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RETHINKING RESISTANCE IN DEVELOPMENT STUDIES

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Resistance or Damp Squibs? Challenges to Colonial Power in Contemporary German Development Interventions in the Area of Reproductive Health in Tanzania

I. Introduction

As part of Germany's contribution to achieving the Millennium Development Goals, German 'development cooperation' is active in improving reproductive health in Tanzania. German interest in the realm of reproductive health in East Africa was sparked more than one hundred years ago during German colonial occupation and originated in concerns of a "population decline". In the context of the growing significance of East Africans as a labour force, as well as due to philanthropic and proselytising considerations, German actors came to take an interest in questions of population and reproduction (Colwell 2001; Bruchhausen 2003). After the demise of German colonial occupation, the British colonisers continued to be concerned with 'underpopulation' and felt it to be important to "[e]liminat[e] the cultural superstitions and practices surrounding childbirth" (Allen 2002: 21). A relatively unique African socialist political agenda was set up after independence (Askew 2006), and the Tanzanian government rejected the international population control agenda for two decades (Richey 2008). The 1980s witnessed a gradual acceptance of dominant international health and population policy as a result of pressure by UNFPA, World Bank, and USAID (ibid.). Especially since the mid-1980s, in the light of Structural Adjustment Programmes, state health service spending has been considerably reduced and private clinics, NGOs and development projects have proliferated and replaced many functions formerly provided by the state (Lugalla 1995; Chachage/Mbilinyi 2003). Today, the Tanzanian health sector is heavily dependent on donor money:

for the fiscal year 2011/12, 41% of the health budget was provided by ‘donors’ (Policy Forum 2012).

Former colonised territories such as Tanzania and Namibia took centre stage in the activities of German bilateral, faith-based and secular development cooperation¹, particularly regarding issues of health, population and reproduction. Today, “reproductive health and population dynamics” are a focus of the German Federal Ministry for Economic Cooperation and Development’s activities (BMZ 2011), and German development cooperation in Tanzania continues to be concerned with these issues (TGPSH 2009; DSW 2008). A comparison of German interventions in the colonial period and today evidences that colonial power continues to shape present-day ideas and practices of German development cooperation in the field of reproductive health (Bendix 2012). For instance, during colonisation, German practitioners promoted the medicalisation of birthing by introducing Western-style hospitals, training staff, and changing practices such as those involving birth positions. Nowadays, German development cooperation engages in reforms within the arena of biomedical birthing and development professionals scrutinise and attempt to reform the way obstetric care is carried out in Tanzanian hospitals. From the time of colonial rule up to today, German agents have established hierarchical differences between ‘Western’ and East African birthing practices, and East African obstetric care is construed to be deficient with regard to knowledge, planning capacities, and attitudes.

Building on findings from postcolonial Development Studies that “provide critical responses to the historical effects of colonialism and the persistence of colonial forms of power and knowledge” (Kothari 2011: 69; cf. Biccum 2005; Noxolo 2006; Slater/Bell 2002; Heron 2007; Eriksson Baaz 2005), my theoretical frame needs some further clarification. ‘Colonial power’ is understood as an analytical concept for examining power that emerged during colonial times, but which transcended the historical period of formal territorial occupation and remains operative in the present (Mbembe 2001; Mignolo 2000; Quijano 2000). Colonial power takes effect in the present through the persistence of colonial discourses and their relation to institutions, material conditions, and actors (Gutiérrez Rodríguez 2010; Ha 2003). I draw on a conceptualisation of power that takes into account discourses and how they are embedded in the material world, and

which is sensitive to the agency of actors. In order to distinguish power from societal relations and conditions, it is useful to understand those constellations as forms of power which have developed in an asymmetrical manner for a considerable amount of time (cf. Brigg 2002). Foucault (1989a) describes such development of societal conditions as resulting from the intensification of relations of force and discourses, and introduces the concept of *dispositif* to understand the interactions between discourses and non-discursive phenomena (Foucault 1980, 1989a; Parr 2008). Several development scholars have found this conceptualisation of power pertinent to analysing international development, since discourses and materialities form strategic constellations in order to address particular development issues (Brigg 2002; Escobar 1994; Ziai 2007). Discourses are time- and place-specific knowledge configurations which structure how issues are perceived and implemented (Foucault 1981, 1991). They are manifested materially in practices, institutions, and political-economic conditions (Foucault 1989b) which, in turn, allow certain discourses to become prominent and particular interests to be served. Discourses and materialities take effect in the world through actors who speak and act. While actors are positioned by enduring discourses and social relations (Isaac 1992), they also have room to manoeuvre, and their agency has stabilising or transformative effects on discourses and materialities (Scott 1990).

