

Navigating the reproductive health field

NGO practices and projects in Malawi

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Original papers

1. Kloster (2019). ‘Why it Hurts – Save the Children Norway and the dilemmas of “going global”’. *Forum for Development Studies*, 46(1) doi: 10.1080/08039410.2018.1511632
2. Kloster (in press). ‘From complexity to simplicity – how chasing success stories affects gendered NGO practices’. *Development in Practice*, doi: 10.1080/09614524.2020.1720609
3. Kloster (under review). ‘International actors’ legitimacy seeking practices in Malawi’s abortion law reform’. *Development and Change*
4. Storeng, Palmer, Daire and Kloster (2019). ““Behind the scenes”: International NGOs’ influence on reproductive health policy in Malawi and South Sudan’. *Global Public Health*, 14(4) doi: 10.1080/17441692.2018.1446545

Summary of thesis

International non-governmental organisations (INGOs) play an increasingly prominent role in global health. They serve as global health advocates, participants in global health policy development, and implementers of donor projects and programmes. To international donors, INGOs are popular actors to work with. Donors view them as more effective, as closer to ‘the people’ and better in transferring global policy ideas than national governments and their institutions. Concurrently, INGOs have become increasingly oriented towards global-level actors and donors, potentially influencing their ability to represent the ‘grassroots’ and act as actors that successfully could question and openly address inequality and unjust power structures.

Drawing on multi-sited ethnographic fieldwork conducted in Malawi, Oslo (Norway) and international conferences and meetings, this doctoral thesis explores how INGOs participate and manoeuvre within a rapidly changing field. The thesis defines three shifts that to a large extent shapes what INGOs can be and do. These shifts entails (1) the move from an understanding of health as a political issue to a technical issue and makes INGOs operate in what appears as a deeply depoliticised field; (2) an increased focus on individual people detached from the society in which they ‘grow up, live, work and die’; and lastly (3) the value of what INGOs do is now spelled out in terms of the number of individuals reached rather than the need to challenge structural issues of ‘representation’, power and inequality. In this landscape, (I)NGOs are valued for their effectiveness, efficiency and increased impact – as professional technical actors adhering to a managerial logic. Exploring NGO practices as well as the strategies NGOs use to manoeuvre within the global health field, this thesis examines how international NGOs communicate between differently situated actors, actors that adhere to different norms and values. The study aims to understand how NGOs manage or maintain their role as a proper and appropriate partner in development, and thus examines their legitimacy seeking practices at different ‘levels’ within the aid chain.

The thesis argues that this concurrent professionalization of NGOs, influence the ability of NGOs to ‘represent’ local communities towards national and international actors and fora. Moreover, in a changing global health landscape emphasising technical evidence over political and social determinants of health, what constitutes ‘good’ is constantly negotiated and renegotiated. This thesis shows that with these shifts, and the constant process of negotiating what ‘doing good’ means, the practices and norms from which NGOs claim and seek legitimacy changes.

The thesis addresses these complexities through four articles, published or under review in peer-reviewed journals. The first (in *Forum for Development Studies*) exemplifies core dilemmas within NGO aid, through analysing Save the Children Norway's reaction to its global counterpart's decision to comply with the reinstated Mexico City Policy. The article addresses how conflicting norms and sources of legitimacy coexist within one INGO and how this may initiate ideological dilemmas as the organisation and its staff find themselves in a split between technical and political ideals and norms. The second article (in *Development in Practice*) examines NGOs' increasing need to demonstrate success in order to manage their brand and funding. Through constructing a narrative of how the INGO intervention helped individual girls back to school, the INGO, in order to survive in a competitive field, produce success stories that staff communicate upwards the aid chain. The article argues that despite the INGO's intention to strengthen community structures, its practices contribute to a further simplification of rather complex contextual factors and gender relations. The third article (under review in *Development and Change*) addresses NGOs' legitimacy-seeking practices. It shows how actors belonging on opposite sides of the ideological spectrum make use of similar strategies when seeking legitimacy for themselves and their political cause as they aim to influence Malawi's abortion law reform process. Moreover, the article shows how some of these strategies, e.g. aiming to be 'invisible', promoting themselves as technical support to national actors, as well as hiding their international backing, may make internationally backed reproductive rights organisations vulnerable to de-legitimation attempts from so called 'pro-life' actors. The last article (in *Global Public Health*), co-authored with Katerini Storeng, Jennifer Palmer and Judith Daire, explores how reproductive health INGOs transfer progressive policy ideas of safe abortion. The article goes beyond the traditional mechanisms of policy transfer and argues that to increase the effectiveness of their advocacy, the international reproductive rights NGOs emphasise the technical nature of their work and aim to conceal their political orientation. Here, NGOs deemed these strategies effective when navigating such contested field.

Together, these articles show how the INGOs studied struggle with navigating a landscape, or market, conceptualised as technical but similarly highly tense and politicised. INGOs adapt to such de-politicisation of health, using it both as a strategy to promote and frame themselves as technical actors offering technical support, and to frame political issues as technical and less controversial. However, these practices and strategies also create tensions within INGOs, as national and international chapters derive legitimacy from different norms as well as having different interests to protect.

List of acronyms

BLM – Banja la Mtsogolo (Marie Stopes International programme in Malawi)

BMGF – Bill and Melinda Gates Foundation

CHAM – Christian Health Association of Malawi

CONGOMA – Council of NGOs in Malawi

COPUA –Coalition for the Prevention of Unsafe Abortion

DfID – UK Department for International Development

EVA-PMDUP – Evaluation of the PMDUP project

FAWEMA – Forum for African Women Educationalists in Malawi

GAVI – Global Alliance for Vaccines and Immunisation

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

GoM – Government of Malawi

ICPD – International Conference on Population and Development

IMF – International Monetary Fund

INGO – International non-governmental organisation

LSHTM – London School of Hygiene and Tropical Medicine

MCP – Mexico City Policy

MDG – Millennium Development Goal

MDGS – Malawi Development and Growth Strategy

MMR – maternal mortality ratio

MoEST – Ministry of Education, Science and Technology (Malawi)

MoH – Ministry of Health (Malawi)

MoU – Memorandum of Understanding

MSI – Marie Stores International

NGO – non-governmental organisation

NGOMA – NGOs and the transfer of global maternal health policies

Norad – Norwegian Agency for Development Cooperation

NSD – Norwegian Social Science Data Service

PAC – Post-abortion Care

PEPFAR – President's Emergency Plan for AIDS Relief

PMDUP – Preventing Maternal Death from Unwanted Pregnancy

RTP – Reducing Teenage Pregnancy

SAP – Structural Adjustment Program

Save Malawi – Save the Children International in Malawi

Save Norway – Save the Children Norway

SCI – Save the Children International
SDG – Sustainable Development Goal
SRH – Sexual and reproductive health
SRHR – Sexual and reproductive health and rights
SUM – Centre for Development and the Environment, University of Oslo
SWAp – Sector-Wide Approach
ToT – Training of Trainers
UNDP – United Nations Development Programme
UNFPA – United Nations Population Fund
UNICEF – United Nations Children's Fund
USAID – US Agency for International Development
WB – World Bank
WHO – World Health Organization
YFHS – Youth-Friendly Health Services

1. Introduction

This thesis examines how international non-governmental organisations (INGOs) participate and manoeuvre within the global–national flow of reproductive health policies, norms and knowledge. As global actors increasingly design global health policies (Feierman et al. 2010), INGOs have become important actors in the global flow of such policies and norms – as managers of global perspectives, as diffusion agents, and as preferred channels for donors. Additionally, INGOs often conduct political advocacy on behalf of the donors. How do NGOs manoeuvre in a field that is highly politicised and tense? In this study, I examine two organisations, Save the Children Norway and Ipas, and their projects in Malawi – a Save the Children-led project for reducing teenage pregnancies and Ipas’s effort to reform Malawi’s abortion law. Both cases are donor-funded projects implemented through INGO-led interventions focused on reproductive practices. Malawi offers a particularly interesting case because it is highly dependent on aid, often described as a ‘donor darling’ in the West (Swidler and Watkins 2017), and is heavily populated by NGOs – a situation described to me as ‘a pandemic of NGOs’ by one Malawian UN employee. This doctoral research is part of a larger research project on NGOs and the transfer of global maternal health policies – NGOMA. Focusing on Malawi in Southeast Africa, the NGOMA project aims to enhance our understanding of how global maternal health policy ideas flow between local and global sites, and of the linkages between policy implementation and policy-making processes.¹

Having worked as a research assistant in Malawi, I had seen how the different presidents communicated with the people through health messages on billboards – about HIV, family planning and maternal mortality – all relating to global health priorities. I had also noticed the turn towards INGOs, how it is INGOs that now communicate these messages and not the current national president. Within the global health literature, it is widely argued that authority over healthcare policy has shifted within a globalised world – from previously being the domain of the state to become the domain of global actors (see Feierman et al. 2010). Additionally, within the global political scene of reproductive health, a scene that is split between conservative and more socially progressive donors or actors, donors tend to prefer to work through INGOs rather than having to deal with over-bureaucratic or recalcitrant

¹ The NGOMA project is a collaborative project between researchers at Centre for Development and the Environment, University of Oslo, and Chancellor College, University of Malawi. PI Sidsel Roalkvam heads the project together with co-investigator Katerini Storeng and Blessings Chinsinga. Fieldwork in Malawi has been conducted by three PhD students from the University of Oslo in addition to a team of researchers from Chancellor College led by Professor Blessings Chinsinga.

governments (see Mayhew et al. 2005; Storeng and Ouattara 2014). Thus, international NGOs play an increasingly prominent and many-faceted role within the broader field of global health and development. They serve as advocates, stakeholders in the development of global health policies, and implementers of donor projects and programmes. They may also seek to represent sectors of the public in the countries where they work: donors often see them as representing local realities. INGOs themselves may even serve as donors, contracting national NGOs as partners in donor-funded projects (Watkins, Swidler, and Hannan 2012).

INGOs are often expected to work through national affiliates or counterparts, a practice that sociologists have compared to capitalist outsourcing (ibid.). Watkins and colleagues (2012) describe how the professionalisation of NGOs creates an extended aid chain, increasing the distance between local realities and global policymakers. In turn, such long implementation chains create complexity and uncertainty for NGOs operating within this landscape, characterized by ambiguous and lofty goals (see Watkins, Swidler, and Hannan 2012). To maintain their central role within the aid chain, INGOs must continually ensure their legitimacy in the eyes of donors on whom they depend for funding. Greater upward accountability has influenced NGO practices, as evidence of successful performance has become important in an increasingly competitive and professionalised landscape, where NGOs compete for funding with a range of public and private actors. Such a process of professionalisation also has an influence on NGO sources of legitimacy. The literature on NGOs and development studies describe NGO legitimacy as complex and dependent on various factors and sources (Edwards 1999; Edwards and Hulme 1996; Lister 2003). One source of legitimacy that has become important in recent years is that of measurable impact. Another is being able to demonstrate representativeness – that a given NGO is close to the people, understanding their situation and representing their voices. A third source of legitimacy derives from adherence to shared global norms and discursive practices. For the INGOs in this study, examples of such norms are rights, ‘saving lives’, and girl’s education.

These three factors – performance, representativeness and promotion of shared norms – constitute a crucial aspect of INGOs’ identity as actors aiming to ‘do good’. In seeking to understand how NGOs manoeuvre within such a politicised and highly professionalised landscape, I came to realise that the NGOs I studied were indeed driven by a moral claim to ‘do good’ (see Fisher 1997). Such perception, or claim, that NGOs are morally ‘good’ has fostered the development of public trust in them, their ability to speak with authority as well as attract donors and secure funding. In many ways, their existence depends on their ability to sustain such claims (Hilhorst 2003).

Global actors increasingly design global health policies (Feierman et al. 2010), which are then transferred to national ministries of health in countries in the ‘developing world’. The term ‘transfer’ leaves the impression that this is a technical, mechanical and even neutral process – which it is not. It is an active process in which actors, like INGOs, negotiate and even change the content. We can conceptualise this situation in terms of flows – downwards, upwards, from the global, through the national, to the local level and up again. The concept of global flows indicates that we need to examine the flows of things, ideas, and information, as well as differences and disruptions to these flows (see Roalkvam, McNeill, and Blume 2013). To study such flows, we need to ask, ‘what flows?’ Exactly what is it that ‘flows’ through the aid chain I study here? Not just globally crafted reproductive health policies flow between local and global localities. Downwards, from the global level, there are flows of money and policies, accompanied by technical advice, expert knowledge and targets to be achieved. From the local and national levels flows success stories and numbers – reports of NGO performance – to demonstrate that donor expectations have been satisfied.

Trying to understand how INGOs manoeuvre within such system has guided this research. Operating along the aid chain, moving upwards and downwards, facing multiple actors and realities at different interfaces, many INGO actions are geared towards legitimisation: in order to succeed in finding donors and supportive stakeholders, an NGO must convince others of its appropriateness and trustworthiness (Hilhorst 2003). Legitimation can be understood as practices, as an accumulative ‘making of claims’ (Barker 2001, 2; cited in Dodworth 2018, 3), and the daily affirmation or contestation of such claims (Bexell 2014, 292; Dodworth 2018). To manage this situation, INGOs perform a range of legitimacy-seeking practices. To claim or demonstrate performance, INGOs report achievements in terms of numbers or as specific success stories. Such demonstration of performance can help an (I)NGO to stand out in a competitive landscape characterised by short-term funding and a managerial logic. Within such a landscape, attributing success or performance to specific projects is of importance. When claiming to be representative, however, organisations emphasise country ownership and thus downplay their own influence, seeking to demonstrate their proximity to the people, their knowledge of local concerns and needs. Regarding global norms, the literature describes widely diverging, conflicting or competing views and practices concerning reproductive health (Boyle, Kim, and Longhofer 2015). The field of reproductive health, which deals with highly personal and cultural matters, is much contested, and has in recent years become increasingly politicised. Claiming legitimacy through global norms regarding reproduction may prove problematic. Here, INGOs may need to adjust or tailor

their claims in accordance with their audience – for example, by referring to abortion as a public-health issue in one context and as women’s rights in another; or emphasizing the potential number of children saved towards one donor while stressing children’s rights towards a second donor, and women’s rights towards a third one.

While NGOs’ legitimacy in the eyes of donors is the dominant concern, by virtue of their financial dependency, their legitimacy towards the state and other actors operating in relation to the aid chain are to some extent also of concern. For instance, legitimacy can be important for effective advocacy and thus policy influence (Gutterman 2014; Hudson 2000). A challenge can arise, for example, where the norms of the INGO are not in tune with the norms of influential national groups – like the Catholic Church, within the Malawian abortion debate.

The two case studies on which much of this thesis is based exemplify many of these dilemmas. For example, Ipas strategically chose to downplay its own role in the campaign to liberalise Malawi’s strict abortion law: instead, it opted to strengthen and work through a national civil society coalition, making that coalition the public face of the abortion reform campaign. Save the Children, on the other hand, has strategically highlighted their role in the effort to reduce teenage pregnancies in Malawi, stressing the importance of visibility to demonstrate their success. Whereas Save the Children needed to demonstrate attribution by directly linking a reduction of girls dropping out of school with their specific project, Ipas in Malawi, working from behind the scenes, depended on ‘national ownership’ of a specific political project to prove effective vis-à-vis the donor. In line with international donor priorities, Save the Children competed with a myriad of other NGOs and projects aimed at reducing teenage pregnancies and girl drop-outs, and had to single out its own contribution to demonstrate performance. Ipas, as one of few INGOs specialising in safe abortion advocacy work, faced a different type of competition: it emphasised the importance of saving women’s lives, whereas their ideological ‘opponents’ stressed the lives of the unborn.

Another example concerns internal dilemmas that can arise within one INGO. In my work on Save the Children Norway, which is one of 29 member-organisations in the global INGO Save the Children International (SCI), it became evident that two conflicting reproductive health norms could coexist within one and the same global organisation. In 2017, SCI complied with the reinstated Mexico City Policy (MCP), which bans US funds from going to NGOs that provide information about or advocate for safe abortion. This decision triggered debate within the INGO. Do we comply with the policy, in order to secure funding that can increase the number of women and girls the organisation can reach? Or, do

we abstain from funding that prohibits an emphasis on women and girls' rights? This example also illustrates the weight that 'saving lives' holds within global health, an essential message and main criterion of success and authority (see Roalkvam and McNeill 2016, 73). Moreover, it shows how a global INGO's legitimacy claim, 'saving lives', could challenge the legitimacy claims of one of its member NGOs towards a differently situated donor, that of being rights-based. Whereas diverging from the norm of women's rights served to secure funding from the US Agency for International Development (USAID), the same decision challenged Save the Children Norway's reputation towards its members and the Norwegian Agency for Development Cooperation (Norad). The global INGO's decision to comply with the MCP also challenged the Norwegian NGO's identity as a political actor, bringing ideological dilemmas to the surface.

Aims and research questions

Inspired by Hilhorst's (2003) call for researchers to examine NGO practices and relationships rather than their form, this thesis aims to contribute to our understanding of how international development and health NGOs participate and manoeuvre within the global-national flow of reproductive health policies, norms and knowledge. Drawing on Lewis and Schuller (2017), I take NGOs not as a fixed category, but as a 'productively unstable' one. My analysis of the actions and practices of two NGOs has been guided by four interlinked questions: 1) What are the strategies INGOs use to liaise between the national and global actors? 2) What enables or hinders INGOs to 'represent' local communities at the national and global level? 3) How do INGOs legitimise themselves and their projects towards national audiences and donors? 4) What is the historical and political context of maternal health policy in Malawi?

Structure of the thesis

This thesis is structured in two main parts. Part 1 consists of eight chapters, including this introduction, presenting the aim and scope of the thesis, the research context, the methods employed, as well as a summary of the articles and a concluding discussion of the research project. Part 2 consists of four articles, to which Part 1 serves as a comprehensive introduction.

In chapter 2 of this first part, I contextualise the thesis in the historical and political changes in Malawi since independence, the role of international actors and transnational collaboration in shaping Malawi's reproductive health policies. I show how health has been a means through which the Malawian state is made visible to its citizens; further, how the

governing of the reproductive body has, to a large degree, shifted from being the domain of the state to the domain of international actors, including INGOs – a transnational governing of the female reproductive body.

In chapter 3, I present the two global health interventions in Malawi: a Save the Children project aimed at reducing teenage pregnancies by keeping girls in school, and a UK Department for International Development (DfID)-funded project aimed at reducing maternal mortality from unwanted pregnancy and unsafe abortion as well as creating an enabling policy environment for abortion law reform. In Malawi, it was implemented through Ipas, a reproductive health and rights NGO. Both cases are donor-funded initiatives implemented through INGO-led interventions aimed at reproductive practices. The two examples illustrate different but overlapping challenges that health and development NGOs face when manoeuvring in an increasingly politicised global health landscape.

Chapter 4 presents the methodological approach employed to collect empirical data, drawing specifically on Marcus' concept of multi-sited ethnography (Marcus 1995). This approach makes it possible to study phenomena and actors dispersed across borders and as part of flexible networks, as well as to track movements and connections between people, institutions, discourses, and meanings across multiple sites and potentially also between historical periods (Muir 2011) – thus, an approach well-suited to studying how NGOs manoeuvre in global flows. In chapter 5, I discuss and reflect upon positionality and some ethical concerns surrounding my fieldwork, paying particular attention to the challenges regarding access, and conflicting ethical norms that I encountered when critically studying NGOs and their practices within the heavily politicised field of reproductive health.

Chapter 6 outlines the analytical concepts that have guided the analysis. In line with an ethnographic approach, these concepts were identified in an iterative process, letting the field inform the analysis. The chapter is structured around the concept of *global flows* and *interfaces*, which I find helpful for understanding how norms and knowledge flow between local and global locations; furthermore, how (I)NGO negotiated legitimacy at the various intersections within the aid chain. Chapter 7 offers a brief summary of the main findings of my research, as presented in full in the four articles that follow. All four articles have either been published, accepted for publication, or are currently under review in international journals. In chapter 8, I discuss the main findings of the thesis, situating my findings within the broader social science literature on global health and development.

2. Background: Shifting policies in a contested reproductive health field

In this chapter I begin by tracing Malawi's changing relations with the world of development aid, where the country's experience largely, but not entirely, mirrors that of other sub-Saharan African states. Next, I trace the development of Malawi's population and maternal health policies. Finally, I discuss the increasingly important role of NGOs and their implications for policy and practice in Malawi. In all three of these interlinked stories, 1994 is a crucial year. It marked the end of the 30-year presidency of Dr Hastings Kamuzu Banda – a highly autocratic leader strongly opposed to family planning. It was the year of the International Conference on Population and Development (ICPD), where countries of the world came together and articulated a new way of framing the population issue. And from this year the number and influence of NGOs in Malawi rapidly increased – initially because of the departure of Dr Banda, which coincided with donors' push for neoliberal policies. As I shall show, the years following 1994 proved turbulent with regard to both foreign aid and population policy in Malawi. Repeated problems of fiscal mismanagement led to repeated withholding and reinstating of support; and international population policies changed rapidly. The former led, for reasons I shall discuss, to an increase in the number and influence of national and international NGOs. The latter led in some cases to conflict over starkly contrasting views concerning abortion and family planning. In some cases, these conflicts could be avoided by the adoption of suitable framings and uncontroversial projects, but not in all. That is demonstrated by my examination of the two NGO-supported projects that provide the core empirical material of my study.

International development aid in Malawi

Malawi remains one of the poorest countries in the world, ranked as number 171 out of 187 on the 2017 Human Development Index (UNDP 2018). It has been heavily dependent on aid: some 40% of the national budget was donor-funded over the period 1994–2006, a situation that is more or less similar today, and about 75% of the health budget was donor funded in the 2018/19 fiscal year (Chasukwa and Banik 2019; GoM 2011, 19; WHO 2009). Currently, 74% of total donor funding to Malawi's health sector consists of off-budget support, which results in a high level of fragmentation (GoM n.d.). In the 2016/17 budget, health expenditure as a percentage of the national budget was 9%, a decline from 12% in 2013/14 budget (UNICEF 2017). A major reason for this decline is that donors froze their budget support in the aftermath of 'Cashgate', affecting the health sector severely. 'Cashgate' refers to the major

corruption scandal that broke in September 2013. Estimates of funds removed from the Malawi Treasury during ‘Cashgate’ range from USD 20 million to USD 100 million (Dionne 2014). Consequently, donors again prioritised channelling aid to NGOs and to earmarked interventions, rather than direct budget support. Malawi’s high dependence on external funds gives donors considerable power and influence over priorities and policy, including health (Oya 2006; Whitfield and Fraser 2010). In such contexts, the political voice and power of developing nations’ governments tend to be limited (Buse and Harmer 2007; De Ceukelaire and Botenga 2014; Gautier and Ridde 2017).

An emerging aid dependency

Dr Banda, the first president of Malawi, strongly opposed foreign interference. In his efforts to build the post-colonial Malawian state and identity, Dr Banda emphasised nationalism, and aimed at resisting Western influence (Chimbwete, Watkins, and Zulu 2005; Robinson 2017). Wanting to protect Malawi from what he saw ‘as the corrupting influences of the modern world’ and preserve its traditions from ‘cultural imperialism’ (Thornton et al. 2014, 700), Dr Banda allowed only a few development projects in Malawi, such as assistance from the World Health Organization (WHO) in preparing a plan improving health service infrastructure (ibid.).

Despite his opposition to Western interference, Dr Banda was no less dependent on aid than his successors (Wroe 2012, 142). Given Dr Banda’s suspicion of socialism, unlike many of Africa’s other leaders during the 1960s and 70s, he had the support of Western governments. Furthermore, provided that stance was maintained, international donors and governments expressed few concerns over Dr Banda’s oppressive way of governing (Kerr and Mapanje 2002; Wroe 2012, 142).

During the economic downturn in the 1970s and 80s, Malawi, like other African nations, was encouraged to take loans from the International Monetary Fund (IMF) and the World Bank (WB) in order to serve its debt obligations. In exchange, Malawi, as other nations, was required to undergo structural adjustment programmes (SAPs) designed to shrink public deficit drastically (Chinsinga 2002; Messac 2014; Shivji 2006).

Most countries that accepted WB/IMF loans implemented significant cuts in their health budgets in order to meet conditions for deficit reduction (Messac 2014). These policies were neoliberal: by favouring the market distribution of services (free market), they weakened the state’s reputation as the best-qualified provider of health (Pfeiffer 2003; Poku and Whitman 2018).

In the changing geopolitical landscape that followed the end of the Cold War, Western powers' need for like-minded allies in Africa declined. Donors started to react to Dr Banda's autocratic rule in 1991 and suspended all non-humanitarian aid to Malawi (Resnick 2013; Wroe 2012). Concurrently, national actors started to speak up against Dr Banda, among them university students and the Catholic Church, who criticised him for neglecting the country's health challenges (Robinson 2017). Under severe internal and international pressure, Dr Banda reluctantly agreed to hold a national referendum on multi-party governance in 1993. Malawi's relations with the international community improved after the transition to multi-party democracy in 1994.

Dr Banda's regime was followed by a succession of democratically elected presidents² who were eager to show Western donors and altruists that Malawi had changed and was ready to reconnect to the international community and was committed to international development norms (Swidler and Watkins 2017, 1). These new governments faced stricter aid conditionality than had Dr Banda (Wroe 2012). Due to the changing geopolitical landscape, new sets of aid conditionalities emerged within development aid, expanding donor influence from macroeconomics to the process of policymaking itself (de Renzio, Whitfield, and Bergamaschi 2008). The new conditions included the rule of law, good governance, human rights and representative democracy – and Malawi had to follow suit (Englund 2006).

Country ownership and human rights – an aligning of agendas

From the mid-1990s, a new 'aid effectiveness agenda' started to emerge within international development, driven by reformers and advocates within the global aid community. In theory, foreign aid was to be increasingly oriented towards achieving poverty reduction and promoting 'good governance', with a strong focus provided by the 2001 UN Millennium Development Goals (MDGs) (Hulme and Fukuda-Parr 2009; Mawdsley, Savage, and Kim 2014). With the new aid paradigm came a mantra of 'improved value for money' (Gardner and Lewis 2015, 37): increasingly, 'results-based' and 'performance-based' management were *en vogue* (Schuller 2012). For NGOs, this focus on upwards accountability stepped up the pressure to supply quantitative results, which in turn provided these 'so-called experts' greater authority (Schuller 2017, 23).

² Bakili Muluzi won Malawi's first multi-party election in 1994. He was succeeded by Bingu wa Mutharika in 2004. After wa Mutharika's death in 2012, his estranged vice-president Joyce Banda took office (Resnick 2013; Vaughan 2013; Wroe 2012). Joyce Banda lost the 2014 election to wa Mutharika's brother, Peter Mutharika, who was re-elected in 2019.

When Bakili Muluzi won Malawi's first multi-party election in 1994, he adopted poverty reduction as the government's operative development philosophy (Chinsinga 2002, 2007). Despite being values that Dr Banda had opposed as being un-Malawian, Muluzi promoted democracy, human rights, and family planning, seeing a small family as desirable. As this was in line with the global development agenda, Muluzi's priorities helped to restore Malawi's relations with international donors and secured the aid flow. Additionally, Muluzi allowed international actors to implement initiatives in line with Western norms and values, and INGOs entered Malawi en masse. As donors had reinstated aid due to Muluzi's opening the country for international aid and developing neoliberal policies, they froze budget support towards the end of his second term (1999–2004) due to allegations of corruption and authoritarian tendencies (Resnick 2013). Budget support was again reinstated with the election of Bingu wa Mutharika in 2004.

Around the turn of the millennium, *country ownership* emerged as a buzzword in international development aid, emphasising mechanisms like 'budget support' and 'partnership' (Gardner and Lewis 2015). In Malawi, this coincided with the implementation of the Sector Wide Approaches (SWAp) in 2004, aimed at better coordinating donors in the health, agricultural and educational sectors. The health SWAp resulted in improved delivery of a prioritised Essential Health Package (Pearson 2010), but aid coordination did not improve noticeably. Donors and NGOs saw that as problematic since it limited their ability to demonstrate impact and influence the agenda (Anderson 2018). Here, it should be noted that 'partnership' and 'country ownership' are terms that can hold different meanings depending on the actors, context and time period. As Mosse (2005, 10-1) highlights, the terms themselves may mask the unequal power relations that characterise the actual workings of aid. Similarly, Brada (2011) points out how differently situated actors shape and give meaning to terms like 'partnership'.

The MDGs also became an arena for Malawi to show its commitment to global initiatives and targets, and President wa Mutharika made them the guiding principles for Malawi's long-term development plan, the Malawi Development and Growth Strategy 2006–2011 (MDGS). The current MDGS III (2017–2022) was developed in line with the Sustainable Development Goals (SDGs) (GoM 2017). Joyce Banda, who took office after the sudden death of wa Mutharika in 2012, had a well-earned reputation for promoting the interests of women. She made maternal health part of her political campaign – in line with the global emphasis on MDG5 (Vaughan 2013; Wendland 2016). She took office at a time when Malawi's relations with donors had broken down once again, due to wa Mutharika's

authoritarian tendencies. Western donors welcomed Joyce Banda as a challenger to corrupt rule, with her promotion of investment, democracy and development (Chinsinga 2017; Dionne and Dulani 2013).

Despite her efforts to improve maternal health for Malawian women, and thereby Malawi's maternal mortality statistics, the Cashgate scandal came to taint Joyce Banda's legacy. The corruption scandal that broke in 2013 not only affected her chances of getting re-elected: international donors cited Cashgate as the reason for withholding USD 150 million in direct budgetary support (Kelly 2014, 117), thereby legitimizing the (repeated) redirection of funds to NGOs – and further bypassing the government. During my fieldwork in 2015, a major policy debate in Malawi centred on the president's 'zero-aid' budget, an attempt to demonstrate Malawi's independence from donors.

Shrinking policy space

Despite emerging global rhetoric about 'partnership' and 'country ownership', donors have suspended aid to Malawi during every presidency because of alleged mismanagement of funds, and anti-democratic and authoritarian tendencies, like breach of aid conditionality – aiming to change the government's behaviour (Banik and Chasukwa 2016). Such repeated withdrawal and redirection of funding have had deep impact on Malawi's public sector and services, which scholars have described as being in continuous crisis (Anderson and Patterson 2017; Dionne 2018).

Since the implementation of SWAps in Malawi, attempts have been made to coordinate the fragmented aid landscape. In theory, the Malawi Development Coordination Strategy launched in 2014 governs all external assistance to Malawi. In practice, however, international actors continue to hold the upper hand (Chasukwa and Banik 2019). The high level of donor dependency has left Malawi highly vulnerable to external influence on matters of economic and social development (Chanika, Lwanda, and Muula 2013; Resnick 2013), and donors wield considerable power and influence over health priorities and policy (Oya 2006; Whitfield and Fraser 2010). However, when donors promoted their own agendas and threatened with aid suspension, Malawian governments often accused them of 'neocolonization and meddling in domestic politics with the aim of initiating regime change' (Chasukwa and Banik 2019, 108).

As Anderson (2018, 201) shows for Malawi, donors, in line with global commitments, use rhetoric like 'partnership' – while continuing to 'lead from behind' to make sure that national policies are aligned with their preferences. In this context, the political voice and

power of the national government tend to be limited (Buse and Harmer 2007; De Ceukelaire and Botenga 2014; Gautier and Ridde 2017; Hayman 2007). As Ferguson (2006) reminds us, many former colonised states are not truly independent nation states. Rather, they continue to be ruled by external actors, including transnational organisations that work in collaboration with Western/European countries within a system Cooper has characterised as ‘internationalized imperialism’ (Cooper 1993, cited in Ferguson and Gupta 2002, 992). Heavy external funding and aid dependency have weakened Malawi’s bargaining power, and, according to the former Resident Coordinator of UNDP to Malawi, Mia Seppo, left Malawi ‘policy rich but implementation poor’ (quoted in Gunya 2017).

One arena where donor influence has been especially controversial is that of population policy – a matter of great importance to the individual nation states and the subject of major international debate. In the following, I briefly move away from the Malawian context to the ‘global’ level history of population policies and reproductive health before returning to Malawi and how such ‘intimate interventions’ play out there.

Population policy: the battle over the female reproductive body

The International Conference on Population and Development (ICPD) in Cairo in 1994 stands as a watershed in the history of population policy – deeply challenging the economic and demographic objectives of then dominant vertical family planning programmes and establishing consensus on women’s reproductive rights (Cohen and Richards 1994; Hodgson and Watkins 1997). From the 1960s onwards, population growth had been framed as a threat to economic development and population policies in the form of family planning was established at national and international level to curb a growing population (Hodgson and Watkins 1997). Such policies were diffused to countries across Africa in the 1970s and 80s. The ideological belief that informed these neo-Malthusian population policies was that excessive population was a major cause of poverty, and that lower birthrates would facilitate prosperity (ibid.). Up until the ICPD in 1994, family planning *was* population policy. However, an emerging North/South women’s movement started to challenge this view, emphasising women’s rights in the 1970s. This approach grew stronger in the years leading up to the Cairo meeting.

At the ICPD, the international community shifted away from neo-Malthusian population policies and towards the concept of Sexual and Reproductive Health and Rights (SRHR) (Hodgson and Watkins 1997). What the consensus promoted was ‘family planning within the context of more comprehensive reproductive health care’ (Cohen and Richards

1994, 272). Perhaps most significant was the emphasis on improving the status of women at all stages of their lives (*ibid.*), acknowledging gender equality and empowerment as cornerstones in development. The ICPD set the goal of universal access to reproductive health services by 2015, but although access to safe abortion was seen as imperative to public health, there was no consensus on a call to liberalise abortion (Boyle, Kim, and Longhofer 2015; Shah, Åhman, and Ortayli 2014). Abortion was a controversial issue at the ICPD, and conservative governments, specifically the USA and the Vatican, strongly objected to the framing of abortion as an individual right (DeJong 2000). Due to competing ideological frames, abortion as an individual right or women's right did not become the main cohesive global frame that many had hoped for. In 1995, the Platform for Action of the Fourth World Conference on Women at Beijing reaffirmed the ICPD Programme of Action and called upon governments to 'review laws containing punitive measures against women who have undergone illegal abortions' (para.106(k), cited in Hessini 2005, 91).

The 1994 ICPD and the 1995 World Conference on Women in Beijing in many ways represent the pinnacle of the global dispute over abortion. By the late 1990s, the topic had become secondary among women's rights organisations as well as religious organisations (Boyle, Kim, and Longhofer 2015, 887). Deriving from the public-health framing of abortion which had coexisted along with the individual rights framing since the ICPD, post-abortion care (PAC) focused on making treatment of abortion complications available, rather than making legal changes (Rasch 2011). PAC became a politically palatable way for international policy actors to provide the idea of 'life-saving care' without having to engage in the contentious issue of legal reform on abortion (Storeng and Ouattara 2014).

While the ICPD indeed broadened the focus and approach from top-down population-control targets to a broader notion of gender inequality and reproductive rights, and many countries indeed adopted the language, critics have argued that the idea lingered on mainly in discourse and was less visible in practice (Austveg 2011). Then, with the adoption of the MDGs in 2001, the global commitment to reproductive rights became tuned towards improving maternal health. The eight goals' simplicity and measurability were key to their publicity and power, and hence influence on the development discourse (Roalkvam and McNeill 2016). The use of indicators to measure highly complex and relational issues, like reproductive rights and gender equality, helped to de-politicise such issues. With MDG 5 – 'Reduce maternal mortality by 75 per cent and achieve universal access to reproductive health' – the broader focus on reproductive rights from ICPD was narrowed down to a focus on maternal health, emphasising institutional deliveries (Austveg 2011; Yamin and Boulanger

2013). The two indicators chosen to measure MDG5 were the maternal mortality ratio (MMR) and the proportion of births attended by skilled health personnel.

Influenced by neo-liberal policies and the pressure to achieve the MDGs, and now the SDGs, health investments have become largely focused on technical solutions to specific-health needs that can produce readily quantifiable results, rather than on health system strengthening (Storeng 2014). Indicators are efficient tools used to narrow down initially comprehensive ambitions, such as ‘improve maternal health’, and turn them into technocratic, attainable goals that can be measured (see Adams 2016; Storeng and Béhague 2014). Because of their appearance as objective representations of people and situations, they tend to be read as apolitical and morally neutral ‘facts’ about the world (Adams 2005 in Wendland 2016). This makes indicators indeed influential and politically powerful. With their presumed ‘neutrality’, such indicators ‘suit the technical managerial logic of contemporary global health because they can be tracked, graphed, compared across time and space, and statistically manipulated in ways that people cannot’ (Wendland 2016, 61). They can therefore be mobilised effectively for moral and political projects (Adams 2005, in Wendland 2016). However, what comes to be measured and the ensuing evidence produced are crafted in a context of competing interests, powers and ideas (Janes and Corbett 2009, 174). As Danielsen (2017, 430) argues, ‘indicators thus reveal some things and conceal others. As a result, they do not passively reflect maternal health: they create and produce it.’

In the late 1990s, new public–private partnerships in health and development emerged – exemplified by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Partnership for Maternal Newborn and Child Health – characterised by vertical and disease-specific funding over horizontal system strengthening (Birn 2009). In an environment characterised by such shifting vertical interventions (albeit well-intended), it is difficult for governments ‘to develop and implement sound national plans for their country’ (Sridhar 2009, 1369). As Roalkvam and McNeill (2016, 72) argue, the implication of the development of private actors and commodification of health care is that the responsibility for population health shifts from national governments and multilateral institutions to private actors and institutions, further reducing the governments’ say over their own national priorities (e.g. Buse and Harmer 2007).

