Conclusion

From ‘Planning for Development’ to ‘Muddling Through Complexity’

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Bringing it all together

Previous sections illustrated, in a stepwise fashion, the consequences and practical applications for shaping development aid when starting from a system's vision taking into account complexity. None of these elements and principles are really new, because many of them have been already proposed in literature or are being applied, often implicitly or even unconsciously. This is not simply a new fashion in development aid nor is it meant to be yet another 'magic bullet'. After applying for over 50 years the development aid paradigm based on a linear and externally planned development model, there is sufficient solid evidence for the inadequacy of it. The management approach that is based on control, strict planning and budget execution is doomed to disappear. The purpose of this Section is to provide an oversight of these inevitable and rather radical changes put together in an overall and realistic proposal for a thorough reform of development aid in all its aspects.

The practical consequences of accepting the complex realities in which development aid programmes intervene will be organised in three sub-chapters:

- In 'Conceiving development interventions', proposals are offered on how to analyse the complex society and sector in which the development intervention will take place. The shift from solving problems to strengthening structures and relations will become clear as well as the changes in planning. Results-based planning needs to be replaced by working through hypotheses, based on modelling, multi-stakeholder analysis, encouraging learning organisations and piloting.

- In 'Implementing development interventions', new tools are proposed that allow interventions to learn by doing and to start from 'working hypotheses' rather than from preconceived solutions for problems. Differences in the monitoring system are highlighted.

- In 'Evaluation', the tools and approaches for evaluation will be summarized. Again a culture shift will be needed. Evaluation should shift from a controlling to a learning tool, from a poor project execution and a blaming-the-actors attitude to identifying system's weaknesses and the place of resistance to change. Evaluation should be mainly an occasion for external discussants to contribute to the reflection process, offering an outside and 'new' vision on the
system’s dynamics and opportunities to intervene (to achieve change).

However, these subdivisions are rather artificial. From its conception until the programme’s ‘final evaluation’, one is dealing with a continuous and iterative process. Reflection is meant to lead to improved praxis; any action requires reflection and adjustments. In the conception phase, initial analysis is the start of implementation. It conceives the initial models and working hypotheses that become the motor for action. These models need to be shared carefully between all stakeholders and require a critical monitoring system.

Modelling and working with models is probably the most difficult part of the complexity approach. It demands scientific rigour and a high level of conceptualisation. It implies intellectual flexibility, creativity and a reflective culture. The complexity philosophy and approach are obviously not compatible with the prevailing management and controlling culture, in particular when the uncertainty about outcome becomes most prominent. Innovation through Action Research and modelling should not be regarded as ‘a nice thing to do’, nor as an interesting and intellectual approach out of reach of the average citizen. Innovation is inevitable for development. The complexity and the difficulties that come with innovation lead, one could say ‘unfortunately’, to less obvious approaches like Action Research and Reflective Action. These are not choices but inherent to the complex environment in which the development intervention wants to introduce – or trigger – change for the better.
Conceiving development aid interventions

Programme composition

Private sector organisations or single public institutions use internationally recognised guidelines such as ‘Managing Successful Programmes’ (Managing successful programmes 2011), to run change programmes. They define programmes as ‘the process that develops innovation tools and integrates the results into the existing processes of the enterprise’. Innovation tools are typically developed in a project mode: special funds and specific human resources assigned for a limited period of time and with a well-defined scope, outside the routine functioning of the organisation. For tangible progress in the organisation, the tools need to be integrated and properly applied within the organisation. Resistance to change can be expected when innovation is pushed through the system to reach another equilibrium. This is clearly different from the development aid project approach, but equally challenging.

Development aid interventions are much more complex and broader in scope, essentially because social development for all citizens is more ambitious than improving the performance of a single organisation or enterprise. The latter ‘simply’ follows a logic of maximising profits in a legally correct modus. Moreover, the existing system with its rules and regulations (society, health, agriculture etc.) in which development aid interventions operate is largely deficient in its routine functioning, requiring additional resources for routine activities.

Figure 31 summarizes three possible entry points (orange boxes) for development aid interventions (programmes) in a social system or sector: Financing the existing: The existing system functions beneath its potential because of a financing gap. Structural system constraints prevent the system to evolve significantly. Budget support and basket funds can be effective tools for these aspects of sector development. The limitation of ‘financing the existing’ is the fact that no distinction is made between rational and irrational elements in the system.

