weak argument.

In 2015 I spoke about my experience for the very first time in public. I expressed my innermost feelings of anger, helplessness, and shame. This act of communication was healing for me. It was cathartic. It was an emancipation of sorts. On that day I began the journey to become the master of my feelings, my thoughts, and my emotions. I was soon joined by many other survivors, and telling our stories, exposing our vulnerabilities, did not make us weak; in fact, it strengthened us.

In 2015 I joined many other survivors of FGM to create [WeSpeakOut](#), a platform aimed at ending the practice. [WeSpeakOut](#) allows women to discuss and question the violence done to their bodies in childhood. [WeSpeakOut](#) works at legal and policy levels to end FGM. It did not take long for [WeSpeakOut](#) to become one of the largest survivor-led platforms working to end FGM in India.

Although there is no formulaic methodology that we use for our effort to eliminate FGM in India, a large part of our work is guided by experiences and strategies of the existing global movements against the practice. The United Nations (UN) bodies UN Populations Fund (UNFPA) and UN Children’s Fund (UNICEF) lead the global programme to eliminate FGM by 2030. It sets the tone and agenda to meet these goals. Many of our campaigns align with these global calls for action. A lot of our work is also shaped by the on-the-ground realities and local concerns.

The language we at [WeSpeakOut](#) use—the specific terminology, how we describe the precise nature of the FGM practice itself, and the narratives we tell—were all nuanced and determined by the practicing community, which in our case is the Bohra Muslim community. There, FGM is referred to as *Khatna/Khafz*. The term differs in other countries—for instance, in Indonesia it is called *Khitan* or *Sunnat Perepuan*. The term *female genital mutilation* has not always existed; it was [coined in 1979](#) and later adopted by the WHO to describe the uniformity, universality, and gravity of the practice. The WHO also formulated a [comprehensive definition of FGM](#) to include all types of FGM prevalent in the world. Some activists reject the term, citing concerns over cultural sensitivity and stigmatization; they instead use *female genital cutting*. Another common term is *female circumcision*.

Being part of a larger global movement led by the UN against FGM and speaking in a global unified language from the outset helped us gain visibility. Soon after we launched, our words and work began to appear in the mainstream media. But this early recognition in the public domain gave rise to a very strong pushback that came from community leaders. They speak the language of religion and culture and take a “colonising” perspective.

Very soon after WeSpeakOut was established, an outfit called DBWRF (Dawoodi Bohra Women for Religious Freedom) took shape to counter our work and narratives. DBWRF was purportedly run by women from the community who upheld the community practice of FGM. They outright rejected our voices and stories and often accused us of being paid hacks of the West.

Almost every time WeSpeakOut is in the news, it is accused of being a mouthpiece of colonialism. We at the platform are said to be women influenced by moral civilising Westerners and by the colonial agenda of white people. We have been branded as outsiders; very often, our opponents, in subtle and in not-so-subtle ways, have pressured activist girls and their families to keep their girls “in line” or face social ostracism.

These opponents write off our struggle against FGM as one that takes a colonist view of culture. We are called stooges with an imperialist outlook.

But that is not so.

Tradition vs. Modernity

For us, survivors from the community, our work as activists against FGM means learning how to address a tradition/culture where women inflict damage on other women. We must balance activism with respect of culture, tradition, and religion.

Organisations like WeSpeakOut are often trapped in an ongoing debate that pits human rights against local traditional practices. Any attempt to question or challenge a harmful tradition or practice is viewed as a threat to the culture/religion as a whole. The easiest and most harmful insult against us has been that we at WeSpeakOut are shameless women who talk about sexuality, sex, and sexual parts, and that we are anti-religion and anti-culture.

By undertaking actions and campaigns against FGM, we women have not denounced religion or our culture. Yet our detractors make us out to be anti-religion, and religious fundamentalist leaders threaten us with such tools as boycott and social ostracism to silence us. Do we not have right to freedom of religion or belief? How can it be acceptable for religion to be used to justify violating the rights of women

and girls? As Asma Jahangir, former UN Human Rights Council special rapporteur, aptly put it: “Why should it be taboo to demand that women’s rights take priority over intolerant beliefs used to justify gender discrimination?”

Human rights and the language of human rights are not alien to us at WeSpeakOut. In fact, modern education is an integral part of the highly educated Bohra community. It is perhaps this emphasis on education that has given us the courage and power to challenge those customs and traditions that harm us. Human rights include the right to speak freely, to hold religious beliefs without persecution, and to be safe from murder, injury, or other harm. Such rights are seen as inalienable, and nation-states uphold them. Like me, many other Bohra women grew up with these ideas. Yet we at WeSpeakOut remain a minority, for most women in our community still have an undying allegiance to the diktats of the religious leader, and they believe that following these diktats is the only way to live.

