

The University of Chicago

**The Paradox of Progressive Development: An Examination of
Multilevel Dynamics in Reproductive Healthcare & Gender-Based
Violence Programming by an Intergovernmental Organisation in
West and Central Africa**

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A thesis submitted for partial fulfilment of the requirements for the degree of
BACHELOR OF ARTS in PUBLIC POLICY STUDIES
at THE UNIVERSITY OF CHICAGO

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April 15, 2024

ABSTRACT

In the field of international development, Intergovernmental Organisations (IGOs) must implement their global mandate while navigating local systems and cultures. However, reconciling the priorities of multilevel stakeholders can be complicated, especially in consideration of calls for increased community-led development to challenge existing power dynamics in the developmental arena. In this paper, I examine how these dynamics manifest and are tackled through the United Nations Population Fund's (UNFPA) reproductive healthcare and Gender-Based Violence (GBV) programming in West and Central Africa. Using semi-structured interviews of expatriate and local staff members of the UNFPA and local activists within Community-Based Organisations (CBOs), I find a key tension between the UNFPA—positioned as the progressive, international standard, and the community—relegated as the regressive recipients of aid. These tensions are reified by top-down modes of policy implementation that overtly prioritise donor agendas and fail to include local perspectives and values. Based on these findings, I recommend the UNFPA to facilitate the relationship between duty-bearers and rights-holders, emphasising the role of the local government in serving their citizens, while improving existing feedback systems that connect communities to authorities. These findings will push developmental organisations to re-envision what inclusive community engagement and empowerment means, a crucial step to genuinely addressing local concerns.

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INTRODUCTION

Implementing programming and policies in the field of international development involves a complex navigation of international, state, and community level dynamics. In the realm of population and development, these dynamics are introduced by the diverse motivations and priorities of multilevel actors. The International Conference on Population and Development's Programme of Action (ICPD PoA) views community health, human rights, place and mobility, governance and accountability, and sustainability, as the five key pillars that must be incorporated in approaching issues of population and development (*The Five Themes of Population & Development* | *United Nations Population Fund*, n.d.). This PoA guides the work of the United Nations Population Fund (UNFPA), the United Nation's sexual and reproductive healthcare agency, whose mission is ensuring that "every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled" (*How We Work*, n.d.). This project unearths the motivations and principles that drive the UNFPA in West and Central Africa and how they are manifested in the beliefs and understandings of the staff and programmes that are implemented, along with local populations' perceptions on their efficacy.

International Humanitarian Organizations/Intergovernmental Organisations (IGOs) like the UNFPA do not work in sociopolitical vacuums and must be considered alongside their network of relations with other stakeholders. While promoting sexual and reproductive rights, they must engage with actors of various spheres of influence, all of which interact with each other to create complex, interdependent systems of aid (Meusburger et al., 2015). We can get a better understanding of whether programmes are comprehensively addressing the needs of local populations by shedding light on the voices of humanitarian workers, listening to members of the

population that they are aiming to help, and comparing their narratives, language use, and approaches to issues of reproductive healthcare and Gender-Based Violence (GBV).

To research how these groups' varying experiences and motivations, along with region-specific factors, affect how the UNFPA's mandate manifests in local programming, I conducted 12 semi-structured interviews of UNFPA expatriate and local staff members, and local activists, all in the West and Central African region. These interviews included 4 expatriate UNFPA workers, 4 local UNFPA workers, and 4 local activists. By using a case study approach, I was able to gain insights on the context-specific relationships and dynamics that affect responses to programming. Recognising the importance of including local actors in combatting unequal power relations, developmental efforts are now increasingly focusing on how local populations can be included in research, also termed "localisation" (Roepstorff, 2020). This emerging area of research emphasises the importance of locally led development, aimed at empowering communities in culturally sensitive ways. However, little research has interrogated the variation in opinions amongst IGO staff members *and* the local population on the motivations behind their programming and the issues of implementing international standards, especially in consideration of intermediary actors like IGO workers who are also members of the local population.

In this project I found that the UNFPA often bypasses local governments and claims a position of universality and impartiality, upholding its mandate as the progressive standard, without acknowledging the range of values that motivate change. These tensions are caused by a complex conflict between their ostensive guiding principles, like promoting women's autonomy and broader socioeconomic development, and the values and priorities of the local communities they are aiming to engage. While implementing reproductive healthcare and GBV programming,

the organisation must deal with the consequences of domesticating international norms, leading to discrepancies between their mission in abstract and in practice.

These tensions are crucial as they collectively raise the question of what existing approaches championed by developmental institutions are aiming to resolve and what inclusivity means when incorporating the local population in developmental efforts. I argue that at the crux of the organisation's work lies a fundamental structural tension between the UNFPA's top-down modes of policy implementation and its attempts to promote locally led development and ownership.

In this paper, I illuminate these tensions by first exploring how the UNFPA navigates existing conflicts and infrastructural limitations in the region to address its mandate, along with the influence of donors on their programming. Then, I reveal the pervasiveness of top-down modes of implementation in the UNFPA's structure and its conflict with the organisation's principles of community inclusion. These differences lead me to question the varying motivations and values that the expatriate and local workers claim motivate reproductive healthcare and GBV programming. Finally, I examine how these approaches are adapted and interpreted on the ground by workers in country offices and local activists respectively.

This project contributes to the existing literature by shedding light on how the structure and supranational positioning of IGOs perpetuates the dichotomy of international actors as progressive and local actors as regressive. These findings also invite us to question how the international development industry constructs standards for progress and advancement, and whether these approaches can or must be reconciled with community values. Together, this interrogation can help us complicate our binary perspectives of progress in the international development arena and find ways to genuinely target and address local needs.

HISTORY & BACKGROUND

The UNFPA in West and Central Africa

The United Nations Population Fund (UNFPA) in the Western and Central African Region (WCARO) operates through a centralized structure, with its Headquarters in New York City, regional office in Dakar, Senegal, and offices located in 23 countries, including “14 Francophone (Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo – Brazzaville, Cote d’Ivoire, Gabon, Guinea, Mali, Mauritania, Niger, Senegal, and Togo); 5 Anglophone (The Gambia, Ghana, Liberia, Nigeria and Sierra Leone); 3 Lusophone (Cabo Verde, Guinea-Bissau and Sao Tome & Principe); and 1 Hispanophone (Equatorial Guinea)” countries (*Overview*, 2013). The UNFPA’s official mandate, established in 1973 by the United Nations Economic and Social Council (ECOSOC), is:

(1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries' needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund (UN Economic and Social Council, 1973).

Currently, the UNFPA is operating under its 2022-2025 strategic plan, where three major goals are prioritised throughout the agency: “(a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) eliminating gender-based violence (GBV)” (*UNFPA Strategic Plan, 2022-2025; Annex 4: West and Central Africa Regional Programme*, 2021). I will be focusing specifically on the UNFPA’s programming targeting sexual and reproductive health and GBV. According to the UNFPA, their goal with sexual and reproductive health is to ensure that all individuals can have “a satisfying and safe sex life” and “the capability to reproduce and the freedom to decide if, when, and how often to do so” (*Sexual & Reproductive*

Health, n.d.). In the West and Central African region, GBV programming primarily targets the elimination of Female Genital Mutilation (FGM), intimate partner violence, child marriage, and femicide (*Gender-Based Violence*, n.d.).

The Lagging of the West & Central African Region

The West and Central African region, the focus of this project, is known for being the region lagging the furthest behind in progress towards Sustainable Development Goal (SDG) indicators related to maternal health, GBV, and reproductive healthcare. However, there is limited scholarship on greater trends that explain the lagging progress of the region as a whole. This literature gap is likely because the grouping of West and Central Africa *together* is a unique to the UNFPA. While the literature usually distinguishes between Western and Central Africa, scholars usually point to similar reasons for the entire region's lagging development. When discussing both regions, the literature comparably highlights the frequency of political and economic crises and its effect on broader socioeconomic development and consequently issues of gender equality, and how gender inequality is deeply tied to culture which is embedded in spatial geographies of power (Asaolu et al., 2018; Banks et al., 2022; Shetty, 2021).

In a cursory overview of the UNFPA's evaluative documents used to measure progress in the region, four key areas explaining the region's lagging progress were identified: (a) many reports noted that programmes did not have sustainable funding mechanisms and limited national ownership and investment, leading programmes to collapse after the conclusion of the programming cycle (Evaluation Independante Du 7e Programme de Cooperation Mali UNFPA 2015 - 2019, 2018; Evaluation of UNFPA Nigeria 8th Country Programme (2018–2022), 2022; Joint Evaluation of the UN Joint Programme on AIDS's Work on Efficient and Sustainable Financing, 2022; Joint Independent Common Country Programme Evaluation, 2022; Mid-Term

Evaluation of the UNFPA Supplies Programme (2013-2020) | United Nations Population Fund, 2018); (b) despite the prioritisation of HRBA and gender-transformative approaches, they were only emphasised at the global level, occasionally at the country level, and rarely operationalised and understood at the local level (Evaluation of the Government of Ghana/UNFPA Ghana 7th Country Programme, 2022; Filmer-Wilson, 2020); (c) while the monitoring and evaluation of programmes is required to measure progress towards goals, there aren't comprehensive knowledge management and feedback systems in place to collect baseline, progress, and final data on projects (Joint Evaluation of UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, 2019; Mid-Term Evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022, 2022); (d) lastly, existing family planning programmes do not target broader gender norms which are necessary to facilitate acceptance and promote demand of reproductive healthcare resources and services (Joint Evaluation of the UN Joint Programme on AIDS's Work on Efficient and Sustainable Financing, 2022; Joint Evaluation of UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, 2019). Together, these are the four main factors that, according to internal evaluation documents and hired consultants, restrict progress towards the UNFPA's strategic plan in the West and Central African region.

