

Disentangling localisation: an imperative to uphold human dignity

by Esperanza Martinez

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The author delivering the Mitchell Oration at AAC2023

Photo Credit: Alexandra Orme

This is an edited extract from the [2023 Mitchell Oration](#) delivered by Dr Esperanza Martinez at the 2023 Australasian AID Conference on 7 December 2023.

I was born and grew up in Colombia at a time when the country was engulfed in a wide-ranging armed conflict. My mother – against all odds – completed her high school and university education when she already had three children. For all purposes she was also a single mother.

My sisters and I always had a roof over our heads and most of the time food on our plates but knew no luxury. But, despite the constraints, we were able to dream and move forward in life because we were never told that there were things we could not do. The ability “to do” – the freedom for humans to act disregarding the circumstances they face – and how this is closely tied with human dignity – will be the focus of my talk today.

Fast forwarding to my career, I found myself in Kosovo for my first international humanitarian deployment. The war, which took place from February 1998 to June 1999, caused over 10,000 deaths and displaced around 1.5 million ethnic Albanians from their homes.

As a medical doctor and team leader, I was responsible for training medical personnel in trauma care, and for delivering services and basic assistance to those displaced. Before the NATO bombing campaign against Yugoslavia, I travelled with a team to Tirana, the capital of Albania, to assist Kosovar refugees hosted in temporary camps.

One bitterly cold morning, as I made my way down a muddy path, I saw a group of men in their 60s huddled around a tiny firepit, looking particularly dejected. There are, of course, many reasons to feel sad and sorrowful when you have just been displaced from your home by bombardments, shelling, and killings. Yet, this group

had an expression I had not seen before.

Accompanied by my translator, I approached them to ask about their concerns. Speaking almost in unison, they said, “We are all bakers, good ones for that matter. And here, all we do is wait each day for a truck to deliver sliced bread, made in a factory and wrapped in plastic, for our families to eat. This is not what we need. All we need is an oven and flour so we can feed our families ourselves.”

These men were not speaking of food security; they were yearning to reclaim their sense of self-worth and purpose. Their roles within their families and their community, their very dignity, had been stripped away not only by the war but also by the way in which aid was being delivered to them.

Human dignity, in this context, refers to the ability to exercise individual autonomy and the right to actively participate in one’s own development – a principle that aligns with the United Nations Universal Declaration of Human Rights. Contrarily, what I witnessed was a dependency and a profound lack of control over one’s life among these men.

It goes without saying that none of the humanitarian agencies working in Kosovo or the surrounding countries had, at that time, flexible budget lines to set up even a rudimentary bakery.

Furthermore, a prevalent view back then – and one that persists in many countries today – was that helping refugees or internally displaced people become self-sufficient could encourage their prolonged stay.

Sadly, this perspective fails to consider the deep, invisible wounds that the loss of dignity inflicts on humans, and the transgenerational trauma that follows when children witness their father or mother crumbled under the weight of impotence.

As a newly graduated medical doctor in Colombia, I was required to perform what is still called mandatory rural service. This assignment took me to the Amazonian jungle, to a territory where armed conflict, cocaine production, and a stark lack of basic development all coalesced. There I met a young man who had been wounded while fighting for a guerrilla group. I had the opportunity to ask him about his motivation for joining the insurgency.

He told me he was the only son of a family of five, living on a farm with his father and sisters – his mother had died in childbirth a few years prior. One day, some guerrilla fighters came to the farm and walked away with their cows. This family was, like many other Colombians living in remote locations, barely putting food on the table. Losing their cows was therefore a significant blow.

They knew that animal theft was rampant, as fighters in the conflict needed food. However, having been raised by his father to believe in justice and the importance of doing the right thing, the son convinced the elderly man to report the theft at the nearest police station.

Later, as he recounted the story to me, tears welled up in his eyes while he described how, instead of finding support, they were met with accusations of colluding with the rebel forces. When his frail father stood to refute those claims, the policeman manning the station slapped him on the face and the man fell to the floor.

A few weeks later, this young man walked deep into the jungle and joined the insurgency. The drive to do something – to symbolically repair the dignity that had been stripped from his father – was more powerful than his sense of justice or even his sense of survival.

Many of you listening to me today have been deployed in humanitarian crises or worked in low-resource environments, or with communities enduring significant vulnerabilities. Undoubtedly, you have your own stories that underscore the innate human need to take action and the importance of preserving dignity.

I urge you to ponder the following questions. Are we doing everything possible to provide space for the most at-risk individuals and communities “to do”, to act? Are we creating opportunities for them to be the architects of their own destiny regardless of their adversities? Are we truly localising aid in a way that upholds human dignity?

There has been progress. Across diverse cultural landscapes, from Asia to Europe to Latin America, initiatives are being implemented that respect local traditions and provide communities with the resources they need to steer their recovery and development. This approach acknowledges and strengthens people’s fundamental rights and dignity.

For instance, in the Asia Pacific region, responses to natural disasters are increasingly led by local and national emergency medical teams. And community-managed disaster risk reduction initiatives have been successful in several countries, such as the Philippines and Ethiopia.

Cash and voucher assistance programs, which are used in situations from armed conflict to natural disasters, allow affected individuals and families to determine their own aid needs. These programs encourage autonomy, protect dignity, and stimulate local economies. Cox’s Bazar, in Bangladesh, and Ukraine, offer successful examples in complex emergencies.

Microfinance initiatives, such as the Grameen Bank in Bangladesh and various community associations globally, engage members in managing financial resources and making credit and savings decisions. These initiatives are based on trust and solidarity lending principles and focus on empowering local communities, especially women.

There is also a growing body of evidence confirming the higher success rate of localised strategies in fostering resilience to natural disasters, and improved health outcomes in women-led projects across different continents.

In Australia, there are also important examples. Indigenous communities are increasingly at the forefront of initiatives concerning their land, health, and cultural heritage, blending traditional knowledge with contemporary management practices. Also, community participation is at the centre of the recovery process from the devastating 2019-2020 bushfires.

These examples signal a shift in the humanitarian and development sectors towards more inclusive, participatory, and context-specific approaches. However, there is still a considerable way to go.

Moreover, in a world facing simultaneously multiple wars, the looming threat of another pandemic, a stagnating global economy, and the profound effects of climate change, there is also a sense of urgency and the need to act fast. Both scale and speed are needed.

To truly understand localisation, we must immerse ourselves in the communities we serve. This requires a shift from being providers of aid to becoming partners in development. We must work closely with local leaders, civil society, and the people themselves, building trust and understanding.

This shift is not only ethical but practical. When local communities are involved in decision-making, the solutions they develop are more likely to be effective, embraced, and sustained.

Finally, localisation does not adhere to a universal blueprint; it is a tailor-made process that must be adapted to the diverse cultural landscapes in which we work. At times, when the task seems daunting, remember to focus on the individuals, families, and communities you aim to serve. And if policy-making distances you from those communities, let the memories of compromised dignity guide you to fiercely safeguard localisation in your decisions.

Let's work towards a humanitarian and development system where localisation is the norm, not just an alternative – a pillar anchored in our shared humanity, which

upholds dignity at every juncture and recognises our innate impulse to act in the face of adversity.

For me, the lesson taught by those Kosovar bakers will continue to guide my actions. I am committed to ensuring that, regardless of the challenges, there will always be space for chapatis, pitas, or local breads to be baked by the hands that know them the best.

Read a transcript of Dr Esperanza Martinez's [full speech](#) and watch the [2023 Mitchell Oration at the Australasian AID Conference](#) including Q&A.

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