

**Feminist Foreign Policy and Sexual and Reproductive Health and Rights: A
Critical Analysis of Canada's Engagement in Zambia**

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Abstract

Despite the commitments to local ownership enshrined in the 2005 Paris Declaration on Aid Effectiveness, donors often prioritize funding global health issues that resonate with their domestic, political, and foreign policy agendas, which do not always align with the priorities of domestic actors in recipient countries. Recent calls for the decolonization of global health have highlighted the unequal power relations and patterns of coloniality inherent in aid relationships. In Canada, research has shown how, domestic, economic, and foreign policy interests influence global health policy. However, there has been less research examining the extent to which Canada's approaches support locally owned, contextually appropriate programming for sexual and reproductive health and rights in recipient countries, in the context of its Feminist International Assistance Policy (FIAP) and critiques of coloniality in international development. Using Zambia as a case study, and qualitative, field-based methods, this thesis addresses this gap by examining Canada's support for sexual and reproductive health and rights and the extent to which it addresses structural barriers. It makes three arguments: 1) Canada's aid approach in Zambia only tangentially addresses the underlying structural drivers of sexual and reproductive health risk, such as poverty, violence and under resourcing in health facilities; 2) legal and policy ambiguities create space for norm spoiling and the delegitimization of sexual and reproductive health and rights; and 3) Canada's failure to implement an antiracist approach in the FIAP shatters its self-portrait as a feminist state, and reveals its moral and policy inconsistencies. The thesis contributes to conceptualizing an anticolonial feminist foreign policy, bridging analyses of power, feminist foreign policy and colonial patterns in international development. It argues that anticolonial feminist foreign policy is explicitly antiracist; pays attention to the interpretations, actors and spaces in which intersectionality is applied; and adopts a sexual and reproductive

justice lens. As such, the thesis makes an important contribution to critical development scholarship on the role of feminist foreign policy in protecting sexual and reproductive health and rights; advancing antiracist praxis; and creating space for context-specific approaches to ownership and decolonization in development.

Co-Authorship

The work presented in this thesis is entirely my own work, except for chapter four which was co-authored with Professor Stephen Brown. Professor Brown contributed to the framing of chapter four and its arguments, as well as drafted the section on LGBTI+ inclusion, which I reviewed and edited. Conversely, Professor Brown reviewed and edited the other sections of the chapter, which I had initially drafted. Professor Brown also provided substantive feedback on the original research proposal and research design that guided the fieldwork and data collection informing the chapter. Professor Brown's contribution amounted to no more than 30% of chapter four.

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List of Abbreviations

CAC	Comprehensive Abortion Care
CEDAW	Convention on the Elimination of All Forms of Violence Against Women
CFLI	Canada Fund for Local Initiatives
CIDA	Canadian International Development Agency
COVID-19	Coronavirus Disease 2019
CSOs	Civil Society Organizations
DAH	Development Assistance for Health
DFID	Department for International Development, United Kingdom
FFP	Feminist Foreign Policy
FIAP	Canada’s Feminist International Assistance Policy
GAC	Global Affairs Canada
GAD	Gender and Development
GBV	Gender Based Violence
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IMCI	Improving community integrated Management of Childhood Illnesses
IMF	International Monetary Fund
JASZ	Joint Assistance Strategy for Zambia
LBQ	Lesbian, Bisexual, Queer
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
LGBT	Lesbian, Gay, Bisexual, Transgender
MDG	Millenium Development Goals
NEPAD	New Partnership for Africa's Development
NGO	Nongovernmental organization
NGOCC	Non-Governmental Gender Organization’s Coordinating Council (NGOCC)
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PEPFAR	President’s Emergency Plan for AIDS Relief

SAPs	Structural Adjustment Programs
SHE SOARS	Sexual and reproductive Health and Economic empowerment (SHE) Supporting Out-of-school Adolescent girls' Rights and Skills (SOARS)
SIDA	Swedish International Development Agency
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
USA	United States of America
USAID	United States Agency for International Development
WID	Women in Development
WHO	World Health Organization

Chapter 1: Introduction

Foreign aid in the health sector aims to contribute to solving pressing health challenges and improving health outcomes in low- and middle-income countries and has increased dramatically in recent years (Sridhar 2009; Martinez-Alvarez et al. 2017; Yamey et al. 2016). Official Development Assistance for Health (DAH) from donor countries in the global north to recipient countries “quadrupled from \$5 billion in 1990 to over \$21 billion in 2013” (Martinez-Alvarez et al. 2017, 1876). This rise reflects a growing recognition of the importance of donor funding in solving critical global health challenges. The increase in DAH was most dramatic in the early 2000s, where it grew 10% annually (Dieleman et al. 2019). Since 2010, the growth in DAH has slowed to just 1.3% annually, with US\$38.9 billion of DAH provided in 2018 (Dieleman et al. 2019, 174), and \$40.6 billion in 2019 (Micah et al. 2020). Though its growth has slowed relative to the early 2000s, DAH remains an important source of health financing in many low- and middle-income countries.

However, the impact of foreign aid on health outcomes in recipient countries is often difficult to measure. Aid channelled into the reproductive health sector can contribute to reducing maternal and infant mortality (Banchani and Swiss 2019; Mishra and Newhouse 2009; Pickbourn and Ndikumana 2019), but, by itself, is not enough to make up for insufficient domestic investments in public health (Martinez-Alvarez et al. 2020). Moreover, some scholars argue that aid often has minimal impact on overall population health in recipient countries (Toseef, Jensen, and Tarraf 2019). Many global health initiatives tend to fund specific diseases, such as HIV/AIDS, rather than making deep, long-term investments to strengthen health systems (Steurs 2019), thus

limiting their long-term impact. Further, despite efforts to improve coordination, DAH is still deeply fragmented, with many global health actors driving divergent interests, with little to no accountability (Spicer et al. 2020). Due to their fragmentation and often narrow focus, global health initiatives can have a negative influence on national health systems, contributing to decreased domestic spending on health, further fragmenting already-fragile health systems in recipient countries, duplicating efforts, and activities, and contributing to the migration of health workers (Bowser et al. 2014; Mwisongo and Nabyonga-Orem 2016; Spicer et al. 2020).

Moreover, global health initiatives are not always aligned with domestic health priorities (Esser and Keating Bench 2011). Donor initiatives and “brand-driven policy frameworks” can “compromise responsiveness to local contexts” (Keijzer and Black 2020, 9), as donors often default to funding global health issues in ways that resonate with their own political and economic interests (Brown 2018; Feldbaum and Michaud 2010; Spicer et al. 2020; Tiessen and Carrier 2015). For example, because of bilateral and multilateral donor influence, many countries in the Global South with very different cultural, political and health system contexts “have adopted similar health policies around the same time” (Bennett et al. 2015, ii27). Donor influence is particularly strong in sexual and reproductive health, where international NGOs often influence policy in recipient countries in ways that align with the interests of their donors (Storeng et al. 2019).

Equitable access to sexual and reproductive health and rights (SRHR) is crucial for advancing global health equity, gender equality and empowering women but remains a significant challenge, particularly in African contexts. Upholding the right to make autonomous decisions

about reproduction and sexuality (Barbé and Badell 2023), SRHR is a cornerstone of the international women's rights agenda (Sanders 2018). The commitment to ensure "universal access to sexual and reproductive health and reproductive rights" is embedded within Sustainable Development Goal (SDG) 5 on promoting gender equality (United Nations 2015, 18). However, progress toward this goal in Africa is complicated by several structural challenges, including religious and political fundamentalism that continue to constrain access to sexual and reproductive health and rights services such as abortion (Izugbara and Roth 2022).

Another significant barrier to progress on sexual and reproductive health and rights in Africa is the politicalization of aid and shifting donor priorities. Changes in Canadian global health policy are illustrative of the impacts of politicization. Canada has made significant contributions to global health research and practice (Evans 2018; Nixon et al. 2018). Canadian DAH has "risen substantially... from \$168 million in 1997 to \$1.25 billion in 2016," (Nixon et al. 2018, 1739). In 2022, Canada's total official development assistance (ODA) to health was US\$868.47 million, with another US\$139.09 million to population policies/programs and reproductive health (OECD Data Explorer 2022). Research indicates that Canadian aid policy has been "fragmented" and vulnerable to the influence of both domestic and international politics (den Heyer 2012, 211). Specific to global health, Canadian policy has been influenced by domestic politics, trade, investment, foreign policy interests, and assumptions about the barriers to women's health such as gender inequality (Brown 2018; Nixon et al. 2018; Runnels, Labonté, and Ruckert 2014; Tiessen 2019; Trudeau 2018).

Of these factors, politics has perhaps had the most significant impact, as different governments have changed Canadian global health policy in ways that align with their political agendas (Brown 2018). The 2011 Muskoka Initiative on Maternal, Newborn and Child Health, a flagship of Prime Minister Stephen Harper's Conservative government (2006-2015), signaled a commitment to reducing maternal and infant mortality and investing in health systems in the Global South (Webster 2014). However, by excluding funding for contraception and abortion services from the Muskoka Initiative, the government catered to its socially conservative base and did not effectively address women's broader sexual and reproductive health needs (Brown 2018; Tiessen 2015; Webster 2014). With its 2017 Feminist International Assistance Policy (FIAP), Justin Trudeau's Liberal government announced a return to investments in gender equality programming and women's empowerment, including explicit commitments to funding for contraception and abortion, "playing" to its "pro-choice, pro-feminist base" (Brown 2018, 151).

I became interested in the politics of global health policy after my Master of Science thesis. My research showed how global health funding decisions created an abundance of clinical resources and programming for HIV/AIDS in Eswatini, and a relative scarcity for cervical cancer (Malambo and Erikson 2018). The result was that women were afraid to attend cervical cancer screening, because it was difficult to access the care they needed in the event of a positive diagnosis. Avoidance of cancer screening in Eswatini underscored how, when global health policy is shaped by domestic and/or international politics rather than context-specific needs, it can sometimes miss the contextual nuance of certain global health issues and inadvertently deepen structural inequalities.

The reality of global health initiatives ill-suited to local contexts underscores inequalities inherent in the aid industry. Recent scholarship about structural racism and white supremacy in international development (Dickson, Khan, and Sondarjee 2023; Martins 2020; Pailey 2020; Patel 2020) has shone a spotlight on power imbalances and inequalities in aid relationships, and the importance of Southern leadership in development processes. Domestic country ownership is especially important in the context of sexual and reproductive health and rights and gender equality programming. Feminist scholars such as Naila Kabeer have cautioned that in defining women’s empowerment, development actors must be careful *not* to “[prescribe] the process of empowerment” and thus undermine the very outcome they seek to promote – “women’s capacity for self-determination” (Kabeer 1999, 462). Supporting “women’s capacity for self-determination” necessitates an approach that prioritizes local voices and actors, defining sexual and reproductive health and rights priorities informed by local contexts and needs, rather than donor priorities. Self-determination is especially important for women in the Global South, who have historically been racialized, exploited and dehumanized by the colonial gaze (Lugones 2010; Spivak 2013; Tamale 2020).

Feminist foreign policy has been a growing trend in recent years, adopted and advocated for by countries such as Canada, France, Mexico and, until recently, Sweden. Though there is no consistent definition of feminist foreign policy, scholars largely agree that transformative feminist foreign policy underscores the importance of intersectional praxis (Mason 2019; Nylund, Håkansson, and Bjarnegård 2023), and “seeks to disrupt colonial, racist, patriarchal and male-dominated power structures” (Thompson et al. 2020, 4). With its focus on human rights,

intersectional praxis and systemic change, feminist foreign policy can inform bold “new visions for addressing global challenges” (Tiessen 2021, 235). As such, it offers a potentially useful lever to implement more comprehensive approaches to women’s rights programming that support structural change, autonomy, and the ownership and leadership of domestic actors. Yet, there is a paucity of scholarship on the relationships between ownership, decolonization, and feminist foreign policy.

As one of the early adopters of feminist foreign policy, Canada offers a useful case study of its possibilities and limitations. While the influence of domestic and international politics on Canadian global health policy is well studied, there has been less research examining the extent to which Canada’s approaches support contextually appropriate programming for sexual and reproductive health and rights in recipient countries, in the context of its Feminist International Assistance Policy and critiques of colonial patterns in international development. Further, while research shows increasing opposition to sexual and reproductive health and rights, particularly abortion and LGBTI+ inclusion (Angotti, McKay, and Robinson 2019; Ayoub 2018; Izugbara and Roth 2022; Sanders 2018), less is known about the impact of opposition to and restriction of these rights on sexual and reproductive health and rights overall. This thesis addresses the gap in the literature and adds to critical development scholarship by examining Canadian funding for sexual and reproductive health and rights in Zambia, in the context of its Feminist International Assistance Policy and the local contexts of sexual and reproductive health and rights.

Zambia has historically been heavily dependent on aid in the health sector, with Canada being an active donor since the mid-1960s (Mundy 1995; Bergman, Forsberg, and Sundewall 2021;

Sundewall et al. 2010). Currently, there is a large donor contingency supporting gender equality and SRHR in Zambia, including United Nations agencies, bilateral donors, and international NGOs. In 2020 and 2021, net official development assistance (ODA) to Zambia totaled USD1.07 billion, with 65% of that going to the health sector (Organisation for Economic Co-operation and Development 2022). In 2021, donor funding accounted for 49% of overall health expenditure in Zambia (World Health Organization 2024) signifying strong donor influence in the health sector. Canada maintained an active bilateral development program in Zambia for almost 50 years, from the mid-1960s until the bilateral program was closed in 2013. Since then, Canadian aid to Zambia has been channelled through multilateral organizations as well as Canadian and international NGOs. In 2021-2022, Canadian aid to Zambia was \$30 million, of which \$23.7 million, or close to 80%, was provided through multilaterals (Global Affairs Canada 2023). At least 46% of that aid was focused on health and sexual and reproductive health and rights (Global Affairs Canada 2022a).

Given existing challenges to sexual and reproductive health and rights, its heavy donor reliance in the health sector, and its relatively long development cooperation with Canada, Zambia is a useful case study of context-specific barriers to sexual and reproductive health and rights, the possibilities and constraints of aid in supporting sexual and reproductive health and rights, and the promise of feminist approaches to international assistance such as Canada's FIAP. Through qualitative, field-based methods, the thesis interrogates how domestic actors understand the principles of local ownership, how they describe the barriers to sexual and reproductive health and rights, as well as the extent to which Canadian aid supports transformative, intersectional programming on sexual and reproductive health and rights. In exploring these issues, the thesis

makes three arguments: 1) Canada's aid approach in Zambia only tangentially addresses underlying structural challenges to sexual and reproductive health and rights, such as poverty, patriarchy, violence and under resourcing in health facilities; 2) legal and policy ambiguities create space for norm spoiling and the delegitimization of sexual and reproductive health and rights; and 3) Canada's failure to implement an antiracist approach in the FIAP committed to redressing structural inequalities domestically and internationally shatters its self-portrait as a feminist state, revealing its moral and policy inconsistencies.

The thesis contributes to conceptualizing an anticolonial feminist foreign policy, bridging analyses of power, feminist foreign policy and colonial legacies in international development. It presents a particular interpretation of anticolonial feminist foreign policy that is explicitly antiracist; pays attention to the interpretations, actors and spaces in which intersectionality is applied; and adopts a sexual and reproductive justice lens. As such, the thesis makes an important contribution to critical development scholarship on the role of feminist foreign policy in protecting sexual and reproductive health and rights; advancing antiracist praxis; and creating space for context-specific approaches to decolonization in development. The tensions and contradictions within feminist foreign policy are not a uniquely Canadian problem but mirror similar struggles within the broader development space where the "implementation of [gender mainstreaming] has been largely disappointing" (Parpart 2014, 382). Thus, the thesis also contributes to broader debates about the relationships between gender equality, poverty, and sexual and reproductive health and rights, and the potential and promise of feminist foreign policy.

Research Questions and Theoretical Framework

Through an analysis of Canadian funding for sexual and reproductive health in Zambia, this thesis interrogates the possibilities for intersectional, locally owned programming. It explores the extent to which Canadian aid for sexual and reproductive health and rights in Zambia respects the principles of national/domestic/local ownership and aligns with the ideals of transformative feminist foreign policy. The thesis answers the following research questions:

1. To what extent does Canada's aid approach address the structural challenges to sexual and reproductive health and rights in Zambia? What impact has the FIAP had on Canada's efforts and what explains this impact?
2. In what ways are abortion rights and LGBTI+ rights restricted in Zambia, and what are the implications of those restrictions for sexual and reproductive health and rights?
3. How do Zambian actors understand and interpret the principles of ownership in the context of sexual and reproductive health programming, and what are the implications of their interpretations? To what extent does Canada's Feminist International Assistance Policy align with their perspectives?