Situating "Gender Equality" and "Human Rights" in International Developmental Agendas

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), implemented in 1981, is the hallmark treaty that defined women's rights for all ratifying countries in the UN to uphold. This convention, along with the following four world conferences on women, outlined the key goals for countries to protect and promote women's rights. These goals are also underscored in the fifth UN SDG of "Gender equality", which refers

to the eradication of discrimination against women and girls and their empowerment to achieve equality between cissexual men and women (“United Nations,” n.d.).¹

Gender equality has long been a major focus area where “developed” countries have channelled their expertise and funding. Access to family planning/reproductive healthcare services, and protection against GBV, the focuses of the UNFPA, have also been upheld in these statutes. Historically, IGOs like the UN have brought gender equality to the forefront of developmental agendas claiming that the empowerment of women comes hand in hand with broader socioeconomic development as well (Crystal, 2021). In the earlier 21st century, the *Women In Development* (WID) model for development, coined by the Women’s Committee of the Washington, DC, chapter of the Society for International Development, prevailed; this model centred the integration of women and girls into economic systems through formal, legal change and emphasised values of egalitarianism to combat gender-based discrimination (Rathgeber, 1990, p. 490).

The Beijing Declaration and Platform for Action represented a progression in developmental agendas, introducing the *Gender and Development* (GAD) paradigm which aimed to change gender dynamics in systems and relationships (Rathgeber, 1990 in MacArthur et al., 2022, p. 1). The Beijing Conference pushed developmental organisations to interrogate societal perceptions of gender, rather than portraying women as instruments to achieve development as advocated in the WID model (MacArthur et al., 2021, p. 2; Su & Yang, 2023, p. 1876). This shift

¹ It is important to note that when referring to “gender equality”, the international development literature usually exclusively refers to the promotion of the rights of cissexual, heterosexual women. I recognise that this framing marginalises queer people and other gender minorities while failing to acknowledge intersectional identities (Jolly, 2011). While, for the purposes of this project, I will continue to use the term “gender equality” for that is the language most used in the literature, I am aware that such language can have detrimental effects on other marginalised identities.

acknowledged that past attempts to integrate women into the economy merely moulded women to fit into historically unequal structures by refocusing on how women interacted with broader processes of development instead (Rathgeber, 1990, pp. 492–493).

To acknowledge the larger power dynamics that influence women’s position in society, the UN has since adopted a *gender mainstreaming* approach, highlighting *gender sensitivity* and integrating the perspective of gender into all programming and policies (Moser & Moser, 2005, p. 11; Su & Yang, 2023, p. 1876). The gender mainstreaming approach tackles gender dynamics, perceptions, and relations that reinforce the patriarchy not just by involving women in existing development agendas, but also by actively realigning values and framing policies and programmes to consider how women may be differentially impacted (Gupta et al., 2023, p. 2; Moser & Moser, 2005; Schalkwyk, Thomas, and Woroniuk 1996 in Powell, 2005, p. 608).

A complement to the gender mainstreaming approach is the *Human Rights-Based Approach*, or HRBA. The HRBA, in theory, holds public authorities accountable for protecting the human rights of individuals and communities in all policies and programming (Sircar & Maleche, 2020, p. 168); in international development, this approach conceives all indicators and projects as facilitators of the protection or violation of rights (Uvin, 2007, p. 602). A HRB framework reaches beyond achieving and maintaining legal entitlements for women and also aims to ensure that all policy drafting and implementation is “participatory, accountable, and transparent, with equity in decision-making and sharing of the fruits or outcome of the process” (Uvin, 2007, p. 603). The HRBA differs from gender mainstreaming approaches as gender mainstreaming focuses on integrating the gender perspective without an explicit reference to or using the language of human rights (Powell, 2005, p. 613).

LITERATURE REVIEW

Power Dynamics and Population Issues in International Development

In attempt to challenge the neutral connotation of development, scholars have extensively explored how broader, international power dynamics are manifested in the local developmental arena. The literature highlights that the agendas of foreign, *developed* countries are imposed on *developing* countries in the Global South via developmental organisations through targeted funding on issues that donor countries prioritise (Hobart, 1995; Kingsbury, 2004; Skinner, 1996; Smilak & Putnam, 2022; Tsegmid, 2023, p. 2).² Developmental organisations also offer recommendations to developing countries by positioning themselves as external, impartial experts on development (Junru, 2022). Many scholars have found that this positioning of developmental organizations as external consultants also influences how knowledge is produced and shared in developing countries. For example, Meusburger et al. (2015) discusses how the geography of knowledge producers, most often those in developed countries, play a role in the “acquisition, support, and legitimization of power”, while Stone & Maxwell (2005) highlight the influence of global networks on knowledge on policy formation and implementation (Meusburger et al., 2015; Stone & Maxwell, 2005). With the knowledge systems of aid organisations and donor countries placed on a pedestal, foreign aid has historically resulted in a dependent relationship between developed and developing nations (Hobart, 1995, p. 2; Smilak & Putnam, 2022, p. 252).

² I use the term “developed” countries to refer to the countries of the Global North that transfer its resources to the countries of the Global South, the “developing” nations. I acknowledge that such binary terms homogenises incredibly diverse regions and also implies a linearity in development while placing countries in the Global North on a pedestal (T. Khan et al., 2022). However, due to the limitations of our terminology in international development and their prevalence in the discipline I am exploring, I will continue using these terms, though mindfully and in recognition of their drawbacks.

A key area of development that developmental organisations advanced during the late 20th century, was population control through family planning, in hopes of promoting broader socioeconomic development in the developing countries: an abundance of literature explores this perceived correlation between overpopulation and economic stagnation. After World War II, international institutions like the World Bank portrayed population control as the key barrier to economic development in developing countries and urged their governments to recognise excessive population growth as an issue and commit to reducing fertility rates (Hartmann, 1995, 1997; Sankaran, 1973, p. 18; Stockwell, 1980, p. 177). However, numerous scholars have pushed back against this Malthusian perspective that has sensationalised the population “boom” as an alarming issue to be tackled in developing countries (Andersson et al., 2021; Bongaarts & Hodgson, 2022; Grimes, 1998; Hartmann, 1995; Komu & Ethelberg, 2015; Nigro, n.d.; Park, 1974; Raulet, 1970). Researchers have analogised the focus of family planning programmes on population control to a reductionist treatment of a symptom of underdevelopment, rather than its cause, where a social order that violates basic rights is upheld (Hartmann, 1995, p. 39; Park, 1974, pp. 691, 694). The centring of population control in the past, scholars argue, expands women’s access to family planning resources without fundamentally improving their conditions and quality of life (Connell, 1995, pp. 74–75; Hartmann, 1995, p. xix).

There is extensive literature taking issue with the power dynamics that influence how family planning programmes are implemented by IGOs. Scholars have highlighted that the conception of development that family planning programmes have put forward is merely a reflection of Western ideals of industrialisation and are paternalistic in nature (Hartmann, 1997, p. 523; Komu & Ethelberg, 2015, p. 3; Nigro, n.d., pp. 1–2). Because family programmes are initiated, funded, and implemented by organisations and countries in the Global North, in a top-

down manner, scholars question whether these programmes truly address the needs of local communities and whether these projects are merely extensions of imperialist policy agendas (Grimes, 1998, p. 376; Komu & Ethelberg, 2015, p. 4; Park, 1974, p. 692).

A Shift to “Localisation” and “Empowerment”

An emerging literature has shed light on the initiatives by developmental organisations to empower local communities in their communities, especially in gender programming. Women’s empowerment, according to Cornwall & Rivas (2015), involves challenging the existing norms that oppressed women and girls are restricted by through a reconfiguration of power dynamics (Cornwall & Rivas, 2015, p. 10). Scholars have underscored that a crucial prerequisite to the empowerment of local communities is the explicit recognition of power dynamics in development projects, building of trust between key stakeholders, and understanding the culture of local communities (A. K. Khan et al., 2022, p. 2; Tsegmid, 2023, p. 2). Localisation of humanitarian programming by aid organisations, in theory, involves capacity-building amongst local populations and putting the onus on the local community to define their own needs and implement their own programmes; this focus, scholars iterate, is the first step towards rectifying inequalities in aid programming and creating sustainable change (Roepstorff, 2020).

Though not yet a widely researched topic, a few authors have sought to examine these how localisation programming is implemented by examining organisational relations between local governments and NGOs (Bawole & Hossain, 2015), IGOs and volunteer organisations (Mulder, 2023), IGOs and local faith organisations (Wilkinson et al., 2022), and expatriate and local experts (Junru, 2022). Mulder (2023) found that attempts to localise aid have been ineffective due to the contradictory nature of surveillance and resilience in monitoring and maintaining programmes (Mulder, 2023), while Wilkinson argued that the perceived exclusion of local faith

actors across the international humanitarian arena resulted in failed attempts at localisation (Wilkinson et al., 2022).

Culturally Sensitive Programming

Even though understanding how localization agendas in development are implemented and realised is still an ascending area of research, many researchers have highlighted the key principles that should underlie localization programmes, specifically *cultural sensitivity*. Researchers highlight that existing development initiatives often rely on Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations' value systems, using individualist framings surrounding agency and advancement, without acknowledging the emphasis on social connectedness and “interdependent ways of being” that are fundamental to many cultures in the Global South (Thomas & Markus, 2023, p. 195).

Hence, there has been a push for scholars to utilize mixed methods to understand the culture and priorities of local stakeholders and community members (Rangel & Valdez, 2017) and develop cultural competence amongst researchers across the social sciences (Nastasi, 2017). The UNFPA now champions cultural sensitivity as a key priority in its programming, especially to address gender relations and reproductive health and rights. The UNFPA has highlighted a few crucial ways to promote cultural sensitivity, including assuming the role of the facilitator, using community liaisons to mobilise local resources and communities, collaborating with cultural, religious, and traditional leaders, and avoiding using “value-laden language” in programming discussions (*Working From Within: Culturally Sensitive Approaches in UNFPA Programming*, 2004, p. 3).