Saving the girl child

Neither maternal mortality ratios nor ‘skilled deliveries’ (as pushed for by MDG5) address the entire range of reproductive health needs or fertility levels. After strong lobbying by United

Nations Population Fund (UNFPA), a Target 5b, of achieving ‘universal access to reproductive health’, was added to MDG5 in 2005, with ‘unmet need for family planning’ and ‘adolescent birth rate’ as two of its indicators (Hulme 2010, 23). The focus on family planning services for adolescents was heavily opposed by the USA, among others, and the target was given little priority until 2012, when the issue of contraceptives re-emerged on the global arena (Yamin and Boulanger 2013).

In parallel to the global controversy regarding Goal 5b and family planning services for adolescents, the link between girls’ reproductive health and wellbeing and education was strengthened globally. Globally, the Nike Foundation the Girl Effect campaign, launched in 2008, was crucial in placing this approach on the global agenda. As described in article 2 (see chapter 7), this campaign was part of the growing global focus on the empowerment of girls as ‘smart economics’ (see Chant and Sweetman 2012; Koffman and Gill 2013). The girl becomes the main development agent, seen as the world’s greatest untapped potential (Girl Effect 2011) to development. Empowered through education, the Girl Effect campaign asserts, girls will rise above the obstacles that hold them down – hunger, poverty, early marriage, adolescent pregnancies or HIV/AIDS. Here, girls and women are made responsible for bringing themselves and their community out of poverty, and thus become both the cause of and the solution to poverty (Hickel 2014). Moreover, the focus promoted by the Nike Foundation and global institutions is a return to an economic and apolitical understanding, and not one centred on rights.

The global focus on adolescent health has increased, as detailed in reports, initiatives and resolutions (PMNCH 2013). In 2012, adolescent and youth were the central theme of the 45th session of the United Nations Commission on Population and Development, which helped place it on the global agenda (*The Lancet* 2012). The Global Strategy for Maternal, Children’s and Adolescents’ Health 2016–2030 further catalysed the global response. Yamin and Falb (2012) argue that, although family planning re-emerged on the global agenda with the London summit in 2012, the approach was driven by the emerging global focus on sustainable development rather than reproductive rights – in effect, sending the ICPD into oblivion.

Additionally, Hendrixson (2019) argues that intertwined in the renewed emphasis on family planning, women’s empowerment and (to a certain degree) reproductive rights there was a renewed emphasis on population control. While rights and empowerment are emphasised as integral to family planning, a neo-Malthusian ghost lingers in arguments that see population growth a main driver of environmental degradation, poverty and resource

scarcity. In this scenario, as well as in the above-mentioned ‘girl effect’ approach, women are simultaneously seen as the problem (because of their fertility) and the solution (as they can reduce their fertility by family planning) (ibid., 799).

A global battle over the unborn child

Although the global dispute over abortion witnessed at the ICPD faded towards the end of the 1990s (Boyle, Kim, and Longhofer 2015, 887), and the world has seen increased liberalisation of abortion laws globally, abortion has remained controversial. As Boyle and colleagues (2015, 882) argue, ‘controversy sets abortion apart from other issues studied by world society theorists, who consider the tendency for policies institutionalised at the global level to diffuse across very different countries’. Regarding abortion, there is no coherent institutionalised global framework like that for teenage pregnancies: competing frames of women’s rights, scientific/medical and religious/natural family coexist (ibid.). These competing frames are embedded in quite different ideologies or contending moralities. The scientific discourse of medicine has been less politicised and less controversial than either that of women’s rights or religious frames (Boyle, Kim, and Longhofer 2015; DeJong 2000). While the MDGs managed to raise unsafe abortion, framed as a health issue, onto the global agenda with its aim of reducing maternal mortality (MDG5), the MDGs also ended up depoliticising the agenda by narrowing down reproductive rights to quantifiable targets and indicators.

While the USA, the Vatican, and other conservative governments strongly opposed the rights-based approach to reproductive health hammered out at the ICPD and in Beijing (DeJong 2000), the discourse on reproduction has been largely framed as a matter of individual rights (Morgan and Roberts 2012). As Morgan and Roberts (2012, 245) argue, ‘collective notions of population control and reproductive health have given way to governance through a new – and newly juridical – understanding of individual rights. This discursive formulation has created an opening for competition between the “right-to-life” of the unborn and the “reproductive rights” of women’. Moreover, it has made the Catholic Church, as well as Pentecostal and evangelical actors, influential actors in the realm of global abortion politics. That also is the case in Malawi, where the Church has become an important actor in determining morality, and abortion is often referred to as a ‘sin’.

The controversy has continued. On 23 January 2017, US President Trump reinstated the Mexico City Policy, as all Republican presidents since Reagan have done before him. The policy, referred to as ‘the global gag-rule’ by its critics, bans US funds from going to NGOs ‘that provide abortion services, counselling, or referrals, or advocate for liberalisation of their

country's abortion laws – even if they use non-US government funds for these activities’ (Starrs 2017). However, the Trump administration not only reinstated the MCP, but also broadened its scope to include nearly all US global health assistance – including HIV funding through the US President's Emergency Plan for AIDS Relief (PEPFAR) and maternal health initiatives (*The Lancet* 2019). This has forced NGOs to choose between complying with the policy’s restrictions or losing access to US funds – the world’s biggest global health funder. By targeting funding for abortion, ‘the MCP weaponised US global health funding against sexual and reproductive health and rights more broadly’, and the MCP’s chilling effect has started to affect the most vulnerable women (*The Lancet* 2019). This has turned the already bifurcated field of sexual and reproductive health, involving control over funding and politics, competing ideological, value-based and moral regimes of reproduction, and the return of population control (see Hendrixson 2019) into an even more contested arena.

The controversy seen at the ‘global’ level was, as elaborated on below, also to be found in Malawi. Despite Dr Banda’s opposition to foreign interference, today, Malawi’s health policy and services are closely aligned with the global agenda. In the following, I return to the Malawian context where I briefly explore its history of ‘intimate interventions’ before I move on to the emerging prominence of NGOs in Malawi and their reproductive health projects and framings.

Reproductive health in Malawi: the history of ‘intimate interventions’

The female reproductive body (and behaviour) is of importance to any nation-state. In efforts to control it, governments enact legislation and develop policies providing or restricting abortion services, family planning and reproductive technologies (Mishra and Roalkvam 2014). In Malawi, Dr Banda had decisively influenced the adoption of reproductive health interventions using values and tradition as his main argument. Viewing the people as one of Malawi’s greatest resources, he went against the global agenda, where the neo-Malthusian approach to population control dominated. Dr Banda expelled the US Peace Corps in 1969 allegedly for promoting family planning, which he had banned as being foreign and un-Malawian (Lwanda 2005; Robinson 2017, 106–107). Banja la Mtsogolo (BLM), established in 1987 and today the national affiliate of the INGO Marie Stopes International (MSI), was one of few reproductive health NGOs allowed to operate in Malawi at the time. Moreover, it became imperative to Dr Banda to control women’s reproductive agency, like banning family planning. He thus linked women’s bodies directly to the president, state and government. As Parkhurst, Chilongozi, and Hutchinson (2015, 16) argue, opposition to specific issues,

especially those relating to sexuality, can be seen as ‘part of a wider project of maintaining Malawi’s sovereignty by resisting domination by powerful countries’. Such issues were often framed as ‘imposed’ by external donors (ibid.). Family planning touches on core values of reproduction, family and kin and is for this reason often met with resistance or opposition within the community.

Despite Dr Banda’s reluctance towards family planning, international actors – the World Bank, the UN Population Fund and the WHO – as early as in 1977 supported a national census to draw political attention towards the country’s rapid population growth, which eventually led to the development of a child spacing policy in 1982 (Chimbwete, Watkins, and Zulu 2005). The policy was successfully lobbied by Malawian technocrats with links to the world society, who, sponsored by international actors like UNFPA, had attended international conferences in the 1970s and 80s.

Malawi’s economic downturn in the 1980s presented donors with a legitimate reason for promoting a more explicit population policy (Chimbwete, Watkins, and Zulu 2005, 97; Robinson 2017, 111). This process was backed by UNFPA, the WHO and the WB, and NGOs were given a seat at the table (Chimbwete, Watkins, and Zulu 2005; Robinson 2017). Following up on an external push for population policy reform, one of the first things Muluzi did after taking office in 1994 was to sign the country’s first population policy ‘announcing that family planning was a legitimate strategy for development’ – a decision that helped to mend Malawi’s relationship with donors (Chimbwete, Watkins, and Zulu 2005, 101). The policy resembles those adopted across Africa during the 70s and 80s, which derived primarily from consensus documents adopted at international and regional population conferences – indicating, as noted by Robinson (2015, 203), their close ties to the world polity.

Malawi’s adoption of the population policy coincided with the shift in the international community, away from top–down neo-Malthusian population policies and towards the concept of SRHR, adopted at the ICPD in 1994 (Hodgson and Watkins 1997). Although not aligned with the new global norms, Malawi’s population policy served as an entry point for greater awareness of both family planning and reproductive health. And donors soon began to push to get Malawi’s policy revised in line with the current global agenda (Chimbwete, Watkins, and Zulu 2005). In 2001, UNFPA, in collaboration with Malawi’s Department of Population Services, facilitated the process, which resulted in the adoption of the Reproductive Health Policy in 2002. By 2012, Malawi had revised its population policy to better reflect the MDGs (Robinson 2017, 113)

At the time of the adoption of the MDGs globally, Malawi was in the midst of the HIV epidemic, which INGOs had addressed since entering the country full scale from 1994. While HIV was first identified in Malawi in 1985, and dominated much of Muluzi's time in office, it was not until wa Mutharika took office in 2003 that Malawi launched its first National AIDS Policy (GoM 2003; Lwanda 2002). International donors in charge of a growing share of the country's budget hailed that decision as timely. This helped to restore Malawi's donor relations after growing suspicions of fiscal malpractice had led to donors' withholding budget support at the end of Muluzi's second term in office (Chinsinga 2007; Resnick 2013). Muluzi not only opened up for family planning services, but also removed barriers to access, such as the requirement of spousal consent and minimum age of 18 for access, in 2000 (Self et al. 2018; Solo, Jacobson and Malewa 2005). These responses to the HIV crisis marked the start of internationally backed SRHR programmes specifically targeting youth. Moreover, in 2004, Malawi received GFATM funding, making antiretroviral treatment available free of charge throughout the country (Robinson 2017). The relatively late HIV response, which can be seen as a legacy of Dr Banda's removing technocratic leaders who could have acted as policy entrepreneurs, was met by scepticism at the grassroots and additionally seen as foreign, in itself a repercussion of Banda's legacy (*ibid.*).

In addition to being a target country for international HIV interventions, Malawi has been the focus of considerable international attention and interventions in the area of maternal health since the launch of the MDGs, and became a significant player in the efforts to improve the MDG5. Although difficult to measure as data can be limited or difficult to access, Malawi's MMR was alarmingly high around the turn of the millennium, 1140 being a much-quoted figure for the early 2000s (Vaughan 2013, 295). In order to curb the numbers, maternal health was made part of the country's strategy in 2005 (MoH 2005). The efforts to achieve MDG5 gained presidential focus when Joyce Banda took office in 2012. Maternal health had been part of national policy and plans also prior to Joyce Banda's presidency (e.g. the Road Map, Malawi Growth and Development Strategy), but she made it national priority. Soon after taking office, she started a presidential 'safe motherhood initiative' unparalleled in Malawian history; she went on to reinstate the 2007 ban on traditional birth attendants which wa Mutharika had lifted in 2010 (Danielsen 2017, 435), and started building maternal waiting homes to secure institutional births. Joyce Banda was determined to reduce the country's high MMR, which was 675 maternal deaths per 100 000 live births in 2010 (NSO and ICF 2011) and 439/100 000 according to the 2015–2016 Demographic and Health Survey (NSO and ICF 2017). The MMR was believed to be high partially due to traditional practices and women

being ill-informed, thus choosing traditional alternatives over hospitals (Vaughan 2013). As Danielsen (2017, 431) explains, ‘In practice, the focus was on improving the indicator (MDG5) by changing the behaviour of women, using mechanisms echoing instruments of colonial indirect rule.’

Wendland (2016) argues that the legitimacy of Joyce Banda’s presidency in many ways was linked with global best practices and an effort to secure donor funding. Nevertheless, to restore external funding, she made a range of economic decisions that were unpopular among Malawians: internationally, her image remained that of a maternal health champion (ibid.). This also shows how maternal mortality ratios and international targets such as MDG5 can become a viable and powerful political currency among donors within global health politics (see Danielsen 2017).

Saving the Malawian girl

In Malawi, teenagers have become a major focus of attention in seeking to reach MDG5. Between 2008 and 2010, 45.7% of maternal deaths occurred among girls/women aged 14–23 (MoH 2014). Polis and colleagues (2017) estimate that 53% of pregnancies in Malawi are unintended, and that 30% of unintended pregnancies end in abortion. According to MoH’s Magnitude study on abortion, 18% of Malawi’s pregnancy-related deaths are young women below the age 25, who die due to complications after an unsafe abortion (MoH, Ipas, and UNFPA 2010, cited in MoH 2014, 10). Additionally, 7.4% of estimated abortions in Malawi occur among adolescents aged 12–17 (MoH 2014, 10), the majority of these being unsafe abortions. Dissemination of this public-health evidence on the magnitude of unsafe abortion in Malawi proved effective: a Special Law Commission on the Review of the Law on Abortion, appointed in 2013, recommended liberalisation of the law in 2015. Although Malawi is a signatory to various international and regional agreements, including the Maputo Plan of Action and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol), Kangaude and Mhango (2018) argue that while Malawi has shown progress in committing to international agreements, it lags behind when it comes to implementation of such agreements, especially as regards safe abortion.

Limited access to sexual and reproductive health (SRH) services and commodities among youth is an obstacle that the Malawian government has sought to address, and NGOs targeting young people’s access to SRH services are today common. In 2007, the Ministry of Health launched the first National Youth-Friendly Health Services Strategy, ‘aimed at delivering services that are relevant, accessible, attractive, affordable, appropriate and

acceptable to young people' (MoH 2007, 9). While efforts were made to improve services that could meet the needs of youth, recent research shows that not much has changed (Self et al. 2018). In addition to a broader focus on maternal health, the government has included adolescent SRH, teenage pregnancies and keeping girls in school as an important element in various policies, roadmaps and strategies, including the SRHR policy (2009), Girls Education Strategy (2014), and the Road Map (2005).

Since 1994, external actors, INGOs included, have increased their influence over health policy in Malawi. Today, health policy and services are closely aligned with the global agenda. Analysing Malawi's response to 'intimate interventions' in global health, Robinson (2017) notes a pattern of similarities in Malawi's response to population control, HIV, and maternal mortality: all three responses came relatively late, and demonstrated high capacity to implement donor-supported technical solutions. Today, while international actors increasingly influence health policy in Malawi, there are conflicting policies and ideologies among external actors, as discussed below.

In the following, I elaborate on the development of NGOs in Malawi and how they frame health and reproductive health issues in different ways to navigate in an increasingly competitive global health landscape.

NGOs in a contested reproductive health field

Health and basic health services have always been a high priority of the Malawian government, although taking different forms, and policies have been rolled out at varying paces. The government's major partner in health service delivery – the Christian Health Association of Malawi (CHAM) – provides 30% of the country's healthcare services. Malawi has a history of a mixed healthcare system; today, international and internationally backed NGOs are key health actors, especially within the areas of reproductive health and family planning. BLM is the country's largest non-profit provider of reproductive health services, providing 65% of the country's contraceptives (MSI 2017). CHAM provides only 6% of the family planning services (GoM 2015) – some of the clinics falling under the CHAM umbrella do not provide modern contraceptives due to religious convictions, as is the case with clinics owned by the Catholic Church. Central donors to the health sector are USAID, DfID, and the Health Sector Joint Fund (a joint initiative from Norway, Germany and the United Kingdom), USAID being the leading donor in family planning. Important multilateral partners are the WB, the WHO and UNICEF. Additionally, global initiatives such as GFATM and GAVI (the global vaccine alliance), provide substantial funding. In total, 189 external

donors fund 75% of Malawi's health budget (GoM n.d.). However, rather than direct health budget support, donors prefer channelling funds through health NGOs, which in turn has resulted in a fragmented landscape characterised by a mushrooming of NGOs, increased competition, and short-term vertical projects – a context described to me as a 'pandemic of NGOs' by a Malawian UN employee. To understand the current 'pandemic of NGOs' witnessed in Malawi, it must be contextualised within the history and system in which NGOs are embedded.

The Malawian 'pandemic' of NGOs

In line with the promotion of SAPs in the 1980s and 90s, NGOs gradually took over the work of the retrenching state, which had been persuaded to disengage from the provision of social services, like health and education, to its citizens (Shivji 2006). To ensure people's access to social services, funds were made available – not for the state, but for the growing body of service-providing NGOs that were to fill the gap in health services (Edwards and Hulme 1996; Pfeiffer 2003). Donors based their increased funding to NGOs on the largely unexamined assumption that NGOs enjoy a comparative advantage over public service as they were held to be able to reach poor communities more effectively, compassionately, and efficiently (Pfeiffer 2003). Additionally, they were seen as representing their beneficiaries and thus as better advocates for the world's poor than the aid bureaucracy in donor countries. In line with this, Malawi opened up for an influx of service-providing NGOs after 1994. The SAPs implemented have weakened Malawi's education, health and agricultural sector, with severe negative consequences especially for the poor (Chinsinga 2002; Kalipeni 2004). As a result of donor politics, NGOs have become important partners in implementing development projects and off-budget support programs. While off-budget channels are a form of disbursement that donors can monitor more easily, they also result in higher level of fragmentation (Chinsinga 2007).

Further, the Malawian political scientist Blessings Chinsinga (2007, 103) argues that the repeated decision 'of donors to withhold budget support has inexorably led to the proliferation of international NGOs across the country', especially at district level. Following the almost cyclic suspension of budget support, the main international donors expanded their establishments in order to monitor closely the disbursement of their funds, with NGOs tending to over-concentrate in the same areas. Alongside the increasing level of NGOs operating, this has led to soaring levels of conflict, 'primarily around struggles for influence, control and accountability' (ibid., 103), creating an environment of duplication of projects and

competition (see Pot 2019b; Swidler and Watkins 2017). Such ‘mushrooming’ of NGOs can be witnessed in the Malawian health sector. At a workshop in Lilongwe in October 2014, presenting findings from the joint Clinton Health Access Initiative – MoH resource mapping, a MoH official explained to me: ‘the health sector alone has over 500 funding sources and more than 300 NGOs operating.’ These figures are indicative of a fragmented landscape, although the exact number of NGOs operating in Malawi is difficult to map. According to the NGO Board (2019), a statutory body established in 2001 to register and regulate all NGOs in Malawi through the NGO Act, there were 713 NGOs, both national and international, operating in Malawi in the broad field of development at the time of my preparing this thesis. Other informants claimed that the number was closer to 1000 national and international NGOs operating in the country, but that obtaining a complete overview is difficult, since some politically oriented organisations are reluctant to register. This, my informants explained, includes human rights issues, organisations focusing on sexual minorities and abortion rights. In 2013, the NGO Board estimated that there were as many as 5000 NGOs in Malawi (Chasukwa 2018, 22). Despite the difficulty getting exact figures, they all bear witness to a heavy presence of NGOs, which, as Chasukwa (2018, 22) notes, also gives an indication of how much aid bypasses the central government accounting system and goes unreported. The aid flow to Malawi is higher than the official figures supplied by the Government of Malawi, due to the lack of transparency in project aid channelled through NGOs (Chasukwa 2018, 22).

The current number of NGOs in Malawi stands in contrast to the situation under the presidency of Dr Banda, who allowed only a handful welfare and religious organisations to operate. Additionally, he imprisoned and killed anyone who opposed his rule, including politicians, technocrats and intellectuals who could have played an active role in the government or in building the country’s civil society (Englund 2006; Robinson 2017). His oppressive rule severely hampered the development of civil society organisations that could have filled the void in state-led service provision (Robinson 2017, 105). Malawi’s civil society, which developed mainly after the end of the 1990s, has been described by scholars as built up, ‘implanted’ or ‘transposed’ by donors (Chinsinga 2017; Gabay 2011, 2014, 2013). In sceptics’ eyes, the ‘NGO presence in Africa [Malawi included] can reasonably be seen, for good or ill, as the latest successor of earlier colonial penetrations’ (Swidler 2006, 282), due to their close ties with INGOs and donors. Given their dependency on external funding, NGO agendas are often based on donor preferences and not local needs (Watkins, Swidler, and Hannan 2012). Additionally, with trends in global aid changing more and more rapidly, so do the areas within which the NGOs focus their work. Describing the history of gender NGOs in

Malawi, one informant lamented the role of donors in changing the national gender agenda, describing the national actors as ‘co-opted’. According to her, safe abortion had not been on the political agenda previously due to the profound influence of international donors, especially USAID, skewing the focus towards other issues.

As in other African countries, the relations between Malawian governments and NGOs have oscillated between mutual distrust and support. With the re-governmentalisation of development through the ‘good governance’ discourse of the late 1990s, donors saw NGOs as proxies of broader processes of citizen engagement. Viewing NGOs as a kind of surrogate *demos* (Ferguson 2006, 13), donors started to emphasise their role in political reform. From being promoted as service providers, NGOs, glossed as ‘civil society’, were seen as catalysts of democratisation. However, within this role lies also a potential conflict with the government. That was the case in Malawi, where both President Muluzi’s and Mutharika’s second terms in office were characterised by growing tensions between the state, international donors and NGOs – especially politically-oriented NGOs and NGOs working on human rights issues. Moreover, when governments failed to meet donor conditionality requirements, substantial amounts of funding were redirected to the NGO sector, in turn driving a wedge between organisations and governments (Kelly 2014, 121).

With more and more NGOs operating in Malawi, the government initiated efforts to increase control. In theory, all NGOs in Malawi are required to register formally with the NGO Board, and with the Council of NGOs in Malawi (CONGOMA), an umbrella organisation for NGOs established in 1985 to represent NGO interests in Malawi. However, many NGOs bypass these requirements of registering at district level (Swidler and Watkins 2017, 10). My informants described a highly competitive and uncoordinated landscape, using phrases like ‘the jungle’ or a place ‘where rules do not apply’. At the time of my fieldwork, civil servants complained that NGOs did not show their books to the District Social Welfare Officer, leaving them with few opportunities to control what NGOs do. On the other hand, my informants asserted, some politically-oriented NGOs were reluctant to register, as they worked on controversial issues like sexual minority rights and other human rights issues (for more on this, see Currier 2019).

NGO health projects and framings

From emerging as ‘gap fillers’ in the 1980s and 90s, NGOs have today become stakeholders in the development of global health policies and diffusion professionals of global health norms and policies, crafted far away from the realities in which they intervene (Keck and

Sikkink 1999; Shore and Wright 1997; True and Mintrom 2001). Robinson (2015) argues that international NGOs first became significant brokers of global norms and best practices within the realm of population policy after the ICPD in 1994. Moreover, INGOs' role in global policymaking and advocacy increased through their partnerships with private actors (Buse and Harmer 2007), like the Bill and Melinda Gates Foundation and the public–private partnership GFATM. Through such partnerships, INGOs became implementers of vertical and disease-specific initiatives. Wallace (2004, 203) has argued that the increased professionalisation of the NGO sector 'pushes many NGOs into becoming carriers of [depoliticised] concepts, values and practices'.

After NGOs flooding Malawi in the 1990s, promoting human rights, democracy, family planning and HIV prevention, the Malawian public discourse has become saturated with the language of human rights, in particular the rights of women and children – but the precise meaning of such language is not always clear (Vaughan 2013, 293). Englund (2006) argues that the ideas of human rights as individual freedoms, as communicated by internationally backed NGOs, have become a depoliticised discourse, delaying or obstructing the struggle against poverty and injustice. In Malawi today, this is evident in the international NGOs and donors' prevailing focus on adolescent pregnancies and girls' education, as in the case of one of the NGO interventions I studied. Within this development discourse, reproductive rights are spun into a depoliticised form where the causes of underdevelopment and inequality shift from structural and institutional drivers to local forms of personhood (Hickel 2014).

Throughout my fieldwork in Malawi, the 'teenage girl' featured frequently on NGO and donor posters and billboards. Both international donors and NGOs focused heavily on teenage pregnancies, often in combination with girls' education to counter early marriage. All the major professionalised development INGOs, like Save the Children, World Vision, Concern Worldwide, Plan International and Care International, ran (multiple) projects focusing on the girl child, whether as health projects aimed at reducing teenage pregnancies or as educational projects focusing on girls' education, enrolment rates and re-admission (after pregnancy) policies. These NGO campaigns reflect the global trend and initiatives to empower, educate and improve the (reproductive) health and wellbeing of adolescents that have emerged during the past decade (Chandra-Mouli et al. 2013; Patton et al. 2016; PMNCH 2015; Sawyer et al. 2012). While not without friction, projects within the 'keeping girls in school' or 'girl effect' approach were often noted by my informants as being 'less controversial' than other SRHR projects, and therefore preferred by donors and INGOs.

Although these projects, and the discourse they promote, can be described as apolitical, the language used is still that of rights. Perhaps because of the depoliticised (or ‘neutral’) approach, girls’ education as a means to reduce teenage pregnancies is heavily promoted by international donors and organisations across the globe, leading to the implementation of similar policies and projects in many countries. Promoting such uncontroversial projects might be seen as a way for donors to navigate in this otherwise contested landscape.

Conflicting frames

The global political scene of sexual and reproductive health can be described as divided in socially progressive and conservative donors and actors – including NGOs (as described in article 4). Within this bifurcated scene, progressive donors often prefer to work through reproductive health and rights INGOs: this enables donors to be more discreet about their views in bilateral programs and more outspoken in global fora (see Mayhew et al. 2005; Storeng and Ouattara 2014). Indeed, the global trend towards liberalisation of abortion laws, regulations and policies over the past two decades is often attributed to an NGO-led transnational advocacy campaign (Boyle, Kim, and Longhofer 2015; Finer and Fine 2013; Hessini 2005).

In Malawi, DfID is, alongside USAID, a major donor within reproductive health. Since 2011, DfID has strategically funded INGOs with the aim of reducing maternal mortality from unwanted pregnancies – this includes unsafe abortions (see chapter 3). According to a DfID Malawi official, this specific funding-stream went directly from DfID main headquarters to the respective organisation (Ipas) in Malawi, not going through the DfID Malawi office. This informant noted that this procedure made it possible for in-country staff to protect DfID’s broader agenda in Malawi and diplomatic relations – by being as transparent as possible by exercising wilful ignorance of decisions made at headquarters. The DfID Malawi official added that working through national NGOs helped to avoid accusations of donor interference in what was described as a sensitive area. This example illustrates how contested safe abortion can be, also for rather progressive donors. For national and international NGOs, as well as donors, employing different frames – that is, ideas, concepts or strategies that hold discursive power – can help navigate in this landscape (see Asad and Kay 2014). Such re-conceptualisations of abortion, to make it resonate better with the given context, are employed by both ‘pro-life’ and ‘pro-choice’ actors.

In Malawi, national and international NGOs, alongside Malawian policy champions, were pivotal actors in advocating for a review of the country’s strict abortion law (Daire et al.

2018). This culminated in 2015, when the Special Law Commission on the Review of the Law on Abortion, appointed by the Law Commission in 2013, presented its recommendation and draft Termination of Pregnancy Bill. While the existing law held that abortion was illegal except when performed to save the life of the pregnant woman, in 2015 the Special Law Commission recommended that the law be liberalised – that is, conditional relaxation of the restrictions as opposed to de-criminalisation – to cater for certain justifiable instances where termination of a pregnancy should be permitted. These included where the pregnancy endangered the life of the woman; where termination was deemed necessary to prevent injury to the physical or mental health of the woman; where there was a severe malformation of the foetus – and lastly, where the pregnancy was the result of rape, incest or defilement (Malawi Law Commission 2015).

In the process leading up to the presentation of a draft Termination of Pregnancy Bill in 2015, and later, varying framings of abortion – as a public-health challenge, as un-Malawian, or as a right – coexisted. For instance, DfID funding was used to disseminate public health evidence that 18% of Malawi’s MMR is due to unsafe abortions, thereby framing abortion as a health issue (Daire et al. 2018). This has been considered a wise approach, given the context of widespread religion-based opposition to abortion where a rights-based frame and argumentation have low currency. The presentation of the draft bill in 2015 generated demonstrations and public debate the following years. In their opposition to the bill, Malawian and international anti-abortion activists, among them faith-based organisations, the Catholic Church and Pentecostal actors, framed abortion as un-Malawian. By doing so, they linked their rhetoric to Dr Banda and his opposition to family planning and echoed neo-Malthusian ideas about population control. Additionally, the law reform process was accused of being initiated by external actors: Ipas Malawi in particular was named in newspapers and blogs accused of being in the pockets of international actors on a ‘eugenic mission’ (see article 3 and 4, chapter 7). Also value imperialism and neo-colonial meddling were cited by critics of the draft bill – arguing that Malawi, and not donors, should govern the Malawian population. Interestingly, globally a rights frame is employed by both sides of the ideological spectrum. Where abortion rights activists frame abortion as a woman’s right, anti-abortion activists, ‘reconceptualise the rights frame as being about the rights of the unborn (Datta 2018; De Zordo 2018) – highlighting the status of the ‘conceived’, embryos and foetuses, as ‘citizens...worthy of state protection’ (Casper and Morgan 2004, 17). This illustrates that what is meant by employing a ‘rights-based’ focus is not fixed.

At the time of finalising this thesis, the draft bill has still not been discussed in Parliament. Some of my informants feared that the draft bill would be shelved, like other controversial bills before it; other informants mentioned USAID, saying that they were afraid the government would not pass the bill for fear of losing US funding. In this thesis, the Malawian abortion debate became one important avenue into exploring how NGOs manoeuvre within this contested field, and the prevailing emphasis on teenage pregnancies another. In the following chapter, I present the two case studies on which much of this thesis is based.

3. Presenting the cases: Studying ‘saving lives’ in Malawi

The processes of shrinking policy space, rapid policy shifts and mushrooming of NGOs in Malawi, as described in the previous chapter, were highly evident within my field of research. When I planned the research project back in 2013, the end of the MDG era was drawing close. When I started the fieldwork period towards the end of 2014, the world was approaching a shift where the SDGs were about to take over from the MDGs. From the focus on skilled birth attendance and antenatal care, prominent during the MDGs, a focus on reducing teenage pregnancies emerged, often in combination with a focus on girls’ education, as a multi-sectoral approach underpinning the SDGs. In seeking to explain how INGOs manoeuvre in this landscape, this thesis examines two distinct donor-funded NGO projects implemented by Save the Children and Ipas respectively. One is a relatively ‘safe’ or ‘neutral’ project on girls’ education; the other a rather controversial project concerned with reforming Malawi’s abortion law. Both INGOs operate within a highly contested field of conflicting norms and values.

‘More educated girls – reducing teenage pregnancies’

The project ‘More educated girls – reducing teenage pregnancies’ aimed at combining health and education in a cross-sectoral approach to reduce teenage pregnancies within a time-frame of three years. The project, a test-and-invest project, was funded by Norad (NOK 30 million/approx. USD 3.8 million) through Save Norway from 2014 to 2016. Save the Children International-Malawi (hereafter Save Malawi) implemented the project in six districts in partnership with two national NGOs: BLM, the national affiliate of the international reproductive health and rights NGO Marie Stopes International, and the Forum for African Women Educationalists in Malawi (FAWEMA).

Whereas the RTP project proposal was developed in collaboration with Save Malawi staff and Technical Advisors from Save Norway and Save US, Norwegian health officials developed the idea behind the project. As described in article 2 (chapter 7), former Prime Minister Jens Stoltenberg (Labour Party) had proclaimed Norway as a champion for maternal health, through increased funding and political attention towards MDG5. Since the general elections in 2013, won by the Conservatives, the new Prime Minister, Erna Solberg, has tried to manage this image, while framing it slightly differently to adjust it to her own priority – education, especially the education of girls. Aiming to preserve the established focus on maternal health and simultaneously meet a new global emphasis on girls’ education, key

health bureaucrats developed the ‘innovative’ idea of a cross-sectoral project – linking teenage pregnancies and education as a new policy innovation within Norwegian development aid. Combining a focus on reducing teenage pregnancies with girls’ education was not only in line with global priorities, it had also been a major strategic focus for Norad. The project can therefore be seen as answering to a political demand in Norway, according to one informant from Save Norway, as well as being a game changer. I was informed that Save Norway had requested NOK 9 million from Norad to implement a project in Sierra Leone after their former CEO had visited other Save Norway projects in that country. Norad, however, convinced them to focus on Malawi, in view of that country’s status as a long-term strategic cooperation country within Norwegian development assistance.

For Save Norway, Malawi was a relatively new country of collaboration. Since 2009, Save the Children has undergone a restructuring process, seeking to become more effective on the ground and to pool resources globally (Hauser Centre for Nonprofit Organizations 2010; Stroup and Wong 2013). Prior to this merger, one ‘recipient’ country might have up to five different Save the Children offices run by different Save the Children members. In order to streamline this, Save the Children member organisations now channel their overseas development funding through Save the Children's international headquarters in London. Programs in recipient countries, like Malawi, are then ‘owned’ and implemented by SCI. The country office in Malawi is therefore part of Save the Children International and is not an individual member of the Save the Children family. The RTP project is the first health and education project implemented in collaboration with Save Norway in Malawi.

The RTP project was designed with a multi-sectoral approach to fill a gap identified through a ‘situation analysis of programs, partners and donors working to address Adolescent Sexual and Reproductive Health in Malawi’ (Save the Children Norway 2013, 1). The need identified was to address barriers to the use of youth-friendly health services, with an emphasis on sociocultural factors – both environmental barriers (family, friends and institutions) and individual barriers (risk perceptions, vulnerability and opportunity) (Save the Children Norway 2013, 5). The need to improve primary school environment was an additional identified gap (ibid. 5–6). Save the Children then designed a tailor-made project with the overall aim of reducing teenage pregnancies by 10%, to be achieved through a three-fold emphasis: increase the use of key sexual and reproductive health practices and services; reduce the dropout rate by 5%, and increase school re-entry rate after pregnancy by 5% (ibid.) in six Malawian districts. In the project proposal, self-efficacy – ‘believing in better future opportunities and one’s ability to successfully prevent pregnancies’ – was seen as an

important determinant for dealing with the combination of adolescent pregnancies and school drop-outs, and for creating a ‘climate for behavioural change’ (ibid., 9).

The project was designed in line with key policies and strategies on reproductive health and youth-friendly health services, in addition to global best practices and the perceived connection between education and adolescent pregnancies, seeing the latter both as a cause and a consequence of the former. That the global, and Norwegian, focus had shifted from maternal health and mortality to a focus on youth could be seen in the different versions of the project application. The explicit linkage between teenage pregnancies and maternal health and maternal mortality statistics, made in the earlier versions of the application, were completely absent in the final version.

Save the Children’s Theory of Change, which describes this INGO’s understanding of how they can create sustainable and positive change for children, consists of four building blocks: advocacy and political lobbying, partnership, innovation, and scalable results (ibid., 7). In turn, the project developed a Theory of Change in line with these building blocks. The cross-sectoral approach, integrating sexual and reproductive health for adolescents with education quality, was seen as innovative; while working in partnership with the Government of Malawi was described in the application as the cornerstone of the project’s approach. The main Malawian ministries involved were the Ministry of Health (MoH), the Ministry of Education, Science and Technology (MoEST), and to a lesser extent the Ministry of Gender and Community Capacity and Ministry of Youth, Development and Sport. Through representation in several Technical Working Groups, among them Family Planning, SRH, Gender, and Cross Cutting Issues, under the abovementioned ministries, the project aimed to advocate for and ensure the government’s commitment to adolescent sexual and reproductive health, and to keeping girls in school (Save the Children Norway 2013, 7). Hence, the project worked on the ministerial level to strengthen and inform policies and platforms; at district level it aimed at strengthening thematic platforms and training civil servants within MoH and MoEST, e.g. teachers and health workers. While Save staff were facilitating project implementation, lower-level civil servants and the national NGOs served as implementers. Regarding the last building block, ‘scalable’ means that the changes are sustainable, that the government takes on board the programmes advocated by Save the Children and have a great outreach (Save the Children Norway 2013, 7). The project’s Theory of Change is formulated as a set of if–then logic, assuming that the lack of access to SRH services and information, the lack of quality learning environments and self-efficacy, and the lack of community and social support towards girls’ education is a basic *cause* of adolescent pregnancies – hence,

improving these should result in achieving the aims of the project (ibid., 5–6). This rationale builds on a linear idea of development, like that of the global managerial discourse on girls' education; however, by establishing the idea of causal connections, the rationale failed to recognise teenage pregnancies as the product of a complex set of factors that include community and individual expectations. Moreover, as I argue in article 2, such a technical or instrumentalist approach ignores the realities of young girls' lives.

Preventing Maternal Death from Unwanted Pregnancy (PMDUP)

The second reproductive health project I used as a lens for studying NGO practices was the 'Preventing Maternal Deaths from Unwanted Pregnancies' (PMDUP) project and its main implementing NGO, Ipas, in Malawi. Where the RTP project aimed at reducing teenage pregnancies through keeping girls in school, Ipas, through the PMDUP project, aimed at changing legal barriers for women's access to safe abortion services.

In 2011, the UK Department for International Development (DfID) provided funding to two leading reproductive health INGOs to implement a programme designed to reduce maternal mortality from unwanted pregnancy in 14 low- and middle-income countries in Africa and Asia, Malawi being one of them (DfID 2013). The programme, Preventing Maternal Deaths from Unwanted Pregnancies, aimed to 'increase the provision of reproductive health service outlets and trained providers' in the 14 countries (LSHTM n.d.), and had a budget exceeding £140 000 000 (USD 183 million) (DfID 2019). As described in article 4, two INGOs, Ipas and Marie Stopes International (MSI), were selected based on their good track records and global reach. In addition to providing family planning and safe abortion services, Ipas and MSI were tasked with influencing national policy environments by encouraging 'locally-led changes towards appropriate laws and policies that support women and girls to make their own decisions about their sexual and reproductive health' (DfID 2013, 7). These two organisations have collaborated in global and regional policy initiatives and advocacy campaigns, but their advocacy approaches at national level vary. Ipas has a history of close collaboration with government officials in advocacy for national policy and legal changes. MSI, by contrast, emphasises its private-sector service delivery engagement and 'advocacy by doing' approach, a pioneering practice informed by global guidelines 'showing what works, pushing for change and ensuring reforms are then implemented' (MSI n.d.).