This thesis is inspired by decolonial scholarship and uses critical feminist theoretical and conceptual lenses to analyze race and gender in the context of Canadian foreign policy.

Decolonization, as a political project, is grounded in the scholarship and activism of Global South and Indigenous thinkers (Grosfoguel 2011; Sondarjee and Andrews 2022). According to Sondarjee and Andrews (2022), the decolonial project centers on three core elements: breaking

down the racial hierarchies undergirding the capitalist, patriarchal global order; interrogating the politics of where and by whom knowledge is produced; and rebuilding relationships in ways that restore shared humanity. They caution against the loose use of the term “decolonization” when it does not align with these, or other principles emphasized by Global South and Indigenous scholars and activists (Sondarjee and Andrews 2022). Decolonial scholars describe decolonization as the dismantling of epistemic, racial, linguistic and other hierarchies (Grosfoguel 2011; Cusicanqui Silvia Rivera 2012; Quijano 2024a), as well as achieving political independence and Indigenous land retribution (Tuck and Yang 2012). Tamale (2020) highlights rehumanization as another key aspect. The material concerns of decolonization, such as land retribution, are distinct from more metaphorical uses of the term within postcolonial scholarship (McEwan 2018; Tuck and Yang 2012).

Building on Quijano’s (2024) conceptualization of coloniality as colonial domination after the end of formal colonization, Mignolo (2018, 108) describes decoloniality as a “delinking from Western epistemology,” modernity and coloniality. However, he also acknowledges that this interpretation of decoloniality as “delinking” does not preclude other interpretations or meanings (Mignolo 2018, 108). In other words, decoloniality allows for diverse interpretations, as long as they privilege the specific struggles and perspectives of Global South and Indigenous actors (Grosfoguel 2011; Ndlovu-Gatsheni 2020). In this thesis, I present a particular interpretation of decolonization informed by the perspectives of the Zambian actors I interviewed, not as a prescriptive definition, but as a contribution to the decolonial project’s aim of “dismantling the geopolitics of knowledge production” (Sondarjee and Andrews 2022, 554).

Decolonial and postcolonial feminisms undergird and inform the analysis in this thesis.

Decolonial feminism is rooted in Latin American feminisms and “builds on the Latin American decolonial turn” (Ballestrin 2022, 116). However, decolonial feminisms are diverse and “emerge from multisited struggles with colonization” in, for example, Indigenous, African, Caribbean and Latin American contexts (Velez 2019, 391). Decolonial feminisms aim to “unveil how coloniality buttresses the oppressive categorical logics that intersectionality identifies” (Velez 2019, 392). As such, decolonial feminisms are not just about resiting intersecting systems of oppression, but the underlying causes of those systems of oppression, one of which is coloniality. Postcolonial scholarship underscores how “the Western ‘self’ was, and continues to be, historically constituted through its framing of the non-Western (or Oriental) other” (Black 2015, 29). Postcolonial feminism arose from the “intersection between postcolonialism and feminism” in the 1980s (Ballestrin 2022, 110), and draws attention to how development discourse is underpinned by patriarchal, colonial ideologies and constructions of people and cultures in the Global South (Caouette and Kapoor 2016; Mohanty 1997; Sen and Grown 1987). Despite differences in genealogy, both postcolonial and decolonial feminisms highlight how “colonialism and coloniality can be reproduced within the feminist movement itself” (Ballestrin 2022, 116) and in broader development discourse. As such, they provide important critical perspectives through which to interrogate different layers of power, coloniality and inequality in international assistance.

Canada’s engagement with the African continent often “[reflects] the politics of European colonization,” in which Africa is constructed as “poor, conflict ridden, and therefore [needing]

Canada's help" (Akuffo 2021, 637). The othering of Africa constructs a narrative of Canada as a benevolent actor and lends moral legitimacy to its aid programs in Africa (Akuffo 2021; Black 2015). In the context of an othering narrative in Canadian foreign policy, a postcolonial feminist theoretical lens, inspired by decolonial feminist scholarship, is crucial for this thesis. It allows for a critical analysis of the multiple histories, narratives and layers of inequality that frame Canada's engagement with gender and reproductive rights in Zambia, relative to broader debates about racial hierarchies, power and coloniality in development. Though feminist thought has made significant contributions to the analysis of foreign policy for well over two decades (Chávez and Contreras 2021), "postcolonial perspectives are seldom applied in feminist analyses of foreign policy" (Nylund, Håkansson, and Bjarnegård 2023, 269). Yet, postcolonial and decolonial analyses are critical to understanding the intersections of race, coloniality and gender equality in development programming. As such, they are central to the analysis in this thesis.

The thesis also makes use of intersectionality as a theoretical lens. An important concept in critical feminist theory (K. Davis 2008), intersectionality allows for an analysis of the "multidimensionality" (Crenshaw 1989, 157) of the lived experiences of oppressed and marginalized populations. Scholars note that Canada's Feminist International Assistance Policy only mentions intersectionality briefly, does not define it coherently, and does not demonstrate any intersectional analysis (Mason 2019; Morton, Muchiri, and Swiss 2020; Rao and Tiessen 2020; Tiessen 2019). Mason theorizes that the FIAP takes an "additive" approach that essentially "flattens" the power of intersectionality to "interpret and resist heirarchal systems of oppression" (2019, 214–15). This thesis uses intersectionality as a theoretical lens to understand challenges to sexual and reproductive health and rights in Zambia. It then analyzes Canadian funding for

sexual and reproductive health and rights in Zambia, shedding light on how funding modalities can equally “flatten” (Mason 2019, 214) the power of intersectionality. In this sense, intersectionality is both a theoretical lens and an object of the research. By analyzing intersectionality in this way, the thesis contributes to ongoing debate and scholarship about operationalizing intersectionality in international assistance. The thesis also makes use of other theoretical lenses, including international norms and norm spoiling, to contextualize challenges to sexual and reproductive health and rights in Zambia. These theoretical lenses are further explored in chapter two of this thesis.

Methodology

Feminist, Anti-racist Methodologies

My research is informed by a feminist, anti-racist methodological stance. Feminist scholars argue that “science has often functioned in the disservice of marginalized groups” (Wigginton and LaFrance 2019, 2), often centering the experiences of middle-class, heterosexual white men as the norm (Tavris 1993; Wigginton and LaFrance 2019). When men “set the standard of normalcy, women will be considered abnormal, and society will debate woman’s ‘place’ and her ‘nature’” (Tavris 1993, 149). Critical scholars also argue that racism often underpins the design and implementation of qualitative research (Collins and Cannella 2021). For example, ethnographic research methods can perpetuate “intellectual forms of colonialization that can serve as direct performances of racism” (Collins and Cannella 2021, 1140). A commitment to feminist,

postcolonial and decolonial approaches is one important way to trouble hegemonic, colonial discourses and practices in research (Collins and Cannella 2021).

Though there is no singular definition of what constitutes feminist research, it is “grounded in a commitment to equality and social justice” (G. Wilson 2023, 87). Feminist research is committed to “re-writing knowledge in explicitly non-androcentric and decolonizing ways” (Wigginton and Lafrance 2019, 4), privileging non-Eurocentric voices and perspectives. Feminist methodologies prioritize “considerations of power, reciprocity, patriarchy and knowledge production” (Johnston and MacDougall 2021, 1). Moreover, feminist research is committed to “the practice of reflexivity” (G. Wilson 2023, 87). Reflexivity invites researchers to reflect on their positionality, relative power and how best to prioritize the needs of the communities in which research is conducted throughout the research process (Johnston and MacDougall 2021). Mayor (2022, 640) has experimented with an anti-racist research praxis as a means of “confronting and challenging embedded norms of colonial, white, patriarchal research.” This praxis prioritized relationships as well as a commitment to ethics and accountability (Mayor 2022) and is a useful way to think about bridging feminist and anti-racist approaches in research.

Adopting a feminist, anti-racist methodological stance in my research allowed me to privilege Zambian voices and perspectives, and to interrogate Canadian international assistance as a space of unequal power relations. Race is and always has been the “proverbial elephant in the room of development” episteme and practice (Pailey 2020, 2). Adopting a feminist, anti-racist approach throughout research data collection, analysis and writing allowed me to situate insights from interviewees relative to critical development scholarship on coloniality, ownership and feminist

foreign policy. It allowed me to interrogate how and where participant perspectives nuanced or challenged contemporary development scholarship, and the implications of those divergences. It provided a critical analysis of Canadian foreign policy and its engagement with Africa through a postcolonial and decolonial feminist lens. Finally, it allowed me to conceptualize an anticolonial feminist foreign policy, bridging analyses of power, feminist foreign policy and colonial patterns in international development.

Research Context

Zambia is a landlocked country in Southern Africa, bordering Angola, the Democratic Republic of Congo, Tanzania, Malawi, Mozambique, Zimbabwe and Botswana. A former British colony, Zambia is one of the world's most youthful countries and "ranks among the countries with the highest levels of poverty and inequality globally" (World Bank 2023). At least 60% of Zambia's population earns below the international poverty line (World Bank 2023). The country faces a "huge burden of disease," including communicable ones and a "rapidly rising burden of non-communicable diseases" (M. of H. Republic of Zambia, n.d., 1). Given the extensive health and socioeconomic challenges it faces, Zambia has tended to rely heavily on foreign aid as a source of funding for the health sector (Mundy 1995; Bergman, Forsberg, and Sundewall 2021; Sundewall et al. 2010).

Zambia's sexual and reproductive health and rights indicators are relatively poor. As of 2018, the maternal mortality ratio remained high at 278/100,000 live births (M. of H. Republic of Zambia, n.d.), and decreased to 135/100,000 live births in 2020 (World Bank Group Gender Data Portal,

n.d.). Gender-based violence is a significant challenge: according to the 2018 Zambia Demographic and Health Survey, 39% of women between the ages of 15 and 49 have “experienced either physical or sexual violence” (Zambia Statistics Agency, Zambia Ministry of Health, and ICF 2019, 314). HIV/AIDS continues to be a major public health concern in the country, exacerbated by poverty, unemployment, and gender inequality, which heighten vulnerability (Muzyamba, Broaddus, and Campbell 2015). As such, HIV/AIDS remains an important focus of public health efforts in Zambia. Figure 1 below shows an example of public health messaging on HIV/AIDS that I observed at a community outreach event I attended in Lusaka. Roughly 50% of adolescents initiate sexual activity before their 18th birthday (Chilambe et al. 2023), and the prevalence of teenage pregnancy is alarming, with at least 29% of girls between the ages of 15 and 19 years old having begun childbearing (Zambia Statistics Agency, Zambia Ministry of Health, and ICF 2019).

In this thesis, I define vulnerability as exposure to the possibility of being harmed, physically or emotionally, through no fault of one’s own, and without having the adequate resources to protect oneself. In the context of sexual and reproductive health and rights in Zambia, I use vulnerability to highlight the socioeconomic risks that increase exposure to harm for women, girls and gender diverse persons. In other words, vulnerability is not a quality of the individual, but a product of the social, economic, cultural and political contexts that constrain access to sexual and reproductive health services or heighten the risk of adverse outcomes.



Figure 1– Poster inviting community members to get tested for HIV/AIDS at a community outreach event I attended in Lusaka, June 2023. HIV/AIDS testing, prevention and treatment continues to be an important focus of public health efforts in Zambia.

Zambia also suffers from a significant shortage of healthcare workers (Zulu, Kinsman, et al. 2019), which impacts access to health services. Women in Zambia face “daunting social and economic inequality” (Muzyamba, Broaddus, and Campbell 2015, 2) that can negatively impact health outcomes, including those related to sexuality and reproduction. Moreover, popular perceptions of sexuality in Zambia are shaped by Christian nationalism and “legacies of settler colonialism” (Chela 2023, 559). Zambia was declared a Christian nation in 1991 by President Frederick Chiluba. That declaration has shaped a Zambian national identity that centres

Christian, heteronormative sexualities and is particularly critical of homosexuality, adolescent sexuality and abortion (Chela 2023; Haaland 2019; van Klinken 2018). As such, religious nationalism shapes attitudes, perceptions and experiences of sexual and reproductive health and rights in Zambia, as discussed in chapters three and four of this thesis.

Sexual and reproductive health and rights is a key part of the 2022-2026 Zambia National Health Strategic Plan. The plan includes specific commitments to increase access to modern methods of family planning, reduce complications from abortion and mitigate the risks of sexually transmitted infections among “key populations” (M. of H. Republic of Zambia, n.d., 47). Zambia’s National Gender Policy also outlines specific commitments to improve provision of SRHR services as well as reduce sexual abuse, exploitation and violence against women and children (Government of the Republic of Zambia, n.d.). Despite these commitments, challenges to sexual and reproductive health and rights persist in Zambia. They are examined in detail in chapters three and four of this thesis.

Data Collection

In my research, I collected data through semi-structured in-depth interviews and document analysis. In total, I conducted 45 qualitative interviews with Zambian, Canadian and Swedish actors based in Canada and Zambia. Between September 2022 and August 2023, I interviewed 34 Zambian actors who either work or have experience in sexual and reproductive health in Zambia, including feminist and gender activists, current and former officials of bilateral aid agencies, as well as nongovernmental organizations (NGOs) and the Zambian government. I also

interviewed 11 officials of Canadian and Swedish NGOs, bilateral desks and entities active in Zambia, based in Lusaka but active in other regions and provinces. I decided to include Swedish actors during the research when I learned about the development cooperation relationship between Canada and Sweden in providing aid to Zambia, including contributions to a pooled donor basket fund for the *Zambian Ministry of Health* in the 2000s. As such, I felt that they could provide useful reflections on the context of health aid in Zambia, and the role of Canadian aid. Table 1 shows a detailed breakdown of the different types of actors interviewed, and Table 2 disaggregates participants by gender. Given the sensitivities in the *Zambian* context, I did not specifically ask participants for their gender identity, hence this disaggregation is based on my impressions. However, the interviewee identified as non-binary in Table 2 below explicitly stated their gender identity. As part of my commitment to feminist, anti-racist praxis, I intentionally interviewed more *Zambian* actors than international aid officials, to privilege localized perspectives. Interviewees shared their personal views, not those of any organizations they were affiliated with. When I began my fieldwork, I could not travel due to the ongoing COVID-19 pandemic. Hence, I conducted most of my interviews through Zoom or over the phone (37 interviews).

Table 1: Participants by type of actors and/or occupation

Type of actor or occupation	Number interviewed
Government or state actors	2
Donor or international aid officials	7
Officers or officials of <i>Zambian</i> NGOs	15
Civil society officials or activists	6
<i>Zambian</i> SRHR policy experts or researchers	6
Officers or officials of international NGOs	9
TOTAL INTERVIEWS	45

Table 2: Participants by gender

Men	14
Women	30
Non-binary	1
TOTAL INTERVIEWS	45

I followed virtual interviews with fieldwork in Zambia in June 2023, where I conducted 8 in-person interviews. I also attended an informal meeting of SRHR stakeholders and a large full-day community outreach event on sexual and reproductive health organized by an NGO in collaboration with the Lusaka Provincial Health Office. Figure 2 below shows a poster targeted toward young women at the community outreach event I attended. I also listened to two radio or TV programs on gender-based violence and sexual and reproductive health and rights recommended by interviewees: a television documentary produced by a Zambian feminist NGO; and a prominent radio “call in” program featuring the Non-Governmental Gender Organizations’ Coordinating Council (NGOCC). When I quote interviews, I identify interviewees only as far as they permitted me to do so. Many interviewees preferred to be cited anonymously. In such cases, I identify them with a generic title and only quote the month and year, rather than the exact date, of the interview. I conducted all interviews in English. However, some Zambian actors included bits of Chinyanja in their interviews, which I translate into English when quoting them.



Figure 2 – Poster encouraging young women to accessorize with a condom at a community outreach event I attended in Lusaka, June 2023. Such messaging aims to reduce the high rates of teenage pregnancy in Zambia.