The focus on cultural sensitivity in international development programming is also an acknowledgement of many scholars' critiques of the SDGs' predecessors, the Millennium

Development Goals (MDGs), for their lack of cultural sensitivity. The literature shows that the MDGs were framed using the language of cultural universalism, pushing countries to attain goals that were not culturally relevant nor sensitive (Hosagrahar, 2017 in Badaan & Choucair, 2023). Scholars encouraged future development goals to adopt perspectives that account for the needs of the target population and actively incorporate them into their construction as well (Badaan & Choucair, 2023, p. 238; Chouinard & Hopson, 2016). However, whether cultural awareness and sensitivity is present amongst humanitarian workers on the ground, remains a concern; Hart et al. (2019) found that out of the 10 largest international NGOs identified in their study, none had publicly available cultural awareness training programmes, and only one had locally-led cultural awareness trainings in place (Hart et al., 2019). Thus, while the literature has extensively explored the principles behind culturally sensitive programming and criticized its overlooking in global goals, how it is implemented in humanitarian programming remains elusive.

Results-Based Management (RBM) Approach and Indicator-Based Evaluation

Literature in international development has also contested the efficacy of Results-Based Management (RBM), another key pillar of the UNFPA's programming. RBM is a framework:

By which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products, and services contribute to the achievement of desired results (outputs, outcomes, and higher-level goals or impact). The actors in turn use information and evidence on actual results to inform decision making on the design, resourcing, and delivery of programmes and activities as well as for accountability and reporting" (*UNSDG Results-Based Management Handbook*, 2011, p. 10).

The RBM approach highlights three key principles in measuring progress towards the established results: accountability, national ownership, and inclusiveness (*UNSDG Results-Based Management Handbook*, 2011, p. 10). The primary stages in formulating results statements, or indicators for progress, include a preliminary analysis of the country and its context, an analysis of the capabilities and comparative advantages of the intervening agency, and a review and

prioritization of programming focuses (*UNSDG Results-Based Management Handbook*, 2011, pp. 10–11). In theory, all involved stakeholders, from the local population and government to international organisations, should be included in the planning, programme implementation, and follow up process (Örtengren, 2008, p. 4). The UN also aims to incorporate the HRBA in RBM by framing programming improvements in terms of the rights-holders and duty-bearers (*UNSDG Results-Based Management Handbook*, 2011, p. 18).

However, consultants that have examined RBM in its implementation across UN agencies have varying conclusions on its efficacy. To illustrate, Prom-Jackson (2017) found that not only has an emphasis on results reporting and accountability endangered holistic progress as workers become overly focused on achieving outputs, but unequal power dynamics between management and policy implementors and its effects on how results are wielded and prioritised can hinder progress as well (Prom-Jackson, 2017, pp. v–vii). On the other hand, Mayne (2017), does not see an issue with the focus on results and instead credits the lack of a pervasive results culture that is essential to adapting RBM for its limited incorporation into UN programming (Mayne, 2017, p. vi).

The UN's approach to evaluation, through indicators and results to measure progress, termed indicator-based evaluation, has also been comprehensively explored by scholars in international development. The exclusive use of indicators and quantitative goals manifested in the creation and monitoring of the MDGs, has been heavily criticised in the literature. Some scholars find fault with the broader framing of the goals, claiming that their formulation failed to account for local populations' needs and merely measures development on the West's terms (Hayman 2004, 2005, Kabeer, 2005, and Shepherd 2008 in Chouinard & Hopson, 2016, pp. 252–253). Others criticize the MDGs' reductionism—which diverts efforts away from achieving other

important human rights and development concerns, focus on measurability—relegating non-measurable targets to the backburner, failure to acknowledge limited data management systems and policy responsiveness in its criteria (Fukuda-Parr & Yamin, 2013, p. 23), and focus on short term-outcomes—drawing attention away from broader systemic change, as its key flaws (Yamin & Boulanger, 2013, p. 79). This framing of the MDGs had an especially detrimental effect in the measuring of progress regarding maternal health. To illustrate, the translation of global forms of measurement to the national-level, specifically of Maternal Mortality Rate (MMR), could not accurately capture the state of affairs on the national-level, leading to decreased funding in key areas within reproductive healthcare (Yamin & Boulanger, 2013, p. 76).

Family Planning Programmes and Population Control

Researchers have also critiqued the proclaimed transformation of developmental programmes targeting population implemented after the 1994 International Conference for Population and Development (ICPD) in Cairo, also known as the “Global Consensus” or “Cairo Declaration. The ICPD Programme of Action claimed to integrate a broader reproductive rights and healthcare approach to counter the existing focus on population control in family planning programmes (Bandarage, 1997, p. 7). The PoA supposedly acknowledged that previous programmes overtly prioritised achieving quantitative goals for fertility reduction, at the expense of individual needs (Population Council, 1994, p. 8). However, the literature finds that this shift was not as transformative as it claimed to be. For example, scholars underline that integrating the WID approach with family planning initiatives have led to the “subsumption” of WID and GAD approaches and merely reinforced the conformity of women to Western conceptions of power and population control (Bandarage, 1997, pp. 96–97). Moreover, strategies for population control have sought to promote fertility control and change reproductive behaviours without

acknowledging “choice” in the context of the greater family and community, which is essential to many communities in the Global South (Bandarage, 1997, pp. 7, 92–93; Grimes, 1998, p. 376; Park, 1974, pp. 693, 699).

METHODOLOGY

Qualitative Methods

To shed light on both UNFPA staff and local activists’ perceptions of reproductive healthcare and GBV programming in West and Central Africa, I conducted 12 semi-structured interviews between February 14th and April 2nd. Interviewees had to have interacted with UNFPA programming in some capacity and meet the criteria for one of these three categories: (a) the first group is expatriate staff members of the UNFPA, who spent the majority of their lives outside of the country/region that they are currently working in, including humanitarian specialists, technical advisors, programme analysts, regional office staff, and monitoring and evaluation staff; (b) the second group is “intermediary” members between the local population and the organisation who are staff of the UNFPA and were either born in or grew up in the West and Central African region; (c) the last group is members of the local population and communities, who were either born and raised in or lived for the majority of their lives in the region, including local activists and advocates. I interviewed a total of 4 expatriate UNFPA workers, 4 local UNFPA workers, and 4 local activists.

The expatriate and local UNFPA staff members I interviewed were recruited through snowball sampling, or through referrals from a contact I had in the UNFPA. I also recruited interviewees by reaching out to UNFPA staff members who were mutual connections with my contact or had listed working for the UNFPA in West and Central Africa on LinkedIn. To identify local activists to interview, I researched prominent CBOs in the region, along with organisations

and activists that were highlighted on UNFPA news and blog sites to ensure that they had interacted with UNFPA programming in some capacity. I then contacted the activists and organisations through the contact methods listed on their public website or LinkedIn pages. Their eligibility for my project, along with demographic information, was confirmed through a preliminary Qualtrics survey (see Appendix A) which was sent along with the consent information form. Seeing as I was in the United States throughout the duration of the project, I conducted semi-structured interviews solely remotely, using Zoom and Microsoft Teams, depending on the preference of the interviewee.

The interviews topics covered such as existing humanitarian crises and their impact on the UNFPA's programming, the connections between population and development, community engagement in programming, women's bodily autonomy and rights, and the language of human rights. At the beginning of my interviews, I made sure to explicitly reaffirm that all interviews would remain confidential, and pseudonyms would be utilised; moreover, I told all interviewees that were affiliated with an organisation that they were not expected to speak on behalf of the organisation and could speak to their personal and professional experiences. All interviews were recorded and transcribed using Otter.ai. The transcripts were then reviewed at least twice and coded using the qualitative coding software *Dedoose*.

Study Limitations and Positionality

One potential limitation of my research is that all my interviewees were English speakers, despite the region consisting of mostly Francophone countries. It is crucial to recognise that including French speakers could have broadened my understanding of the region to include the

opinions and perspectives of local communities that may vary from English speakers.³ However, almost all my interviewees were bilingual in French and English, so many had the potential to engage with local communities.

I was able to gain initial access to the organisation and its staff members from connections established through my remote summer internship with the UNFPA West and Central African Regional Office in the Office of Monitoring and Evaluation. I was explicit in my recruitment of my position, as a student researcher at the University of Chicago, and of my research objectives as well. In my interactions with the local population and staff members, I prioritised being mindful and respectful of their diverse backgrounds and opinions.

FINDINGS & ANALYSIS

Through my interviews with UNFPA staff members and local activists, I found that there are great discrepancies in what the UNFPA claims to do in principle and in practice, also known as distinctions in their ostensive and performative routines. In this section, I first examine how the UNFPA establishes its position amongst various local and global stakeholders: I found that the UNFPA frames itself as a neutral and impartial actor by clearly distinguishing between what is and is not within their mandate. However, in revealing the influence of donors, I challenge the UNFPA's claimed neutrality. Then, I uncover the UNFPA's approaches to community engagement and expose the influence of top-down modes of policy implementation on attempts at promoting locally led development, including the oversight of culturally sensitive approaches. I found that these approaches differ drastically from the ways that local activists seek to

³ It is also important to note that speaking and understanding English, especially in the developmental arena, can act as a form of cultural capital, meaning that it can afford English-speakers privileges, access to different resources, and social mobility due to the language's global dominance as a result of imperialism in history; however, it may simultaneously alienate local communities (De Schutter, 2018; Linkov & Lu, 2017). Hence, English speakers may have different experiences and perspectives from their non-English counterparts in the region.

empower communities. Finally, I examine the various, often contradicting values that motivate reproductive healthcare and GBV programming and the values of communities themselves, along with how these values manifest in the framing of programming on the ground.