Studies of power in development (Crush 1995a; Escobar 1994; Ferguson 1994; Ziai 2004) have been accused of neglecting the role of development professionals in questioning and transforming dominant discourses (Lie 2007; McKinnon 2008). Recently, an increasing number of contributions to the debate on power and development have focused on the role of development professionals' agency (Eriksson Baaz 2005; Brigg 2009; Heron 2007; Kothari 2005; Lie 2007; McKinnon 2008). Such a focus on agents allows for "complement[ing] and critiqu[ing]" official versions of development intervention and pointing out challenges to dominant ideas (Kothari 2006: 133). Maria Eriksson Baaz (2005), for instance, highlights questioning attitudes and criticisms of development cooperation in Scandinavian professionals' accounts of their work in Tanzania. While studies on resistance commonly deal with actions of the dominated and oppressed (Hollander/Einwohner 2004; Selk 2013), this essay focuses on a group in relatively dominant positions, namely German development professionals.

It examines professionals' accounts of their work which question and modify dominant development policy and practice in order to examine whether such challenges constitute forms of resistance to colonial power.

In order to elucidate contradictory discourses, the present essay draws on James Scott's (1990) concept of "transcript". Even though Scott was interested in the "weapons of the weak" as responses to domination, his differentiation between "public transcripts" and "hidden transcripts" also seems pertinent for analysing possible resistance by development experts. In contrast to dominant narratives and practices of interventions – the "public transcripts"² – challenges can usefully be described as "hidden transcripts". According to Scott, the hidden transcript "contains [...] gestures, speech, practices [...] which are] excluded from the public transcript by the ideological limits within which domination is cast" (1990: 28). They are not directed at the public but rather at peers and people in similar socio-political and professional positions. Public and hidden accounts may be different from each other, but they are intimately related as "the practice of domination [...] creates the hidden transcript" (Scott 1990: 27). This essay focuses on the effect of hidden transcripts on the persistence of colonial power. Hidden transcripts may challenge colonial narratives and practices, but do not necessarily imply resistance to colonial power. While doubts and criticism by German professionals as well as Tanzanian opposition to German interventions harbour the potential to disrupt colonial power, they may also leave such power undisturbed or even reinforce it if they do not significantly alter colonial discourses or question the political-economic inequalities in which discourses are embedded. It is thus crucial to identify how German professionals come to terms with their doubts, how and where criticism of development cooperation is voiced, which actions flow from doubts and critique, and how resistance by Tanzanian partners is dealt with in German development cooperation. Although this essay suggests that contemporary German development intervention may often be criticised, inhabited by doubt and uncertainty, and marked by objection, I argue that colonial power is thereby not automatically absent or effaced.

I was able to gather material which evidenced 'hidden transcripts' in interviews³ in which my respondents seemed to feel comfortable enough to share doubts and uncertainty regarding their work. Informal settings such as discussions in development professionals' private homes, while

sitting around the dinner table and talking over drinks, proved conducive to expressions of doubt, criticism, and opinions challenging the ‘public transcripts’ of development cooperation. What is more, my positionality in the field as a white German with personal experience in German development cooperation⁴ often created instant commonality between myself and interviewees and thus helped me gain access to German development professionals’ ideas and opinions which questioned or ran counter to the “public transcript” of German development cooperation. This essay sets out to elicit the effects of contemporary challenges in German development cooperation on the articulation of colonial power and – referring to Jocelyn Hollander and Rachel Einwohner’s (2004) typology of resistance – discusses how far these can usefully be described as resistance. I heuristically conceptualise resistance as those ‘hidden transcripts’ which intentionally and effectively disrupt colonial power.

The first section of this essay is devoted to an examination of German professionals’ doubts regarding accepted practices and assumed truths. The second deals with their explicit criticism of development cooperation. Yet, development policy and practice are not only questioned by donor agents but are also challenged by so-called beneficiaries (Rottenburg 2009). German professionals’ accounts yielded ample evidence of Tanzanian agents’ challenges to development intervention. In the third section, I examine German narratives for signs of Tanzanian partners’ objection, negotiation, and subversion. Such accounts are complemented by statements from Tanzanian counterparts regarding their work relationship with German development professionals.

2. Doubts and uncertainty regarding the value of development work

German health professionals evaluate the quality of obstetric care in Tanzania with reference to Tanzanian professionals’ planning and management capacities. For example, some interviewees suggested that Tanzanian health professionals did not know how to use the partograph, a tool for monitoring progress of delivery. If filled out correctly, the partograph allows nurses or doctors to determine at what stage a medical intervention

such as a Caesarean section is called for. This procedure is widely regarded as a *sine qua non* in biomedical obstetric care. Many of the German health workers with whom I spoke reported that Tanzanian nurses commonly did not fill it in at all or did so incorrectly, or that nurses did not take the appropriate actions on the basis of a filled-in partograph (Interview 08, 29, 37, 39). Referring to their own attempts at teaching the use of partographs, a number of German development workers express doubts and uncertainty regarding the value of their work in improving health care in Tanzanian hospitals. One interview is examined in detail in this section.