I recruited interviewees through purposeful, snowball sampling. Based on my prior experience living in Zambia and my knowledge of the Zambian healthcare system, I initiated contact with three NGO officials who were among the very first people I interviewed. As the research progressed, I continued to research and contact additional relevant actors. I also followed up on leads from interviewees, many of whom were willing to recommend others who could speak to my research questions.

I supplemented my fieldwork with the analysis of academic literature, as well as project- and aid-related documents, which I obtained from a variety of sources, including from publicly accessible websites, and from interviewees. I prioritized documents related to the Canadian-funded projects discussed in this thesis, official Zambian government documents related to sexual and reproductive health and rights, and Canadian government policy documents. Below, Table 3 provides examples of some of the documents reviewed. This list is not exhaustive, nor does it include other types of documents reviewed such as academic articles, news articles, blogs and/or websites with Canadian and official aid data relating to Zambia.

Table 3: Examples of documents reviewed by type

Document Type	Examples
Zambian Government documents	<ul style="list-style-type: none"> • Zambia's Constitution of 1991 with Amendments through 2016 • National Gender Policy 2023 • Zambian 2022-2026 National Health Strategic Plan: "Towards Attainment of Quality Universal Health Coverage Through Decentralisation" • Zambia Demographic and Health Survey 2018 • Standards and Guidelines for Comprehensive Abortion Care in Zambia • The Termination of Pregnancy Act 1972 • The Penal Code Act • National Strategy on Ending Child Marriage in Zambia 2016-2021
Project related documents	<ul style="list-style-type: none"> • GAC project profiles • <i>SHE SOARS</i> Zambia baseline findings • <i>SHE SOARS</i> Zambia project brief • <i>Her Future, Her Choice</i> midterm evaluation report • After Action Review Report – Moyo wa Bana project • Oxfam Canada Sexual and Reproductive Health and Rights Theory of Change: Increasing Bodily Autonomy, Agency and Enjoyment of SRHR

	<ul style="list-style-type: none"> • Project pamphlets providing information on SRHR services to citizens
Canadian aid documents	<ul style="list-style-type: none"> • Canada’s Feminist International Assistance Policy • Civil Society Partnerships for International Assistance Policy

Data Analysis

I analyzed and coded interview transcripts and field notes using Microsoft Word to generate code categories and sort data accordingly (Emerson, Fretz, and Shaw 2013). In their poignant analysis of how racism is embedded in qualitative research, Collins and Cannella (2021, 1141) argue that data analysis often “remains a process of deconstructing participant voices and reconstructing stories through sound bites, creating an acceptable form of ‘fake news’ to obtain a seat at the research high table.” Though labor intensive, I chose to use Microsoft Word rather than a software program to be more fully immersed in my data. Having conducted the interviews and transcribed them into Microsoft Word documents, I opted to continue my analysis in the same format (Microsoft Word).

In analyzing data, I began with analytic open coding, doing a line-by-line analysis of interview transcripts to identify an initial set of key themes, followed by focused coding, also through line-by-line analysis, but based on a subset of key themes (Emerson, Fretz, and Shaw 2013). Once I had identified the subset of key themes, I created word documents for each key theme, in which I collected relevant quotes and examples drawn from the interview transcripts. In drawing out quotes from transcripts, I maintained a coded identifier for each quote, which included the date, and a generic or anonymous title of the interviewee based on their privacy requirements, so that I

could always go back to the full interview transcript for greater context when needed. I then systematically reanalyzed quotes under each key theme for patterns and variations.

Positionality

The “practice of reflexivity” is an important principle of feminist research (G. Wilson 2023, 87). It is thus important to reflect on my own positionality in the process of both conducting my research and in writing the thesis. I was born in Zambia, speak two Zambian languages fluently (Tonga and Nyanja), and spent the first few years of my childhood there, until the age of six. At six years old, my family moved to South Africa and then Eswatini, where I spent the rest of my childhood. I did, however, move back to Zambia for junior high school for two years. After junior high school, I returned to Eswatini where I completed high school, then moved to the United States for my undergraduate studies. I have lived in North America since then but have traveled back to Zambia numerous times over the years to visit friends and family and conduct community outreach projects. When people ask where I am from, I often say I am pan-African, given my experience growing up in different parts of Southern Africa. Regardless, I have significant cultural ties to Zambia and still hold a Zambian passport.

My cultural background and familiarity with Zambian languages made it easier for me to relate to domestic actors during my fieldwork. However, because I have been educated in North America and am a doctoral student living abroad, it is possible that I was perceived by domestic actors as a quasi-authoritative figure. Therefore, research participants may have felt intimidated or hesitant to freely share their unfiltered thoughts and opinions. Interviewer-interviewee

relationships inherently involve a power dynamic in which the interviewer is almost always in a position of relative authority. This dynamic can be a negative influence on interview and data collection processes. During my fieldwork, I tried my best to minimize the power imbalance by being open about my Zambian heritage, using some Chinyanja in my introductory comments, striving to make participants feel comfortable during interviews, and maintaining neutrality. I found that my openness and Zambian background was helpful in cultivating trusting relationships with research participants.

Ethical Considerations

The research informing this thesis was conducted in a manner consistent with the highest ethical standards for research with human subjects. I maintained strict participant confidentiality as well as possible and in multiple ways. First, I conducted in person interviews in private locations and used code numbers to track and label interview audio-records and transcripts. For interviews conducted electronically, I encouraged participants to find a private place in which to participate in the interview, to minimize the risk of being overheard and thus protect the integrity of the interview process. Second, I ensured the anonymity of participants by using pseudonyms, generic titles or code numbers to describe individuals in field notes. I have also used pseudonyms and generic titles in all research reports and manuscripts generated from the study, except in cases where participants allowed me to identify them. In a few cases, I have altered some additional identifying details in research reports and publications to further protect participant confidentiality. Third, I have stored code-number keys, interview audio recordings, transcripts, and field notes in a locked filing cabinet, and electronic versions of these documents in

password-protected computer files. Fourth, I have not shared notes, recordings, photos, and transcripts with anyone, except for notes and quotes relating to chapter four that I shared with my co-author, with no identifying information and in a manner respectful of participant privacy. They will be securely deleted ten years after completion of the research project.

This research project included informed oral consent appropriate to the methodologies used. Participants provided consent either in writing in response to my emails to them requesting their participation, or verbally, and in some cases both. I verbally reconfirmed participant consent for audio and/or video recording during each interview. Although research notes may contain some people's names, I have ensured that anonymity will be protected in published reports, except in situations where interviewees have granted me permission to identify them. Anonymity is also not completely maintained for public figures, such as well-known government leaders or activists whose activities may be in the public record and therefore recognizable. Research ethics approval was granted by the University of Ottawa as required.

Limitations of the Methodology

This methodology has two limitations. First, in the context of the ongoing COVID-19 pandemic, I conducted most of my interviews on Zoom. Authentic connections with participants can be difficult to achieve through an electronic platform, and it is possible that some interviewees were not fully comfortable expressing themselves over Zoom. I compensated for this by creating and maintaining a collegial atmosphere to the best of my ability during online interviews and assuring participants of their privacy. Further, I supplemented zoom interviews by conducting in

person fieldwork in Zambia in June 2023. While in Zambia, I was able to conduct some in-person interviews and attend SRHR-related events and meetings. Insights gained from these interviews and my time in Zambia built on and validated what I had heard in Zoom interviews.

Second, my sampling for interviews was limited to nongovernmental organization (NGO) and/or government officials and aid officials in Lusaka. I primarily interviewed actors who either work or have experience in sexual and reproductive health in Zambia, including feminist activists, current and former officials of bilateral aid agencies, nongovernmental organizations and the Zambian government. Most interviewees were well educated and based in the capital city of Lusaka. As such, their perspectives may not necessarily represent the perspectives of all Zambian women, particularly those in rural areas. It is a gap in the research that I was not able to interview women based in rural areas and/or the beneficiaries of the Canadian-funded SRHR projects discussed in this thesis to understand their perspectives on the projects and challenges to SRHR. A wider diversity of such perspectives would have enriched the analysis in the thesis by providing more bottom-up narratives. However, given the focus of the research on Canadian aid and programming, it was important to prioritize actors who are situated closer to aid decision-making processes.

Findings and Contributions of the Thesis

This thesis set out to answer three research questions. Its key findings and contributions are summarized under each question below.

1. To what extent does Canada's aid approach address the structural challenges to sexual and reproductive health and rights in Zambia? What impact has the FIAP had on Canada's efforts and what explains this impact?

Sexual and reproductive health vulnerability in Zambia is shaped by several intersecting structural challenges – including poverty, gender-based violence, legal ambiguities, under-resourced health facilities, religious nationalism, and socio-cultural stigma – that require comprehensive, intersectional approaches. However, Canadian-funded projects focus on service-provision which, while useful, only tangentially addresses underlying structural factors. This approach is the product of regressive changes in Canada's aid modalities in the 2010s, notably the Canadian government's move toward a project-based, government-centric relationship with Canadian NGOs and the closure of the Zambia bilateral development program. With the introduction of the Feminist International Assistance Policy, the Trudeau government had a real opportunity to reverse these regressive changes and champion transformative, intersectional approaches. However, by failing to reverse CIDA's 2010 model of partnership with Canadian NGOs and defaulting to neoliberal, instrumentalist framings in the FIAP, they undercut Canada's ability to provide transformative, contextually appropriate programming for sexual and reproductive health and rights. These failures and inconsistencies are illustrative of the broader aid architecture's inability to operationalize intersectionality and translate rhetoric into the kinds of structural change needed to address systemic inequalities. Global trends toward short-term, project-based aid modalities and changing donor priorities undermine the work of development partners and the possibilities of intersectional, transformative programming. Feminist foreign policy can help mitigate

these challenges when it is accompanied by a commitment to context-specific approaches and to robust intersectional analysis that challenges *donor* funding practices as much as it does systemic oppression in recipient countries.

2. *In what ways are abortion rights and LGBTI+ rights restricted in Zambia, and what are the implications of those restrictions for sexual and reproductive health and rights?*

The challenges to abortion and LGBTI+ inclusion in Zambia reflect the intersection of multiple layers of ambiguity – in the abortion law, in the preamble to the constitution declaring Zambia a Christian nation, in the criminalization of certain private sexual acts between consenting adults, and in global frameworks for sexual and reproductive health and rights. The language-based norm spoiling tactics of controlling, altering and deleting rights, as elaborated by Sanders and Jenkins (2022), are evident in Zambia, but with a different scope and focus. Religious and political leaders control discourse on abortion and LGBTI+ rights by shaping public perception and opinion. Combined with ambiguities in the legal and policy frameworks, religious nationalist influence undermines the legitimacy of nonreproductive sexual rights, and of sexual and reproductive health and rights by association. The result is a delegitimization of sexual and reproductive health and rights that restricts basic human rights for women and sexual and gender minorities, with potential negative implications for the rights of others beyond those groups. Zambia thus illustrates how ambiguity creates space for norm spoiling through religious nationalist discourse. Ambiguity also creates grey zones within which rights-based domestic activism can help expand access to sexual and reproductive health and rights. Protecting sexual and

reproductive health and rights in such contexts requires concerted action to eliminate ambiguities, advocate for more explicit commitments to SRHR, and support domestic actors. In essence, it requires an intersectional, anticolonial, rights-based approach – the kind that a transformative feminist foreign policy could provide. Canada is providing limited funding to Zambian LGBTI+ organizations, and funds sexual and reproductive health projects through Canadian and international NGOs, some of which focus on abortion service provision. This approach is a step in the right direction but could be improved by increasing the amounts of funding, increasing project timelines, providing more direct funding to Zambian organizations and activists, and supporting meaningful ownership, where domestic actors design and implement projects and programs based on their understanding of local contexts and needs.

3. *How do Zambian actors understand and interpret the principles of ownership in the context of sexual and reproductive health programming? What are the implications of their interpretations? To what extent does Canada's Feminist International Assistance Policy align with their perspectives?*

Zambian actors in the sexual and reproductive health and rights sector describe ownership as a critical aspect of decolonization. They describe ownership as supporting Southern leadership, supporting context-specific solutions, meaningfully engaging community voices, and dismantling racialized power hierarchies. While the concept of ownership is contested in critical development scholarship, my analysis shows that ownership still matters, and that taking it to its logical conclusion means radically upending the racist structures and epistemes built into

development practice. Ownership is impossible in the structurally unequal context of “business as usual” foreign aid. Consequently, decolonial, antiracist praxis that privileges Southern epistemologies and challenges racial hierarchies is critical to supporting meaningful ownership. As such, decolonization, ownership and antiracism are interrelated, mutually reinforcing concepts that cannot be advanced in isolation from each other. Interviewees’ descriptions of decolonization also include elements of what could be termed “post-aid,” such as supporting South-South cooperation, and reducing dependency on aid. These interpretations show how Southern actors may define development terminology terms in ways that diverge from general understandings in the literature. These divergences nuance development literature and can contribute to centering the ownership of decolonization – and perhaps of development language more broadly – in the Global South. Canada’s Feminist International Assistance Policy falls short of the antiracist interpretations of ownership described by Zambian actors, and reproduces raced, colonialist language in some of its descriptions of women and countries in the Global South. It does not demonstrate an antiracist approach to feminist foreign policy – one that relates ownership to antiracism and decoloniality; avoids paternalistic perspectives of women and actors in the Global South; and creates space for context-specific approaches to decolonization in development practice. Moreover, the FIAP is strategically silent on racialized inequalities and colonial legacies within Canada’s own borders. Its glaring silence on antiracism and domestic inequalities reveals Canada’s moral and policy inconsistencies, shattering its self-portrait as a feminist state.

The thesis findings are discussed in chapters three, four and five. Building on these empirical findings, the thesis makes important theoretical and programmatic contributions. Theoretically,

by bridging critical feminist theory with the scholarship on ownership and decoloniality, the thesis adds to critical development scholarship by conceptualizing an anticolonial feminist foreign policy – one that is explicitly antiracist; pays attention to the interpretations, actors and spaces in which intersectionality is applied; and adopts a sexual and reproductive justice lens. This is not the only and ultimate meaning of anticolonial feminist foreign policy. But it is a particular reading of anticolonial feminist foreign policy that is informed by the perspectives of the Zambian actors interviewed for this research. By presenting this interpretation of anticolonial feminist foreign policy, the thesis advances discussions of gender equality, feminist foreign policy, ownership, and decolonization in global health and international development. Programmatically, the findings contribute important insights on how Canada, and other donors, can implement transformative feminist foreign policies and funding practices, improve language to move away from colonialist patterns, and support intersectional approaches to addressing the structural drivers of sexual and reproductive health vulnerability in Africa. It seeks to inform Canadian global health policy and contribute to improving sexual and reproductive health programming in the Global South. As I have done in my previous work (Malambo 2021; Malambo and Erikson 2018), I privilege local voices, situating the experiences and perspectives of Zambian actors in the context of broader global debates about health and development financing.

Structure of the Dissertation

This is a thesis by articles and contains six chapters, three of which are written as stand-alone journal articles (chapters three to five). Because of this, there is some repetition across the

chapters. This present chapter, the introduction, provides an orientation and background to the research. It outlines the research questions answered by the thesis and briefly describes the methodologies and theoretical frameworks that inform the analysis. It also summarizes the key findings and contributions of the thesis. Chapter two provides an in-depth review of the relevant literatures that situate the contribution of the thesis. It reviews the literatures on gender in Canadian foreign policy, on ownership in development programming, and on feminist foreign policy. It also provides a more in-depth review of the theoretical lenses undergirding the thesis – decolonial and postcolonial feminisms, intersectionality, and norm spoiling.

Chapter three, “Intersectionality, Sexual Reproductive Health, and the Lost Promise of Canada’s Feminist International Assistance Policy,” examines Canada’s aid approaches in Zambia in the context of the FIAP, and the extent to which they address the structural challenges to sexual and reproductive health and rights. The chapter shows that sexual and reproductive health in Zambia is shaped by several intersecting structural challenges – including poverty, gender-based violence, legal ambiguities, under-resourced health facilities, and socio-religious stigma – requiring comprehensive, intersectional approaches. However, Canadian-funded projects provide a service-provision approach that does not fully address underlying structural factors. This approach is the product of regressive changes in Canada’s aid modalities in the 2010s. Through an examination of these regressive changes, the chapter contributes to analyses of the challenges of operationalizing intersectionality and feminist foreign policy in international development.