Neocolonists

The new colonists for us, then, are those who believe that their culture is superior and that there is no scope for any change whatsoever—even when women in their communities have expressed concern, even when research has proven the harmful consequences of FGM on the bodies, minds, and lives of women.

Some argue that one culture should not be judged by the standards of another; that there is no superior, international, or universal morality; and that the moral and ethical rules of all cultures deserve equal respect. But in a ceaselessly evolving world, how can anything be constant? How can practices like breast ironing (the pounding and massaging of a pubescent girl’s breasts, using hard or heated objects, to make them stop developing or disappear), female foeticide, FGM, and child labour continue?

Should something like FGM, which has been a part of life, continue to be a part of life just because it has gone on for centuries? What about the fact that it is an unsafe and unjustifiable practice that violates bodily integrity?

My stance is that when a tradition infringes on a basic human right—in the case of FGM, disposition over one’s body and one’s sexuality—it needs to be challenged.

Colonisers and the Hindu Right

Although today’s social reforms and modern movements for women’s rights may not suffer from colonial hangovers, several right-wing forces shape the agenda for change today. It is true that history is strewn with instances of Westerners challenging non-Western ideas of culture; however, indigenous women and men

have faced significant pushback when challenging stifling practices with their own cultures. History has had a tendency to laud the white man for bringing his sensibilities and values to “uplift” the backward races, but that narrative ignores non-Western movements and struggles—and that omission is highly misleading.

Take the instance of sati. In 1829, during the British imperialist rule in India, a law was passed banning the practice of sati—wherein a widow sacrifices herself by sitting atop her husband’s pyre or by self-immolation. History books largely attribute this abolition to the British Raj, though some mention how Raja Rammohan Roy, a 19th-century moderate leader from Bengal, advocated against this cruel practice, which was seen as a way to guarantee that both the widow and the deceased husband would reside in heaven together.

Although sati is murder and had to be done away with, how it was ended—and how its discontinuation was used politically by the colonists—was rather expedient. They did so by attacking the Indian culture and legitimising and justifying the British rule as the one to cure, tame, and reform the barbaric and savage Indians.

Much in the same manner, a law was recently passed in India that bans triple *talaq*: unilateral divorce of Muslim women. The Hindu ruling right claimed “victory” for passing this law, congratulating themselves for seizing the rights of “downtrodden” Muslim women from the clutches of barbaric mullahs. In this messaging, the ruling right were not only promoting their majoritarian agenda but also completely negating the very real struggles and campaigns of Muslim women’s organisations, which had for decades been fighting against the practice.

The Hindutva (Hindu majoritarian) forces have even had the audacity to celebrate a “Muslim Women’s Rights Day,” on August 1, the day the triple *talaq* legislation was enacted, despite blatantly crushing the rights of Muslim women and men through visceral hatred and fanaticism every day. Recent apps called *Sulli Deals* and *Bulli Bai*, wherein active Muslim women are “sold” in public auctions, is an example. Not only are these apps deeply misogynistic, they are also clearly attempting to stifle the voices of Muslim women. The fact that these apps were allowed to operate unhindered spoke volumes about the climate of impunity for acts against Muslims and other minorities. More recently, the Hindu religious council (Hindu Dharam Sansad) gave a call for a genocide of all Muslims in India; the Prime Minister of India, Narendra Modi is yet to condemn it. These are just two examples of the hatred and bigotry against Muslims being promoted under the Hindu right regime, which, paradoxically, does not miss a chance to say it is a saviour of Muslim women. The same regime has, to date, refused to acknowledge the existence and prevalence of FGM in India, and no governmental action has been taken against the practice here.

The work of women and of women's organisations to reject patriarchal traditions is often side-lined, and others, often in the ruling classes, take credit for any changes that result. This reality, along with those religious community leaders who resist change in the name of religion and culture, are the neocolonists we at WeSpeakOut must battle daily.

The bottom line is that our campaign against FGM is not about being influenced by the West, nor is it about belittling our community, our culture, and our traditions. Rather, it stems from our outrage over our bodily integrity being damaged and from our fervent wish to protect other girls from such humiliation and harm.

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DECOLONIZING PEACEBUILDING: FROM IMPLEMENTER TO FACILITATOR

Quratulain Fatima

Peacebuilding approaches around the world are often West centric, and that's a problem; they need to be decolonized. Typically, the current model entails donor agencies in the West assessing needs, designing initiatives, and enforcing them through nongovernmental organizations or local governments. This design-determined approach to peace discards perspectives of local populations and deepens an often-existing mistrust within them, effectively undermining any peacebuilding effort.