My German interview partner, a development professional working in a Tanzanian hospital training centre, found young nurses' abilities to use the partograph to be deficient and related this to their alleged inability to think systematically (Interview 29). While generally blaming Tanzanians for what she saw as poor health care, this interviewee expressed doubts regarding the value of her work in training Tanzanian nursing students: "I often ask myself in any case ... not only with the partograph ... why Africa, yes, in quotation marks, or Africans, ... Tanzanians in this case perhaps ... don't try to adapt biomedicine themselves, and include it in their system. Who or what forces them ... apart from the fact that they might find the uniforms stylish ... to adopt our system? Completely? Might there be another form then, yes, or might there be another form of teaching? I also always ask myself that. So, is this us standing in front of them and telling them something, is that even the right form? Wouldn't they have to learn completely differently?" (Interview 29).⁵

The interviewee noticed that her teaching had little effect on nurses' performance in clinical situations in which they had to apply the knowledge acquired in class. Furthermore, she mentioned that trained nurses generally did not use the partograph and did not understand how to use it correctly. As evident in the quote, this leads her to question whether Western biomedicine⁶ was the right health care model for Tanzania and whether the corresponding way of teaching biomedical health care was appropriate in the Tanzanian context. The explanation for problems in health care put forward in this interview differs significantly from the dominant transcript: German development professionals commonly placed the blame on the attitudes and intellectual capacities of Tanzanian health workers (Interview 28, 30, 32, 35, 37, 43, 53, 54). The manner in which this development

worker made sense of her experience displays her awareness that knowledge systems may differ. According to her, this could imply that different manners of acquiring knowledge and teaching are necessary. Her statement takes the form of an inner monologue (“I often ask myself”, “I also always ask myself”). Remarkably, she does not mention conversations with her Tanzanian colleagues in which her questions could be answered. At least in this quote, it appears that she does not regard as potential interlocutors the Tanzanian health workers whose conduct seems so mysterious to her. Having expressed her doubts about completely adapting the biomedical health model and about her own contribution, through teaching the use of the partograph, she continues her reflections: “And I mean, indeed ... you could also ask yourself: Why is it so bad? Then you just don’t fill in this thing, and you just let yourself be surprised with each birth. And then you just say: ‘Oh well, now the child is coming; oh, now the child is not doing well’; or: ‘Oh, now the woman is bleeding’. And then you start reeling off an emergency procedure. And if you’re good, you have it in your head quickly. And if you’re not so good, then you just don’t act as quickly. And in both cases a woman can bleed to death” (Interview 29).

She entertains the idea that one could also dispense with employing the partograph. This would mean that one just lets deliveries happen and only intervenes when things go awry. However, the manner in which she verbally places herself in the position of the nurse who lets herself be surprised by deliveries (“oh well”, “oh”) shows that she views such a stance to be passive and indifferent to matters of life and death. She evidently considers it to be irresponsible because it would mean poor quality obstetric care. What begins as openness to re-imagining midwifery⁷ and corresponding instruction ends up as criticism and cynicism. Her statement may be read as a reaction to her frustration with the ineffectiveness and futility of her instruction of Tanzanian nurse students. She continues her deliberations by voicing what she considers to be necessary for them to understand: “I mean, I ... ehm well, there is this term postpartum haemorrhage [loss of a life-threatening amount of blood following delivery, author’s note] ... ehm. I mean, it is one of the main causes of death here⁸, and I see that in our delivery room, and then I try to teach my students that there are risk factors: this and this and this and this and this and this are risk factors. They can recite all this mechanically in tests. But in the clinic I don’t see

that they have it in their head. [...] And it's the same with midwives. Well, not with all of them, I can really not speak for all of them, because there are, there are really fantastic colleagues, really, who think, act and plan exactly as I am used to ... from back home" (Interview 29).

In this quote, the German nurse again explains what she sees as wrong with Tanzanian midwifery, namely the widespread inability to transfer knowledge from theory to practice. Yet, she mentions that not all Tanzanian nurses are like this, but rather that some plan and work like German nurses. This contradicts her initial reflection: that the problems might have to do with the inappropriateness of biomedical health care and instruction. In this quote, she places the blame for lack of skills and knowledge on the nurses whom she could not teach to work well. Later on in the interview, she also mentioned that schooling in Tanzania did not encourage logical, independent thinking, which means that nursing students arrive poorly prepared for their training. This argument places responsibility on the Tanzanian educational system and diverts attention away from the German professional's role in the ineffectiveness of her instruction. She and her knowledge and skills no longer appear to be quite so inadequate for the task of improving obstetric health care in Tanzania. By identifying the problem as located in Tanzanian nurses' capacity to think logically and in Tanzanian schooling rather than in her expertise, she justifies her continued involvement in development cooperation (cf. Crewe/Harrison 1998: 30ff). It becomes evident that she cannot really imagine quality obstetric health care or instruction which is different from, but not inferior to, the dominant biomedical model. Notwithstanding considerable uncertainty regarding the value of her work, the interviewee maintains the colonial-era dichotomy between the portrayal of the global North as rational, technological, and progressive and the global South as being irrational and passive (cf. Mbembe 2001).