Chapter four, “The Restriction of Abortion, LGBTI+ and Sexual and Reproductive Health and Rights in Zambia,” provides a closer examination of the restrictive context for sexual and

reproductive health and rights in Zambia. It shows how religious nationalists exploit legal and policy ambiguities to construct abortion and LGBTI+ rights as un-Zambian and un-Christian, resulting in a policing of bodies and sexual rights by the state. The chapter argues that, in Zambia, legal and policy ambiguities create space for norm spoiling and the delegitimization of sexual and reproductive health and rights. Protecting sexual and reproductive health and rights in such contexts requires an anticolonial, rights-based approach focused on eliminating ambiguities, advocating for more explicit commitments to SRHR, and supporting domestic actors. It argues that Canada's approach in Zambia could be improved by increasing the amounts of direct, no string attached funding to Zambian organizations and activists and increasing project timelines.

Chapter five, "It Never Has a Face That Is Fully Ours": Perspectives on Ownership, Antiracism and the Decolonization of Development," examines the relationship between ownership and decolonization from the perspectives of Zambian actors working in sexual and reproductive health and rights. The chapter shows how Zambian actors describe ownership – as contested as it is – as central to the idea of decolonization in development. Their perspectives represent an antiracist interpretation of ownership and decolonization that nuances contemporary development scholarship. Borrowing from Rossi and Taiwo's (2020) conceptualization of a "targeted universalism," the chapter argues for a "targeted triad" approach to decolonization in development. Such an approach embraces antiracism, ownership and decolonization as interrelated, mutually reinforcing concepts; is sensitive to the nuances of these concepts in different contexts; and seeks out Southern perspectives on these issues without homogenizing them. The chapter makes recommendations on how to renegotiate aid relationships by prioritizing meaningful community engagement, making explicit commitments to antiracist

praxis, and defining the “what” and “how” of decolonization from the perspectives of Southern actors. It also shows how Canada’s Feminist International Assistance contradicts these antiracist interpretations of ownership and reveals Canada’s moral and policy inconsistencies.

Chapter six, “Toward an Anticolonial Feminist Foreign Policy,” concludes the thesis. It provides a global summary and analysis of the findings in the three empirical chapters. Building on the preceding three chapters, it seeks to conceptualize anticolonial feminist foreign policy. The chapter argues that if feminist foreign policy is about intersectionality, centering local perspectives, and dismantling structures of inequality, in the context of international assistance, feminist foreign policy must dismantle development episteme and practice, which itself is a structure of inequality. As such, it is not enough to just “do” feminist foreign policy, we must do *anticolonial* feminist foreign policy, bridging feminist, postcolonial and decolonial literatures and practice. Building on the findings of the empirical chapters, this chapter outlines key elements of anticolonial feminist foreign policy, not as a prescriptive definition, but as a contribution from a particular Southern epistemology. It also identifies areas for future research and analysis.

Chapter 2: Review of the Literature

This chapter provides an in-depth review of the relevant literatures that situate the contribution of the thesis. It reviews the literatures on gender in Canadian foreign policy, on ownership in development programming, and on feminist foreign policy, then summarizes the history of Canada's development cooperation in Zambia to situate the thesis contextually. This chapter also provides a more in-depth review of the theoretical lenses undergirding the thesis: decolonial and postcolonial feminisms, intersectionality, and norm spoiling.

Gender in Canadian Foreign Policy

This thesis examines Canada's engagement in sexual and reproductive health and rights in Zambia. It is thus important to begin this section with a critical review of the literature on the politics of gender mainstreaming in Canadian foreign policy, and in the context of broader development policy. Gender equality and women's empowerment is an important goal in and of itself but is also often framed as instrumental for achieving other development outcomes (World Bank Group 2011). During the United Nations Decade for Women (1975–1985) and the period after it, significant advances were made globally on mainstreaming gender in development practice (Chant and Sweetman 2012). However, the discourse on gender in development has been dominated by neoliberal, market-oriented approaches, which tend to assume that gender equality is good for economic growth and, conversely, that economic growth automatically promotes gender equality (Chant and Sweetman 2012; Parpart 2014; Struckmann 2018). One popular, market-based approach to gender equality – Women in Development (WID) – became prominent in the 1980s and 1990s (A. Roberts 2015). WID perspectives represent an “add

women and stir” approach that “positions women as objects of development” (Parisi 2020, 166). Smart economics, a product of the WID approach, presents a “business case” for gender equality (A. Roberts 2015, 211) by highlighting how investing in women and girls promotes more efficient social and economic development (Chant and Sweetman 2012). The language of smart economics dates back to the 1980s and was taken up in more prominent ways after the 1995 United Nations Fourth World Conference on Women in Beijing (Chant and Sweetman 2012).

Contemporarily, many donors and development actors continue to use market-based definitions of empowerment and gender equality that often exclude non-binary gender identities and thus perpetuate marginalization (Chant and Sweetman 2012; Kabeer 1999; Parpart 2014). However, feminist critiques have shown that the relationships between poverty, gender equality and economic growth are not always linear, especially in poorer contexts (Chant and Sweetman 2012; Kabeer 1999). WID and smart economics frameworks risk oversimplifying complex social issues, putting the responsibility for change on women and girls, and further marginalizing the most vulnerable women and girls (Chant and Sweetman 2012; Struckmann 2018). The root causes of gender inequality are systemic, structural, and not adequately captured by WID and smart economics frameworks (Chant and Sweetman 2012; Kabeer 1999; Struckmann 2018). Meaningful investment in the health and rights of women, girls, gender-diverse persons and other marginalized populations necessitates a wholistic approach that engages with the structural barriers they continue to face. Indeed, “without reform of the institutions whose decisions and resource distribution shape their lives, women and girls are set up for exhaustion and failure” (Chant and Sweetman 2012, 524).

Canada has a long-standing commitment to advancing gender equality and women's rights globally (Nixon et al. 2018; Swiss 2012; Tiessen 2019). It has often portrayed itself as a global leader on women's rights and has generally been vocal in promoting gender equality as a key development issue (Smith, Herten-Crabb, and Wenham 2021; Swiss 2012; Tiessen and Carrier 2015). Among other things, Canada was one of the first countries to ratify the United Nations Convention on the Elimination of All Forms of Violence Against Women (CEDAW) and was an early active supporter of the United Nations Commission on the Status of Women (Keeble and Smith 2001). It also promoted the importance of paying attention to the gendered impacts of conflict on women and children and contributed significantly to resolutions on gender mainstreaming at the United Nations (Sjolander 2005). Over the years, the promotion of gender equality "became synonymous... with Canada's promotion of internationalism, equality, and social justice" (Tiessen and Carrier 2015, 97).

Canada's approaches to gender mainstreaming have largely, but not always, reflected debates and discursive shifts within the broader international development community. As early as 1976, the Canadian International Development Agency (CIDA) adopted guidelines on Women in Development (WID), which was then the dominant approach to gender mainstreaming within the international development community (Parisi 2020; Tiessen 2016). After the 1995 UN Beijing platform where gender mainstreaming was formally adopted, CIDA signalled a "discursive shift from the WID approach... to the gender and development (GAD) approach" with the launch of its official gender equality plan (Parisi 2020, 166). Though not without its own challenges, CIDA consistently championed women's rights and gender equality throughout most of its existence (Sjolander 2005; Tiessen and Carrier 2015; Tiessen 2016).

Under the Harper Conservatives, Canadian policy and discourse on gender equality was severely weakened, both at home and abroad, rolling back some of the progress CIDA had made in this area (Parisi 2020; Tiessen and Carrier 2015; Tiessen 2016). In 2017, when the Trudeau government launched its Feminist International Assistance Policy (FIAP), it signalled that “Canada [was] back” as a global leader on gender equality (Parisi 2020, 169). However, the FIAP has been heavily criticized by feminist and development scholars for how it defaults to neoliberal feminisms and instrumentalist perspectives on gender equality, despite the hype about it being new (Morton, Muchiri, and Swiss 2020; Parisi 2020; Rao and Tiessen 2020; Tiessen 2019). Among other things, the FIAP emphasises poverty eradication as its primary goal, and identifies gender inequality as the main obstacle to economic growth (Parisi 2020; Tiessen 2019). As such, the FIAP uses “instrumentalist language” (Tiessen 2019, 6) that echoes smart economics and WID frameworks (Morton, Muchiri, and Swiss 2020; Parisi 2020; Tiessen 2019). Consequently, framing the FIAP as a fresh and innovative approach to international assistance is “little more than window dressing” (Tiessen 2019, 9).

While Canada has prided itself as a leader on gender equality and women’s empowerment, feminist critiques argue that it has been inconsistent and has generally failed to translate policy commitments into concrete action. Put simply, “Canada’s rhetoric is not borne out in results” (Keeble and Smith 2001, 131). Feminist and critical development scholars note several reasons why Canada has generally failed to translate policy into action. First, Canada’s foreign policy, and the spaces in which it is formulated, have not adequately addressed diversity and inclusion. The development of Canadian foreign policy was largely led by middle-aged white men, with a few women sometimes being “thrown in to leaven the mix” (Sjolander 2005, 20). Feminist

researchers have questioned the relative absence of women in the development and implementation of Canadian foreign policy, and the “gender dichotomies inherent in the foreign policy structure” (Tiessen and Carrier 2015, 98). Through the 1990s and early 2000s, only a few women held top positions in Canadian foreign policy, and the country’s sole female prime minister to date served for only four months (Keeble and Smith 2001). In Canadian foreign policy, the ideal foreign service officer was often a white male with a spouse at home, a tradition not “particularly welcoming of women or gender issues” (Sjolander 2005, 20). Put more bluntly, Canada’s efforts to promote gender equality globally did not also prioritize equal representation for women in the processes and structures in which foreign policy is made (Sjolander 2005).

The representation and participation of women in senior positions in Canadian foreign policy improved in the 2010s. Following his election in 2015, Liberal Prime Minister Justin Trudeau made gender equality a priority in his administration. He assembled a gender-equal cabinet, appointing women to critical ministerial roles and increasing the representation of women in ambassadorial and diplomatic leadership positions (Global Affairs Canada 2022b; Swan 2021). He also made efforts to diversify his cabinet, particularly in a July 2023 shuffle that resulted in a 21% increase in the percentage of his cabinet who were persons of colour (Hahn 2023). However, women of color are still under-represented in Canadian politics and foreign policy leadership (Medford 2020), as are broader considerations of diversity and inclusion, particularly inequalities impacting LGBTQ+ and non-binary individuals (Aylward and Brown 2020; Morton, Muchiri, and Swiss 2020). While the FIAP is a significant step towards addressing LGBTI+ issues in Canadian foreign policy, it reinforces a binary understanding of gender that does not fully account for the “specificities of LGBTI people and the discrimination they face” (Aylward

and Brown 2020, 326). Policy formulation cannot effectively respond to the “specificities” (Aylward and Brown 2020, 326) of individual experiences if diverse voices and experiences are not brought into the highest levels of policy decision making. Diversifying policy decision making means more than just including women – it means including women of color in recognition of the intersecting cycles of inequality they face and including gender diverse persons who face gender discrimination in different ways. It means embracing diversity, equity, and inclusion in all its forms.

Second, feminist scholars argue that Canada’s FIAP has failed to advance meaningful progress because of its internal inconsistencies. While the FIAP sets a bold agenda to make gender equality the core of Canada’s current and future international assistance efforts, it “falls short of actually committing to a fully feminist foreign policy” (Morton, Muchiri, and Swiss 2020, 331). For example, the FIAP did not come with any promised budget allocation increases, raising questions about how effective it can really be at creating meaningful change (Mason 2019; Morton, Muchiri, and Swiss 2020). Importantly, the FIAP articulates a feminist commitment only in the aid sector, excluding other areas of foreign policy such as defense or migration (Morton, Muchiri, and Swiss 2020) which have important ramifications for gender equality. To integrate feminist principles in aid but not in other areas of foreign policy is to apply a “thin veneer of feminism over a status-quo foreign policy” (Morton, Muchiri, and Swiss 2020, 347), which has limited transformative potential. The FIAP also takes a paternalistic and prescriptive approach, implying that Canada will “transfer power to the ‘powerless’ and therefore ‘helpless’ women and girls in the Global South” (Morton, Muchiri, and Swiss 2020, 333–334). This framing perpetuates a view of women and girls that can further worsen marginalization (Morton,

Muchiri, and Swiss 2020). Thus, despite its mention of intersectionality, the FIAP “reinforces gender essentialisms that can exacerbate inequality” (Parisi 2020, 177). These internal inconsistencies within the FIAP are a limitation to its transformative potential.

Third, feminist critiques point to the political instrumentalization of gender equality in Canadian domestic and foreign policy, which has hampered the ability to achieve concrete change.

Different governments have reoriented Canada’s commitments to gender equality in language and policies that reflect the concerns of their political bases, instrumentalizing gender equality objectives for their own political gain (Brown 2018; Brown and Raddatz 2012; Swiss 2012). I use the term instrumentalization here not to refer to the instrumentalization of women for development, but of gender equality objectives for political gain. Under the Harper Conservatives, there was a “discursive shift from ‘gender equality’ to ‘equality between men and women’” (Tiessen and Carrier 2015, 95). This shift weakened the discourse on gender equality in Canadian foreign policy and set back progress on gender equality commitments (Tiessen and Carrier 2015, 99). It signaled a “rhetorical distancing from gender equality” (Tiessen and Carrier 2015, 100) that essentially catered to the sensitivities of a Conservative base opposed to feminist values (Brown and Raddatz 2012; Brown 2018). While the terms “gender equality” and “equality between men and women” recognize the importance of ensuring equal access to rights and resources for men and women (Tiessen and Carrier 2015, 96), they do not mean the same thing. Gender equality is not only concerned with equal access to resources but also “equality in outcomes” (Tiessen and Carrier 2015, 96). Further, the language of “equality between men and women” excluded non-binary individuals and invisibilized the histories of colonialism and discrimination that perpetuate inequality (Tiessen and Carrier 2015, 96).

This discursive shift was a regressive change that took Canada back “to the old WID ‘add women and stir’ discourse” (Parisi 2020, 167), divorcing it from the emerging global consensus on gender mainstreaming in development (Swiss 2012). It also reflects the “instrumentalization of aid as a tool of Canadian foreign policy,” where the motivations for providing aid changed from humanitarianism to self-interest (Swiss 2012, 142). With the instrumentalization of aid, investing in gender equality became a means for Canada to advance its political, economic or foreign policy interests (Swiss 2012). The Harper Conservatives were not the only ones guilty of political instrumentalization. With the launch of the FIAP and bold proclamations of feminism, the Trudeau Liberals sought to galvanize their liberal base and advance their own political interests (Brown 2018; Tiessen 2019). In sum, scholarly critiques suggest that in Canada, gender equality has not only been about smart economics, but also smart politics, as governments have appropriated gender equality commitments in ways that advance their political agendas.

This instrumentalization of gender equality, whether economically or politically, is not unique to Canada – it is pervasive within the gender and development sector and continues to hamper progress towards meaningful structural change. Feminist critiques argue that instrumentalization carries negative consequences, notably bureaucratization (Mason 2019) and the imperative to “measure what is not easily measurable” (Kabeer 1999, 436). Instrumentalization has also led to a “feminisation of responsibility and/or obligation,” with negative implications for women’s time, energy and labor (Chant and Sweetman 2012, 521). Instrumentalism reinforces market-oriented approaches to gender equality which are “rooted in capitalist conceptions of value” and

ultimately obscure “complex historical and thoroughly power-ridden relations” (A. Roberts 2015, 213).

While the politics of gender mainstreaming in Canadian foreign policy are well studied as shown above, there has been little research examining tensions around local ownership and coloniality in Canadian aid for sexual and reproductive health, or the extent to which its programming in recipient countries addresses the structural barriers to sexual and reproductive health and rights. This thesis addresses this gap, adding to critical development scholarship on feminist foreign policy, sexual and reproductive health and rights, and the constraints and possibilities of structural change. I now turn to a review of feminist foreign policy, to better situate Canada’s Feminist International Assistance Policy.