PART I: CLAIMED UNIVERSALITY AND NEUTRALITY

Conflict, Policies, and Enforcement

The UNFPA staff members I interviewed largely agreed that challenges arising from existing conflicts in the West and Central African region served as the main obstacle to their work; such a framing reaffirms their position as an actor working above and outside existing infrastructures and systems. The difficulty of working in an area ridden with longstanding conflict was a key hindrance that all UNFPA workers, expatriate and local alike, mentioned at least once throughout their interview. The UNFPA workers underscored that this region was known for the worst indicators regarding maternal health, maternal mortality, GBV, and more. Development, across all realms, my interviewees also agreed, is interdependent. Having the “most chronic crises of the world”, anywhere from “natural disasters [due to] climate change” to “political conflicts [and] longstanding armed conflict...that has been going on for decades” makes West and Central Africa, to Katherine, an expatriate UNFPA worker at the regional office, one of the most “challenging” regions to work in. Dr. B, a medical doctor working in a country office, similarly remarked on how external conflicts have influenced development in the region, for there is an “intricate network of factors spanning across social, cultural, [economic], political, legal, [and] healthcare” realms that make addressing the UNFPA’s mandate especially hard. UNFPA workers also claim that because dealing with emergencies is “the number one thing that [they’re] trying to tackle, because there’s so many other...acute issues that are a bit more pressing”, programming targeting gender and social norms and capacity-building in the region if

often left behind. Given these issues that impact the political and economic stability of the region, the ability of the UNFPA to focus on fulfilling their mandate, beyond addressing the immediate needs of citizens, is severely limited.

Despite these limitations, the UNFPA works to implement its mandate through advocating for policy change while emphasising its supranational stance. Stacey, another expatriate staff member at the regional level, commented that many governments in the region have ratified regional conventions like the Maputo Protocol, a charter established by the African Union to protect women and girls' rights, however, they fail to commit to it at the national level. Hence, the UNFPA takes it upon themselves to implement these policies and push the government to ensure that "national laws and strategies are up to "international standards" in terms of GBV, family planning, and maternal health. Ultimately, however, the organisation must work within the bounds of local laws and policies. These practices reinforce the UNFPA's role as an organisation that works above and beyond national law, where they hold the government accountable to not just to regional conventions, but international ones. This raises the question about what grounds the UNFPA is operating on, to hold governments accountable to conventions that they themselves had no role in establishing, such as the Maputo protocol. While the local governments in West and Central Africa are also held accountable to organisations like the UNFPA based on international conventions, accountability only exist internally for the UNFPA; no mechanisms exist to hold international organisations accountable for their actions and conduct.

Policies can only achieve their intended impact through effective enforcement mechanisms, however, implementing these policies requires political will along with established infrastructures, which the UNFPA views as issues beyond its mandate. Lily, a staff member at the

regional office, commented that there is often a “gap between outputs and outcomes” in reproductive healthcare issues for the “theory of change”, or the “conditions or assumptions” that the UNFPA has in place, “did not happen”. To illustrate, the “political willingness of governments” is a key factor in achieving certain goals, but if it is not present, governments will not follow through with their policies. Systems and infrastructure for capacity development, such as training programmes and healthcare service centres, can only be built with such political will. Lily continues that the organisation is not being “realistic” by expecting governments to accommodate and sustain their programming even without existing political will and systems. For example, the UNFPA has instituted many one-off training sessions with government employees in different ministries. However, these limited sessions, Lily believes, cannot reasonably create lasting change.

The organisation’s overlooking of the feasibility of programme implementation without existing infrastructure can also be seen in their shallow “strategic partnerships”. While the UNFPA claims to be in strategic partnerships with the local governments, Stacey explains that ensuring that “basic infrastructures are in place” is just something UN agencies “cannot be held accountable for” and is “outside of [their] sphere of influence”. During emergencies, where political will nor basic infrastructures are present, Katherine shares that there are CBOs that the UNFPA can work with to deliver services. However, in the long-term, the bypassing of local governments and the failure to build long-term systems that connect CBOs with governments perpetuates a cycle of dependency and an interdependent relationship between the community and the UNFPA. These claims lie in tension with the notion that development that all UNFPA workers articulated at the beginning of their interviews, that all aspects of development are interconnected; though they recognise that their mandate can only be fulfilled if humanitarian

crises are alleviated, political will is obtained, and existing infrastructures are in place, the UNFPA still tries to implement policies without supporting the establishment of systems and infrastructures.

Donors and their Agendas

While the UNFPA's claimed separation from local systems reinforces a narrative of neutrality, the pervasive influence of donor's agendas and priorities in their programming shows that they are far from neutral. To begin with, organisations working in the West and Central African region constantly face a shortage of funds. Donors are often compelled to donate based on media sensationalism, but because countries in this region have experience political and economic turmoil for so long, Lily and Peter, a GBV specialist in the regional office, both shared that there is not ample interest in donating to West and Central Africa. Even compared to Southern Africa, for example, workers at the regional office highlight that there are great discrepancies in funding and resources, leading to disparate amounts of research and evidence informing context-specific programming as well. Regional office workers are also tasked with advocating for the region to acquire funding from foreign donors by attending donor meetings, writing proposals, and more. Katherine shared that the ideal donors "allow you to have more flexibility, longer term funding, and aren't too heavy on the reporting". However, many interviewees found that these donors often have strict criteria on how they would like their funds to be spent and require strict monitoring and follow-up too. For example, many donors are "pure humanitarian" and do not want to contribute to "capacity building and preparedness" efforts; this means that they are only interested in "directly responding to the needs of the people" in the context of a humanitarian crisis. This makes it especially difficult to help the country build up sustainable mechanisms and systems for development. The UNFPA is constantly surveilled by

these donors and must enact programming that is in accordance with donor interests, even if these interests do not align with where they believe require more intensive efforts.

Lack of coordination and communication between donors also exacerbates the neglect of local opinions on the ground. Dr. B and Frida, both workers at the country office level, have experience working directly with local communities through their office's partnerships with Community-Based Organisations (CBOs) and women cooperatives. They both highlighted that foreign aid often leads to "redundancy" and "misalignment with local priorities". They believe that donors do not coordinate with local authorities or the UNFPA to decipher what needs there are locally, and merely direct resources to their areas of concern. As a result, there are often "overlapping efforts...and issues of reproductive health, maternal health, and gender-based violence" are not effectively addressed. Areas of concern in the region, therefore, are defined by donors, rather than those who the programming is designed to serve. The clear influence of donors in the UNFPA's programming challenges the notion that the UNFPA is an impartial actor, simply trying to navigate its mandate in the absence of governmental support and structures.

While the UNFPA claims it is apolitical and neutral, they still must find ways to compromise between the ideology of donor countries and the needs of the local communities. For example, in the case of the United States, Katherine highlighted the impact of the Gag Rule which forbids US funding to contribute to abortions, a key aspect of reproductive healthcare. "It's unfortunate when it comes political", but ultimately, as Katherine says, you must look at "what the leeway is...and how to work around it". To Katherine, who approaches the topic of abortion from a North American perspective, the right to have an abortion is in and of itself apolitical but made political through the influence of external countries. Therefore, she views the UNFPA itself is politically neutral. These situations place the UNFPA in a mediator position

where they must fulfil their mandate while appeasing the requests of external countries. Similarly, while some UNFPA staff members recognise that their mandate is more contentious than that of other UN agencies, they do not speak to the political nature of the mandate itself. To Angela, an ex-regional office specialist in maternal health from the local population, the world seems to be more focused on issues like the “refugee crises, world hunger, or vaccinating children” for such programming is much more “straightforward” and “you don’t have to convince anybody that you want to save the life of a child”; however, this is not the case for sexual and reproductive health, which is thought to be a more controversial area. The organisation, she says, is always caught in “geopolitical dynamics that are bigger than the UNFPA”, leading to restrictions in funding usage. Both Karen and Angela imply that the UNFPA possesses a politically neutral, and universal mandate that is difficult to enact due to its comparatively controversial nature.

Ultimately, while the UNFPA posits itself as a mediator between donors and the local population, the absence of local voices raises concerns about whose values are being compromised. Angela shared that some donors are “super progressive...and when they give money, that money comes with an agenda attached”, but as the UNFPA, they “are accountable to their donors”, even if they know the donor’s messaging will not get across to the local population. Angela brings up the example of having to incorporate LGBTQIA+ rights into their programming, as directed by donor countries; she claims that it is incredibly difficult as they “cannot go to a village in Gambia and talk about LGBT rights, even if the money for that programme [you got] includes LGBT [rights]...the organization is just caught in the middle”. But ultimately, “you can’t say no to funding”, Angela adds, so the organisation must submit to whatever criteria and requests the donor country sets forth. These statements highlight that the

staff members of the UNFPA, while claiming to have a “neutral” mission by principle, without any political leanings or ties, often get caught up in “politics” due to the influence of donor’s demands. Though they are caught in the “middle”, in the end, the organisation still appeases donors’ demands and overlooks how the communities themselves may respond. Beyond politics, these findings also problematise existing systems of accountability and responsibility; if organisations are only held accountable to donors and internal evaluation offices, the needs and views of communities will be left entirely out of the question.

PART II: THE REALITIES OF COMMUNITY INCLUSION

Challenging “Business as Usual”

In their interviews and programming documents, UNFPA staff members and executives alike emphasised their dedication to incorporating the local community into their programming. The UNFPA’s 2022-2025 Strategic Plan, highlights that “‘business as usual’ and top-down approaches are no longer an option’ for their programming, because local communities are not inclusively targeted and incorporated. “Business as usual”, refers to the status quo in developmental arenas, where programmes are developed by upper-level actors, often without knowledge of local contexts, and reinforced in a top-down manner (*UNFPA Strategic Plan, 2022-2025; Annex 4: West and Central Africa Regional Programme, 2021, pp. 19–20*). Hence, to “provide more customized solutions that respond to local realities and priorities” the organisation aims to “decentralize the determination of these modes of engagement, moving from a centrally-defined determination to a country-led determination” (*UNFPA Strategic Plan, 2022-2025; Annex 4: West and Central Africa Regional Programme, 2021, pp. 19–20*). This is, again, a reflection of the shifting focus in international development to empower local communities to make decisions for themselves, with minimal influence from external

stakeholders; as described at the World Humanitarian Summit, aid should be “as local as possible and as international as necessary” (Slim, 2021, p. 2).