In Malawi, Ipas was the main actor that received PMDUP funding. Invited by the MoH to address the country's problem with maternal mortality due to unsafe abortion, Ipas established an office in Malawi in 2008. Since then, Ipas has worked alongside MoH's

Reproductive Health Unit, training health professionals in post-abortion care. The organisation became a trusted collaborator with national policy champions; and, alongside the Special Programme of Research Development and Research Training in Human Reproduction, based at the WHO, Ipas International provided technical and financial resources to conduct three studies on abortion in Malawi in 2009. These studies proved significant in building an evidence base on abortion in the country. In 2012, after receiving PMDUP funding, Ipas strengthened a national civil society coalition, the Coalition for Prevention of Unsafe Abortion (COPUA), when they became the coalition's national coordinator and secretariat. With the funding, Ipas helped to mobilise further donor funds for COPUA, while also strengthening its advocacy work and expanding its membership base. As a result, COPUA, firmly situated in Malawian civil society, became the public face of the national advocacy campaign for review of the abortion law.

MSI did not receive PMDUP funding in Malawi. However, BLM, a national reproductive health NGO and MSI national affiliate in Malawi, was a member of COPUA and provided information to Ipas and COPUA on experiences and lessons learned from their 30 clinics and wide network of 600 mobile outreach points (MSI n.d.). How Ipas along with other national and international actors conducted advocacy work to create an 'enabling environment' for policy change is discussed and analysed in my third and fourth articles, as well as in Daire, Kloster, and Storeng (2018).

Evaluating PMDUP

An external research evaluation (EVA-PMDUP), commissioned by DfID, was led by the London School of Hygiene and Tropical Medicine (LSHTM). DfID considered the implementing NGOs, Ipas and MSI, 'stakeholders' of this research-evaluation, seeing their involvement desirable as 'long as the objectivity of the study was not compromised' (DfID n.d., in Storeng and Palmer 2019). The main purpose of the study was 'to assess the effectiveness and cost-effectiveness of PMDUP in contributing to reducing recourse to unsafe abortion and increasing uptake of modern contraception' (DfID 2018, 8), focusing on seven of PMDUP's fourteen countries. A sub-study of the research-evaluation, a qualitative policy-study assessing how PMDUP contributed to locally-led changes in reproductive health policy in Malawi and four other countries, was led by my co-supervisor Katerini Storeng.

One research objective of that policy study was to gain an understanding of the implementation of the PMDUP programme's advocacy and policy work within the broader historical and contemporary context of reproductive health policy in the countries studied.

This overlapped with the scope of my own research on INGOs in Malawi, and as I already had started to address the issue of unsafe abortion, examining the role of INGOs and international actors in the abortion law reform process, I was invited to become affiliated with the team led by my co-supervisor. The EVA-PMDUP research-evaluation team had in-country researchers; in Malawi, Judith Daire, a Malawian health policy researcher, had followed the ongoing law reform process and Ipas' work in Malawi as part of the EVA-PMDUP study. Although not an official member of the evaluation team, I was subcontracted to conduct research that would form part of the evaluation output, on the understanding that I would also prepare a paper for submission as part of my PhD. Whether I, through my participation in the policy-study, also was bound by the broader contractual and ethical regulations governing the EVA-PMDUP project, is discussed below.

Summarising remarks

These two cases were selected to highlight the practices of NGOs involved in the global–national flow of reproductive health policy, knowledge and norms. RTP, the project led by Save the Children, aimed at reducing teenage pregnancies; Ipas, through PMDUP, aimed at creating an enabling policy environment for abortion law reform in Malawi. Both donor-funded NGO projects focused on reproductive practices, and the two INGOs were operating within the same field of reproductive health. Thus, the two projects, and the practices and decisions of their implementing NGOs, were shaped by the same circumstances in the aid chain (Watkins, Swidler, and Hannan 2012).

4. Methodology: Researching a contested field

In this chapter, I give a detailed account of the methodological approach of this thesis, providing insight into fieldwork as a dynamic process. The field which I studied may be described as a field of mistrust, rife with power games and contested moralities. In this chapter, I start by explaining ‘multi-sited ethnography’ and why it is well-suited for studying NGO practices and how they manoeuvre in the global flows of reproductive health policy. Next, I elaborate on the research process, including data collection methodology. Lastly, I present the strategy employed in analysing the material, and end the chapter with a discussion of research quality under the umbrella of ‘trustworthiness’.

Studying a multi-sited phenomenon

Conducting research on INGOs can be a challenging, messy, sensitive and rather frustrating process (Sampson 2017; Sridhar 2008). To investigate how INGOs negotiate reproductive health policy and transfer such policies and knowledge between locations requires understanding how they operate at different sites – in this case, Malawian, Norwegian and international arenas. NGOs themselves may be described as ‘inherently multi-sited phenomena’ (Lewis and Schuller 2017, 639), which in turn presents methodology challenges for research. NGOs, national and international, are intermediary actors, negotiating and translating knowledge and policy between the different ‘sites’ in which they operate, be they local, national or international (Lewis and Mosse 2006). Hence, they are also part of networks of power. NGOs operate within multiple power relations, their power depending on the other actors in the social interactions at each site – the interfaces. A multi-sited approach is appropriate when the aim is to understand NGO practices, and how they negotiate policy and knowledge at different sites. Taking onboard Nader’s call for ‘studying up’ (Nader 1974) – investigating ‘processes where power and responsibility are exercised’ (284) – much development research has shifted ‘away from simply focusing on those being “developed” (by organisations such as NGOs) towards recognition of the value of research on the “developers” themselves’ (Lewis 2017, 30).

Responding to the intensified processes of globalisation in the 1990s, Marcus (1995) introduced the concept of multi-sited fieldwork in a call for theorizing the world system. With the multi-sited ethnographic approach, the aim is to link global and local-level analysis within a single study, where the connections and relations within a system are the object of study. This broader approach is relevant also for studying phenomena and actors dispersed across

borders and belonging to flexible networks. Furthermore, it enables tracking movements and connections between people, institutions, discourses and meanings across multiple sites, potentially also between historical periods – challenging the often-implicit assumption of communities or localities as being geographically bounded (Muir 2011). Ethnography moves from being conducted within the conventional single-site location to multiple sites of observation (and participation) that cut across dichotomies of ‘local’ and ‘global’, seeking to link global, national and local sites within one and the same study (Marcus 1995). As the anthropologist Betsey Brada (2011) argues, ‘local’ and ‘global’ do not necessarily represent specific geographies, but are associated with distinct actors, discourses and practices. Though Marcus had described an anthropological project, the approach is suitable for other disciplines and studies as well, due to its ‘pertinence to the global flow of goods, ideas, people, and relations’ (Muir 2011, 1014).

Informed and inspired by Marcus’ approach, many ethnographies of NGOs (‘NGOographies’) have been multi-sited, attempting to theorise the nexus of power wielded by donors (e.g. Davis 2003; Eriksson Baaz 2005; Kamat 2002). Using a multi-sited approach has enabled me to analyse how INGOs negotiate reproductive health policy at different interfaces, and are thus involved in the flow of knowledge and moral regimes of reproduction between these sites. I have been able both to consider actors in multiple contexts and to study various levels and relations between them – connectivities. This work is best described as ‘following the projects’, mapping the projects and the actors involved in them at each interface, and examining what they brought to these encounters. Such methods, and fieldwork itself, can yield a better understanding of otherwise taken-for-granted processes and relations.

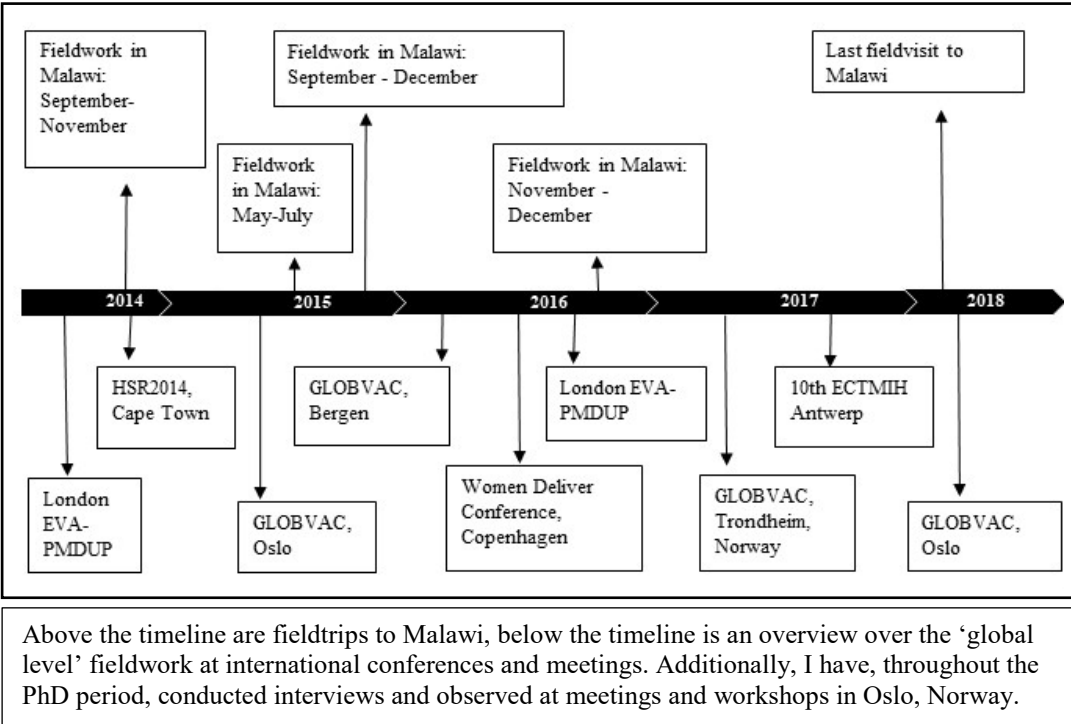
There are many different options on how to label qualitative research (Hammersley and Atkinson 2007). I have drawn inspiration from development studies, social anthropology, and global health. Further, I have used a combination of methods like mapping, observation, informal conversation and in-depth interviews, in addition to other qualitative methods such as textual/document analysis. When trying to capture the changing practices and roles of INGOs in the *flow* of knowledge between locations, it is important to examine both the *doing* and *saying*, and indeed, the connections and disconnections between the two. A combination of ethnographic methods allows for this. Moreover, it fosters better contextualisation of empirical data, and an emphasis on power relations – and enables the researcher to reflect on her position within the field (Bernard 2011; Hammersley and Atkinson 2007; Hirsch and Gellner 2001). Hence, using a combination of methods helps to achieve methodological

‘holism’: everything in the research context may be relevant and should therefore be taken into consideration (Hirsch and Gellner 2001, 9).

Research process

The approach of my study has been explorative, letting the fieldwork inform the analysis in an interactive process. Fieldwork was conducted in Malawi over three periods between September 2014 and December 2016, altogether nine months. Additionally, I conducted fieldwork at the ‘global level’ – in Norway, workshops in London and international conferences in Antwerp, Cape Town, Copenhagen and Bergen – throughout the PhD period (see Table 1). I have subsequently returned to Malawi for shorter visits, most recently in January 2018. Empirical data derived mostly from three methods: participatory observation, formal and informal interviews, and document analysis. In this section, I provide a detailed description of the field and methods used, beginning with the research methods and then moving on to describe in greater depth how this played out in the field.

Table 1: Overview over fieldwork



Fieldwork and research tools

Fieldwork is a fundamentally dynamic process, ‘full of highs and lows getting and losing access, negotiating personal and professional relationships, establishing credibility, and managing the fluidity of insider-outsider status’ (Sridhar 2008, 5). To allow for a dynamic and

flexible research design, I spent extensive time in the field to better inform the research, the questions asked and the analysis in an iterative process. One unexpected finding that soon became evident in the field was that the NGOs I studied constantly sought *legitimacy* for themselves and their political projects. The value of having a dynamic and flexible research approach thus became evident early in the process and helped me navigate in a constantly changing field. In Malawi, I found that what I had initially set out to study was no longer so relevant: INGOs in Malawi had shifted their focus and projects away from maternal health services, and were now trying to reduce teenage pregnancies by keeping girls in school, in addition to promoting policy- and legislative work on child marriage and safe abortion (see chapter 3). During previous trips to Malawi in 2013 and 2014, working as a research assistant at another project at the Centre for Development and the Environment (SUM, University of Oslo), I had read extensively about then-President Joyce Banda's Presidential Initiative on Maternal Health and Safe Motherhood in Malawi, and her tireless struggle to improve Malawi's maternal health standards and to increase the number of institutional deliveries. After I arrived in Malawi for my first fieldwork in September 2014, the new president, Peter Mutarika, had shifted the presidential initiative on maternal health and safe motherhood to the Ministry of Health, and Malawian dailies published articles about success stories in curbing teenage pregnancies (e.g. Bulombola (2014) 'Malawi: Save the Children Intervenes in Reducing Teenage Pregnancies in Ntcheu' (Malawi News Agency, 3 October); Musongole (2014) 'Adra fights teenage pregnancies in Mulanje' (Malawi News, 11-17 October)). The political discourse and that of NGOs had shifted.

Fieldwork is inherently social and relational. It is all about 'embedding oneself in ongoing social situations not designed by the investigator' (Lederman 2006, 477). During fieldwork, the researcher does not simply 'collect' data, but interacts with others in 'the creation of knowledge and meaning through social interactions' (Watson and Till 2010, 9). The relation between language and action informs all ethnographic research. This makes it possible to explore and understand both what people *say* and *do*, and the connections and disconnections between the two. Here, participatory observation is perhaps the most significant methodological tool; in addition, I made use of interviews and document analysis.

Both observation and interviews are inherently social actions, which can help the researcher to see things that otherwise might not be noticed, understanding the meaning behind practices, and tacit knowledge. 'The purpose of participant observation is to gain a deep understanding of a particular topic or situation through the meanings ascribed to it by the individuals who live and experience it' (McKechnie 2008, 2). In this process, the researcher

not only seeks to ‘immerse’ herself into the context but also learn to remove herself from such immersion, creating a productive distance to be able to analyse what she has seen and heard (Bernard 2011, 258). Participatory observation rests upon human relationships, engagement and attachment. As observation is more than just ‘awareness’ of one’s surroundings – the people, things, relations and settings the researcher encounters – a qualitative research interview involves more than merely asking a predetermined set of questions (Davis and Craven 2016, 86). The qualitative interview sets out to understand the world from the subject’s point of view and to reveal the meaning of people’s experiences (Bernard 2011). These approaches can provide different but complementary information and insights, helping the researcher to understand, compare and contrast between what is said and what is done.

Further, documents can help the researcher with ‘a window into a variety of historical, political, social, economic, and personal dimensions of the case beyond the immediacy of interviews and observations’ (Olson 2012, 319). Riles (2001) points out that documents are an integral element of the ethnography of INGOs; that documents are constitutive elements of the expert culture. Documents can provide information not available from other sources, corroborating or challenge information provided in interviews (Hammersley and Atkinson 2007).

My chosen field was not only contested but also hyperactive; the structure allowed for an increasingly rapid change in policy agenda enabled by, but also in itself changing, the role of NGOs. Having to relate to a constantly changing field, I found my fieldwork characterised by a constant negotiation of boundaries and roles. Boundaries appeared in physical and more abstract forms, manifested through difficulties of access, hierarchical structures and in relation to gender, nationality and age (see below). Mapping the field helped me to define where to draw the boundaries of where and what to observe and who to talk with – defining the sites. Here I start by briefly describe the mapping of the ethnographic sites, an important approach within ethnographic fieldwork (Bernard 2011; Hammersley and Atkinson 2007).

Mapping the field

My fieldwork has been multi-sited. As Marcus (1995) describes, such an approach is well-suited for describing and analysing the flow or circulation of people, objects, ideas, symbols and commodities and how these become interconnected within transnational processes of globalisation. This is particularly relevant when trying to understand how INGOs operate, as they are located in several spaces. It is not enough to study NGO practices only in Oslo, London or Lilongwe. A multi-sited approach can help to shed light on the dynamics of actor

practices, as they play out at different interfaces. Seeking to visualise ‘the field’, I, together with NGOMA colleagues, developed a simple model (see Figure 1). To assume that we can treat the different sites independently is a simplification, but a useful one. Although this model does not display the world as it is, it is instructive to think about the flow of policy in

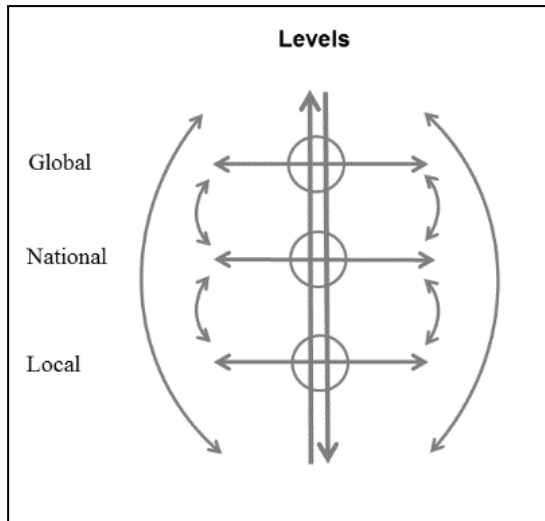


Figure 1. Illustration of the multi-sited field and the flow or connectivity between sites

this way to get an overview over a rather chaotic field. Actors operate at interfaces, and not separate locations (whether local, national or global) (see Long 1989, 2001). An ‘interface’ may be a phone call between a representative of a donor agency and an NGO country director in Malawi, or an actual meeting between a governmental official, an NGO worker and local beneficiaries.

One specific example of an interface may be instructive. One day, towards the end of May 2015, the NGOMA team, together with Beatrice,

the RTP education advisor and two representatives from Save the Children Norway visited the Ministry of Education’s Department for School Health and Nutrition in Lilongwe. The entrance hall was in sharp contrast to Save the Children’s polished, air-conditioned hallway with ‘aid posters’ of children with tears in their eyes. We were there on a courtesy visit, in need of their signatures to be able to contact the District Education Officer in Ntcheu and Mangochi to request permission to implement an ‘add-on’ to the RTP project in the respective districts. Through this department, the MoEST was partner to the RTP project, thus securing country ownership and sustainability. Hence, the meeting was of importance to Save the Children, although the department was a partner in the RTP project, and the Head of Department knew the project well. We were told that Mr Mkandawire, the person we were to meet, had not yet returned from a meeting, but that we could wait in his office, which he shared with two other civil servants in the department. The office was furnished with three solid wooden desks, worn-out leather chairs, and piles of documents and books. Donor stickers decorated the walls – especially stickers from the German Development Bank KfW were numerous, bearing witness of their massive support to the MoEST over the years. When Mr Mkandawire finally arrived, he read aloud the letter of recommendation that Beatrice asked him to sign, before lecturing us about Malawi’s life skills curriculum, and criticising the

RTP project for not working *with* the government on this. Nevertheless, he signed the letter allowing us access to the schools.

This meeting might be regarded as an example of a global–local interface, but it was also apparent that this was a contested field of power. A power battle between government and NGO unfolded, with us as observers. This civil servant carved out a space for the government, refusing to be a mere signature or facilitator for the NGO, but instead taking the opportunity to challenge the NGO’s approach and stress the importance of education and the education of life skills for the Malawian state and state formation – additionally, addressing the question of who is to govern Malawian citizens, and who is to govern or to decide on reproductive norms and moralities and the reproductive decisions made by Malawian teenagers.

A multi-sited approach is both theoretical and methodological in that it advances the idea of connectivity, which assumes that sites are nested in larger systems affected by globalised dynamics or linked to a broader set of globalised relations. It requires the researcher to follow those relationships empirically (Henne 2017). In my study, the district- and national-level localities in Malawi were Zomba, Mangochi Ntcheu and Lilongwe. The global localities were Oslo and international conferences in Copenhagen (Women Deliver), London (PMDUP meetings and workshops) and Antwerp (10th European Congress on Tropical Medicine and International Health) in addition to the Norwegian Research Council’s Global Health and Vaccination Conferences in Norway (Oslo, Bergen and Trondheim). Some of these conferences were chosen as they were arenas where representatives from Ipas, Save the Children, MSI and other NGOs and actors relevant for my study participated. Other conferences were selected in order to engage with an academic audience or policymakers to explore how issues of abortion, teenage pregnancies and NGOs in global health were addressed and what the discourse was. Further, conferences, meetings, offices and documents were interfaces where representatives from Ipas, SCI, Save Norway, MSI, Norad met. The ‘following the project’ approach involved following Save the Children and Ipas between the different levels at which they operate. Importantly, a meeting in Lilongwe with participants from, for instance, Save the Children Malawi, Save the Children Norway and Norad, and a meeting in Norad or Save the Children Norway with the same participants are two *different* interfaces, as the actors possess differing powers and legitimacy in the two sites and situations.

Mapping an ethnographic site involves systematically describing the context, including its socio-cultural, historical and political aspects. For this study, it also included an

extensive mapping of policies and institutional networks. In Malawi, I gathered data and statistics on population and reproductive health indicators, civil society, governance structures and infrastructure. Additionally, I located and mapped organisations and actors – NGOs, INGOs, bureaucrats, donor agencies, politicians, advocates, academics, health professionals, policy champions. This also involved mapping the relations between these actors and organisations, making charts showing where the different actors and NGOs were located and describing formal efforts by the government to regulate the NGOs. I also drew up timelines over important events, such as when the different maternal and reproductive policies and strategies had been made and by whom, and when different types of NGOs entered the country. Such mapping of policies helped me get an overview over which NGOs had at some point funded and been engaged in health policy formulation, as their logos were printed on the front page of the respective policies. Moreover, I collected newspaper announcements for Monitoring & Evaluation Officers for various NGO projects aimed at keeping girls in school and teenage pregnancies, and for consultants to evaluate such projects. Such activity became a way of mapping the number of projects and NGOs engaged in this field in Malawi. Additionally, the number of job vacancy announcements may be an expression of how important it is for NGOs to demonstrate success and attribution.

Like ‘the local level’, the ‘global level’ is composed of locations, real places: there is no abstract or ‘imaginary hyperspace’ (Ferguson 2011, 201) of global level of affairs. These sites are indeed ‘mundane and (in their own way) very local sites’ (Ferguson 2011, 201). As Gupta and Ferguson (1997) urged researchers to recognise, local sites or located places always contain elements of the global – what Escobar (2001) referred to as ‘glocal’. In this study, Oslo was one such major location. Studying Save the Children Norway, headquartered in Oslo, enabled me to have continuous contact with the project team, attending their public events and meetings with Norad. For the Norwegian site, the mapping involved detailed description of networks of NGOs, and unpacking the relations between them, and between them and the government. In addition, several international conferences stood out as important global locations. For instance, the Women Deliver (Copenhagen, May 2016) served as an example of a global–national interface between Malawian actors and representatives from their international networks. Here, Chief Kyungo, the first Paramount Chief to support women’s access to safe abortion, was brought to the conference by Ipas International to speak about Ipas’ effort to change Malawi’s abortion law. The intention was to showcase how a partnership between the international community and ‘the people’, which he as Paramount Chief represented, could work to change stigma and create political will. The parallel session

with Chief Kyungo at Women Deliver illustrates how actors also moved between sites and locations, and that they can hold different roles and positions depending on the interface. Actors do not ‘belong’ to one site: they travel and hold different roles or positions depending on the site and which actors are present at the interface. By mapping the actors attending this conference and the topics addressed, I could observe how safe abortion and teenage pregnancies were framed and discussed at these two different sites – Malawi and Women Deliver.

I prepared maps throughout the whole fieldwork period. Some maps were made and stored; others were developed further and modified as the fieldwork progressed. Mapping is a continuous process, not only something that is done when first entering the field. Studying a ‘hyperactive’ field, I constantly had to map NGOs and their fields of interest in Malawi as these shifts followed global policy priorities. When I asked CONGOMA, the umbrella organisation for NGOs in Malawi, if they had an overview over the NGOs in the country, the manager explained that such a map would be valid for at best three months, given the volatile commitments to topics among NGOs in the country – a statement that described the current situation of NGO-mania in Malawi perhaps better than any map. Nevertheless, maps were important in providing me with an overview over the field and the various actors. Further, mapping exercises helped me in locating influential actors and providing background information so that I could select informants and interlocutors and to decide when to interview them.

Identifying informants

All informants were selected because of their knowledge and position. I made clear judgements as to the kind of informants I wished to interview, but the strategies used for identifying informants changed in the course of the research (see Hammersley and Atkinson 2007). Key informants within Save the Children and Ipas were evident: they were part of the respective project team. The extended circles around the projects were identified during meetings and through project documents. Also regarding PMDUP, informants were either involved in the research-evaluation, or identified through conversations with the other researcher in the team focusing specifically on Malawi. I identified other initial informants in Malawi through policy analysis and document review – before going to Malawi, during my preliminary fieldwork, and during my time as a research assistant. After those informants, I employed ‘snowballing’, a much-used sampling technique within qualitative research. I also drew on my own network in Norway and the extensive network of one of my co-supervisors

within the Malawi reproductive health field. Most informants were identified through policy documents, web-searching and/or snowballing. Given the sensitivity of some of the issues raised during interviews, these personal recommendations helped to build trust and rapport during the interview, sometimes even to secure an interview.

The danger of using snowballing as a sampling technique is that informants often will introduce the researcher to like-minded individuals. One member of the elite will recommend other members of the elite, or NGO workers will recommend other NGO workers with a similar approach. However, when doing research on NGOs, I found this could be a way of both mapping and getting access to networks. My housing situation in Malawi also served as a door-opener to the NGO world and to contacts with other development workers. During my preliminary fieldwork, I stayed with a friend of a friend who worked in the Norwegian Foreign Service in Malawi; for my other fieldwork periods I rented a room in a shared house together with four international and Malawian NGO workers. Some of them became informants with whom I could discuss the Malawian development scene and politics throughout my research process, and they provided contacts through their networks of NGO staff and development bureaucrats. Additionally, a friend of mine had recently returned to Malawi from South Africa to set up his own organisation. Both he and his wife were part of Malawi's growing middle class employed in the NGO sector. Through these individuals, I was introduced to other expatriates and the international community in Lilongwe and Malawi through *braais* (BBQ parties), lunches and weekends at the lakeshore, also providing me with useful contact information and phone numbers in a context where appointments are made on WhatsApp.

To try to move beyond the glossy covers of NGO leaflets and the NGO-lingo, I spoke with people at various levels within the NGOs: senior and junior staff, political advisors as well as monitoring and evaluation staff, and current and former staff-members. Naturally enough, former staff have a different type of loyalty to the NGO: they tended to speak somewhat more freely. By moving between sites, I was also able to let findings from other locations inform my interviews, allowing an iterative process. This also allowed me to contrast and move beyond the NGO-lingo and rhetoric, which could be challenging at times. As explained below, triangulating interviews with document analysis and observation became important in my quest for methodological 'holism'.

In line with an ethnographic approach, data were gathered using participatory observation and informal conversations, and when appropriate, formal interviews. From insights gained through observation, informal conversation and text analysis, I developed

interview guides with key topics and questions for formal interviews – tailor-made to specific informants. As this was an inductive process, the interview guide was also modified underway, to reflect points that emerged during data collection. Informal conversations and formal interviews were conducted with a wide range of people, ranging from district commissioners, embassy staff, Malawian bureaucrats and public servants at national and district level, Norwegian development bureaucrats, expatriates at embassies in Lilongwe, donor agencies and INGOs, Malawian NGO workers with INGOs and national NGOs, bureaucrats/officials and donor representatives, to nurses, international-, national- and district-level NGO workers, researchers and health practitioners, and Norwegian NGO workers in Norway and Malawi (see Table 2). Some interviews were elite interviews, especially top bureaucrats and embassy staff in Malawi. Elite networks are increasingly *glocally* constituted, operating in both global and local spaces (Scheyvens and Storey 2003, 183): hence, some of the Malawian elite were interviewed in other locations, e.g. in Oslo or at international conferences. Some informants were interviewed several times and at several sites; some I met again at international conferences, others in Norway or Malawi.

Table 2. Overview over formal interviews

	Malawian NGO	INGO	Religious/ traditional authorities	Development agency staff*	Government officials****	Researchers
Malawi	10	16	2	9	15	5
‘Global’**	3***	10		2	4	
Total	13	26	2	11	19	5

*Including embassy staff and UN staff; **Both in Norway and at international conferences ***Malawian NGOs interviewed at the ‘global’ level; ****current and former staff

Doing fieldwork: accessing what people say and what they do

In Malawi, I tried to spend as much time as possible with project staff, without being ‘a burden’ or ‘time-thief’. Early on, the RTP project manager invited me to attend the project’s 12-day Training of Trainers (ToT) workshop, held at Mountain View Lodge in Dedza, a two-hour drive from Lilongwe. At this gathering, the national and district project teams and their civil service partners from the respective ministries, e.g. the School, Health and Nutrition Coordinator and Primary Education Advisor, met for training in the project’s core themes (see chapter 3). The ToT model builds on the idea that when individuals have completed a training, they go back to peers in the districts and train them. By training a segment of project partners, the information and knowledge can trickle down to many. Further, by disseminating

‘messages formulated in world capitals, they [the trainers] are becoming members of a global community of experts’ (Swidler and Watkins 2017, 167). From the donors’ view, training ‘makes their intervention to achieve lofty goals sustainable’ (167). Trainings, according to donors, ‘transmit knowledge ... once transmitted, knowledge permanently transforms those in whom it has been instilled’ (ibid., 175). For instance, if women are taught better sexual decision-making, they can, presumably, ‘make better decisions today, tomorrow and into the future’ (ibid., 167). By attending the main training session at the beginning of the project period and later spending time with the extended project team at district level, I could observe how they negotiated and translated the lessons learned at this initial workshop, and how expert knowledge was translated and given new meaning throughout the life of the project.

Initially I travelled by bus, minibus or taxi to get to meetings and Save Malawi training sessions. That I managed to travel on my own and did not rely on the project team to help with transportation made the RTP staff less sceptical towards me. During my second fieldwork, my University of Oslo colleagues and I bought a car. Owning a car made logistics much easier and indeed cheaper. Since I often travelled between the districts and Lilongwe, I soon realised that offering transportation to key informants within the RTP project offered good opportunities to spend some time with them, as staff are bound by rather strict rules. For instance, Save Malawi staff in Lilongwe had to book a car several days in advance; cars that were not allowed to be on the road after dark and that the supervisor could GPS-track from Lilongwe. Among district staff, only the District Coordinator travelled by car; the Community Facilitator travelled by *motor* (motorcycle) or minibus when going to Lilongwe to deliver reports, monthly updates and to pick up the paycheck. My car trips became a good arena for informal conversations about the RTP project, Save the Children and NGOs in Malawi, as well as development in general. Here I often tried to steer the conversation onto more everyday topics in an effort to build rapport, or establish my identity as a ‘normal’ person, and not an ‘exploitative interloper’ (Hammersley and Atkinson 2007, 70) or undercover evaluator who would report back to the international partners.

The NGOMA team developed a participatory method, the body-map, together with a team from Save the Children Norway. Through this method, the joint team from Save the Children and the NGOMA researchers aimed at getting grounded information about the realities of the lives of young girls and boys – how it is to grow up in rural Malawi, and what development means to them.

This specific participatory method involves creating body-maps using sketching, painting or other art-based techniques to make visual representations of aspects of people’s

lives, their bodies and the world they live in. Body-mapping is a way of telling stories with symbols with various meanings and whose significance can only be understood in relation to the overall story and experiences of the person who creates them. It has the potential to engage and enable participants to communicate creatively through a deeper, more reflexive process. Together with Save the Children Malawi, we implemented this ‘project within the project’, as one Save Norway representative called it, in two districts, Ntcheu and Mangochi. Working with RTP district teams, we chose eight schools; altogether 256 girls and boys from standard four and six were selected in collaboration with their head teachers.

The body-map project served as a way to gain access and to observe project implementation. By working *with* the project staff, planning activities, conducting training sessions, car-pooling to and from field sites, staying in the same house, and carrying out activities together at the selected schools, my colleagues and I created important arenas for observing internal dynamics outside the formal setting of an interview. I could observe, and feel, the time pressure they worked under, as well as how they valued learning things that could prove useful for them in terms of positioning within the NGO community – for instance, becoming familiar with a tool that none of the other local NGOs used gave them status. I learned much from how they talked about other NGOs, donors, their partners, their bosses and local beneficiaries.

A while after the body-map project had been completed, the RTP project manager invited me to sit and work at Save the Children’s office space in Lilongwe whenever I wished. There was always a free desk in their open-plan office space, because some staff were always absent, overseeing the district teams and activities. The office where I sat accommodated up to sixteen desks; it was pleasant to enter the cool office during the warm season. This air-conditioned NGO office with free coffee and polished floors was in sharp contrast to the crowded government offices I often visited, whether for interviews or meetings, or searching for policy documents. Since the project team with whom I collaborated often visited the districts, I got to know other Save the Children staff, both those on project contracts and staff higher up in the organisational hierarchy. Being able to work at the office provided a window into the organisation, the RTP team’s internal organisational context. This also enabled me to map the various constellations of projects and programmes within the organisation and how staff identified with their international donors, giving each project nicknames based on the funder, e.g. ‘I am the SUN guy – he’s Gates-funded’ and ‘we’re the Norad project, we have the most flexible donor’. As most staff were hired on short-term project contracts, their identity was linked to their donor, and not to Save the Children International in Malawi. This

made the office space an international space where local and global realities coexisted, with local staff being both international and national actors.

Lilongwe was my base throughout my fieldwork in Malawi. I stayed there for most of the time except when visiting the district office in Mangochi, while implementing the body-map project in Mangochi and Ntcheu, and time spent in Zomba visiting partners and colleagues at Chancellor College. Living in Lilongwe together with aid workers, socialising with young volunteers, NGO workers, UN and embassy staff provided insights into the world of (I)NGOs and development workers. I learned about what goes on in the ‘aid enterprise’, how people work on a range of topics, how they cope with shifting donor priorities, NGO–state relations, international NGO–national NGO dynamics, how the various NGOs and donor agencies are perceived, as well as the rhetoric used and the political debates linked to development. This was information that I could draw on in interviews and conversations with NGO staff and other key informants. This expatriate community also gave me opportunities to meet with Save the Children staff outside the office setting. The RTP team were all Malawians, and it could be difficult to find ways in which normal social interaction could be established – ‘a neutral ground where mundane small talk could take place’ (Hammersley and Atkinson 2007, 70). Their superiors, by contrast, were international expatriates who frequented the social scene in Lilongwe, so getting to know them proved easier.

Studying a phenomenon with multiple localities, observation was also conducted at internal NGO meetings in Norway and Malawi, in meetings between Save the Children and Norad, Norad meetings and policy forums, donor-group meetings in Malawi, and at global conferences on reproductive health. These meetings and conferences were interfaces where multiple localities were present: one meeting in Lilongwe between the CEO of Save Norway and technical advisors from both Norway and Malawi illustrated how the sites were present across scales. Additionally, in Norway I attended meetings and conferences organised by Norwegian civil society organisations, some of which ran projects in Malawi. I was also invited to attend the meetings of one Norwegian NGO with Malawian partners and a Norad representative, discussing the ongoing abortion law review process and what international donors and organisations could do. Attending meetings in Oslo and Lilongwe where the same stakeholders were present made me aware of how the actors had different positions, roles and power depending on the location – that meetings between the same stakeholders in two different locations, Oslo and Lilongwe, are different interfaces.

I kept detailed field notes of my observations. To understand relations of power and not merely what was said in meetings, I paid attention to who was present, informal

conversations, where people sat, and what was said and by whom. I also noted who spoke before and after meetings, and how people related to each other. Further, I kept a thematic field diary where I described and categorised daily observations, happenings and preliminary analysis, using text, drawings and newspaper articles to illustrate the topics and what was happening.

Accessing elites

On arrival in Lilongwe, I soon learned that most of the international NGOs were located in and around Area 11,³ located between the old town and the affluent, quiet residential areas along Presidential Road. The area hosts numerous embassies and international organisations, including WHO, USAID, DfID and the EU delegation, in addition to the Parliament, the national bank and the then-new 5-star hotel and congress centre built by the Chinese. Thanks to its proximity to the Presidential Palace, power-cuts are less frequent in this part of town. That most INGOs are located here says something about their status, their close relations to international donor agencies and their general influence. This creates an elite topography of regular and mutually reinforcing NGO–government interaction, with scant basis in the daily lives and struggle of many ordinary Malawians (Gabay 2011, 496). The people working there are part of the country’s growing middle class, the new elite.⁴ I found such mapping of the NGOs in Lilongwe helpful when identifying who to talk with and when.

Formal interviews were conducted at various sites, depending on the informant’s preference. In one of my first informal meetings with a key informant, I was told that if I wanted to interview elite Malawians, a good advice would be to invite them out for lunch or a Fanta. Asking to come to their office was, according to this person, not a good strategy in Malawi. This advice proved helpful when I tried to arrange interviews with high-level Malawian bureaucrats and members of the policy elite. After spending time at numerous lunch places and coffee bars in a never-ending search for stable internet and electricity during my preliminary fieldwork, I learned which places were popular among this group, and that the

³ Not all INGOs were located here, however: Save the Children, World Vision and Concern Universal, among others, were located in District 9, a middle-class area.