Innovation initiatives: Development aid agencies and the private sector alike use a (small scale) project mode for innovation initiatives. System innovations are structural changes that influence the relationships between the elements in the system, aiming at better performance. Innovation should
not be confounded with just quick wins at a local level through specific initiatives. Private sector organisations equally pilot innovation because it is considered high-risk investment.

Rolling out and integration: The successful innovation initiatives need to be rolled-out and integrated in the system for the sector to develop. This is an equally complex process as the innovation initiative and often takes more time. It entails dynamics and processes that are different from those of the initial piloting. Its complexity is maybe even more underestimated than that of the piloting process. Private sector organisations also recognise integration of innovation as an important step in their programmes.

Figure 31. Entry-points for development interventions to increase the (sub-)sector performance

Private enterprises usually look for progress at the margin, built on an ‘already functioning’ basis. In contrast, most development programmes are also expected to finance routine activities and manage the routine
functioning of the system (sector or sub-sector). As a matter of fact, the routine functioning is often seriously jeopardised by insufficient competences at individual, organisational or institutional level and by insufficient financial means. In practice such deficits can be quite important and absorb most of the available donor budget. Classical development projects, budget support initiatives and basket funds are essentially financing routine activities of the system. These aid modalities are indeed well placed to finance routine activities as they do not seek innovation. They simply fill financial gaps. They are not the ideal modality to develop and integrate innovation. In complexity terms financing routine activities is the most simple and predictable aspect of a development intervention. The danger of financing and therefore strengthening structural flaws and sub-optimal use of funds is real, even inevitable. Financing routine performance is therefore insufficient to support structural development.

Although providing financial leverage to under-financed systems does increase the systems' performance, the limits are obvious: achievements can only be temporary because no structural changes in the system occur that will sustain them. Without the innovation initiatives that can solve underlying structural problems, the system will quickly regress to its initial equilibrium (or worse) as soon as this additional funding ceases.

Weak systems easily miss out on innovation opportunities and therefore fail to evolve. It is the (obligatory) role of development aid interventions to create innovation opportunities, to pilot promising initiatives and to roll out positive results and local experiences into the larger system – when their true rationale has been sufficiently well understood. Systems (sectors and sub-sectors) should be brought at higher quality levels of functioning by addressing the structural weaknesses in the system. Because of the complexity of the system, piloting Action Research and related approaches to build experience and to generate evidence in a given context are necessary ingredients of development interventions.

**Sector analysis**

Sector analysis – rather than problem analysis – should be at the base of any real development intervention. The system, composed of its elements and the interrelations between them, must be strengthened. Problems will be solved indirectly as the underlying structural weaknesses disappear. Contrary to a problem approach, in which multiple causes of a specific problem need
to be addressed, strengthening a (sub-)sector implies that the most strategic elements and those with most potential to facilitate structural change, will be supported. It is not necessarily the weakest element (which causes most of the problems) that needs support.

Sector analysis is always done with an implicit or explicit model of the sector in mind. It is important to render this underlying model of thoughts, vision and values explicit and to share it with all stakeholders. This will allow the stakeholders to criticise, complement and adopt the model in order to create a common understanding of the proposed strategies and options for intervention.

Sector analysis in other words allows to detect the aspects of the routine system which need additional subsidies to keep the motor going, and identifies the areas with the highest potential for innovation. The roll-out of innovative achievements should be part of a long-term intervention strategy. Only during the roll-out can quality jumps of the system materialise. Piloting innovation is not a goal in itself (it may be for academics who are looking for scientific knowledge) but only a first step towards structural systemic improvements.

**Multi-stakeholder analysis**

A multi-stakeholder analysis is actually part of a sector analysis, in the sense that stakeholders are important elements in the system. Typically, in a stakeholder analysis, the internal contradictions and the sometimes opposing agendas can be highlighted. Important stakeholders with little voice in the system can be specifically identified and structures in which they act can be proposed for strengthening. For example, in the health sector, patients and more generally the population are often forgotten when conceiving development programmes. Technical quality, policies and guidelines are central in most discussions; working on patients’ rights and giving voice to patients are far less frequently addressed. The same can be said about voiceless ‘peripheral’ health care workers, who are too often regarded as simple implementers in the system, instead of owners of useful operational knowledge that outside-researchers and policy makers cannot generate.