As a policy practitioner in Pakistan, I saw these problems first-hand and learned the importance of decolonizing peacebuilding. In January 2017, I took over as the project lead at the Agency for Barani Areas Development (ABAD). ABAD is a government organization that works to develop water resources in arid areas of Punjab, Pakistan. It builds small dams for farmers heavily dependent on rainwater conservation. Water scarcity and limited resources mean frequent local disputes over water. Due to such conditions as shared land holdings, farmer communities very often get embroiled in communal disputes over access to water and water usage rights, among others. These disputes, in turn, adversely affect project development in arid areas, and only an urgent response can rectify the situation. ABAD, however, had limited human and financial resources to deal with it.

Although dispute resolution mechanisms are written into government and farmer agreements at the time of dam building, both government and ABAD lack the capacity to impose them. Moreover, dispute reporting systems are mostly paper based, and applications or complaints take a very long time to process. Protracted communal disputes subsequently lead to continual violence and generations-long rivalries. The justice system in Pakistan is slow, and dispute cases that go to courts drag over for years. As a result, farmers remain embroiled in cumbersome legal procedures without access to informal and formal dispute resolution mechanisms. Even if legal means are available, they become costly due to the length of time they take. Overall, these disputes lower agriculture yield; extend drought periods, propelling farming communities into a poverty trap; and nullify the intended impacts of agricultural and water interventions.

At ABAD, my team and I brainstormed solutions for mismanaged, protracted, and frequent water disputes. We decided to use the existing geographical information

system (GIS). We conducted surveys to identify the dams around which water disputes were occurring and—through stakeholder information ecosystem analysis as well as field surveys, focus groups, and workshops—sought to identify conflicts' intensity, rate of reoccurrence, and type. We then fed this information into the GIS system and created (and maintained) a database. These data, in collaboration with the farming communities, informed procedures for execution of water infrastructure as well as facilitation of the dispute resolution. We then diligently designed and user-tested the project.

Various challenges soon emerged. First, ABAD's human resources team members were not trained for gathering data or analysis. ABAD was a development organization; its team members were not trained in ethical data collection and dispute resolution. Furthermore, water disputes had multiple stakeholders. The community was apprehensive of the government's perceived intrusion into traditional dispute resolution systems; trust issues arose very quickly. Moreover, only men comprised the ABAD field teams. Cultural norms of rural Punjab meant women could not interact with male members outside their immediate family; hence, ABAD was prohibited to access and communicate with rural women, who made up 80 percent of the affected population deprived of socioeconomic benefits due to these water disputes.

As the project began, we at ABAD learned the hard way that we needed to change our way of peacebuilding. If we wanted the peacebuilding process to sustain, we had to shift from a problem-solver mindset to a facilitator mindset. To address organizational capacity issues, we adopted the adaptive peacebuilding approach. A gradual project rollout was the right way to execute the project. Internal training built the capacity of the ABAD staff. Moreover, stakeholders shared ownership of the initiative. This choice helped us to build trust, through extensive consultations and a constant feedback loop that was folded into the project design. To include marginalized women in the peace process, we collaborated with community-based women's organizations. This partnership allowed us to reach women. Consequently, they became important members of the peacebuilding process. Many of them opened their houses for dispute mediation. They also took responsibility for helping men keep the agreements intact once they were made.

We at ABAD went through a long process of building relationships with local communities, and the hallmarks were letting the communities lead the peace process and build resilience. The community's active involvement in designing the peacebuilding and development efforts led us to effectively change the decision-making and designing paradigm of the water interventions. We shifted from government ownership of initiatives to community ownership, by financing community-owned dams; this shift gave shared ownership of projects to the community.

The GIS project at ABAD began with the colonial approach, which, because of Pakistan's British colonial legacy, is ingrained in the structure of the civil service: Public administrators, not the community, assumed the expert role in offering design-determined, generic solutions to local problems. The process we at ABAD went through to change that approach is key to localizing peacebuilding. One important characteristic of peacebuilding that emerged is that multiple perspectives and varied interests are part of the process. Most outsiders may not understand the complexity of the effort—what worked for one community may not work for another. For that matter, even what works for a few people within a community may not work for others there.

In the case of the GIS-based water dispute resolution system project, my team and I wrongly assumed that we knew what was best for the community, and we sought to impose our idea of peacebuilding; however, project implementation prompted us to rethink our tactics. We adopted the adaptive peacebuilding approach. This meant the team took a back seat, letting the community self-organize to increase its resilience. We at ABAD consequently assumed a facilitator role. We created a loop for constant feedback, and community members took ownership of the project; at the same time, we learned from their wisdom to improve water infrastructure design.

