

DEVELOPMENT AS DIGNITY

**Frontline Stories from Development
Experts in the Global South**

Edited by

'Dapo Oyewole, Andrew Quinn and Holly Kearl

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The Aspen Institute

2300 N Street, NW
Suite 700
Washington, DC 20037

Published in the United States of America in 2018
by The Aspen Institute

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Printed in the United States of America

18/007

ISBN: 978-0-692-11772-9

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Preface

Andrew Quinn

The world is at an inflection point. Increasingly, the Global South drives health and development innovation – pioneering exciting medical, scientific, financing and policy breakthroughs that open the door to healthier and more fulfilling lives for billions of people.

But the media and policy makers too often fail to recognize this global change – which slows progress. The global health and development narrative is reflexively depicted as a Western story, skewing our collective understanding of where and how development breakthroughs occur and preventing those breakthroughs from helping those who need them.

The Aspen Institute's Global Innovators Group launched the New Voices Fellowship in 2013 to begin rebalancing the conversation. We believe that expert voices from the developing world must drive the public discussion of global development priorities, and that their stories will guide us all into the future.

This collection gathers some of those stories. For more, visit our website at www.aspennewvoices.org.

Introduction

'Dapo Oyewole

Broadening the Development Story

Development means different things to different people. Across societies, countries, regions, religions, and diverse cultural contexts, development has different faces, facets, shades, contexts, phases, and meanings. However, although the primary beneficiaries of most development initiatives are largely from developing countries in the Global South, the voices that have broadly dominated how we see, discuss, define, evaluate, and respond to development and its challenges have been mostly Western or from the Global North.

This is not to say that those voices are not credible, authentic, or helpful. Quite the contrary – they are critical and valued partners without which much needed global development dialogue and cooperation would be impossible. But it is time to hear and value speakers from the Global South, too. It is time to hear new voices.

Voices from the Global South are needed now, more than ever, given the current global political climate in which some vocal groups in wealthier countries call for stronger migration barriers and drastic cuts to overseas development spending and refer to developing countries in rather undignified terms. Stereotypes and jaundiced views about developing countries and their peoples fuel these negative sentiments, creating rallying points and building platforms for populist movements with non-inclusive agendas.

This is why new voices matter, and why people like the 11 authors of this book play a significant role in shaping how we think about the inextricable links between development and dignity. As alumni of the New Voices Fellowship – an Aspen Institute program that brings expert voices from the developing world into the global development discussion – they want the world to see, feel, and understand development from different perspectives, through different eyes. They seek to share a broader development narrative that places dignity as a cornerstone of development.

Development as Dignity

The title and concept of “Development as Dignity” initially came from the title of a TEDx talk I gave in Ikoyi, Lagos, Nigeria, in May 2012. During this talk, I argued along the line that whether it is building roads, bridges,

and dams; developing microfinance projects; giving better health care to pregnant women; getting girls into schools; providing polio vaccines; or digging boreholes in rural communities, development must ultimately be about processes and interventions that offer people dignity. As the African proverb states “you cannot shave a person’s head in his absence.” In the same light, the beneficiaries of development interventions must be present in the dialogue about their own development and determine what gives them a sense of dignity. They must own and shape their own development.

Indeed, development, like beauty, is in the eye of the beholder. It is a slippery term that is hard to measure, tough to define, and quite dependent on culture and context. However, while contentious academic debates ensue about how best to measure development – what it is, what it means, and to whom – one thing we can all agree on is that, ultimately, true, balanced, and holistic development should provide dignity, and not just for some, but for all. Development should not be about fads, exploitation, profiteering, control, imposition, or suppression, but about respect and dignity. Dignity of people. Dignity of planet. Dignity of life.

This book builds further on this central argument with 11 engaging and multifaceted stories from experienced and insightful New Voices Fellows. Their work demonstrates that despite global differences of opinion and the increasing fragmentation of the global development agenda, our world is not as divided as it may seem. For example, in 2015, the global community agreed on how to create a safer, more prosperous and more equitable world by adopting the 17 goals and 169 targets of the Sustainable Development Goals chaperoned by the United Nations. In the same year, 194 countries adopted the Paris Climate Change Agreement as they joined forces to reduce human-made damage to the planet and tackle climate change; even though one key country has since pulled out, the others have stayed firm. That says something. It says we are not as divided as our politics suggest, especially when we realize that central to these two global agreements is the fundamental quest for dignity. Dignity of people. Dignity of planet. Dignity of life.

The stories in this collection reflect this quest for dignity and, in so doing, capture engaging tales from diverse countries from Africa, South Asia, and the Middle East. They open our eyes to the many ways we can truly see and promote development as dignity.

New Voices on Development

With dignity being a central theme, the chapters in this book are clustered around key development priorities in the home countries and regions of the contributors. These include **dignity and work, dignity in medicine and science,**

and **dignity and advocacy**. The stories are based on personal work experiences, insights, and observations of people who are quite literally staking their future – and the futures of their children – on getting development right.

It is my hope that the insights shared here help broaden and diversify how readers see and understand development and its challenges. And, quite crucially, in a world where things are changing at a rapid and unpredictable pace, I hope these stories will help readers stay anchored on what is most important in the development debate: how to ensure that development delivers dignity for those who most need it.

DIGNITY AND WORK

Dignity in Development Projects

Anjali Sarker

After I graduated from business school, I landed my first job at Ashoka, an international organization that supports social entrepreneurs. Having little practical experience working in the social sector, my first task was to become familiar with the nonprofit organizations and social enterprises in Bangladesh.

The first nonprofit I visited was Acid Survivors Foundation (ASF), in an old-fashioned building in a quiet neighborhood in Dhaka. I expected it to be like a hospital, filled with wailing patients, teary-eyed relatives, and tired nurses. However, what I witnessed inside changed my idea of development forever.

While sitting in the silent reception area, I was greeted by Tahmina, a young woman who was a manager with ASF and who herself was a victim. The deep scar on her half-burned face made me feel very uncomfortable and awkward, and I struggled to speak normally. In contrast, Tahmina said hello with a big smile on her face; her warmth and confidence lit up the room, filling the air with positivity.

After a quick introduction, I explained my role at Ashoka. "I'm here to learn about ASF," I told her hesitantly, still struggling to make eye contact. "And I'm also curious to know more about you and your work here."

"On March 27, 2000, I was attacked," Tahmina explained. "I was riding a rickshaw with my friend and the attacker threw acid towards us. He wanted to 'harm' my friend as she refused to marry him. Unfortunately, I was in the same rickshaw. The acid didn't just burn my face; it turned my whole life upside down in a split second."

Catching my breath, I spent the next hour listening to her story. It took her three years to recover from the physical damage and psychological trauma. After recovery, she was physically fit to work, but it was hard for her to work in a regular office environment. "In a world that still judges people by appearance," Tahmina said, "who would employ a woman with a half-burned face? People point fingers at women like me as if we are aliens. They talk about our characters behind our backs. What happened to me is not my fault, but society always thinks it's the woman who is at fault!"

Tahmina's educational background was in nursing, which led to a job at ASF after her recovery. She had been working there for the past 10 years,

“paying it forward,” so to speak, by serving other survivors. She was not alone; many other survivors like her worked at ASF, providing medical support, legal aid, and rehabilitation to women and children who had been attacked.¹

Thanks to the supportive culture at ASF, they did their jobs just as naturally as any other nurses in a hospital do theirs. While society at large looks down on them as victims, people at ASF treat them as survivors, with extra respect for the battle they are fighting every day. Everyone I met at ASF echoed what Tahmina mentioned: With the right resources, it is very much possible to provide the best treatment, but treating the burn wounds is only half the job.

After five years of working in the development sector and studying more than 40 nonprofits, I have learned that the restoration of a person’s dignity is the most fragile and often overlooked part of any recovery and healing process. It needs love, care, empathy, and respect. Indeed, an approach that focuses on the dignity of the people served by an organization is not very common in the development sector.

Why?

Sometimes, if not often, projects are born in response to a call for funding proposals that have hundreds of quantitative indicators but nothing to ensure qualitative aspects, such as dignity. The management often focuses on achieving big numbers that are easy to communicate and even easier to monitor – people trained, aid packages distributed, or amount of cash disbursed, to name a few. Hence, the intricate monitoring and evaluation frameworks, confusing acronyms, and convoluted jargon favored and prescribed by the donors become the mantra of many organizations, pushing clients’ priorities to the backseat and automatically excluding smaller or less sophisticated organizations that may have the capacity to make an impact but cannot dance the “development shuffle” or speak the “development language.”

It almost becomes a vicious cycle in which nonprofits have no other option but to say what the donors want to hear or show what they want to see in the proposal, even if that does not match very well with the reality. As expected, only that which is agreed on in the contract and can be measured gets accomplished. Too often, everyone forgets the need for dignity and, most unfortunately, the communities never get to realize that they deserved dignity in the first place.

This gray side of development rarely rises to the surface, mostly because the people who suffer do not hold much power to keep the stakeholders accountable. However, the so-called “beneficiaries” of development projects cherish dignity, just like any of us. They deserve dignity, but social, economic, and cultural constraints may make them oblivious to their worth and power as

¹ “Acid Survivors Foundation.” Acid Survivors Foundation. n.d. <http://www.acidsurvivors.org/> Acid-Survivors-Foundation (Accessed January 19, 2018).

citizens. Over time, without conscious intervention grounded in empathy, their sense of dignity can be eroded and difficult to restore. They may think they must take whatever is given.

While numbers certainly are important, the intangible aspects of development, such as helping people to restore their dignity, should not be ignored. It is hard to imagine Tahmina would have had such a bright smile on her face without having received the honor and dignity of the status of a survivor. Dignity matters more than many think, no matter how “soft,” therefore less important, it may seem.

One may argue that development programs need to reach scale with tangible offerings and measurable outcomes. Therefore, talking about intangible things like dignity may suit smaller nonprofits that work with a handful of clients, but not large organizations that serve millions of people. However, a similar dignified approach has already been adopted by BRAC, a Bangladesh-based international development organization, at a massive scale. Through its Targeting the Ultra Poor (TUP) program, BRAC pioneered a “Graduation Model” that lifts the ultra-poor population out of poverty.²

In 2002, BRAC initiated the TUP program in Bangladesh to improve the resilience of the ultrapoor and effectively address the worst forms of poverty by combining elements of social protection, livelihood development, and access to finance. Within two years, program participants receive life skills, technical training, social integration support through community groups, and access to various health and financial services. They also receive soft loans and assets, in addition to a cash stipend, to push them toward self-sufficiency. Since 2002, 1.6 million households in Bangladesh graduated from this program and lifted themselves out of extreme poverty.³ Interestingly, at the core of this model lies a “handholding” approach that differentiates it from other poverty-alleviation programs.

For anyone who has never met a person living in ultrapovertry, it is hard to describe what it means to live on less than \$1.25 per day. Selina, a client of the TUP program, used to live in such a state. In fact, as a widow, she was one of the poorest people in her village, living in a damaged hut. She had no assets and no stable income; life was a burden to her. However, her life changed when she became a BRAC client, and when I met her during a field visit as part of my current work at BRAC as a team leader, she appeared to be a confident

² “Impact Evaluation of BRAC’s Targeting the Ultra-Poor Program in South Sudan.” University of California Center for Effective Global Action. n.d. http://cega.berkeley.edu/evidence/TUP_BRAC/ (Accessed January 19, 2018).

³ “Pioneering Programme Helps Households Climb Out, and Stay Out, of Extreme Poverty.” International Growth Centre. December 9, 2015. <https://www.theigc.org/news-item/pioneering-programme-helps-households-climb-out-and-stay-out-of-extreme-poverty> (Accessed January 19, 2018).

and entrepreneurial woman. It was hard to believe when she said, “After losing my husband 10 years ago, I became totally helpless. There was a time when I couldn’t even manage two meals a day. There were days when I had no way, other than begging, to provide for myself.”

I could not match that helpless widow with the Selina who was standing in front of me; the difference was so striking. Looking at my surprised eyes, she laughed in a way that only winners can do. “Please come to my house and see what I have accomplished,” she told me in a proud voice.

When I entered her house, following the rural custom, she showed me the rooms and surroundings. It was a neat and clean, well-built tin-shed house. I could not find any sign of poverty. At the back of her house was a beautiful, green nursery full of fruit saplings and medicinal herbs. She started this nursery four years ago as part of the TUP program. On a small piece of land, she was cultivating saplings and selling them on the market at a higher price. Although she never attended school and can barely sign her name, when it comes to financial decisions, she can now be considered the expert in her locality.

Our conversation was not something one would expect between a poor widow and a development worker. I felt like a novice student interviewing a seasoned entrepreneur when she explained why women should invest in assets like land and how to find new ways to market saplings.

No silver bullet created this success overnight. Selina’s life started to change when BRAC staff began to visit her every week as part of the TUP program. TUP provided other benefits as well, including a small cash stipend, some food support, and a short training on how to build and manage a nursery. However, the most important component of the program for Selina was the provision of handholding and coaching. Through regular visits and discussions, several BRAC staff managed to gain her trust and became almost like family members with whom she could talk without hesitation. They treated her with respect and encouraged her to take initiative to start a nursery. Initially, she did not believe she could own a piece of land. But step by step, she managed to buy land, and now she is truly excited about expanding her business.

“BRAC taught me how to manage money and how to use it to earn more. Before, I used to think about today’s meal only. I never had any plan for the future. In fact, the word ‘future’ didn’t exist in my life. Now I know why planning is important and how to set goals for myself,” Selina said.

Among the 138 million people who BRAC serves in 12 countries, over 1 million are part of the TUP program. The model has been replicated by governments and non-governmental organizations, or NGOs, in 10 locations within eight countries – Ethiopia, Honduras, Peru, Yemen, India, Pakistan, Afghanistan, and Haiti. Gradually, this idea of a graduation approach to eradicate poverty is taking off globally.

A rigorous study conducted by a group of researchers at the London School of Economics, Massachusetts Institute of Technology, and Oxford University demonstrates that the model is highly feasible and effective in combating extreme poverty among diverse marginalized populations, even in the most resource-constrained contexts.⁴ The research also highlights a new finding about the nature of poverty – the poorest women are neither unwilling nor unfit to engage in the same jobs as more prosperous women in their communities, but they face barriers that prevent them from doing so. A more dignified approach, which BRAC adopted in TUP, allows them to understand their self-worth, makes them feel valuable, and increases their confidence – traits that eventually increase their income in a sustainable manner, lifting them out of poverty.

Simple and “soft” tactics such as building client confidence, spending time with them, making them feel valued, and mainstreaming them into society can bring incredible changes over time. Once they no longer feel isolated and ignored, they find themselves in a much better position to engage in higher-income-generating work and to access government allowances to which they are entitled. The program provides cash stipends and skills training, and many other development interventions provide similar assets. However, what sets this model apart and makes it truly successful is the intangible support it provides to participants. BRAC’s experience suggests that dollars and skills alone cannot bring the desired impact; dignity must be carefully restored.

The target population of most development projects are people left behind, those who are discriminated against, isolated, or ignored. It is easy and tempting to assume that the tangible set of products and services, like an agricultural tool along with a loan – things that are easier for donors and implementing organizations to offer – will be immediately accepted by the communities and their lives will be changed. But what holds true in Bangladesh, and could be true in other developing country contexts, is the need to look beyond quantifiable outcomes in any development project.

The poor and vulnerable not only struggle financially but also fail to access the psychological and social support they need to summon the courage to stand on their feet. Despite being eligible for certain benefits and rights, they rarely gather the courage and confidence to claim those and hold the authorities accountable. Poverty makes them unaware of the dignity they deserve as human beings and the rights they have as citizens. Lack of dignity and belongingness creates a vacuum in their lives that cannot be filled with tangible offerings, be it a stack of cash or a cow.

⁴ Balboni, Clare. “Transforming the Economic Lives of the Ultra-Poor.” International Growth Centre. December 2015. https://www.theigc.org/wp-content/uploads/2015/12/IGCJ2287_Growth_Brief_4_WEB.pdf (Accessed December 11, 2017).

Despite living within a community, poor people often do not feel they belong there. Restoring their sense of self-value, helping them gain dignity, and giving them a seat at the table are all crucial prerequisites to bridging the invisible gap between them and their communities. While accountability is certainly important, creating a lasting impact requires much more than number crunching for the donors. Serving the most marginalized, excluded, and poverty stricken requires a sophisticated, holistic approach that puts the individual, not the statistics, at the heart of a development project.

Every person involved in development should keep in mind that we are dealing with people in need. Not all their needs are visible, nor are all the solutions to their problems obvious. It is high time that the global development sector takes a reflective pause and starts looking beyond numbers by placing the restoration of dignity at the heart of its work.

Dignity and Economic Opportunity

Misan Rewane

In April 2014, a young man named Frank walked through the doors of my organization, West Africa Vocational Education (WAVE), in the heart of Lagos, Nigeria. He sought admission into our accelerated skills training program after hearing about WAVE from a local radio station and learning that we provide connections to entry-level jobs. For two years, he'd had no luck seeking employment despite his degree from the University of Benin and volunteer work with nongovernmental organizations. That month, he was one of the 150 hopeful people in a similar situation who came through our doors.

WAVE Academies run accelerated soft skills training programs year-round. These programs identify motivated 18- to 35-year-old unemployed young people living on less than \$2 a day with at least some secondary education. They are admitted into a three-week intensive training program based on their willingness to learn and determination to succeed. Classes run six days per week and focus on effective communication, problem-solving, and self-management.

Once participants complete the program, WAVE's recruiting arm assesses their competencies and matches them to entry-level jobs with small and growing businesses based on their compatibility. The most common roles are in administration, sales, food and beverage production, and service. In our first four years as an organization, we have trained over 1,600 unemployed young people and matched over 50 percent of them directly to entry-level jobs, while another 20 to 30 percent go on to find work on their own or further their education.