UNFPA staff members described several ways that the organisation has, in their view, integrated community members into their programming. “The UNFPA does not work alone”, Stacey shared, “they work through community partners”, also known as “Implementing Partners” (IPs), who interact directly with local community members to deliver services. IPs can be anyone from local governments and ministries, traditional leaders, local leaders, midwives, women cooperatives, to men and boys in the community. Many expatriate and local workers echoed the Strategic Plan’s objective of decentralising programming to allow for community empowerment; for instance, Katherine said she hoped that programming would move away from the “traditional ways that [the UNFPA does] things, and really try to encourage...more participation from women and girls or vulnerable groups, or marginalized populations that [they] might not even be hearing from”. These IPs are, according to Dr. B, a way to access more vulnerable or “left behind” populations; for example, considering the regions’ large Muslim population, collaborating with and imams is crucial to increase responsiveness to programming. In these conversations, all UNFPA staff members shared a hopeful mindset towards the influence of IPs on local communities’ acceptance of programming, describing such collaboration as “critical” and “essential” to the UNFPA’s approach.

In addition to working with local leaders, the UNFPA staff members also highlighted capacity-building in local populations as a key priority in the region. Peter and Stacey described a range of trainings they had run for local health workers and law enforcement, specifically in the realm of GBV; they provided trainings to move populations away from traditional mindsets of victim-blaming in incidences of sexual violence and provided victim-centred services and

resources in the aftermath as well. The focus on victim-centred services is also demonstrated in the upcoming programming cycle, Dr. B shared, to devise a “moral contract” between women and health facilities, so that women feel comfortable and involved in decision-making process regarding their health. In order to combat the stigma regarding sexual and reproductive healthcare, the facilities, Dr. B added, will provide a range of holistic services for the community as well. Such programming, according to UNFPA staff from the local population, is a necessary step towards greater community inclusion.

The Pervasiveness of Top-Down Modes of Policy Implementation

However, despite the UNFPA’s declared focus on inclusively integrating community members into their programming, there lies a foundational tension between the UNFPA’s overarching bureaucratic structure that solely functions through top-down policy implementation and their attempts to develop localisation programmes and promote community engagement; these tensions result in differences between the ostensive and performative aspects of their organisational routines. Organisational routines refer to how members of an organisation carry out their tasks in accordance to organisation principles; these routines exist due to an “amount of stability to the conditions molding behavior” like “broad policies set by management, the conditions under which the particular routine in question is viewed as consistent with organizational goals and policies, [and] explicit or implicit agreements among the various agents involved to do their parts of the actions needed to sustain the routine” (Becker et al., 2005, pp. 775–776). Feldman and Pentland (2003) apply Latour’s (1986) analysis of power to distinguish between how organisational routines differ in principle and practice, also known as ostensive routines and performative routines, respectively (Feldman & Pentland, 2003; Latour, 1984). Ostensive routines “embodies what we typically think of as the structure. The performative

aspect embodies the specific actions, by specific people, at specific times and places, that bring the routine to life” (Feldman & Pentland, 2003, p. 101). This distinction is important as while the ostensive aspect of routines are explicitly upheld, they may not be reflected in organisational routines as people can be subjected to broader power and social dynamics (Becker et al., 2005, p. 784). Applying this distinction between ostensive and performative routines can shed light on how the existing structure of the UNFPA makes it almost impossible to truly decentralise and honour country and community level opinions.

The hierarchy between different levels of the UNFPA’s bureaucracy is one prime example of the pervasiveness of top-down modes of implementation, despite the emphasis on community-level inclusion. The UNFPA staff members I interviewed often described difficulties communicating with members in upper levels of the bureaucracy. For example, those who have worked both at the country and regional office levels expressed that regional offices are not understanding of or responsive to local contexts. The same goes for regional office workers with those in the Headquarters in New York City. Angela, who started at the country office and moved to the regional office in Dakar, revealed a level of tension at different hierarchal levels:

When something's been rolled out, down from HQ to region[al office], and roll that out to country offices...sometimes it's fine but sometimes there's a bit of pushback from regional offices, for good reason. It's limited, honestly, because, you know, sometimes a one-size fits all approach is really bad, given the local context. So we [at the regional office] always like give him that respect, you know, knowing that they are closer to what's happening in the ground, and they can do so if this idea is going to work.

While “respect” is given to the offices that are closer to the “ground” and have better understandings of the local context, it is still “one-size fits all” approaches that are rolled out.

These approaches are contradictory to the UNFPA’s calls for programme localisation and decentralisation as outlined in their Strategic Plan and their mission to include local stakeholders

in programme creation and revision as articulated in the UN RBM Handbook as well (*UNFPA Strategic Plan, 2022-2025; Annex 4: West and Central Africa Regional Programme, 2021; UNSDG Results-Based Management Handbook, 2011*). These are key exemplars of the organisation's ostensive routines because they are outlined in official programming documents. Country offices do have some authority and leeway to modify programming to fit the local context, however, the overarching structure of the organisation is top-down. The programmes rolled out from New York City are devised based on narratives and language that are effective in the context of the Global North, however, as Angela expressed, these approaches cannot easily be scaled and adapted to drastically different cultural contexts.

This neglect of local populations and one-sided accountability to the “higher-ups” is criticised by local activists. I spoke to two members of a CBO, dedicated to helping Human Rights defenders around Africa attain the resources they need for their activism. Gina, a research officer in the organisation, expressed confusion about the way IGOs like the UN conduct their work. “At the UN level”, she explains “you have to wait for approval processes from the office in New York, but [if] the project is based in Uganda...I do not understand why you need to wait for approval from an office in New York”. The accountability of lower levels of the bureaucracy to the higher-level offices enables a system of power that places decisions made in the Global North on a pedestal. In Gina's view, this system hinders the true localisation of programming. Hence, without a structure that would facilitate and maintain localisation programming, the performative routines of UNFPA workers, in reality, neglect local populations.

Power and social dynamics on the international, state, and community levels also lend to differences in ostensive and performative routines, further contributing to the exclusion of local

communities. While localisation programmes do gain traction at times, ultimately, Angela does not believe much has changed in the system:

It's up down...things haven't changed much. Because the matter is clear. And honestly, even HQ doesn't have much say because we get our money from donors with specific agendas and specific conditions. So no matter how much feedback you receive, you can't really deviate too much from what that money has been set to do. So it's just the way the UN is structured I don't know if we can do anything about it.

From the view of UNFPA workers from the local population, while there may be feedback systems in place, the values highlighted in the UN's Handbook on RBM of accountability, national ownership, and inclusiveness, cannot be honoured at the local level for the feedback of local populations cannot ultimately influence programming (*UNSDG Results-Based Management Handbook*, 2011, p. 10). Her point re-emphasises the impact of donors and international level power dynamics on the work of the UNFPA. Even the upper echelons of the UNFPA must succumb to the demands of their donors. The agendas of countries in the Global North reintroduces colonial power dynamics into the development sphere, influencing the performative routines of UNFPA workers and leaves local populations as passive recipients to their programming.

On the community level, the position of the UN as a supranational authority is more pervasive and renders local populations wary of the UNFPA's approaches; because the organisation is not able to actively incorporate the community, they often must result to top-down methods that can cause further damage to communities. For example, Angela shared an anecdote about a girl who had called her phone number following a workshop about the detriments of FGM. The girl said it was her time to be cut and asked for help from the worker. To prevent this from happening, Angela called the family to warn them against committing FGM and said that it was not an appropriate time to be cut for the girl's exams were in a few months.

Angela managed to buy some time to flag the girl's case with Ministry of Social Welfare, who then paid a visit to the family and warned them of the repercussions of following through. Though the girl was able to avoid undergoing FGM, she was ostracized by her family and community and consequently decided to escape to the city. The girl ultimately was able to attain a scholarship to a university in a neighbouring country and become independent of her family. While substantial progress has been made regarding the eradication of FGM, research shows that it has largely come about through community pushback and campaigns, rather than such top-down modes of implementation like so (Mkuwa et al., 2023). Communities take into consideration the diverse needs of their members and recognise the social dynamics and importance of familial ties and connections, which makes straightforwardly condemning FGM a risky approach. By implementing the UNFPA's mandate in such a top-down manner, using the UNFPA's status to dissuade a family from committing FGM, a band-aid fix was used to resolve a systemic issue. Without access to communities that would allow them to inspire a cohesive will to reject FGM, the UNFPA is only able to engage in top-down, surface-level programming that communities accept reluctantly.

The Contrasting Approach of Local Activists

The top-down approach the UNFPA takes to including the community drastically differs from that of local activists, who focus on identifying the needs of the community and empowering them in bottom-up ways; the prioritisation of the community's voices and needs allows CBOs to comprehensively address local issues and maintain community ties. Jonathan, the founder of the CBO I spoke to, says that he determines what should be the focus of their programming by looking at "trends", he explained "what are the trends, what is needed, and when we have to speak on specific issues...the concerned citizens and affected community

should be at the centre”. In looking at the trends and what is needed in communities, his organisation’s mission is therefore defined by what areas are of concern to citizens, rather than through a broader, universal mandate like the UNFPA operates by. The CBO honours the diversity of needs that exist in communities by having a mandate that is amendable based on the local context. Different activists may have different focuses and priorities, and Jonathan hopes that his organisation remains mindful to that. Similarly, Linda, another local activist, emphasises that working on the “micro-level” helps her remain true to their mission as she is constantly reminded of what she is fighting for. The UNFPA, however, works on a “macro-level”, making them more “likely to lose their mission”. Interestingly, to Linda, working directly with communities and directly connecting with them is what helps them remain focused on what they are trying to address. Linda further explains that by being caught up in how programming comes across on the macro-level, and addressing the concerns other donors and countries may have, the UN workers can lose what is truly needed “on-the ground”.