The Tanzanian health workers' supposed inexplicable immunity to profoundly reform unsettles German development professionals' assumption that they have the power to effect change, are welcome and needed, and are in control of their students' minds and actions. Despite their doubts about the effectiveness of their work, German 'developers' did not seriously question their superior knowledge and skills, the superiority of Western medicine and health care, and the subsequent need for continuing with

development intervention. In her study on former Canadian aid workers, Heron (2007) points out that the work of development professionals is “contingent on positioning the Southern Other as *available* to be changed, saved, improved, and so on, by us, thereby ensuring our entitlement to do so” (2007: 44, emphasis in original). However, at the same time colonial discourse tends to operate on the thesis that “African culture is not susceptible to change” (Heron 2007: 45). Thus, when intervention fails, Tanzanian society (whether in the form of its educational system or with reference to the ‘nature’ of Tanzanians) can be held accountable for the failure to impose change. While frustration due to the perceived futility of their work and the uncertainty caused by this challenges the image of development professionals as having ‘enterprise’ and being able to mould the world to their desires (cf. Dyer 1997), it ultimately does not destabilise colonial discourse regarding the superiority of Western health care. Doubts and uncertainty constitute “[verbal] action and opposition” which Hollander and Einwohner (2004: 538f) consider to be “core elements” of resistance. According to these authors (Hollander/Einwohner 2004: 545), such acts can even be thought of as expressions of “covert resistance”, since they are “intentional yet go unnoticed [...] by their targets” (the German development institutions they work for). However, they remain superficial, come to a halt half way along the line (thus not disrupting colonial power), and can therefore not be considered as constituting resistance.

3. Criticism of German development cooperation

This section explores German professionals’ explicit criticism of Germany’s imposition of development policy and practice on Tanzania and questions the effect of such challenges. The German government explicitly follows the aid principles of partnership, participation, and ownership; according to BMZ (2012) “[p]artnership-based cooperation among all stakeholders is the single most important principle for the successful design of German development policy” and the rules of “participation and ownership” are seen as essential for satisfying the principle of partnership. My interview partners regularly affirmed that these principles guide Germany’s practical work in the field of reproductive health and population

in Tanzania. For example, a DED manager in Tanzania underlined that DED did not just impose development interventions, but that TGPSH, DED, the Tanzanian Ministry of Health, and Tanzanian Regional or District Medical Officers⁹ engaged in negotiations and reached mutual agreements (Interview 27). However, in some interviews German development cooperation was criticised for imposing Germany's wishes on Tanzanians. When a German hospital adviser deployed in a Tanzanian regional hospital complained of lack of cooperation by his Tanzanian counterparts (see the next section for a detailed discussion of this issue), I asked him who had wanted him to come to Tanzania. He replied: "Well, the German government!" (Interview 38) The development professional saw his post as not being based on any mutual agreement between the Tanzanian hospital management and government on the one hand and Germany on the other.

Other respondents also held that TGPSH commonly decided on the strategies which Tanzanian-German development cooperation in health care was supposed to embark upon: "But in fact, who pays for the music normally also decides how it's done. And this is, of course, also the case in the Tanzanian German Programme to Support Health. That those at the top ... that most probably the Germans are the ones to say: 'That's now what's preying on our mind. That won't be the Tanzanians'" (Interview 37).

This statement explains the German imposition of development intervention with reference to an unequal relationship between Germany and Tanzania, in which Germany provides the funds and Tanzania assumes the role of recipient. Even a former senior manager of the German health programme in Tanzania was critical of what he described as Germany's imposition of its ideas on Tanzanians in the context of political-economic inequalities (Interview 10). He believed that development assistance was hindered by German insensitivity towards the Tanzanian partners. In the following quote he speaks of the problems caused by the latest GTZ management tool, Capacity WORKS¹⁰: "Well, this Capacity WORKS really takes the biscuit. [...] To now go to Tanzania, yes, and tell these poor lads there (I laugh), 'Here is our new, wonderful tool, GTZ, yes. Hey, you all, you have to learn this now!' They will think, 'They must be off their nut, these Germans'" (Interview 10). Training in Capacity WORKS, described by the interviewee as a "raving polyp" due to its complexity and incomprehensibility, became a prerequisite for any consultant to get a job with GTZ

(now GIZ), and Germany's partners in the global South had to adapt to it as well. The interviewee saw an enormous difference in negotiating power between Germany and Tanzania, which meant that Tanzanians simply had to acquiesce to German proposals.