A multi-stakeholder analysis at the level of conception of an intervention can only be an imprecise and blurry photograph of reality. It is a picture of a complex reality that by definition changes over time (and in fact can be very volatile). Elections that often reshuffle the power structures at ministry level, is a good example. Imprecise because the relations between stakeholders are
complex and cannot be simply reduced to official tasks and attributions to persons. Ethnic issues, gender, corruption, marriage, personal and political lines do cross at every moment the quality of the stakeholders’ relations. Access to such information is limited, often even confidential in nature. An initial stakeholder analysis should therefore not be treated as a static given but as contributing to the working hypotheses that are proposed for the intervention. It provides a foundation for decisions on issues like with whom the intervention will work, with whom activities will be carried out, and whose voice should be strengthened.

During the intervention, the stakeholders analysis should be repeated and seen as a continuous process.

Defining a strategy through modelling

Classically, the conception of development interventions passes through extensive planning and budgeting exercises. However, planning and logical frames are criticised because they claim to be able to predict accurately the evolution of a complex reality over a period of years, whereas experience and complexity science show that predicting even some months ahead is already problematic.

Results-based planning was considered a step forward, as it allows (in principle) flexibility at the activity level. Insight from complexity science show, however, also intermediary results are largely unpredictable and the process that leads to results is as important as the result on its own, if not more. Indeed, obtaining results can very well be detrimental to the system that should sustain development.

For example, in Niger, high vaccination rates have been obtained through vertical vaccination campaigns, organised by central or regional levels. Health centre and even district authorities were bypassed in order to reach the children, often even those that were already vaccinated by the health centres. It demanded a lot of logistics, kept health professionals away from their daily duties and, moreover, the activity could not be maintained when extraordinary financing ceased. But a more insidious side effect was the loss of credibility of the health centres which in the eyes of the population finally did not have a lot to offer. This vaccination approach went against the efforts of rendering the health districts operational. As a result, the system was weakened. In some districts in Niger, a different approach was defined and health centres studied their maps and consulted their often far-away
catchment population to determine where they could organise outreach points. The retained villages built some basic shelter and one member of the health centre staff passed through the different outreach point every month. The population offered food and fuel for the motorbike. The Health Centre nurse provided not only vaccinations for children and pregnant women, but also antenatal care, follow-up of tuberculosis patients, under-fives clinics and follow-up of malnourished children and family planning. This approach increased the routine vaccination tremendously in the Health Centre catchment areas but also in the districts as a whole. At least as important was the increase of the credibility of the basic health services and the renewed dialogue between the health facilities and their population. The health workers’ motivation increased because they felt more responsible. Optimising the overall performance has a more lasting impact on the entire system, including vaccination. A somewhat lower vaccination rate can be accepted in exchange for building a solid system independent from (too many) external resources.

For the innovation and roll-out aspects though, the logical frame or any other strict planning tool have little value. Instead, activity planning should be replaced by explicit modelling and formulating hypotheses for action. An action research protocol, describing long-term vision, hypotheses for intervention and initial decisions with a set of indicators to be followed over time, should be developed. For such initiatives, only roughly estimated and very flexible budgets can be proposed. Such budgets can only be managed and planned in detail by the direct actors in the system. Results cannot be predicted, outcomes can be positive or negative and realistic targets are most often impossible to determine. The evolution and (especially) the interpretation of indicators are far more important than the actual values and new indicators might be needed and identified during the process. Process management and documentation, monitoring of conditions and environmental factors and adjusting initial models are at least as important as actual achievements ('hard results').

But are donors willing to accept such ideas? Are they willing to let go their routine of strict control and planning and to accept the unavoidable uncertainty of the complex reality? Are they willing to let go of predetermined targets and verifiable promises? Are they willing to accept the critical alignment, to go into the difficult dialogue with multiple stakeholders who have different, often contradictory, agendas? And finally, are they willing to really head for long-term engagements in which piloting and
learning can really take place, beyond today’s lip service? Are they ready to realise that they fool themselves by accepting that their best planner is the one who keeps targets low so that they are easily reached, or the one who simply ‘games the system’?