Feminist Foreign Policy

Despite aspirations to the contrary, development programs have not achieved significant gender equality due to patriarchal power structures, unfavorable institutional cultures and the inequitable policies pushed by powerful global institutions (Mackay, Kenny, and Chappell 2010; Parpart 2014; Stewart 2016; Struckmann 2018). Further, while embracing the “celebratory language of empowerment and gender equality” governments and development actors have not paid due attention to feminist critiques about the challenges of implementing and measuring complex social change (Parpart 2014, 383). With its focus on human rights, gender equality and inclusivity, feminist foreign policy offers a potentially useful lever to address gendered systemic inequalities and catalyze structural change. It is an increasingly popular trend, with several

countries adopting or announcing the intention to adopt feminist foreign policies since 2014, including Sweden, Canada, France, Luxembourg and Mexico (Centre for Feminist Foreign Policy 2020; Tiessen 2021; Thompson et al. 2023). This growing popularity illustrates the “resurgence” of feminism in national and international policy spaces (Thomson 2020, 426), and is perhaps in part a response to conservative, right-wing, anti-gender backlash (Aggestam and True 2020; Thomson 2022).

Despite its increasing popularity, there is no consistent definition of what constitutes feminist foreign policy (Thomson 2022). Countries adopting feminist foreign policy have taken different approaches to defining and applying it (Thomson 2022; Zhukova, Sundström, and Elgström 2022). For example, Sweden linked feminist foreign policy to domestic and international policy and viewed it “as a goal in and of itself” (Thomson 2020, 426). On the other hand, Canada’s Feminist International Assistance Policy takes a more instrumentalist approach, framing gender equality as the solution to poverty (Tiessen 2019; Thomson 2020). France portrays its feminist foreign policy as a “bulwark against growing illiberalism” (Thomson 2022, 183), while Mexico’s feminist foreign policy embraces elements of liberal and intersectional feminisms, highlighting structural inequalities and oppressions (Zhukova, Sundström, and Elgström 2022). All four countries feminist policies are however largely “dominated by liberal feminist ideas and practices” (Zhukova, Sundström, and Elgström 2022, 212), which can constrain their transformative potential.

Putting state practice aside, various feminist scholars offer insights into the key aspects of feminist foreign policy and how it shapes approaches to international assistance. Transformative

feminist foreign policy seeks to “create fairer and more inclusive societies” (Chávez and Contreras 2021, 12). To demonstrate a commitment to justice and inclusivity, it should go beyond binary definitions of gender (Aylward and Brown 2020; Thompson, Ahmed, and Khokhar 2021); take a decidedly intersectional approach and be transformative (Mason 2019; Morton, Muchiri, and Swiss 2020; Nylund, Håkansson, and Bjarnegård 2023; Tiessen 2019). As such, a transformative feminist approach is intersectional and considers other axes of social inequality beyond gender and should challenge colonial legacies and inequitable power structures (Mason 2019; Nylund, Håkansson, and Bjarnegård 2023; Thompson et al. 2020). A transformative feminist foreign policy “[strengthens] engagement with feminist civil society” (Centre for Feminist Foreign Policy 2020, 17) and is “co-created with feminist activists, groups and movements, at home and abroad” (Thompson et al. 2020, 4). Finally, a transformative feminist foreign policy must be mainstreamed across all aspects of international relations, not just foreign assistance (Chávez and Contreras 2021; Morton, Muchiri, and Swiss 2020; Thompson, Ahmed, and Khokhar 2021). Global Affairs Canada’s own definition is that a “feminist approach to international assistance places gender equality at the centre of poverty eradication” (Global Affairs Canada 2017a, 8). It does this by “challenging the discrimination faced by women and girls” and “recognizing that inequalities exist along intersectional lines” (Global Affairs Canada 2017a, 8). In this thesis, I will reflect on the dissonance between the ideals of transformative feminist foreign policy and the liberal feminism in Canada’s Feminist International Assistance Policy.

Drawing from the critical insights cited above, a feminist approach to international assistance can inform bold “new visions for addressing global issues” (Tiessen 2021, 235), including in sexual

and reproductive health and rights. In fact, sexual and reproductive health and rights is a “central pillar” of feminist foreign policy, because it protects the right to bodily autonomy, which is a prerequisite for gender equality and other human rights (Centre for Feminist Foreign Policy 2020, 12). As such, a robust commitment to feminist foreign policy must address structural barriers to sexual and reproductive health and rights. In doing so, it should recognize “diverse forms of oppression” (Tiessen and Swan 2018, 198) and promote intersectional approaches to addressing the root causes of poor sexual and reproductive health outcomes. Transformative feminist foreign policy is especially important in the current global context to redress “systemic discrimination” and the socioeconomic crises that were deepened by the COVID-19 pandemic (Tiessen 2021, 235).

Thompson et al (2020, 4) have offered the following definition of feminist foreign policy that integrates many of the insights from the scholarship cited above:

Feminist foreign policy is the policy of a state that defines its interactions with other states, as well as movements and other non-state actors, in a manner that prioritizes peace, gender equality and environmental integrity; enshrines, promotes and protects the human rights of all; seeks to disrupt colonial, racist, patriarchal and male-dominated power structures; and allocates significant resources, including research, to achieve that vision. Feminist foreign policy is coherent in its approach across all of its levers of influence, anchored by the exercise of those values at home and co-created with feminist activists, groups and movements, at home and abroad.

The adoption of feminist foreign policy is not without challenges. Critics argue that feminism has been “co-opted by neoliberal business and economic agendas” (Thomson 2020, 427), leading to “new forms of racialized and class-stratified gender exploitation” (Rottenberg 2017, 332).

This stratification creates a “very clear distinction between female subjects who are worthy” and others who “are deemed irredeemable” (Rottenberg 2017, 340). Consequently, a mainstream, neoliberal approach can worsen the very marginalizations that feminist foreign policy seeks to address. Other feminist scholars echo similar warnings about the risks of neoliberal instrumentalism and the institutionalization of feminism in development (Chant and Sweetman 2012; Kabeer 1999; Mason 2019; Parpart 2014; Razavi 1997). Institutionalization can lead to competing interpretations of feminist theory, compromise, selective use and the dilution of feminist thought and scholarship (Christoffersen 2021; Mason 2019; Morton, Muchiri, and Swiss 2020; Razavi 1997). Indeed, the “translation of feminist insights into the discourse of policy” can erode the “original political edge of feminism” (Kabeer 1999, 436). In foreign policy, compromise happens in part because its discourses and practices are not necessarily consistent with the ideals of feminism (Aggestam, Rosamond, and Kronsell 2019). Feminism is about “transformative actions aimed at redressing gross power imbalances and inequality” (Swan 2021, 129). However, feminism’s ability to redress inequality in a development context dominated by mainstream neoliberalism is weakened.

Further, Zhukova, Sundström, and Elgström (2022, 215) argue that states use feminist foreign policy to tell “strategic narratives” about themselves and their place in the world. For example, Mexico sees its feminist foreign policy as “bringing a unique perspective from the Global South,” while Sweden emphasizes its pioneering leadership in this space, and its role in inspiring France and Canada’s feminist foreign policies (Zhukova, Sundström, and Elgström 2022, 214). In other words, states use feminist foreign policy to tell a story that makes them “look good both nationally and internationally” (Zhukova, Sundström, and Elgström 2022, 214) and distinguishes

them from other states (Thomson 2022). Feminist foreign policy is thus more a “signal that the state is committed to international liberal norms and institutions” rather than a “specific set of practices” (Thomson 2022, 174). Other critics point out the perceived hypocrisy of states adopting feminist foreign policy – such as how Canada and Sweden do not demonstrate the same level of care for marginalized or Indigenous women within their own borders that they do for ‘poor’ women abroad (Aggestam, Rosamond, and Kronsell 2019; Thomson 2020; 2022). Feminist foreign policy can also perpetuate essentialist discourses about women in the Global South. For example, despite its transformative aims, Sweden’s feminist foreign policy echoes some elements of essentialist discourse, by, for example, not paying due attention to historical and political contexts, and “assuming universally applicable paths to equality” (Nylund, Håkansson, and Bjarnegård 2023, 269).

Moreover, the adoption of feminist foreign policies is heavily influenced by domestic and international politics, which can create instability. Sweden, the first country to launch a feminist foreign policy, is a notable leader on gender equality and human rights (Irwin 2019; Nylund, Håkansson, and Bjarnegård 2023). The same year that its feminist foreign policy was launched, Sweden’s coalition government, composed of the Democratic and Green Parties, “declared itself a ‘feminist government’” (Zhukova 2023, 4), like Trudeau’s Liberals did a few years later. However, in 2022, after the right-wing coalition government came to power, it removed the word “feminist” from the branding of Swedish foreign policy (Bianco et al. 2023; Thompson et al. 2023). While the new coalition government insists that the removal of the feminist label “will not affect its commitment to gender equality,” it is a clear regression (Bianco et al. 2023). It signals a potential “wave of backlash” that could grow stronger with elections coming up in several other

states with feminist foreign policies (Thompson et al. 2023, 7), including Canada. This political vulnerability means that the promise of feminist foreign policies could be curtailed, or at the very least ebb and flow, being sidelined under one government, and resurfacing under a different government.

Despite these criticisms and challenges, the ideals of feminist foreign policy are useful for thinking about inclusive, transformative approaches to promoting gender equality and sexual and reproductive health and rights. However, the role of feminist foreign policy in advancing sexual and reproductive health and rights, and its relationship to broader issues of ownership and decolonization in development is not well studied. Through an analysis of Canadian programming in Zambia, this thesis addresses this gap by interrogating the potential and limitations of feminist foreign policy to support transformative, intersectional, locally owned programming for sexual and reproductive health and rights. It underscores the importance of the funding mechanisms through which feminist foreign policy is implemented. It adds to the scholarship by conceptualizing an anticolonial feminist foreign policy – accompanied by a robust commitment to local ownership, decoloniality and intersectional funding modalities. I turn now to a review of the scholarship on ownership, which is critical to how this thesis conceptualizes anticolonial feminist foreign policy.

Ownership and Coloniality

Because aid flows tend to be unidirectional, relationships between donor and recipient countries have historically been unequal. The failures of the World Bank and International Monetary Fund

(IMF) Structural Adjustment Programs (SAPs) in 1980s and the 1990s eroded aid relationships between western donors and recipient country governments (Graham 2017; Helleiner 2002). In the wake of these failures, there was a growing consensus within the donor community of the need to improve aid relationships by supporting the leadership of recipient countries and “breaking away from prescriptive lending and aid conditionalities” (Graham 2017, 375). Aid donors and recipients affirmed and endorsed the Paris Declaration on Aid Effectiveness in 2005, which aimed to fundamentally change development practice by prioritizing the leadership and ownership of recipient countries in development processes (Brown 2017). Foundational to the Paris Declaration was a commitment by donors to “[set] aside their own priorities, self-interest, and rivalry and work together to support recipient countries’ priorities” (Brown 2017, 337). It sought to “strengthen ownership, alignment, harmonisation, managing for development results and mutual accountability” (Organisation for Economic Co-operation and Development 2012, 17) and thus improve aid effectiveness. As such, the Paris Declaration marked a critical shift within the donor community towards respecting, supporting, and aligning with the priorities of domestic actors in recipient countries.

However, while ownership was an important principle of the Paris Declaration, it has been difficult to define and achieve in practice due to divergent interpretations of what it is (Brown 2017; Graham 2017; Keijzer and Black 2020). Further, the process of changing donor practices following the Paris Declaration has been slow and complicated. Despite the commitments and targets enshrined in the Paris Declaration, donors’ economic and foreign policy agendas still influence how, where and when global health issues get funded (Esser and Keating Bench 2011; Feldbaum and Michaud 2010; Spicer et al. 2020; Sridhar 2009). Inequalities in global capitalist

markets, combined with donor conditionalities, limit the actual autonomy of recipient countries (Raffinot 2010). Lie (2024) argues that donors still own the power to define the terms of ownership itself, resulting in limited, superficial freedom for aid recipients. Global health is still heavily donor driven and deeply fragmented (Sridhar 2009). These power imbalances, the overpowering influence of donors, and fragmentation continue to complicate national priority-setting, and undermine domestic country ownership in global health (Ng and Ruger 2011; Sridhar 2009; Spicer et al. 2020).

Moreover, momentum and interest in aid effectiveness has decreased (Keijzer, Klingebiel, and Scholtes 2020) further complicating the implementation of the principles of ownership. With the decreasing interest in aid effectiveness, there is a “shift among donors from the imperative to provide greater autonomy and ownership towards a stronger focus on ensuring funds are spent with *donors*’ intended objectives and standards of fiscal responsibility” (Keijzer, Klingebiel, and Scholtes 2020, O46, emphasis supplied). Ownership has also been coopted “as a discursive tool available to donor agencies to reduce their accountabilities” and further their own domestic and international political interests (Esser 2014, 52–53).

Despite challenges in defining and implementing domestic country ownership, it remains important. While the concept of ownership has been critiqued for its vagueness and superficiality (Esser 2014; Lie 2024), it remains “key to the effective use of public funding” (Keijzer and Black 2020, O1). Domestic ownership strives to empower countries to take effective “leadership over their development policies and strategies, and co-ordinate development actions” (Organisation for Economic Co-operation and Development 2012, 29). Ownership is “critical to

development results,” and development “works when it is country-owned and not otherwise” (Booth 2012, 543, 552). Recognizing its importance, development actors have often used ownership to explain economic growth and progress in some low- and middle-income countries (Harper-Shipman 2019). Many critical development scholars agree that while it is challenging for recipient countries themselves to reach consensus on development policy, donors should always strive to align with and support the priorities of domestic actors (Brown 2017; Sridhar 2009; Kiendrébéogo and Meessen 2019). Without genuine ownership and sovereignty in recipient countries, aid can resemble a neocolonial project, imposing external priorities rather than supporting priorities identified by domestic and/or community actors themselves.

However, the possibilities for true development partnership that supports domestic ownership are complicated in the changing context of development cooperation. While North-South aid relationships have been framed in a language of partnership, those partnerships are marked by power imbalances and inequities, with donors largely dictating partnership terms (Mercer 2003). This donor dominance reveals the “contradictions inherent in the idea of development partnerships” (Mercer 2003, 759), which do not reflect meaningful ownership for countries in the Global South. In this unequal landscape, many countries in the Global South “continue to be subject to norms and standards that they had little to no role in fashioning,” and are “engaging in selective and partial exit, voice, and innovation to challenge that landscape” (Munro 2018, 310–11). For example, emerging countries with increasing per capita income and scientific and technical expertise are “creating new multilateral financing vehicles” and “new political organizations that directly or indirectly challenge western hegemony” (Munro 2018, 317–18). Some countries in the Global South have significantly decreased their dependence on aid and are

engaging in more South-South cooperation, making the binaries of development – such as rich/poor and developing/developed country – less relevant (Easterly 2015; Heiner, Klingebiel, and Paulo 2015; Horner and Hulme 2019; Mawdsley 2019). Further, localized approaches are generating innovative solutions to key challenges in the Global South. For example, Jiménez-Aceituno et al (2020, 730) analyze several African initiatives from the Seeds of Good Anthropocene database that while small, “have the potential to catalyse more radical transitions towards a sustainable future.” (Jiménez-Aceituno et al. 2020, 731). For example, the *Nosso Mar, Nossa Vida* project seeks to advance contextually appropriate and sustainable approaches to resource management in the fishing industry in Mozambique (Jiménez-Aceituno et al. 2020).

In this changing landscape of development cooperation, there are growing conversations about the need to decolonize development and challenge patterns of coloniality reflected by the persistence of donor dominance. Many postcolonial and decolonial scholars also argue that development has inherited or continues to reproduce problematic colonial narratives of modernity and progress (Bernstein 2000; Caouette and Kapoor 2016; Kothari 2005; McMichael 2010; Ndlovu-Gatsheni 2020). Quijano (2024a; 2000) introduced the revolutionary concept of coloniality to explain how colonial power and domination continue well beyond the end of formal colonization. Racism is the basis for the hierarchies that were introduced by colonialism and that continue even in contemporary times (Quijano 2024; Quijano 2024b). The coloniality of power is undergirded by “racial social classification” (Quijano 2024a, 77). The concept of coloniality thus draws attention to racism as the foundational structuring principle of colonial hierarchies, epistemes and power relations (Mignolo 2018; Ndlovu-Gatsheni 2020; Quijano 2024a). Coloniality is a decolonial concept that has shaped decolonial scholarship and activism

aimed at dismantling colonial racial, capitalist and epistemic hierarchies (Grosfoguel 2011; Mignolo 2018; Ndlovu-Gatsheni 2020; Sondarjee and Andrews 2022). In this thesis, I apply coloniality to the development context as a lens through which to understand the unequal power relations as well as racial and epistemic hierarchies that shape development practice.