⁴ An elite, according to Herod (1999, in Scheyvens and Storey 2003, 183), can be defined as a person who holds a position of power within an organization, e.g. a corporation, government, trade union. However, that is a Western understanding of the term. In Malawi, NGO workers may not hold much power within their organisation, but I have chosen to not distinguish between different types of NGO workers and other more powerful informants, because they all hold the status of middle class in a country where 89% of the working population work in the informal sector (NSO 2014) and 71% of the population subsist on less than USD 1.90 a day (IMF 2017).

choice between preferred places varied not only between Malawian and international elite but also depended on age.

When I started doing formal interviews, I had planned to record most of them. It emerged that NGO staff in Malawi were often suspicious about having an interview recorded, although that was not the case in Norway. I also found that people tended to speak more freely without a tape recorder on the table, so I stopped asking NGO staff in Malawi for permission to tape, and focused more on note-taking and, when appropriate, including them in the note-taking process. I often asked respondents to draw or illustrate, to make Venn diagrams, and individual- and project journey mapping, and make overviews and timelines, since they tended to be curious about what I wrote in my notebook. However, other informants from the Malawian elite (who often made a point of their having completed a PhD) were familiar with the advantages of tape recording and invited me to record the conversation. Interviews with Ipas and other PMDUP actors were all recorded. Recorded interviews were transcribed verbatim and coded. However, due to frequent power-cuts and limited battery capacity, I was not able to transcribe all interviews while in the field. All interviews were conducted in English or Norwegian, depending on the informant. With the non-recorded interviews, I took extensive notes, which were afterwards written out more fully. Some key informants were interviewed several times; and with many of them I had informal conversations as well.

This study has also been informed by numerous informal conversations and discussions with Malawian partners and colleagues at Chancellor College – about aid fatigue, NGOs, development and Malawian politics over the five years of my work as research assistant and PhD researcher in Malawi.

Accessing written text and documents

Throughout my fieldwork, documents and texts became an important source of information. Here ‘context’ should be thought of as involving documentary constructions of reality (Atkinson and Coffey 2004). Government departments and NGOs produce and consume huge amounts of documentation: project reports, policy briefs, strategy documents, organisational charts, meeting minutes. Further, documents provided information difficult to obtain in other ways, e.g. internal communications between donor agencies and Save the Children, and within Save the Children, helping me to understand relationships within an INGO and within its network.

Before my first fieldwork in Malawi, I read up on project documents from Save the Children Norway to get an overview over the RTP project: rhetoric, partners and focus areas, in addition to how the project had developed. Reading NGO reports available online, I started to map actors, noting who collaborated with whom, who worked on similar topics, and their history in Malawi. The number of NGOs in Malawi is enormous, likewise the amount of NGO reports. These reports became an important source of information on NGO activities in Malawi, on how NGOs presented their work, projects – and themselves. Because of the large number of reports, I could identify similar trends and language used across NGOs.

I also studied donor reports, MDG surveys and end-line reports, policy briefs, censuses from the national bureau of statistics, documents from national and international NGOs, from consortia, donor agencies and embassies, including WHO, UNDP, JHPIEGO, Care International, Plan International, World Vision, USAID and DfID in addition to Save the Children. From these documents I could learn when and how certain topics made it to the agenda, who worked with whom, and on which issues.

For a fuller understanding of development interventions and how policy ideas travel, it is necessary to draw on newspapers, policy papers, official documents, legislation, government documents and circulars (Anders 2010; Shore and Wright 1997). Early on in my fieldwork, access to RTP project staff was proving difficult, with people showing various signs of resistance – being late, promising to get back to me without following up, never being in office the days I was there. And so I spent the days searching for background documents and policy papers: at the national library, the archives and library of the Malawi Human Rights Commission, the University of Malawi's libraries, the national bureau of statistics bureau, etc. Further, I visited newspaper archives to see when topics made it to the front page and when other topics started to wane in media importance. In-country analysis of newspaper articles was important for understanding the political scene and debates in Malawi. It also provided a good overview over the development discourse, which topics were in 'fashion' and political friction over such topics. In the search for official documents and policy papers, I visited numerous offices, climbed numerous stairs and waited for hours for documents – always being told to go to a different office. It was not until I found a key informant within a UN organisation and an INGO that the world of governmental documents opened. Informants within ministries did not have the policy documents (or at least they did not share them with me), but the INGOs and donor agencies did. As one senior civil servant within the Ministry of Education explained, she herself was dependent on INGOs to access information of activities in her own ministry.

Documents became an important source of information also at the global level. Whereas the issue of access was less complicated here, as globally generated documents were generally available electronically, it was not necessarily easy to find the right documents – because of the sheer volume of documents available. In Norway, I accessed written communications between Norad and Save the Children, meeting minutes and Norad’s feedback to Save the Children project reports through the open electronic journal. This enabled me to compare and contrast what was said in meetings I attended with what was communicated in writing between the two parties. For instance, I was able to access the dialogue between Norad, the donor, and Save the Children when SCI had complied with the reinstated MCP, seeing how Save Norway responded to Norad’s request for clarification and assurances that Save Norway would follow Norwegian principles concerning reproductive rights. I could also follow the lines of communication regarding the RTP project, tracing how success and failure were constructed. I tried to assess or consult a range of written sources to ensure a comprehensive review, but there may be sources that I have overlooked or that were not accessible.

Analysing data

Data analysis is not a distinct stage in the research process: ‘informally, it is embodied in the researcher’s ideas and hunches’, and the analysis of data thus ‘feeds into research design and data collection’ (Hammersley and Atkinson 2007, 158). Central in the process of analysis is the search for patterns in the data, figuring out why the patterns are there and how they fit together (Angrosino 2007a; Bernard 2011). In order to search for patterns, I have done what best can be described as a thematic analysis. I sought to remain attentive to emerging themes in the data, noting if there were any inconsistencies or contradictions between the views of various actors, between what actors said and did, or between ideas and practices at different sites (Angrosino 2007a).

Although there is no single recipe for analysing data collected in the field, Angrosino (2007a) argues that there is more regularity in the ethnographer’s approach than might be apparent. He further notes that there are several points that appear in most formulations of the process: data management, overview reading and clarification of categories. In practical terms, analysing ethnographic data involves keeping well-organised field notes, which I read thoroughly before proceeding with the analysis. Such careful reading is done in order to refresh the researcher’s memory, as there might be details that she has forgotten (*ibid.*). Due to the multi-sited nature of my fieldwork, I shifted constantly between being in the field and

withdrawing from the field. This provided me with some analytical distance before returning to the field, allowing the different fields to inform each other. It also gave me the opportunity to go through my field notes and interview transcripts while not in the field, stimulating reflection on what I thought I knew, and enabling me to identify gaps in the material and prepare questions about what I wanted to understand. Nevertheless, getting an overview over the data was a time-consuming activity. Transcribing the interviews myself was a good opportunity to re-live the interviews, not only coding them, but also listening to how things were said. I went through my field notes, comparing notes with interviews and documents, further comparing the thematic notebook that I kept with the more journal-based field notes, to make sure I had not overlooked important data.

Next I set about categorizing my data, identifying patterns and themes that emerged from the data (Angrosino 2007a). I also used identified themes from the NGO literature and ‘NGO-graphies’ to inform what patterns to look for in the early stages of fieldwork and analysis. This included, for instance, concepts like ‘accountability’ and ‘power relations’ between differently situated actors. During fieldwork I kept a thematic notebook where I kept notes and reflections based on these themes. While the literature served to inform early categories, after collecting a broad set of data I started to seek relationships and patterns across the whole corpus of data – from observation, field notes, informal conversations, formal interviews and documents. Actors’ legitimacy seeking practices is one such theme that emerged across sites and data. Some analytical concepts emerged when participants themselves indicated them (Hammersley and Atkinson 2007) – as with the emphasis the project staff placed on evidence and the production of success stories.

As Hammersley and Atkinson (2007, 159) put it, theorizing ‘ought to involve an iterative process in which ideas are used to make sense of data, and data are used to change our ideas. In other words, there should be a movement back and forth between ideas and data’. When analysis is understood in this way, concepts should grow out of the context and be lenses through which the researcher can view the empirical data and generate an analytical understanding. By critically assessing my empirical data, discussing it with colleagues at SUM and at Chancellor College, Malawi, and through a critical reading of anthropological and development literature on NGOs, I was able to identify my theoretical concepts and approach. My analysis was further informed by feedback and discussions with scholars at conferences, meetings, workshops and in discussions with supervisors and colleagues. Additionally, I discussed empirical data and analysis with colleagues in the two research projects with which I was affiliated, the NGOMA project and the EVA-PMDUP study. In

neither of these projects was I the only researcher studying NGOs in Malawi, and we benefitted mutually from discussing data and co-writing texts. The analysis that informs article 4 drew also on fieldwork conducted by my colleague Judith Daire in Malawi. Further, article 4 draws on collaborative analysis across countries, which generated additional insights.

Trustworthiness and interpretation

As Rosen (1991) has noted, there is no absolute truth of interpretation: the value of the account lies in whether it is a plausible explanation for the data collected. Fassin (2013) adds that there will necessarily be bias involved in any interpretation: empirical data are never simply reflections of reality (moreover, there are multiple accounts of social reality), and there are also limitations to the researcher's understanding of reality. While the strength of ethnography lies in the use of more than one research method to ensure research quality, ethnographic research is often criticised for its lack of replicability. Transparency in the research process and concerning how findings were arrived at is therefore a crucial part of the presentation of research. My detailed chapters on methodology, and ethical considerations and reflections about the research, are an attempt to achieve such transparency.

I have aimed for trustworthiness in all my interpretations, being attentive to this throughout the various stages of the research process. With my own material, that meant asking follow-up questions during interviews, asking informants to clarify uncertainties, and comparing answers given by different actors to the same questions. Further, it entailed comparing NGO documents with oral narratives given by NGO workers, paying attention to contradictions and inconsistencies within an interview, as well as to the ambiguous relation between saying and doing. Additionally, it meant being aware of myself as the research instrument: how my presence in the field, how my own values, gender, perspectives and background influenced my work.

I also discussed findings and preliminary analysis with key informants in Malawi and Oslo. In addition to publishing in peer-reviewed academic journals, I have presented my findings at international and national conferences, in research group meetings at my institute and in meetings with colleagues at Chancellor College in Malawi, aiming for feedback from other researchers to enable me to refine my approach and analysis.

While 'thick' description is often argued to be (one of the) strengths of ethnography, a potential weakness with multi-sited ethnography may be the sacrifice of depth. Attempting to investigate several sites can be seen as happening at the expense of the amount of time spent at each place, so that the researcher ends up sacrificing the deeper knowledge of the

participants and their context (Muir 2011). According to Hannerz (2003), one consequence might be that the interviews become as important a source of information as the more time-consuming practice of participatory observation. Moreover, one site might take precedence over the others, thereby calling into question the multi-sited nature of the research (Muir 2011). Although moving in and out of the field, or between field sites, gave me the possibility to gain analytical distance between fieldwork sites, allowing the different sites to inform each other, it might have made the process of establishing close relationships with informants more difficult. For me, Malawi took precedence over the Norwegian site in many ways, especially regarding the length of time spent. As I had the NGOs as my prime research subject, and was trying to understand their changing practices, spending time in Malawi became particularly important.

The findings presented in this thesis have relevance to the NGO sector in Malawi that deals with sexual and reproductive health and rights. However, while this study focuses on Malawi, its findings are also relevant to international NGOs and international donor agencies that fund NGO projects in other aid-dependent countries like Malawi, and not only within the field of gender and reproductive health.

5. Positionality and conflicting ethical obligations

Doing fieldwork can give rise to a plethora of ethical dilemmas, many of which relate to power dynamics between the researcher and the researched (Scheyvens and Storey 2003, 139). Ethical principles should inform all stages of the research process (Hopkins 2007; Scheyvens and Storey 2003), from planning and accessing the field, to obtaining, analysing and communicating data and findings – and even posing the research questions. Obtaining informed consent has become a panacea to ensure ethical research. However, I am of the conviction that researcher ethics is about more than simply obtaining informed consent. In this chapter, I start by elaborating on access in the two cases in focus in this thesis. Next, I take informed consent as a starting point for discussing research ethics as a broader process of positionality – how my age, gender and background shaped the research process. I end the chapter by noting some further challenges regarding access and stakeholder engagement, and (potentially) conflicting ethical obligations. This section represents an attempt to incorporate reflections over the politicisation of research and research ethics in my own work, and to shed light on the challenges of doing research in a landscape that has become extremely tense and politicised.

Negotiating institutional access

The term ‘access’ covers far more than mere physical access to a given research site. It implies that actors give the researcher access to their professional and everyday lives. The researcher is granted license to witness, participate in and discuss issues that might otherwise be restricted. For my own research, it meant having access to the everyday activities of organisations (Atkinson 2009). When using ethnographic methods, the researcher’s ability to adapt to the circumstances is essential: as Buchanan and colleagues (1988, 56) note, ‘negotiating access for the purposes of research is a game of chance, not of skill’. In my case, institutional collaborations set the formal conditions for access to the relevant INGOs. Official access to Save the Children, Ipas, and their partners, was negotiated through two separate institutional collaboration agreements – with the NGOMA and EVA-PMDUP projects.

Accessing Save the Children and Ipas

SUM, where I have been enrolled as a PhD candidate, has collaborated with Save Norway for several years. The PI of the NGOMA project, and my main supervisor, has good relations with this organisation and knows several staff members well. Therefore, establishing research

collaboration with them and negotiating formal access went fairly smoothly. At that time, Save Norway was in the process of securing funding for a new project in Malawi, which was intended to link health and education in an innovative way. This new approach reflected the emerging international trend of narrowing down maternal health to focus more on adolescent pregnancies, and made a suitable case for the NGOMA project. As we, the NGOMA team and Save Norway, saw such collaboration as mutually advantageous, we developed a Memorandum of Understanding (MoU) to formalise the collaboration between NGOMA, Save Norway and Save Malawi.

However, having been granted formal access in Norway did not automatically lead to access among the RTP project team in Malawi – rather the contrary. I experienced how access is indeed a constant process of negotiation. One aspect of our collaboration with Save the Children was what a Save Norway staff-member called ‘the project within the project’. By developing a participatory methods project – the body-map project – the joint team aimed to get grounded information about how it is to be growing up in the Malawian countryside. For me, this joint project became a way to work side by side with the Malawian team, to get to know them and gradually break down some of the barriers between us. It also provided opportunities to observe the inner life of a project and its implementation. Together with key personnel from Save Norway, the NGOMA team designed the body-map project to be implemented by my colleagues, myself and Save Malawi staff as an ‘add-on’ to the RTP project in Malawi. However, it was not until the end of the planning process that my colleagues and I were told that the final decision to collaborate, and to implement the ‘add-on’, would have to be made by Save Malawi, due to principles of ‘country ownership’. Even later, I learned that the RTP team from Save Malawi felt they had not been involved in developing the MoU; in fact, they described the decision to collaborate with my colleagues and me as one where they had no real options. This further illustrates the power relations between the different levels within the INGO.

Formal access to the PMDUP-implementing NGOs was given on slightly different terms. Whereas the collaboration with Save Norway came about due to personal relations and a shared understanding of the collaboration as mutually advantageous, formal access to Ipas and MSI was given through the DfID-commissioned research-evaluation of the PMDUP programme. Through the contract with DfID, the INGOs were instructed to grant the study team access. As DfID considered Ipas and MSI stakeholders in the study, these INGOs could broker our access to informants and documents in Malawi. Despite having an institutional collaboration, within which we had access as part of the contract, access to the implementing

NGOs did not proceed without friction. I had no difficulties in accessing Ipas in Malawi, but encountered more reluctance from BLM – MSI’s Malawian affiliate. However, having met several BLM staff through the RTP project, where BLM was implementing partner, helped me negotiate access.

Despite the differences, the top–down process of gaining formal access was common for both collaborations. Being granted access by the international partner (locally or at international headquarters) also draws attention to the power dynamics between various levels within the INGOs. For instance, did RTP staff on the ground in Malawi feel that they could decide not to speak or share information with me? As will be elaborated on later, the fact that access had been obtained in a top–down manner might have negatively influenced the process of building trust with some of the NGOs and their staff-members.

In addition to being broader institutional collaborations, both projects operated within the field of reproductive health – a field that is becoming increasingly politicised, and where actors are driven by a range of sometimes conflicting ideologies and norms. Not only is the field rife with competing political interests, money has become the major source of power and authority (McNeill et al. 2013, 62), introducing new actors and interests to the table. Actors like MSI and Save the Children experience greater pressure to demonstrate effectiveness and value for money, often in form of proven impact and success, in order to secure donor funding. This development must be seen as part of the larger political context of increased scrutiny of official development aid, where donors must prove themselves effective vis-à-vis the taxpayers. Therefore, how these NGOs perceived the stakeholder collaborations, and (as discussed below) how they reacted to our written narratives and analyses, must be interpreted against this broader backdrop.

Ethical norms and positionality

Informed consent is often described as the most fundamental principle in research ethics and has become a mantra to ensure due process (see Bell 2014). Murphy and Dingwall (2007) point out that the iterative nature of ethnographic inquiry means that ‘consent’ is always relational and constantly negotiated, rather than based on a one-off contractual agreement. Ethnographic researchers will therefore never be able to specify at the outset all that a given research project will involve – unlike the case with clinical trials, biomedical studies or survey research, which have ‘specification of hypotheses, design, instruments and implementation in protocols ... finalised before the study begins’ (ibid., 2224). Despite different views and practices within the various methodologies and disciplines, informed consent has become

standard across most review boards (Lederman 2006; Miller and Boulton 2007). According to the American Anthropological Association, informed consent is about communication of information, comprehension of information, and voluntary participation; further, it is the quality of the consent, not its format, which is relevant (AAA 2012). Therefore, the researcher must be aware of any form of power or coercion that might be exercised, to ensure that participation is truly voluntary. Bell (2014) notes that ‘research ethics’ and ‘informed consent’ have somehow become interchangeable synonyms. However, informed consent, or the underlying principle of informant autonomy, is only one of several important principles within research ethics: other principles – like justice, and do no harm – are equally relevant and may, in some instances, compete with the principle of informant autonomy (Murphy and Dingwall 2007).

As regards participatory observation, the topic of informed consent calls for further reflections. Participatory observation involves everyday practices and interactions, conversations with people on the bus, at the office, or at a conference. Such fieldwork is ‘characterised by its informality’, and ‘blurs the boundaries between research and life. Fieldwork is everywhere’ (Fassin 2006, 523). We may ask: should everyday, casual moments like conversation around a dinner table, on a bus or in a taxi, be excluded as sources in research because there has been no formal informed consent? By limiting ethics to the performance of a purely (procedural) formal action or operation, we risk ignoring other, often more pressing, ethical issues that emerge during fieldwork, like the obligation to protect the informants, to do no harm, and ensure informant anonymity. For instance, the American Anthropological Association (2012) stipulates that the primary responsibility of researchers is to the people with whom they work and whose lives and culture they study: to do no harm towards them is the main ethical obligation. According to Angrosino (2007b), responsibility to scholarship, to the scientific community and to the general public, while important, are secondary to relationships to the people who provide the substance of the research.

The case *against* informed consent within ethnography has been argued persuasively (see Atkinson 2009; Fassin 2006; Hilhorst 2003; Murphy and Dingwall 2007). The nature of such research itself, Atkinson (2009, 21) holds:

...is so profoundly an emergent property of the processes of data collection and research design, that are themselves emergent, unfolding processes, that it becomes all but impossible to solicit consent to the research that is ‘informed’ in the sense of being predictable and explicable before the research itself is carried out at all.

When such importance is attached to informed consent, important ethical issues that may arise during fieldwork and in the process of ‘writing up’ might be ignored, giving a ‘false guarantee that ethics is respected through purely formal aspects’ (Fassin 2006, 524). For instance, the examples that researchers choose and how distinctions are created all have ethical implications. Merely obtaining informed consent cannot guarantee that the researcher will pay reflexive attention to these aspects (Atkinson 2009, 27).

Negotiating individual access

In accordance with my ethical clearance⁵ from the Norwegian Social Science Data Service (NSD), and to follow due process, I started all interviews by orally explaining the aim and purpose of the research and asking for oral consent to use the content from the interview. I was open about my interests, my role as a PhD student, and my intention to write academic articles about the NGOs, including their role in the ongoing process of abortion law review in Malawi. The decision to request oral rather than written consent at this stage was carefully considered; NSD had granted permission to do this, precisely because of the ethnographic nature of the research. When interviewing people about abortion and the role of NGOs in Malawi, a context where external actors are increasingly accused of value imperialism, I did not want to put informants at risk by asking them to sign a piece of paper where ‘abortion’ was mentioned in combination with the logo of a European university. During the interviews, I always asked for permission to use the content of the conversation and discussed both anonymity and confidentiality with them. I always offered my informants anonymity and asked for advice on how to refer to them, as some of them were public figures and therefore difficult to anonymise fully. Most informants said that I could refer to them by name and position, but I opted to anonymise as many as possible, given the sensitivity of some informants’ activities.

I was open about my intention to write articles based partly on the information provided in these interviews. However, I did not explain the theory orientation of my analysis – e.g. NGO legitimacy-seeking practices or NGO practices of ‘chasing’ success stories – as that took shape only after I had started writing up my material (Hilhorst 2003, 230). Although they had consented to give information, my informants could not, of course, agree or refuse to

⁵ The NGOMA study was granted ethics approval from the Norwegian Social Science Data Service (NSD) and the National Commission for Science and Technology of Malawi. In addition, I held a research permit to conduct research on gender-related topics. Issued by the Office of the President and Cabinet, Malawi.

consent to how I would analyse the information later. As Atkinson (2009, 21) notes, ‘most researchers would find it bizarre to have to predict every possible analytic outcome and every unanticipated finding of the analysis’.

Whenever I was conducting observation at (closed) meetings, I introduced myself as a researcher and explained my research interests, though I cannot guarantee that all those attending such meetings fully understood my role and the purpose of the study. In informal conversations I was also open and honest about my research interest and status as PhD candidate, never trying to hide my role or intentions. Informed consent, or the principle of informant autonomy, is indeed an important ethical standard, but I agree with Atkinson (2009) that research ethics remain an ongoing process throughout the research period.

Research ethics are also about how the researcher acts in the field and towards the people she meets: it is about being respectful and trustworthy. Reflections over and awareness about research ethics should permeate the whole research process. Likewise, the researcher should protect her informants, whether or not they have signed a consent form.

Negotiating personal relations – positionality and reflexivity

In addition to being relational, fieldwork is in itself inherently personal, ‘in that the positionality and biography of the researcher plays a central role throughout the research process’ (England 1994, 251–252). She describes fieldwork as ‘interfering in other people’s lives’; further: ‘we do not conduct fieldwork on the unmediated world of the researched, but on the world between ourselves and the researched’ (ibid., 251). From an epistemological perspective then, the world we study is shaped by the researched and the researcher; hence, the researcher’s positionality must be examined closely.

Being a young, Norwegian female with a background in development studies and global health clearly influenced how I saw the world and the field, which questions I asked, what I found puzzling and how I understood the world ideologically. My experience from the Norwegian civil society context – as a volunteer, from youth advocacy organisations, as board member in various NGOs that are part of global networks of advocacy, and administering partner projects funded by Norad – had provided insights into the world of Norwegian development NGOs. It has also given me first-hand experience with log-frames, reporting and grant-seeking – practical knowledge and experiences I could use in field encounters. Reflecting on how gender and age, as well as my background and political orientation, shape how I see the world and have been important for me throughout the research process.

Constantly shifting between different sites, I came to realise how I was perceived differently at these sites, and how I perceived informants and their reality. Several social researchers, among them Hopkins (2007), argue that it is important that the researcher takes into consideration similarities and differences between herself and the research subjects or informants. Discovering possible similarities can help the researcher uncover factors that can enable alliance building, creating a common ground between researcher and informant and thereby aiding communication (Hopkins 2007). Pratt and colleagues (2007, in Hopkins 2007) make a related point: differences, whether cultural, economic or social, can be used constructively, allowing the researcher to work with them, rather than attempting to overcome them.

In Malawi, I was often seen as an NGO worker – not surprising, given the high number of expatriates and NGOs in the country. Moreover, RTP project staff often referred to me as a Save Norway or Norad representative, because I was an *azungu* (white person) from Norway – clearly positioning me outside of their group. Their knowing that I was interested in how the project was implemented, and the flow of information and knowledge between the local and the global, only fuelled this scepticism. After observing the pressure they are under to produce success stories and achieve quantified targets, I started to understand their scepticism towards my asking questions and paying attention to these topics. Towards the end of my fieldwork I also learned that project staff had initially thought I was an ‘under-cover’ evaluator, sent to control them and report back to Save Norway. That I was seen as an evaluator of their work, not a researcher with whom they collaborated, might have been a result of power dynamics and poor communication. It certainly made the issue of trust even more pressing. However, although I was met with scepticism, I was also ascribed more power than I felt that I had – for instance, when the project manager assumed that I could help them ‘produce success’ and thus get a funding extension. As explained below, having to renegotiate my position, I experienced that, when it became clear that I had no power vis-a-vis the donor, I was no longer considered an asset to the project team, but instead a liability.

Within field research, it is often assumed that the researcher holds the power (Chambers 1997) to decide which questions to ask, how to interpret the data, and the power of being able to leave the field (Jenkins 2007). However, during my fieldwork, the power balance often shifted: boundaries became fluid, and power dynamics could change in the course of an interview. I found it difficult to find common ground that could help me build an alliance with the project staff. Often I felt powerless, trying to navigate in a context new to me – geographically and as a young researcher interrupting the work of professional NGO

workers. After all, my work was made possible by their cooperation, their willingness to share their reflections and knowledge with me. They held the power to withhold information, not invite me to meetings or fieldtrips, or arrive late or not at all for scheduled meetings.

Interviewing Malawian officials and bureaucrats was a different experience. In these encounters, my comparative youth and inexperience as researcher influenced the power relations in other ways. I could use this difference constructively by presenting myself as doing ‘preliminary’ fieldwork or addressing them deferentially as the experts. Being perceived as naïve allowed me to ask informants to elaborate. Most of these informants, both civil servants and NGO workers, were male.

However, I also interviewed some high-level female bureaucrats – and with them, the strategy of taking the role of a simple learner did not work. They clearly showed their annoyance when I asked naïve questions, further encouraging them to elaborate. With them, I had to show that I knew the context, that I was indeed well-informed on the topics we discussed. I often felt as if I had to prove to them that I was worth their time. Yet, when I managed to show them that I was knowledgeable, the common ground between us became clearer and the barriers weakened. In the end, one of them became a key informant with whom I met several times and with whom I could discuss preliminary findings and indeed ask ‘naïve’ questions. However, it was only after such common ground had been established that this became possible. That there were differences between establishing a common ground with female and male bureaucrats might relate to the position of women within politics and civil service, and Malawian society in general.

Interviewing international expatriates in Malawi was a different experience from interviewing Malawian NGO workers. Although we came from various professional backgrounds and nationalities, we shared the circumstances of being foreigners in Malawi. With them I could connect when talking about Malawi politics and society from an outsider perspective. My ‘insider’ experience from the development enterprise further created sameness with international NGO staff. In addition, in these interviews I made it clear that I was there to learn from them. This approach worked well with young NGO expatriates; with senior staff, however, I had to show that I was not naïve.

Back in Norway, interviewing NGO staff and bureaucrats, I was not an outsider in the same sense as in Malawi. Rather, I feel that I did not hold a position important enough for them to give priority, or even respond to requests for interviews.

As discussed here, research ethics is more than merely obtaining informed consent, as individual autonomy is only one of several principles underlying research ethics. While this

principle is important, and the process of obtaining informed consent is a good way of securing it, there is, as Miller and Boulton (2007) point out, a growing mismatch between increasingly standardised ethics procedures, the complex nature of social research and the changing social world. Operating in a landscape increasingly populated by new and powerful actors who often have an interest in managing their brand, the researcher may find the pressure increasing, as actors may use ethical and methodological arguments to undermine one's research.

Contesting ethical norms

The debate on informed consent referred to above has scarcely addressed the problems of negotiating interpretive differences later on in the research process. Such problems may be multiple and many-faceted (Mosse 2011c). In the following, I will address one such conflict that can arise. Being affiliated with the PMDUP study, I experienced that different understandings of ethical norms (informed consent) were used in an effort to halt publication of findings that the respective INGO leaderships did not want made public.

It was not until after my second fieldwork that I was invited to participate in the EVA-PMDUP study. While I was not an official member of the evaluation team, I was affiliated with the policy-study team led by my co-supervisor, Katerini Storeng. Through this collaboration, I was subcontracted to conduct research that would be part of the evaluation outputs, although with the expectation that I would also publish a paper for submission as part of my PhD work. Data collection for my PhD was governed by NSD ethics approval, but, through collaboration with the policy-study, the same data contributed to the EVA-PMDUP analysis – a study with a separate and different ethical clearance. Reflecting a regulatory discourse of research ethics (see Ashcroft 2003), the ethical regulations governing the EVA-PMDUP project treated informed consent as procedural – as a formal process of obtaining written consent at the outset of an interview. In contrast, the NSD guidelines, which focus on individual agency and researchers' personal responsibility for their relations with participants, treated informed consent as dynamic – allowing for oral agreement. Additionally, the practice at the LSHTM, as well as the deliberate conclusion of the chair of the LSHTM ethics committee, was to treat organisations as equivalent to individuals, and therefore extended the same protection to them as to individual informants. As discussed below, MSI and Ipas framed disagreements over the content of analysis and conclusions as 'research-ethical concerns', stated as the reason why three informants from the two NGOs withdrew their initial consent to participate in the research.

Was I bound by the broader contractual and ethical regulations governing the EVA-PMDUP project? That became a topic of discussion when three informants withdrew from the study. The EVA-PMDUP project proved to have considerable impact on my fieldwork and my doctoral studies, as a conference presentation was cancelled, and article put on hold: one article still remains unpublished. While this experience was indeed difficult and challenging, it also gave me real-time experience of the power games at play in the field global health.

Institutional collaboration in practice

As noted, in order to establish clear roles and responsibilities, a MoU stating expectations and lines of collaboration between NGOMA, Save Norway and Save Malawi was developed. According to this MoU, the NGOMA team, for instance, was expected to prepare, share and discuss findings with Save the Children in Norway and Malawi, and Save Malawi was to facilitate implementation of the body-map project in collaboration with Save Norway. Additionally, Save Malawi was to broker access to RTP partners, both NGOs and ministries. Despite having a MoU that drew up fairly clear fields of responsibility and secured academic freedom, collaboration in practice did not always proceed smoothly.

Early in my fieldwork in Malawi, I realised that perceptions and understandings differed regarding the body-map project: what it was about, who ‘owned’ it, who was responsible for implementing the ‘add-on’. In other words, there were different understandings of the nature of the institutional collaboration – which might be a result of internal power dynamics. Early in the process of implementing the ‘add-on’, members of the joint team were in Mangochi, the first district where we were to implement the body-map project. After the initial workshop, Save Malawi staff demanded that my colleague and I should pay them allowances – which we did not do; however, we did provide buns and Fanta. Paying allowances, as compensation for the costs of transportation and accommodation when attending trainings and workshops, is common practice among NGOs and government agencies in Malawi. The staff’s understanding of the collaboration was thus not one of partnership: rather, that we had hired them, through Save Norway, to facilitate our research. It was only after the local Save the Children Malawi staff saw how they could benefit from the new method that their perceptions of us, and the institutional collaboration, changed. That they had learned a tool that none of the other NGOs in their district were familiar with gave them, according to the district coordinator, the possibility of organising trainings for the other NGOs in the district, and would give them higher status amongst the other NGOs.

Feelings of being seen as either an asset or a liability⁶ were also experienced at other levels within the collaboration. In my first meeting with the RTP project manager in Lilongwe, he explained the structure of the project, who the core team members were, and how innovative the project approach was. Towards the end of the conversation he mentioned how they were under massive pressure to demonstrate results, and how difficult it was to achieve behaviour change within three years, and therefore wondered if I could ‘help them achieve success’ and ‘produce evidence’. Trying to explain my role as a researcher, I stressed that I was neither an evaluator, nor an expert who had the answers. I was in no position to help them produce success, nor had I any negotiating power in relation to their donor. I stressed that, according to the terms of the MoU, we were to write a report at the end of the research period, feeding back our key findings to Save the Children, as well as presenting preliminary findings to them throughout the project period.

In retrospect, I wonder whether I could have handled that situation differently. I had already offered to take part in the reporting, writing up preliminary findings for them to use. I saw the body-map project as the best way for me to contribute to the production of evidence and success, by providing grounded information about the project’s target group, even though such information did not necessarily fit very well in the log-frames and reporting templates.

My difficulties in generating constructive engagement with Save the Children Malawi staff around issues of practices, success stories and results – sensitive issues – reflect the pressure under which NGOs operate: the heavy workload of NGO staff and their need to prioritise more practical and immediate concerns, as well as the increasing pressure to produce results and success stories to secure future funding, which can be seen as a need to manage their ‘brand’. How the collaboration was perceived depended on whether we were seen as an asset – helping them to achieve impact and success – or a risk factor – obstructing the very same success and impact.

Written text as asset or liability

According to Mosse (2011c, 51), although researchers have an obligation to share their written narratives with the research subjects, researchers of public policy face an additional challenge, as the texts circulate ‘within the same public space as, and compete with, the representation of their informants’. This resonates well with what I and my colleagues

⁶ The NGOs sometimes used the word ‘risk’ when describing aspects of the collaboration.

experienced when written text, or narratives, representing our interpretations, were read by INGO personnel.

With Save Norway, also written texts could cause access to be questioned. During an interview with a key informant, the INGO worker told me that they no longer trusted me. The reason was that one of my colleagues in the NGOMA team had published a blog describing how one school in the village she studied in Malawi became swamped with NGOs wanting to train their teachers and use the school for training workshops (see Pot 2016). While she was part of the study collaborating with Save the Children, she did not mention them by name in the blog. Nevertheless, they argued that this was a breach of trust since she had, so they alleged, not informed them about the blog in advance. While the MoU did not address the issue of pre-publication clearance, they expected this from us, given the nature of the collaboration. With an ongoing national debate in Norway about the percentage of GNP going to international development, adding pressure on the need to show clear impact and results, Save Norway may have been sceptical towards stories about duplication of aid projects appearing in the media – especially if the findings could put them in a negative light. This created distance between us, and it took time to rebuild trust, a process in which written texts came to play a role (see below).

As McNeill and St. Clair (2009) note, organisations, whether international or multilateral, often lack an ethical space where staff can discuss and internally express criticism of their organisation without being seen as disloyal. I would argue that this goes for INGOs as well. According to informants from Save Norway, I helped them to create such a space by take up certain dilemmas within their organisation. After I published PhD article 1 (see chapter 7), on the dilemmas experienced by Save Norway after their global counterpart (SCI) had complied with the reinstated Mexico City Policy, I was invited to internal strategy meetings with Save Norway's strategy team and leadership group. Here, I was asked to present and reflect with them on challenges of being both a national NGO and simultaneously part of a global INGO, having to answer to the particularities of the Norwegian context and at the same time being part of an INGO driven by other ideologies and policies. Verbalizing these differences and boundaries between the national and international branch granted me access to forums to which I otherwise would not have been invited. As I see it, this article helped me establish a good relationship with the organisation in the aftermath of my colleague's blog. Once again I felt that I became an asset to them, by helping them to establish space for internal dialogue. That an outsider had addressed and presented such an argument about the differing traditions within SCI and the dilemmas that it brought to the

surface, some staff members asserted, made it easier for them to have open discussions within the organisation. As one staff member explained, ‘Earlier, we couldn’t voice such concerns openly, only in private conversations.’ After the article was published, they invited me to present and discuss these topics with the strategy and leadership group. After that discussion meeting, some staff-members even contacted me, suggesting other topics I could take up in my next article – topics they wanted the organisation to discuss but could not raise, for fear of being perceived as disloyal. However, had they not agreed with my narrative, their reactions would probably have been different.

Conflicting ethical obligations

The written narrative became a source of disagreement also with the EVA-PMDUP study – and with more serious implications. As social anthropologist David Mosse (2011c, 51) argues, ‘the very possibility of research on public policy and professionals is affected by the way in which powerful subjects of research can use ethical rules and procedures ... to evade social science scrutiny, resist critical analysis, gain control over research and protect reputations and public images of success.’

As DfID saw the implementing NGOs *stakeholders* of the evaluation, the NGOs had the opportunity to comment on our study protocol and to review the research outputs for fact-checking. DfID and the NGOs considered this important because of the ‘risks’ that our findings and analysis might pose to the programme in socially conservative countries (Storeng and Palmer 2019). Towards the end of the contract period, when we sought to disseminate research findings and analysis to academic audiences, members of the policy-study team found that staff at the international NGOs’ headquarters used the ‘stakeholder’ involvement to obstruct this aspect of the research. Their arguments aimed at persuading us to change our analysis and conclusions,⁷ as well as the demand that we anonymise their organisations and target countries, were framed in terms of research ethics. One of the outputs they objected to was the third article in my PhD thesis (article 3; see chapter 7). Focusing on INGO efforts to influence the process of reviewing Malawi’s abortion law, I explored how nationally embedded cultural and political values had become a battleground between international actors seeking to influence Malawi’s abortion debate. In the article, I argued that, despite being at opposite ends of the ideological spectrum, both pro- and anti-choice groups are

⁷ Two of the three articles have now been published, see Storeng et al. (2019) and Daire, Kloster, and Storeng (2018). The two articles the INGOs objected to are ‘Behind the scenes: International NGOs’ influence on reproductive health policy in Malawi and South Sudan’ by Storeng et al. (2019) and ‘International actors’ legitimacy seeking practices in Malawi’s abortion law’ by Kloster (currently under review).

foreign actors who have to legitimate their positions within the national abortion debate, and that the two groups adopted similar strategies in order to secure political and popular support. The implementing NGOs argued, more generally, that our findings could be ‘weaponised’ by their political opponents, the ‘pro-life’ actors, to derail and harm the policy process, potentially de-legitimising Ipas and MSI as well. Subsequently, the INGOs stated that they wanted to be anonymised because they disagreed with the ‘positions and conclusions’ of the articles. Importantly, their objections to the research evaluation expanded those of my article. Discussing how our experience highlights a broader trend of donors and implementing partners using ethical and methodological arguments to undermine research, Storeng and Palmer (2019) elaborate on how pressure was exerted on the project as a whole, and not just the policy-study, as the research evaluation cast doubts on the effectiveness of the PMDUP programme.