When I asked him whether there was any room for putting into practice the touted principles of mutuality and joint formulation of policies, his answer was unequivocal. According to this account, dependence on foreign aid does not allow Tanzanians to voice criticism or negotiate the terms of cooperation. The development professional quoted above presents development cooperation as not demand-driven but donor-driven. Later on in the interview, the former senior staff member of TGPSTH continued his criticism of German development cooperation. He expressed his disillusionment by pointing to the lack of sensitivity of the current, young generation of German development professionals: "They have little experience with [...] how to teach things to peoples, people in all these countries, without it being imposed from outside, but rather so that it grows inside them etc. That has been our main topic for years. How does one do good development cooperation by holding back, keeping out, and nonetheless bringing in one's influence, [...]?" (Interview 10). While direct imposition seems a no-go for him, this quote indicates that he ultimately believes in German development cooperation with Tanzania. He sees it as necessary to bring in one's own influence. What he is concerned about is the way it is done, which he regards as lacking strategy and empathy.

As this section has shown, German development professionals at times criticise their country's development cooperation for imposing interventions and German wishes on Tanzania. Yet, criticism tends not to be directed towards the idea of development cooperation as such. It is rather concerned with the way it is administered by the donors: Germany is criticised for abusing its position of power, and development principles of partnership and mutual equality are unmasked as mere wishful thinking. Such criticism echoes postcolonial analyses which cast doubt on the possibility of such 'noble' principles in the context of colonial discourses of Western superiority and political-economic inequalities (Eriksson Baaz 2005; Noxolo 2006; Cooke/Kothari 2001). At the same time, the colonial-era discourse that suggests that societies 'develop' in a linear and teleological manner, and that Germany constitutes the epitome of 'development' and thus has

the duty to engage in development cooperation, is not radically questioned (cf. Dussel 1995). Unequal power relations between Germany and Tanzania are also not criticised as unjust or connected to global inequalities and colonial histories. Thus, the ‘public transcript’ of partnership, ownership, and participation in German development cooperation with Tanzania is challenged by some informal, private accounts of development professionals, but the inherent asymmetry of development cooperation relations continues to be taken for granted. Interestingly, while the quoted interviewees criticised German development cooperation in Tanzania as insensitive, they did not extend this to their own roles as German development experts. They rather portrayed themselves as doing things differently (Interview 37) or as just being “a small cog that doesn’t have much to say” (Interview 38). This is reminiscent of Edward Said’s charge of the “horribly predictable disclaimer that ‘we’ are exceptional, not imperial” (1994: xxvi). While the examined criticism of course constitutes “action and opposition” (Hollander/Einwohner 2004: 538f), nevertheless, just like doubts and uncertainty, it also stops short of disrupting colonial power and can thus not be considered to constitute resistance.

4. Challenges by Tanzanian ‘partners’

“But those defined in development discourse as the subjects of development are also active agents who contest, resist and divert the will of the developer in greater or lesser ways” (Crush 1995b: 20).

In addition to doubting their own value and criticising German development cooperation, some German development professionals reported that Tanzanian partners obstructed their work. Such accounts ranged from descriptions of being deployed differently than expected and being sidelined within hospital structures, to having the feeling that Tanzanian colleagues did not want German development professionals present. These aspects point to challenge and resistance by Tanzanian counterparts to development cooperation. In this section, allusions to such agency of Tanzanians in development are analysed in order to consider their effect on the articulation of colonial power.

Several German physicians working in Tanzanian hospitals suspected that hospital management did not want them to do what had been decided on in written work agreements. Rather, heads of hospitals supposedly took advantage of their presence and used German professionals as (cheap) replacements for clinical posts: “We are just supposed to work in the hospital and serve as replacements, yet this is not part of our job description” (Interview 40). Most German interviewees complained that they did a lot more clinical work than stipulated in their contracts. Clinical work was often only one of several tasks mentioned in the agreements, in addition to advising the management, doing outreach, and training colleagues. Whereas several German development workers thought they were being used as replacements for Tanzanian doctors, one DED doctor who had worked in a Tanzanian district hospital mentioned that he suspected his recruitment to have been a result of political considerations by the hospital management (Interview 08). Allegedly, having a ‘white’ doctor made it more likely for the hospital to be upgraded in the national hospital hierarchy.