On that day in April 2014, we accepted Frank into our program, and despite a visual impairment that required him to work harder than everyone else, he succeeded. Today, Frank is one of our four in-house trainers at the very academy he graduated from, and he has trained over 500 unemployed young people. He also has led training for existing employees at our corporate partners, including Google, and he now earns five times his starting salary.

As inspiring as Frank's story is, an estimated 50 million 16- to 30-year-olds like him are in Nigeria. They are robbed of the dignity of labor and blocked out of work opportunities in the formal economy because they lack the

academic qualification, skills, work experience, or personal networks to get a foot in the door.

When I returned to Nigeria after graduating from Harvard Business School, I linked up with three other West Africans to brainstorm solutions to development challenges in our region. We agreed that this high rate of youth unemployment seemed likely to be both the biggest opportunity and the biggest challenge that could make or break the region in the coming decade. We feared that in the face of the indignity of unemployment, more youth would join the rising surge of militant groups, and we hoped that by finding ways to employ them, we could prevent that outcome. As a result, in 2013 I founded WAVE with a goal to increase incomes for young people by teaching them the skills required to start their career and connecting them to entry-level work.

What I've learned from my work so far is that a vicious cycle is underway in the education-to-employment system that increasingly blocks young people from economic opportunities for social mobility. The focus of employers on credentials and work experience is preventing already economically disadvantaged young people from achieving economic opportunities for social mobility.

For instance, while only about 7 percent of the youth population across Africa is accepted into university, most job vacancy postings exclude anyone without a university degree, no matter what other marketable skills they possess.⁵ In countries like Nigeria, the education system is so broken and failing to deliver on its promise of developing basic literacy, numeracy, and critical thinking skills that employers place an even higher premium on a "good education" and what that must mean about someone's ability to learn and succeed on the job.

This kind of screening process negatively affects not only many potential employees but also employers. According to a 2016 National Association of Colleges and Employers survey, the skills employers most desire when they decide which new college graduates to hire are the abilities to work well in a team, to make decisions, and to solve problems.⁶

In my work at WAVE, I meet with employers all the time, and I ask them what makes a successful employee. The answer usually focuses on character, behavior, and soft skills, not a university degree. This means many employers

⁵ ADC Staff. "Great Leaders Aren't Born - They're Made. And Africa Is Showing Us How." Africa.com. January 2016. <https://www.africa.com/great-leaders-arent-born-theyre-made-africa-showing-us/> (Accessed October 15, 2017).

⁶ "Job Outlook 2016: The Attributes Employers Want to See on New College Graduates' Resumes." National Association of Colleges and Employers Center for Career Development and Talent Acquisition. n.d. <http://www.nacweb.org/career-development/trends-and-predictions/job-outlook-2016-attributes-employers-want-to-see-on-new-college-graduates-resumes/> (Accessed October 15, 2017).

are missing out on potential talent they want because the candidates lack the university credentials or type of work experience the employer thinks they must have. This is not to say that obtaining a university degree is not important – we do need more people with degrees in Africa – but it should not be, by default, the top criterion for job selection.

And yet, it is the default. So then, already marginalized young people are forced to chase credentials by any means necessary, falling prey to an already dysfunctional education system that focuses on churning out credentials (certificates, degrees) without commensurate focus on developing competencies in its students. The result is a growing number of education institutions that produce graduates without the skills required for succeeding in the 21st century workplace. This is called the “skills gap.”

The skills gap leads to the already flawed employment system being flooded with untrained and unprepared talent, leaving employers with no other choice than to raise the barriers to entry – the credentials – and to use other proxies like work experience to screen in those most likely to succeed in their job opportunities. And in parallel, the uncredentialed get screened out. This widens what we call the “opportunity gap.”

If this sounds vaguely familiar to you, it’s because it isn’t a Nigerian phenomenon, nor a West African one – it’s an increasingly global one.⁷ I have had similar conversations with employers and skills providers in Latin America, Asia, Europe, and the United States. The difference might be the extent of this problem in Nigeria. You see, in a lot of African countries like Nigeria, the education system is so mismanaged and corrupt that employers, including myself, have encountered local university graduates (the 10 percent most credentialed in the youth population) who cannot read, or had simply passed through the system from one credential to the next without developing the core competencies required to succeed.

Educational attainment isn’t the only employment barrier. The most common second bullet point under the requirements for even (supposedly) entry-level jobs in the formal economy is work experience. How is the average young Nigerian expected to acquire this experience when every job he or she applies for requires the very things he or she seeks to gain through that first job?

It is true that once prospective applicants are shortlisted based on credentials and experience, employers will then invite candidates to interview, where they are then screened for the attitude and competencies that do matter and are more likely to predict workplace success. But a lot of talent has already been blocked out by then. This widens the gap between them

⁷ Craig, Ryan. “Is the American Higher Education System ‘Rigged’?” *Forbes*. November 9, 2016. <https://www.forbes.com/sites/ryancraig/2016/11/09/the-system-is-in-fact-rigged/#19ce742459bc> (Accessed October 15, 2017).

and their peers as they continue to be locked out of opportunity, fail to further develop their skill set, and lose out on more economic opportunities. At WAVE, we encourage employers to ditch the proxies and hire for what they really want – competencies.

Ultimately, all young people deserve a right to economic opportunity; they deserve the dignity of being in the position to create value for themselves through their labor. Indeed, everyone deserves a chance at self-actualization and this includes the chance to equip oneself with the means to realize one's potential and achieve self-fulfillment.

In the quest to achieve the dignity of employment for all who seek it, there are several things we can do.

Employers: Get creative on screening the best talent for your organization without falling into the trap of focusing solely on the traditional package of educational pedigree and relevant work experience. Change the conversation so that it's about people's capacity and ability to do the job and not about the proxies that correlate with some general indicators of ability or success. Companies like Ernst & Young, Pricewaterhouse Coopers, and Penguin have already made bold steps in that direction, doing away with academic and education details in their application processes and attempting to level the playing field for talented individuals regardless of their background. These companies will now use competency assessments to judge applicants' potential.

Young people: Focus on discovering what you're good at and what you love doing while being mindful of what the world needs and developing competencies around that intersection. There's a famous purpose Venn diagram that intersects what you love doing with what you're good at (passion), intersects what you're good at with what you can be paid for (profession), intersects what you can be paid for with what the world needs (vocation), and intersects what the world needs with what you love doing (mission) – the junction of all of these intersections is where you find your purpose. Strategies to help you find your purpose include volunteering, internships, project work, online courses, and other pathways to developing competencies.

Educators: In our African context, the focus has too long been on measurable outputs like years of schooling and credentials/certificates at the end of the learning process rather than on enriching the learning journey itself. We need to reset. Let's change the conversation so that we're all working toward what matters – developing people's abilities to learn, unlearn, and relearn whatever they require of themselves and what the world requires of them. Let's aim higher than empty degrees, certificates, and credentials; let's rewire the system by choosing to focus on what should really matter – developing one's skills. In so doing, we will give those coming into the system a fighting chance at achieving their potential and engaging in the dignity of labor.

Local and national governments: Connect young people to credible skills providers and offer viable financing mechanisms for competency-based education that demonstrates successful employment outcomes.⁸ An example worth borrowing is that of the City of Johannesburg's partnership with Harambee Youth Employment Accelerator, which focused on connecting 200,000 to economic opportunities in 2016 alone.⁹ Harambee sources, screens, assesses, and prepares first-time jobseekers for work, matching them to suitable work opportunities.

Each stakeholder in the education-to-employment system has a role to play in turning things around to favor the 11 million young Africans who graduate from education into the labor market annually. Everyone who touches the workforce system has a role to play in creating career pathways for unemployed young people, ensuring every young African can realize and experience the dignity of labor. Today, I am honored to work alongside Frank in the work we do at WAVE to increase young people's access to employability skills and economic opportunities.

⁸ Poon, Jennifer. "Funding Student Success: How to Fund Personalized, Competency-Based Learning." *Education Week*. August 3, 2017. http://blogs.edweek.org/edweek/learning_deeply/2017/08/funding_student_success_how_to_fund_personalized_competency-based_learning.html (Accessed October 15, 2017).

⁹ Opportunities for Africans. "Vulindlel' eJozi Youth Skills Empowerment Initiative for Young South Africans." Opportunities for Africans. March 21, 2016. <https://www.opportunitiesforafricans.com/vulindlel-ejozi-youth-skills-empowerment-initiative-for-young-south-africans/> (Accessed October 15, 2017).

Dignity and Agriculture

Edward Mabaya

The best part about growing up in rural Zimbabwe in the 1980s was that I had absolutely no idea my family was poor. This was the era before Facebook, selfies, shows like “MTV Cribs,” and the Kardashians. As kids, our dreams and imaginations were bounded by the mountains that surrounded my village. We did not know what we did not have.

I am the seventh of 11 children, and like most Africans I was born and raised on a small farm. My parents still farm the same 3 acres of land. I have fond memories of working in the fields and playing with handmade toys with my childhood friends, Thomas and Wilfred.

Fast forward 20 years, to late December 2003. I had just finished my doctorate in agricultural economics at Cornell University, and I went back to my village for the holidays. There is nothing like Christmas at home. The festive season always feels like one big village reunion. After the church service on Christmas Day, my brothers and I went to the local grocery store that also doubled as the village bar over the holidays. By the time we arrived, a small crowd of young men were dancing to loud music and catching up on local gossip. I sat in a corner of this smoke-filled room, enjoying a warm drink with my brothers. After a while, an older guy in worn clothes came over to say hello to me. Politely, I greeted him and wished him a merry Christmas and happy new year.

Just as I was turning back to my brothers, the man tapped my shoulder and said, “Ed, it’s Thomas! Remember me?”

I thought, “Thomas? My best friend Thomas from primary school?”

I tried hard to cover the look of shock in my face. He looked much older and weathered but he still had that big smile. We exchanged our secret childhood handshake and sat down to catch up on life. Thomas told me that life had not been too kind to him. He still lived in the nearby village. He was married and had five children. He was especially proud of his oldest daughter, Naomi, who was very athletic.

He had a couple goats and farmed a small piece of land just to get by. Each year, he said, they barely harvested enough to feed themselves, and every day he prayed for a better life for his children. In so many ways, Thomas’s life was like that of his parents and of his grandparents before them. Nothing had changed or evolved.

Later that night, I could not sleep as I battled with the question of how our lives had turned out so differently. This was the guy who I sat next to in primary school. This question haunted me for the next few months. Was I just lucky while Thomas had been unlucky? Was this all random, with no rhyme or reason? Was this God's plan? While this felt like a comforting answer for my life, it did not seem to be a fair explanation for Thomas and his kids. More importantly, as a development economist, I was now looking for a rational explanation behind the lives of my classmates still living in the village versus those of us who had made it out.

My eureka moment came when I shifted my attention to those like me, who has escaped village life. A clear pattern emerged. Although Thomas and I attended the same primary school, our paths diverged after that. My parents sent me and my siblings to missionary secondary schools that cost a little more than the nearby underresourced public schools that Thomas attended.

Like other success stories in the village, my parents had invested more than many others in their children's education. It's no surprise that this difference matters given the transformative power of education.

However, as I dug deeper, I also realized that the families like mine that thrived also contained the best farmers in the village. These were farmers who had gone beyond producing just enough to feed the family to making the most from their land. These farmers had well-terraced fields and used some combination of manure and chemical fertilizers. These farmers were the early adopters of such agricultural innovations as hybrid maize varieties, pesticides, and chemical fertilizers in the 1980s, creating what was later referred to as "Zimbabwe's green revolution."

By adopting innovations that increased yields, not only could these farmers like my parents keep their families well nourished, but they could take their surplus to nearby city markets, make money, and invest it in education and health for their children. This is how I could attend a school that was a bit better than the one Thomas attended. Farming beyond subsistence had opened new horizons for me.

This story is not unique to my village. Globally, more than 2 billion people depend on smallholder agriculture for their livelihoods.¹⁰ Most of these smallholder farmers live in Africa and Southeast Asia. Unfortunately, these farmers are also some of the poorest people in the world, and they account for 78 percent of the world's poor.¹¹ For these billions, agriculture is not just a way

¹⁰ "Viewpoint: Smallholders Can Feed the World." International Fund for Agricultural Development. February 2011. <https://www.ifad.org/documents/10180/ca86ab2d-74f0-42a5-b4b6-5e476d321619> (Accessed January 2, 2018).

¹¹ "Sustainable Development Goals: Poverty Eradication." Food and Agriculture Organization of the United Nations. n.d. <http://www.fao.org/sustainable-development-goals/overview/fao-and-the-post-2015-development-agenda/poverty-eradication/en/> (Accessed January 2, 2018).

of life; it is often the only pathway out of poverty. Access to yield-increasing and labor-saving agricultural innovations creates opportunities for progress toward better livelihoods.

If I were to single out one thing that triggered my family's transformation, it would be when my parents started planting hybrid maize seed, also known as hybrid corn in America. Once they realized the power of this innovation, there was simply no turning back.

Improved seed, such as the maize seed my family used, is quite possibly the most advanced and most useful technology in agriculture. It is seed that has recently gone through a formal breeding process. It is usually packaged, treated with chemicals, and sold as either certified seed or quality-declared seed. Improved seed can increase a farmer's harvest using the same area of land, and thanks to improved seed and better farming practices, most cereal and legume crops have enjoyed exponential growth over the past century. Arguably, without these improvements in crop varieties, there simply would not be enough land on Earth to feed the current population.

And yet the challenge ahead of us is even more daunting. Over the next 50 years, we will have to produce as much food on Earth as we have produced over the past 10,000 years.¹² If you think that we could achieve this goal by converting more land from natural forest to agriculture, I have bad news for you. Not only would this be disastrous for the environment, but we simply do not have that much land to spare. We must produce more food on less land. One of our best hopes is agricultural innovations that allow us to keep raising that bar of crop yield per unit of land.

As if the challenge of feeding an exploding population was not hard enough, we now must do this under new climatic conditions. Experts project that we may be entering a time of global weather uncertainty, or a "dark age." This could be disastrous for farmers around the world. Fortunately, plant breeders are developing new crop varieties with traits that can withstand extreme weather – not just drought, but also flooding and frost. Agricultural professionals like me call them "climate-smart" crops, because they offer a fast and affordable way for farmers to adapt to the adverse effects of climate change. For example, more than 200 distinct drought-tolerant maize varieties have been released recently in Africa.¹³ The new varieties are bred to match growing conditions in a particular region and, along with drought tolerance, their yields are equal to or higher than other commercially available varieties.

¹² Sample, Ian. "Global Food Crisis Looms as Climate Change and Population Growth Strip Fertile Land." *The Guardian*. August 31, 2007. <https://www.theguardian.com/environment/2007/aug/31/climatechange.food> (Accessed January 2, 2018).

¹³ Mabaya, Edward. "Climate Change and 'Smart Seeds' in Africa." *Al Jazeera*. June 3, 2016. <http://www.aljazeera.com/indepth/opinion/2016/05/climate-change-smart-seeds-africa-160530131502987.html> (Accessed January 2, 2018).

In other words, they offer some protection against drought without sacrificing yield.

Unfortunately, much of the contemporary discussion on improved seed is marred by controversy surrounding genetically modified crops (GMOs). First, it is important to point out that all the examples given above are products of conventional breeding techniques that have been around for hundreds of years. Second, GMOs have been subjected to more testing worldwide than any other new crops, and the currently commercialized crops have been declared as safe as conventionally bred crops by key scientific and food safety authorities worldwide.¹⁴

I should also acknowledge concerns about the cost of seed and farmers' dependency on purchased seed. Some may think this is costly, but it is not. In most African countries, a 2-kilogram bag of hybrid maize seed will cost farmers about \$4. Each bag contains about 8,000 to 10,000 kernels – that equals 25 kernels for a penny. That 2-kilogram bag can produce enough crop to sustain a family of five for a season. This is not much of an investment, especially given that the family's livelihood depends on agriculture. On average, improved seed constitutes less than 10 percent of total production costs to a farmer – the rest being labor, fertilizers, and chemicals.¹⁵

It is wrong to imagine that African farmers are reluctant to adopt the new scientific innovation. With the rapid uptake of mobile phones, Africa has demonstrated an appetite for adopting useful technologies. Yet, while almost every farmer has a mobile phone, the continent lags in an area that is most critical for survival – agricultural productivity. We live in a fast-changing world. Farmers now must produce more food and fiber with fewer natural resources than they had in the past – all while facing new challenges from extreme weather and increases in plant pests and diseases. Improved seed, coupled with other farming inputs and crops management systems, can unlock Africa's agricultural potential and break the vicious cycle of rural poverty for millions of farmers.

We need an army of small businesses to deliver these proven agricultural innovations to farmers. To spur this entrepreneurship, governments should reform policies and regulations to create environments conducive to strengthening both input and output value chains. Development partners can

¹⁴ "A Decade of EU-Funded GMO Research (2001–2010)." European Commission, Directorate-General for Research and Innovation, Biotechnologies, Agriculture, Food. 2010. http://ec.europa.eu/research/biosociety/pdf/a_decade_of_eu-funded_gmo_research.pdf (Accessed January 2, 2018).

¹⁵ Vroegindewey, Ryan and Eric Crawford. "Crop Budgets for Maize Production Costs and Returns: Zambia, 2010/11 to 2013/14." Global Center for Food Systems Innovation. Publication Series: Zambia Report No. 001. 2015. http://gcfsi.isp.msu.edu/files/3414/7976/2023/Zambia_Maize_Production_Budgets_Report.pdf (Accessed January 2, 2018).

support this transformation by targeting investments at key bottlenecks or chokepoints along these agricultural value chains.

How do I know that this investment in smallholder agriculture will uplift the rural poor?

Well, in addition to the thousands of studies that support this idea, I know from firsthand experience that it worked for me. My family's journey is a testament to the power of agricultural innovations to deliver dignity. I am living proof of the power of agricultural innovation to transform rural livelihoods. I am proof of the power to banish hunger, and the power to give dignity to smallholder farmers.