Decolonization seeks to upend colonialist power relations by challenging the “racial and cultural inequalities built into the development episteme” (Decker and McMahon 2020a, 99), both within development scholarship and in practice (Langdon 2013; Pailey 2020; Patel 2020). However, the decolonization agenda is not necessarily coherent and is interpreted differently by different actors (Oti and Ncayiyana 2021). Decoloniality is “multi-vocal and tension-ridden, reflective of the plethora of issues it is confronting” (Ndlovu-Gatsheni 2020, 17). What this means is that decoloniality can look different in different contexts, because the struggles against coloniality are context-specific and multifaceted (Grosfoguel 2011; Mignolo 2018; Ndlovu-Gatsheni 2020).

That said, decolonial scholars do point out different elements of the decolonial project. Mignolo has described decoloniality as a “delinking” from western epistemological thought, modernity and coloniality (Mignolo 2018, 125), while Sondarjee and Andrews (2022, 554) have described it as a political project informed by the activism and scholarship of Global South and Indigenous leaders, focused on “emancipation from colonial imperialism, racial hierarchies and capitalism.” Decoloniality is about dismantling the multiple hierarchies undergirding a Eurocentric, capitalist world, including racial, epistemic, linguistic hierarchies (Grosfoguel 2011; Quijano 2024a; Mignolo 2018; Sondarjee and Andrews 2022); Indigenous land retribution (Tuck and Yang 2012); and reclaiming the humanity of previously colonized peoples (Tamale 2020). Decolonial thought offers a critique of Eurocentrism that draws from a non-Western canon and episteme

(Grosfoguel 2011). In this thesis, I focus on epistemological decolonization and the dismantling of racial hierarchies, drawing from a specific context (Zambia) and inspired by the decolonial scholarship cited above.

It is important to note that the terminology of decolonization and/or decoloniality is itself a subject of debate. Some scholars have criticized the term “decolonization” for its Eurocentric origins and its misuse by the global north (Khan 2021a). Others distinguish between decolonization as freedom from direct colonial rule, and decoloniality as a particular type of decolonization that is grounded in Southern epistemes and focused on dismantling colonial power structures that have survived the era of formal colonialism (Grosfoguel 2011; Tamale 2020). For the purposes of this thesis, I use the terms decolonization and decoloniality interchangeably.

Importantly, despite contestations and misgivings about the term, colonial and white supremacist patterns in development – including the racialization of Southern people, dominance of Northern perspectives and gross imbalances of power – are problematic and must be challenged. Further, the relationships between ownership and decolonization are not extensively discussed. This thesis bridges scholarly analyses of ownership with recent critiques of coloniality in development – particularly in the context of gender equality, women’s empowerment, and sexual and reproductive health – a gap not very well addressed in the literature. In doing so, it articulates an antiracist approach to ownership that addresses tensions around race, power and coloniality in international development.

Canada in Zambia

While Canada has made important contributions to global health research and practice (Evans 2018; Nixon et al. 2018), its presence as a donor in Africa has been one of “consistent inconsistency” (Black 2015, 29). Canada’s role in global health has been shaped by its “history of colonisation and nation building,” which “has made cooperation, compromise and consensus building essential to Canadian politics and society” (Nixon et al. 2018, 1737). As a result of this history, Canada’s approach to global health prioritizes the promotion of human rights and equity (Nixon et al. 2018), at least in theory. Africa has not always been a major focus of Canadian foreign policy engagement (Abrahamsen and Chimhandamba 2023). Canada’s “activism” in Africa has been “intermittent,” alternating between periods of strong support such as “the Mulroney government’s activism on apartheid” and “periods of indifference or neglect” (Black 2016, 2). Canada’s international assistance in Africa has largely prioritized “development assistance and peacekeeping operations,” and the “creation of humane conditions for socioeconomic development” (Akuffo 2021, 636, 637). Canadian aid in Africa has largely followed global donor trends including gravitating towards focuses on gender and development and/or the environment (Black, Thérien, and Clark 1996; Black 2015). This alignment with donor trends has perhaps come at the expense of deeper support to recipient country priorities.

Canada formalized its diplomatic relationship with Zambia in 1966, two years after Zambia had gained its independence from Britain (Department of Foreign Affairs, n.d.). Initially, Canada’s aid program in Zambia was largely focused on mining and industry (Mundy 1995). When plummeting copper prices weakened Zambia’s economy in the mid-1970s, the focus of Canada’s

aid program changed from mining to agriculture, then later to bilateral lines of credit and food aid in the 1980s (Mundy 1995, 440–41). Canada’s relationship with Zambia largely mirrors its relationship with Africa, which has been shaped by the “international aid regime,” influenced by the behavior of other donors (Black, Thérien, and Clark 1996, 262). As such, when Canada’s support for structural adjustment policies grew during the 1980s (Black, Thérien, and Clark 1996), this had implications for its support to Zambia as well. From 1985 onwards, Canadian aid to Zambia came with conditionalities, with CIDA using “program aid as a positive lever and a support for Zambia’s structural adjustment reforms” (Mundy 1995, 441). Following this period of structural adjustment, “only a fraction of the aid budget was devoted to social development programs – health, community development and social services” (Mundy 1995, 441). In the late 1990s and 2000s, Canada’s aid program in Zambia came to include a larger focus on health and social development, reflecting changes in Canadian politics, and in the wider donor community.

Canada’s bilateral program in Zambia funded projects through Canadian or international NGOs and provided budget support to the Ministry of Health. Zambia’s health sector has generally had a strong culture of aid coordination (Bergman, Forsberg, and Sundewall 2021; Sundewall et al. 2010), in which Canada actively participated. The Joint Assistance Strategy for Zambia (JASZ) developed in 2007 provided a “formalized division of labour process,” in which a “lead partner” or lead core group of donors took responsibility for coordinating support from other donors in a specified sector (Leiderer 2013, 10). In the health sector, three donors, called the “troika” took the lead on coordinating donor support “on a rotational basis” (M. of F. and N. P. Republic of Zambia 2011, 37). Between 2006 and 2010, SIDA, DFID and WHO were the lead donors in the health sector (M. of F. and N. P. Republic of Zambia 2011) and Canada participated actively in

this coordination platform. Canada was also one of several donors that signed the Harmonization Framework in 2004 – which “promoted ownership, alignment and harmonization through actions such as increased use of direct budget support” and “increased reliance on government systems for procurement, fund management and auditing” (Gillies 2006, 15). For Canada, this commitment resulted in contributions to a pooled donor basket fund for the Ministry of Health.

However, as is true of Canada in Africa in general (Black 2015), Canada’s presence in Zambia was inconsistent. CIDA programming in Zambia showed “marked fluctuations” over the years (Gillies 2006, 16). There was a lot of uncertainty between 2002 and 2004 about the aid budget and long-term plans, as it seemed that Zambia would no longer be a focus country for Canadian aid (Gillies 2006). In 2005, the Government of Canada signalled that it would continue aid programming in Zambia “in line with Canada’s commitment to Africa through the G8 and NEPAD initiatives,” and CIDA tried to get approval to scale up programming with the annual budget expected to increase to \$20M CDN (Gillies 2006, 16). However, by 2006-2007, there was already talk of reducing the Canadian footprint in Zambia and making the Zambian High Commission an Office of the High Commission in Zimbabwe (Gillies 2006). Canada eventually closed its bilateral program in Zambia in 2013, as “part of a global refocusing of development programs” (Department of Foreign Affairs, n.d., 1). Cuts to bilateral assistance were made in other countries in the 2010s, notably Malawi and Rwanda. Canadian aid to Africa has gone through major changes over the years, from drastic cuts in the 1990s, major reinvestments in the early 2000s, which were soon followed by additional cuts in the 2010s (Black 2015). The bilateral development program in Zambia was a casualty of those 2010 cuts.

In the absence of a bilateral program, Canada channels most of its aid to Zambia through multilateral agencies and Canadian and international NGOs. Overall, this shift is consistent with recent trend towards multilateralism in Canadian international assistance. Historically, Canadian global health aid has largely been channelled through multilateral agencies such as GAVI and UN agencies (Nixon et al. 2018). For example, “in 2016, more than 41% of Canada’s DAH flowed through multilateral channels” (Nixon et al. 2018, 1739). The challenge with multilateral funding is that it tends to represent donor consensus on development priorities, which may be at odds with priorities in recipient countries. For Canada, the change “from bilateral mechanisms to large, global, issue-oriented priorities” represents a “narrowed scope” that can “constrain responsiveness to local priorities” (Nixon et al. 2018, 1740). The complexities of ownership and coloniality in Canadian global health aid, particularly in relation to the ideals of feminist foreign policy, are not extensively studied, nor is Canadian international assistance to Zambia. This thesis seeks to address that gap, by examining current Canadian funding for sexual and reproductive health and rights in Zambia relative to its past programming in Zambia, Canada’s Feminist International Assistance Policy and the ideals of transformative feminist foreign policy. In so doing, it advances scholarship on intersectionality, ownership and the promise of feminist foreign policy in advancing sexual and reproductive health and rights.

Theoretical Framework

Postcolonial and Decolonial Feminisms

This thesis is inspired by decolonial scholarship and applies postcolonial and critical feminist theoretical and conceptual lenses to a critical analysis of race and gender in Canadian foreign policy. Postcolonial scholars argue that the othering of non-Western bodies, cultures and identities shaped the construction of “the Western ‘self’” (Black 2015, 29), and that development discourse inherited and continues to perpetuate patriarchal, colonial ideologies of people and cultures in the Global South (Caouette and Kapoor 2016; Mohanty 1997; Sen and Grown 1987). Colonial discourses were gendered and racialized, and dehumanized the colonized woman, who was constructed as neither woman nor human (Lugones 2019; 2010). Development discourse has often drawn from the colonial canon, portraying households in the Global South as “embodying negative values in contrast with Western households” (Caouette and Kapoor 2016, 9) and Southern women as less than their Western counterparts. Depictions of Southern women as subhuman, helpless, devoid of agency and in need of saving often justified colonialism’s civilizing mission (Mohanty 1988; Spivak 2013; Tamale 2020; K. Wilson 2015), and continue to justify contemporary development practice.

Challenging colonial constructions of Southern women is especially important with respect to African women, whose agency, voice, and reproductive autonomy have long been undermined at the intersection of patriarchal, capitalist, colonial and racial hierarchies. Colonial and contemporary development discourse have often characterized Africa and African women through the lens of disease and contagion, particularly sexual contagion (Livingston 2013; Vaughan 1991). The colonial imaginary viewed Africa as a “hothouse of fever and affliction” (Comaroff 1993, 306) and as the “feminized, diseased ‘dark’ continent” (Brijnath 2007, 371). Largely due to these colonial stereotypes, African femininity has often been associated with

sexual deviance and disease (Fassin 2007; Jochelson 2001; Stoler 2002; Vaughan 1991). White-dominated mass media continue to represent black women through colonialist and racist stereotypes (hooks 2014), while contemporary global health discourse similarly portrays African women through narratives of deficiency, illness, inferiority, and ignorance (Brijnath 2007; Hobson 2012; Malambo 2021). Postcolonial and decolonial feminists decry these negative representations of African femininity, and how they continue to be reproduced in contemporary development discourse.

Canada's engagement with women's empowerment in Africa resonates with both colonial and contemporary tropes of African femininity. Canada's relationship with Africa is linked to its unique positionality as a former colony of both France and Britain, who also colonized most of the African continent (Akuffo 2021, 636). Despite this shared history, Canada's engagement in Africa has been based on colonialist perceptions of it as a poor continent plagued by violence and disease (Akuffo 2016; 2021; Black 2015), and has thus taken a paternalistic approach. In a sense, Canada has used a "dehistoricized image of Africa" to construct a "narrative of Canada's role and identity in the world" (Black 2015, 16). Africa has become a "story we tell ourselves about ourselves" (Black 2015, 29), and the site "where the Canadian aspiration to "do good" in the world can be indulged" (Black 2015, 31).

Given the persistence of colonial narratives, decolonial approaches are especially important. Decolonial feminisms arise from multiple struggles with colonization in Indigenous, African, Caribbean and Latin American contexts (Velez 2019). Decolonial feminisms represent "an important feminist intervention that updates decolonization as a political project" (Ballestrin

2022, 115), revealing how coloniality supports the oppressive frameworks identified by intersectionality (Velez 2019). Consequently, decolonial feminisms aim to dismantle both intersecting systems of oppression *and* the root causes of those systems. Decolonial feminisms draw attention to how colonization created gendered, hierarchical distinctions and dehumanized colonized women (Lugones 2010). They critique the oppression, racialization, exploitation and subalternization of women in the Global South, and represent a resistance to the hierarchical differences created by colonial ideology (Lugones 2010; Tamale 2020).

Some critics view decolonial thought, which is rooted in Southern and Indigenous epistemologies (Grosfoguel 2011; Tamale 2020) as “an alternative to postcolonial theory,” often criticized as a “*Eurocentric* critique of Eurocentrism” given its links to poststructuralism and Marxism (Colpani, Mascot, and Smiet 2022, 3). They argue that postcolonial theory does not adequately engage with non-European voices or forms of knowledge, and has had “weak political impact” (Colpani, Mascot, and Smiet 2022, 8). Consequently, postcolonial theory is itself “in need of decolonization” (Colpani, Mascot, and Smiet 2022, 3). Others note how postcolonial scholarship uses decolonization metaphorically, which can take away from the more political, material concerns of decolonization emphasized by Global South and Indigenous thinkers and activists (McEwan 2018; Tuck and Yang 2012; Sondarjee and Andrews 2022). For their part, postcolonial theorists are wary of the cultural essentialism that can arise from decolonial critiques of Western tradition, noting that postcolonial theory’s origins in “the colonial violation” do not hinder its ability to critique that violation (Colpani, Mascot, and Smiet 2022, 9).

Despite the differences in genealogy and temporality between decolonial and postcolonial thought (Ndlovu-Gatsheni 2020), decolonial and postcolonial feminisms are related both “intellectually and epistemologically” (Manning 2021, 1211). Both postcolonial and decolonial feminisms are forms of “subaltern feminisms” that call attention to “persistent legacies of colonialism” and push for the “decolonization of feminism and feminist theory” (Ballestrin 2022, 122). They both call attention to the reproduction of colonial ideologies within feminism (Ballestrin 2022) and in broader development discourse. As such, they provide important critical lenses through which to analyze gendered, hierarchal power relations and coloniality in international development.

In this thesis, a postcolonial and critical feminist theoretical lens helps create space for an anti-colonial analysis of the multiple histories, narratives and layers of inequality that inform Canada’s engagement with gender and reproductive rights in Zambia and situate them within broader debates about coloniality and racial hierarchies in the aid sector. The thesis conceptualizes an anticolonial approach to feminist foreign policy that draws from and is inspired by postcolonial and decolonial feminisms.

Intersectionality

Intersectionality is an important concept in critical feminist theory (K. Davis 2008), and is a key theoretical lens for this thesis. Intersectionality originated in Black feminist thought and in the “political movement of Black women, Chicana and Latina women, and other women of color” (Carastathis 2014, 306). The Combahee River Collective was a black feminist organization

committed to fighting “racial, sexual, heterosexual, and class oppression” (Combahee River Collective 2019, 29). In 1977, the Collective published *A Black Feminist Statement*, in which they outlined their commitment to an “integrated analysis and practice based upon the fact that the major systems of oppression are interlocking” (2019, 29). The term intersectionality is often attributed to Black legal scholar Kimberlé Crenshaw, whose use of the concept was inspired by the history of Black feminist thought, including the idea of “interlocking oppressions” used by the Combahee River Collective (Carastathis 2014, 305). Crenshaw used the term intersectionality to describe the “interaction of race and gender” that shaped black women’s experiences of discrimination (Crenshaw 1989, 140). She argued that black women’s experiences of discrimination were “both similar to and different from those experienced by white women and Black men,” and were not adequately addressed by feminist theory or antidiscrimination politics (Crenshaw 1989, 149). Crenshaw advocated for “placing those who currently are marginalized in the centre” and thus “[recentering] discrimination discourse at the intersection” of race and sex (Crenshaw 1989, 167). Crenshaw later applied the concept of intersectionality to an analysis of violence against women of color, noting how their experiences “tend not to be represented within the discourses of either feminism or antiracism” (Crenshaw 1991, 1243). This exclusion happens “because of their intersectional identity as both women *and* of color within discourses that are shaped to respond to one *or* the other” of those identities, but not both at the same time (Crenshaw 1991, 1244).