Some German professionals voiced the impression that they were being used by Tanzanian hospital management. Many also had the feeling of being sidelined within hospital structures and excluded from information and decision-making. This was reported by physicians as well as by German professionals who were exclusively deployed to assist in management tasks. It emerged from the interviews that they hardly ever gained access to the hospital management level, even though DED and CIM physicians (and of course management advisers) were supposed to spend a significant share of their working hours on improving management capacities in hospitals. According to them, they were not notified of meetings, informed too late, or not provided with relevant information. Even though they were officially part of the hospital management team, they were not let in on day-to-day management issues, and were circumvented in the case of delicate issues or far-reaching decisions. German professionals reported feeling ignored and suggested that hospital leaders were not interested in changing practices in management (Interview 38, 43, 53). Supposedly, Tanzanians prevented development professionals from being involved in management tasks in order to pursue their private agendas in an unhampered manner (Interview 53). It was suggested that Tanzanian management staff might fear that German aid workers would denigrate and discredit their Tanzanian counterparts vis-

à-vis TGPSH or other donors (Interview 38). Germans' general perception of their superior management, planning, and problem-solving capacities was thus coupled with a feeling of powerlessness given that they were not admitted to the spaces in which they could demonstrate and employ these capacities. Whereas official versions of German development cooperation in Tanzanian health care presented such cooperation as guided by partnership and mutual agreements, the private testimonies of German development workers alleged that they were used in ways contrary to agreements and generally obstructed in their work. They primarily explained this with reference to Tanzanian hospital managements' efforts to further their private agendas and an unwillingness to fundamentally change the situation.

A Tanzanian who used to work as a hospital manager put forward explanations for why Tanzanian hospital managers acted contrary to German professionals' expectations. His view sheds a slightly different light on the matter. He said that many foreign professionals were arrogant and would almost instantly begin by telling Tanzanian colleagues what was not working, what they did wrong, and what they should change; apparently, this meant that the working relationship was destroyed immediately and for good (Interview 52). If Germans came across as arrogant development experts, their Tanzanian colleagues would not tell them straightaway but would let them feel their disapproval; they would not work with them, not assist them, and not invite them to meetings. The Tanzanian professional suggested that it needed to be explained to 'development workers' prior to their deployment that they were neither going to the 'jungle' nor to work with people that did not know anything. 'Development workers' should rather learn to support existing structures and habits of working: "You cannot turn our health system into a German health system; you cannot change our management system and want a completely new one" (Interview 52). According to him, many "technical advisers" were not sensitive and "need to be cultured first and to learn", which would take a long time.

Another Tanzanian hospital manager mentioned that he was aware that TGPSH did not like "filling gaps", but that he and his team needed German development professionals for the purpose of placing them in clinical posts which needed filling (Interview 41). Rather than letting them do outreach work in health facilities across the region, and letting them stay away from the regional hospital, he wanted to make use of German development

workers for specialised clinical work in the regional hospital. He was happy with their expertise and said he assigned Tanzanian doctors to work alongside them so that they could learn from the Germans and take over one day. Both Tanzanian professionals' accounts suggest that German health practitioners were respected for their technical knowledge and that their assistance was desired, but that cooperation was difficult because German health workers either wanted to do tasks which the Tanzanian hospital management did not consider a priority, or came across as insensitive, arrogant, and even racist. While more sensitive and humble development professionals might thus be more acceptable to Tanzanian partners, the above-mentioned Tanzanian hospital manager made it clear that these were also not necessarily exempted from being sidelined by Tanzanian hospital staff: "If we had an agenda we don't want to go out, I preferred not to invite [...]. You want to contain sensitive information. This foreigner might speak to development partners and government, he has other allegiances; if we spoke about sensitive issues like embezzlement of funds, or even embezzlement of donor funds, we didn't want them to know about it" (Interview 52). Here, it is suggested that assumptions of divergent loyalties led to sidelining German professionals. While development professionals are officially portrayed as an integral part of the hospital structures in which they are deployed, their Tanzanian counterparts seem to place greater importance on where their salary comes from and to whom they are ultimately accountable.

Judging by the German practitioners' accounts discussed in the last section, Tanzanians have limited influence with regard to negotiation and initiation of development interventions; in contrast, this section has highlighted Tanzanian partners' ability to contest and subvert the manner in which German professionals go about their practical work in hospital settings. Here, Tanzanian partners seem to have significant leverage with which to follow their own agendas. German as well as Tanzanian accounts of working relations in hospitals hint at fissures in the donor-recipient hierarchy. The impression of being obstructed and sidelined in hospitals evidently unsettled German professionals' assumption that they were wanted and needed. In addition, the impression of not being involved in what they came to do seemingly disrupted their expectations of inducing change and their perception of themselves as enterprising experts (cf. Dyer 1997). Tanzanian opposition is explained by German professionals with

reference to Tanzanian agents' unwillingness to improve hospital management, as well as their pursuit of personal interests. Some interviews with Tanzanian hospital managers confirm that they had agendas which diverged from those expected of them by the German donors. Moreover, they hold German attitudes of superiority accountable for problems in cooperation. In German as well as Tanzanian accounts, we find evidence of Tanzanians following their own agendas within the limited space circumscribed by the aid context. Assumptions of Germans as being 'developers' and Tanzanians as grateful 'recipients' are unsettled as German health workers at times find themselves at the behest of their Tanzanian counterparts. Tanzanian challenges can be classified as "overt resistance" since they are intentional, "readily recognized by both targets and observers [the researcher, author's note] as resistance" (Hollander/Einwohner 2004: 545), and actually disrupt colonial power.