Dignity and Women Farmers

Ranjitha Puskur

It was 1996 and a hot, dusty day in central India. I missed my office bus that morning, so I found myself riding a small commuter van crammed with more than 20 men and women from local villages in one of the poorest regions of the country. They were all chattering together. The van was full of their sacks and baskets, and a chicken, too. We couldn't move an inch. I was sweaty and so was everyone around me.

I grew up and went to school in a south Indian cosmopolitan city, and while I went occasionally to our family's ancestral village, I spent almost no time with rural people and on that ride, I felt uncomfortable. I just wanted it to end quickly.

But then something important happened.

As I hailed the driver to stop the van near my office, I felt a hand on my arm. I turned to look at the woman sitting next to me. She was beautiful with large eyes. She might have been only a few years older than me, but she looked weathered and tired. She asked me, "Sister, what do you make in this factory?" as she pointed to the agricultural research institute where I worked as a desktop agricultural economist. I was a new hire who had recently completed my doctorate, and I loved trolling data and crunching numbers.

Her question threw me off. I told her we developed grass and fodder technologies to feed livestock. She asked me if she could find out more as she had a cow and a couple of goats and was always struggling to find feed for them. Curious, I asked her if she had ever been to the institute. She said she had never met anyone from there, and even that day she felt she could ask me about it only because I was a woman. I was surprised because that institute, with more than 100 researchers, had been there for 34 years. I asked her name and she told me she was Keemti and she lived in a village less than a mile away. When I reached my destination and it was time to get off the van, I did not know how to end the conversation. I just looked at her and nodded my head and left.

That day, I was restless at the office as I kept thinking about Keemti. I asked my colleagues if they ever visited nearby villages and spoke to the farmers. They said they conducted surveys and collected data and that gave them

enough information for their research. That didn't feel like enough to me.

The next day, I ventured to Keemti's village. She seemed surprised to see me there, and I saw a certain twinkle in her eye. Quickly, she gathered some other women farmers to chat with me in her backyard. They talked to me about their lives, farming and the village – the good, the bad and the ugly. I had analyzed a lot of data, read books and scientific papers, but I never got the insights that I did from that day's conversation. The women talked about the droughts they face year after year and how that affects their crops, how their livestock have nothing to graze on during dry periods, and how often their families do not have two square meals a day.

Near the end of our conversation, the women told me how they never get to speak to researchers or staff from the agriculture department of the government because those entities do not recognize them as farmers. Instead, they were viewed as unpaid family labor and nothing more. Further, even if the agencies had reached out, many men work within those agencies, and in that part of India at the time, cultural and social norms dictated that women could not interact with men outside of their households.

Hearing from these women made it very clear the importance of me being there and listening to them now, as a woman. I reported back to my team on what I learned and on the usefulness of talking with women farmers, and soon like-minded colleagues joined me in regularly engaging more with both the women and men from the communities. We visited them and spoke to them, learning more about their challenges. Our conversations with them taught us more than we could learn from just impersonally gathering data about their farms using questionnaires as we always had before. Spending time with the women on their farms and in their homes, and having open and unstructured conversations with them was a huge mind shift for me and required that I "unlearn" much of what I had been taught in my formal education programs.

In the more than 20 years of my career since then, I have worked in Africa, Asia, and the Pacific, and I have met many more women like Keemti. I always learn from them. Yet, it is a challenge to get most institutions to recognize the knowledge, value, power, and dignity of these poor women farmers despite their number and their output. But these women should be recognized.

On average, women provide 43 percent of the agricultural labor in the developing world.¹⁶ This can be as high as 80 percent in some countries, varying by region (lesser in Latin America) and what is being grown. For example, in South and Southeast Asia, where rice is a dominant crop, women contribute large proportions of labor. In Africa, 80 percent of agricultural

¹⁶ "Facts and Figures: Rural Women and the Millennium Development Goals." UN Women Watch Inter-Agency Taskforce on Rural Women. n.d. <http://www.un.org/womenwatch/feature/ruralwomen/facts-figures.html> (Accessed January 18, 2018).

production comes from small farms, which are managed mostly by women.¹⁷ Their numbers are growing, not decreasing. The migration of men outside of the villages seasonally or permanently in search of economic opportunities and employment has been on the rise, leaving women to manage and make decisions on their farms.¹⁸

However, just like Keemti and her peers, over and over, these women's contributions and roles are unrecognized because they are considered and treated as unpaid family labor.¹⁹ Working on the farm is just one of their many responsibilities, including taking care of their households and livestock. Agricultural extension or outreach services hardly ever target women because they are technically not considered farmers. In fact, only recently has the research and development community even started using the term "women farmers," moving away from traditional terms of "farmers and their wives" or "farm women."

Women farmers face many other barriers and specific forms of discrimination, starting with land ownership. Only about 10 percent of women in the developing world own land.²⁰ This low rate is problematic because property often determines social status and political power and shapes relationships in household, community, and institutional life. Women cannot access loans because they do not have assets like land to offer as collateral. Ironically, while they toil on the land, they cannot make decisions regarding farming or how to spend the income they earn. Women farmers also often have trouble getting what they need to farm – land, fertilizer, seeds, credit, water, technology, and information.

Of course, gender discrimination is a problem beyond the agricultural field. Women globally face discrimination in access to jobs, money, and participation in private and public decision making. They are more likely to live in poverty than men. Overall, they are at a disadvantage in the labor market.

Where does this gender inequality come from and why has it been so difficult to change?

¹⁷ "Smallholders and Family Farmers." Food and Agriculture Organization of the United Nations. 2012. http://www.fao.org/fileadmin/templates/nr/sustainability_pathways/docs/Factsheet_SMALLHOLDERS.pdf (Accessed January 18, 2018).

¹⁸ Lastarria-Cornhiel, Susana. "Feminization of Agriculture: Trends and Driving Forces." World Bank. 2008. http://siteresources.worldbank.org/INTWDRS/Resources/477365-1327599046334/8394679-1327599874257/LastarriaCornhiel_FeminizationOfAgri.pdf (Accessed January 18, 2018).

¹⁹ Puskur, Ranjitha. "Women Farmers: The Real Wonder Women." Thomas Reuters Foundation News. November 10, 2016. <http://news.trust.org/item/20161110172011-yc12f> (Accessed January 18, 2018).

²⁰ "In for 50% Quota, Not Even 10% Women Own Land." Oxfam India. March 9, 2016. <https://www.oxfamindia.org/newsclipping/1441> (Accessed January 18, 2018).

Gender inequality stems from the deeply embedded cultural norms that influence the way children are socialized. For example, in South Asia there is a bias toward male children over females. India calls this the phenomenon of the “lesser child,” and the girls take second place – for getting good and nutritious food or going to school. At the same time, girls are trained to limit their ambitions to the home; a recent study by UNICEF shows that girls spend 40 percent more time on household chores than do boys.²¹ Overall, girls have fewer opportunities than boys to gain an education and access economic opportunities.

The lesser girl children grow up to be lesser women and lesser farmers. They are deprived of access to knowledge and resources at every stage. They also are tired. During one of my visits in Barotseland, Zambia, I met Mendai, a farmer who is overburdened with growing vegetables and grains for the household and taking care of the livestock and her children, parents, and parents-in-law, among other responsibilities. Jeston, her husband, said in response to my question about why he does not help his wife with the domestic chores, “I understand what you are saying and I do want to do it. I started, but stopped after a couple of months. The men in my village, including my friends, started ridiculing me. They said I am not man enough and have been enslaved by [my] wife. I could not defend it for too long and gave in.”

When women do try to make a living, they may face social barriers. While I was working in Barotseland, where the Lozi communities live, for instance, I learned that women fished only on the river banks using small baskets while men went fishing in the rivers. The community believed that women handling canoes brings bad luck and if a woman fishes with a net, she will never be able to bear children. The result of this misguided belief was that men caught more and bigger fish, which fetched higher prices at the market. When I asked some of the men and women in the community about this practice, they said, “The Bible stipulates the different roles of men and women and there is no need for change in gender division of labor.”

In South Asia and parts of Africa, women’s mobility is often restricted. They are not allowed to interact with men outside their families. They cannot go to the local markets to buy seeds or sell their agricultural products. As a result, they have no negotiation power and become dependent on men in the household or traders who come to their doorstep. Earning income does not automatically earn agency – or control over decision making. Agency is the ability to make and act on choices, but in many cases, it is dominated by men.

²¹ “Girls Spend 160 Million More Hours Than Boys Doing Household Chores Everyday.” UNICEF, October 7, 2016. https://www.unicef.org/media/media_92884.html (Accessed January 18, 2018).

Over and over in my work, I have seen examples of how social norms and attitudes impinge on women's access to resources and economic opportunities in agriculture. Despite local variations, at a fundamental level, the challenges faced by rural women in all these places are very similar. They go deeper than access to resources and services, and will require sociocultural change to ensure wider, deeper, and lasting change. Dignity begins at home, and too often girls and women lack even that basic right there.

Yet, there are women defying these barriers and making strides.

Early in 2017, I talked to women farmers in the eastern Indian state of Bihar. A group of them decided to do the farming work traditionally done by men. They initially faced sneers and jeers, but they stood their ground. They said being in a collective gave them that confidence. They are now recognized as knowledgeable and creditworthy farmers and entrepreneurs by their families and communities. They are held in high regard. The men told me how proud they are of their wives, daughters, and daughters-in-law. They are now able to lease land, hold bank accounts, and access credit and other services. They are also able to make decisions on production, marketing, and use of income they earn. Participating in local research projects also brought them more respect, increased their access to knowledge and modern technologies, and gave them confidence and boosted their self-esteem. This wasn't a quick or easy achievement. It took these women about a decade to gain that confidence.

While these are encouraging outcomes, we shouldn't put the onus on women alone to ensure these kinds of social norm changes. Everyone should play a role. It's in their vested interest.

While at a basic human rights level gender discrimination should end, it also makes good economic sense to combat it. It has been estimated that by closing the gender gap in farming, global agricultural output could increase by 2.5 to 4 percent and feed an additional 100 to 150 million people.²² This matters more now than ever as the planet will have to feed 9 billion people by 2050, and malnutrition is already a mammoth problem across the developing world.²³

Investing in women farmers is essential if we want to eradicate poverty, hunger, and malnutrition, all of which is achievable. Agricultural research, globally and nationally, has produced many technologies that if used effectively can make a significant dent in poverty and hunger. But unless women farmers are empowered to access these technologies, those goals will not be met.

²² "The State of Food and Agriculture: Women in Agriculture & Closing the Gender Gap for Development." Food and Agriculture Organization of the United Nations. 2011. <http://www.fao.org/docrep/013/i2050e/i2050e.pdf> (Accessed January 18, 2018).

²³ Godfray, H. Charles, et al. "Food Security: The Challenge of Feeding 9 Billion People." *Science*. February 12, 2010. 327 (5967): 812-818. <http://science.sciencemag.org/content/327/5967/812.full> (Accessed January 18, 2018).

So far, unfortunately, most efforts to close the gender gap have addressed symptoms and consequences of gender inequalities, but not causes. For instance, most agricultural research and extension projects stipulate that all the technology-use training should involve 30 percent women. Too often this becomes a “tick-the-box” exercise to comply with donor requirements but the heart of the gender gap is not addressed or changed.

Similarly, a plethora of projects focus on women and try to get rural women into income-generating opportunities like small-scale livestock raising, vegetable cultivation, and so forth. However, results show that most of these projects result in short-term benefits for the women that last only as long as the project is in operation. Some agricultural research and development programs that have focused exclusively on women have even polarized rural communities, jeopardizing the very rights of the women they are trying to help. These programs have ignored the issues of culture, and the social expectations of men. This is a mistake.

Further, evidence shows that many efforts might have inadvertently worsened the situation of women by increasing their work but not creating conditions that allow them to reap the benefits of this additional labor and effort. Even the Millennium Development Goals performance assessment admitted that despite many successes, the poorest and most vulnerable people are being left behind and that gender inequality persists.²⁴

My argument is that this is because research, development, and policy actors tend to address the visible symptoms in the form of gender gaps, rather than their root causes. After about six decades of efforts to mainstream gender equality, the same challenges exist. Clearly, to ensure the dignity and equality of women farmers in rural areas on a broader scale, there must be efforts that tackle the cultural and social norms and beliefs that can hold women back. The root causes must be addressed. This can be accomplished through social and behavioral change communication, altering the way boys and girls are socialized, eliminating stereotypes, showcasing role models, and using media to send targeted and effective messages.

Some other steps that should be taken include (1) ending agencies’ compartmentalized efforts by creating coalitions across sectors to work together to improve education, health, and agricultural productivity; (2) training research and development practitioners to have empathy as they give women access to knowledge and resources and a supportive environment; and (3) including men as partners in this effort as women cannot and should not have to do this alone.

²⁴ “The Millennium Development Goals Report.” United Nations. 2015. [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf) (Accessed January 18, 2018).

Thanks to women like Keemti, these are all efforts that I advocate for in my work and I will continue to do so until the day we see widespread, systematic changes that ensure the dignity of all women farmers.

DIGNITY IN MEDICINE AND SCIENCE

Dignity and Pain

Serufusa Sekidde

As I walked into his room during my morning ward round, I found Albino's body dangling from a white bedsheet tied to a wooden beam running across the hospital ceiling. I let out a muffled scream that almost sounded like a whimper, then quickly yelled, "Nurse! Nurse!" into the hospital corridor.

"Albino! Albino! Can you hear me?" I shouted next as I leaped onto the creaky hospital bed to bear hug him and support his cold body.

With one hand still holding him, I frantically untied the bedsheet from around his neck, which he had turned into an asphyxiating noose. Albino was just 16 years old, but it appeared he had decided that death was the only way for him to find some much-needed respite from his pain.

Just the day before, his mother had brought him to the hospital I headed in Juba. At that time, it was South Sudan's largest private medical facility. I had been recruited to be the pioneer medical director, which was an exciting opportunity, especially since I had been forced to relinquish my training in the neurosurgery program in my home country, Uganda, when the 2007-08 global financial crisis meant that both the United States funding partner and the Ugandan government couldn't fund my scholarship.

I recalled how as I took down his name for the admission notes, I smiled to hear that it was Albino. "Yes, that is his name. Albino is a common name in South Sudan. The B-I-N is pronounced the way you would say bin bag," his mother said, smiling back to reveal the gap in her teeth. I couldn't take my eyes off her intricate facial scarification patterns, which were part of a tribal ritual.

There wasn't a lot to smile about during the few hours that Albino was in our hospital, however, as he writhed in excruciating pain. As soon as I saw him – thin as a rake with yellow eyes and concentric leg ulcers in various stages of healing – I knew he was in a sickle cell crisis, one of the most dramatic manifestations of the inherited blood disorder called sickle cell anemia.

Albino and his mother had come 2 kilometers from Juba Teaching Hospital, the main public hospital in South Sudan, because it had run out of the IV fluids that were needed to address Albino's pain. The hospital had already severely rationed his oral morphine, the standard treatment for severe pain in a person with sickle cell anemia, and then no one at the Teaching Hospital could dispense the oral morphine that weekend. The head nurse – the only person authorized to access the drug – was out with a family emergency.

I had heard this story before. In South Sudan, as in many countries in the developing world, many medical personnel wrongly believed that opioids – drugs like morphine – were always dangerous, were instantly addictive, and had to be dispensed only as a last resort. This continues despite a body of evidence showing the benefits of opioids like morphine in managing acute severe pain in patients with sickle cell anemia.²⁵

In South Sudan, this fear had led to regulations that allowed only doctors to prescribe morphine and senior nurses to dispense the drugs. Of course, this is not unique to South Sudan. The New York Times reported in 2014 that in 27 of the 28 states in India, doctors avoided prescribing morphine for cancer pain for fear of running afoul of the overly stringent narcotic regulations.²⁶ A 2011 survey by Human Rights Watch revealed that even though the World Health Organization recommends countries consider allowing nurses to prescribe morphine to improve accessibility, only three countries – Cameroon, the United States, and Uganda – had done so by then.²⁷

The oral morphine supplies in South Sudan were so meager that no private hospital had received any, and Juba Teaching Hospital had the only stock. This was due to poor planning by the government, along with decrepit postwar road infrastructure that slowed imports from other countries. This kind of mismanagement by government health sector officials is rife in developing countries. In 2009, the West African nation of Burkina Faso, which had thousands of cancer and AIDS deaths that year, declared to the International Narcotics Control Board – the global body charged with managing the control and supply of narcotics – that it estimated it would need only 49 grams of morphine in 2009.²⁸ That would have been enough for only eight patients.

Luckily, even though our hospital had no oral morphine, we never ran out of IV fluids. Albino's family hoped he would receive the IV infusions over the weekend with us and return to the public hospital on Monday, when the keys to the morphine cabinet would most likely be next available.

²⁵ Brandow, A.M. "Impact of Emergency Department Care on Outcomes of Acute Pain Events in Children With Sickle Cell Disease." *American Journal of Hematology*. 2016. 91 (12): 1175-1180. <https://www.ncbi.nlm.nih.gov/pubmed/27517842> (Accessed December 8, 2017).

²⁶ Piana, Ronald. "Dying Without Morphine." *The New York Times*. September 30, 2014. <https://www.nytimes.com/2014/10/01/opinion/dying-without-morphine.html> (Accessed December 8, 2017).

²⁷ "Global State of Pain Treatment: Access to Palliative Care as a Human Right." Human Rights Watch. 2011. <https://www.hrw.org/sites/default/files/reports/hhr0511W.pdf> (Accessed December 8, 2017).

²⁸ Lohman, Diederik. "Access to Pain Treatment as a Human Right." *BMC Medicine*. 2010. 8 (8). <https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-8-8> (Accessed December 8, 2017).

As Albino's mother told me all this, a seething anger started building up in me. With tears welling in her eyes, she looked into the air and then spoke with a piercing sadness: "I wish those clinicians had sickle cell disease or cancer or AIDS, then they would understand what real pain is!"

She had a point. Studies have shown that most medical curricula lack a special training program on pain management or effective pain treatment.²⁹ So, when clinicians identify pain in patients, they often do not know how to assess and treat it effectively.