In what we experienced as an effort to stop or censor these publications, representatives of the INGOs headquarters contacted LSHTM’s ethics committee, which had granted the research permit and ethical clearance, appealing to codes of research ethics on grounds of violation of due process, claiming that we had not obtained informed consent to interview certain members of their staff. We successfully rebutted this accusation, which took weeks; but three individuals from MSI and Ipas then, retroactively, withdrew their consent for using their specific contributions in our research.

However, when I shared the pre-publication manuscripts with key informants, none of the in-country staff at Ipas or MSI objected to the narrative or the naming of the INGOs. It was, however, when the narrative reached the organisations’ global headquarters that the allegations of us not ‘following due process’ and that the INGOs ‘strongly reject[ed] the narrative presented’, were raised. The narrative to which individuals at Ipas and MSI headquarters objected had earlier been described by staff working hands-on with the Malawi case as encouraging and adding important considerations to the dialogue around abortion politics. To me this exemplifies the differing power dynamics that may exist within an INGO. An NGO is not only powerful (or less so) in relation to other NGOs: these dynamics can be found within the organisation as well. Within an INGO, staff at different locations or sites will have different interest, as described earlier concerning the RTP project: staff in Norway and in Malawi did not see themselves as being equally powerful. Further, it exemplifies how in-country staff and their global counterparts may not only hold different positions and power, but may also have different interests to protect. Informants at different levels within the INGO saw different topics, issues or type of data as ‘sensitive’.

There ensued a lengthy process and investigation involving lawyers and research ethics committees at the LSHTM. While under investigation, the policy-study team, myself included, withdrew our planned conference presentations and halted publications. It ended with the LSHTM's ethical committee concluding that we had in fact adhered to good research ethical principles; further, that we were allowed to name the organisations and countries; but that we should not cite secondary literature naming the specific individuals who had withdrawn their consent. According to the Ethics Committee, this included published media interviews with those informants and any other publicly available documents written by them or about them. This was argued to be a matter of protecting the individuals. That the Ethics Committee could deny us to use publicly available data, secondary sources, remains a puzzle to me. Not being allowed to use newspaper articles and other media sources when writing about legitimisation and de-legitimation proved extremely difficult, as the media have been an arena much used by international anti-abortion actors in their attempts to de-legitimise Ipas in Malawi.

In trying to understand these two instances, I am left with the following question: How can we (ethically) communicate research in cases where the findings can be used in a political game or (mis)used to legitimise specific actors, actions or institutions? More specifically, how to communicate findings when they could be used (by conservative actors) to 'weaponise' a debate on official development aid? Or have ramifications or repercussions for the two INGOs given the powerful (and emerging) global anti-abortion forces? Can strategic use of censorship serve a good purpose? In the long term, a better understanding of how actors operate and gain legitimacy within politicised fields might prove highly relevant: is letting the NGOs determine the direction of the analysis ethical?

Manoeuvring ethics, law and politics

According to Mosse (2006), by inviting informants to provide feedback or objections to analysis and written text, they can themselves be part of the research, in that they can reflect on relationships in development; and how professional informants respond to ethnographic description generates important research insights in itself. Here, I will reflect on the reactions of these two NGOs to my colleagues' and my work, situating it within a broader discussion of the politicisation of aid.

As qualitative data are open to many interpretations, differently situated individuals, both academics and activists, may read and understand one's analysis or narrative differently. As researchers, we cannot control who reads our work, nor how it is read, understood or used

– ‘All we can do is clarify our political position and identify the audience for whom we write’ (Bornstein 2017, 186). Nevertheless, I believe that we as researchers ought to recognise that we might be (de)legitimising the cause or perspective we are writing. While I share the basic goals of the NGOs I studied, my research included analysing their legitimacy-seeking practices and their strategies of working from ‘behind the scenes’. A peer-reviewed article may well carry different weight in the debate than a newspaper article or blogpost. So, when the INGOs opposed our analysis, even though what we explored and pointed out had already been stated in the media, they might have been as much opposed to the format (not just our presentation) as the content. When opponents expose their legitimacy-seeking practices in a blogpost, the INGO can try to dismiss it as part of the political game or an ideological disagreement; but when the same practices are analysed in an academic journal, an extra layer of legitimacy or authority is added to the narrative. The researcher then runs the risk of lending legitimacy to a cause that she does not necessarily support. Moreover, that a peer-reviewed article in an international journal has a different reach than a local newspaper, and that donor agencies may be more likely to obtain and worry about such forms of knowledge production, may play a role as well. But, is it ethical to refrain from such analysis on the grounds that it might be used in a political or politicised dispute? I believe that no research is neutral – but does that imply that a researcher should abstain from publishing certain arguments? And can the researcher be held accountable for how her research is used by other actors?

Part of what MSI and Ipas objected to was that they were named, as organisations, in our presentations and in two of the articles. They did not agree with our analyses and saw them as a potential ‘risk’ to their work – and therefore did not want to be associated with them. Additionally, it may be that NGOs who work as service-deliverer organisations, like MSI, have strong commercial interests in maintaining their reputation, and therefore did not want to be named in an analysis with which they did not agree. In her description of seven challenges encountered in researching NGOs, Bornstein (2017, 190–191) lists ‘the politics of anonymity’ as one. Here, she argues, ‘the issue of anonymity should not be a substitution for research ethics, as disguising names will not resolve political dilemmas’. To my colleagues and myself, *not* naming the organisations would make academic publication difficult, as it would mean that we would not be able to tell a story that is historically and politically grounded and would be unable to cite evidence from documents to substantiate our arguments. However, according to the INGOs, there was the risk of putting their employees at risk. I do believe our responsibility as researchers is to do no harm, and that we have a

responsibility to protect our informants. However, my obligation to protect my informants is, I believe, not the same as an obligation to protect the international organisation in which they work. Indeed, the researcher might even be protecting the individual from the organisation he or she works for, or the organisation's interests. When this conflict started to escalate, my concern was with my informants and how this might affect them. What could I, to the best of my ability, do to protect them? I could not help wondering if I had failed in this task when I later learned that one key informant had left the organisation.

The difficulty of studying 'moral actors'

In a project where the subjects under evaluation were themselves stakeholders in the research evaluation, it might be relevant to ask to what degree is criticism at all possible, considering these collaborative commitments? And to what extent does the concept 'do no harm' preclude critical analysis? When studying organisations (in this case, INGOs), is the researcher's obligation to do no harm to individuals the same as an obligation to do no harm to the organisations and their institutional struggles? In retrospect, trying to understand what happened, I feel it is important to bear in mind that NGOs often are seen, and indeed see themselves, as moral actors – and what they do as moral practices (see e.g. Fisher 1997; Sampson 2017). This makes it increasingly difficult to write something that these organisations might perceive as criticism (see e.g. Fassin 2011; Hilhorst 2003; Lashaw 2013; Sampson 2017). Bornstein (2017, 184) describes NGOs as actors, called upon to address the world's problems, that 'inhabit highly moralised zones that at times appear immune to critique'. Or, as described by Fassin (2011), NGOs are 'untouchable' actors, because of the values they personify. Further, Hilhorst (2003, 7) calls NGOs claim-bearing organisations, claiming to 'do good for the development of others'. While this may indeed make NGOs difficult to criticise, it should not rule out studying the everyday politics of NGO legitimacy (ibid.). That is, trying to understand how staff or NGO actors negotiate meaning for their organisation (and actions); and how they seek to get outsiders to accept their NGO, and that their interventions are appropriate, and that they as organisations are reliable and the best to carry out the given task. For NGOs, being seen as a legitimate actor is a matter of survival. The main asset of an organisation, Hilhorst (2003, 7) argues, is its reputation – or, its brand. Thus, MSI and Ipas's reactions towards my colleagues and myself when we critically examined their legitimacy-seeking practices can be interpreted as a way of managing their brand, or protecting their label, by controlling the narrative about them – so a matter of politics. Within the increasingly politicised field of reproductive health and abortion, these

aspects become even more important. With ‘anti-choice’ organisations repeatedly attempting to de-legitimise Ipas and MSI, framing them as value imperialists on a eugenic mission, as these organisations did in Malawi, protecting their label becomes a matter of survival. This gives rise to another question: for whom they are protecting their label. Their funders? The Malawian authorities on whose goodwill they depend to operate? Voters in the home country, who support overseas development assistance?

In this case, research ethics can be seen as a domain in which ethics and politics interact. Such a domain, Fassin (2015, 177) asserts, is ‘indeed profoundly influenced by power relations and power games at play’. The border between politics and ethics is blurred, as they contaminate each other. There is no pure ethics, or politics stripped from ethics. It is not possible to relate to them as two distinct and isolated categories. Ethics does not exist in a vacuum, it should be understood in a political, historical and social context (Fassin 2015). The fields of development, and abortion in particular, are politicised and tense domains; they have become contested fields charged with values, influenced by money and webs of power where values and ideologies come into play. This case thus shows that research ethics is not an apolitical field.

The dilemmas discussed in this chapter represent an attempt to incorporate reflections over politicisation of research and research ethics in my own work, and to shed light on the challenges of doing research in a highly politicised landscape. Moreover, the challenges discussed here are not confined to the processes of negotiating boundaries within my specific study, and the challenges of studying a field that during the course of the research became highly politicised and tense. They also reflect the context within which development and reproductive health INGOs operate today, and hence several of the analytical perspectives that came to inform this thesis – legitimacy, norms and power.

6. Theory framework: Global flows and interfaces

In a conversation I had with the policy director of a US-based reproductive health and rights INGO, the policy director emphasised, ‘we implement country ownership’. She had contacted me to discuss my analysis of their actions to create an enabling environment for abortion law reform in Malawi – an analysis which, she felt, was incorrect. She stressed that the power balance between the chapters of this INGO were equal, and that the international chapter merely supported the Malawian organisation: the ties between the global and the national chapter were not as strong as I had assumed. She added that the Malawian campaign was indeed locally led, as they had employed a Malawian country director, an important point in their claim for legitimacy.

Ever since that conversation, I have been puzzled. That an international actor can implement country ownership is to me a contradiction in terms. What it does do, is to say something about the importance of country ownership for international actors as a buzzword, or even commitment, within development, further underscoring how INGOs must constantly negotiate their legitimacy. It also says something about how NGOs, and the field within which they operate, have changed in recent decades. This concerns their role in global and reproductive health policy and programmes, as actors engaged in transnational reproductive governance, as brokers of norms about reproduction, and as actors working on behalf of global development agencies.

In this chapter, I present the analytical framework that has informed my analysis – within which knowledge, values and norms flow, and legitimacy, risk and brands are negotiated and managed. As described in the previous chapter, the changing and increasingly politicised landscape in which Save the Children and Ipas operate, and the challenges they face, forms the backdrop for this thesis and has shaped my analytical perspectives. My own interdisciplinary background, rooted in the anthropology of development, development studies and global health, has further influenced my analytical approach.

Global flows of knowledge and norms of reproduction

That international actors, both bilateral and multilateral donors, try to influence a recipient country’s political priority, within health or other sectors, is by no means new. This has taken various forms throughout the history of international development work. In the last two decades, the MDGs and their successor, the SDGs, have become imperative in setting the global agenda, guiding development interventions through targets and indicators. Both the

MDGs and the SDGs are targets, abstract regimes of development, crafted far away from the realities in which people live. Global actors increasingly design these global health policies (Feierman et al. 2010), which are then transferred to national ministries of health in countries in ‘the developing world’. The term ‘transfer’ leaves the impression that this is a technical, mechanical and even neutral process – which it is not. It is an active process in which actors negotiate and even change the content. The processes by which policies are formulated, understood and implemented are indeed complex and messy (see e.g. Page 2019, 150). Policy processes involve power dynamics and vested interests of actors who are driven and constrained by the context within which they operate. Moreover, the power that global health actors exert is built largely on their financial resources. This further exacerbates the asymmetric power balance that exists between different actors, further threatening to reduce the autonomy of governments of poorer countries (McNeill, Andersen, and Sandberg 2013, 59). Actors aim to establish the idea that ‘social and technical change can be and is brought about by generalisable policy ideas, and that ‘global knowledge’ produced by international organisations occupies a transcendent real ‘standing above’ particular contexts... and a globalised ‘present’ that compresses historical time’ (Mosse 2011b, 3).

In fact, such ‘global’ policies often fail to work as intended, due to the increasingly remote policy-making process, far away from the realities and contexts where these policies are intended to work (Shore and Wright 1997, 3). The growing distance between policymakers and the public leads to top-down policy processes, to ‘one size fits all’ solutions to complex issues – making the need for *local* knowledge more urgent (Feierman et al. 2010). However, there is little attention to context within the current landscape of global health. Today, context has become background noise or a black box, as Adams and colleagues (2014) hold. This in turn has led to a depoliticisation of health, to create a seemingly universal consensus (Roalkvam and McNeill 2016; Whiteford and Manderson 2000). However, global targets and indicators, like those used to measure the progress of the MDGs and SDGs, are far from neutral. Rather, as Biruk (2018, 18) stresses, they are ‘sites of biopower where vital aspects of life are enlisted into political calculation, governance and management’.

Within the field of reproductive health, as in other areas of health and development, INGOs play an increasingly important role as intermediaries and indeed brokers of global (or Western) norms and knowledge. Despite the growing professionalisation and bureaucratisation of NGOs, donors still perceive them as representatives of public interests and their beneficiaries, like local women and children, and therefore as being in a position to account for and integrate local contextual factors in their work better than, for instance,

national governments (Nichter 2008; Shore and Wright 1997). The central role of INGOs in health is thus part of the global health landscape with (new) alliances, partnerships, power structures, actors and interests, in addition to the state (Buse and Walt 1997; Lakoff 2010). These NGOs are by no means a homogeneous group. Some are extremely ideological, others are medical; some describe themselves and their interventions as apolitical, while others argue that all NGOs are political actors. However, common to most of them is that they describe themselves as belonging in a space in-between the state and the people.

NGOs have become managers of global perspectives – traveling upwards and downwards in the aid chain, manifested in factors like numbers, targets and rights: they are both carriers of such norms and actors that construct the norms. Roalkvam, McNeill, and Blume (2013) point out that we should examine the flows of things, ideas, and information, as well as differences and disruptions to these flows. To begin with, we need to ask, ‘*what flows?*’ Just what is it that ‘flows’ through the aid chain that I have studied? It is not only globally crafted reproductive health policies that flow between local and global localities: there is also a flow of values, knowledge, discourses and narratives, norms, human rights and reproductive rights, reproductive technologies, people and aid workers, ideas, and development jargons of targets and numbers. As others have argued (e.g. McNeill et al. 2013), the unequal power balance between different actors within global health has led to a strengthening of the ‘verticality’ of the system. Policies emanating from the global level, accompanied by technological advice, expert knowledge and targets to be achieved, travel from the global and towards national and local sites. In return, reports on performance, success stories, and measures of achievement, often expressed in quantitative terms, flow upwards in the aid chain, from the local and towards the global. These categories in themselves are not neutral. Different actors representing different positions and ideologies participate in this flow; thus, in studying these flows of values, knowledge and ideologies, it is important not to privilege to any particular perspective or actor. They should be studied as *practices*.

Interfaces – where actors meet

International development interventions are always located within a broader framework of actions of the state, international actors and different interest groups operating within civil society. Such interventions, Long (2004, 25–26) argues, are linked to ‘previous interventions, have consequences for future ones, and more often than not are a focus for intra- and inter-

institutional struggles over perceived goals, administrative competencies, resources allocation, and institutional boundaries’.

Nothing flows freely. Targets about institutionalised births and norms about teenage pregnancies flow from the global arena towards national health ministries. Knowledge in forms of figures and statistics, on the other hand, flows from NGO country offices and health clinics to the offices of global partnerships and donor agencies eager to prove the effectiveness of their interventions. For instance, global discourses on the constructed link between teenage pregnancies and girls’ education were stated in keynote speeches at Women Deliver in Copenhagen in 2016, and further carried from the global fora to INGO interventions in villages in rural Malawi by NGOs eager to ‘do good’. In return, reports of the numbers of girls returning from school after childbirth, or the numbers of girls receiving school uniforms, travel back to the global fora and agencies.

These levels or localities, the global, national and local, cannot be studied or addressed as independent or isolated from each other: they intersect at what Long (1989, 2001) refers to as *interfaces*. An interface is a social site, ‘a critical point of intersection between different lifeworlds, social fields or levels of social organisation, where social discontinuities, based upon discrepancies in values, interests, knowledge and power are most likely to be located’ (Long 2001, 243). One example of an interface I studied was a meeting at a school in rural Malawi. Present at this meeting were an RTP project staff-member, a donor representative on a project visit to Malawi, a head teacher and an adolescent schoolgirl – one of the project’s intended beneficiaries. Another example of an interface I observed was a health donor group meeting in Lilongwe, attended by representatives of all the major international health donors in Malawi, to discuss current health needs and funding with representatives from the Ministry of Health. In the first example, the INGO worker explained that she experienced conflicting expectations, interests and values. Hired to implement the donor-funded project, the NGO worker is accountable to the donor and, as addressed in article 2 (see chapter 7), experiences the need to show the donor how successful the project is. Hence, individual girls perform their testimonies of success, attributing success to the specific project and donor. At the same time, the NGO has to negotiate its reputation and relationship with the communities, and the individual NGO worker, feeling accountable to the respective communities, must further negotiate her position between the two domains. In the second example, the various health donors, both bilateral and multilateral, meet regularly with a representative of the Malawian Ministry of Health to discuss funding and interventions. In one such meeting I attended, the GFATM representatives were flown in from Geneva, as there is no in-country representative.

This specific meeting took place not long after GFATM had frozen its allocations to Malawi, threatening to withdraw and terminate all funds because of an incomplete audit. The representatives from the WHO and from the MoH asked the GFATM representative if the funds could be used for health system strengthening. At first, the GFATM representative did not respond. When reminded of the question, he gave a non-committal, saying that it was a question for the GFATM General Assembly, adding that health systems strengthening was already incorporated in GFATM's Malaria, TB and HIV/AIDS interventions. The power struggle underway between the different actors at this interface tells us something about the reduced space available to the state for setting its own health priorities and policies, and how money has become the prime arbiter within health.

In describing what an interface is, Long (1989, 2) says that: '... the concept implies face-to-face encounters between individuals or social units representing different interests and backed by different resources' and indeed authority. Such interfaces are not isolated arenas or levels, as the two examples here illustrate. In this study, my focus has been on NGOs as actors participating in such flow, as carriers of knowledge and norms of reproduction, further negotiating them at various interfaces. Interfaces are both constant and dynamic. Although they change (slowly) over time, they are relatively stable sites where encounters happen repeatedly. For instance, the interface between the major health donors and the Ministry of Health in Malawi is a recurrent one. Similarly, the interface between national NGO staff and local beneficiaries is repeated in an organised way throughout the life of a project. Interfaces such as these can thus be described as being both rather stable sites characterised by established rules and procedures, while simultaneously being 'battlefields of knowledge' (Long and Long 1992). Such battlefields of knowledge are contested arenas where the understandings, interests, intentions, rationalities, beliefs and values of the various actors are pitched against each other, and may collide (Long 2001; Long and Long 1992). They are also sites where struggles over social meaning and practices take place (Blume, Roalkvam and McNeill 2013; Long 2001). Thus, when analysing what goes on at the different interfaces, each encounter must be situated in relation to the broader domains of power, knowledge and culture, which differ from site to site. Different actors bring different things to these interactions, influencing what goes on there: practices.

Interfaces as social sites of friction

Ideology, values and knowledge thus flow through interfaces, seen as areas or arenas where social friction can be experienced (Long 2001), as dynamics of contradiction and loyalty. To

understand interfaces, we need to study what goes on there, and which actors, institutions, organisations and individuals are present; more specifically, in this study, how actors negotiate legitimacy, and deal with risk and brand management.

The interface, Blume, Roalkvam, and McNeill (2013) argue, can additionally be seen as a site of interpretation and re-interpretation. For instance, reproductive technologies, in the form of contraceptives and medical abortion pills, are not always recognised as a form of protection or as strengthening women's reproductive rights. In Malawi, large groups of the population, both rural and urban, educated and non-educated, see modern contraceptives as potentially harmful. Clashes of different meanings and understanding of this can be found between health workers and women. Another example of such clash of meaning concerned an RTP Training of Trainers workshop I attended, where district and national RTP staff, implementing partners and civil servants who were partners in the project, were trained in RTP's core topics, addressing both safe space mapping and sexuality education. A BLM representative, facilitating this part of the training, showed the participants a list of statements regarding contraceptives and asked them whether the statements were true or false. It emerged that NGO workers and civil servants alike had different understandings of these statements, and some believed that contraceptives could lead to infertility, and that natural remedies were equally effective.

Interfaces are also sites of power and contestation. The actors who feature at different sites along the aid chain are not equal in terms of power. And they hold different types of power and authority at the different interfaces, whether in person or more indirectly through written communications, documents or reports, as became very apparent in my study. A typical interface could be a meeting between district staff in Save the Children and district-level civil servants as implementing partner in the RTP project. At one such meeting, a child participation expert from Save the Children Norway was also present. The NGO staff were running participatory body-map workshops at a school where the learners, through painting, would depict everyday challenges and fears, in addition to safe spaces and their support networks, on body-sized pieces of paper. As partners in the project, a representative from the District Education Manager's office was helping to facilitate one of the groups. The learners were free to express their experiences and aspirations artistically, but the MoEST representative repeatedly corrected them. Monitoring the children who were preparing their artistic responses, he loudly told them that they were wrong, tapping with a plastic pointer at the floor, instructing the children what to draw where, and what the 'correct' answers to the questions were, replicating answers from the previous training. The NGO staff and the child

rights and child participation experts could do nothing but observe, since he was seen as an important partner, above them in ranking and authority. Moreover, he represented the collaboration with the government, a key aspect in the sustainability of the project and important for establishing ownership. The MoEST representative derived both authority and legitimacy from his position within the civil service, a form of governmental legitimacy he played on in this meeting.

In this chapter, I have briefly presented the main analytical concepts, centred around global flows and interfaces, that have guided my analysis. The four articles presented below take up various aspects of these concepts, each highlighting in different ways how the NGOs participate in the national–global flow of knowledge, norms and reproductive policy.

7. Summaries of the articles

The four articles of Part II of this thesis all address different aspects of how INGOs manoeuvre within the global flow of reproductive health, policy and norms, although with differing focus areas and theory approaches. The first article focuses on NGO identities, analysing Save the Children Norway's reaction to the decision by its global counterpart, Save the Children International, to comply with the reinstated Mexico City Policy. The article further discusses how conflicting norms (and thus sources of legitimacy) coexist within one INGO and how this may give rise to ideological dilemmas. The second article takes as its starting point the Save the Children Norway funded project aimed at reducing teenage pregnancies in Malawi through keeping girls in school in order to analyse NGO practices about performing success. It shows how the depoliticisation of gender and reproductive health since the 1990s, influenced by NGOs and in turn influencing NGO practices, has led to the practice of 'chasing' or pursuing success stories within gendered projects. The third article addresses NGO legitimacy-seeking practices. Using the case of the ongoing effort to change Malawi's restrictive abortion law, it analyses how international actors work with and through national actors and agencies in order to establish legitimacy for themselves and their political cause. The fourth article, co-authored with other members of the research-evaluation study, examines how international NGOs have engaged in political advocacy and navigated national policy processes for safe abortion and family planning in Malawi and South Sudan (both conservative contexts as regards reproductive health policy) on behalf of donors, and the challenges encountered when operating within such contested landscape.

Three of the articles have been published or accepted for publication in peer-reviewed academic journals; one article is still under review in a fourth peer-reviewed academic journal. Because my research engages both with international development and global health, I have submitted my work to journals that differ in their scholarly focus. The first article was published in *Forum for Development Studies* chosen because of its regional connection with Nordic development circles. The second article was submitted to the journal *Development in Practice*, chosen because of its aim of communicating with practitioners as well as academic audiences within the field of international development. Article 3 and 4, emerging from the EVA-PMDUP study and addressing the role of INGOs in the ongoing process of reviewing Malawi's abortion law, have been submitted to one development journal and one global health journal, *Development and Change* and *Global Public Health*, respectively. *Development and Change* was chosen because of its interdisciplinary profile, long-term

interest in NGOs, as well as an emerging interest in health. Article 4 was part of a special issue on power and politics in health policies and systems in *Global Public Health*. This chapter outlines the main findings, arguments and theoretical concepts and positions of the four articles.

Article 1: Why it Hurts – Save the Children Norway and the Dilemmas of ‘Going Global’

Published in *Forum for Development Studies*, 46(1) 2019, doi: 10.1080/08039410.2018.1511632
(Published online: 27 August 2018)

This article offers an empirical contribution to the ongoing scholarly debate on the changing role and forms of development NGOs. Critical scholars (e.g. Banks and Hulme 2012) have put forward various criticisms, highlighting problems of NGO representativeness, limitations as to effectiveness, and difficulties in remaining loyal to their distinctive values, all of which undermine the legitimacy of NGOs. As a response to this, some Northern NGOs, like Save the Children, have ‘gone global’, undergone major re-structuring processes in an effort to expand their operations, and increase their effectiveness and results, as well as their funding base (Walton et al. 2016).

Taking this as a starting point, I explore how certain norms, like effectiveness, rights and reach, are used to help to legitimise NGOs, and how different branches of one global NGO may draw on competing and conflicting norms regarding reproductive health in order to claim or secure legitimacy within differently situated civil society traditions.

The article looks specifically at the challenges Save the Children Norway faced when its global branch, Save the Children International, decided to comply with the newly reinstated Mexico City Policy banning US funding to foreign NGOs that inform about, advocate for, or provide abortion services. A former Save Norway employee described this as ‘a wicked problem’ – how to join forces and become one global organisation with greater impact and more funding while also preserving one’s own autonomy as a national civil society organisation. For Save Norway, being a member-based NGO embedded in the specificities of Norwegian society while simultaneously being part of the global NGO Save the Children International, SCI’s decision to comply with Mexico City Policy brought a set of ideological dilemmas to the fore. For Save Norway staff, it entailed various dilemmas: politics versus pragmatism; representing or reaching children; and being a civil society actor or a non-political global contractor.

I hold that this specific situation has general relevance beyond the Mexico City Policy, exemplifying core dilemmas within NGO aid. On the one hand, Save Norway derives its legitimacy from its members and perceives itself as a political actor driven by normative expectations. On the other hand, Save the Children International derives its legitimacy from the numbers of children reached, and from adhering to managerial requirements of effectiveness and measurability. This challenges Save Norway's understanding of whom it represents, its core values and its identity as a civil society actor.

By highlighting differences and power struggles within one global NGO, the article shows how internal as well as external power struggles shape what NGOs diffuse downward in the aid chain; further, how money has become the most important source of power and authority within today's development and global health landscape. Additionally, within the global flow of knowledge and policy, NGOs are situated and embedded in differing contexts in which the values and understandings they bring with them to various interfaces are shaped by national contexts. For Save Norway and its staff-members, finding themselves in a situation where they must communicate with two different audiences – the Norwegian and SCI – becomes challenging as it taps into questions of identity and political orientation. This article sheds light on research questions 1 and 3.

Article 2: From complexity to simplicity – how chasing success stories affects gendered NGO practices

In press in *Development in Practice*, doi: 10.1080/09614524.2020.1720609

This article is concerned with the mismatch between donor priorities, monitoring and evaluation practices, and what is required on the ground, taking the RTP (Reducing Teenage Pregnancy) project as a case. Focusing on gender and gendered interventions in health and development, I examine how the changing role and organisational character of NGOs, themselves influenced by the changing development landscape, made it possible to address gender in a depoliticised way. The prevailing managerial discourse has shifted from understanding gender as relational, and women and girls' health as shaped by the communities they live in, to recognising these as individual and as a linear development process, also seeing adolescent girls as the greatest investment for economic development. This strong focus on 'measuring the world' (Merry 2011) comes as a result of the influence exerted by evidence-based practice and result-based management, not only within the field of global health, but in international development more generally in recent years.

By exploring how such narrowing-down of gender has played out in the RTP project, this article offers an empirical account of how the changing role and growing pressure on (I)NGOs to demonstrate performance and success affects their ability to represent and understand the lives of women and girls.

The article shows that, although INGO staff acknowledge the complexity of gender issues and the need to understand gender as relational, the way the project is designed, in line with donor emphasis on short time-frames, pre-set indicators and lofty goals, does not leave adequate space for project staff to address such complexity. The production of success and success stories has become an integral element in the everyday practices of development projects and programmes in their efforts to show value for money, which in turn is crucial to secure future funding. Thus, in manoeuvring within the aid structure, what INGO staff communicate upwards in the aid chain takes the form of numerical evidence and success stories, responding to global health norms but not necessarily the lives of women and girls. The power of simplification reduces the complexity of gender relations to counting how many girls were *saved* by the project. This is a typical example of quantification ‘at the expense of understanding the complex interplay between politics, economics, culture, and history’ (Robinson 2017, 212). This specific narrative of success, about how individual girls were ‘saved’ by the project, was presented by project staff at various interfaces as a way of demonstrating project performance and effectiveness. However, such numerical standards of performance, or performance framed as individual girls’ success stories, obstructs the INGO in representing and communicating local realities upwards in the aid chain, a point that sheds light on research question 2.

Article 3: International actors’ legitimacy-seeking practices in Malawi’s abortion law

Under review in *Development and Change*

Donors increasingly use international NGOs as policy advocates working on co-producing and influencing reproductive health policies in ‘developing’ countries. Due to multiple factors, among them the colonial legacy of international health and development NGOs across Africa and the history of population policy regimes, such international reproductive health and rights NGOs face challenges in several African countries (Currier 2019). Within such a politicised landscape, INGOs work hard to create room for manoeuvre in which they, and the power and influence they exercise, can be seen as acceptable to others. Their own legitimacy becomes highly important. In this article, I critically examine these legitimacy-seeking

practices in connection with the ongoing process of reforming Malawi's abortion law, by studying organisations at both end of the ideological spectrum, Ipas and its partners on the one hand, and religion-based 'pro-life' actors like Human Life International on the other.

Viewing legitimacy as relational (Guterman 2014), as a process of consensus-building amongst a particular grouping or community of actors (Johnson, Dowd, and Ridgeway 2006), as something constantly negotiated over and fought for (Guterman 2014), I explore how international NGOs negotiate and claim legitimacy within Malawian society and the abortion debate. The article shows how these actors, while promoting conflicting norms regarding reproductive health and safe abortion, apply similar strategies to legitimate themselves and their political projects vis-à-vis variously situated audiences. For instance, both Ipas and 'pro-life' actors worked with like-minded government officials in advocating their political stand. Both parts also organised sensitisation meetings with religious and traditional authorities to win 'the people'. Whereas the religion-based 'pro-life' actors used church networks to spread their messages and lobby, Ipas helped to establish and financially strengthen a national civil society coalition (COPUA) that became the public face of the lobbying campaign for reform of the abortion law.

As claims to legitimacy are not necessarily accepted by legitimacy-granting audiences, it is equally important to understand de-legitimation. The article explores how the Malawian law reform process is threatened by anti-abortion groups' strong appeal to religious sentiment and well-orchestrated attempts to de-legitimise the calls for legal reform, framing them as 'cultural imperialism'. Through newspaper articles and blogposts accusing Ipas Malawi of being an international actor, internationally backed anti-abortion groups have tried to discredit Ipas Malawi and the law reform process as 'un-Malawian', accusing Ipas of 'buying' Malawian civil society and of being on a 'eugenic' mission.

This article responds directly to research question 3, on how INGOs legitimise themselves and their political projects towards national audiences and donors. Within the NGO legitimacy literature, little attention has been paid to these actors' legitimacy-seeking practices. There are few empirical accounts of the strategies these actors employ when seeking legitimacy for themselves and their political cause. To understand what enables and what obstructs INGO involvement in the flow of knowledge and norms of reproduction, a better understanding of their legitimacy-seeking strategies and practices is essential.

Article 4: ‘Behind the scenes’: International NGOs’ influence on reproductive health policy in Malawi and South Sudan

Co-authored with Katerini Storeng, Jennifer Palmer and Judith Daire. Published in *Global Public Health*, 14(4) 2019 doi: 10.1080/17441692.2018.1446545 (Published online: 14 March 2018)

The role of international NGOs in co-producing policies and initiatives has attracted increased scholarly attention within the complex politics of reproductive governance. The global trend towards liberalisation of abortion laws and policies over the past two decades has often been attributed to an NGO-led transnational advocacy coalition (Boyle, Kim, and Longhofer 2015; Finer and Fine 2013; Hessini 2005). This article focuses on how donors increasingly use INGOs to conduct political advocacy work in countries on the receiving end of development aid. Studying two reproductive health organisations, Ipas in Malawi and MSI in South Sudan, it sheds light on the central role that international NGOs and donors play in framing safe abortion and shaping policies in line with global norms on reproductive health and rights.

Here we move beyond the mechanisms of policy transfer and focus on the specific processes and INGO practices involved in the global–national flow of reproductive health policies. By critically examining the role of two INGOs, Ipas and MSI, in advocating safe abortion in Malawi and South Sudan respectively, the article describes how they work through local intermediaries to secure partnerships with like-minded individuals in government and civil society. Through such partnerships, the INGOs employ similar tactics of hiding their agency and power through practices of concealment. While this has proved effective in framing the policy process as ‘national’, the authors show how such practices have also rendered the INGOs vulnerable to de-legitimation attempts from the ‘pro-life’ lobby. In another strategy applied by the NGOs studied when negotiating issues of safe abortion, seen as controversial in the recipient contexts, emphasising its technical role became a strategic decision for avoiding conflict. Both INGOs emphasised the technical nature of their work, such as providing technical advice and support to inform their national partners and the national policy reform processes, but we hold that INGOs are political actors also in these interactions. While an important part of NGO work is defined as technical, we show how evidence becomes a means to legitimise external intervention in policy processes (as also Mosse 2011a).

Further, we argue that the process of ‘transferring’ global norms and policies is indeed a political process. Here, the INGOs operate within fields of power relations in which they mobilise both financial power and more subtle forms of power deriving from expertise and

claims to moral authority (Shiffman 2014). This article sheds light on research questions 1 and 3.

8. Concluding discussion

In this thesis, I have explored how international NGOs participate and manoeuvre within the global–national flow of reproductive health policies, norms and knowledge, focusing on two INGOs, Save the Children and Ipas, and their practices as they seek to implement their respective projects: RTP and PMDUP. Here, I draw on Blume, Roalkvam and McNeill’s (2013) global flows framework to situate INGOs within the global–national flow of reproductive health policy, knowledge and norms. As nothing flows freely, I have analysed the role and practices of INGOs as carriers of reproductive health policy, knowledge and norms. Global perspectives have become increasingly central in international health policy. Global goals, targets and indicators are set, of which the MDGs as well as the contemporary SDGs are examples. National (health) performance is judged against these global dimensions.

Within this larger field of global health policy transfer, my focus has been on how international NGOs navigate in what has become an increasingly politicised field of reproductive health, and how health policy, knowledge and norms are in a constant process of renegotiation. Here I have found Long’s (1989) concept of interfaces a useful analytical point of departure. Interfaces as Long defines them concern primarily the encounter between various knowledge- and norms systems as articulated through various actors. NGO workers, for example, articulate the knowledge encounter they face and relate to various forms of knowledge and demands – on the one hand, the demands of donors, on the other hand demands of local communities – while they must constantly relate to the main objectives of their own organisation.

The thesis situates NGOs in today’s rapidly changing ‘Aidland’, highlighting how the structures in this aid landscape impact on development practices. The global–national flow of SRH knowledge and policy, with its multiple and competing actors and norms, has become a contested field, where different actors’ understandings, interests and values are pitted against each other. The global health field is a potential battlefield of knowledge.

Certain premises underlie my choice of analytical concepts. I have made a point of remaining close to what I refer to as ‘aid practices’, allowing analytical concepts to emerge from empirical observations. It is not that I am unaware of the rapid expansion of a neoliberal ideology and discourse into every aspect of life in recent decades. Rather, by focusing on aid

practices as they are expressed by two INGOs implementing reproductive health projects in Malawi, I have sought to gain a better grasp of how INGOs deliver aid in such neoliberal aid enterprise. With this strategy, I have come to understand how NGOs within this rapidly changing and politicised field not only negotiate public-health norms and knowledge but also struggle to claim and negotiate their legitimacy.

Researching international NGOs working within reproductive health proved difficult and challenging. In this concluding discussion, I reflect on, and attempt to understand, why these NGOs acted as they did. I revisit the research questions presented in the introduction, trying to answer how the INGOs manoeuvre within this field of health aid. The research questions I set out to explore are highly empirical ones: 1) What are the strategies INGOs use to liaise between national and global actors? 2) What enables and hinders INGOs to 'represent' local communities at the national and global level? 3) How do INGOs legitimise themselves and their projects towards national audience and donors? In order to understand this, we need to situate it within the political and historical background of reproductive health and (I)NGOs in Malawi, so I asked: 4) What is the historical and political context of reproductive health policy in Malawi?