Intersectionality allows for an analysis of the “multidimensionality” (Crenshaw 1989, 157) of the lived experiences of marginalized and oppressed populations. Carastathis (2014) outlines four benefits of intersectionality as a research methodology or framework for theorizing oppression.

First, intersectionality allows for the “simultaneity” (Carastathis 2014, 307) of experiences of oppression. Intersectionality is not like “additive approaches to theorizing oppression” which tend to prioritize one social category as the primary axis of oppression while neglecting or “merely [adding]” other categories (Carastathis 2014, 307). Rather, it recognizes that lived experiences of discrimination are shaped by “multiple, co-constituting analytic categories” (Carastathis 2014, 307). As such, intersectionality “captures how oppressions are experienced simultaneously” (Carastathis 2014, 307). Secondly, intersectionality “captures the experiential and structural complexity” (Carastathis 2014, 307) of oppression. As such, intersectionality provides a lens through which to understand the different, complex ways in which social categories intersect, and the complex “outcomes of these interactions in terms of power” (K. Davis 2008, 68). The third analytic benefit of intersectionality is “irreducibility,” meaning that it allows theorists to conceptualize oppression as a product of the “interaction of multiple, decentered, and co-constitutive axes” rather than distill it to “one foundational explanatory category” (Carastathis 2014, 308). As such, intersectionality supports the analysis of how “multiple, intersecting systems of oppression” (Carastathis 2014, 304) can perpetuate vulnerability. Lastly, intersectionality allows for “inclusivity” of all categories of difference and experiences of oppression (Carastathis 2014, 309).

While intersectionality is lauded as “the most important theoretical contribution that women’s studies... has made so far” (McCall 2005, 1771), it has also been criticized within feminist scholarship, with some scholars arguing that it is a vague concept (K. Davis 2008; Carastathis 2014). There are varying interpretations of intersectionality within feminist scholarship, with some interpreting it as a theory, and others as a “heuristic device” or a “reading strategy for

doing feminist analysis” (K. Davis 2008, 68). In some circles, intersectionality is used interchangeably with oppression, and without specific mention of exactly what systems or identities are intersecting (Carastathis 2014). Davis argues that it is “precisely the vagueness and open-endedness of intersectionality” that “may be the very secret to its success” (K. Davis 2008, 69). However, superficial or vague uses of intersectionality can obscure the original depth and breadth of the concept (Carastathis 2014). Other scholars note the methodological challenges of applying or studying intersectional theory (Carastathis 2014; McCall 2005; Ludvig 2006). It is “impossible to take into account *all* the differences that are significant at any given moment” (Ludvig 2006, 246). Ludvig (2006, 247) describes this “endlessness of differences” as the “Achilles heel of intersectional approaches.” There is also an inherent subjectivity within intersectional theory – it is not clear “*who* defines *when, where, which* and *why* particular differences are given recognition while others are not” (Ludvig 2006, 247).

Despite contestation about what it means and how to apply it, intersectionality is widely considered to be a useful concept in feminist and international development discourse. Christoffersen’s (2021) examination of the application of intersectionality in the United Kingdom shows that practitioners and policy makers tend to interpret intersectionality in multiple, often competing ways, based on their specific interests. Some of the “applied concepts of intersectionality” used by practitioners can advance intersectional praxis and social change, while others can deepen inequalities (Christoffersen 2021, 584). In other words, some approaches or interpretations of intersectionality can undermine the very goals practitioners seek to achieve through their application of the concept.

Within Canadian foreign policy, intersectionality is a “buzzword” that “works to reinvent and make relevant Canadian aid” (Mason 2019, 211). Scholars note that Canada’s Feminist International Assistance Policy does not demonstrate any intersectional analysis (Mason 2019; Morton, Muchiri, and Swiss 2020; Rao and Tiessen 2020; Tiessen 2019). Mason further argues that the FIAP uses intersectionality “as an additive tool to diversify its development targets while continuing to emphasize women and girls” (Mason 2019, 215). Mason uses “additive” here to refer to how the FIAP prioritizes gender as “the primary category of analysis” while merely adding other categories (Mason 2019, 204). In so doing, the FIAP undermines an important analytic benefit of intersectionality – its ability to interrogate the “simultaneity” of experiences of oppression (Carastathis 2014, 307). Mason theorizes that because of its additive approach, the FIAP essentially “flattens” the power of intersectionality to “interpret and resist hierarchical systems of oppression” (2019, 214).

This thesis uses intersectionality as a theoretical lens to understand the challenges to sexual and reproductive health and rights in Zambia. In chapter three, it applies intersectionality to an analysis of Canadian aid, examining how funding modalities can “flatten” (Mason 2019, 214) the power of intersectionality. Through this analysis, the thesis contributes to critical development scholarship about the challenges of operationalizing intersectionality in development.

Norm Spoiling

The thesis also makes use of other theoretical lenses, including international norms and norm spoiling, to contextualize challenges to sexual and reproductive health and rights in Zambia.

Norms define “a standard of appropriate behavior for actors with a given identity” (Finnemore and Sikkink 1998, 891). Norms are “constantly being re-enacted” (Barbé and Badell 2023, 290) and contested (Wiener 2009; Winston 2018). Wiener (2009, 183) differentiates between three different types of norms: “fundamental norms, organizing principles and standardized procedures.” Fundamental norms are “core constitutional norms which are commonly applied with reference to modern constitutionalism” (Wiener 2009, 183). Fundamental norms exist at the domestic level and at the global level, where they represent global consensus between states (Wiener 2009). Examples include “citizenship, human rights, the rule of law, democracy, sovereignty” (Wiener 2009, 183). Organising principles provide guidance for “policy or political processes” (Wiener 2009, 184). They include “accountability, transparency, gender mainstreaming, peacekeeping and peace-enforcement” (Wiener 2009, 184). Standardized procedures are “specific prescriptions, rules and regulations” and “the least likely to be contested on moral or ethical grounds” because they are unambiguous (Wiener 2009, 184). Conversely, fundamental norms are “the least specific” and are thus more likely to be contested by different actors (Wiener 2009, 185).

Norms relating to gender equality are “long-standing in international relations” (Thomson 2022, 176). The norm of sexual and reproductive health and rights “refers to the application of human rights to bodily autonomy and control over reproduction and sexuality” (Barbé and Badell 2023, 275). It comprises both “sexual and reproductive health norms” and “sexual and reproductive rights” (Barbé and Badell 2023, 275). Because it is grounded in human rights, SRHR is a fundamental norm that is more likely to be contested than, for example, standardized procedures (Wiener 2009). In particular, the sexual rights aspects of SRHR have historically been more

polarizing than its reproductive components, and have been consistently opposed by right wing, conservative actors (Ali, Kowalski, and Silva 2015; Starrs and Anderson 2016).

Barbé and Badell (2023:277) examine the contestation of the SRHR norm within the United Nations, and the specific role of what they call “advocacy and rival networks.” They distinguish between “entrepreneurial networks” who advocate for a particular norm, and “antipreneurial networks” who are opposed to the norm (Barbé and Badell 2023, 277). Entrepreneurial networks may seek to influence ideas about SRHR in international policy spaces or to “shape government practice by implementing the norm” at the local level, while antipreneurial actors actively oppose state and global action (Barbé and Badell 2023, 277–78). The rival network comprised of the Holy See, Russia, Iran, Saudi Arabia, the UN Africa Group and other actors has often attempted to remove SRHR from United Nations policy documents (Barbé and Badell 2023). Under the first Trump administration (2016-2020), the United States became a “norm contestator” and bolstered the efforts of this antipreneurial network to weaken SRHR in the UN (Barbé and Badell 2023, 282). The United States leveraged its “productive power” to advocate for “an alternative norm, the Geneva Consensus” which maintained support for sexual and reproductive health but effectively removed reproductive rights (Barbé and Badell 2023, 290). The role of the United States in this sense illustrates how “actor constellations and productive power are highly relevant in explaining norm change” (Barbé and Badell 2023, 290).

Sanders (2018) conceptualization of norm spoiling explains how conservative actors undermine gender equality and sexual and reproductive health and rights norms. These “norm spoilers” are generally homophobic and particularly opposed to “what they characterize as a radical feminist

agenda at the UN” (Sanders 2018, 282). Sanders and Jenkins (2022) further elaborate on the language-based strategies used by norm spoilers to challenge women’s rights. This thesis uses Sanders’ (2022) theorizing of language-based norm spoiling in chapter four to understand how some sexual rights are restricted in Zambia, the consequences of that restriction for sexual and reproductive health and rights overall, and implications for international assistance.

The theoretical lenses discussed above are applied in the empirical chapters of this thesis. The next chapter of this thesis, chapter three, applies intersectionality to an analysis of the tensions between the ideals of transformative feminist foreign policy, Canada’s aid approaches in Zambia and its Feminist International Assistance Policy. The other theoretical lenses – norm spoiling and postcolonial and critical feminist approaches – are applied in chapters four and five respectively to understand the contestation of sexual and reproductive health and rights in Zambia and Zambian narratives of ownership and decolonization. These theoretical lenses also frame the conclusion of the thesis, which bridges analyses of coloniality, race and intersectionality to conceptualize an anticolonial feminist foreign policy.

Chapter 3: Intersectionality, Sexual Reproductive Health and the Lost Promise of Canada’s Feminist International Assistance Policy

Introduction¹

Equitable access to sexual and reproductive health and rights (SRHR) is crucial for advancing gender equality and women’s empowerment. Along with women’s social, economic, and political participation, SRHR is a critical part of the international women’s rights agenda (Sanders 2018). The concept of sexual and reproductive health and rights includes and protects the rights to bodily and reproductive autonomy (Barbé and Badell 2023; Sanders 2018), which is important for turning the tide against “the abuse of sexuality and sexual rights” that disproportionately affect women and girls (Okonofua 2022, 11). Though the Sustainable Development Goals (SDGs) include a commitment to “ensure universal access to sexual and reproductive health and reproductive rights” (Rosche 2016, 120), progress toward this goal has been slow. In African contexts, religious and political fundamentalism continue to complicate access to sexual and reproductive health services such as abortion (Izugbara and Roth 2022), as do structural challenges within health service delivery.

Additional challenges to achieving SRHR for women in Africa include the politicization of global health aid, resulting in inconsistent donor funding for SRHR programming. Canada’s shifting foreign aid priorities between 2000 and 2020 offer an illustrative example of the

¹ This article is being prepared for submission to a journal.

implications of politicization. In 2021, Canada's total official development assistance (ODA) disbursements to the global health sector were US\$1.97 billion – or 31% of its overall ODA – making it the “sixth largest OECD Development Assistance Committee (DAC) donor to global health in 2021” (Donor Tracker 2023). However, Canada's priorities in global health have shifted over time to reflect different political interests (Brown 2018), which has had negative implications for SRHR programming. Under Prime Minister Stephen Harper's Conservative government (2006-2015), Canada's global health funding prioritized maternal and child health, with a \$10 billion commitment through the 2010 Muskoka Initiative for maternal, newborn and child health. However, the Muskoka Initiative was criticized for weak accountability and transparency in aid disbursements (Webster 2014), and for excluding abortion funding (Brown 2018), thus failing to address the full spectrum of women's sexual and reproductive health needs (Tiessen 2015). To please its largely conservative, evangelical Christian base (Brown 2018; Webster 2014), the Harper government effectively ended Canadian funding for abortion services (Webster 2014, 1621) and weakened Canada's rhetoric and position on gender equality globally (Tiessen and Carrier 2015; Tiessen and Swan 2018).

Conversely, to align with its liberal, pro-choice base, Justin Trudeau's government, first elected in 2015, reoriented Canada's global health investments toward gender equality and women's empowerment, including reinstating funding for abortion services (Brown 2018; Tiessen 2019). The Trudeau government's commitment to gender equality and women's rights was most clearly articulated in the Feminist International Assistance Policy (FIAP), launched in 2017. By embracing a bold, human rights framing in its opening statements, the FIAP provides a seemingly “strong vision for Canadian aid” (Davidson 2019). However, as argued by critical

development scholars, the FIAP lacks the scope necessary for a truly transformative feminist commitment – it represents neoliberal feminisms, instrumentalizes gender equality, lacks a meaningfully intersectional approach and perpetuates gender binaries (Aylward and Brown 2020; Mason 2019; Morton, Muchiri, and Swiss 2020; Rao and Tiessen 2020; Tiessen 2019).

This paper explores the extent to which the FIAP and related funding priorities provide appropriate support for SRHR in Zambia. Drawing on empirical evidence and critical analysis of Canadian funding for sexual and reproductive health and rights in Zambia, it answers two questions: To what extent does Canada’s aid approach in Zambia address the challenges to sexual and reproductive health and rights? What impact has FIAP had on Canada’s efforts and what explains this impact? In Zambia, sexual and reproductive health vulnerability is shaped by several intersecting structural challenges – including poverty, gender-based violence, patriarchal norms, legal ambiguities, under-resourced health services, and socio-religious stigma.

Addressing these issues requires comprehensive, intersectional approaches. As I argue in this paper, Canadian-funded projects fall short because they primarily focus on service-provision which, while useful, only tangentially addresses underlying structural factors. This limitation is the result of regressive changes in Canada’s aid modalities in the 2010s, notably the Canadian government’s move toward a project-based, government-centric relationship with Canadian NGOs and the closure of its Zambia bilateral development program. With the launch of the FIAP, the Trudeau Government had a real opportunity to redress these limitations and articulate more transformative approaches to aid. However, by failing to meaningfully reverse CIDA’s 2010 model of partnership with Canadian NGOs, and defaulting to neoliberal, instrumentalist framings in the FIAP, it undercut Canada’s ability to provide transformative, intersectional

support for sexual and reproductive health and rights. This failure illustrates how the “bureaucratization of intersectionality” (Mason 2019, 204) excludes internal donor funding practices as a site of intersectional analysis. Donors committed to transformative feminist foreign policy must commit to robust intersectional approaches that challenge *donor* funding practice and the politicization of aid as much as they do systemic oppression in recipient countries.

This paper is divided into four sections. First, I show how several intersecting structural challenges complicate the achievement of progress in sexual and reproductive health and rights in Zambia, requiring an intersectional approach. Second, I discuss Canada’s aid practices in Zambia, showing how the move to a short-term, project-based, government-driven modality results in a superficial approach. Third, I examine the inconsistencies in Canada’s Feminist International Assistance Policy, highlighting its failure to support intersectional solutions and improve Canada’s funding mechanisms. Lastly, I reflect on the implications of this failure and the challenges of operationalizing intersectionality in international development. I conclude with a summary of my findings and outline directions for future research.

Methods

This paper draws on qualitative research I conducted as part of my doctoral thesis on Canadian engagement in sexual and reproductive health and rights in Zambia. As part of that research, I conducted document analysis and 45 qualitative interviews with Zambian, Canadian and Swedish actors based in Canada and Zambia. Between September 2022 and August 2023, I interviewed 34 individuals who either work or have experience in sexual and reproductive health

in Zambia, including feminist and gender activists, current and retired employees of bilateral aid agencies, nongovernmental organizations (NGOs) and the Zambian government. I also interviewed 11 officials of Canadian and Swedish NGOs, bilateral desks and entities active in Zambia. The views reflected in this article are the personal perspectives of interviewees, not those of any organizations they were affiliated with. When I started my fieldwork, the COVID-19 pandemic made international travel complicated, hence I conducted most interviews through Zoom or over the phone.

In June 2023, I followed up with in-person fieldwork in Zambia, where I conducted some in-person interviews and attended a large full-day community outreach event on sexual and reproductive health organized by an NGO in partnerships with the Lusaka Provincial Health Office, and an informal meeting of SRHR stakeholders. I also listened to two radio or TV programs on gender-based violence and sexual and reproductive health and rights recommended by interviewees: a documentary produced by a Zambian feminist NGO; and a prominent radio “call in” program featuring the Non-Governmental Gender Organization’s Coordinating Council (NGOCC). In citing interviews, I identify interviewees only to the extent that they permitted me to do so. Many interviewees preferred to be cited anonymously. In such cases, to protect interviewee privacy and anonymity, I identify them with a generic title and only quote the month and year, rather than the exact date, of the interview. While all interviews were conducted in English, some Zambian actors included bits of Chinyanja in their interviews, which I translate into English when quoting them.