In Albino's case, doctors and nurses with more training would have understood that most of his red blood cells were sickle-shaped rather than the usual circular shape. They would have also known that sickle-shaped cells are rigid and sticky, and can block the blood flow in smaller blood vessels, causing enormous pain to patients with sickle cell anemia like Albino. This lack of training may have contributed to why they moved so slowly to treat Albino's undeniable pain.

His extensive medical notes, which had been dutifully brought along by his mother, showed that he had been diagnosed with depression a few years before. Understandably, the depression was attributed to a childhood scarred by a vicious cycle of intolerable pain from his sickle cell disease, which he had been born with, and inadequate pain control measures from medical personnel. The double whammy of a mental health condition – in this case depression – superimposed on a physical condition that necessitated frequent intakes of opioids probably induced many preconceptions in the medical personnel who managed Albino's care over the years. At that time, studies were stating that depression was one of the underlying causes driving people to seek out prescription opioids and use them improperly.³⁰ In addition, even though it was undisputable that Albino was suffering physical pain, he was expected as a young South Sudanese boy to be a warrior and not show that he was suffering.

Doctors and nurses can sometimes have biases and attitudes that are not helpful to patients in pain, particularly children. As a young surgeon in training in Uganda's main national hospital, I strongly believed that, in cases when patients came to the emergency room with sudden severe abdominal pain, pain medication would mask symptoms and interfere with my chances of

²⁹ Tellier, Pierre-Paul, et al. "Improving Undergraduate Medical Education About Pain Assessment and Management: A Qualitative Descriptive Study of Stakeholders' Perceptions." *Pain Research Management*. 2013 Sept.-Oct. 18 (5): 259-265. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805349/> (Accessed December 8, 2017).

³⁰ Caruso, Catherine. "Most Opioid Prescriptions Are for People With Depression, Other Mood Disorders." *Scientific American*. June 26, 2017. <https://www.scientificamerican.com/article/most-opioid-prescriptions-are-for-people-with-depression-other-mood-disorders/> (Accessed December 8, 2017).

getting a correct diagnosis. I was not alone in thinking this.³¹ There are doctors who delay administering pain medication as much as they can because they believe pain is an expected consequence of injury and that pain medication could interfere with healing.³² My views changed only after I had a rotation in the hematology department and was once supervised by a senior pediatrician who himself had sickle cell disease. He was a powerful advocate for doctors not withholding pain medication for those who need it.

Painful hereditary conditions like sickle cell disease are a huge burden for patients to bear. A study of pediatric patients in Nigeria who had been born with sickle cell disease and juvenile diabetes found that, when compared with healthy children, they had a higher prevalence of depression and suicidal thoughts.³³ When Albino's mother told me about his depression when I was admitting him, I should have asked if he had attempted suicide before. For some reason, I forgot to.

On the morning when I found Albino's body, his mother arrived at the hospital and let out a keening cry – one that I had never ever heard from a human being before – as she watched me desperately trying to continue CPR on her son's lifeless body. She started hyperventilating and broke into a frightening stomp as if to egg me on and to will her son's death away.

"I'm sorry," I said in a muffled voice, stepping back with the realization that my efforts were in vain.

"Wake up! Wake up!" said Albino's disbelieving mother as she shook his lifeless body.

I slumped on a nearby chair in exhaustion. I had heard that there was no pain greater for a parent than to see his or her own child die. At that moment, the pain Albino's mother was experiencing felt palpable. When Albino was born in wartime pre-independence South Sudan, he would most likely have been delivered at home with no pain relief for his mother. How cruel that she brought Albino into this world in pain and had to witness her son leave this world in pain.

³¹ Bawa, Monika, et al. "Barriers to Pediatric Pain Management in Children Undergoing Surgery: A Survey of Health Care Providers." *Journal of Pain & Palliative Care Pharmacotherapy*. 2015. 29 (4): 353-358. <http://www.tandfonline.com/doi/abs/10.3109/15360288.2015.1082010?src=recsys&journalCode=ippc20&> (Accessed December 11, 2017).

³² Rampanjato, Rasolohermampionoiaina, et al. "Factors Influencing Pain Management by Nurses in Emergency Departments in Central Africa." *Emergency Medicine Journal*. 2007. 24 (7): 475-476. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658392/> (Accessed December 11, 2017).

³³ Bakare, Muideen O., et al. "Psychological Complications of Childhood Chronic Physical Illnesses in Nigerian Children and Their Mothers: The Implications for Developing Pediatric Liaison Services." *Child and Adolescent Psychiatry and Mental Health*. 2008. 2: 34. <https://link.springer.com/article/10.1186/1753-2000-2-34> (Accessed December 11, 2017).

Unfortunately, people like Albino are not the only ones suffering through poorly managed pain in the developing world. African women sometimes suffer unnecessarily during childbirth. A study from one of the main hospitals in Benin City, Nigeria, found that 85 percent of women would request pain medication when giving birth, if it were available.³⁴ However, only 40 percent of women received any analgesic intervention. The situation in many rural hospitals in Africa is likely to be that no pain relief is available to women with normal or even complicated childbirth.

When I worked as a surgeon in Uganda, most drugs were in such short supply that many times we had to ask patients' families to buy them from private pharmacies. Sadly, even for surgeries where pain is expected, postoperative pain medications are still prescribed on an as-needed basis, and the assessment of need can vary widely.

The problem of untreated and undertreated pain is most acute in developing countries and rural communities.³⁵ Indeed, about 25 million people die in pain each year in poor and middle-income countries.³⁶ But this problem also exists in industrialized nations. While most people do not choose to end their lives because of pain, as Albino did, there is still no reason they should needlessly suffer.

I saw this suffering firsthand in my own family. In 2010, my father had a stroke that rendered him speechless and paralyzed. At the same time, a blood clot led to his right leg being amputated above the knee. During our efforts to provide him good care, we frequently neglected to properly assess his pain levels. His amputation distracted us from realizing that he was also suffering from lower back pain as he adjusted to his body's new parameters. Several times, we had explained his pain away as an inevitable part of the surgery. I know now that his last six months of life needn't have been as painful as they were if we and his medical staff had both been more aware.

A person in pain is a person whose dignity is in peril. The basic right to be comfortable in your own body is under attack, and you are reliant on others to help you feel better. Understandably, this loss of autonomy can be debilitating

³⁴ Imarengiaye, C.O. "Demand and Utilization of Labour Analgesia Service by Nigerian Women." *Journal of Obstetrics and Gynaecology*. 2006. 26: 2. <http://www.tandfonline.com/doi/full/10.1080/01443610500443402> (Accessed December 11, 2017).

³⁵ "Managing Acute Pain in the Developing World." *International Association for the Study of Pain Newsletter*. June 2011. 19 (3). https://s3.amazonaws.com/rdcms-iasp/files/production/public/Content/ContentFolders/Publications2/PainClinicalUpdates/Archives/PCU_19-3_web_revised_1390260400113_4.pdf (Accessed December 11, 2017).

³⁶ McNeil, Donald. "'Opiophobia' Has Left Africa in Agony." *The New York Times*. December 4, 2017. <https://www.nytimes.com/2017/12/04/health/opioids-africa-pain.html> (Accessed December 8, 2017).

and dehumanizing. How we respond to the pain and suffering of others expresses who we are and who we can be as moral beings. When we respond in a dignified, timely, and appropriate way, it adds to our own dignity, too.

In the developing world, we need to tackle this problem in two ways. First, we must provide better access to pain-relieving drugs and, second, we need to educate health care workers and patients about proper management of pain and appropriate use of pain medications.

Here is how we can do this.

Ensuring better access to analgesics should begin by increasing their supply in countries where they are low. An International Journal of Surgery study in 2009 revealed that a main hospital in Malawi usually stocked only aspirin, which is unsuitable for children, as an “always available” pain reliever.³⁷ Nothing was available for children. For opioids like morphine, loosening overly stringent import restrictions and laws regarding prescribing and dispensing of the drugs will go a long way in increasing the supply for patients who need them.

Uganda is a success story in this area. An exciting program introduced around 2000 saw laws changed to allow specifically trained nurses and clinical officers to prescribe and use morphine, in addition to medical doctors who already could.³⁸ This project has had remarkable results ensuring that morphine is available for palliative care for those who need it. In addition, the price of morphine in Uganda has dropped considerably due to local production of oral morphine using imported morphine powder.³⁹ A 10-day dose costs the price of a loaf of bread in Uganda. On the other hand, in Zimbabwe, it is reported to cost \$18 to get a bottle of pills for a 10-day course of morphine, equivalent to 18 loaves of bread there.⁴⁰

To be sure, there are concerns that patients could misuse drugs and even possibly become addicted. In the US, more people die from overdosing on opioids than from car accidents or guns.⁴¹ According to President Donald

³⁷ Albertyn, R. “Challenges Associated With Paediatric Pain Management in Sub-Saharan Africa.” *International Journal of Surgery*. 2009. 7 (2): 91-93. [http://www.journal-surgery.net/article/S1743-9191\(09\)00002-8/fulltext](http://www.journal-surgery.net/article/S1743-9191(09)00002-8/fulltext) (Accessed December 11, 2017).

³⁸ Jagwe, Jack, et al. “Uganda: Delivering Analgesia in Rural Africa: Opioid Availability and Nurse Prescribing.” *Journal of Pain and Symptom Management*. 2007 May. 33 (5): 547-551. <http://www.sciencedirect.com/science/article/pii/S0885392407001182> (Accessed December 11, 2017).

³⁹ Harrington, Grainne. “How Nurses and Cheap Morphine Made Uganda a Model for Palliative Care.” *News Deeply*. September 22, 2016. <https://www.newsdeeply.com/womenandgirls/articles/2016/09/22/how-nurses-and-cheap-morphine-made-uganda-a-model-for-palliative-care> (Accessed December 11, 2017).

⁴⁰ Bafana, Busani. “Morphine Kills Pain but Its Price Kills Patients.” Inter Press Service. January 11, 2013. <http://www.ipsnews.net/2013/01/morphine-kills-pain-but-its-price-kills-patients/> (Accessed December 11, 2017).

Trump, opioid addiction has reached the scale of a national emergency.⁴² However, the US is an outlier compared with developing countries.

First, cases of inappropriate use of pain medication are few in developing countries. A two-year study in India that followed 1,723 patients being treated for cancer pain with oral morphine on an outpatient, home-care basis did not identify a single instance of misuse or diversion.⁴³ Second, “there are more cases of people in developing countries suffering from a lack of access to pain medication than cases of misuse.”⁴⁴ Last, what many are advocating for is not to make drugs more easily sold on the streets and online but for them to be made available in hospitals so that appropriate prescribing and use can take place.

Changing the attitudes of health care workers requires that pain management be a priority in health care. Patients would benefit considerably if doctors and nurses received additional education about the diagnosis and management of pain. In an ideal world, assessment of pain should become as basic an observation as measuring a patient’s pulse and blood pressure. Studies suggest that pain management training programs are helpful for both health care workers and patients in pain.⁴⁵ Unfortunately, overworked medical staff often find that nontreatment becomes the norm. That’s why it is important to increase the numbers of health care workers authorized to not only dispense but also prescribe pain medication. We must not let patients believe that nothing can be done, or adopt a fatalistic attitude and suffer in silence or even take their lives as Albino did.

Poorly managed pain is an affront to human dignity. This is recognized all over the world, and as medical professionals who conform to the Declaration of Montreal and as global citizens who abide by the United Nations Universal Declaration of Human Rights, it is our legal and moral obligation to ensure

⁴¹ Katz, Josh. “Short Answers to Hard Questions About the Opioid Crisis.” *The New York Times*. August 10, 2017. <https://www.nytimes.com/interactive/2017/08/03/upshot/opioid-drug-overdose-epidemic.html> (Accessed December 11, 2017).

⁴² Shear, Michael D. “Trump Plans to Declare Opioid Epidemic a National Emergency.” *The New York Times*. August 10, 2017. <https://www.nytimes.com/2017/08/10/us/politics/opioid-trump-emergency.html> (Accessed December 11, 2017).

⁴³ Rajagopal M.R., et al. “Medical Use, Misuse, and Diversion of Opioids in India.” *Lancet*. 2001. 358: 139-143. <http://www.painpolicy.wisc.edu/medical-use-misuse-and-diversion-opioids-india> (Accessed December 11, 2017).

⁴⁴ Gladstone, Rick. “Much of World Suffers Not From Abuse of Painkillers, but Absence of Them.” *The New York Times*. May 17, 2016. <https://www.nytimes.com/2016/05/18/world/much-of-world-suffers-not-from-abuse-of-painkillers-but-absence-of-them.html> (Accessed December 11, 2017).

⁴⁵ MacLaren, Jill E. and Lindsey L. Cohen. “Teaching Behavioral Pain Management to Healthcare Professionals: A Systematic Review of Research in Training Programs.” *The Journal of Pain*. 2005. 6 (8): 481-492. https://scholarworks.gsu.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1015&context=psych_facpub (Accessed December 8, 2017).

human dignity is not subverted though poor management of pain. In 2011, pain management specialists from all over the world met at the First International Pain Summit and released the Declaration of Montreal. Apart from recognizing that proper pain management is a human right, the declaration states that it “recognizes the intrinsic dignity of all persons and that any withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful.”⁴⁶

This was a major milestone in getting governments to understand that they have both domestic and international obligations to manage pain in patients. It made it clear to medical professionals like me that it is both an ethical and moral obligation to ensure no one suffers from pain unnecessarily.

We all need to heed the calling of the United Nations Universal Declaration of Human Rights. Its preamble states clearly that human dignity is a universal and inalienable moral quality. One does nothing to earn it, and nothing can take it away. Pain medication must and should be provided in the right quantities in a timely manner to those who need it. Failing to act on poorly managed pain is complicity in the violation of a fundamental right – human dignity. We must not let down people like Albino, women in labor, my dad, and so many others who suffer from poorly managed pain.

⁴⁶ “Declaration That Access to Pain Management Is a Fundamental Human Right.” International Association for the Study of Pain. 2011. <https://www.iasp-pain.org/DeclarationofMontreal> (Accessed December 8, 2017).

Dignity and Maternal Health

Mary Mwanyika Sando

As a fourth-year medical student sent for training at the National Hospital in Dar es Salaam, Tanzania, I felt I was ready for anything. But I was shocked to my core by what I saw in the labor ward.

During rounds, I observed that it was common practice for a pregnant woman to be completely undressed as people stood around examining her, with no partitioning screen to create privacy. In fact, the only time I saw the midwives put up a green partitioning screen was when a patient died. I also witnessed women forced to lie uncomfortably in one position while in labor, and saw how slow people were to help them, even when they requested just a glass of water.

I was stunned each time I saw this kind of poor treatment. I wondered, "Is this how it usually is in the labor ward? Do people think that this is OK? Is this fair? Is it supposed to be like this?"

I had many questions, but I dared not ask them at that time. Despite the undignified way women were treated, I also observed that the labor ward staff were working extremely hard to ensure that every mother had a safe birth and that their babies were healthy.

In the years that followed, sadly I witnessed countless other instances when women in labor were treated without dignity and respect.

One memorable experience occurred when I was interning at this same hospital. I was assisting other patients when I saw a pregnant woman arrive with her husband and he said he would return in a few hours. The attending midwife asked the woman if she had brought a bag of clothes and other supplies like cotton wool and her pregnancy information card. The woman held both her hands on her head, looking from side to side, and almost whispered, "Unfortunately, I left my house in a rush. I forgot my bag at home."

She said she could not send her husband to retrieve the items until he returned. The midwife, not looking at the woman, said brusquely, "So what do you think I will do? Since you forgot your bag, then I can forget you too, how about that?"

The woman had tears in her eyes. She looked down and did not say a word. As her labor progressed, the nurse brought her to the delivery room, but on their way, the nurse berated her in front of the other staff, saying, "Here

comes another woman with no supplies. I wonder how they think we can help them without clean gloves.”

The woman did not respond. The midwife showed her a bed and she lay down. This was her first pregnancy and as her labor advanced rapidly, she called for help several times, but no one came. Noticing this, I left my patient to assist her. She eventually delivered a healthy baby boy.

I still recall the look on her face, the expression of joy when she held her baby in her arms. Her expression is one that I wish for every woman regardless of where they choose to birth their child. Yet it is a shame that in these crucial moments of preparing to bring a life into the world, so many women face callousness and acts of indignity. Over time, I realized that what I witnessed in our labor wards was a violation of human rights.

The mistreatment of women during labor and delivery is widespread in developing countries and is largely due to complex challenges within health systems. Key issues that push health providers to provide such humiliating and undignified care include heavy workload, infrastructure and supply challenges, and power dynamics within the health system. I also eventually came to realize that many women were unaware of their rights, including the right to respectful care. They thought it was normal to be treated that way.

The World Health Organization (WHO) and other organizations have identified respect and dignity in childbirth as a component of maternal health quality, meaning a woman is at the center of her birthing experience and she can make an informed decision about her care in a respectful and collaborative fashion with her care provider. The United Nations Committee on Economic, Social, and Cultural Rights declared a universal right to health care – more specifically, health care services that are available, accessible, acceptable, and of high quality.⁴⁷ Building on these principles, in 2014 the WHO issued a statement that said, “Every woman has the right to dignified and respectful care during pregnancy and delivery.”⁴⁸

But not every woman enjoys those rights. What I have learned is that my observations in the delivery wards were not uncommon. A growing body of evidence is uncovering the widespread mistreatment of women during pregnancy and childbirth globally, and the resulting health problems experienced by the mothers and their babies.⁴⁹ Furthermore, although

⁴⁷ “International Covenant on Economic, Social and Cultural Rights.” United Nations Human Rights Office of the High Commissioner. n.d. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx> (Accessed January 17, 2018).

⁴⁸ “Prevention and Elimination of Disrespect and Abuse During Childbirth.” World Health Organization. n.d. http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth/en/ (Accessed January 17, 2018).