Resistance of donor agencies to abolish control and strict planning stems from the perceived high risk for their investments. Donors do not yet seem to perceive that high levels of control actually become the guarantee of failure. They do not realise yet that the ‘planning-control-short term’ paradigm inevitably leads to failure and that they are entangled in a vicious circle by responding to this absence of impact by even more control. The 2005 Paris Declaration did not change anything in this respect. Instead of analysing the evolution of a set of indicators, ‘targets’ are more popular than ever.
Implementing development interventions

The intelligent implementation of development interventions, specifically of their innovative components, is much more like the ‘art of muddling through’ than the approach of project planning. It implies continuous consultation of stakeholders, attentiveness for the evolution of the indicators, for adverse effects and unforeseen events (critical incidents). Decision-making needs to be quick and flexible, essentially at the level of the direct stakeholders (operational level, where decision spaces need to be widened) instead of at the planning or administrative or political authority level. Decisions should be based on the development of explicit models of the system and driven by working hypotheses. The multitude of partners needs to be recognised and the dialogue between these stakeholders should be regarded as a crucial process in development.

Modelling, reflective action and learning

The process of modelling, the iterative process of decisions and reflection and learning-by-doing may seem easy on paper, but is far from obvious when applied in the field. It does not only demand specific technical skills, field experience and scientific rigour from the main actors, but also an enabling environment that needs continuous support. It implies dealing with and working in uncertainty. Many minds and attitudes, even those of entire organisations, have to change. Leaving the controlling modus is perceived as threatening by many (development aid) organisations. Nearly sixty years of mitigated results in development aid should make people think, though. Many ‘paradigms’ have followed one another, overthrowing each time old maxims. But never the ‘planning-and-controlling’ paradigm, deeply embedded in the analytical organisational thinking of the West, has been seriously tackled to be replaced by a systemic view on reality and action.

Private sector organisations also have been working for a long time with projects and programmes to develop innovation in order to remain in the market. Although their scope is limited (they aim at improving a single organisation, enterprise or maximising profit rather than developing a society), they recognise the complexity, they assign a high level of priority and sufficient manpower. Most importantly maybe, the private sector considers the relatively limited budgets as high risk investment. This risk is accepted, because potential gains are high, but also because negative experiences...
Private enterprises build on failures to find new solutions. They accept the necessary autonomy and flexibility needed for innovation, they are interested in progress, intermediate and final findings, far less in the daily running of the initiative. If failure is not accepted, there will be no innovation. A well-documented failure allows for much learning and can help to avoid future mistakes. It is exactly because innovation is ‘high risk investment’ that piloting is necessary (risk limited in time and scope) and that this budget should be set apart from the routine budget (for example donor money). Piloting should not prevent routine functioning of the system. This implies that for the pure innovation part, extra manpower should be engaged, in principle freed from routine activities. That innovation and change is high risk money is illustrated by the fact that in private enterprises only one third of change initiatives are successful (Aiken et al. 2009). Nevertheless, private enterprises continue to invest in such initiatives.

Some of the most important models known in the health sector are the ‘health district’ construct and the more recent ‘universal health coverage’. Unfortunately, these are often not treated as conceptual models but serve (temporarily) as a national policy slogan based on some reductionist dogmatic rules. Many initially conceptual models are indeed transformed into a fashion of the moment with a mechanistic application, ignoring the underlying complexity and hypotheses. Models are vulnerable to such transformation because they are already by definition simplified representations of a complex reality. However, policy makers and development agencies are eager to further reduce such models to their bare elements which they can influence and ‘measure’ mechanically.

As a result, the health district concept has been reduced to the mere creation of health centres around district hospitals. District health teams were appointed and given crash courses to fulfil their daily duties. They became on paper, as the model prescribed it, responsible for the health of a population of about 100,000. To the authors’ knowledge, apart from Zimbabwe in the late eighties and beginning of the nineties of the previous century, no other African country really decentralised the financial, material and human resources at the District Management Team (DMT) level. No full decisional authority was given to the DMT members. DMTs were therefore virtually reduced to executing agents, instructed by higher levels, living and acting by the grace of superior levels. Instead of being executives of a public
enterprise (the health district) which had to produce health, they were reduced to yet another group of public servants, obeying the hierarchy and following the rules set by higher instances. There is a strongly restricted decision-making power at the operational level, no flexibility to jump at opportunities and no creative multi-stakeholder interaction with population or health personnel. In short, real world complexity is not taken into account, DMTs do not have any autonomy and have only few means of their own. This ‘model’ is clearly a recipe for demotivation for high-level staff and a waste of intellect in the system.