With its focus on NGO practices, this thesis is a contribution to the ongoing debate about NGOs in development, more specifically the (renewed) focus on international NGOs in reproductive health care, health aid and health policy. Throughout I have drawn on scholarly literature from three distinct scholarly traditions: development studies, social anthropology, and global health. This thesis shows how INGOs struggle to maintain their role and identity as transformative and political actors while concurrently being professionalised actors in an aid chain where norms of effectiveness, efficiency and managerial logic are valued. The focus on practices, which an ethnographic approach allows for, has made it possible to look more closely at the challenges that INGOs face, and how they negotiate their own identity and brand while manoeuvring within this contested aid landscape.

Throughout this study, I have argued that the global–national flow of reproductive health policy is not a straightforward, technical, or neutral process. Nothing flows freely. However, using Long's concept of interfaces has enabled me to explore how globally-crafted policy ideas flow through various interfaces, at which they are negotiated and re-interpreted in processes enmeshed with power, values and interests. As regards this study, a better understanding of the role of international NGOs within the global flow of reproductive health policy is particularly important, as an increasing share of development assistance is channelled through INGOs, as is the case in Malawi. By critically analysing two INGOs, Save

the Children and Ipas, and their practices as actors within the global flow of policy ideas, this thesis contributes empirical knowledge about the processes involved, and the advocacy strategies used at national level in Malawi for diffusing policy, knowledge and norms. I explore how these actors negotiate global policy ideas and local realities and knowledge at different interfaces, in addition to their own interests and the need to manage their legitimacy and brand. Importantly, I seek to do so within the broader structures within which they operate, to see how these structures shape their practices. These negotiations may take place not only in ‘donor–recipient’ interfaces, but also in global–national interfaces within an organisation or between the global or national chapters within one organisation, as was the case with both Ipas and Save the Children. By exploring this, the study also highlights how different topics or norms may be controversial, or less so, at different levels along the aid chain – showing how the power and interests that actors hold varies according to the other actors at the interface and the geographical location of the interface.

The landscape within which the INGOs studied manoeuvre is a contested field where actors hold conflicting interests, understandings, norms and values. As these actors meet and negotiate at interfaces, these too become potential battlefields. Within this bifurcated landscape, one factor NGOs must negotiate is legitimacy and their brand as ‘good-doers’. This thesis thus contributes to the understanding of NGOs as (moral) actors claiming to ‘do good’ (Fassin 2011; Fisher 1997; Hilhorst 2003; Sampson 2017). Additionally, the pressures they experience in striving to be the best or most effective at doing good, and what constitutes this ‘good’, are in constant processes of negotiation.

I further highlight that different levels and chapters of an INGO may have different interests to protect and promote, in turn leading to different understandings of what ‘good’ is within an organisation, and further leaving individual staff-members in the split between different ideologically situated norms. This can also help in understanding why critique, including internal criticism, may prove difficult. As INGOs must manage their funding base, the main concern of headquarters might be to manage the organisation’s reputation as an effective ‘good-doer’; by contrast, a national staff in Malawi or Norway might be more concerned about representing the national ‘constituency’ or members. Thus, actions that might risk the NGO’s national legitimacy might help the international NGO’s headquarters in trying to manage the organisation’s brand. Here, one may ask whether it is the moral enterprise that makes internal criticism difficult to deal with, or whether the reason lies in other domains – like dealing with brand management. As different branches or ‘levels’ within an INGO seek and negotiate legitimacy towards differently situated audiences (e.g. state,

other NGOs), in a multitude of different encounters, a better understanding of these practices, and how legitimacy is negotiated, is crucial to understanding their practices and how they manoeuvre in the global flow of reproductive health policy, knowledge, and norms.

While many NGOs have roots in grassroots movements with a political agenda aimed at challenging structures of power and inequality (Kamat 2004), it can be argued that NGOs today have become participants in a discourse that does not address issues like poverty and inequality, or poor health outcomes, as *structural issues* (Banks, Hulme, and Edwards 2015; Kamat 2004). INGOs tend to deal with structural issues as being technical and apolitical – thereby failing to grasp what causes poverty, inequality and poor health systems. In the following, I define three main shifts in development aid that have come to shape the practices of NGOs, limiting (one could argue) what NGOs have become and what they can be. For instance, in response to changing aid structures, prominent international NGOs have undertaken restructuring processes to ensure the bases of their legitimacy (Walton et al. 2016), as discussed in this thesis.

From politics to technicality

Health is deeply political (Ottersen et al. 2014). I have shown how, in Malawi, presidents have strategically used health in their communications with the citizenry, as a way of visualising the state and the care of the state towards its people. Likewise, donors have used health funding to influence national policy strategically. As shown in chapter 2, health is no longer solely the domain of the state: it has become a global matter in a landscape increasingly populated by private actors and reliance on markets and market mechanisms. Scholars have noted the turn towards a techno-centric approach to health, whereby health becomes a matter of quantifiable or measurable indicators and targets, which minimise the need for grounded or in-depth knowledge of the socio-political and cultural context and the accompanying social processes (Fassin 2012; Ottersen et al. 2014; Rajkotia 2018; Roalkvam and McNeill 2016;). Within this shift, evidence, especially biomedical evidence, plays a central role, contributing to making health policy more objective, more effective – and less ideological (Storeng and Béhague 2014). Global and public health interventions have become largely biomedical evidence-based responses where ‘little or no account [is] taken of moral and political issues concerned with priority setting and configurations of health-care delivery’ (Roalkvam and McNeill 2016, 79). Further, this turn towards the technical is an exercise in detachment from the specificities of locality, entailing neglect of the significance of the social and political. This becomes an intentional depoliticisation to minimise conflict, as

exemplified in this study by both the framing of abortion as a public health issue and by seeking to deal with teenage pregnancies through girls' education.

One example of such shift can be seen in the depoliticisation of SRHR as described in chapter 2: the extensive use of targets and indicators led to a narrowing down of reproductive rights as being about maternal health and quantifiable targets of skilled deliveries (Austveg 2011; Yamin and Boulanger 2013). Here, the focus on indicators takes us beyond the context-specific, where indicators become efficient tools used to narrow down what were initially comprehensive ambitions like improving maternal health but ended up turning them into technocratic and attainable goals that can be measured (Adams 2016; Danielsen 2017; Storeng and Béhague 2014). However, (reproductive) health does not exist in a vacuum, but is affected by views and norms of how a society should be organised. Thus, Austveg (2011) argues that the *political* aspects of health and access to health services need to be addressed, instead of reducing it to mere technical measurements. Recently there has been a renewed call for re-integrating aspects of power and rights into global goals, including health. Despite the targeted political mobilisation for again addressing human rights and gender justice concerns in the SDGs, Yamin (2019, 52) holds that 'the (re)production of knowledge of rights in the SDGs poses a subtler, but just as serious, threat [as the MDGs]. Although rights, and SRHR in particular, are apparently taken into account, the apparent neutrality of these metrics obscures politics and ideology'. As Austveg (2011) has recognised, these political issues need political solutions. Downplaying the importance of such conflicting values, which are essentially political, may prove harmful in relation to controversial issues like SRHR. A dominant technical or managerial logic then becomes a way of neutralising a battlefield. When Save the Children designs a multi-sector project focused on adolescent reproductive behaviour, and implements it through the educational system, the project's 'keeping girls in school' approach helps to frame it as a fairly 'neutral' project. Ipas, by contrast, strategically used public-health evidence estimating the magnitude of unsafe abortion in Malawi to advocate for the need for law reform. This deeply political NGO strategically framed itself as a technical 'expert', providing technical evidence to a national civil society coalition, as a strategy to minimise conflict.

As Rajkotia (2018) states, the global ambition to improve health, as articulated in global goals like the MDG and the SDGs, has led to pressure to achieve targets, often accompanied by donors promoting result-based financing, further restricting national policy space – as seen in Malawi. In this 'do-or-die' market, neither donors nor NGOs, as

implementing actors, can afford to report poor results. Edwards and Hulme (1996) pointed out the devastating consequences of increasing donor dependency on NGOs, both for their legitimacy and for accountability to the grassroots. Revisiting the topic 20 years later, Banks, Hulme, and Edwards (2015) describe the same tendency, further stressing that such professionalisation has resulted in NGOs becoming palliative rather than transformative actors: NGOs have become implementers of donor priorities, promoting more technical and managerial approaches and norms – at the expense of their civil society function of challenging the structures of power and inequality, and representing local constituencies (Kamat 2004). Reducing reproductive health to a question of maternal health is one such example.

Moreover, the role of NGOs has shifted. Basically (although this is a simplification), NGOs have changed, from being instrumental actors in pushing states to set the new agenda on reproductive rights at ICPD in 1994, to becoming less political and not challenging current donor agendas because NGOs have become more and more dependent on donor funding. A central point in scholarly criticism of the work of NGOs is the limited ability of these organisations to confront their own ideological and discursive biases.

From communality to individuality

Understanding health and health interventions as merely technical takes us beyond the specificities of place, of the community, neglecting the significance of the social and political. As Roalkvam and McNeill (2016, 75) argue, ‘The reliance on markets, technologies and targets has made the field of global public health subject to – arguably excessive – quantification.’ This has further resulted in what I see as the second shift –from addressing the community towards a focus on (counting) individuals, a shift to which NGOs have adjusted.

While not ‘representative organisations’ in the strict sense, NGOs are seen as representing ‘the people’, as the success of their work depends to a large degree upon the involvement of their constituencies (Kamat 2004). However, the influx of donor funding going to NGOs in line with neoliberal policy views, Kamat (2004) argues, led to a trend towards professionalisation and depoliticisation of NGOs as their donor dependency grew stronger. Scholars have argued that the more professional an NGO is, the more accountable to the donors it becomes, and thus less representative of its constituency: ‘the people’ (Kamat 2004; Watkins, Swidler, and Hannan 2012). This has resulted in a longer aid chain, as professionalised NGOs enter the picture, working through community-based organisations, thereby removing the NGO further from ‘the grassroots’ (Watkins, Swidler,

and Hannan 2012). Thus, increasing professionalisation has resulted in NGOs moving away from negotiating with the state and representing their specific interest group, to implementing donor-driven policy and projects. As donors tend to favour short-term, narrowly-defined projects, the NGOs scope narrows in, often at the expense of a broader structural approach. Banks and colleagues (2015) encourage NGOs to reflect on this development, arguing for a ‘new’ role for NGOs where they move away from the current linear ideas of development, and emphasis the political economy of social change, and community over individuals.

In line with the techno-centric turn in health, the behavioural change approach underlying many health interventions and NGO projects has become individualised, further emphasising expert knowledge over local knowledge (Pot 2019a; Swidler 2013). While RTP staff did acknowledge that the girls whom the project aimed to ‘save’ also faced socio-economic and socio-political constraints, the project’s design and underlying need to demonstrate success resulted in an overemphasised view of local context, community, norms and culture as hindrances to these girls (see Pot 2019a). Moreover, at interfaces between RTP staff and donor representatives or other (I)NGOs, individual success stories where girls tell of how the RTP project saved them – and not how the project aimed at working with the government in order to strengthen youth-friendly health services – were used to demonstrate the effectiveness and success of the RTP project.

Behavioural change is not a new approach within international development, but behavioural change within the *contested field* of sexual and reproductive health is particularly challenging. Achieving (behavioural) change concerning reproductive health issues involves complex processes of ‘domestication’ of (global) norms, values and information, within a context of core cultural values and meanings – and therefore takes time (Cleland and Watkins 2006, 2) and is often difficult to achieve. In many of the behavioural change projects implemented in recent decades, both the problem and the remedies have been socially constructed in the West and have therefore often been seen as alien within national and local contexts (ibid.). However, Malawian individuals and persons exist within family and kin; indeed, empirical research has shown that ‘empowered’ girls also struggle to overcome structural barriers (Hayhurst 2013).

One aim of the collaborative ‘body-map project’ that the NGOMA team developed with representatives from Save the Children was to get grounded information about how it is to be a teenager in rural Malawi today. Through the body-maps, the boys and girls expressed their dreams, wishes, and aspirations for the future, as well as with whom and where they felt safe and found support, which tasks they liked to do – and what they liked to eat.

Additionally, they expressed their fears and challenges, where they felt insecure, and what and who they were afraid of. It was immediately apparent that the (I)NGOs' focus on training, 'empowerment' and 'sensitisation' did not correlate well with how these children articulated their own and their local communities' development needs. What the children wished for their futures were electricity, tin roofs, school blocks, roads, and enough food, in addition to a family, 'modernity' and 'security'. What they worried about were stepping on thorns and snakes – well-known symbols of *ufiti*, somewhat loosely translated as sorcery and witchcraft (Murrey 2017). While difficult to describe, *ufiti* can be described as 'spiritual insecurity' resulting in forms of 'intrapersonal violence' disrupting social relations (Ashforth 2005). Adolfsson and Madsen (2019) note that whereas Malawians relate themselves and their social world to *ufiti*, the major international donors and INGOs in the area they studied in Malawi seemed unaware of this. Likewise the RTP project. Moreover, what these schoolchildren wanted were tangibles for their community (in addition to not becoming subject to *ufiti*) – whereas what the INGO wanted to give them were training sessions and information on their individual rights. Moreover, the children expressed aspirations of attending school in order to get a good job so that they could give something back, or help, their *community*. These boys and girls described the community as part of their support network – but the project saw the community as an enemy from which these young people should be protected.

RTP's focus on behavioural change, aiming at changing girls' behaviour by empowering them and strengthening their self-efficacy through education, differed from Ipas' approach in the PMDUP project. Ipas also used *training* and organised workshops to *sensitise* individual actors, but they aimed at achieving (behavioural/social) change through structural change, advocating for liberalisation of Malawi's abortion law. The coalition aimed at lobbying individual members of parliament to vote in favour of the draft bill; they explained the content of the law to health personnel; and informed the traditional authorities on the current situation, women's rights and the high numbers of women dying from unsafe abortions. Additionally, they trained journalists and informed government officials about how practices of unsafe abortion contribute to the country's still-high MMR, lobbying them to favour a liberalisation of the law, as well as changing the norms and stigma surrounding abortion, through public debate (see also Daire, Kloster, and Storeng 2018).

NGO interventions do not happen in a vacuum, but unfold in a context, in a community, with a complex web of culturally, socially and morally embedded factors (values and norms) shaping reproductive practices and behaviours. If a project addresses health and individuals (often women and girls) as removed from their community and context – reducing

life and health to mere metrics – that also removes the aspects that say something about what makes life liveable. Within global health today, ‘saving lives’ is the essential message; ‘the number of lives saved is the main criterion of success’ (Roalkvam and McNeill 2016, 73).

From rights to reach

The emerging imperative in health – to save lives – is evident in INGO actions and practices. Ipas and Save the Children are human rights organisations, working with SRHR and with children’s rights, respectively. Regardless, the turn towards quantification and the imperative to save lives in global health was evident in both these INGOs’ framing of interventions, their legitimacy-seeking practices and as norms justifying their decisions. This did not proceed without friction and played out quite differently in the two organisations.

Where Ipas is clear on its political commitment to SRHR and abortion, and on its role as an advocacy organisation globally, Save the Children, according to one Save Norway staff-member, has never been at the forefront in advocating for reproductive rights, safe abortion in particular. However, several SCI member organisations, including Save Norway, did in effect make a stand when they signed an NGO appeal opposing the Mexico City Policy, which sparked political commitment among Save Norway staff as it prohibits NGOs from even informing about abortion rights. SCI’s decision to comply with the MCP in order to secure some USD 430 million in funding stands as a clear example of what such shift towards success being judged on the number of lives saved, without placing it in the broader political, social and cultural context, may entail for an NGO. Part of the explanation lies in Save the Children’s decision to merge – to restructure the organisation and establish one global NGO, SCI, through which all international projects of its member organisations were to be implemented. The rationale was to achieve better coordination and effectiveness, improve global impact as the largest INGO working for children – and thus secure funding. The newly established SCI’s mission and vision were, according to a former Save Norway staff-member, formulated vaguely enough for everyone to agree. Interestingly, as another Save Norway staff pointed out, neither the mission nor the vision mention *rights*. Instead of striving to secure the rights of children, SCI’s official aim is to create a world ‘in which children survive, learn and are protected’ (Save the Children International 2016). In line with the rationale behind the merger, a greater focus emerged in the organisation, on norms of efficiency and impact, making the lives of children (and not their rights) its bottom line. For Save Norway, this represented a shift in core values and norms.

As a former staff-member at Save Norway asserted, when saving lives, and not rights, becomes the organisation's core principle, then 'there is a kind of logic in accepting that funding [MCP]'. According to Save Norway, the funding will help to reach '14 million children and 6 million women', but 'leave 47 000 women in danger of dying annually due to unsafe abortion' (Redd Barna 2017). If, according to the same Save Norway informant, rights had been at the centre, then the logic would be different. Such shift (in logic) exemplifies a larger trend: it can be seen as a shift away from what Didier Fassin (2012, 2007) has called the 'politics of life'. Fassin (2012, 112) argues that this shift within global health indicates a 'profound change in the recognition of value of life, which has shifted from the political to the biological'. Such a managerial approach, involving depoliticisation, and the turn towards measurability and away from context, structure and political complexity, becomes a way of manoeuvring around controversy for some INGOs, including the two I have studied. For SCI, emphasising the number of children they could reach with the funding from USAID became a way of manoeuvring around the controversy of abortion.

This shift away from the 'politics of life' and towards 'the statistics of life' was also evident in Ipas' work in Malawi. Despite its clear stand as a reproductive rights NGO globally, Ipas Malawi and its PMDUP partners operated in a national context where abortion was widely seen as a sin and framed as 'un-Malawian'. Operating 'under the radar' is not an uncommon strategy among INGOs operating within the field of reproductive health, due to its contested nature of conflicting norms and values, and out of fear of being seen as an 'externally' driven advocacy coalition. Within this context of competing norms, how INGOs frame the issue at hand can be seen as a strategic way of liaising or communicating with national and global actors. For instance, Ipas, as argued in articles 3 and 4, strategically framed unsafe abortion as a public-health challenge, responsible for as much as 18% of the country's MMR (Polis et al. 2017), and linked it to the country's ongoing commitment to reduce maternal mortality (MDG5). In meetings with government officials, traditional authorities and religious leaders, Ipas Malawi and like-minded civil society actors cited medical evidence, stressing the imperative to save lives – not focusing on women's reproductive rights. A chief who attended a COPUA workshop explained that he had initially seen abortion as wrong, as un-Malawian, but listening to COPUA (and Ipas) had made him change his mind, since 'our women are dying'. By documenting and informing about the public-health burden that unsafe abortion constitutes, Ipas helped to shift the Malawian debate away from morality and religious framing, and towards seeing abortion as a health issue. Moreover, as the health frame resonates better with the local and national context than does a

rights frame, it is ‘the best way of meeting the pro-life opposition’, as noted by one national abortion advocate. Framing abortion as a public-health issue is more effective than employing a rights frame. Additionally, it can be seen as a way of dealing with the battlefield of knowledge, manoeuvring around the political, for both the NGO and its donors.

Saving lives and ‘doing good’ – how INGOs navigate in the global flow of reproductive health policy, knowledge and norms

Within the competitive market that international development has become (Rajkotia 2018), actors, including NGOs, strive to manage their brand and prove themselves as the best and most effective at ‘doing good’ – as discussed in chapter 5. As NGOs are not the only actors claiming to ‘do good’ (so do states, companies and philanthropists) and these actors operate within a field characterised by sharpened competition to be the most effective and efficient at doing good, there is a continual re-articulation, or negotiation, of which practices constitute ‘doing good’ (Grewal 2017). The term ‘doing good’ itself needs to be clarified, as moral projects themselves often are contested. The work of Ipas and its partners with reforming Malawi’s abortion law serves as an example of one such interface where what constitutes ‘good’ is challenged and re-negotiated. The internal conflict in Save the Children over complying with the reinstated Mexico City Policy serves as another example. Both INGO projects studied illustrate how INGOs strive to maintain such a claim, and compete, under changing governments and shifting funding regimes, in a complex process involving issues of legitimacy, identity – and power.

As argued throughout this thesis, the INGOs studied here manoeuvre in this landscape in various ways, using a range of strategies available to NGOs for communicating with different national actors. That Ipas Malawi framed abortion as a public-health issue is one such example: communicating in a more neutral, technical and evidence-based language proved more effective than emphasising women’s rights in that specific context.

These INGOs had not only to relate to actors within the Malawian context: both organisations also had to report on their success, or lack thereof, to international donors. RTP project staff at various interfaces expressed concern about demonstrating success stories in order to communicate the project’s success upward in the aid chain. In meetings with other international NGOs and with donors, RTP staff told the story of how the project saved girls, and how the girls thanked the RTP project for helping them return to school. That narrative reduced the complexity of unequal gender relations to counting the number of girls who were

‘saved’ by the project. In today’s aid structure, actors must be able to demonstrate success, often through numerical evidence. Here, attributing success to a given NGO project tended to trump the importance of communicating critical reflections upwards in the aid chain (see Rajkotia 2018), or structural needs, as shown in article 2.

Using a multi-sited approach to study how INGOs manoeuvre within global flows of reproductive health policy, norms and knowledge might fall short regarding depth about the specific locations – but it has enabled me to follow two INGOs and their practices along the aid chain, from global conferences and meetings to local training workshops in Malawi. Thus, I could analyse how one issue might be controversial in one interface or at one ‘level’ within an INGO, but less controversial in others. Where the battlefield emerged was within an INGO, between different member organisations embedded in their respective national contexts, holding conflicting norms. For Save Norway, embedded in Norwegian society which values women’s reproductive rights, doing good may constitute something different than for Save US, embedded in a national context where NGO success is seen as involving effective charities with a broad reach. The legitimacy of these NGOs is claimed through different norms, but they share the need to secure such legitimacy for themselves. How to manage the claim to be ‘good-doers’ also differs within a large organisation. Moreover, the strategies used to seek legitimacy, and the norms derived, could vary depending on the audience, the other legitimacy-granting actors, and the context.

NGOs have been criticised for being ineffective and failing to advance a progressive agenda, noting the diminishing support for norms like human rights and democracy, their lack of accountability to ‘the people’, and as actors that now promote donor interests (Banks, Hulme, and Edwards 2015; Walton et al. 2016). My focus on the practices of NGOs as they manoeuvre in the aid landscape, or aid chain, has shown how these actors are shaped and constrained by the political and sociocultural structures within which they operate. In turn, these structures largely shape what NGOs can become. Save the Children decided to go global, restructuring its member-organisations in order to gain impact and be more effective, thus preventing its legitimacy from eroding. However, as we have seen, the same system that values such norms of effectiveness and greater reach also makes it difficult for an NGO to challenge decision-making and represent ‘the people’.

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Papers

Article 1: ‘Why it Hurts – Save the Children Norway and the dilemmas of “going global”’

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Article 2: ‘From complexity to simplicity – how chasing success stories affects gendered NGO practices’

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From complexity to simplicity – how chasing success stories affects gendered NGO practices

Abstract

This article argues that the ‘production’ of success has become crucial for NGOs to manage their individual brand and secure funding within the contemporary global health and development landscape. Based on an empirical study of a Save the Children project in Malawi aimed at reducing teenage pregnancies by retaining girls in school, it illustrates how gender has become de-politicised within global health. Furthermore, it also shows how their changing role and growing pressure on NGOs to achieve impact and success stories affect NGOs’ ability to represent and understand the lives of women and girls.

Keywords: Civil society – NGOs; Aid – Aid effectiveness; Social sector – Health; Gender and diversity

Introduction

The external evaluation of the test-and-invest project “More Educated Girls – Reducing Teenage Pregnancies in Malawi” (hereafter RTP) was presented at a meeting between the Norwegian Agency for Development Cooperation (Norad) and Save the Children Norway (Save Norway) in June 2016. This project, funded by Norad, was Save the Children Norway’s (Save Norway) first cross-sectoral project integrating health and education to support efforts to retain girls in school and thereby reduce teenage pregnancies. Initiated by Save Norway to take stock of the project, this critical evaluation emphasised the learning potential, the complexity of the topic – and the mismatch between activities and indicators. Importantly, it also highlighted project achievements. In her presentation, the external evaluator described how the project aimed to attain social change, and by doing so went “against the cultural grain in many of these societies ... where your child is successful if it gets married and have a lot of children”. She stressed the difficulty of making such a project sustainable: “until you get people to realise that changing behaviour is a good idea.”

The evaluator sparked discussion by stating that: “in Malawi, the dropout rates for boys and girls are quite similar...and there are myriads of reasons why they drop out”, pregnancy being only one. As one Norad advisor said, “I had the impression in Malawi that

people wanted to stop teenage pregnancies, and now you say the opposite. What is correct? ...What is success here?" The evaluator replied "there is not necessarily a correlation between dropout and pregnancies or vice versa", noting factors like poverty, early marriage, and other socioeconomic aspects. She further pointed out that numerical indicators cannot adequately reflect the complexity and comprehensiveness of the program approach and stressed that what they want to achieve with the project is difficult and will take a long time.

The evaluation was repeatedly denounced as irrelevant because it could not help to create a "success story". That criticism re-appeared towards the end of the meeting, when a Norad advisor stated: "There is no visible story of success. That is critical. The Theory of Change is wrong, and you don't have a new one. That is critical. This is a test-and-invest project ...we need the evidence." The critique of the Theory of Change (ToC) and lack of evidence of success was further repeated in the donor agency's written feedback to the NGO some months after the meeting.

This example indicates the confluence of pressures facing NGOs. In a changing aid landscape increasingly dominated by managerial values of efficiency, effectiveness and the need to show value for money, NGOs encounter sharper competition for funding (Watkins, Swidler, and Hannan 2012). To justify their aid budgets, donors need success stories to prove value for money; and international NGOs have to show they are the best at producing such successes. Professional NGOs, like Save the Children International (SCI), do in many ways resemble enterprises that, like commercial entities, are concerned with managing their "brand" to remain competitive vis-à-vis donors. To strengthen their position as particularly effective at "doing good", and to survive in the increasingly competitive landscape with scarce resources, managing their individual brands is becoming important to NGOs. These pressures have changed NGO development practice (Kamat 2004), shifting the focus of NGOs from social transformation and power relations to success stories and strategies that can help improve their brands. Save the Children is a good case to demonstrate this development. From an alliance of 29 national NGOs, the organisation went global in 2009 to ensure and better demonstrate effectiveness and increase impact. SCI is today one of the world's largest INGOs and has entered into "strategic" partnerships with business actors like GlaxoSmithKline to secure funding (PHM et al. 2014, D2).

Additionally, this article shows how this observation is informative as to what has become of gender in global health and development, where the focus on women and girls has waxed and waned over the past five decades. When NGOs, often feminist organisations, first

took up issues of gender in the 1970s, these were as political cases, often radical, concerning rights, resources and equality. Today, however, gender has become a technical enterprise, rather than a project designed to change power relations and achieve gender equality and social transformation. A key NGO response has been to “instrumentaliz[e] women as key providers of development for their families, communities, and countries” (Wallace, Porter, and Ralph-Bowman 2013, 18).

By showing how gender is reduced to “the girl” detached from context, I unpack how lack of contextual understanding renders it possible for NGOs to produce success stories vital for their brand management. The management of the given NGO brand, combined with donor demand, critically shapes what NGOs communicate upwards in the aid chain. These new demands shift the focus of NGOs from social transformation and power relations to success stories and strategies that can help improve their brand. I demonstrate these mechanisms empirically by analysing the abovementioned Save the Children project. By exploring how such narrowing down of gender plays out in the RTP project, this article offers an empirical account illustrating how the changing role of NGOs and growing pressure for achieving impact and success affect their ability to represent and understand the lives of women and girls. Before elaborating on the RTP project and processes of demonstrating success, the article first provides background on how gender in global health has shifted from being political to becoming a de-politicised and rather technical mechanism, and how reproductive health and rights have been narrowed down to girls’ education (see Austveg 2011; Switzer, Bent, and Endsley 2016).

Women, gender and NGOs – from complexity to simplicity

Today’s plethora of NGOs addressing women’s welfare and gender issues through girls education contrasts with its politico-ideological starting point in the 1970s (Bernal and Grewal 2014, 1). Gradually, gender equality and empowerment as *relational* concepts entered the agenda. Women’s NGOs, often grassroots organisations different from today’s professionalised development NGOs, were central in driving this development, and their effectiveness and influence grew during the 1990s (Petchesky 2003). The International Conference on Population and Development (ICPD) in Cairo in 1994 stands as a watershed in this regard. Within the growing field of global health, gender was initially framed within the Cairo consensus. Radical NGOs with a specific political agenda were the drivers of this consensus, with its focuses on women’s rights – their reproductive rights in particular. This

was deeply challenging of the economic and demographic objectives of then dominant vertical family planning programmes. The consensus promoted “family planning within the context of more comprehensive reproductive health care” (Cohen and Richards 1994, 272). Perhaps most significant was the emphasis on improving the status of women at all stages of lives (Cohen and Richards 1994), acknowledging gender equality and empowerment as cornerstones in development. NGOs “became corner posts stretching the terms of the debate” making it easier for governments to come on board and “find a position behind them” (Joachim 2003, 267).

Although the ICPD was a transformative event for women’s reproductive rights, and its ideas lingered on in the development discourse, they proved less visible in actual practices (Austveg 2011). Throughout the 1990s, levels of official development assistance declined. Then, in what is often deemed a policy victory, the 2000 UN Millennium Development Goals (MDGs) managed to turn the growing donor fatigue into global consensus and commitment to global poverty reduction. Although NGOs had been key actors in establishing the Cairo consensus, they were kept out of the MDG process, replaced by a group of elite technocrats, to ensure consensus (Crossette 2005). The goals’ simplicity and measurability were key to their publicity and power, and hence influence on the development discourse (Roalkvam and McNeill 2016). The MDGs led to increased funding for women’s health and gender – but something got lost on the way. The use of indicators to measure highly complex and relational issues, like reproductive rights and gender equality, led to the de-politicisation of such issues (Austveg 2011). With MDG5, the broader ICPD focus on reproductive rights became narrowed down to a focus on maternal health, and institutional deliveries in particular (Austveg 2011; Yamin and Boulanger 2013). Attention was diverted from communities and the social changes emphasised in the ICPD agenda, to the idea of achieving a specific, measurable, outcome (Yamin and Boulanger 2013).

Feminist scholars have argued that the emerging donor focus on women’s health after the ICPD centred on women’s access to family planning: on improving the *conditions* of women rather than transforming the *position* of women (e.g. Hunt 2004). NGOs (often politically moderate ones) that provided health care tended to receive greater funding than NGOs that worked on challenging political and structural issues. Moderate NGOs grew in size and influence, developing into professionalised organisations more amenable to donor conditions and agendas (Silliman 1999). That is not to say that all professionalised INGOs have become “co-opted and incapable of effecting social change” (Silliman 1999, 31), but

there has been increasing pressure on NGOs to meet donor directives and achieve pre-determined results. Knowing that their effectiveness in doing so will be evaluated and future funding depend on their success rate has led NGOs to downplay their political character and focus on enhancing their managerial and technical capabilities (Watkins, Swidler, and Hannan 2012; Gideon and Porter 2016).

With the 2000s, a growing focus on gender equality and the empowerment of women as “smart economics” emerged (Chant and Sweetman 2012; Koffman and Gill 2013). The bottom line here is that gender inequality hampers economic growth. Within global health, slogans like “invest in women – it pays” emerged in forums such as Women Deliver. Bolstered by a rising corporate involvement in gender interventions, one of the earliest and most influential initiatives in this regard has been the Nike Foundation’s Girl Effect, launched in 2008. Here, the adolescent girl is the main development agent, seen as “the world’s greatest untapped solution” to development (Girl Effect 2011). Empowered through education, the Girl Effect campaign asserts, girls will rise above the obstacles that hold them down – whether poverty, early marriage, pregnancies or HIV/AIDS – and move from being victims to become victors. The focus is on the girl’s power to change her own situation, and not on the context in which she lives, or on social norms and power relationships that govern her life (Hickel 2014; Koffman and Gill 2013). Hickel (2014) argues that, within this dominant development narrative, gender and reproductive rights are woven into an apolitical form and linear development process acceptable to all. The blame of underdevelopment shifts from structural and institutional drivers, as seen in the Cairo consensus, to local forms of personhood and kinship. Girls and women are made responsible for bootstrapping themselves and their community out of poverty, and thus become both the cause and the solution to poverty (Hickel 2014). NGOs have been effective promoters of this discourse, but it was business actors and not NGOs that sat the agenda.

Methodology

This article focuses on development practices, and how the changing role and organisational character of NGOs, notably their need to produce success stories, influence how gender is approached. It draws on multi-sited ethnographic fieldwork in Malawi and Norway between April 2014 and December 2017. Through a four-year research collaboration with Save the Children Norway and their Malawian counterpart, as part of a research project, I was granted access to RTP project meetings, documents and staff. Additionally, the NGO and the research

project developed an MoU clarifying intended roles and expectations, for example, that the researchers were to communicate their analysis to the NGO. Moreover, it also emphasised the researchers' independence.

To understand how gender is understood and communicated in this health project, I conducted participatory observation with staff at district and national level, attended field trips and training of trainers workshops with Save the Children in Malawi. Additionally, I attended meetings between project staff and Malawian government officials and the project's implementing partners, and meetings between Save Norway and Norad. In development projects, reports have gained prominence in the name of managerialism and aid effectiveness. Project staff now have to report regularly on activities and achievements, spending more time on this than before. Reports can serve as an important source of information, telling what is communicated between local, national and international sites, and how success stories are then produced and travel between these sites. To explore how the project team reported on success, achievements and indeed failures, I scrutinised the project application, annual reports and various project documents. In addition, the evaluation report, commissioned by Save Norway to take stock of the project and to document unplanned achievements, became a valuable source for understanding not only how "success" is understood within this project, but also how important success stories have become for INGOs. Further, I examined correspondence between Save the Children Norway and Norad in electronic public records, such as minutes from meetings, feedback on applications and reports. Through these conversations, observations, reports and in-depth interviews, I could follow what was communicated upwards and downwards in the aid chain, and how the project framed and communicated gender, success and complexity.

This Save the Children-led project promoted a focus on gender in line with the global narrative on girls, and promoted global health norms concerning adolescent pregnancies. Paired with the managerial approach of making complex issues like gender and teenage pregnancies "fit" bureaucratic systems (Wallace, Porter, and Ralph-Bowman 2013), education became the quick fix of this multi-faceted issue. The RTP project focus on girls' education as the means to curb teenage pregnancies – a rather linear understanding of development – may seem logical within the "girl effect" paradigm. On the other hand, viewed in historical context, starting with the ICPD's clearly political approach, gives rise to a central question: what has been lost? In my view, what has been lost is the understanding of gender as relational – that women and girls do not live in isolation, but as members of communities.

“More educated girls – Reducing Teenage Pregnancies”

The RTP project aimed to combine health and education in a cross-sectoral approach to reduce teenage pregnancies within a three-year timeframe. It was funded by Norad with NOK 30 million through Save Norway, which saw it as a major strategic focus. It was developed in collaboration with staff at Save the Children International-Malawi and technical advisors from Save Norway and Save US. The project was implemented in six administrative districts in Malawi in partnership with two national NGOs: Banja La Mtsogolo (BLM), a national affiliate of the reproductive health and rights INGO Mari Stopes International; and Forum for African Women Educationalists in Malawi (FAWAMA). Because of the ongoing professionalisation, INGOs now tend to operate as intermediary organisations within the aid chain (Watkins, Swidler, and Hannan 2012). Working through national and local NGOs have become the new norm for INGOs. In becoming global actors, they seem to have lost their connection to the grassroots (Kamat 2004; Watkins, Swidler, and Hannan 2012), in turn making national and local organisations, like BLM and FAWEMA, a necessary basis for INGOs in the aid chain.

The RTP project was designed to fill a gap identified through a “situation analysis of programs, partners and donors working to address Adolescent Sexual and Reproductive Health in Malawi” (Save the Children Norway 2013, 1). Analysing similar NGO projects, the project staff explained, had enabled them to design a unique and holistic project. Due to RTP’s multi-sectoral approach and focus on behaviour change, it was better than other efforts aimed at reducing teenage pregnancies. Such analysis, it can also be argued, helped to legitimise the need for that specific project in a situation of many other projects addressing teenage pregnancies (see Pot 2019b). In particular, it was necessary to address environmental (family, friends and institutions) and individual (risk perception, vulnerability and opportunity) barriers for the use of youth-friendly health services, with emphasis on sociocultural factors (Save the Children Norway 2013, 5). In response, Save the Children designed a tailor-made project consisting of pre-planned activities, with the overall goal to reduce teenage pregnancies by 10% and the school dropout rate by 5% in six Malawian districts – lofty goals to reach in only three years. As scholars have argued, behavioural change concerning reproductive health issues involves complex processes of “domestication” of information, within a context of core cultural values and meanings – and therefore takes time (Cleland and Watkins 2006).

The situation analysis also sought to explore the link between teenage pregnancy and education, describing the former as both a cause and a consequence of school dropouts (Save the Children Norway 2013). Although in line with the global narrative on girls' education, the proposal also emphasised the need for a multisector approach which could view the adolescent girl holistically (Save the Children Norway 2013, 6). However, the project rationale was built on a *linear* view of development. Within the managerial discourse that sees development as linear and technical, the project's ToC is indeed logical. Based on an *if-then* logic, it assumes that lack of access to sexual and reproductive health services and information, lack of quality learning environment and self-efficacy, and lack of community and social support for girl's education lead to adolescent pregnancies: therefore, improving these will result in achieving the project aims (Save the Children Norway 2013, 5-6). This established the idea of causal connections, but failed to understand teenage pregnancies as a result of a complex set of factors that include both community and individual expectations. Such an instrumentalist approach ignores the realities of young girls' lives. What the ToC does is to offer technical solutions to a complex issue, by stripping away context. The ToC thus replaces the complexity that society and community do represent, detaching the girl from structures and social norms.