⁴⁹ Bohren, Meghan A., et al. “The Mistreatment of Women During Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review.” *PLOS Medicine*. June 30, 2015. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001847> (Accessed January 17, 2018).

providers' mistreatment of women occurs at a personal, one-on-one level, evidence shows that the failure of the health system more broadly to provide the best standards for health care contributes to the occurrence of mistreatment.⁵⁰

In Tanzania specifically, recent research shows the magnitude of the problem. A 2014 study found that between 19 and 28 percent of women in health facilities in northern Tanzania reported an instance of disrespect or abuse during childbirth.⁵¹ Another study in 2016 conducted within an urban setting had similar reports of mistreatment upon exit from a health facility – with reports nearing 70 percent when following up with the same women in the community weeks later.⁵²

On the extreme end, globally, about 830 mothers die every day due to largely preventable pregnancy- and childbirth-related complications.⁵³ Over 95 percent of these deaths occur in developing countries, with more than half of the total in sub-Saharan Africa and about one-third in South Asia. Many of these deaths could be prevented if every woman received quality care, including delivery at a health facility and assistance by a health provider who has been trained to help women during pregnancy and childbirth.

In Tanzania, like in other regions of the world, the common causes of death at childbirth are related to underequipped health facilities and health providers who often lack the capacity to serve all women in a timely manner. There may be fewer trained providers than required, leading to significant shortages and burnout. One urban hospital in Dar es Salaam, for instance, conducts about 80 deliveries per day, often managed by two midwives per shift. Staff shortages coupled with underpayment and poor working conditions hinder the capacity of providers to perform their job well. They are often overworked and overwhelmed and cannot serve everyone to their best ability.

This situation for health care workers must change, especially because their ill treatment of patients can be life threatening. When women fear or experience disrespectful or abusive care, they may avoid or delay seeking care at a clinic or hospital in the event of an emergency. Since complications during childbirth are often unpredictable, failure to access emergency obstetric care can mean the difference between life and death. But it is more than geographic

⁵⁰ *Ibid.*

⁵¹ Kruk, Margaret E., et al. "Disrespectful and Abusive Treatment During Facility Delivery in Tanzania: A Facility and Community Survey." *Health Policy and Planning*, September 22, 2014. <https://doi.org/10.1093/heapol/czu079> (Accessed January 17, 2018).

⁵² Sando, David., et al. "The Prevalence of Disrespect and Abuse During Facility-Based Childbirth in Urban Tanzania." *BMC Pregnancy and Childbirth*. August 19, 2016. <https://doi.org/10.1186/s12884-016-1019-4> (Accessed January 17, 2018).

⁵³ "Maternal Mortality Factsheet." World Health Organization. Updated November 2016. <http://www.who.int/mediacentre/factsheets/fs348/en/> (Accessed December 5, 2017).

or financial barriers that keep women and families from seeking care. How women and families are treated matters.

I experienced firsthand what a positive labor experience can look like. I gave birth to my first child in the same hospital where I trained – the one where as a student I observed poor treatment of pregnant women. I had the person of my choice by my side, my husband. My providers respectfully called me “Dr. Mary” and I enjoyed the privacy of my own room. These are all privileges that should be the standard of care for every woman. My first positive birthing experience made me feel eager to return to the facility for my second delivery.

My memories of seeing women being humiliated and disrespected have followed me everywhere, though, especially knowing that it doesn’t have to be that way. My positive experience should not be the exception, but the rule.

I have become a champion of respectful maternity care. I have spoken passionately about this issue at regional and national conferences from Dar es Salaam to Cape Town to Washington, DC. In Dar es Salaam, I now work with the Respectful Maternity Care Task Force and the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children to improve national policy, raise awareness through advocacy, and identify the most promising approaches to the problem. Much work remains undone, but I will continue to fight until there is respect and dignity for all who work in health facilities and for those who seek care there.

Thankfully, now there also are more global efforts geared toward promoting respectful and dignified care for pregnant women. Examples include pre- and in-service training and mentorship, re-evaluation of rewards and incentive structures, psychosocial support (“caring for the carers”), and exercises like values clarification and attitude transformation in which health providers are offered an opportunity to reflect on what affects their delivery of care.

In Tanzania, we now have a process to receive feedback from patients that helps facilitate mutual respect among patients and providers. Additionally, we use the WHO training modules for health workers, which has led to improvements. These improvements include an increase in patient and provider knowledge of patients’ rights, improved interpersonal relationships between provider and patient, increased empathy by health providers, an increase in the providers’ job satisfaction, and patients feeling more empowered and confident during delivery.

Promoting respectful and dignified care should be a goal for every health care system. Together, we can make it possible to allow pregnant women to enjoy the privilege of giving birth while not risking their health or even their lives in the process. Instead, they can live to enjoy good health for themselves and their babies.

Dignity and Research

Ify Aniebo

My experiences with having malaria as a child led me to become a molecular geneticist who works in clinical medicine and the prevention of infectious tropical diseases. I survived numerous bouts of malaria infection and suffered severe allergic reactions from chloroquine, the first-line drug used to treat malaria in the 1990s. Sadly, my childhood best friend, Tola, died from cerebral malaria due to the administered drug not being efficacious.

To date, my research focus has centered on malaria and HIV/AIDS and I have worked in several countries on the African continent. I have found that in many parts of Africa, the research being conducted to help reduce and eliminate these kinds of diseases is not being done with the dignity and experiences of the research subjects in mind. This must change.

Over the past several decades, clinical research has led to the creation of vaccines and drugs that have eradicated diseases like smallpox and controlled diseases such as measles, chicken pox, and, more recently, Ebola and polio. Other infectious diseases – such as HIV/AIDS and malaria – however, have been very difficult to eradicate despite being preventable. Sub-Saharan Africa is the hardest-hit region, accounting for 90 percent of malaria deaths⁵⁴ and over 50 percent of the total number of people living with HIV in the world.⁵⁵

The impact of these diseases is undeniable and severe.⁵⁶ People are affected in their most productive years and businesses lose workers, governments lose their civil servants, and families lose both their loved ones and their breadwinners. Infectious diseases continue to be a fundamental impediment to both economic development and human health in Africa. They impair economic development and, at worst, can destabilize entire countries. Until this challenge is met, the development of the continent will continue to be severely slowed and its people will continue to suffer avoidable indignities.

How can these diseases be eradicated?

⁵⁴ *World Malaria Report 2017*. World Health Organization. n.d. <http://apps.who.int/iris/bitstream/10665/259492/1/9789241565523-eng.pdf> (Accessed January 16, 2018).

⁵⁵ "HIV and AIDS in East and Southern Africa Regional Overview." Avert. 2017. <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview> (Accessed January 16, 2018).

⁵⁶ Gannon, John C. "The Global Infectious Disease Threat and Its Implications for the United States." Federation of American Scientists. January 2000. <https://fas.org/irp/threat/nie99-17d.htm> (Accessed January 16, 2018).

For starters, more dedicated funds must be set aside for research and prevention within Africa.

During the African Union's Heads of State Summit in 2006, African governments pledged to contribute 1 percent of their budgets to research and development,⁵⁷ but unfortunately, in most cases, pledges haven't translated to concrete actions. One reason could be because African governments struggle with conflicting priorities, such as preventing disease outbreaks, dealing with security issues, providing education and proper sanitation, and, in some countries, fighting corruption. However, if science investments materialize, solutions to these challenges could be sought. We've seen that countries like the United Kingdom and United States have had more success reducing poverty and diseases because of investments in science and technology, along with education. A 2013 report on the amount countries spend on science revealed that the United Kingdom spends 1.7 percent of its gross domestic product on scientific research, while the United States spends 3 percent.⁵⁸

In lieu of their own dedicated funds, many African research institutions have partnered with institutions in the West and other areas of the world to build capacity and gain support in developing sound scientific skills. The downside is there have been many examples of reports⁵⁹ about these partnerships not being fair or equal, while other reports⁶⁰ have highlighted nepotism and promotion of foreign scientists before African scientists, even though the amount of work accomplished, experience, position, and expertise may be the same. There have also been reports⁶¹ about foreign scientists getting paid a much higher income than their African counterparts for similar roles and African scientists not given credit in published scientific work in which they took part. This kind of colonial approach to partnerships can hinder knowledge transfer and scientific development on the continent. Thus, if Africa wants to

⁵⁷ "The Maputo Commitments and the 2014 African Union Year of Agriculture." ONE. October 9, 2013. https://s3.amazonaws.com/one.org/images/131008_ONE_Maputo_FINAL.pdf (Accessed January 16, 2018).

⁵⁸ Steele, Andrew. "Infographic: How Much Does the World Spend on Science?" *The Conversation*. May 24, 2013. <https://theconversation.com/infographic-how-much-does-the-world-spend-on-science-14069> (Accessed December 13 2017).

⁵⁹ Carbonnier, Gilles and Tiina Kontinen. "North-South Research Partnership: Academia Meets Development?" European Association of Development Research and Training Institutes. June 2014. https://www.eadi.org/typo3/fileadmin/Documents/Publications/EADI_Policy_Paper/EADI_policy_paper_Carbonnier_Kontinen_FINAL.pdf (Accessed January 16, 2018).

⁶⁰ Nordling, Linda. "Research; Africa's Fight for Equality." *Nature.com*. May 5, 2015. <https://www.nature.com/news/research-africa-s-fight-for-equality-1.17486> (Accessed January 16, 2018).

⁶¹ Geissler, P. Wenzel and Ferdinand Okwaro. "Developing World: Discuss Inequality." *Nature.com*. September 16, 2014. <https://www.nature.com/news/developing-world-discuss-inequality-1.15910> (Accessed January 16, 2018).

reach the point where it can control and successfully manage the spread of infectious diseases, it must increase investment in its own research.

With or without an increase in funding, it is crucial for research projects to be better designed with the dignity of the research subjects in mind if eradication of diseases ever will be achieved, starting by better knowing the subjects and their full needs. I learned this firsthand in my own work.

A few years ago, I carried out HIV research in Swaziland for a big research organization looking at the effect of stigma and discrimination on access to antiretrovirals. I spent months collecting quantitative data using a carefully designed questionnaire and, coincidentally, my results placed a spotlight on a bigger, even worse problem than the initial research concerns.

One of the questions was, “Why didn’t you take your HIV medication?”

The majority of the answers were in the “other” category where participants stated: “Because I had no food and no money to buy food.”

The lack of food was hindering people from taking their medication. They were so poor that they could not afford a meal so they decided not to take their medication since eating before taking an antiretroviral was advised. This was captured only in the carefully designed cross-sectional survey, in the “other” category which is what, to my surprise, a significant amount of HIV patients wrote in. The questionnaire itself didn’t have this as a major response to tick and so it missed this vital information if people did not write it in. If the research organization had been better immersed in the culture and daily realities of the people to begin with, we may have designed a survey that better captured the true reality of their experiences. How then, in this context, could we increase people’s access to ARTs if research is not being conducted with respect and if we fail to consider the experiences of the research subjects?

I have found that this sort of error contributes to ineffective, unsuccessful, or unsustainable intervention programs that end up causing more harm than good in the communities where they are rolled out. This occurs because “helicoptering” science – researchers coming in, collecting data, and flying out to their home country – prevents researchers from totally understanding the beneficiaries. They do not immerse themselves in the community from where they wish to extract data. This is in part because organizations generally have their own agenda on which to focus and ignore anything that could cause a deviation from their own goal. As a result, a disconnect between the research questions asked and the solutions offered and the actual problem experienced can occur, leading to unsuccessful interventions.

Another example of how this plays out occurred in a clinical trial to test the effectiveness of HIV drugs on healthy women as a means of preventing new HIV infections. The aim of the study was to create a single product containing one or a combination of drugs – administered orally or vaginally – that could

protect high-risk women simply by being taken daily. The study, called The Vaginal and Oral Interventions to Control the Epidemic trial, more commonly referred to as VOICE, took place with more than 5,000 women in Uganda, South Africa, and Zimbabwe from September 2009 to August 2012. The study was unsuccessful due to low adherence.⁶² The fact that the trial did not achieve its aim of proving the drugs were effective led to a fierce debate about the morality of clinical trials.⁶³

The women who participated in the trial were accused of deliberate deception about their experiences to remain in the trial to access stipends of between \$10 and \$15. They were also accused of prolonging the spread of HIV. The reality was, these women faced uncertain futures. They were unemployed and most were in abusive relationships. The trial represented hope for a better future. When pressed, they admitted the money was a motivation but the main reason they participated in the trial was that it allowed them to access good-quality health screening and care. As a result, even though the trial was disappointingly unsuccessful, it met other pressing priorities for the women.

Again, ignoring the local context and insufficient immersion into the community where this trial was to take place was the reason for its failure. Researchers kept asking themselves why young, unmarried African women would not take free drugs that could potentially save them from contracting a life-threatening infection. But the answer to this is simple: They had more pressing underlying problems that they felt were more important.⁶⁴ It is difficult for someone who doesn't live within a society to understand the rationale behind some of the choices made by its members unless they immerse themselves in that society.

This must change, and not just on the research side, but also on the resulting intervention side.

Many communities struggle with more than one problem, and so interventions that focus on only one issue may not work. Last year, reports surfaced⁶⁵ about some rural dwellers in countries like Zambia using nets meant

⁶² Marrazzo, Jeanne M., et al. "Tenofvir-Based Preexposure Prophylaxis for HIV Infection Among African Women." *The New England Journal of Medicine*. 2015 Feb. 372: 509-518. <http://www.nejm.org/doi/full/10.1056/NEJMoa1402269> (Accessed December 13, 2017).

⁶³ Cohen, Jon. "Human Nature Sinks HIV Prevention Trial." *Science Magazine*. March 7, 2013. <http://www.sciencemag.org/news/2013/03/human-nature-sinks-hiv-prevention-trial> (Accessed December 13, 2017).

⁶⁴ Malan, Mia. "Women Confound HIV Researchers." Bhekisisa. March 8, 2013. <http://bhekisisa.org/article/2013-03-08-00-women-confound-hiv-researchers> (Accessed December 13, 2017).

⁶⁵ Gettleman, Jeffrey. "Meant to Keep Malaria Out, Mosquito Nets Are Used to Haul Fish In." *The New York Times*. January 24, 2015. <https://www.nytimes.com/2015/01/25/world/africa/mosquito-nets-for-malaria-spawn-new-epidemic-overfishing.html> (Accessed January 16, 2018).

to prevent malaria (ITNs) as fishing nets. In Nyamware, a fishing village in Kenya, villagers believe it is less painful to die of malaria than hunger,⁶⁶ despite having adequate knowledge about the seriousness of malaria. So, they felt they were better off saving themselves and their families from hunger than protecting themselves against malaria. Other villagers, who live in homesteads in Giriama, a coastal community in Kenya, shared how fishing with bed nets provided food and a source of income for their families.⁶⁷

This example highlights how interventions designed to solve a particular problem will fail if they ignore the background context of the problem. Further, in as much as ITNs have contributed to the reduction of malaria infections, we cannot ignore the problems fishing with ITNs create.⁶⁸ These unintended consequences include health problems that could arise from insecticides being introduced to the lakes, and food insecurity for residents due to harvesting of juvenile fish, which threatens the future of fishing stock.⁶⁹

The majority of African countries where development interventions are carried out are poor, and it is counterproductive to ignore context and expect interventions to remain sustainable. If poverty reduction interventions were introduced, they could have a direct impact on a micro scale and, subsequently, on a macro level. For example, consider a family that benefits from such a program. The families would have more financial independence and that could lead to improved nutrition, which would improve immunity to infections and reduce disease susceptibility to infections like malaria.

In addition to a lack of understanding of local context and problems, there's also a lot of mistrust between research subjects and researchers that must be overcome before disease-prevention efforts can succeed. Unfortunately, unethical clinical trials have been conducted, like HIV testing in Zimbabwe, forced sexual reassignment in South Africa,⁷⁰ forced contraception

⁶⁶ Hehir, Brid. "Research Into Mosquitos Offers Hope in Fight Against Malaria." RCNI. August 14, 2014. <https://rcni.com/opinion/research-mosquitos-offers-hope-fight-against-malaria-19876> (Accessed January 16, 2018).

⁶⁷ Bush, Emma and Rebecca Short. "Mosquito Nets Are Often Used for Fishing. A Smart Response Is Needed." *The Conversation*. October 11, 2016. <https://theconversation.com/mosquito-nets-are-often-used-for-fishing-a-smart-response-is-needed-66283> (Accessed January 16, 2018).

⁶⁸ McLean, Kate A., et al. "Fishing With Bed Nets on Lake Tanganyika: A Randomized Survey." *Malaria Journal*. 2014. 13: 395. <https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-13-395> (Accessed January 16, 2018).

⁶⁹ *Ibid.*

⁷⁰ Trimarchi, Maria. "10 Outrageous Experiments Conducted on Humans." HowStuffWorks. n.d. <https://science.howstuffworks.com/innovation/scientific-experiments/10-outrageous-experiments-conducted-on-humans.htm> (Accessed January 16, 2018).

in Zimbabwe,⁷¹ and sterilization experiments in Namibia.⁷² They contribute to the current mistrust most locals have for medicine and vaccines, thereby exacerbating diseases rather than eradicating them.

An alarming example of unethical research occurred in 1996 when Pfizer sent a team to Kano, Nigeria, during a meningitis epidemic to test the efficacy of its new antibiotic, trovafloxacin (Trovan). The team conducted an open-label trial involving 200 children – half were given ceftriaxone, the gold standard treatment for meningitis, while the other half were given the experimental drug. When it was evident that one child's condition was not improving, she was not taken off the experimental drug. Five children who were given trovafloxacin died, along with another six who were given ceftriaxone.⁷³ In 2001, 30 Nigerian families sued Pfizer in a New York federal court, leading to an out-of-court settlement.⁷⁴

If we want to see any real progress made in ending infectious diseases, researchers must be transparent and ethical in their work and genuinely have the best interest of their research subjects in mind throughout the process.