The biggest lesson is that decolonizing how peacebuilding is done is essential to making peace sustainable. By “decolonizing” peace, I mean bringing the values, views, and practices of the local people to peacebuilding rather than imposing outside views or practices of either governments or donors. Decolonizing also involves accepting the fact that communities are dynamic. Their values, interests, and allegiances may change or evolve over time. Zealous donors backing peacebuilding or development work may grant the funds, but their perceptions of how to carry out peacebuilding can hurt their efforts and sow distrust within the community. Sometimes peacebuilding appears to work for a short period—mostly while the funding and foreign expertise is coming in—but does not sustain afterward. This failure happens because the community has not been allowed to self-organize and build resilient social institutions that can uphold the peace process.

As a public administrator who has worked for the provincial, federal, and local government in Pakistan for the past 12 years, I have seen many ambitious, internationally funded projects fail miserably, and they fail because they remain oblivious to community requirements. These projects have no community involvement and, resultantly, zero community ownership. After interacting with local populations, donors tend to view the developing world with tainted perceptions and preconceived notions of what those local populations need and want. This assumption is what colonization, or the “White Man’s Burden,” has brought to the peacebuilding world.

Further, *peacebuilding* has historically been a complicated term. It implies that peace is akin to some sort of engineering program that an expert will be able to build with his or her expertise. But when we as practitioners look at the literature, we see that most sustainable conflict prevention and resolution has localized roots. For example, in 1991 in South Africa, some churches and a private-sector group managed to facilitate a national peace accord that significantly reduced political violence. The National Peace Accord was an important milestone that moved the country from relying on the state security apparatus, which was no longer credible or effective, to using empowered social institutions that could manage the tensions that arose between communities divided by apartheid. This is one example of how the resilience of civil society in South Africa played an important role in helping the country navigate the very sensitive transfer of power relatively peacefully.

Complexity theory can be a good tool for understanding how to engage in adaptive peacebuilding for sustaining peace in local contexts. Complexity theory invites us as practitioners to consider the interrelationships of the emotional, psychological, spiritual, cultural, social, and other realms influencing an individual at any given point in time. It also recognizes that an individual is embedded in larger groups, such as families and communities.

Complexity theory explains how complex systems self-organize themselves. In the context of peacebuilding, the theory can refer to how communities or societies interact among themselves to manage and sustain peace. *Self-organization* describes the capacities of social institutions, such as formal and informal justice systems, to sustain acceptable levels of function, structure, and identity under stress. Resilience to shocks and challenges and the ability to adapt and grow as social institutions are increasingly complex forms of self-organization.

Fragile communities have an eroded capacity to manage these processes. They lack resilience. Protracted and repeated conflicts are a sign of societies that lack resilience or the capacity to manage their conflicts. If the resilience or the self-organizing capacity of a society determines the extent to which it can withstand pressures and shocks, which can trigger a relapse into violent conflict, then peacebuilding should be about safeguarding, stimulating, facilitating, and creating the space for societies to develop resilient capacities for self-organization.

Peacebuilding, however, remains a delicate and complex process that is fraught with contradictions. Individual and group interests collide with each other and with external influences. Efforts to impose self-organization from external groups—in many cases, from donors and the government—can backfire and destabilize self-organization.

Complexity theory in peacebuilding implies that interventions should not be about resolving conflicts but about enhancing the capacity of stakeholders. Adaptive peacebuilding is one such complexity-informed approach wherein peacebuilders, including communities and people affected by the conflict, actively engage in a structured process to sustain peace; they employ an iterative process of experimentation, learning, and adaptation. Adaptive peacebuilding thus balances context-specific local solutions with international support. Adaptive peacebuilding differs fundamentally from traditional peacebuilding approaches. It is a departure from the rigid design methods, relying instead on practices that experiment with an inductive, iterative, and adaptive slant.

The adaptive peace approach also means that international peacebuilding interventions should not interfere with local social institutions to achieve predetermined outcomes. An adaptive approach may lead to creating a much-needed feedback loop. It would also facilitate learning, independence, and self-sustainability within societies.

Adaptive peacebuilding approaches can facilitate decolonizing peacebuilding; they can make peace inclusive and sustainable. This doesn't mean, however, that adaptive peacebuilding is a silver bullet or a perfect solution. Misunderstandings of complexity theory should be avoided. Complexity is sometimes interpreted as embracing unnecessary risk and chaos, abandoning goals, and giving up already proven ways of doing things. On the contrary: Complexity-based thinking means letting communities and peacebuilders collaborate via innovative approaches. It is about giving them the space to think differently, embrace uncertainties, and experiment with adaptive approaches.

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