5. Challenges as damp squibs

By concentrating on 'hidden transcripts' in the form of German professionals' accounts of their practical work in German development cooperation, this essay highlighted that present-day German intervention in reproductive health and population in Tanzania is pervaded by challenges on various levels. It was shown that current German development cooperation in Tanzania is marked by professionals' doubts regarding the value of their work, by criticism of German aid practices, and also by Tanzanian opposition. However, while challenges to hegemonic ideas and practices of development cooperation are evidently present, these did not necessarily constitute resistance to colonial power. Even though doubts and uncertainty regarding their work are evidence of an unsettling of German professionals' self-conceptions as change-inducers, most of the German accounts I examined tend to ultimately blame Tanzanians for failures. Moreover, they did not evidence doubts concerning the need for intervention as such or of the superiority of Western medical knowledge and skills. Criticism of German development cooperation was forthcoming but it hardly ever touched on the need for Germans to contribute to the 'development' of Tanzania and its health care system. This is reminiscent of James Ferguson's (1994) argument

that development discourse serves to construct the ‘recipients’ as objects of intervention while not touching on macro-structural, political issues such as the division of the world into ‘developers’ and ‘those to be developed’. The ‘public transcript’ in which it is assumed that Germany provides necessary assistance to ‘underdeveloped’ Tanzanian midwifery and health care thus remains intact. Criticism did not unsettle development cooperation’s colonial tendency to “reproduce endlessly the separation between reformers and those to be reformed by keeping alive the premise of the Third World as different and inferior, as having a limited humanity in relation to the accomplished European” (Escobar 1994: 54f). Uncertainty and criticism cannot *per se* be considered resistance but may turn out to be damp squibs: they harbour the potential for resisting colonial power but, as is evident from the interviews examined here, the way they were dealt with ultimately left existing colonial discourses untouched. This suggests that the hidden transcripts examined here tended to “strengthen and stabilise the existing system of domination” (Bliesemann de Guevara/Kühn 2012: 22). Colonial power did not seem to be fundamentally challenged by the doubts and criticism of German professionals. Opposition to development interventions by Tanzanians appears to be providing more significant potential for resisting established power relations. German and Tanzanian accounts of work relations in hospitals are evidence of a destabilisation of hierarchies between donors and recipients in which Tanzanian hospital managers seem to pursue their own agendas against the will of donors. This paper provides evidence that challenges to development interventions may disturb colonial power, but that this tends not to imply significant resistance, since colonial power takes effect despite, in the face of, and through, opposition.

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- 1 'Development cooperation' here is understood as deliberate, institutionalised interventions by bilateral agencies and NGOs of the global North in the global South, aimed at societal improvement (cf. Cowen/Shenton 1996).
- 2 'Public transcripts' can primarily be found in official documents, reports, speeches, and more formal testimonies and interviews (Bliesemann de Guevara/Kühn 2012, 22).
- 3 I conducted semi-structured interviews of one to two hours with 59 professionals from 2009 to 2011. These included professionals from BMZ, GTZ (German Agency for Technical Cooperation), KfW (German Development Bank), DED (German Development Service), CIM (Centre for International Migration), DSW (German Foundation for World Population), and evaplan (a German consulting firm in the field of public health) in Germany as well as in Tanzania. Professionals included in this study worked on different levels of policy-making, implementation, consulting, and evaluation. Such a plethora of actors with a variety of functions was chosen in order to encounter diverse perspectives (cf. Meuser/Nagel 2009). In Tanzania, I particularly focused on professionals working for TGPSH (Tanzanian German Programme to Support Health), the most significant German health programme in Africa. GTZ, DED, CIM and KfW have been involved in this programme. Over the course of my research in Tanzania, I also had the opportunity to interview several Tanzanian professionals working for German agencies or as partners of German professionals.
- 4 My father worked as a development professional in Germany, South Africa, and Lesotho. I worked extensively as a volunteer and as an intern in development organisations in various African countries as well as in Europe, and am still working as a seminar facilitator for German development agencies and NGOs. Therefore, from an early age, I learned how to talk the development talk and walk the development walk. I thus partly consider this study to be an "insider ethnography" (Gupta/Ferguson 1997: 30) in which I draw upon my experience of growing up and moving around in the 'culture' of German development cooperation.
- 5 All translations of interviews are my own.
- 6 In this paper, the terms 'biomedical', 'biomedicine', and 'medicalise' are used to refer to the dominant Western model of understanding disease and health. This model emerged in Europe in the mid-19th century, is based on scientific reasoning, and was disseminated world-wide by missionaries and colonisers.
- 7 Other studies have, for example, provided evidence that nurses and nurse aides in Tanzanian health facilities often mediate creatively between the spheres of 'modern' biomedical and so-called traditional healing (Langwick 2008).
- 8 According to the CIA World Factbook, Tanzania's 2008 maternal mortality rate was 790 in 2008, which puts Tanzania in 12th place worldwide (CIA World Factbook 2012). Maternal deaths account for 17% of all deaths of women between age 15 and 49 (National Bureau of Statistics and ICF Macro 2010). Provision of reproductive health care for women is generally marked by poor, unaffordable treatment at health care facilities, where staff are not paid sufficiently and often need to pursue additional income-generating activities (Allen 2002).
- 9 These are the highest-ranking staff members of regional and district medical administrations.