In circling back to the need for more funding within the African continent for scientific research, one of the benefits of such funding will be more opportunities for Africans to be the researchers, Africans who may know the local context and understand the multilevel problems which can help them avoid unethical and ineffective research. It could also solve the issue of unequal partnerships in research because African scientists could have the opportunity to carry out research independently, and/or have the financial backing to negotiate terms and conditions of any collaboration they may wish to be involved in. Of course, this is not to say that international organizations or countries that wish to help Africa solve its problems can have no role to play. But if they do want to help eradicate diseases, they must apply the same research standards they do in their own countries and treat their subjects and research partners with respect.

No matter who the researchers are, they need to immerse themselves into communities they wish to research. Yes, it will be time-consuming and

⁷¹ Kaler, Amy. "A Threat to the Nation and a Threat to the Men: The Banning of Depo-Provera in Zimbabwe, 1981." *Journal of Southern African Studies*. 1998 Jun. 24 (2): 347-376. http://www.jstor.org/stable/2637531?seq=1#page_scan_tab_contents (Accessed January 16, 2018).

⁷² Washington, Harriet. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present*. (New York City: Anchor): 2008.

⁷³ Wise, Jacqui. "Pfizer Accused of Testing New Drug Without Ethical Approval." *BMJ*. 2001: 322 (194). <http://www.bmj.com/content/322/7280/194.1> (Accessed December 13, 2017).

⁷⁴ Kovac, Carl. "Nigerians to sue US drug company over meningitis treatment." *BMJ*. 2001: 323 (592). <http://www.bmj.com/content/323/7313/592.3> (Accessed December 13, 2017).

probably more expensive, but this is a better solution than quick fixes or top-down programs that end up being unsustainable. Local researchers can be trained to acquire the skills needed rather than flying in expatriates unfamiliar with the community. This will reduce overhead costs and the savings can be put toward more long-term solutions.

I recently visited households in Lagos, Nigeria, as a consultant scientist in a malaria indicator survey project for which we collected blood samples from residents to determine the prevalence of malaria in the city. In one of the towns, the residents were reluctant for us to visit and refused us entry into their community based on information they had received about the Nigerian army inoculating the Igbo tribe with monkey pox,⁷⁵ a disease that had started to spread in some parts of Nigeria.⁷⁶ The residents were uncomfortable with our lab coats and their impression of us not being from their community. A few of us were part of the Igbo tribe, and we first removed our lab coats and then proceeded to explain to them in the Igbo language the aim of our studies and how it will benefit their children eventually. We told them we needed their help to fight the deadly disease and that by participating, they, just like us, were helping solve a huge problem that has plagued Nigerians for centuries. Once we built trust through effective communication and transparency, we were able to proceed with our study.⁷⁷

If researchers communicate effectively, are transparent and trustworthy, and are better immersed in the culture and daily realities of the people, they can carry out projects that have an increased chance of positively affecting the lives of people and eradicating diseases. If the dignity of the research subjects is made a priority, researchers will be able to carry out projects with sustainable results, void of unintended consequences. It is my hope that in the future, research studies will be designed solely with the local context in mind.

⁷⁵ Ujumadu, Vincent. "How Monkey Pox Injection Hoax Swept Through Igboland." *Vanguard*. October 15, 2017. <https://www.vanguardngr.com/2017/10/monkey-pox-injection-hoax-swept-igboland/> (Accessed January 16, 2018).

⁷⁶ "Monkey Pox Now in 11 States as WHO Lab Confirms 6 More Cases." *Vanguard*. October 27, 2017. <https://www.vanguardngr.com/2017/10/monkey-pox-now-11-states-lab-confirms-6-cases/> (Accessed January 16, 2018).

⁷⁷ "Panic in S'East, Asaba as Parents Withdraw Children From Schools Over Monkey Pox, Military Outreach." *This Day*. October 12, 2017. <https://www.thisdaylive.com/index.php/2017/10/12/panic-in-seast-asaba-as-parents-withdraw-children-from-schools-over-monkey-pox-military-outreach/> (Accessed January 16, 2018).

Dignity and Eliminating Diseases

Thumbi Mwangi

Growing up in rural Kenya was great fun. My neighborhood friends and I created our own footballs from recycled plastic bags and played for hours on end in our bare feet. We competed over which of us could create the most magnificent toy models using old tins and scrap metals. And we even vied to see which of our fiercely loyal village mongrels was fastest at hunting hares as we grazed our parents' cows, sheep, and goats in the communal grazing lands.

But my vivid childhood memories are also filled with the pain and discomfort associated with severe infestations of worms and jiggers that many of my barefoot peers experienced. I recall the ridicule and shame meted out by other children on those kids who were unfortunate enough to have segments of excreted worms running down their legs, and I remember witnessing friends suffering the agonizing itch from jigger fleas burrowed deep into their toenails.

Jiggers are caused by a small flea (*Tunga penetrans*) whose parasitic form embeds under the skin, leaving the victim with an intense sensation and irritation. Although I was fortunate not to suffer the heavy jigger infestation that kept other children in excruciating pain and unable to concentrate, attend classes, or walk without great difficulty, my personal memories of the menacing fleas are of a deep unrelenting itch that left only after the physical removal of the burrowed flea by using a needle.

Three decades later, cases of this kind of heavy infestations in rural settings persist, albeit they are fewer thanks to improving sanitation and housing conditions. Improving living conditions for rural populations not only reduces the burden of worms and jiggers but restores the dignity of a people affected and debilitated by the kinds of diseases that are given the collective term of neglected tropical diseases (NTDs). Yet, in areas where sanitation and housing remains poor, NTDs continue to exist and even flourish.

NTDs occur almost exclusively in impoverished settings in the tropics and subtropics where there is poor sanitation, scarce water supply, and limited access to health care – earning them the nickname “poverty diseases.” Overall, they blind, maim, disfigure, disable, and impair up to 1.2 billion people in 149 countries.⁷⁸

NTDs are humiliating and attract social stigma. Take the example of the pig tapeworm (*Taenia solium*), an NTD that affects the nervous system and leaves its victim with mental illness, a heavily misunderstood and stigmatized health condition in many countries.⁷⁹ Humans become infected with the pig tapeworm through eating raw or undercooked infected pork or ingesting tapeworm eggs through contaminated foods. Once inside the intestines, the eggs hatch into larvae and penetrate the walls of the gut, then travel through the bloodstream, through the muscles, and into internal organs, including the brain, at which point the person develops neurocysticercosis. The person usually suffers seizures, an altered mental state, and other neurologic symptoms. Neurocysticercosis is recognized as the most frequent cause of epilepsy in places where the parasite is endemic, accounting for an estimated 30 percent of epilepsy cases there.⁸⁰ The resultant mental illness is a major source of social stigmatization for the affected person and his or her family, in part because it can be associated with evil spirits, witchcraft, or inheritance through family lines.⁸¹

Yet this disease, and its associated mental health burden, is entirely preventable through a combination of chemotherapy, identification and treatment of cases, health education on food safety and improved sanitation, and action within the veterinary sector, including treatment of pigs and proper meat inspection before public consumption. In fact, many NTDs are preventable, can be controlled, or, for some, can be all together eliminated.

As a researcher, I study the spread and control of infectious diseases, with a focus on the zoonotic diseases. These diseases normally infect animals but under favorable conditions will cross the species barrier to infect and spread in humans. While some zoonotic diseases – like Ebola and avian and swine flu – are more widely known and feared, others – such as rabies – receive far less attention even though they are as deadly and sometimes cause more deaths among rural populations than do the others.

Each year, rabies kills an estimated 59,000 people, nearly all of them in Asia and Africa, and most of the people who die are children younger than

⁷⁸ "Neglected Tropical Diseases." World Health Organization. n.d. http://www.who.int/neglected_diseases/diseases/en/ (Accessed January 17, 2018).

⁷⁹ Corrigan, Patrick W. and Amy C. Watson, "Understanding the Impact of Stigma on People With Mental Illness." *World Psychiatry*. 2002 Feb. 1(1): 16-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/> (Accessed January 19, 2018).

⁸⁰ "Taeniasis/Cysticercosis Factsheet." World Health Organization. March 2017. <http://www.who.int/mediacentre/factsheets/fs376/en/> (Accessed January 19, 2018).

⁸¹ Chacha, Mwita, et al. "Indigenous Knowledge, Practices, Beliefs, and Social Impacts of Porcine Cysticercosis and Epilepsy in Iringa Rural." *Scientific Research*. September 17, 2014. http://file.scirp.org/pdf/Health_2014122410524013.pdf (Accessed December 6, 2017).

15.⁸² The World Health Organization states that dog-transmitted rabies causes 99 percent of all human rabies cases.⁸³

The indignity of rabies and its connection to poverty is best illustrated by an experience I had during a recent visit to Serengeti National Park in Tanzania. The Serengeti-Ngorongoro ecosystem is both spectacular and wealthy, rich in wildlife and natural beauty, and endowed economically owing to its vibrant tourism industry. It is estimated that Tanzania earns more than \$100 million per year from the Serengeti-Ngorongoro ecosystem, mostly from park entrance fees, lodge fees, hunting licenses, and overnight fees.⁸⁴ Yet it was not the expansive savannahs and rich wildlife that captured my mind during this visit, but my encounter with the people of Serengeti, the families that live next to the park.

Tanzania, like many countries in Africa and Asia, is endemic for rabies, and on this specific trip I was visiting with my academic collaborators who are working to eliminate rabies in the area. Besides conducting dog vaccination campaigns, my colleagues have established a community structure for tracking suspected cases of rabies in people and animals and an immediate follow-up within the community to reveal transmission chains and any cases that may never reach or get reported to health facilities.

It was during this active search for rabies cases within the Serengeti community that I came face-to-face with the mental torture and agony associated with rabies when a person is infected but is unable to access the health care and treatment required to stop development of the rabies disease, which is invariably fatal.

Mr. Chacha, one of the community disease reporters, learned of a suspected rabid dog that had been sighted in Mugumu, a small village northwest of the Serengeti. The dog was acting strangely and wildly, barking continuously and biting, without provocation, two children before the villagers cornered and killed it. Chacha had arrived just in time to collect a brain sample from the dead dog, the preferred sample required for laboratory testing for rabies.

One of the children bitten by the dog was a 6-year-old boy. The dog had lunged at him while he was walking home from school, biting him and leaving

⁸² Hampson, Katie, et al. "Estimating the Global Burden of Endemic Canine Rabies." *PLOS Neglected Diseases*. 2015 April. 9 (5). <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003709> (Accessed January 19, 2018).

⁸³ "Toward a Rabies-Free World as Unparalleled Global Initiative Gets Underway." World Health Organization. September 28, 2017. http://www.who.int/neglected_diseases/news/WRD_2017_Press_release/en/ (Accessed December 6, 2017).

⁸⁴ Sinclair, A.R.E., C. Packer, S.A.R. Mduma, J.M. Fryxell, editors. *Serengeti III: Human Impacts on Ecosystem Dynamics*. (Chicago: University of Chicago Press): 2008. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0130577#pone.0130577.ref009> (Accessed January 19, 2018).

a deep wound on his thigh. In addition to immediately cleaning the wound with running water, all the boy needed to be safe from rabies was five jabs of the life-saving anti-rabies vaccine given on the day of bite, followed by more injections on Days One, Seven, 14, and 28. But the high cost of \$100 for the vaccines was more than his father could afford.

The father was an unpaid teacher who loved his work. We had met with him at a local primary school where he frequently volunteered. The classroom walls were made of wooden off-cuts that left gaping holes, letting sunrays into the classroom but also dust whenever the winds blew strongly. The classroom floors were unimproved and earthen, requiring frequent sprinkling with water to keep the dust low. In front of the wooden staffroom hung an old car wheel rim and a metallic rod that, when banged by an appointed student timekeeper, served as the school bell.

I was dismayed by the stark difference between the five-star hotels for the high-paying tourists within the Serengeti wildlife haven and the dilapidated classrooms that served the communities living near the park. I was struck by the irony of opulence and poverty living side by side, and now, in this case, that poverty could mean devastation for the boy and his father.

Without \$20 to start the treatment, the father had spent three days frantically looking for financial help from friends and relatives for his son's first vaccine dose before getting enough money from his cousin who worked at the local shopping center as a casual laborer. Any delay in getting the vaccine following the bite increases the chance of coming down with the incurable and terrifying disease, and the son needed an additional four jabs for which the father did not have money.

These vaccines are the only way to prevent a person bitten by a rabid dog from coming down with the disease. Yet they are often beyond the reach of affected families. In this village, for instance, the full treatment cost of rabies is more than twice the average household monthly income. Luckily, after much struggle to raise the remaining \$80 from the community, the boy received the full vaccine course and survived what would have otherwise been a terrifying death.

Besides working to eliminate the rabies disease in the domestic dog population, the research team in the Serengeti is undertaking similar prevention initiatives to ones we are undertaking in Kenya, including advocating for governments to invest in making anti-rabies human vaccines accessible to even the poorest people, people like this boy and his father. We want to see an initiative that is akin to the expanded program on immunization that aims for universal access to all relevant vaccines for all at risk, regardless of their economic status.⁸⁵

Of course, the focus on eliminating NTDs like rabies must be broader than just efforts in Tanzania and Kenya.

Today, the world is focused on achieving measurable goals of human development in the form of the 17 Sustainable Development Goals (SDGs). These bold and comprehensive goals touch on different facets of development, including economics (zero poverty), health (good health and well-being), social justice (reduced inequalities), climate action, and governance (peace, justice, strong institutions), among others. Adopted by members of the United Nations in 2015, these goals are the blueprint to ensuring “no one is left behind” by 2030.

The SDGs are the successor to the Millennium Development Goals (MDGs) that were set in 2000 and ended in 2015 with mixed results. As part of the MDGs, the number of people living in extreme poverty was cut by half, hunger in the world dropped by almost half, and the child and maternal mortality figures were reduced by half. Experience with the MDGs showed, however, that although overall improvement was made toward achieving them, the progress was uneven across regions and countries. Areas such as Eastern Asia reported a 4 to 61 percent reduction in poverty between 1990 and 2015, while sub-Saharan Africa showed a steady increase in the number of poor individuals during the same time.⁸⁶

Another problem was that within the MDGs, NTDs were not a priority. MDG 6, for instance, read, “to combat HIV/AIDs, malaria and other diseases,” with the “other diseases” being an ambiguous wording that did not give due attention to NTDs even though they are known to perpetuate cycles of poverty and poor access to health and education – all issues that were themselves major areas of focus for the MDGs. An analysis of the health financing showed NTDs received a mere 0.6 percent of the official development assistance toward health, an allocation that is not reflective of the respective health burden associated with the diseases.⁸⁷

Fortunately, in the new SDGs, the health goal, SDG 3, makes a special mention of NTDs: “By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne diseases, and other communicable diseases.”⁸⁸

⁸⁵ Keja, K., et al. “Expanded Programme on Immunization.” *World Health Stat Q.* 1988. 41 (2): 59-63. <https://www.ncbi.nlm.nih.gov/pubmed/3176515> (Accessed January 19, 2018).

⁸⁶ “The Millennium Development Goals Report.” United Nations. 2015. [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf) (Accessed January 19, 2018).

⁸⁷ Liese, Bernhard H. and Liane Schubert. “Official Development Assistance for Health – How Neglected Are Neglected Tropical Diseases? An Analysis of Health Financing.” *International Health.* 2009 Dec. 1 (2): 141-147. <https://academic.oup.com/inthealth/article-abstract/1/2/141/663302?rss=1&ssource=mfc> (Accessed January 19, 2018).

⁸⁸ “Goal 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages: Sustainable Development Goals.” United Nations. n.d. <http://www.un.org/sustainabledevelopment/health/> (Accessed January 19, 2018).

If we want a better world in which abject poverty is eliminated, humans have access to clean water and sanitation, food and nutrition security are achieved, and populations have access to health care and education, NTDs must be controlled and, where possible, eliminated. To do so, they must be integrated with the other goals of development, like poverty reduction and sanitation improvement. For instance, ensuring clean and plentiful sanitation will reduce transmission of soil-transmitted parasitic worms, reduce the risk of mosquito-borne diseases such as lymphatic filariasis, and reduce transmission of schistosomiasis. These NTDs themselves increase the risk of malnutrition and contribute to the physical and cognitive stunting of children; they also weaken the immune systems of affected individuals and put them at great risk of other infectious diseases.

In many ways, the world's chance of achieving the 17 SDGs is dependent on its willingness to prevent, control, and eliminate the neglected diseases. Without the deliberate effort to fight these NTDs at the global, national, and local levels, the vision of "leaving no one behind" and restoring the dignity of over 1 billion people affected by this group of diseases may remain out of reach.

DIGNITY AND ADVOCACY

Dignity and Information

Oluseun Onigbinde

Iwoye-Ilogbo, a small village about 60 kilometers from Nigeria's commercial capital, Lagos, desperately needed help in 2015. Each day, the village's 429 children huddled in two sweltering classrooms at St. Luke's Primary School for their lessons. Afraid of vandals and thieves, the students carried the school furniture on their heads from their homes to class each morning and carried the furniture home again each evening. Their faces were tired and uneasy as the three teachers struggled to keep everyone quiet and engaged.

Nigerian children spend six years in public primary school before moving on to secondary schools. St. Luke's Primary should have had at least six classrooms and at least that many teachers to accommodate the village children, but it was operating with just two rooms – a sad reminder of the failing Nigerian educational system.

Nigeria, an oil-driven economy well known for large-scale corruption, has piled up a multitude of problems and suffers from a huge infrastructural gap. Abuse of public trust and legal impunity has left oil-rich Nigeria unable to pay for its own socioeconomic development. Iwoye-Ilogbo's ramshackle school was a testament to this corruption because a budgetary allocation to build a new five-classroom schoolhouse routinely never made it to the contracting phase. However, the problem went beyond the school. There has been a typical neglect in funding from the government for Nigerian rural communities, which often struggle to access basic necessities like potable water and health care.