The approach this CBO takes to empowering local communities is remarkably different from that of the UNFPA for the CBO centres the experiences and needs of the local communities. Jonathan further explains his approach to me in a few steps:

First of all, we empower human right defenders, those are the people close to their community...we put them in networks, [with] decision makers, [and many people are] consulted. Second, we ensure that there is what you call synergy of action and coordinated efforts, and having a clear assessment, on the action they want to take on behalf of the people. Because if it's not clearly explained to the people [it will not be useful], you know, meaning what you bring, for them, they will see nothing.

From the very first step, it is apparent that that Jonathan prioritises what the local communities themselves need to address issues in the communities; rather than imposing ideas on them, he connects them with resources that they can choose to or not to mobilise. Next, he focuses on

ensuring a “synergy of action and coordinated efforts” between the activists and the communities they are fighting for. He promotes continuous dialogue between the organisation, the activists they are engaging, and the community as well, a structure that facilitates bottom-up efforts and emphasises accountability up and down the hierarchy. He also criticizes the UN’s top-down approach for their failure to understand how policies interact with community contexts:

I think I used to say, the UN’s got it all wrong because, you know, we try to joke around...they say they’re going to, to help the people, but they have a four by four, with a big antenna going [into] the community. But also...one thing I want to mention is that the UN has never taken a bottom-up approach. Always an up-bottom approach. The jargon... the UN does not actually get on it with the people on the ground...they make it something general without taking specific and context related analysis. And that's where the problem is.

Jonathan describes the UNFPA’s approach as top-down in nature, without adequately considering how local populations will understand and receive their programming; by coming in with an “antenna”, he implies that they impose their programming on the local population without regard for specific community contexts, which risks further alienating communities along with the authorities that govern them.

Cultural Sensitivity or Adoption and Imposition?

The UNFPA’s top-down approach posits their mandate is progressive and “right”, and the values of local communities as regressive and “wrong”; this approach manifests performatively in a mindset of cultural adoption or imposition in staff members, where communities are pushed to adopt the UNFPA’s mandate in top-down ways. While engaging local leaders and devising moral contracts between health facilities and local communities may, in theory, seem to address the needs of local communities, there was rarely any mention of how communities’ needs were assessed and realised by the UNFPA. For example, to address social and gender norms, almost all UNFPA staff members I interviewed brought up the examples of the “School for Future

Husbands”, which teaches men the peaceful resolution of conflict, the “Grandmother Project” which recognises that grandmothers play a huge role in perpetuating community norms and creating dialogues with them, and the targeting of religious leaders, who also hold great power in deciding what the community is accepting of. Though the impact of these programmes is currently still unknown, for they are still relatively new to the region, many staff members have already expressed their desire to scale up such programming throughout the region. However, this approach assumes that all communities across West and Central Africa are a monolith and prioritise the same values. The desire to scale up, without properly considering specific community contexts and assessing its impact, can not only isolate communities but also waste precious resources. These approaches essentially find entry points to access communities and try to receive public declarations from those in positions of power in order to appeal to the broader population and facilitate social norm change; while disguised as a bottom-up form of empowerment, it ultimately still targets change by locating and targeting those in positions of power, rather than addressing local needs. Hence, the top-down approach the UNFPA has undertaken does not consider the range of values communities may possess, and encourages social norm change without considering the specific context they are addressing.

Cultural adoption and imposition are especially prominent in the UNFPA’s programming in GBV. When working with religious leaders on eliminating FGM, Dr. B said they “need the support of the religious leaders to tell people [FGM] is not [a] religious practice. This is not written in. This is just accepted by the religion” and they need to “go under and explain that this this argument is not this is not viable argument so [the community] can start to hear you”. The UNFPA has claimed to involve the community in their approaches in culturally sensitive manners by figuring out where power is located and changing behaviours there. However, their

approach to cultural sensitivity more closely resembles cultural adoption, convincing the community to adopt what the UNFPA believes to be the appropriate and acceptable perspective towards their mandate. Similarly, Lily expressed her personal thoughts on the culture in the region, pointing to Islam as one of the main reasons why she believes the West and Central African region is lagging the most behind in all SDG indicators. She said that “Islam is deeply patriarchal” and plays a huge role in “confining [women] to the private space”. While Lily explicitly stated that she would never say such things in a public forum and that those are her personal beliefs, this deviation from ideas of cultural sensitivity reveals how performative organizational routines can differ based on personal biases and value differences. Rather than being mindful of and sensitive to cultural differences, thoughts like such that may not be revealed publicly but still internalised, can play a huge role in how UNFPA staff view and interact with locals.

This mindset of cultural adoption is also apparent in the UNFPA’s operationalization of the term “demand-generation” for sexual and reproductive healthcare resources, which encourages communities to “want the services”. Katherine mentions that “if there’s any kind of negative connotation about [contraception], or husbands [and] mother in laws aren’t encouraging of it...then you’re not going to have a big uptake”; to counter this they recommend having a “champion” who is from the local community who can speak to its acceptability. Again, this approach to cultural sensitivity in programming does not seem to consider the values and context for the rejection of contraceptives, like the involvement of the family and community in making reproductive healthcare decisions and the importance of lineage to families (Caldwell & Caldwell, 1987). The UNFPA counters the rejection of reproductive healthcare commodities by imposing new perspectives rather than working through and acknowledging existing relations

and practices. The values of communities are also portrayed as “issues to be resolved” rather than values to be acknowledged by the organisation, emphasising their view of the local perspective as regressive and themselves as progressive. Another example of this binary understanding of international and local perspectives is when Peter mentioned that “one of the issues that [they] have is that the frontline workers as we call them...are also part of their society, and they also share their values”. This framing implies that the community’s values are an issue to be dealt with and that there are “wrong” and “right” values. Even though the UNFPA claims to prioritise cultural sensitivity, in practice, the power dynamics at play in the field of development, with the UNFPA occupying a position of power, leads the organisation to impose their mandate in a top-down manner that fails to truly take into consideration the values and opinions of local populations.

These findings unveil a key tension between the UNFPA’s positioning as a supranational organisation, operating in a top-down manner, and their ability to promote community-led development. This practice of paradoxically promoting bottom-up development through top-down methods is termed *externally driven localisation* (Mulder, 2023). It seems that externally driven localisation, when targeting reproductive healthcare programming in West and Central Africa, is flawed at its conception because the UNFPA must further its mandate while operating through top-down mechanisms, leaving it unable to push *genuine* local ownership and participatory development. Participatory and community-led development does not just mean involving community-members in programming, but actively including them as decision-makers and honouring their vision and feedback from programme conception to implementation; institutional knowledge in the field of international development, including in reports published by the UNFPA, upholds such community-led development as their ultimate goal (*Community-*

Driven Development, n.d.; Joint Evaluation of UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, 2019; Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) | United Nations Population Fund, 2018; *Participatory Development*, 2015). However, as seen in their surface-level incorporation of the local community, along with the values of the organisation being upheld as universal truths without consulting the local community, true community-led development is not achieved.

The failure to incorporate local communities can also be explained by a difference in what development is motivated by. In a systemic review of over 400 programmes aimed at locally-led development, scholars drew a distinction between *organic development* and *induced development*; Organic development refers to development that comes about through the will and needs of the local population, while induced development refers to externally driven localisation (Mansuri & Rao, 2012). The authors argued that such development could only be effective if it was the *organic* form, with the community possessing political will and a desire to initiate development. In the case of West and Central Africa, development can only be *induced* for the notions of autonomy and rights are rejected by many community members in favour of the wellbeing of families and communities. Hence, the local population cannot resonate with the UNFPA's framing and mandate. Despite these differences and their supposed prioritization of cultural sensitivity, the UNFPA still pushes their mandate as a universal truth, reminiscent of the critiques scholars had with the MDGs (Yamin & Boulanger, 2013). The UNFPA situates itself as an organisation functioning above the scope of local governments, without explicitly recognizing the influence on donors and external agendas on its programming. Though there is accountability implemented from the top-down, through the Monitoring and Evaluation offices, there are no mechanisms available to hold themselves accountable to the needs and demands of the

population they are meant to serve. Ultimately, the failure of the organisation to acknowledge the cultural nature of its own mandate and induce organic development operationally restricts their programming from having sustainable, local ownership.

PART III: APPROACHES IN PRINCIPLE AND PRACTICE

Why is Family Planning Crucial to Development?

My interviews with UNFPA expatriate and local staff members also revealed a key tension in the motivations and principles that underlie the UNFPA's reproductive healthcare programming: though the organisation portrays their mission and approach as universal, the importance of reproductive healthcare programming and relation to the broader development of the country has varied interpretations by UNFPA workers. A prime issue raised by a review of the literature on family planning programming in developing countries was that past family planning programming was too focused on achieving demographic objectives like reducing fertility rates, without regard to the choices of the local population. This is a reflection of the dominant Malthusian perspective which holds that overpopulation and diminishing resources would lead to the world's demise; concerns about this framing lead to the global consensus, which claimed to shift the focus to incorporate reproductive rights and autonomy into family planning programming (Hartmann, 1995). However, in my interviews, I found that both, conflicting perspectives, Malthusian and reproductive autonomy oriented, were present amongst UNFPA staff members. When asked about why family planning was important to development, Dr. B answered that "underdeveloped" countries do not have "infinite means", so family planning programmes are necessary to "provide a sufficient...healthcare [and] schooling" for all children. He continued with a hypothetical question and asked if would be easier educating "2 children or 10 children? Would you [have the means to] provide healthy food to 2 children or 10

children? It is dialogue like this [that is] very important to explain...at the community level". His claim is reminiscent of the Malthusian perspective, that family planning programmes should prevent people from "overproducing" at the risk of diminishing valuable resources.

Other staff members also similarly allude to the effect of population growth on the economic development of the country. Lily, who is from the local population, expressed concern over the "bulging youth", "high fertility rate" and a high "dependency ratio", all of which does not "fare well for the economics of how you will be able to increase growth...increase economic growth in the country". This focus on quantitative metrics when explaining the importance of reproductive healthcare reveals that the tie between population control and economic growth remains a focus of reproductive health programming even after the ICPD.