¹⁰ According to GTZ (now GIZ), Capacity WORKS is a model “which guides and supports users in determining how the objectives and results agreed on with the partner can be achieved” and “means focusing on the objectives and results of projects and programmes” (GTZ 2010). GTZ entered into contracts with a number of selected firms, which are the only ones with the right to issue certificates for training courses on Capacity WORKS (GTZ 2011).

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List of interviews

- Interview 08: Former DED doctor in a Tanzanian district hospital, February 14, 2010.
- Interview 10: Former senior manager of the German health programme in Tanzania, April 21, 2010.
- Interview 27: DED manager in Tanzania, June 04, 2010.
- Interview 28: German consultant advising the Tanzanian government in a KfW-financed project, June 5, 2010.
- Interview 29: German development professional working in a Tanzanian hospital training centre, June 08, 2010.
- Interview 30: German missionary and nurse who runs her own NGO in Tanzania, June 08, 2010.

- Interview 32: German physician and missionary who headed a mission hospital in Tanzania, June 20, 2010.
- Interview 35: German physician working in a Tanzanian hospital via CIM, June 22, 2010.
- Interview 37: Physician working for DED in a Tanzanian district hospital, June 25, 2010.
- Interview 38: DED hospital advisor in a Tanzanian regional hospital, June 29, 2010.
- Interview 39: German physician working via CIM in a Tanzanian regional hospital, July 03, 2010.
- Interview 40: CIM physician working in a Tanzanian regional hospital, July 05, 2010.
- Interview 41: Tanzanian hospital manager working in a regional hospital, July 05, 2010.
- Interview 43: DED physician working in a district hospital, July 09, 2010.
- Interview 52: Tanzanian former manager of a regional hospital, July 30, 2010.
- Interview 53: CIM physician working in a regional hospital in Tanzania, July 31, 2010.
- Interview 54: Retired German physician working as a volunteer in a Tanzanian mission hospital, June 22, 2010.

Abstracts

While colonial power continues to shape German interventions in the realm of reproductive health in Tanzania, these interventions are also challenged by professionals working in this field. By concentrating on the ‘hidden transcripts’ of development cooperation, this paper highlights the fact that interventions are marked by doubts, criticism, and obstruction. Drawing on interviews with German and Tanzanian professionals, the author elicits the effects of challenges in German development cooperation on the articulation of colonial power and discusses the extent to which these can usefully be described as resistance. The author shows that it is crucial to identify how German professionals come to terms with their doubts, how they criticise development cooperation and with what consequences, and how resistance by Tanzanian partners is dealt with. This paper provides evidence that challenges to development interventions may disturb colonial power, but that this tends not to imply significant resistance, since colonial power takes effect despite, in the face of, and through opposition.

Während deutsche Interventionen im Bereich reproduktiver Gesundheit in Tansania nach wie vor von kolonialer Macht geprägt sind, werden diese Interventionen zugleich von den in diesem Feld tätigen ‚Expert_innen‘ infrage gestellt. Im Rückgriff auf das Konzept der *hidden transcripts* zeigt dieser Artikel, dass entwicklungspolitische Interventionen von Zweifeln, Kritik und Verweigerung durchzogen sind. Anhand von Interviews mit deutschen und tansanischen ‚Expert_innen‘ beleuchtet der Autor die Auswirkungen solcher Infragestellungen auf die Artikulation kolonialer Macht im Feld der deutschen Entwicklungszusammenarbeit und erörtert, inwiefern Infragestellungen sinnvollerweise als Widerstand beschrieben werden können. Der Autor zeigt, wie wichtig es ist, die Zweifel deutscher ‚Expert_innen‘ und ihre Kritik an Entwicklungskooperationen zu untersuchen und darüber hinaus die Folgen dieser Kritik und die Reaktionen auf den Widerstand seitens tansanischer ‚Partner_innen‘ in den Blick zu nehmen. Dieser Beitrag verdeutlicht, dass Infragestellungen von Entwicklungsinterventionen zwar das koloniale Machtgefüge verunsichern können, zugleich in ihrer Widerständigkeit relativiert werden müssen, da koloniale Macht trotz, im Angesicht von und durch Widerspruch wirksam wird.

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