At that time, I was a banker in Nigeria with a career in strategy, planning, and organizational growth. As part of my work, I collected data every day to advise the public-sector banking team, and it was during my research that I discovered data that could make a big difference for places like Iwoye-Ilogbo.

Government budgets in Nigeria are often rolled out with little citizen participation or awareness, but it is in these documents that the national priorities are set. Working with my co-founder, Joseph Agunbiade, and with help from the Co-Creation Hub, Nigeria's foremost innovation lab, we formed a non-governmental organization called "BudgIT" in 2011 to simplify the budget and make it accessible to citizens regardless of their literacy or socioeconomic status.

Skimming through the national budget, we learned that Iwoye-Ilogbo was listed to get a new school in 2016. If the budget clearly called for a new school for Iwoye-Ilogbo, the puzzle was how to make that happen in a nation

of competing interests and differing priorities for its political elite. Learning about the appalling conditions of the current school reinforced for us the need to act urgently.

First, we discovered that the village was unaware that the budget contained money earmarked for a new school; thus, it had not mobilized politically to demand effective implementation. Further, while voters in Iwoye-Ilogbo put politicians into office every year, the politicians themselves rarely visit their constituents and remain largely in Abuja, the national capital, making it hard for people to make their case in person.

Next, we organized a town hall meeting in Iwoye-Ilogbo that was attended by more than 60 people. After rigorous data analysis of the 3,000-page Nigerian budget document, the BudgIT team repackaged the data in digestible and easy-to-comprehend infographics. We talked the villagers through the simplified budget information and outlined steps they could take to demand that the school be built. We encouraged members of the community to continuously write letters to their representatives demanding construction of the school while we used social media to amplify their concerns.

The process we undertook in Iwoye-Ilogbo is typical of our approach and annually we track at least 275 projects across 22 states, ensuring that citizens have equal access and demand effective service delivery from elected officials. BudgIT distributes printed documents to communities to educate them.

At BudgIT, we feel that to preserve the dignity of democracy and the freedom of thought that it guarantees, citizens must have access to information. Economists have argued that a key feature of market failure is "information asymmetry," a scenario in which one party possesses a better cache of information than the others.⁸⁹ Such unfair advantage in the market leads to dysfunction, greed, and, finally, system collapse – as was seen in the last worldwide financial crisis, when United States banks fueled a housing bubble by using opaque, little-understood financial tools.

The Nigerian budget overall is a clear case of information asymmetry, in which ordinary citizens are kept in the dark and only a privileged few have access to information on the use of public resources. This imbalance creates an uninformed electorate, destroying the social contract and allowing corruption to thrive.

Nigeria is Africa's largest economy, with a gross domestic product output of \$405 billion,⁹⁰ an amount that doubled after the base year was changed from 1990 to 2000. Nigeria ranks 152nd out of 188 countries in terms of

⁸⁹ Aboody, D. and Lev, B. "Information Asymmetry, R&D, and Insider Gains." *The Journal of Finance*. 2000. 55: 2747-2766. doi:10.1111/0022-1082.00305.

⁹⁰ "Nigeria GDP." Trading Economics. n.d. <https://tradingeconomics.com/nigeria/gdp> (Accessed January 4, 2018).

Human Development Index⁹¹ produced by the United Nations Development Programme, and according to the World Bank, 1 in 5 Nigerian children does not live to age 5.⁹²

According to research by BudgIT, Nigeria has earned at least \$700 billion in oil revenues in the past 55 years, an amount that could have propelled its economic development and uplifted its people. But despite this oil windfall, Nigeria has not been able to combine visionary and honest leadership to deliver results.

To put things in context, Nigeria was a budding middle-income country when it gained independence in 1960. The next decades brought a rise in ethnic tensions and eventually a civil war as well as the start of widespread oil production. The advent of the oil industry created a new incentive to centralize revenues, putting more power in the hands of the central government, which was usually controlled by military leaders who were not eager to allow public scrutiny of how the money was being spent.

When Nigeria returned to democratic governance in 1999, it did not necessarily become more transparent. Although the Nigerian central government publishes the budget in full, it is much less forthcoming about its contracting process, including the contracting firms it uses. This allows a tiny elite to corner state resources and line their pockets while delivering poor public services to the population at large.

The school challenge in Iwoye-Ilogbo is a direct result of corruption in Nigeria, as are the country's dysfunctional hospitals and its military, which lacks adequate food and munitions on the warfront.

Nigeria does not lack a legal framework for transparency. It passed a decent Fiscal Responsibility Act in 2007 that guarantees citizen access to information on the use of public funds and the timely release of fiscal documents. But some documents remain hard to get, and citizens seeking information often must file "Freedom of Information" requests that are repeatedly delayed or turn up with no results. Attempts to enforce the law are hobbled by weak judicial institutions in Nigeria, where courts often operate under a cloud of suspicion themselves.

The National Assembly (NASS) has also shown itself lacking, as accounting irregularities in its annual budget of \$400 million resulted in a sum of over \$3 billion "lost" in the past eight years. In response, in 2015 BudgIT embarked on a yearlong #OpenNASS – an advocacy campaign for NASS to release a breakdown of its budget. With the legislature foreclosing every opportunity

⁹¹ "Briefing Note for Countries on the 2016 Human Development Report: Nigeria." United Nations Development Programme. 2016. http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NGA.pdf (Accessed January 4, 2018).

⁹² "Nigeria: Trends." World Health Organization. n.d. <http://www.who.int/pmnch/activities/countries/nigeria/en/index1.html> (Accessed January 4, 2018).

to ensure transparency, it has been hard for citizen groups to ensure that the NASS protects accountability.

In Nigeria, millions of people who live in rural and semi-urban areas need access to information. A system that denies them the “right to know” is already rigged against them, limiting their ability to ask questions. While we know that information is power, lack of contextual understanding also poses a great threat in societies with low literacy levels. Therefore, “infomediaries” – active citizen groups that simplify and interpret data for citizens – are needed.

In Iwoye-Ilogbo, members of the community united to write letters to their representative in NASS, demanding that the school project be completed. Through several reminders, phone calls, and community meetings, the legislator responded and worked to get the Millennium Development Goals Office, part of the president's office, to begin the project in August 2015. The entire project took eight months to complete. Although the funds required to build the new school have not been made public due to opacity during the contracting phase, the positive outcome is that the students now have better classrooms, built by the federal government. The community members are ever thankful for the opportunity to assert their rights and they now have a blueprint to follow for future advocacy.

In Nigeria, as in many other countries, more participatory engagement in formulating the national budget is critical for an improved society. Social media has proved to be a useful tool for such engagement and has deepened the strategy, providing opportunities to amplify the issues faced by forgotten communities. With elected officials interested in using social media to improve their public posture, BudgIT has deployed it as an accountability platform, as shown in the Iwoye-Ilogbo case. This strategy tacks together the boundless opportunities that arise when the online and offline worlds are combined, emphasizing that tools are not the critical element needed to empower the citizen in a democracy. This has been coined as the “Office of the Citizen,”⁹³ a recognition that citizens’ continuous vigilance is important for a functional governmental system.

As exemplified by Iwoye-Ilogbo, a community that was unaware of a budgetary allocation for an educational facility, a society can be more equal if there is transparency and if citizens have the tools to act on information. Information is power, and the corrupt class loathes sharing such opportunity with citizens. Therefore, it is important to always give voters dignity by providing adequate information, creating press transparency, and fostering opportunities for all to participate in a democratic system that provides simplified and actionable data.

⁹³ “The Office of the Citizen and the Long Road Ahead.” Enough is Enough Nigeria Coalition. n.d. <http://eie.ng/the-office-of-the-citizen-and-the-long-road-ahead/> (Accessed January 4, 2018).

Dignity and Gender-Based Violence

ElsaMarie D'Silva

On New Year's Eve 2016, hundreds of men in Bangalore, India's Silicon Valley, groped women and tore their clothing as they traveled home from celebratory festivities.⁹⁴ Neither the presence of the 1,500 security personnel in the area nor the male partners accompanying most of the women deterred the assailants.

This mob attack echoes what happened on New Year's Eve 2015 in Germany, when 2,000 men sexually assaulted about 1,200 women in Cologne, Hamburg, and other German cities.⁹⁵ In recent years, similar violent male mob attacks against women have occurred in countries like Egypt and South Africa.

Reading about these incidents hits home for me. Many years ago, my siblings and I were in the Versova fishing village in Mumbai for Holi celebrations. Holi is a festival of colors and love, and one of the activities involves throwing colorful powder onto other people in public spaces. Unbeknownst to us, one of the Holi traditions of this village also was for the men and boys to march through the narrow lanes after consuming lots of alcohol and cause trouble. That day, my siblings and I were on our way to church when we encountered these men on the narrow road. They, a group of almost a hundred men and boys, surrounded us and groped us, touching our bodies in the most intimate of places under the pretext of covering us with Holi colors while no one else nearby did a thing to stop them. My siblings and I were frozen to the spot, and we finally fled when the procession moved on. Since then, I have hated Holi and often choose not to participate in the festivities. I wonder how many other women and girls do the same.

This was not my first violation by far. I have faced hundreds of instances of verbal and physical sexual harassment. One of my earliest experiences occurred when I was traveling on the local train in Mumbai with my mother and siblings after attending Mass. It was the one-month anniversary of my beloved grandfather's death.

⁹⁴ Agrawal, Ravi, et al. "Bangalore: 4 Detained Over Alleged New Year's Eve Sex Attack." CNN.com. January 6, 2017. <http://www.cnn.com/2017/01/05/asia/bangalore-sexual-attack-arrests/index.html> (Accessed January 17, 2018).

⁹⁵ "Germany Shocked by Cologne New Year Gang Assault on Women." BBC.com. January 5, 2016. <http://www.bbc.com/news/world-europe-35231046> (Accessed January 17, 2018).

The train compartment was extremely crowded; it was hot and sweaty. It felt like a hundred people were squished into one tiny area. As we prepared to disembark, I felt my skirt being lifted and someone groping my private parts. It was terrible. I wanted to scream, but my voice would have drowned in the noise of the crowd. I wanted to push the hands away, but my arms were pinned to my body. I wanted to cry but could only think to myself, "Stop it! Please stop touching me."

I was 13 years old.

I personally know the indignity one can feel from such violations. Now it is my life's mission to stop such violence and to bring dignity to women's and girls' lives. This mission began in December 2012.

That month, in Delhi, the capital city of India, a young woman and her male friend were riding the bus home after watching a movie. Sometime during that journey, a group of young men harassed her, then brutally beat her up and gang raped her in the moving vehicle. They beat up her friend when he tried to protect her. They shoved metal rods into her body, pulling out her intestines, and threw her out onto the street, leaving her to die.

Her story shocked everyone. It shocked me.

Conversations about this particular rape and the broader issue of sexual violence appeared on TV, in print media, and even in social settings. I started to think more deeply about the issue and was reminded of the many incidents I faced while growing up. I discussed my experiences with my friends, and to my surprise I found that most of them had experienced abuse, too. Yet this was the first time we were talking about it openly.

Listening to my friends' stories, I felt angry, but I also felt helpless. Once I became aware, it seemed that cultural norms everywhere made such violence seem OK.

In popular culture, for instance, women in Indian movies are portrayed as either goddesses or prostitutes.⁹⁶ Very rarely is there a balanced perspective. This is reflected in mainstream Bollywood movies, songs, and advertisements. Often the male hero is shown to be "stalking" and "pursuing" a woman as if she does not have a mind of her own and must be pursued until she accepts her fate. This is on display in top box office films that millions of people have viewed and internalized.

The two major religions in India, Hinduism and Islam, both have a patriarchal outlook and a low status accorded to women, which can make them more vulnerable to violence. Women have little or no rights, creating dependency on the male family head. This is reflected in religious literature. For example,

⁹⁶ D'Silva, Elsa and Holly Kearn. "Dear Filmmakers: Stalking Is Not Romantic." Bitch Media. August 31, 2015. <https://bitchmedia.org/article/all-too-often-films-stalking-seen-romantic> (Accessed October 7, 2017).

the Laws of Manu,⁹⁷ which is widely regarded by Hindus as India's earliest legal code, says, "In childhood a female must be subject to her father, in youth to her husband, and when her lord is dead, to her sons; a woman must never be independent."

Therefore, it is no wonder that women in India are most often treated as property and have very little independence or freedom. Furthermore, the Laws of Manu says, "It is the nature of women to seduce men in this world; for that reason, the wise are never unguarded in the company of females." This thus puts the onus of "proper" or "decent" behavior on a woman, not a man.

Although it meant going against cultural and religious norms, I decided I had to do something concrete that would make this issue more visible. I left my 20-year career in the airline industry and, along with a few friends, I started Safecity. This online crowdsourcing platform documents personal experiences of sexual harassment and violence in public spaces and visualizes these incidents on a map as hot spots. In four years, we have collected 10,000 stories of sexual harassment and other forms of sexual violence, including stalking, masturbating on public transport, and groping in crowded areas like railway platforms and overhead bridges.

While these stories are informally collected, the formal data show this is a widespread problem, too. In India, almost 2 out of 3 women reported facing incidents of sexual harassment up to five times in the past year in New Delhi, according to U.N. Women India,⁹⁸ and 95 percent of women and girls feel unsafe⁹⁹ in public spaces. A survey by the International Centre for Research on Women in 2012 found that nearly 75 percent of women and girls had faced sexual violence in their own neighborhoods and nearly 65 percent said they felt fearful or extremely fearful when outside alone at night.¹⁰⁰

Of course, this indignity forced on women by men is not limited to India. Gender-based violence is a global pandemic. According to U.N. Women, 1 in

⁹⁷ "The Laws of Manu: Primary Source Lesson." *Teaching Women's Rights From Past to Present*. Women in World History Curriculum. February 16, 2016. <http://www.womeninworldhistory.com/TWR-05.html> (Accessed January 17, 2018).

⁹⁸ "Facts and Figures: Ending Violence Against Women." United Nations. n.d. <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures> (Accessed January 17, 2018).

⁹⁹ "UN Women Supported Survey in Delhi Shows 95 Per Cent of Women and Girls Feel Unsafe in Public Spaces – Office of the Secretary-General's Envoy on Youth." UN News Center. September 3, 2013. <http://www.un.org/youthenvoy/2013/09/un-women-supported-survey-in-delhi-shows-95-per-cent-of-women-and-girls-feel-unsafe-in-public-spaces/> (Accessed January 17, 2018).

¹⁰⁰ Gaynair, Gillian. "ICRW Survey: 95 Percent of Women and Girls Consider New Delhi Unsafe." International Centre for Research on Women. April 2, 2013. <http://www.icrw.org/media/news/icrw-survey-95-percent-women-and-girls-consider-new-delhi-unsafe> (Accessed January 17, 2018).

3 females around the world experience a sexual assault at least once in their lifetime, and more than half of these incidents occur before the female is 16 years old.

Yet despite the prevalence of these violations, just like me when I was younger, 80 percent of women and girls choose not to talk about it, often out of fear of bringing shame to themselves and their families and fear of dealing with the police. Very often women are told to “deal with it” and are even blamed for its occurrence, leading us, as women, to question if we were at the wrong place at the wrong time, were wearing the wrong clothes, or did something else to cause or provoke the incident.

It’s no wonder most women react this way when that’s the attitude spread by respected leaders. After the 2016 New Year’s Eve attack on women in Bangalore, for instance, a senior official for the area partially blamed women for copying “Westerners” in their dress.¹⁰¹ Another official said, “In these modern times, the more skin women show, the more they are considered fashionable. If my sister or daughter stays out beyond sunset celebrating December 31 with a man who isn’t their husband or brother, that’s not right,” and added, “If there’s gasoline, there will be fire. If there’s spilt sugar, ants will gravitate towards it for sure.”¹⁰²

These attitudes among men are common, as the survey carried out by ICRW shows. For instance, half of the men said they had sexually harassed or been violent with a woman in a public setting at least once in their lifetime, and 3 out of 4 men agreed with the statement, “Women provoke men by the way they dress.”¹⁰³

Compounding these attitudes, typically the eldest male member of the family has the greatest influence on the life of everyone else. In most families, he makes all the decisions and his word is law while women and girls have little or no say. Gender stereotypes and roles are extremely pronounced, especially in these low-income communities, and any deviance is frowned on.

Is it any wonder that, in the course of my work, I have met several young girls who do not believe they have the means to stand up for their rights and,

¹⁰¹ Hjelmggaard, Kim. “Indian Police Probe Report of Mass Sexual Assault.” *USA Today*. January 3, 2017. <https://www.usatoday.com/story/news/world/2017/01/03/indian-police-probe-report-mass-sexual-assault/96099580> (Accessed January 17, 2018).

¹⁰² “Women Are to Blame for Bengaluru Molestation Incident, Says Samajwadi Party Leader Abu Azmi.” *Times of India*. January 3, 2017. <https://timesofindia.indiatimes.com/india/women-are-to-blame-for-bengaluru-molestation-incident-says-samajwadi-party-leader-abu-azmi/articleshow/56310779.cms> (Accessed January 17, 2018).

¹⁰³ Gaynair, Gillian. “ICRW Survey: 95 Percent of Women and Girls Consider New Delhi Unsafe.” International Center for Research on Women. February 4, 2013. <https://www.icrw.org/news/icrw-survey-95-percent-of-women-and-girls-consider-new-delhi-unsafe> (Accessed January 17, 2018).

in the bargain, give up a lot of personal freedom to save face or satisfy their family? Take, for example, the young girl who dropped out of school because of constant staring and commenting by the men on her daily commute. It suited her family members, who believe that it is their responsibility to protect her from harm and their responsibility ends when she is married off.

When I channeled my outrage over the Delhi gang rape into starting Safecity, I wanted to allow women to share their experiences and document sexual harassment without fear of victim blaming. I wanted them to have a way to reclaim their dignity and help them move forward. I have seen time and time again that doing so can be cathartic; it connects women to others who have had similar experiences and it adds to a public database of incidents that can be used in several ways to improve public safety.