Contrastingly, others, specifically expatriate workers, use the language of reproductive autonomy and rights to promote their family planning programming. Peter, who works at the regional office, said that their programming is not about "forcing women to have less children, it's about them having the choice to do it". He also draws a connection between choice and the accessibility of information and reproductive commodities:

In the end it's about bodily autonomy, in the end it's not about having less children, in the end, it's about choosing how many children you want to have. If you want to have six children, it is your choice. And it's not because your husband or your family is pressuring you to have those children. That's your choice... We need to empower women so they can access family planning services, and they can make their choice once they are informed without the pressure from their community.

Peter's language more accurately reflects the language used in the ICPD consensus, that the path to development is through access and choice, so women and girls can make *individual* decisions that are informed by a better understanding of what options there are and what feels right to them.

Individual versus Interdependent Framings of Autonomy

While such framings of reproductive healthcare are well-intentioned, interviewees noted great community pushback to the language of autonomy and rights that the UNFPA champions due to their emphasis on communal decision-making. Angela believes that the UNFPA has one of the most difficult mandates out of the UN agencies, “especially in the context of very conservative countries, which most African countries are, you’re already talking about issues that make people uncomfortable”. The hesitancy to mention topics related to sexuality acts as a sociocultural barrier between the local community and government and the UNFPA. She gives a further example about how the framing of the UNFPA’s work clashed with the values of the community through the UNFPA’s “My Body, My Right, My Choice” campaign in Senegal:

It [may] seem really obvious that it should be your body already. But a lot of countries don't believe your body is yours to deal with. Your body is subject to the community's norms like, especially in communities that are more social and not individualistic. My body, my choice is a very individualistic thing to say. And it works well in individualistic societies, even in Europe and America, that will fly. But in many African countries, [they] might not consider it standard, there is no such thing as the individual over the community. It's the community first. So whatever you do, as an individual affects your family, affects your communities. So telling a woman your body, your right, your choice. It's not, it's not your body. It's not your choice. It's what people, my family, what's good for my community.

Despite a focus on cultural sensitivity in their programming, the UNFPA still fails to adopt a framing of sexual and reproductive healthcare that resonates with the local community. As Angela elucidates, while the individualist framing of rights is taken for granted by those in the Global North, leading to its immediate adoption by intergovernmental organisations like the UNFPA, it does not align with the beliefs of the communities in Western and Central Africa. Their rejection of this worldview is not necessarily a rejection of women’s rights and autonomy, but of the language that discounts the importance of the family and community; “interdependent models of agency”, rather than individually-focused conceptions of autonomy may resonate

more with communities in these regions (Thomas & Markus, 2023, p. 196).⁴ In the context of reproductive health, Bandarage explains, the ICPD consensus ‘produced a discourse that equates women’s freedom with individual reproductive choice and which sees “women’s rights” as separate than that of children and family’, even though the latter of which is key to these communities (Bandarage, 1997, p. 7). This value misalignment between expatriate UNFPA staff members and those from the local population further exacerbates tensions across these levels of the developmental arena. Imposing these framings of autonomy and rights don’t seem to align with the UNFPA’s vow to institute culturally sensitive programming as well. Further, this leads us to question whether community values can be reconciled with the language of autonomy that is held as the objective standard in reproductive healthcare programming at all.

Health as a Human Right

Recognising the community’s rejection of the language of autonomy, the UNFPA adopts an approach that looks “beyond rights” to promote acceptance of their programming in local communities; the organisation posits health as an indisputable human right, demonstrating another difference in how their ostensive principles play out at the community level. FGM, Female Genital Mutilation, is a prominent issue in communities in West and Central Africa, with rates of FGM in West and Central Africa surpassing all other regions in the world, though the rates of FGM have declined drastically due to the involvement of community-based actors (*Female Genital Mutilation*, n.d.; Matanda et al., 2023). A country office worker from the local population, Joanne, who had studied in the US for her undergraduate degree, shared a story about

⁴ It is important to note that, as iterated before, communities are not monoliths. These values prioritising collectivism and family have been found in many communities across the West and Central African region. A generalisation is made based on these findings, however, this does not mean that all communities and individuals hold this belief as well.

a FGM workshop that she ran in Gambia. When asked to discuss reasons why FGM was a harmful practice, most community members and UNFPA workers could only mention health related reasons. This shocked Joanne who immediately questioned why nobody was bringing up the “women’s rights” component of the practice:

It’s violating the woman’s rights...it’s not just about her health...you’re violating her human rights, like freedom from torture, and pain, and bodily integrity, all of those rights are being violated. So as a human being, she has the right to say not to FGM, even if there were no complications, which there are.

All the community could do was respond with silence. When the time came for the UNFPA staff to leave, a colleague from Nigeria half-applauded and half-condemned Joanne, sharing that while he agreed with her opinion, in his hometown, what she said would have “undone all of the progress [they had] made within that community so far, because for them, *health is a more valid reason than human rights*”. Though Joanne was not told off for expressing what was in accordance with the UNFPA’s principles and values, she was cautioned that adopting such a “liberal” approach would only be met with further pushback from the community. While the right to health is commonly referenced in discussions of human rights (Kenyon et al., 2018), to the members of the local population that Joanne interacted with, it is a more acceptable and digestible reason because it puts the UNFPA’s mission in terms they too prioritise, specifically community health. However, the language of autonomy that the UNFPA claimed to prioritise following the global consensus, is lost in such a framing. By adopting the ostensive and performative routine theoretical framework, we can see that the principles of organisation do not always translate into the everyday work of the staff members because only country office staff understand what is and is not acceptable on the ground.

As a result, country office staff may make compromises with donor agendas and alter their approach when informally dealing with the population. As previously mentioned, donor countries have their respective agendas and requirements for what is done with their funds: interviewees expressed that these countries usually have criteria for the terminology and framing used in their programming. By principle, the UNFPA staff should be utilising the recommended terminology and language. However, these requirements act as a barrier to providing comprehensive sexual health education to adolescence and youth, for governments and communities often reject such language. Thus, to “compromise” donor’s demands and the values of the community, the UNFPA modifies their approach. For example, instead of “family planning”, Dr. B shared that they use the term “birth spacing” for having at least 2 years between the birth of each child is a practice endorsed by the Qur’an (Chalem et al., 2023); while family planning insinuates female autonomy, which receives pushback, birth spacing is a religiously affirmed practice. These examples demonstrate their performative routines, where the UNFPA staff modify their terminology and framing of their programmes to obtain community buy-in.

Another example of the alternative framing of their positioning to achieve acceptance in the community is the UNFPA’s emphasis on their role as “service providers” in the healthcare sector. Many UNFPA staff members argue that their aim is not to intrude on the local community’s ways of life, but to provide access to health resources and integrating clinical management of rape to and contraceptive delivery into existing health facilities. Dr. B and Joanne both similarly described their roles as “providing services” that community members would otherwise not have access to. As Joanne implied, they could only frame their mission in terms that relate to the health and wellbeing of the community. By including all the UNFPA’s services under the umbrella of “health”, they use the strategy of framing reproductive and sexual

health issues as public health issues (Lim et al., n.d.), which, in the context of a more collectivist society, could promote acceptance of programming.

Human Rights-Based Approaches

The UNFPA also claims to prioritise the HRBA in their work, to complement the promotion of reproductive autonomy; however, the operationalisation of HRBA also exemplifies how the ostensive routines of the UNFPA do not always translate in the real world. While the HRBA emphasises the importance of rights-holders and duty-bearers, the UNFPA staff members focus on the entitlement of the community to the right to sexual and reproductive healthcare and freedom from GBV, but rarely discuss the other crucial half of HRBA, the government and public authorities that should be held accountable for upholding those rights (Uvin, 2007). When asked to define what HRBA means in their own words, Lily was very hesitant to speak to the topic, asking me to look up the definition on the UN website for she believed that she may leave out important terminology when explaining it to me. Even another country-office worker who also had experience working at the New York headquarters, Frida, was unable to explain what HRBA was in their own terms. Their hesitancy raised the question of whether the jargon that the UNFPA utilises is truly understood well enough by staff members to operationalise it on the ground. While many interviewees were not willing to provide their own definition, they did provide examples of where HRBA was relevant or operationalised. For example, 3 country-office workers brought up the UNFPA's desire to "leave no one behind", referring to those in the most rural areas with the highest rates of poverty. Dr. B, for example, described their office's focus on 2 of the most remote regions in the country and promoting accessibility to UNFPA provided health services. Sarah, another regional office worker, similarly describes that ensuring

access refugees' access to sexual and reproductive healthcare services was a priority for their office.

Though the UNFPA staff members argue that community members are entitled to a range of rights, they most often refer to the organisation themselves as the providers and facilitators of the entitlement to these rights, rather than the local government themselves. To illustrate, Lily discussed how many countries “sign up for all these conventions [regarding women’s rights] but it’s not always enforced in the country” so part of the UNFPA’s job is to tell women “what [their] rights are as a person”. However, the HRBA does not just involve helping women “realise” their rights, but also help governments *enforce* these laws and conventions, which seems to be the area that is the most difficult to address. Jonathan points this out as an issue in the work of IGOs. He believes that they have “disregarded the role of the National Human Rights Commission” that is “appointed by the government”. To Jonathan, this is a body that “could put pressure on the government...” so people should “fully empower them [with] the capacity to follow up”. Without acknowledging the role of local duty-bearers, IGOs are held accountable for needs to that should come from and be met through local means. Jonathan also emphasises the state’s duty to uphold human rights explicitly, unlike the UNFPA staff members:

We acknowledge also that...you cannot realize your human rights, without the state participation. You know, the state is actually the number one protector. But also I will say it's the number one violator of our human rights. But as an activist, we try to bring approaches that build dialogue, through diplomacy rather than confronting, but also that try to bring some time those leaders to hear what do people say, in other spaces.