In the proposal, self-efficacy – “believing in better future opportunities and one's ability to successfully prevent pregnancy” – is described as a key determinant in dealing with adolescent pregnancies and girls drop-out, in addition to creating a “climate for behavioural change” (Save the Children Norway 2013, 9). Project activities were aimed at strengthening girls' self-efficacy to empower them to make smart reproductive choices in line with global health norms. As Hickel (2014) argues, there is in this discourse an underlying assumption that girls, once empowered, will follow a liberal logic, freed from traditional norms and kinship, and will become modern, global subjects. Moreover, within this narrative the sociocultural environment is seen as something that hampers the girl's self-efficacy. The RTP project aimed to activate girls' agency, enabling them to fulfil their potential through education, thereby “saving” the girl from the family and community, which see adolescent pregnancy and motherhood as the norm.

How does it play out in practice?

The way aid is disbursed – the procedures and conditions of aid – affects how NGOs implement programs on the ground, shaping the way they work, their practices. In what

follows, I explore how this plays out in the RTP project. By showing how gender is reduced to “the girl” detached from context, I unpack how lack of contextual understanding renders it possible for the NGO to produce success stories vital for their brand management.

RTP – a game changer?

The RTP project was launched with great expectations. Norwegian global health officials within the Norwegian Ministry of Foreign Affairs and Norad referred to it as a game changer because of its holistic framing and cross-sectoral approach linking education and health in one intervention. Moreover, and maybe equally important, the project responded to a political demand in the donor country, Norway.

Since the early 2000s, key global health actors, in collaboration with Norway’s former Prime Minister Jens Stoltenberg, had branded Norway (and the Prime Minister himself) as maternal health champions, through increased funding and political attention towards MDG5. According to a Save Norway employee, the RTP project came about as a result of a change of government in Norway in 2013, where the new Prime Minister, Erna Solberg – representing the conservative party – emphasised girls’ education as key to reducing adolescent pregnancies and boosting economic growth. However, there is more to this shift than a politician’s need to distinguish herself from her predecessor. With education added to the equation, the approach became more in line with the dominant global development discourse. For Norad and key health bureaucrats, it was also a way of preserving the long-established focus on maternal health while also joining the new global emphasis on girls’ education.

Despite Save the Children’s attempt to address such highly complex issues in a holistic manner, the evaluation report stressed the mismatch between indicators and overarching goal. Furthermore, that the focus on numerical indicators overshadows the broader focus on social change (Millard, Mswoya, and Sigvadsen 2016, 17). This is, according to the evaluation, one reason why the project failed at producing evidence. RTP was innovative in merging health and education, and employed a broader approach than more technical interventions. However, the RTP project was *not* a game changer. Indeed, it could not succeed, because of its design. Designed as a test-and-invest project, it sought to achieve behavioural change through an innovative approach – in only three years. While addressing the importance of communities in changing perception about girls’ education – social change – what was implemented followed a linear logic focusing on individual girls. Hence, the project can be seen as staged to fail in that it was designed to deliver on donor expectations of

numerical indicators and evidence rather than to create long-term social change. In the following I explore how practices and strategies aimed at producing success set the project up to fail.

Success on the ground

When I first meeting the project manager in Lilongwe, he asked me “Can you help me create evidence? Can you help me create a success?” During my fieldwork, it became evident how important it was for the team to create a success, where “success” meant the number of girls they managed to get back to school. While acknowledging the risk factors, like the short timeframe and gaps identified, the team, hired on a project-based contract, worked persistently to achieve the project goal.

Aware of the importance of securing evidence of success in quantified, numerical form, the project staff developed routines for identifying girls who dropped out due to pregnancy. They reactivated local community groups to help ensure that these girls would be readmitted after delivery. Through a database developed specifically to measure dropouts and readmission, a reporting routine with monthly check-ups was established. Information about girls whom the project had helped back to school travelled in the form of statistics from village level, through district offices and to the country office in Lilongwe, for final inclusion in reports to the Norwegian partners and donor.

The girls, and their stories about how, having become pregnant, they were able to return to school with the help from the project, not only travelled as statistics in the aid chain, they also became popular additions to various project reports. Further, these girls often made appearances during donor visits as testimonies of success, telling their story about how the project had helped them back to school. Although success was attributed to this specific NGO project, Pot (2019b) has shown how such testimonies and the attribution given are not always clear in a context where multiple NGOs have been implementing similar projects. Common to these testimonies was a linear cause-effect chain in line with the global discourse: the girls had dropped out due to pregnancies and were not aware of the readmission policy until project partners informed them and helped them back to school. Although staff members recognised poverty as a major reason why rural girls dropped out of school in Malawi, neither the proposal nor the testimonies address this factor. That is not to argue that such testimonies were false, rather that complex reasons for dropping out lying outside of the project’s scope were not included. That staff members stressed that poverty was one of the gaps in the

project, and that divergent understandings existed about how to report on girls dropping out due to other causes than pregnancies further affirms the practice of (over-)simplification. Hence, the NGO “rel[ie]d] on a singular and problematic storyline to base their claims” which further corresponds with the global “invest in girls” rhetoric (Switzer, Bent, and Endsley 2016, 35).

To promote the project nationally and within the NGO community, and concurrently strengthen the Save the Children brand as the most effective and innovative NGO, the project team produced several short films and a documentary, featuring the girls and their success stories. According to Mosse (2005), such testimonies and publicity materials become a way of maintaining the *appearance* of success, and thereby more important to the day-to-day management of a project than its actual outcomes. The appearance of success can become the actual outcome (Mosse 2005), as well as being a performance for a special audience – the national NGO elite and international donors – crucial for brand management.

Saving girls – Innovation and evidence

When the RTP project was selected for display at the member’s meeting of Save the Children International in Johannesburg in June 2015, that became in itself proof of the project’s innovative approach. Here, innovative projects competed over additional funding. On the basis of a 10-minute presentation and an exhibition showcasing the various projects and their achievements, delegates from SCI member countries voted on which project was the most innovative in saving children. During the weeks prior to the meeting, RTP project staff had intensively worked on producing a short documentary with young mothers telling about how the project had helped them back to school after delivery – the same testimonies of success that were used to brand the project and the NGO in Malawi.

Discussing the experience with one of the Save the Children Malawi employees that had presented the project, the NGO worker stresses the catch phrase used in the presentation: “Every year thousands of girls in Malawi drop out of school. Come to our booth and learn about our innovative way of helping them to reclaim and secure their future.” To the NGO worker, this was the core of the project: education is the best ways for girls in Malawi to “reclaim their future”. If girls drop out of school, the project can help them with the chance to return to school and reclaim their future. “Otherwise they have no future”, the NGO worker added. Although some delegates in Johannesburg were extremely impressed, and voted

extensively (by throwing fake dollar bills in a container bearing the project name), the RTP project did not win.

Within this story rests the idea about the girl as powerless, and assumed to lack agency, needing of the project in order to have a bright future. Agency resides in the NGO, not in the girls it claims to empower. However, within the “girl effect” discourse, it is the organisation that has the agency to change the girl’s future – indeed to define what a “good” future is. The NGO worker’s reflections from the members’ meeting indicate how permeated the organisation and the aid enterprise are by success stories, and how simple messages come at the expense of acknowledging power structures that govern girls’ lives.

The expectation of deliverables

After the evaluation meeting described in the introduction, several staff members of Save Norway expressed frustration at the donor’s lack of contextual understanding, the dominant position of numerical indicators and the difficulties communicating complexities within the prevailing short-termism.

That the Norad adviser described the ToC as “wrong” led to frustration, and staff members pointed out that although the project goal was not achieved in the predetermined three years, that does not disprove the ToC. It may not be flawless, but that does not mean that it is wrong. Neither does it mean that the project has failed. Whereas the evaluation stressed that success was measured on the basis of indicators that did not adequately reflect the complexity and the comprehensiveness of the project, in its written feedback to the NGO, the donor described the evaluation itself as insufficient; further, that for Norad to consider extending the funding, several conditions would have to be met. These included that Save Norway should “demonstrate ownership and strategic direction” and clearly state what “end success looks like” (Norad 2016). In addition, Norad requested

a clear Theory of Change demonstrating that [the NGO] have good knowledge of the actual situation (e.g. whether girls drop out of school due to sudden/unplanned pregnancies, *or* whether girls are taken out of school for early marriages and then becomes pregnant; situations which require different kinds of programming to address the problem) (Norad 2016, 2; emphasis added).

The idea that girls might drop out due to complex set of reasons and that different girls drop out due to different causes, and indeed a combination of several causes, which was stressed

both in the evaluation and in the meeting, seems to be far from the donor's development narrative. Statements like these bear witness to a linear understanding of development with predetermined outcomes. Furthermore, expectation about knowing what will work already before a project is implemented, or what end success will be, indicate a strong belief in a single approach that works everywhere. This is not to argue that the ToC was strong, as the project did approach teenage pregnancies from the vantage point of a narrow understanding of causal pathways (see Pot 2019a). However, as noted, when the project evaluator mentioned that there might not be a strong correlation between adolescent pregnancies and dropout rates, but highlighted other causes, the Norad advisor reacted with disbelief. That response reflects the linear narrative that dominates the global discourse on adolescent pregnancies or girls. The same understanding of development as linear was repeated in the agency's written feedback to Save Norway. This emphasis on the narrative or discourse corresponds with Mosse's (2005) argument about the narrative of development often being as important as what is actually happening on the ground. Controlling the narrative means being able to define the problem, and thus the solutions.

Set up to fail – Concluding discussion

In a changing aid landscape increasingly dominated by a managerial logic, brand management is becoming more and more important for INGOs. As donors come under growing pressure to show that their money is spent effectively to legitimise their aid budget, their need for control increases (Watkins, Swidler, and Hannan 2012). A focus on results, efficiency and accountability is, as several NGO workers stressed, not in itself negative in a setting of scarce resources. However, as the field becomes more competitive with regard to funding, and INGOs must position themselves vis-à-vis an emerging group of private and business actors, NGOs, like Save the Children, have to prove that they can deliver on donor expectations. Moreover, private actors are becoming increasingly popular as they are good at delivering on such factors (Wallace, Porter, and Ralph-Bowman 2013). To prove effective in this competitive landscape, knowing that future funding depends largely on your organisation's success rate, producing success stories can overshadow the importance of the actual outcomes of a project. Today's heightened focus on targets and indicators, measurability and effectiveness, that dominates the development landscape has affected NGO practices. Such managerial demands shift the focus of NGOs from social transformation and power relations to success stories and strategies that can bolster their brand. This has also led NGOs to

approach gender in a de-politicised way, moving from the relational and political approach of the 1970s and 1980s towards a more technical and economics-centred approach.

Understanding gender as relational acknowledges that women's health or development cannot be separated from the larger social, political, cultural and economic forces that govern, shape and constrain their lives. In the understanding currently prevailing in global health, "gender" is not about reproductive rights and how social structures constrain women. It is about individual girls, and how education enables them to pull themselves and their community out of poverty (Hickel 2014). If men, families, communities and institutions appear at all in today's narrative, they often feature as a negative factor, which the girl must be saved from.

Alongside this de-politicisation of gender, my analysis indicates that NGOs have both enabled and themselves been influenced by these developments. Within the prevailing managerial landscape, the critical space traditionally occupied by NGOs has been shrinking. Moreover, the political and contextual understanding of gender is ignored in favour of simplified and ultimately technical fixes. During the ICPD process, many NGOs, mainly political ones, stressed the importance of situating women and girls within the broader cultural and socio-political context. Now, professionalised NGOs have, to a great extent, become promoters and implementers of the dominant development narrative that considers gender as an apolitical and technical "tick-box exercise" (Wallace, Porter, and Ralph-Bowman 2013, 17). The professionalisation and bureaucratisation of NGOs since the 1990s has led to NGOs becoming agents of success stories defined by global policies, rather than serving as organisations firmly based in local constituencies and working to bring forward the voices from these communities.

I hold that, in order to manoeuvre in a changing aid landscape – in practice, to deliver on donor expectations as to effectiveness and efficiency, and compete for future funding – NGOs shape their projects in specific ways. Accentuating the efficient and effective use of resources is in itself not negative. However, research has shown how NGOs that initially aimed to promote a politicised understanding of women's health are now required to work with more instrumentalised approaches, in order to meet the standards of today's development architecture (e.g. Gideon and Porter 2016). Shaped in line with the global narrative on "the girl", they are designed to deliver on donor expectations, not to challenge the power structures that govern women and girls' lives. NGOs should not simply implement projects effectively, but also be close to the communities with which they work. Moreover, effective and efficient

use of funding should not entail neglecting the deeper needs and interests of the communities suffering from the injustice, inequality and poverty that NGOs aim to eradicate.

Although the RTP project claimed to view “the girl” holistically and aimed to achieve social change, its design and implementation followed a linear logic that focused on individual girls. The emerging need to manage the NGO’s brand resulted in the practice of producing success, in turn enabling a singular and simplistic understanding of gender to be communicated upwards in the aid chain.

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Article 3: 'International actors' legitimacy seeking practices in Malawi's abortion law reform'

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Article 4: “Behind the scenes”: International NGOs’ influence on reproductive health policy in Malawi and South Sudan’

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Behind the scenes: International NGOs' influence on reproductive health policy in Malawi and South Sudan

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ABSTRACT

Global health donors increasingly embrace international non-governmental organisations (INGOs) as partners, often relying on them to conduct political advocacy in recipient countries, especially in controversial policy domains like reproductive health. Although INGOs are the primary recipients of donor funding, they are expected to work through national affiliates or counterparts to enable 'locally-led' change. Using prospective policy analysis and ethnographic evidence, this paper examines how donor-funded INGOs have influenced the restrictive policy environments for safe abortion and family planning in South Sudan and Malawi. While external actors themselves emphasise the technical nature of their involvement, the paper analyses them as instrumental *political* actors who strategically broker alliances and resources to shape policy, often working 'behind the scenes' to manage the challenging circumstances they operate under. Consequently, their agency and power are hidden through various practices of effacement or concealment. These practices may be necessary to rationalise the tensions inherent in delivering a global programme with the goal of inducing locally-led change in a highly controversial policy domain, but they also risk inciting suspicion and foreign-national tensions.

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Introduction

In 2011, the UK Department for International Development (DFID) funded two international non-governmental organisations (INGOs) to implement a programme designed to reduce maternal mortality from unwanted pregnancy in 14 countries in Africa and Asia. Alongside providing various family planning and safe abortion services, the INGOs were also tasked with influencing national policy environments, specifically by encouraging 'locally-led changes towards appropriate laws and policies that support women and girls to make their own decisions about their sexual and reproductive health' (DFID, 2013, p. 7).

Attempts by donor governments to redefine the political priorities of the recipient countries of aid are, of course, nothing new; it has even been described as the very foundation of international development (Hunsmann, 2016). In the history of international health collaboration, bilateral and multi-lateral donor influence helps to explain why many low and middle-income countries with quite different political, cultural and health systems contexts have adopted similar health policies around the same time (Bennett, DalGLISH, Juma, & Rodríguez, 2015; Meyer, Boli, Thomas, & Ramirez, 1997).

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This is particularly striking with regard to population and reproductive health policies (Barrett, Kurzman, & Shanahan, 2010; Hessini, Brookman-Amisshah, & Crane, 2006; Robinson, 2017), but is also the case with other global health policy domains, for example infectious disease management (Ogden, Walt, & Lush, 2003), and child survival policies (Bennett et al., 2015).

Although both bilateral and multilateral donors remain decisive in driving waves of health policy change (Khan, Meghani, Liverani, Roychowdhury, & Parkhurst, 2018), the DFID programme exemplifies a trend in which NGOs conduct political advocacy, often on donors' behalf. In the bifurcated global political scene of sexual and reproductive health, which is split between socially progressive donor organisations and NGOs on one hand and conservative, right-wing actors on the other, progressive donors have preferred to work through specialist reproductive health NGOs to avoid having to deal with recalcitrant governments, particularly in Africa (e.g. Mayhew, Walt, Lush, & Cleland, 2005; Storeng & Ouattara, 2014). This strategy is often based on an assumption that such NGOs have a comparative advantage over multilaterals and governments in this domain because they are good at formulating 'new ideas' and offering 'controversial services' like safe abortion (DFID, 2013; Minister for Foreign Trade and Development Cooperation (Netherlands), 2015). Indeed, the global trend towards liberalisation of abortion laws, regulations and policies over the past two decades is often attributed to an NGO-led transnational advocacy coalition (Boyle, Kim, & Longhofer, 2015; Finer & Fine, 2013; Hessini, 2005).

Although Western donors almost universally espouse commitment to strengthening civil society in donor-recipient countries, in practice donor governments channel most funds through *international* NGOs (INGOs) headquartered in donor countries (Bouret & Mc Donnell, 2015). Like in the DFID programme, INGOs are expected to work through national affiliates or counterparts, a practice that sociologists have likened to capitalist outsourcing (Watkins, Swidler, & Hannan, 2012). But how exactly do INGOs work through national counterparts to influence national policy change?

Amidst growing scholarly attention to the complex politics of reproductive health governance (e.g. De Zordo & Mishtal, 2017; Richey, 2004; Suh, 2017; Surjadjaja & Mayhew, 2011), there are few in-depth critical studies of *specific* INGOs' political advocacy strategies at the national level. While INGOs' influence on the diffusion or transfer of ideas and policies between countries is well-recognised (Keck & Sikkink, 1998; True & Mintrom, 2001), this paper addresses one of the main critiques of the policy diffusion literature, namely its lack of attention to the *processes* involved (Dolowitz & Marsh, 2000, p. 7). Moving beyond the typology of mechanisms – learning, socialisation, coercion and competition – specified in this literature (Dobbin, Simmons, & Garrett, 2007), this paper draws on ethnographic evidence and anthropological and sociological literature on aid and development to provide a critical perspective that foregrounds INGO actors' perspectives and practices (Asad & Kay, 2014; Lewis & Mosse, 2006; Mosse, 2011; Watkins et al., 2012).

Specifically, we analyse the work of two leading international NGOs funded by DFID to influence the reproductive health policy environments of Malawi and South Sudan, two of the most conservative contexts in DFID's programme portfolio, but where donors and NGOs saw a clear opportunity to influence policy. Like other 'diffusion professionals' who make it their job to spread a practice or institution (Barrett et al., 2010), our analysis shows how INGO staff embody 'travelling rationalities' (Craig & Porter, 2006) – seemingly universal concepts produced in international institutions and networks that they seek to apply in the countries in which they work (Mosse, 2011). We describe how they work through local intermediaries – or 'brokers' (Lewis & Mosse, 2006; Watkins & Swidler, 2013) – to secure partnerships with like-minded individuals in government and civil society, and thereby help shape national regulations, laws and policy in line with global norms on reproductive health and rights.

Although they emphasise the technical nature of their work, in these interactions, INGOs are political actors who operate within fields of power relations in which they mobilise both financial power and more subtle forms of power deriving from expertise and claims to moral authority (Shiffman, 2014). However, we argue that their power is often hidden from view through expert practices

that efface, or make inconspicuous, the INGOs', and indeed their donors', agency. Anthropologists have documented similar practices that conceal development workers' agency across different sectors, observing that development expertise involves a curious but inevitable 'hiding of the self in our relations with others' (Quarles von Ufford & Saleminck, 2006, cited in Mosse, 2011, p. 18). As White has described, development workers struggle to 'preserve an authorised view of themselves as facilitators of community action or local knowledge, as "catalysts", hastening but not partaking in the reaction' (White, 1999, cited in Mosse, 2011, p. 17). Although present in all domains of international development, we suggest that strategies of concealment are foregrounded within the field of reproductive health, where strong political sensitivities at both global, national and local levels, mean that INGOs often choose to work 'behind the scenes' or 'under the radar'. While perceived as necessary to enable and legitimate their approaches on the ground, such practices also shroud their work in secrecy, which can incite suspicion of their motives and feed foreign-national tensions.

Study context and methods

This study was carried out as part of a broader research-based evaluation of DFID's programme to prevent maternal deaths from unwanted pregnancy.¹ Between 2013 and 2017 we carried out policy analysis in five of the countries in which DFID intended to create an 'enabling environment' for reproductive health policy change (Malawi, South Sudan, Zambia, India and Pakistan). This paper analyses the cases of Malawi and South Sudan, where, despite important historical, political and cultural differences, we observed the implementing NGOs – Ipas, in Malawi, and Marie-Stopes International (MSI), in South Sudan – employ similar policy-influencing strategies.

DFID selected the US-based INGO Ipas and UK-based MSI to implement its multi-country programme because of the organisations' good track records and global reach. In Africa alone, Ipas is present in eight countries and MSI works in 15, whether through its own country offices or national affiliates. The INGOs often work together in global and regional policy initiatives, such as the 2016 African Leader's Summit on Safe, Legal Abortion, which pledged to 'remove all policy and administrative barriers to women's and girls' access to safe abortion services' (Ipas, 2017). However, their political advocacy approaches at the national level differ. While Ipas prides itself on its work with national authorities to advocate for policy change (Ipas, 2017), MSI is recognised for its private sector service provision and its 'advocacy by doing' approach, 'showing what works, pushing for change and ensuring reforms are then implemented' (MSI, 2017).

The award of the DFID contract in 2011 enabled MSI to set up operations in South Sudan and Ipas to expand its operations in Malawi, where MSI has also worked since 1987 through its national affiliate, *Banja La Mtsogolo* (BLM). In both countries, the INGOs operated alongside many other external actors, reflecting both countries' donor dependence. Foreign donors fund 95% and 70% of the health sector in South Sudan (DFID, 2015) and Malawi (WHO, 2015), respectively. At the start of the DFID programme both countries were classified as having extensive reproductive health care needs but 'restrictive' and, in the case of South Sudan, 'unformed' 'operating environments,' characterised by structural and systemic barriers to reform and service provision (DFID, 2013). Both countries' laws forbid abortion except to save a woman's life, or, in South Sudan, also in case of severe foetal abnormalities. Abortion, though widely considered sinful and heavily stigmatised in both places, remains frequent, reflecting very low modern contraceptive prevalence ratios. Unsafe abortions are a major cause of both South Sudan and Malawi's very heavy burden of maternal mortality, ranked first and fourth highest in East Africa respectively (Population Reference Bureau, 2016).

We used a combination of ethnographic and policy studies methods to examine how Ipas and MSI operated within broader networks of NGOs, donors and government officials in each country, including document review, repeated in-depth interviews and participant observation. We mapped national policy networks and developments, visited reproductive health clinics, observed policy events, reviewed policy and programme documents, and traced popular and media debates. We

considered documents as collective, negotiated articulations of policy actors' public positions (cf. Mosse, 2011) and thematically analysed them alongside transcripts from interviews and field notes about positions circulated orally. After obtaining informed consent, we interviewed informants (57 in South Sudan, 56 in Malawi) identified through web-searching, policy documents, and snowball sampling. Informants came from international NGOs (including MSI and Ipas), their national affiliates, who are nationally-registered NGOs, and other national NGOs; donor and UN agency country offices; governmental departments and Parliament; government human rights commissions; legal organisations; universities; health facilities; church organisations; and media outlets. We conducted interviews in private and recorded them when permitted. MSI, Ipas, DFID and all informants potentially identifiable in the manuscript were invited to review it for fact checking before publication. Three individuals withdrew consent for data they had provided to be used.

Because the study covered highly sensitive issues, and certain stakeholders were concerned that its findings can be distorted and used politically against them, we have had to anonymise to a greater degree than would otherwise be necessary. This includes removing citations to newspaper articles, blogs and websites that reveal individuals' identities.

Brokering alliances, resources and frames

Senior staff at MSI and Ipas's headquarters often described their role to us as offering technical advice. In an email about the DFID programme, for instance, one senior policy advisor said: 'Policy change is complex and our work is based on evidence of what's happening in country. We use human rights standards and global evidence and standards and guidelines on abortion to facilitate knowledge sharing that can inform existing policy processes and practices at the national level'. Technical support is clearly an important aspect of INGOs' work, reflecting that the use of evidence is one of the main means of legitimising external intervention into policy processes (Ferguson, 1994; Hunsmann, 2016; Li, 2007; Mosse, 2011). However, 'technical support' is an incomplete characterisation of INGOs' policy work. In Malawi and South Sudan, Ipas and MSI not only became important *technical* partners, but also instrumental *political* participants in ongoing processes to shape or reform national policy environments. Both INGOs, whether directly or, more often, through their national affiliates, acquired central positions within national policy networks and processes. As we show below, they did this by strategically brokering alliances and resources, including financial support, evidence, and 'frames' (concepts or strategies that hold discursive power) to gain access to key decision-makers and help reconceptualise available policy options (cf. Asad & Kay, 2014).

Ipas's role in Malawi's abortion law reform

In Malawi, Ipas, working through its country office, became an important participant in a process to reform the country's restrictive abortion law, enabled by its extremely close working relationship with the Malawian Ministry of Health's Reproductive Health Unit (See also Daire, Kloster, & Storeng, *in press*). This relationship dated to the African Union's Conference of Ministers of Health in Maputo, Mozambique, in 2006, which resulted in the Maputo Plan of Action on Sexual and Reproductive Health. The plan, which Malawi ratified the following year, included commitments to address unsafe abortion. After meeting in Maputo, Malawi's Minister of Health invited Ipas to advise the government on how to handle unsafe abortion. This continued the Ministry's tradition of collaborating with reproductive health INGOs, such as the partnership it initiated in 2000 with the American INGO Jhpiego to scale up post-abortion care to prevent deaths from unsafe abortions. In 2008, the Ipas African Alliance in Kenya invited Malawian government and civil society actors to regional workshops on comprehensive abortion care, after which participants from the Malawian Reproductive Health Unit and Human Rights Commission petitioned for abortion law reform. The same year, Ipas set up its Malawi country office in rented space within the Reproductive Health Unit, and registered Ipas Malawi as a national NGO initially focusing on service provision.

The Malawian Reproductive Health Unit and Human Rights Commission's call to review the abortion law in 2008, and a subsequent call in 2011, faltered due to insufficient political support. However, in 2012, Ipas Malawi's newly appointed policy associate, a former lawyer with the Malawi Human Rights Commission who would become Country Director from 2015, mobilised new evidence demonstrating the enormous burden of unsafe abortion in Malawi, thereby increasing pressure on the government to fulfil its international commitments to address unsafe abortion. Through his extensive networks across Malawi's educated elite and civil society, he was able to strengthen and significantly expand COPUA, the Coalition for the Prevention of Unsafe Abortion, which his predecessor had formed in 2010. Although international donors and advocates often describe COPUA as a grassroots civil society network because the majority of its members are national NGOs, Ipas Malawi coordinates the coalition and its legal task force and supports it with external financing. The coalition also includes medical professional associations, public institutions, and chapters of well-established regional or global organisations such as Women in Law in Southern Africa and the Family Planning Association of Malawi, a former parastatal organisation that in 2004 became the national affiliate of the International Planned Parenthood Federation (IPPF).

Alongside supporting COPUA, Ipas Malawi used DFID funding to work with the Ministry of Health's Reproductive Health Unit to disseminate the public health evidence upon which the government could interpret the benefits and consequences of legal change. According to an informant from DFID's Malawi office, Ipas staff helped identify 'like-minded' individuals to form a Special Law Commission to review the abortion law. Commissioners came from across the Ministries of Health and Justice, as well as religious councils, traditional leaders, the Malawi Law Society and Malawi College of Medicine (Malawi Law Commission, 2015). Several informants cited the appointment of this commission as indicative of Ipas's influence within Malawi's political sphere. Moreover, the Ipas country office provided sample laws and background papers to the Special Law Commission and even helped it draft a Termination of Pregnancy (ToP) Bill (often referred to simply as 'the abortion bill'). This bill, expands abortion indications to include threats to a woman's physical or mental health, pregnancy resulting from rape, incest or defilement, and severe malformations that threaten the viability of the foetus (Malawi Law Commission, 2015).

After the bill was launched at a press conference in July 2015, Ipas and COPUA's advocacy efforts helped to achieve cross-party support and formal statements of endorsement from traditional authorities, civil society networks and senior public officials in the Ministry of Health, and even some religious leaders. COPUA members, including informants from the MSI affiliate BLM and Malawi's Family Planning Association, attributed this success to Ipas's strategy of framing unsafe abortion as a public health challenge that must be addressed to meet the country's broader commitment to the Millennium Development Goal of reducing maternal mortality. Indeed, Ipas often uses health framings in its advocacy materials, with one training manual referring to unsafe abortion as a 'pandemic' (Ipas, 2014). In Malawi, such a framing sought to shift the debate on abortion away from morality, religion and even rights, which, a COPUA member claimed, is the 'best way of meeting the pro-life opposition.' As he put it, 'you can ask them "do you want this many women to die?" No. And we don't show them the rights argument'.

Even though Parliament had not yet considered the Termination of Pregnancy Bill and it remains subject to push back from internationally-supported anti-abortion groups, representatives of both donor agencies and INGOs considered the law review process an important step because it has helped break the political taboo of discussing abortion in public. Many observers we interviewed attributed these successes largely to Ipas, without distinguishing between the INGO and its national affiliate. Indeed, its formative role was emphasised at the 4th global Women Deliver conference in Copenhagen in 2016, where a Malawian chief involved in the process said they could have never done it without Ipas.

MSI's role in forming South Sudan's reproductive health policy environment

Meanwhile, in South Sudan, MSI worked with other international donors, NGOs, and Ministry of Health allies to shape a largely unformed reproductive health policy environment. After decades of conflict, the granting of regional (Southern) autonomy in 2005 and ultimately secession in 2011 provided an opportunity for systemic reforms through policy-writing, law-making and coordinated implementation of an essential healthcare package (Cometto, Fritsche, & Sondorp, 2010). Despite institutionalisation of many liberal human rights commitments during this period, after the war, in 2008, Southern Sudan adopted an abortion law even more restrictive than that previously used under Sudan. Sudan's law also permits abortion in cases of rape or incest (MoLACD, 2009, sections 216–222). Although they have never challenged the abortion law directly, since 2006, reproductive health advocates within the Ministry of Health, multilateral and bilateral donor organisations and NGOs have used the policy development process to legitimise liberal strategies. In 2013, officials at DFID's South Sudan office said they hoped that MSI's 'advocacy by doing' expertise would help 'go through these initial difficult stages' with authorities to gain permission for service delivery and ultimately 'model' reproductive health discourse and delivery to other NGOs commissioned to deliver government services.

While Ipas is known globally for its public sector links, MSI specialises in private sector service delivery. To achieve favourable regulatory conditions for its work, in South Sudan MSI built alliances with other INGOs with closer government links. Notably, this included Jhpiego, which the United States Agency for International Development (USAID) in 2012 had funded to appoint an expatriate expert to help coordinate and write policy input within the South Sudanese Reproductive Health Directorate. Many overworked Ministry officials valued this contribution to manpower, and empowered the Jhpiego advisor to 'represent' the Ministry of Health in meetings as needed (Jhpiego, 2014), in part because he could be more outspoken than they could afford to be.

Expatriate INGO consultants drafted technical content in policy documents. To frame and legitimise them, the Jhpiego advisor and Reproductive Health Director consulted as many people as possible from nursing and medical training schools, UN agencies and NGOs, including MSI. Military discourses about reproduction from the 1990s pressured women to ignore customary birth spacing techniques to rapidly replace the population sacrificed in war (Jok, 1999). Development partners and their allies in the Ministry of Health considered it necessary to overturn these before politicians would be willing to adopt liberal policies and before INGOs, who feared sanctioning by other parts of the government, would implement them. Policy authors therefore collectively adopted language which framed 'quality reproductive health services including family planning' (MoH-GoSS, 2013a, p. 1) as a casualty of war and thus something that a nation which fought for peace should address (Palmer & Storeng, 2016). They furthermore inserted into the national Reproductive Health Strategic Plan the 'policy imperative' to '[c]reat[e] an enabling environment for increased private sector, NGO and community involvement in MRH [maternal and reproductive health] service provision and finance' (MoH-GoSS, 2013b, p. 10), and incorporated 'progressive', 'state of the art' concepts about family planning and post-abortion care (Michael et al., 2007, p. 12).

Although the entrenchment of conflict has since weakened international relations and severely hampered service delivery, when these policy documents were 'launched by none other than His Excellency, the President' in July 2014 (Health Cluster South Sudan, 2014), those who had worked on them saw this as undeniable evidence of a transformation in the enabling environment. Like in Malawi, observers argued that the policy documents would not have been written and passed without INGO input and a local DFID official even claimed that 'we wouldn't be here without them [MSI]'.

In both countries, then, INGOs working through their national affiliates played crucial roles through alliances with other national and international actors. Staff at both Ipas and MSI's headquarters described these arrangements as indicative of the trust they had won. From these centralised partnerships, both INGOs then targeted elite networks to transform individuals within them into policy advocates or policy 'diffusion professionals' (Barrett et al., 2010). According to one of the

commissioners, Ipas trained journalists and lawyers and funded study tours in 2014 for Malawian commissioners to study abortion law reform in Mauritius, Zambia and Ethiopia. Meanwhile, MSI funded a tour for South Sudanese Ministry of Health officials to their programmes in Kenya and Uganda. According to a DFID observer in South Sudan, these trips ‘really transformed [Ministry] opinion [...] because [MSI] had those key people [in the ministry]’.

The layered practices of effacement

Although external support and funding clearly played a central part in enabling national policy processes, we observed that such influence and the power it reflects is often hidden from view through various practices of effacement or concealment that downplay foreign agency and attribute it to national or local ownership. Such practices occurred along the whole ‘aid chain’ in both countries (Watkins & Swidler, 2013). At the top, DFID was discrete about its financial support to its INGO subcontractors’ political advocacy. Despite its clear position on abortion in global-level fora (e.g. DFID, 2010), DFID and other donors are typically less outspoken about their views in the context of bilateral development programmes. Although DFID aims to be ‘as transparent as possible,’ it made only a selection of programme documentation publicly available and encouraged little or no public communication about programme aims, citing ‘security risks’ (DFID, 2018). Donors like DFID take advantage of the opaqueness of development structures to achieve discretion around reproductive health programming and particularly policy work. As an MSI representative explained, recipient governments may know that a particular donor is funding INGOs, but not that they have a programme output indicator focused on policy change. An official at DFID’s Malawi office furthermore explained that the decision to fund INGOs directly from DFID headquarters allows country office staff to exercise wilful ignorance and protect their broader agendas and diplomatic relations. ‘For us in the country not to be directly involved is an advantage because it focuses on a sensitive area, the sensitive topic of abortion and we don’t [want] whatever we’re trying to do to be clouded’. Moreover, the official claimed, working through INGOs with strong national-level alliances helps to avoid accusations of inappropriate or even ‘neo-colonial’ donor interference, a constant threat given the rising influence of anti-abortion groups who mobilise this kind of rhetoric: ‘Ipas, is working within the reproductive health unit of government so it is not seen as part of [the donor], it’s seen as a unit of government’.

At discussions with INGO headquarters and in international fora, agency for policy change processes was most often attributed to country-level staff, and external involvement was downplayed, described as ‘bouncing off ideas’ and sharing examples and suggestions, but not driving the process. While country-level staff often praised colleagues in their overseas headquarters for providing indispensable technical, legal and moral support in their everyday work, they also emphasised the importance of discretion around such collaboration. A COPUA member, for instance, told us that for the INGOs ‘it is advisable to work behind the scene – that is the best strategy’. Referring to the abortion law bill, he explained: ‘They [INGOs] will say: “We’ll be in the back, we’ll give you support, we’ll give you technical expertise”, but we’ll be the one taking the report to the parliament.’ In keeping with this depiction, we observed that Ipas’s Malawi office did not flout its involvement in the law reform process. For example, its presence within a Ministry of Health building in Lilongwe was indicated by a simple printed A4 sheet on the office door, a contrast to the prominent public profiling and branding often associated with NGOs. Most of Ipas Malawi’s public advocacy events were conducted ‘through’ the national COPUA, such that many policy actors in Malawi said Ipas and COPUA are ‘one and the same.’ Ipas’s (and COPUA’s) local legitimacy was strengthened by choosing a Malawian national as its lead representative. According to a COPUA member, the Ipas country director’s Malawian nationality was one of the reasons why he had so successfully become the public face of the safe abortion campaign. In contrast, he claimed it would be very difficult for MSI’s Malawi affiliate BLM to take up this role, because their country director was European, and ‘the advocacy cannot be seen as coming from outside’. Such concerns were part of the reason why BLM declined public COPUA

membership, though, as one BLM representative explained, ‘in terms of advocacy – yes, we are behind the scenes supporting Ipas’, for example, through discreetly contributing funds to COPUA’s advocacy campaigns.

In South Sudan too, INGOs’ country representatives downplayed their contributions even where national policy actors emphasised their formative role, instead attributing policy successes to national civil society or government. MSI, for example, described themselves as just ‘one of many actors’ who contributed to policy developments through technical working groups. They sought to ‘take a back seat and keep a low profile in terms of their involvement, and allow the government to clearly own the work and launch it’ (Newport & Walford, 2013, p. 126), going so far as to request their contributions remain anonymous in policy documents.

Managing the risks of policy engagement

Such practices of effacement are, we argue, necessary to rationalise the tensions and contradictions inherent in delivering a global programme with the goal of inducing locally-led change. Donors and INGO representatives alike face pressure to demonstrate adherence to their global-level commitments to promote country ownership and civil society involvement (Sridhar, 2009), and understandably do not want to be accused of *driving* policy changes when they work hard to create partnerships with national and even local actors. They recognise that the legitimacy and ultimate success of policy processes hinges on these processes being perceived as locally grounded.

Such sensitivities have become particularly acute within a context of state-led efforts to control processes of development, with East African governments increasingly adopting legislation prohibiting foreign interference in their policy processes in the interest of protecting national sovereignty (Hamsik, 2017). This was particularly important in South Sudan where a strong post-conflict nation-building discourse discouraged privatisation. MSI and even the internationally-funded national IPPF affiliate therefore incorporated such awareness of the political economy of aid into their strategies to manage seemingly ideological opposition to their work on reproductive health.