Through partnerships with other non-governmental organizations, educational institutions, and corporations, Safecity reaches out to women, girls, and youth in local communities, encouraging them to speak out about their experiences of sexual violence in public spaces. Each of the stories is collated as location-based trends and visualized on a map as hotspots. These hot spots identified from these reports are then analyzed for patterns and trends to identify locations as "comfort zones of the perpetrators." We encourage people to read the stories and check the hot spots to raise their own situational awareness and make better choices for their own safety. For example, they could choose alternate metro stations instead of the ones that have frequent reports of harassment.

We also encourage communities to use these data to find relevant solutions for their community. For instance, in one community the public toilets were revealed to be a hot spot for harassment, in part because a group of young men would hang around there on a couch, intimidating the women and girls with their constant commenting and by taking pictures and video clips. During the community campaign, the young men in the area were invited to join an awareness workshop on sexual harassment. Together with the girls and women, they decided to remove the couch, clean up the area, and use art to communicate the issue and challenges. They also made others aware of the legislation related to sexual violence and involved the municipal authorities to fix the failing toilet infrastructure. Not only are the young men now actively mentoring other boys on appropriate and inappropriate behavior, but the girls feel that they were able to create a change in their own community.

We complement our crowdsourcing work in various ways, such as hosting regular workshops for young boys and girls on sexual harassment and abuse, both in educational institutions and in the community. We like to hold joint programs with young boys and girls so that interactions between them are regular, not infrequent. This builds a sense of trust, community, understanding,

and appreciation that both genders experience life in different ways and have different perspectives. Other tactics include holding regular community meetings during which different groups of people can voice their perspectives, and organizing periodic meetings with the police and the community to build the public's trust and confidence in the police.

Overall, campaigns such as ours open a space for young girls and women to talk about their issues and experiences. They often find solidarity in listening to others and knowing that they are not alone. They also realize that verbal and nonverbal violence is not trivial and reporting is essential for finding solutions. Our efforts encourage women and girls to find solutions for their own safety and show boys and men the impact of their actions and invite them to be part of the change. While Safecity is not the only organization working to reduce and stop the indignity of sexual harassment and sexual violence, our use of crowdsourced data to drive decision making at the individual, community, and institutional level is unique as it allows for targeted solutions that are relevant, participatory, and inclusive.

Changing cultures of violence is partly about policies, but it's also about giving people a voice. Ultimately, we need to create a world where every girl feels she can walk down a street with dignity and without feeling intimidated, and where every woman has an equal opportunity to a quality life.

Dignity and Women's Equality

Rasha Jarhum

How can dignity be afforded to women when a region's laws and daily practices deem them to be second-class citizens? How can lasting peace be achieved when women are not seated at the crucial decision-making tables? These are questions I work to address in my home country of Yemen.

I grew up in South Yemen, in the capital, Aden. When I was young, the country was relatively progressive about women's rights. It had one of the strongest legislations in the region for promoting gender equality. The constitution was based on equal citizenship for women and men. A Women Union had been established in the 1960s and the chairperson of this institution, a woman, held a permanent seat at the highest legislative authority council, the Higher Council for People.

Equality in the laws trickled down to the schools, which were mixed-gender. Girls and boys were treated equally and were together for everything, including traditional dance classes and sports. Wearing a hijab was not part of the school uniform.

After the unification of South and North Yemen in 1990, life changed. In my neighborhood, people, including my family, built big fences around their homes to protect women from the leering eyes of male passersby. My mother put on the hijab and black abaya and soon I wore them, too. I was 12 years old. My dad believed the abayas would protect us, and I wore it by choice because I thought it displayed maturity. Women's rights were the first to be sacrificed by policymakers, the majority of whom were men. The post-unification constitution replaced the article on gender equality with a vague article that described women as sisters of men.

Four years into the unification, a civil war between the North and South took place, and it ended with the Northern regime taking over the South. During the post-1994 war period, women's rights eroded further. The laws changed to guarantee inequality and emphasized that women are second-class citizens based on guardianship rules.

Women in Yemen were not – and still are not – afforded dignity.

The laws constantly remind women that they are less worthy than a man. The testimony of a man became equal to the testimony of two women. The

general inheritance rule is that a man inherits two times that of a woman. Women need the permission of a male guardian to travel, work, or get married. Child marriages are allowed. Further, schools became disaggregated and curriculums were changed to emphasize the gender role stereotypes with statements like “the girl is sewing in the house, and the boy is bringing bread from the market.”

When I married my high school sweetheart, my marriage contract was called the “Intercourse Contract.” It obliges a woman to meet all the desires of a man and gives him the right to take “disciplinary” actions against her if she does not obey him. Thankfully, my husband agreed with me that this contract does not represent the relationship that we have, which is based on equal rights and mutual respect, but I cannot say that this scenario applies to all Yemeni couples.

Given the many ways the laws limit women’s rights and dignity, it is no wonder that Yemen repeatedly ranks last in the annual Global Gender Gap Index which was established by the World Economic Forum in 2006, indicating Yemen is among the worst countries for women to live in.

It is not that women have quietly accepted those changes. Feminist groups have fought fiercely for years, including when the changes were first taking place. They called for equality throughout the two decades after unification. In response, they were accused of blasphemy and of supporting a Western agenda. Gradually, feminist groups altered their advocacy and used Shariah to argue and justify equality. When reading through the National Strategy for Women Development drafted by the National Women’s Committee,¹⁰⁴ one will come across Shariah seven times. This is the only national strategy that mentions Shariah. I once asked my mother, Hooria Mashhour, about this, as she was the deputy of WNC for a decade and then chaired it for a year in 2011. She said, “We were constantly attacked and threatened and we wanted to assure them that we are Muslims and calling for equal rights is based on Islam.”

The Islamic fundamentalists indeed used many tactics to deter women groups from calling for gender equality, from shaming feminists during mosque sermons to holding conferences against women’s rights to rallying other women to counterprotest at feminist rallies.

Then in 2011 the Arab Spring uprising occurred. Women went into the streets with the men, screaming at the top of their lungs, calling for change and for the ouster of former president Ali Abdullah Saleh and his regime. My

¹⁰⁴ “National Strategy for Women Development - Yemen.” U.N. Women. n.d. <http://evaw-global-database.unwomen.org/en/countries/asia/yemen/2006/national-strategy-for-women-development-20062015> (Accessed January 17, 2018).

mother became the spokesperson of the peaceful revolution council. Women were taking leadership roles again.

The ensuing two-year transitional period started with a national dialogue to develop the new social contract of the new civil modern state. The national dialogue was one of the success stories that earned Yemen a spot among the Arab uprising countries as a successful political transitional model that was supervised by the United Nations and Gulf Cooperation Countries. For the first time, the political space allowed representation of women (30 percent), youth (20 percent), and Southerners (50 percent). The spokesperson for the national dialogue was a woman. Women also led many working groups within the national dialogue. The national dialogue concluded with a set of outcomes, including a historic package for rights and freedoms, especially for women, youth, and minorities.

However, in 2015 Yemen spiraled into a devastating war that is still ongoing. Women's leadership then shifted toward efforts to achieve peace and security in the country.

In 2015, U.N. Women facilitated the formation of the Yemeni Women Pact for Peace and Security and I joined it. During the third round of peace talks that were held in Kuwait, I was selected as one of seven women by the U.N. Envoy to go on a five-day mission to hold sideline meetings to support the peace talks process. It seemed promising and we hoped we could make a difference for our country, but participating on the sidelines of the negotiations and not in the main space for negotiations itself was very limiting.

During the trip, our mission was to remind the delegates to prioritize the interests of affected communities rather than to focus efforts on political power sharing. We delivered messages that called for ending the war, lifting the internal and external siege, opening the humanitarian corridors, and increasing women's participation. Sadly, in the end we were more like tokens and our visit was merely a media stunt. We were shocked to realize that those who we considered allies were not necessarily so. One male Western diplomat told me that women are not ready and not qualified for peace negotiations, and a senior U.N. staff member admitted they do not want to upset the (largely male) negotiating parties by calling for women's inclusion in the peace talks.

A year later, most of us withdrew from the Pact and developed a paper on how to make it a meaningful platform for participation instead of a U.N. tick box exercise of symbolic participation. I then worked to coordinate efforts to develop a National Agenda for Women, Peace, and Security with different women leaders inside and outside Yemen, including former Pact members, and interviewed many women remotely for it.

Today, during Yemen's ongoing civil war, I continue to work to bring forward women's leadership, their voice, and their rights in the peace process,

from speaking at high-level ministry events to talking about the issues in the media.

I have observed that if women are not involved in designing the peace process, humanitarian programs, relief, and recovery; if they are not participating in implementing those programs and initiatives; and if their voices are not heard, the process is a form of colonialism, imperialism, and male supremacy. It is time for the international community to embrace the strength of the Yemeni women and support them to bring sustainable and fair peace to their country without preconditions.

What follows are some ways the international community can do so.

First, donors and international development partners must focus their gender equality programs on sustainable ways to promote gender equality, such as strengthening the health system and establishing a gender-based violence response system. They should address issues of corruption and aid diversion. Moreover, they must increase their support to women-led organizations, and not just to centralized Sanaa-based organizations.

Second, the humanitarian response needs a better gender lens and more localization. The process of developing the humanitarian response plan developed by the U.N. is not as inclusive as it should be. Findings from gender assessments should be integrated into the humanitarian plans. For example, several interviews with women who are internally displaced indicate that their No. 1 priority is livelihoods and emergency employment for income generation. Yet the U.N. insists on allocating a very low percentage on those programs, reaching only 3 percent in 2016 and reducing it to 1 percent in 2017.

And third, financial pledges by international donors and humanitarians for Yemen at times of peace and at times of war should be met. No one on the ground can focus on long-term peace or equality efforts if they are preoccupied with simply staying alive.

Ultimately, until women are afforded equality and real leadership roles, dignity will be elusive.

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Dr. Ify Aniebo is a molecular geneticist, focusing on malaria drug resistance. She is a Takemi Fellow/ Research Fellow in International health at the School of Public health, Harvard University. She has worked at Health Strategy and Delivery Foundation, as an HIV Research Associate at the Clinton Health Access Initiative, and at the Sanger Institute and Illumina. She's also worked as a Research fellow on a Department for International Development-funded project on strengthening the use of data for malaria decision making in 13 African countries. She is the Founding Editor of *African Health Magazine* and founder of Afroscentric, a social enterprise which encourages young women to pursue careers in science. She has received numerous scholarships, awards and recognitions, including being honored by Nigeria's former president Goodluck Jonathan as one of the country's top young innovators. Aniebo has a Master's in Global Health Science and a PhD in Clinical Medicine and Infectious diseases from the University of Oxford.

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Rasha Jarhum



Rasha Jarhum is a Yemeni Senior Development Policy Advisor and Expert on Women, Peace, and Security. Jarhum has been working in the humanitarian and development fields, and advocating for Human Rights and Gender Justice for over 15 years. Jarhum is the founder of Peace Track Initiative. She is an Aspen Institute New Voices Fellow and an Affiliated Scholar with the American University of Beirut. Jarhum is also a recipient of the Women have

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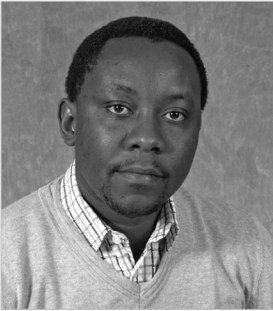
Dr. Edward Mabaya

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development. He has published five books, 21 book chapters, 17 journal articles and 12 op-eds. He is the Principal Investigator of The African Seed Access Index and the President of African Association of Agricultural Economist. He was profiled as a "2016 Top African Innovators to Watch" by *Ventures Africa*. He was an Archbishop Tutu Leadership Fellow and an Aspen Institute New Voices Fellow. Mabaya earned his MSc and PhD degrees in agricultural economics at Cornell University and a BS from the University of Zimbabwe.

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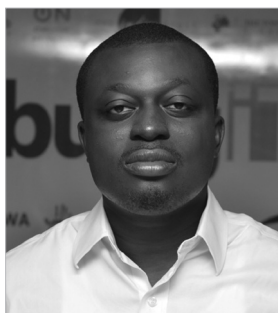
human health and development. He was named one of Kenya's 2016 top 40 under 40 for his contribution towards rabies elimination in the country. He is an Aspen Institute New Voices fellow and an affiliate fellow of the African Academy of Sciences. He holds a PhD in infectious disease epidemiology from the University of Edinburgh and a Doctor of Veterinary Medicine and Surgery degree from the University of Nairobi.

Dr. Mary Mwanyika Sando

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Oluseun Onigbinde



Oluseun Onigbinde co-founded Nigeria's civic tech organization, BudgIT in 2011 to make public data more accessible, transparent and understandable. Onigbinde has worked on several projects funded by MacArthur Foundation, Ford FounDFID, Open Society, OXFAM and Omidyar Network. For instance, he consulted for the Federal Public Administration Reform on providing strategic support for the National Assembly Budget and Research Office on data analytics, budget tracking and visualization patterns. He worked with the United Kingdom's Department for International Development on redesigning content regarding crude oil theft and the Petroleum Industry Bill. Onigbinde is a recipient of the Ashoka Fellowship, Future Africa Awards, Bloomberg Media Journalism Fellow, Quartz Africa 30 Innovators Award, Aspen Institute New Voices Fellowship and is also an Open Knowledge Foundation ambassador for Nigeria. He received an engineering degree from the University of Agriculture, Abeokuta, Nigeria. He also attended Stanford University's Graduate School of Business to study social entrepreneurship.

Dr. Ranjitha Puskur

Dr. Ranjitha Puskur is a Senior Scientist leading the Outcome theme on "Catalyzing Innovation for Health, Equity and Resilience" at the International Rice Research Institute. She has been part of the Consultative Group for International Agricultural Research since 2002, working at the International Water Management Institute, the International Livestock Research Institute where she led the research team working on "Innovation in livestock systems" and, WorldFish, where she led the programs on gender and impact at scale. Her work focuses on generating knowledge, learning and evidence that can translate into technical and institutional innovation and lead to more equitable outcomes for women and other vulnerable social groups engaged in agriculture.



Misan Rewane



Misan Rewane is co-founder and CEO of WAVE. Born and raised in Lagos, Nigeria, when her parents were compelled to send her to the U.S. for a better university experience than she could have at home, she resolved to help transform her Nigeria's education system. After graduating from Stanford University, she worked with The Monitor Group, TechnoServe, and the Centre for Public Policy Alternatives. As a MBA candidate at Harvard Business

School, she partnered with fellow West Africans who were passionate about tackling youth unemployment and launched WAVE in 2013. WAVE addresses youth unemployment by identifying motivated but underserved West African youth, training them on crucial employability skills, and connecting them to entry-level job opportunities. By turning motivated young talent into reliable human capital for local businesses, WAVE inspires positive change in employer attitudes, creating a fairer and more inclusive labor market.

Anjali Sarker

Anjali Sarker is a social innovation expert who leads projects that empower underprivileged populations, with a special focus on youth and women. At age 20, she co-founded a social enterprise to provide affordable and eco-friendly sanitation solutions in rural Bangladesh. Then she joined Ashoka and worked with local entrepreneurs to scale their impact. Later she joined BRAC, one of the largest development organizations in the world, in its social innovation lab. Currently she leads Innovation Fund for Mobile Money, a project in partnership with the Bill and Melinda Gates Foundation, to bring digital financial services to the doorsteps of 1 million rural women in Bangladesh. Sarker is a TEDx speaker, Global Shaper at the World Economic Forum and an Aspen Institute New Voices Fellow. She was recognized as one of the "Top 99 leaders under the age of 33" by *Young Professionals in Foreign Policy* and *Diplomatic Courier* magazines.



Dr. Serufusa Sekidde



Dr. Serufusa Sekidde began his career as a medical doctor in China and then in Uganda's main national referral hospital before running South Sudan's then largest private medical facility. He subsequently worked as a consultant in the United Kingdom and was named Britain's Young Consultant of the Year in 2015. He is now a director at GlaxoSmithKline (GSK), a pharmaceutical company. Sekidde is fluent in Mandarin Chinese, and he was first runner-up nationally in an American Idol-like talent competition in China. This led to a recording deal and several tours. He has penned commentary on identity and global health for outlets like the BBC, CNN.com and Project Syndicate, and contributes to many high-level forums. He was selected as a Young Leader in Global Health at the 2013 Ministerial Forum for China-Africa Health Development and he is an Aspen Institute New Voices Fellow.

The Editors

'Dapo Oyewole



'Dapo Oyewole is an expert in public policy and international development. Over the past 17 years he has worked at senior management levels for think tanks, non-governmental organizations, donor agencies, government agencies and management consulting firms, with a focus on public policy, governance and development in Africa. He studied at the London School for Economics, School of Oriental and African Studies, Harvard Kennedy School of

Government and is a doctoral candidate in international development at the University of Sussex. He is a Yale World Fellow (2008), Aspen New Voices Fellow (2016) and a regular Africa analyst for international news networks such as CNN and BBC. He is also a regular speaker at global fora on policy, governance, development and human security. His TedxTalk "Development as Dignity" was named one of the "Top 5 Global Development Ted Talks You Should Watch" by FXB.

Holly Kearl is an expert on gender-based violence and the founder of the nonprofit organization Stop Street Harassment. A published author, Kearl is the alumni community manager for the New Voices Fellowship.

Andrew Quinn, a former long-time foreign correspondent with postings in Asia and Africa, now directs the New Voices program at the Aspen Institute.

What is development? What does it look like? Development means different things to different people and in an increasingly polarized world, voices from the Global South are urgently needed to provide a balance of perspectives, lest we hear mostly one side of a multifaceted story. The Aspen New Voices Fellows writing in this anthology all agree that fundamentally, development is about dignity. Dignity of people. Dignity of planet. Dignity of life. The stories in this collection reflect this quest for dignity and share engaging insights and moving stories from diverse countries in Africa, South Asia, and the Middle East. The authors challenge us, inspire us and force us to open our eyes to the many ways we can truly see and foster 'development as dignity.'



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