The tendency to reduce complex reality and models into elements and mechanics is typical for bureaucratic organisations. Management rules, preconceived procedures and top-down control attitudes of the development partners and public service hierarchy in developing countries explain how it is possible that health centres and district hospitals are treated in isolation. How many development agencies only invest in so called primary health care, ignoring the district as a health producing unit? Most decision makers in health cannot answer the question why the district was initially seen as a health producing entity and do not understand why the health district concept preferred complementary levels of care. Indeed in most of the English speaking and many Francophone African countries district hospitals are defined as health units that provide the same package of care as the health centres plus additional services; regional hospitals are district hospitals plus additional care. One of the immediate consequences is that urban primary care centres are not felt to be an essential part of the system. Existing urban health centres are functioning as a poor hospital rather than as a primary health care unit. They do not aim to develop the intimate personalised relation between patient and caretaker and do not provide holistic care – both defining characteristics for adequate first line health services. They rather develop a supermarket approach in which every single act is executed by another staff member.

Another direct consequence is the inefficiency of hospitals that perform medical acts that are better done elsewhere (e.g. antenatal care), and the

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32 Indeed the district and not the health centre or the hospital in isolation was recognised as the health production unit because completely conform with complexity thinking – it was stated that HCs or ‘hospitals-in-isolation’ were not producing much health for the people, the hospital lacking proximity, the HC lacking the technical means and often also the skills for more complicated medical acts. Together, linked by a functioning referral system, they become synergetic and therefore produce much more health than each component in isolation.
introduction of unfair and counterproductive competition between hospitals and primary care centres. Unfair because the relationship is totally asymmetrical: people tend to prefer hospitals with their medical staff and suggestive high-tech equipment if they get the chance. Such situations discourage and demotivate health centre staff.

Another example is the universal health coverage model that runs the risk of being diluted in the same way and could impede the much waited-for boost it could give to health system performance. In many countries, ‘universal health coverage’ is reduced to some kind of health insurance initiative. Many development interventions claim to work under the universal health coverage principles and therefore to contribute to universal health coverage. But often they simply touch upon aspects that are only part of one of the conceptual axes of the full model: the continuous search for an optimal equilibrium between access (how many can benefit), scope (breadth of services included in the coverage) and financing (proportion of cost covered). It is exactly this dynamic that can be expected to lead to progress in universal health coverage.

The role of international sector experts

International sector expertise brings in international experience and new ideas. They should have both the technical skills and the scientific mind to model (sub)sectors and to derive working hypotheses from it, which are nothing less than the hypothetical path to reach the desired results. Although in any partnership, controlling has its place in the process, the real advantage of making use of such expertise lies in the fact that they are defined as being outside the system, are less under pressure from environmental (societal) pressure, beliefs and ideas and therefore can question and assess situations afresh.

Here again, there is a need for changing mind-sets. Project and programme managers need to shift into a role of “critical change managers”. International sector expertise should be selected (and possibly trained) for this ‘new’ role: a change manager in complex systems, knowledgeable of a given sector and with expertise in action research methodology. Clearly International sector expertise should be familiar with basic statistics and social science methodologies, trained for such approaches and able to work in a real multi-disciplinary team in which all these technical skills are united and from which support can be requested when needed.

Modelling is not an artistic or esoteric experience, but the result of hard and
continuous intellectual work. It needs insights in complexity, numerical-statistical skills and systemic analysis. As development aid is applied social science, most relevant models are not strictly mathematical and International sector expertise must be familiar with qualitative data handling (data collection through focus group discussions, questionnaires and direct observation), handling critical incidents, etc. Development agencies generally do not invest in these skills. This is not surprising knowing that complexity is not at the centre of everybody’s interest in the development aid sector.

Action research and reflective action are typically participative processes in which collective reflection and joint learning are central. The above skills should enable the experts better to accompany their partners in these reflections for change.
Evaluating development interventions

When we recognise the complexity of development interventions and the sectors in which they act, an inevitable degree of unpredictability renders targets for indicators of limited value. Indicators never completely cover or measure the complex reality. Instead, the evolution of a set of indicators and an elaborate interpretation are of much greater importance, as they allow to make sense of the processes and to estimate whether the development intervention indeed contributes to the envisaged change.