Globally, both IPPF affiliates and MSI commonly incorporate private (though sometimes non-profit or social franchising) clinics in their programmes. A member of Options, a London-based consultancy organisation owned by MSI, claimed that MSI operates from the private sector partly because it values the development potential of private sector dynamics. However, foreigners who open fee-charging clinics are often distrusted as they are seen as coming to South Sudan to make money and are suspected of out-competing local NGOs. Moreover, in the public imagination, the state has less ability to monitor private clinics (Palmer & Storeng, 2016), and MSI therefore had to manage intense scrutiny of its facilities. Such scrutiny intensified after a South Sudanese staff member, in the words of a donor representative, ‘leaked’ internal documents to a US-based blog and publicly accused the organisation of providing abortions illegally at their clinics. Although the allegations were not substantiated, MSI responded by relocating one of their clinics *inside* a government hospital. The Jhpiego advisor similarly helped the IPPF affiliate, whom he described as being ‘stuck’ for six years after the government seized their offices and refused them permission to work, to ‘think through how to get [East African] funding, how to establish a new name, to re-brand as RHASS [the Reproductive Health Association of South Sudan],’ rather than as an organisation operating under northern Sudanese leadership with Middle Eastern support. Such strategies helped to make the NGOs seem less foreign and ‘private’ and thus part of the collective post-war nation-building political project. Accordingly, a RHASS leader claimed that the organisation counts the Jhpiego advisor as among the organisation’s ‘pioneers’ who were instrumental in introducing them to parliament to sanction their reformation and expansion into new states. Individuals in government now view RHASS as ‘a national focal point’, even a ‘wing’ of the Reproductive Health Directorate to whom they can look for policy implementation.

Within the context of work on reproductive health, the political challenges of development practice are compounded by the need to manage globalised opposition to reproductive health rights, which similarly seeks to influence donor-recipient country policy. With the US Government the largest provider of aid globally, the 1973 Helms Amendment restriction on NGOs' use of US foreign assistance funds for abortions profoundly shapes the policy environment in subtle but significant ways, including by restricting free speech (Skuster, 2004). The re-instated Mexico City Policy goes even further, prohibiting organisations receiving US funding from using their private funds to offer counselling, advocate for or provide legal abortion services (Starrs, 2017). In recent years, even countries with liberal abortion laws have seen a rise in procedural barriers that limit the availability of abortion services (Finer & Fine, 2013), while an increasingly globalised 'pro-life' movement has waged campaigns to defund or expel reproductive health INGOs from donor-recipient countries (Colquhoun, 2015) and disseminated conspiracy theories. For instance, the US-based 'pro-life' organisation Human Life International has claimed that the true objective of international reproductive health agreements like the Maputo Protocol, is 'to force abortion on every country in Africa' as 'part of the decades-long campaign by Western elites to reduce the number of black Africans' (Human Life International, 2011). The organisation has made personal attacks on reproductive health advocates, including in Malawi. Those involved in safe abortion and even family planning work thus take on huge institutional, operational, financial and even personal risks.

Within this context, it is not surprising that donors with progressive positions on reproductive rights rely on specialist reproductive health INGOs to front their positions and implement their programmes. Even USAID is rumoured to rely on such INGOs so that it can be more progressive than the laws of the country it represents. In addition to their confidence in INGOs' ability to 'deliver results', INGOs' longstanding experience in navigating tensions and in establishing discrete and trusting working relationships with sympathetic actors within governments makes them very attractive implementing partners for government donors like DFID. As one DFID country office staff member put it, MSI 'has ways of messaging or tools that they use that work and they're not scared of talking about the issues like the other NGOs that are a little bit on tenterhooks when you say the word, "family planning"'. Revealing the tensions felt by development practitioners, a DFID South Sudan staff member admitted feeling unexpected relief when these layered practices of effacement actually led to a situation where MSI received credit for policy successes, albeit still only in closed-door meetings:

I'm proud of the fact that we didn't constantly have to say that this was because of DFID [...] I felt like maybe that's how things should really be. It allowed [MSI] to be [...] an equal partner in the room with the Ministry of Health, with other donors [...] to participate as an expert in their field [...] Because they *were* major players, as much as [MSI] might say they weren't, on the technical side at giving advice or influencing the agenda. And not many NGOs get into that position or are offered that position or allowed it.

Nevertheless, for INGOs, downplaying their agency, including that of their national offices, can be important to manage security risks, which are augmented in conflict situations. Another donor's characterisation of MSI's communications approach as 'extremely sensitive, almost paranoid' thus has to be seen in light of the insecure context in South Sudan, where 'all eyes are on you, bombs are going off, expats are fearful of travelling outside of Juba, people are getting thrown in jail.' Even in Malawi, however, the threat posed by rumours mischaracterising their services as illegal accounted for BLM's decision to eschew open policy work. To avoid false accusations of illegal activity, NGO staff constantly have to imagine the political consequences of their work.

Over time, the INGOs responded to increasing sensitivity towards the US government position, and to what informants described off the record as a growing realisation that they had overestimated how permissible the South Sudanese environment was. While early MSI country documents in South Sudan referred to a 'shared goal of providing accessible and affordable modern contraception and safe abortion services' (MSI, 2012), after 2012, terms such as 'abortion' and sometimes even the less controversial 'post-abortion care' were dropped from their newsletters and annual

donor reports. Similarly, Jhpiego reports to USAID never mentioned their work on post-abortion care at all, even though it is legal (Jhpiego, 2014). In one state in South Sudan, according to informants from an NGO working there, USAID-funded NGOs pressured MSI to withdraw from service delivery collaborations fearing their USAID primary healthcare funding was at risk. Similarly, in 2011, USAID threatened to withdraw its funding for the Malawian Ministry's Reproductive Health Director post, after learning that he was planning to disseminate findings on the magnitude of unsafe abortion in Malawi, arguing that it was advocacy and hence a violation of 'statutory restrictions on his funding' (Goldberg, 2011, p. 36). Others told us they anticipated that the abortion bill might not pass because of the government's wish to avoid antagonising USAID, its main development partner.

Suspicion and de-legitimation

Although discretion clearly serves strategic ends within very difficult working conditions, being an invisible partner in national policy processes can also feed suspicion and tensions at the country level. For instance, in trying to de-legitimize the Malawian campaign for abortion law reform, US- and UK-based pro-life organisations have written newspaper articles and blogs that publicly expose Ipas as the foreign organisation behind COPUA and have accused Ipas publicly of 'buying' local civil society to hide its own influence (*citation removed to protect anonymity*). Moreover, they have used Ipas's discretion about its involvement as fodder for their conspiracy theories about a secret Western eugenic mission in Africa. In an email, Human Life International's regional coordinator for English-speaking Africa even claimed that international actors like Ipas and its allies are 'targeting the country [Malawi] for depopulation' and promoting the 'anti-life package designed to deconstruct African life and culture.' By building their own alliances with like-minded national actors, international pro-life groups mobilise such claims when lobbying parliamentarians to reject the abortion bill.

In South Sudan, MSI's secrecy fed into both political sensitivities around abortion and government dislike of INGOs operating outside of their control, which only grew as the country returned to war at the end of 2013. DFID had wanted MSI to participate in the post-conflict state-building project and show other generalist NGOs that it was possible to engage successfully in the sensitive area of family planning. According to one donor official, however, some government actors perceived MSI clinics as 'against the government'. By operating against the norm at arm's length to the state, MSI ended up antagonising the government and could not shake the unsubstantiated rumours that it operated illegal services. This made them vulnerable to the state's bureaucratic power, which, as a key member of South Sudan's NGO health forum has described, in the current political atmosphere has the potential to lead to the death of an NGO 'by a thousand paper cuts' (Hamsik, 2017, p. 1).

After less than four years in the country, the government declined to renew MSI's memorandum of understanding, forcing MSI to shut down operations and leave. Officials within MSI and DFID were unsure whether the true reason for this expulsion was the abortion rumours or senior government members' wish to cut out competition for a new donor-funded service agreement that was eventually awarded to a consortium of national NGOs led by the Reproductive Health Association of South Sudan. This demonstrates how interrelated the sensitivities around reproductive health are with the political economy of aid. USAID also elected not to renew funding for the Ministry of Health-embedded Jhpiego position because, according to a donor informant, despite good relationships with individual reproductive health advocates in the Ministry, bilateral donors can no longer be seen to collaborate so closely with the state. Tellingly, since the departures of MSI and the Jhpiego advisor in 2015 and 2016, respectively, a representative from another INGO observed that any further policy writing has stalled: 'if we need a policy, we can't get it done anymore because no one has time,' while international actors remain 'very nervous' to talk about abortion following 'the MSI experience.'

Conclusion

In this paper, we have shown how international NGOs working in Malawi and South Sudan have become key actors within national processes to develop reproductive health policy or even enact legislative change, working on behalf of their donors to do so. As external actors – even when working through national affiliates – they represent a set of ideas often viewed as ‘un-African’ and that may be threatening. They therefore have to work hard to establish their legitimacy. This process involves managing the delicate tension between seeking legitimacy from ‘above’ (e.g. INGO headquarters, donors and the broader global health field) and from ‘below’ (acceptance by national policy makers, civil society organisations or the population in the countries where they work) (Walton, Davies, Thrandardottir, & Keating, 2016). We have suggested that they seek legitimacy and, in turn, policy influence by leveraging resources of various kinds (Asad & Kay, 2014). This is often facilitated by recruiting well-placed and highly skilled national-level brokers or by ‘embedding’ foreigners into government departments. These actors are valuable precisely because they can help ‘translate’ (Mosse & Lewis, 2006) global reproductive health goals into terms more likely to be acceptable at the local level. In both Malawi and South Sudan, this involved the common development practice of ideological effacement through making claims to transferring globalised technical knowledge (Ferguson, 1994; Li, 2007; Mosse, 2011).

One of the main effects of donor support to these NGOs is to enable hybrid INGO/state alliances that bring external actors into the heart of the national policy-making process. The senior INGO staff and the bilateral donors who fund their organisations are ever-present through their financial support and influence on programme design, but are rarely visible. Although widely described as ‘partnerships’, these new alliances are inevitably marked by power differentials. Not only do INGOs, as the primary recipients of donor funding, wield financial power over their counterparts in government and within civil society. They also wield normative and epistemic power, deriving from their claims to global moral standards and expertise (Shiffman, 2014).

Because donors and INGOs require intermediaries to influence government actors in official and unofficial fora, donor programmes’ ambition to promote ‘locally-led’ civil society groups can, in practice, be reduced to strengthening established groups of elites within and outside government. True grassroots mobilisation may, as a consequence, be lacking even though initiatives are widely described as ‘locally-led’, as scholars have observed in other global health programmes’ attempts to strengthen civil society in recipient countries (Doyle & Patel, 2008; Harmer et al., 2013; Kapilashrami & O’Brien, 2012). Meanwhile, little attention is devoted to questioning what might be lost in displacing more rights-based and feminist discourses with seemingly safer technological and public health frames. Within this context, support for ‘locally-led changes towards appropriate laws and policies’ may be one of those umbrella-like concepts that Watkins and Swidler (2013) have described as unstable in their meanings. It allows groups with very different agendas to ‘get along’ if they can avoid confronting the different meanings they attach to the same words (as in Malawi) – but leads to clashes when they cannot (as in South Sudan).

The INGO practices we have observed in Malawi and South Sudan of course reflect the controversial nature of abortion and family planning policy. Conceivably, in very different contexts, such as the US, where abortion is also hotly contested, NGOs may resort to very similar ‘behind the scenes’ strategies in dealing with policy makers. However, the politics of concealment take on specific dimensions within the context of international development work. In South Sudan, donor emphasis on private-sector strengthening in reproductive health service delivery was perceived as anti-government and had severe consequences for MSI. However, even when NGO programmes appear almost fused with government, as in the case of Ipas, they too can suffer de-legitimisation attempts based on the organisation’s or programme’s international parentage. Pointing out the hypocrisy of wealthy government policies which appear as being for ‘export only’ has been a particularly powerful rallying cry in the history of global resistance to population control (Barrett et al., 2010). It is precisely INGOs’ international backing that pro-life groups in Malawi have sought to expose to de-legitimate

Ipas Malawi and COPUA as agents of neo-colonialist eugenicists, while ignoring the irony that the pro-life groups are themselves internationally funded and supported. In this climate, it is uncertain whether the attacks against them would be less vehement if the INGOs, and their donors, adopted a more open stance, though in South Sudan, we have observed a public desire for clarification around the 'rules' of abortion provision by international organisations (Palmer & Storeng, 2016). Many policymakers also viewed MSI's steps to operate more openly after their clinics were scrutinised as an effective response.

Cleland and Watkins (2006, p. 2) have argued that success in liberalising public opinion towards reproductive health issues requires a process of domestication whereby ownership of the development agenda passes 'from the domain of officialdom to the people themselves,' a process which takes time. Services need to be available for people to experience and rationalise them in local terms, so providing and protecting them through policy work may be part of the wisdom in an 'advocacy by doing' approach like the one MSI takes. While seemingly alien ideas about reproduction can be expected to be greeted with suspicion, however, we have argued that attempts to efface external agency contributes to this problem and feeds opposition which is not only ideological, but is also concerned with persistent economic inequalities in international aid. Thus, as long as international funding is involved, debate around not only international actors' messages about abortion and family planning, but also their development practices, need to be recognised as part of this domestication process.

The specific strategies that we have described, including the ones of behind-the-scenes concealment, highlight that the process of global-national policy transfer is in no way about the neutral diffusion of technical evidence and policies from one level or place to another. Rather, it is a fundamentally political process that, like the broader global health politics of which it is part, is 'shot through' with power (Lee, 2015, p. 257).

Ethical clearance

The study received clearance from ethics review boards of the London School of Hygiene & Tropical Medicine (#6501), the Ministry of Health, Republic of South Sudan, the Office of the President and Cabinet and the National Commission for Science and Technology of Malawi, the College of Medicine, Malawi and Norwegian Centre for Research Data.

Note

1. Final report forthcoming at: <https://devtracker.dfid.gov.uk/projects/GB-1-201518/documents>.

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Appendix



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nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Sidsel Roalkvam

Senter for utvikling og miljø (SUM) Universitetet i Oslo

Boks 1116 Blindern

0317 OSLO

Vår dato: 30.06.2015

Vår ref: 43124 / 3 / HIT

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 14.04.2015. All nødvendig informasjon om prosjektet forelå i sin helhet 29.06.2015. Meldingen gjelder prosjektet:

<i>43124</i>	<i>NGOs and the transfer of global maternal health policies</i>
<i>Behandlingsansvarlig</i>	<i>Universitetet i Oslo, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Sidsel Roalkvam</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.07.2018, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Hildur Thorarensen

Kontaktperson: Hildur Thorarensen tlf: 55 58 26 54

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no

TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no



Prosjektet er en internasjonal samarbeidsstudie. Universitetet i Oslo er behandlingsansvarlig institusjon for den norske delen. Personvernombudet forutsetter at ansvaret for behandlingen av personopplysninger er avklart mellom institusjonene. Vi anbefaler at det inngås en avtale som omfatter ansvarsfordeling, ansvarsstruktur, hvem som initierer prosjektet, bruk av data og eventuelt eierskap.

Formålet med prosjektet er å undersøke og forstå hvordan ikke-statlige aktører bidrar til å overføre policyideer og kunnskap mellom globalt, nasjonalt og lokalt nivå. Prosjektet består av tre understudier: 1) en etnografisk studie av diskurser og praksiser rundt reproduktiv helse i en landsby i Malawi; 2) en etnografisk studie av en internasjonal NGO og dens arbeid med reproduktiv helse på flere nivåer (globalt, nasjonal og lokalt i Malawi) 3) en studie av den Malawiske staten og hvordan den arbeider med andre aktører innen reproduktiv helse.

Forskerteamet ved Senter for utvikling og miljø består av to PhD kandidater og en seniorforsker. I tillegg samarbeides det med en seniorforsker ved Chancellor College, University of Malawi.

Ifølge prosjektmeldingen skal utvalget informeres muntlig om prosjektet og samtykke til deltakelse. For å tilfredsstille kravet om et informert samtykke etter loven, må utvalget informeres om følgende:

- hvilken institusjon som er ansvarlig
- prosjektets formål / problemstilling
- hvilke metoder som skal benyttes for datainnsamling
- hvilke typer opplysninger som samles inn
- at opplysningene behandles konfidensielt og hvem som vil ha tilgang
- at det er frivillig å delta og at man kan trekke seg når som helst uten begrunnelse
- dato for forventet prosjektslutt
- at data anonymiseres ved prosjektslutt
- hvorvidt enkeltpersoner vil kunne gjenkjennes i den ferdige oppgaven
- kontaktopplysninger til forsker, eller student/veileder.

Det behandles sensitive personopplysninger om helseforhold.

Det behandles enkelte opplysninger om tredjeperson. Det skal kun registreres opplysninger som er nødvendig for formålet med prosjektet. Opplysningene skal være av mindre omfang og ikke sensitive, og skal anonymiseres i publikasjon. Så fremt personvernulempen for tredjeperson reduseres på denne måten, kan prosjektleder unntas fra informasjonsplikten overfor tredjeperson, fordi det anses uforholdsmessig vanskelig å informere.

Personvernombudet legger til grunn at forsker etterfølger Universitetet i Oslo sine interne rutiner for datasikkerhet. Dersom personopplysninger skal lagres på privat pc/mobile enheter, bør opplysningene krypteres

tilstrekkelig.

Det oppgis at personopplysninger skal publiseres. Personvernombudet legger til grunn at det foreligger eksplisitt samtykke fra den enkelte til dette. Vi anbefaler at deltakerne gis anledning til å lese igjennom egne opplysninger og godkjenne disse før publisering.

Forventet prosjektslutt er 31.07.2018. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- slette digitale lyd-/bilde- og videoopptak

Jf. epost fra prosjektleder 29.6.2015 vil det ikke bli innhentet personopplysninger om barn under 16 år i prosjektet. Personvernombudet minner om at forskningsetiske retningslinjer likvel vil gjelde. Lenke: <http://www.etikkom.no/Forskningsetikk/Etiske-retningslinjer/Samfunnsvitenskap-jus-og-humaniora/> (se spesielt del B, pkt. 12).



NATIONAL COMMISSION FOR SCIENCE & TECHNOLOGY

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Email: directorgeneral@ncst.mw
Website: <http://www.ncst.mw>

Ref No: NCST/RTT/2/6

19 October, 2015

Dr Sidsel Roalkvam
Chancellor College
University of Malawi
P.O Box 280
Zomba

Dear Sidsel Roalkvam,

RE: RESEARCH ETHICS APPROVAL OF PROTOCOL NO. P.09/15/58: NGOS AND THE TRANFER OF GLOBAL MATERNAL HEALTH POLICIES (NGOMA)

Having satisfied all the ethical, scientific and regulatory requirements, procedures and guidelines for the conduct of research in the social sciences sector in Malawi, I am pleased to inform you that the above referred research study has officially been approved. You may now proceed with its implementation. Should there be any amendments to the approved protocol in the course of implementing it, you shall be required to seek approval of such amendments before implementation of the same.

This approval is valid for one year from the date of issuance of this letter. If the study goes beyond one year, an annual approval for continuation shall be required to be sought from the National Committee on Research in the Social Sciences and Humanities in a format that is available at the secretariat. Once the study is finished, you are required to furnish the Committee and the Commission with a final report of the study.

Wishing you a successful implementation of your study.

Yours Sincerely

Martina Chimzimu
NCRSH ADMINISTRATOR AND RESEARCH OFFICER
HEALTH, SOCIAL SCIENCES AND HUMANITIES
For: **CHAIRMAN OF NCRSH**



NATIONAL COMMISSION FOR SCIENCE & TECHNOLOGY

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Website: <http://www.ncst.mw>

Ref No: NCST/RTT/2/6

21 October, 2016

The Principal Investigator
Centre for Social Research
University of Malawi
P.O Box 281
Zomba

Dear Dr Mvula,

APPLICATION FOR CONTINUING REVIEW OF PROTOCOL P.09/15/58 NGOS AND THE TRANSFER OF GLOBAL MATERNAL HEALTH POLICIES (NGOMA)

We acknowledge receipt of your application in which you are requesting the National Committee for Research in Social Sciences and Humanities (NCRSH) to grant you permission to continue with your study Protocol P.09/15/58 NGOs and the Transfer of Global Maternal Health Policies (NGOMA)

The National Committee for Research in Social Sciences and Humanities (NCRSH) has reviewed the application and its study annual report. Having considered all the necessary documentation, NCRSH hereby grants you permission to continue with another one year. In case of modifications and amendments to the **approved protocol**, implementation of such amendments should not be effected before NCRSH approval of the same. With this letter, the ethical approval for annual continuation, effective the date of this letter is duly granted.

Your Sincerely,

Martina Chimzimu
NCRSH ADMINISTRATOR AND RESEARCH OFFICER
HEALTH, SOCIAL SCIENCES AND HUMANITIES
For: CHAIRMAN OF NCRSH

Telephone: (265 1 776 550/554)
Fax : (01 774 540)
Communication should be addressed to:
The Principal Secretary



In reply please quote No.....

**PUBLIC SECTOR REFORMS MANAGEMENT
OFFICE OF THE PRESIDENT AND CABINET
PRIVATE BAG 301
LILONGWE 3**

Ref. No. OPC/PSRMU/36/1/65

9th July 2014

TO WHOM IT MAY CONCERN

**REQUEST FOR COOPERATION DURING THE STUDY BY RESEARCHERS
FROM THE UNIVERSITY OF MALAWI AND UNIVERSITY OF OSLO**

I would like to inform you that the Department of Political and Administrative Studies (PAS) of the University of Malawi in collaboration with University of Oslo, Centre for Development and the Environment, is implementing a five year (2014-2018) research project entitled 'Strengthening Capacity for Democratic and Economic Governance in Malawi'. During this period, the under-mentioned staff members of the University of Malawi will be going around to collect gender related data relevant to their specific study.

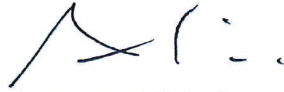
In this case, I request you to provide them with all the support that they may need as they carry out this study. These researchers may specifically need support in relation to information or possible contacts.

The names of these Researchers (or their assigned Research Assistants) are as follows:

- 1) Associate Professor Richard Tambulasi
- 2) Mrs Mercy Chikapa-Jamali
- 3) Dr. Asiyati Chiweza
- 4) Prof. Lewis Dzimbiri
- 5) Dr. Boniface Dulani
- 6) Associate Professor Happy Kayuni
- 7) Mr. Michael Chasukwa
- 8) Associate Professor Blessings Chinsinga
- 9) Mr Joseph Chunga
- 10) Mr. Ernest Thindwa
- 11) Mr. Kondwani Chikadza
- 12) Dr. Michael Jana
- 13) Associate Professor Dan Banik
- 14) Professor Desmond McNeill
- 15) Dr Tanja Winther
- 16) Ms Maren Kloster
- 17) Associate Professor Benedicte Bullis
- 18) Associate Professor Kenneth Bo Nielsenis
- 19) Mr Ola Westengen
- 20) Professor Kristi Anne Stølen
- 21) Ms Katerini Storeng
- 22) Associate Professor Sidsel Roalkvam

I thank you for your cooperation.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'B. G. Chilabade', written in a cursive style.

B. G. Chilabade

SECRETARY FOR PUBLIC SECTOR REFORMS
MANAGEMENT

Memorandum of Understanding

between Center for Development and Environment, University of Oslo, Save the Children Norway and Save the Children in Malawi to analyze public health policies, opportunities and challenges related to Save the Children's test and invest project on Reducing teenage pregnancies by Keeping girls in Schools in Malawi

1. Background

Twenty six per cent of Malawian teenagers between 15-19 years have started childbearing (MDHS, 2010). Early child bearing has many consequences both for the mother and the baby. Young girls have higher health risks during pregnancy, during delivery and post natal both for themselves and their babies. Young mothers often drop out of school when expecting a child. Most of these girls do not reenter the education system after giving birth; consequently will not develop the educational skills that all young girls have a right to achieve to reach their full potential.

In a response to address this particular public health phenomenon and concern in Malawi, Save the Children Norway (SCN) with the financial support from Norwegian Ministry of Foreign Affairs /Norad has been implementing, in partnership with Save the children Malawi, a project called "*More educated girls – Reducing teenage pregnancies in Malawi*". This project has been designed based on situation analysis of programs, partners, and donors working to address Adolescent Sexual and Reproductive Health (ASRH) in Malawi. Various stakeholders including Ministry of Health, development partners, and NGOs were participated in the design phase of the project. While service delivery strategies implemented and proposed by partners varied, a gap identified was the need to address environmental and individual barriers to the use of youth friendly sexual Health Services. The situation analysis also sought to explore the link between teenage pregnancy, education, and keeping the girls in school. The connections between keeping girls in school and teenage pregnancy, reinforced by data from the MDHS, stressed the importance of a strong focus on improving the learning environment for girls to facilitate keeping them in school and advocating to young mothers to return to school.

The project goal is to reduce teenage pregnancies in Malawi. Building on synergies between our health and education programming, the project will achieve this by (1) increasing use of key sexual and reproductive health practices and services, (2) reducing girls' school dropout rate, and (3) increasing school re-entry rate after pregnancy.

To reach our goal, the following outcomes are proposed:

- Improved learning environment and self-efficacy of adolescent girls.
- Improved access to high quality Sexual Reproductive Health services for youths.
- Improved social environment to support adolescents' Sexual Reproductive Health Rights and educational achievement.
- Improved operationalization of policies to support adolescents' Sexual Reproductive Health Rights and educational achievement.

This project will be implemented in six administrative districts (Mangochi, Machinga, Ntcheu, Mchinji, Balaka & Phalombe) where the incidences of teenage pregnancies are highest. As a leading Child rights organization Save the Children will seek to yield improved results, for and with young people, by holding government as the primary duty-bearers to account, using existing structures to create an environment in which adolescent girls can thrive in and out of school, support government-led programs and policies for increased sustainability, scalability and accountability and promote a culture of quality and learning.

Currently, the project has been in the process of conducting baseline survey in order to set benchmarks of key project outcome indicators. As these is a test and invest area in the current strategy, SCN wishes to complement and enhance learning gained through research and assessment by partnering with universities and research institutions. In these regard, UIO/SUM has showed an interest to work in partnership and examine the underlying SRH/ASRH policy and related aspect favorable in order to implement the test and invest project. This document is prepared to clarify, purpose, roles and responsibilities and deliverables of the partnership.

2. Purpose

The ultimate purpose of this collaboration is to advise on the background of rigorous research those contextual factors that can enhance, influence or improve this test and invest project. This study examines SC's work on SRH policy at all levels (global, donor country, national office, community level) and questions the degree to which local knowledge and realities can enhance or improve SC's work on SRH policy on all these levels.

Health plays a role in the social empowerment, agency and capabilities needed to improve well-being; however, it is not merely a matter of making services, personnel and commodities available. It relates to how systems organize public information and participation in decision making, and invest in relationships, communication, knowledge, leadership and capacities to support these roles and functions. In order to explore these processes the research team will use participatory techniques as a methodological tool. Participatory research recognizes the wealth of assets that community members bring to the processes of knowing, creating knowledge and act upon that knowledge to bring about change.

By applying participatory techniques in the beginning, mid-way, and towards the end of the project period we will be able to explore/understand how values, norms, action, needs and desires are shaped and changed. We will apply participatory techniques on different groups in the community, e.g. adolescent girls and community leaders.

The key questions are highlighted as follows:

- What are the existing SRH/ASRH polices in Malawi? How are these policies implemented? Who are the key actors towards implementing ASRH/SRH policies in Malawi?
- How do those policies enhance or influence the test and invest project?
- How does the project engage community members and other influential leaders? What are their roles? How is the policy related to them?
- How does the project involve young people in the implementation of project and SRH/ASRH policies in general?
- How does Save the Children work with different partners including governmental agencies and local communities to advocate for their view on implementation of existing policies and how it leads to the drafting of new policies?

- Create a contextual framework for what works, does not work and why both on the health aspect and education. (eg attitude towards teachers in communities, teacher plans, classrooms settings).
- Through participatory techniques we will be able to get to know the community leaders attitudes (as the need to have data and study how we can influence the attitudes of the community leaders through the placement of the Researcher in the community)

On the other hand, the proposed study will contribute to SUM's research on global governance for sustainable development and its emerging global health portfolio. It will be affiliated with the LEVE network and with the NORHED project Strengthening Capacity for Democratic and Economic Governance.

3. Methodology

The aforementioned questions will be addressed using a multi-sited qualitative (ethnographic) approach, including observations and in-depth interviews at local, national, and global levels to understand how policy is being framed and negotiated at the interfaces between these levels. Moreover, the study will do in-depth interviews with local SC staff, international/Norwegian SC staff, and local counterpart in addition to focus group interviews and discussions with Save the Children's target groups within the selected two districts. This will focus on who the actors engaging in these encounters are (e.g. health workers, health seekers, teachers, chiefs, district commissioner, community based organisations), who they represent, what they bring to the encounter and the power dynamics between these actors.

4. Roles and responsibilities

SCN, SCM and SUM will take part in conducting the study. The roles and responsibilities of SCN, SCM and SUM are presented as follow.

Save the Children Norway (SCN)

- Provide inputs on the TOR, study protocols and tools
- Coordinate and facilitate the implementation of the study
- Organize regular meetings with SCM and SUM to discuss the implementation and challenges encountered
- Provide inputs and feedback on the study report

UiO/SUM

- Assign principal investigator of the study (point of contact)
- Select and inform the potential collaborators of the study in Malawi
- Develop protocols and standard procedures for the study
- Carry out the study as per agreed standards and ToR
- Prepare, share and discuss research findings with SCN, SUM and stakeholders. Details around how this can be done will be discussed and agreed upon during 2014
- Responsible for all financial matters related to the study
- Share and agree upon a actively plan/timeline on the study
- Develop ToR of the study in collaboration with SCN

Save the Children Malawi

- Assign key person to coordinate and collaborate with SUM to carry out the study
- Select districts (in consultation with SUM) for the study
- Facilitate and arrange all the necessary conditions for the smooth implementation of the study
- Organize meetings with government, stakeholders, community members and young people whenever necessary

Deliverables

- Terms of Reference (TOR)
- Detailed work plan for the study will be developed
- Study protocols and tools will be developed
- Final report of the study with findings, recommendations and lessons learned
- Presentations slides for workshops, meetings and conferences prepared

Budget

Save the Children and SUM have separate budgets from different back donors. The budgets should stay separate and if there happened to be any cross funding a formal application needs to be written for approval for both parties. (e.g. Save the Children expect SUM to pay their own transport to the program areas).

Timeline

The study will takes place during the project implementation period. The study will be expected to be launched in the last quarter of 2014. A timeline will be developed in collaboration with SUM, SCN as well as SCiM.

Ethical guidelines for SCN (attached to this document) also need to be sign by SUM.

^{Sign}
[signature removed]

Sign 
[signature removed]

Save the Children

/

Center for Development and Environment,
University of Oslo



Ethical Guidelines for Save the Children Norway

Document name:	Ethical Guidelines
DOCS No. and version:	274965
Approved date:	11.6.2014
Approved by:	Save the Children Norway Leader Group
Author:	Georg Mork
Next revision:	2016

This document has status as an attachment to the individual Employment Contract with Save the Children Norway and applies to employees, elected or appointed officers and voluntary personnel who represent the organisation (hereafter called representatives of the organisation). The document shall be signed by the individual and binds the signee in the same way as the contract. (The guidelines are based on the International Save the Children Norway Child Safeguarding Protocol, which was adopted by the International Board Trustees of Save the Children in March 2010).

Governing guidelines

Save the Children Norway is a human rights organisation that has no political or religious affiliations. The organisation's values are based on the United Nations Convention of Children's Rights and the Declaration of Human Rights. Save the Children Norway is an organisation working for and dedicated to the rights of children and the defence of the best interests of children in Norway and abroad. Our relationship to children shall be positive, dignified and respectful. The objective of the guidelines is to set the standard for personal conduct and the execution of tasks carried out on behalf of Save the Children Norway. Save the Children Norway's representatives shall spare no effort in striving to attain good and well considered choices where "the best interests of the child" shall be the overriding aim. The guidelines are split into two parts, 1) mandatory requirements and 2) guidelines for individual co-workers in situations that may present ethical challenges.

Representatives of the organisation cannot hold additional posts, secondary posts, positions of boards of directors or other tasks or commissions that are incompatible with the interests of Save the Children Norway, or may impair confidence in the organisation. Full disclosure is required with regard to any such posts and commissions as described herein that may influence the individual's role in Save the Children Norway.

All Save the Children Norway's representatives have the right and obligation to report any breach of these guidelines, in particular if there is suspicion of child abuse, misappropriation of funds/financial infidelity and similar acts and corruption. The manner in which reporting shall be carried out is described in the guidelines for reporting.

1. Mandatory requirements

Representatives of the organisation must clearly and unequivocally distance themselves from:

- misappropriation of funds/financial infidelity perpetrated against Save the Children Norway or organisations with which Save the Children Norway co-operates with.
- careless or negligent handling of confidential information that may result in substantial harm to the organisation, co-operating partners or individuals.

We shall never



Redd Barna



- strike or by other means expose children to physical or mental violence, bullying or demeaning behaviour
- expose children to any form of force or exploitation
- initiate sexual contact, or practice any kind of sexual conduct¹ of any kind with any person under the age of 18, regardless of the local legal age of consent. Failure to estimate a child's age *is not* considered to be or accepted as a redeeming circumstance
- produce, keep, store, have, distribute or by any other means be in contact with images of or representing the sexual exploitation of children
- violate a child's integrity by accusing, demeaning, dishonouring or by other means expose children to emotional abuse
- initiate or attempt to initiate any relationship with a child or any person in a child's family with the objective of committing any form of assault against the child (grooming)
- help a child with intimate tasks the child can do for itself
- discriminate against, give unfair advantage to or favour or treat children in an unfair or unjust manner
- encourage children to participate, either alone or with other children, in unlawful, dangerous or similar activities
- expose children to unnecessary risk of both physical or psychological/emotional nature

Save the Children Norway has a policy of zero tolerance with regard to the above-mentioned points. This means that any person who represents Save the Children Norway and who is in breach of any of the above-mentioned points must be prepared that there will be immediate consequences for the employment or affiliation relationship. The above-mentioned points apply both within and outside working hours unless specifically exempted.

2. Guidelines for ethical standards in the workplace

Representatives of Save the Children Norway shall

- adhere to the laws of the individual countries and show appropriate respect for customs and traditions. In cases where local customs and traditions are in breach of the UN Convention on Children's Rights and the UN Declaration of Human Rights the representative shall respect the international conventions.
- avoid discrimination with regard to race, religion, social and/or ethnic origins, gender, age and disability of all kinds.
- aspire to achieve neutrality in relation to religion and party politics.
- manage the organisation's resources in a sensible and proper manner.
- not subject colleagues to harassment, bullying or other forms for improper conduct.
- never attend the work place when under the influence of inebriants or intoxicants.
- show respect for the child's integrity and avoid embarrassing or mortifying exposure through photographic / video records and other documentation of the child's situation.
- combat corruption by
 - a) not accepting, either for oneself or others, gifts, travel, hotel accommodation, services, discounts, loans or other benefits or advantages that can (or that the giver intends to) influence their role or their work in/for Save the Children Norway to own advantage.
 - b) not to offer gifts or other benefits that can, or are intended to, influence the recipient's actions in providing products and/or services.²

¹ Cf. The Criminal Code Section 19

² Gifts (of minor value) such as flowers, confectionaries and similar are not deemed to be such influence. If you are in doubt consult your immediate superior. In doing this you will also be able to have an assessment made of whether the gift is of such character that it should be handed to Save the Children Norway.

The ban on accepting gifts also applies when employees are engaged in external service tasks or carrying out tasks abroad. If special cultural circumstances indicate that to refuse a gift will be offensive to the giver, a gift can nonetheless be accepted but must be passed on to Save the Children Norway on returning home.

Ref: Save the Children Norway personnel handbook. [DOCS-#121146-Personalhåndboka Retningslinjer for mottak av gaver - oppdatert 2010](#)



Consequences

I hereby confirm that I have read and understood Save the Children Norway's ethical guidelines, and hereby commit to adhering to these for as long as I am employed by or in any other way represent the organisation. I understand that each and any breach of the said guidelines can have consequences for my employment/affiliation with Save the Children Norway (typically discharge, suspension, summary dismissal). In breaches of a minor nature the consequences can include verbal or written warnings.

[signature removed]

Oslø 23/2-15

Place/date

AV



Errata list

Navn på kandidat: Maren Olene Kloster

Avhandlingstittel: Navigating the reproductive health field. NGO practices and projects in Malawi

Forkortelser for type rettelser:

Cor – korrektur

Celf – endring av sidelayout eller tekstformat

side	linje	footnote	originaltekst	Type rettelser	Korrigert tekst
iv	13		These shifts entails the (1) move...	Cor	These shifts entail (1) the move...
28	1		At the time of finalizing	Cor	At the time of finalising
30	17		Save the Children's international headquarters in London	Cor	Save the Children's international headquarters in London.
66		6	...aspects of the collaboration	Cor	...aspects of the collaboration.
90	18		...visualizing the state and...	Cor	...visualising the state and...
91	22		...a way of neutralizing a battlefield.	Cor	...a way of neutralising a battlefield.
92	14		donor agendas because NGOs have...	Cor	donor agendas because NGOs have...
92	31		Watkins, Swidler and Hannan 2012(Kamat 2004).	Cor	Watkins, Swidler and Hannan 2012).
95	28		neither the mission nor the vision mentions <i>rights</i> .	Cor	neither the mission nor the vision mention <i>rights</i> .
96	29		A chief who attended a Copua...	Celf	A chief who attended a COPUA...
96	30		...but listening to Copua (Ipas)	Celf	...but listening to COPUA (Ipas)
97	25		...than emphasizing women's...	Cor	...than emphasizing women's...