This is not to say that the UNFPA does not do work in the policy realm, or with governments at all, rather, their language of human rights they use holds rights accountable to some universal authority, rather than the local government themselves. Similarly, Lola, another local activist I interviewed with a passion for women’s issues, criticised the UNFPA’s neglect of the “African

mechanism”, referring to Pan-African organisations that work directly with local governments. Crucially, all interviewees from the local population emphasised the importance of engaging state governments and leaders, which is also outlined in the HRBA. When explaining his activism, Jonathan also mentioned that he adopted the terminology of “human rights’ after receiving advice from a staff member at a UN office, though he describes his work mostly in the civil and political rights realm, to emphasise the role of the local government in protecting their rights. While human rights are granted due to your existence as a human being, they are not mutually exclusive with civil and political rights which must explicitly be upheld by the government. Thus, by not explicitly holding the government accountable to the rights of their citizens, the HRBA cannot be realised, nor can the needs of local populations be recognised and addressed.

The oversight of fostering government and community relations, compounded by the widespread presence of top-down modes of policy implementation that upholds the UNFPA’s mandate as the universal standard, all play key roles in relegating the role and opinions of the community to the back burner. However, if the true aim of international development is to ensure that sustainable, inclusive change is achieved, organisations must reconsider how they are interacting with local authorities. If policy implementation and enforcement is an area that is lacking, organisations must not ignore the role of local governments and authorities and honour their jurisdiction.

POLICY IMPLICATIONS

My interviewees with expatriate and local UNFPA workers, along with local activists, raise a few crucial questions about what assumptions that the development industry operates on as well as the paradoxical nature of its structure. The UNFPA upholds its mandate as the universal standard, but in implementing their mandate in a top-down manner, we fail to question whether the assumptions that underlie programming truly resonate with local communities. As my conversations with local activists and UNFPA members of the local population revealed, the approach of reproductive autonomy that the UNFPA utilises lies in juxtaposition to the values of community and family decision-making that many West and Central African communities hold. If these approaches are fundamentally in opposition to the values of local communities, how can we truly reconcile culturally sensitive approaches with human-rights based ones, when both are considered essential to the mission of the UNFPA?

Moreover, the existing positioning of the UNFPA as an impartial, supranational organisation, ignores the influence of donor countries on programming and policies. The UNFPA plays a key role in holding countries to international standards that were largely devised and reinforced by countries in the Global North. However, if the priorities of countries and the communities they serve do not align with these standards, we must reconsider on what grounds can we impose these values and who benefits from the imposition of these values. While local governments and communities can be held accountable to the UNFPA and other IGOs, there are no existing accountability mechanisms to hold the UNFPA accountable to addressing the needs of the local population. Additionally, the influence of donor countries, who may even have a greater say on how programming goes than the Headquarters themselves on programming, cannot go unrecognised in the establishment of policies. The failure to acknowledge these

assumptions can contribute to the reproduction of historical inequalities and further emphasise the false dichotomy of the international progressive and the local regressive.

I also criticise the current top-down modes of implementation that prevails despite the UNFPA's proclaimed sensitivity to local needs and the voices of local communities. Researchers in international development largely agree that promoting local ownership of programmes and encouraging community involvement is key to achieving healthy and sustainable change in communities (Mulder & Link, 2023; Wilkinson et al., 2022). However, this change must be organic and pushed by local communities, rather than induced by external organisations, to be effective (Mansuri & Rao, 2012). Hence, if prioritising the needs of local communities and addressing the issue of unsustainable financing towards issues of sexual and reproductive health are true priorities to the UNFPA, then the UNFPA must crucially reexamine what it views as community engagement. Beyond having Implementing Partners that are only partners in name, they must find ways to maintain dialogue and feedback systems between them and local communities. They must also allow their research to be informed by staff on the ground, rather than imposing "good practices" shared by Headquarters or donors that do not consider local contexts and realities.

While reimagining development industry and reconfiguring the missions and mandates of every UN agency may not be an achievable target, we can make compromises to gradually reclaim developmental narratives and empower local populations to make change in their local communities. There are a few actionable ways that IGOs like the UNFPA can challenge interdependent systems of aid. Most importantly, the UNFPA must not bypass their relationship with the state and local authorities to access local populations. While seemingly obvious, it is crucial to consider the responsibility that governments have in upholding the rights and

addressing the needs of their citizens. These relationships, between the government, the community, and other relevant local stakeholders, need to be nurtured to facilitate the bond between the rights-holders and duty-bearers. Resources being funnelled from the UNFPA to CBOs can be helpful in the short-term, however, these organisations need to be recognised and supported by existing governmental systems and courts as well. These systems can also further strengthen dialogue between multilevel stakeholders and ensure sustainable change.

To better account for the needs of the local population, there needs to be a shift in what is understood as cultural sensitivity and community engagement in programming as well. Cultural sensitivity means looking at the nuances in cultural values and how they are shaped by local contexts and understandings of the world. This reframing will allow the organisation to look past “wrong” or “right” in cultural values and make further efforts to understand traditional ways of thinking. This may be especially difficult if the policy makers are still detached from what is happening on the ground. Hence, those in the regional office and headquarters must reassess whether they are truly incorporating feedback from the frontline workers and country office staff and if the indicators and goals they’ve set for them are relevantly contextualised. While RBM does not have to be completely overridden, organisations must not be too caught up in achieving desired results like lowering fertility rates and raising contraceptive use, but also dedicate more resources to obtaining qualitative data, through CBOs, that can more accurately reflect the responses and needs of communities to programming. This way, national inclusion and ownership, already key pillars of the RBM, can truly be realised (*UNSDG Results-Based Management Handbook*, 2011). Obtaining such data can help facilitate programmatic dialogue between all relevant stakeholders, not just between the state and the UNFPA. With these ideas in

mind, the UNFPA may better be able to balance implementing their mandate with addressing local needs.

CONCLUSION

My paper problematises the UNFPA's universal, impartial stance in reproductive healthcare and GBV programming in West and Central Africa. This orientation, complemented by their bureaucratic structure, reinforces traditional, top-down modes of policy implementation that UNFPA staff members have been trying to retire. However, existing programming do not support sustained community engagement that can effectively promote local ownership. These issues stem from a foundational tension between the values of the community and the supposedly universal approaches of the UNFPA, leading to distinctions in how programming is iterated in programming documents and in practice.

This paper contributes to an emerging literature challenging existing power dynamics in the field of international development by examining multilevel perspectives on the efficacy of locally led development and community empowerment through the case of reproductive healthcare and GBV programming in West and Central Africa. Through 12 semi-structured interviews of expatriate and local staff members of the UNFPA, along with local activists from CBOs, I found that attempts to promote community ownership of programmes only engage communities on the surface, due to the ubiquity of top-down practices and the influence of donors. Moreover, my interviews revealed value misalignments between the headquarters and staff members in the region, regional staff members and the local population, and regional and country staff members themselves, regarding the principles that drive the UNFPA's programming. These conflicts lead to differential implementations of UNFPA policies that differ

from organisation's original goals and reinforce binary understandings of "right" and "wrong" values in terms of reproductive healthcare and GBV.

My research has important implications on what justification IGOs like the UNFPA have to enforce their mandate and question what accountability mechanisms exist to ensure that these organisations are truly addressing the needs of local communities. These findings also challenge whether the approaches of the UNFPA can be compromised with the values of local populations at all. In revealing the frequent overlooking of local governments and authorities in sustaining programming, I encourage the UNFPA to facilitate relationship-building and inclusive, continuous dialogue between key local stakeholders and governments. Further research should continue to examine the efficacy of externally driven localisation, through a focus on qualitative measurements for success. However, such research should be based on the perceptions and needs of local communities, rather than quantitative metrics that may not fully capture the local context. In the end, we must remind ourselves of who these programmes are designed to serve and alter our policies and programming to honour their needs.

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APPENDIX A**Preliminary Survey Questions**

1. What citizenship do you hold?
2. What country were you born in?
3. Please list the countries you have lived, in chronological order
4. When someone asks you where you are from, what do you most often answer?
5. What race do you identify as?
6. What ethnicity do you identify as?
7. What is the highest level of education you have completed?
8. What is the highest level of education your parents have completed?
9. What is your current job title/occupation?
10. What occupations have you held in the past?

APPENDIX B**Interview Guide**

UNFPA Staff:

1. Could you please tell me a bit about yourself?
2. Tell me briefly about your career trajectory thus far.
3. Tell me about your current job? What is the scope of your work?
4. What drew you to work in the West and Central African region?
5. What drew you to work in this field of reproductive healthcare/reducing maternal deaths combating gender-based violence?
6. What is your professional goal in this occupation/in your activism? What are you trying to achieve?
7. How would you describe the mission of your IGO/organization/activism/advocacy in this region? How does this align with your personal professional goal?
8. What issue(s) do you think your organization/line of work prioritizes in the region?
9. What challenges do you/your organization face when addressing this aforementioned issue?
10. What are the crucial local needs that you think need to be addressed?
11. What do you believe your organization has been effective in addressing in the region?
12. One of the six accelerators the UNFPA has identified for its 2022-2025 Strategic Plan is “Human-Rights based and Gender-Transformative approaches”. How would you define such approaches? What do you interpret from them?
13. To your knowledge, what work has been done to address “gender and social norms”, one of the six outputs of the current Strategic Plan?
14. Overall, what do you believe your organization has been effective in addressing in the region? What are its greatest successes? What about setbacks?
15. Please share what you believe has been your greatest personal accomplishment while working this job!
16. Do you have any questions for me?

Non-UNFPA Staff:

1. How did you get involved in this kind of work?
2. Tell me briefly about your career trajectory thus far (if not touched on).
3. What is human rights to you?
4. How is your organization organized in terms of programme implementation?
5. What sort of programming does your organization focus on?
6. How do they(you) analyse progress towards these goals?
7. (If including reproductive healthcare) What do you believe are the main challenges to addressing reproductive healthcare in the region?
8. What research/knowledge informs your programmes/projects?
9. How does your organization fundraise?
10. Have you collaborated with other NGOs or IGOs before?
11. What is your greatest success/proudest accomplishment in your current career?
12. Is there anything that we had not touched upon that you would like to share with me?
13. Do you have any questions for me?