Conform the Realistic Evaluation approach, the evolution of indicators in a given direction should go hand in hand with describing the possible technical (and social) mechanisms at the basis of the desired change, supported by predictions of an explicit development model (the ‘programme theory’), and with an analysis of constraints or favourable environmental conditions that would permit further positive evolutions. This type of evaluation is conducted primarily with a learning objective in order to continue with or to adjust the approaches used. Evaluation should in principle lead to new decisions for further progress and should enable adjusting and refining the model where needed. The model can sometimes be rejected, but most often modified or refined. The indicators can be considered as ‘somewhat’ objective (they never fully are because they never measure exactly and fully the complex reality) but their interpretation and the underlying working mechanisms are far less (empirically) objective - though they can be more ‘deeply’ rational. The external position (and independence) of the principal evaluator or the external guidance of the process are meant to be sufficient guarantee for the critical attitude needed for learning and adjusting previous decisions.

The intervention’s stakeholders should be active participants in the evaluation process. Such an evaluation approach implies collaboration by all stakeholders and the building of a relation of trust in the team. Action research does not aim for classical ‘double-blind’ objectivity, but does try to maximise objectivity. Contrary to so-called hard sciences, it enables and motivates stakeholders and gathers information from a wide range of people, all having part of the ‘truth’. It seeks to make stakeholders responsible for their acts.

Contrary to the control modus of most evaluations, which claim objectivity and the right of administrative organisations to criticise - and even punish.
Epilogue

For both believers and non-believers

There is a large consensus that development aid performance remains below expectations. We are all asking ourselves why there are no better, faster and more sustained results. The debate on whether development aid can be effective and contribute to the development of poor countries is still open. The world’s most ambitious social hypothesis, that countries and organisations can help other countries to eradicate poverty and to bring prosperity, remains unconfirmed. Believers and non-believers (Easterly 2006) each have their arguments. The believers think there are still margins to improve development aid, the non-believers are more pessimistic, but often without realising what went wrong with so much effort. But do believers and non-believers have common grounds?

The very existence of complexity cannot be denied, nor can non-linear causal relations and unpredictability. Many development aid stakeholders/organisations are aware of this. But when it comes to the immediate but less obvious consequences, they simply refuse to accept this and to change their functioning accordingly. Giving up their strict planning and controlling approach, decentralising decision-making power and rendering local stakeholders more responsible would be quite revolutionary for most organisations. Many therefore resist such a change in approach. Nevertheless, development agencies cannot longer flee their responsibility and neglect the observation that so many efforts have not had the results one would have liked to see. Magic bullet after magic bullet, defeat after defeat, should at least provoke decision-makers into questioning the trodden paths. They have a heavy responsibility when it comes to future development aid results and effectiveness.

The conclusions after this long intellectual journey in complexity and systems thinking applied to development aid interventions, are straightforward, though for many they remain radical. Donor agencies and national partners alike should abandon the managerial, linear and one-bullet-solution approach and replace it with approaches that accept the complexity of reality, accept uncertainty as a constant in whatever development aid engages in. The development aid industry should equally
accept that the development process belongs to 'local stakeholders' and that therefore development aid workers and national policy makers can only learn from the field what they should do to support or facilitate the local process of development. Policy makers and aid agencies should 'just' create a suitable environment for development to happen, which entails empowerment and helping people in their choices by providing them the necessary tools and scientific insights. Capacity building in development aid has indeed little to do with classical, unidirectional 'knowledge transfer'. Development workers are at best 'honest brokers' (Pielke 2007) facilitating informed choices. They should refrain from trying to be providers. Mechanical, top-down and long-term planning kills local dynamics and thus hampers development instead of stimulating it.

The mechanical logic of indicators without margins of error, targets without underlying hypothesis and evaluations based on five-year plans, as if reality were that predictable, are some of the appalling examples of what science has already classified a long time ago as inappropriate.

It is not really a matter of 'knowledge'. The question is not so much 'how' either. The real issue is whether leaders in development aid accept the challenge, give up their misplaced certainties and 'controlling-for-development' reflex and replace it with 'muddling through complexity'.

And what if you are a non-believer? In the end, the above journey has little to do with development aid specifically, not even with developing countries. It is all about how politicians and decision makers run their countries, how they can bring more social justice, how they make decisions and follow them up over time, how they bring and maintain development in society. Irrespective of whether the moneys come from abroad or from national taxes. Decision makers in rich and poor countries alike act in complexity and under sometimes extreme uncertainty of what the future will bring. A more systemic mind-set might mitigate the pains of inevitable mistakes.

We are all ignorant, but we might all find it mighty interesting.
References