I supplemented my fieldwork with the analysis of academic literature, as well as project- and aid-related documents, many of which I obtained from publicly accessible websites, and some from interviewees. I analyzed and coded interview transcripts and field notes using Microsoft Word, by generating code categories and sorting data accordingly (Emerson, Fretz, and Shaw 2013). I began with analytic open coding, doing a line-by-line analysis to identify an initial set of key themes, followed by focused coding, also through line-by-line analysis, but based on a subset of the themes identified (Emerson, Fretz, and Shaw 2013). I then systematically analyzed key recurring themes for patterns and variations.

Discussion

Vicious Cycles: Sexual and Reproductive Health and Rights in Zambia

There are several donors supporting gender equality and SRHR in Zambia, including United Nations agencies, bilateral donors, and international NGOs. In 2020 and 2021, net official development assistance (ODA) to Zambia totaled USD1.07 billion, with 65% of that going to the health sector (Organisation for Economic Co-operation and Development 2022). Canada does not have an active bilateral development program in Zambia. However, it channels aid to Zambia through multilateral organizations as well as Canadian and international NGOs. In 2021-2022, Canadian aid to Zambia was \$30 million (Global Affairs Canada 2023), of which \$23.7 million, or close to 80%, was provided through multilaterals, and 46% was focused on health and sexual and reproductive health and rights (Global Affairs Canada 2022a). I now turn to a discussion of

the challenges to sexual and reproductive health and rights in Zambia and examine Canada's aid approach relative to those challenges.

In Zambia, several economic, social, legal, and cultural factors intersect to constrain access to SRHR services and increase sexual and reproductive vulnerability for women, adolescents and LGBTI+ individuals – including poverty, gender-based violence, patriarchal cultural beliefs, legal ambiguities, under-resourced health facilities, and socio-religious stigma. In this section, I discuss these issues in greater depth. First, several interviewees noted that under-resourcing within healthcare facilities deters women from seeking care. A gender justice expert highlighted how, for example, when the SRHR products that women desire are not available in health facilities, it discourages them from going there (Interview, Zoom, May 5, 2023). When combined with shortages of healthcare workers (Zulu, Blystad, et al. 2019), commodity shortages compromise women's sexual and reproductive health and rights. As several interviewees noted, long distances to health facilities are also a significant constraint, particularly for women in rural areas.

Second, legal ambiguities, and religious and cultural stigma surrounding abortion, adolescent sexuality and LGBTI+ inclusion create an atmosphere of fear and shame that heightens vulnerability and limits access to SRHR. For example, some interviewees erroneously stated that abortion was illegal in Zambia, while others more accurately noted that it was legal but very difficult to access. Knowledge gaps about abortion persist in part because stigma makes it hard to talk about. For example, some interviewees who work for NGOs that provide abortion services admitted that they do not speak about it freely in the public sphere because it is culturally and

religiously sensitive.² Moreover, the legal framework on abortion is itself ambiguous, permitting abortion on relatively broad grounds but stipulating requirements which are out of reach for many Zambian women, such as the written consent from three medical doctors (Chavula et al. 2023; Haaland et al. 2019; Zulu, Blystad, et al. 2019). These ambiguities create confusion about the legality of abortion and limit access (Blystad et al. 2019; Haaland et al. 2019), with grave sexual health consequences for women. Stigma, lack of clarity about the age of consent for adolescent SRHR services, and the exclusion of abortion from the comprehensive sexuality education curriculum make it hard for adolescents to access abortion services (Chavula et al. 2023). Similarly, stigma and the criminalization of homosexuality make it virtually impossible for LGBTI+ individuals to access sexual and reproductive health services.³

Further, for adolescents, stigma and legal ambiguities create a vicious cycle that perpetuates negative health consequences. An SRHR specialist highlighted how adolescents avoid seeking SRHR services at hospitals where a familiar healthcare provider might disclose their visit to their parents (Interview, Zoom, July 6, 2023). To circumvent this, some NGOs provide SRHR services through youth-friendly corners or community outreach events, offering music, entertainment, and other health services such as COVID testing. These events often feature youth tents where adolescents can discreetly access the sexual and reproductive health services they require. As such, they help fill an important gap.

² For example, interview with NGO official, Lusaka, June 14, 2023

³ The challenges to abortion and LGBTI+ rights are discussed further in chapter four of this thesis.

However, the implementation of Zambia’s Comprehensive Sexuality Education (CSE) framework, introduced in 2014, has been hampered by lack of clarity within the framework, inadequate teacher training as well as religious and cultural prejudices about adolescent sexuality (Chavula et al. 2023; Chilambe et al. 2023; Zulu, Blystad, et al. 2019). Without adequate comprehensive school-based education on sexuality, knowledge gaps about safe sex among young people persist (Butts et al. 2018), increasing risky sexual behavior. When youth engage in risky behaviors, they often do not have ready access to the SRHR services needed to manage any associated sexual health outcomes. The inaccessibility of services further compromises their sexual and reproductive health. Young victims of sexual abuse are also stigmatized in schools and health facilities, which deters them from seeking SRHR services (Chilambe et al. 2023) and worsens their sexual health outcomes.

Third, gender-based violence intersects with and magnifies sexual and reproductive health vulnerability. A feminist activist who works for a Zambian NGO described the high incidence of gender-based violence as a “horror movie” with daily reports of women being “raped, drowned, killed or kidnapped,” (Interview, Zoom, Nov 7, 2022). Violence not only impacts women but also affects members of the LGBTI+ community. In these instances, reporting can be even more challenging due to the criminalization of homosexuality in Zambia. For women, gender-based violence affects every aspect of their lives, including their sexual autonomy, reproductive choice, economic livelihoods, and everyday decisions about what activities to attend, when and where. For example, fear of gender-based violence constrains women’s ability to negotiate safer sex and can also limit their economic activities. As one feminist activist explained:

The lady who... sells talk time in the Airtel [cell phone company] money booth, for example, will probably have to knock off a little bit earlier because it won't be safe for her to stay a little bit late and go home at night because she's at risk of getting raped or killed or any other form of violence.... So, she'll have to knock off early, which means less money for her... (Interview, Zoom, February 21, 2023).

Lastly, poverty further increases the vulnerability of women, children and LGBTI+ individuals to abuse, violence and sexual health risk. Members of those groups in situations of poverty are at greater risk of being abused and lack both the means and support structures to report abuse or seek justice. This kind of vulnerability is magnified when victims depend on the abuser for survival, as an interviewee who wished to remain anonymous noted (Interview, Lusaka, June 2023). Due to the difficulty of reporting cases of sexual abuse and holding perpetrators to account (Chilambe et al. 2023), victims and survivors continue to be at risk. A social worker who supports child victims of gender-based violence described the intersection between poverty and violence this way:

When you look at most of the child [victims]... the challenge that has been there, is that most of them are coming from vulnerable backgrounds, and people with power have manipulated that, and abused their power to take advantage of them... Poverty is a contributing factor, where people tend to give in to abuse because they don't have another alternative... (Interview, Zoom, Feb 9, 2023).

The structural challenges that situate sexual and reproductive health vulnerability in Zambia – including the sexual risk of poverty, gender-based violence, patriarchal socio-cultural norms, stigma, legal and policy ambiguities, and under-resourced health facilities – are widely discussed in current scholarship (Chavula et al. 2023; Chilambe et al. 2023; Blystad et al. 2019; Haaland et al. 2019; Zulu, Blystad, et al. 2019). Insights from interviewees in this study add to this

scholarship by emphasizing the intersections between poverty, gender-based violence, legal and policy frameworks, socio-cultural contexts and SRHR. These intersections create vicious cycles that perpetuate sexual and reproductive health vulnerability. For example, the cyclical relationship between poverty, sexual risk, and gender-based violence amplifies risk for the most vulnerable women and girls. Experiences of gender-based violence increase not only women's reproductive health vulnerability (L. M. Davis 2018), but also their economic vulnerability by limiting their options for economic activity. Poverty, in turn, makes women more susceptible to violence, creating a vicious cycle. For the poorest women, this cycle can drive them even deeper into poverty and violence. This dynamic does not only apply to women and children, but also to LGBTI+ individuals who face similar risks of gender-based violence, poverty and social stigma in Zambia.

Sexual and reproductive health risk in Zambia is thus characterized by complex intersections between poverty, violence, stigma, policy, and legal ambiguities. Global understandings of good practice and the perspectives of Zambian actors underscore the importance of intersectional approaches to these challenges. Such approaches entail donor and policy interventions that address the “social, economic and cultural context in which sexual behavior” occurs (Butts et al. 2018, 10), along with the corresponding social, economic and legal contexts that magnify vulnerability. It calls for sustained, long-term engagement to catalyze structural change, and a deeply intersectional approach. In the next section of this article, I consider Canadian-funded SRHR projects in Zambia (from the launch of the FIAP in 2017 to 2024), and the extent to which these projects offer potential for structural change.

Missed Opportunities: Canadian-funded SRHR Projects

Canadian-funded projects on sexual and reproductive health and rights in Zambia are largely focused on education and service provision, with some limited efforts to address the structural elements of sexual and reproductive health. Projects typically last from 4 to 7 years, and are implemented by Canadian or other international NGOs, some of which work in partnership with Zambian-based NGOs. For example, the *SHE SOARS* project, led by CARE Canada, includes activities such as educating adolescent girls about SRHR and financial literacy, and training health care workers to improve youth-friendly sexual and reproductive health services (Global Affairs Canada, n.d.-d). The project (which runs from July 22, 2021–January 2029) seeks to increase the use of sexual and reproductive health services by adolescent girls and improve the quality of those services (Global Affairs Canada, n.d.-d). The *Her Future, Her Choice* project (2019-2025) implemented by Oxfam Canada is engaging community discussions on gender and social dynamics that impact women and girls and working to increase adolescent girls' knowledge and awareness about their sexual and reproductive health rights (Global Affairs Canada, n.d.-a). The overarching aim of the project is to increase knowledge about and improve access to sexual and reproductive health services, including contraception and safe abortion (Global Affairs Canada, n.d.-a). Both the *SHE SOARS* and *Her Future, Her Choice* projects are also giving small grants to Zambian-based NGOs advocating for better policies and laws on sexual and reproductive health and rights (Global Affairs Canada, n.d.-a; n.d.-d). A project led by Ipas⁴ is providing community-based trainings on sexual and reproductive health, supplying

⁴ Ipas is an international network that works to expand access to abortion, contraception and reproductive justice, across Africa, Asia and the Americas.

health facilities with SRHR commodities, and training health workers on comprehensive abortion services to improve access to safe abortion (Global Affairs Canada, n.d.-b). The project was funded from 2019 to 2022 but was still marked as “operational” at the time of writing this thesis.

Because projects are relatively short term, the elements of the projects that attempt to address the structural drivers of sexual and reproductive health and rights only scratch the surface of deeper structural issues. Project activities such as fostering discussions on harmful attitudes and practices, training health care workers, funding Zambian-based organizations advocating for policy changes on comprehensive abortion or sexuality education, and providing financial literacy training to girls can all contribute to mitigating structural barriers to sexual and reproductive health and rights. However, these activities do not go far enough to address structural barriers. For instance, while financial literacy training for adolescent girls is crucial, it does not directly address their structural poverty, which is shaped by complex social, economic, and political contexts. SRHR projects are often siloed and disconnected from projects addressing poverty, which constrains their transformative potential. Similarly, while training healthcare workers on sexual and reproductive health and rights enhances their capabilities, it does not compensate for the chronic shortages of healthcare workers nationwide. Likewise, discussions about harmful cultural norms raise awareness but may not alter the underlying relational contexts of stigma, nor automatically reduce gender-based violence, particularly if these discussions only happen within a relatively short project timeline. It would be unfair to expect NGOs to address all these systemic issues in the context of time-bound projects, nor is it solely their responsibility to do so. Structural change is complex, time-consuming, and multi-sectoral, requiring long-term

engagement from multiple actors, such as national governments and international donors, not just NGOs.

The multisectoral nature of structural change notwithstanding, current projects are a contrast to some of Canada's past approaches in Zambia, which had a broader, longer-term scope with more transformative potential. One of the legacies of Canada's development partnership in Zambia was the *Moyo wa Bana* project, a 15-year project (1998-2013) "set up to address child mortality in Zambia" (Department of Foreign Affairs, n.d., 17). Though not exclusively focused on sexual and reproductive health and rights, *Moyo wa Bana* offers a useful contrast to current approaches. *Moyo wa Bana* was a "long-term, community-based" (Department of Foreign Affairs, n.d., 17) program that combined service provision with broader programming aimed at creating sustainable change. Implemented in a close partnership between CARE Canada, CARE Zambia and the Government of Zambia, the project "worked at every level of the health system in Zambia" (Buus 2013, 5) and was carried out in three phases. The first phase of the project (1998 to 2000) rolled out direct interventions at community health centers, while the second phase (2001 to 2007) focused on improving community integrated management of childhood illnesses (IMCI) case management and health worker performance (Buus 2013). The third and final phase of the project, from 2007 to 2013, focused on improving sustainability by strengthening the institutional capacity of the Ministry of Health to support the integrated management of childhood illnesses at all levels of the health system, while also continuing health promotion activities (Buus 2013; Global Affairs Canada, n.d.-c). In contrast to current projects, *Moyo wa Bana* did not merely offer isolated small-scale trainings for health workers but actively endeavored to enhance the institutional capacity of the Ministry of Health. The project's focus on

institutional capacity strengthening helped increase local ownership and sustainability (Buus 2013). Interviewees noted that *Moyo wa Bana* made a tangible impact on the management of childhood illnesses in Zambia, in part because of its integration in the Ministry of Health, longevity, and institutional capacity-building approach. As one interviewee noted, Canada's long-term support to the *Moya wa Bana* project was something to be proud of (Anonymous, Interview, Zoom, March 2023). These sentiments reflect the perspectives of actors interviewed and may not necessarily align with empirical evidence. For its part, the Government of Canada viewed *Moyo wa Bana* as a big success, noting that it helped to “strengthen health systems by working at the national, service delivery and community levels in eight districts” (Global Affairs Canada, n.d.-c), and contributed to developing Zambia's national Child Health Policy (Department of Foreign Affairs, n.d.).

Though the extent of *Moyo wa Bana's* contribution to structural change may be debatable, its scope, breadth, and approach is different from current Canadian-funded projects in Zambia. These differences are the result of two significant changes that occurred in the 2010s in Canada's aid modalities both globally and in Zambia. First, the Canadian government changed its funding model for Canadian NGOs towards greater government control, with adverse implications for the autonomy and effectiveness of these NGOs. Some Canadian actors interviewed expressed frustration with Global Affairs Canada's top-down approach to funding, as well as heavy compliance requirements that discourage local partners. Others expressed a need for more funding to engage in wider, deeper consultations with grassroots actors in the countries in which they work.⁵ One Canadian NGO official explained it this way:

⁵ For example, interview with Canadian NGO official, Zoom, November 22, 2023

The way we work, the way we fund partners has changed, because the way we get funding from the Canadian government has changed... Previously, most Canadian NGOs would get a solid five years' worth of funding for their own programming plan... Now with these competitive processes [competitive calls for proposals]⁶ ... GAC sets the ultimate and usually they also set the intermediate... outcome... (Interview, Zoom, March 14, 2023).

Throughout the 1980s, the relationship between the Canadian International Development Agency (CIDA) and Canadian NGOs was more trust based than the current relationship between Global Affairs Canada (GAC) and Canadian NGOs, with most NGOs receiving core or program-based funding that allowed for more systematic, longer-term, NGO-led programming (Brown 2012). CIDA used to be “essentially responsive to the priorities determined by Canadian NGOs” and “adopted as its own several issues advocated by the NGOs, including recognizing the role of women in development” (Brown 2012, 289–90). This model of partnership changed in the 1990s as CIDA’s relationships with Canadian NGOs deteriorated (Brown 2012) and, in 2010, CIDA moved away from a program funding model to short-term projects centered on its own priority themes and countries (Canadian International Development Agency 2010; J.-M. Davis 2019). At least 80% of funds would be allocated to one of three priority themes, and 50% in the specified countries of focus (Canadian International Development Agency 2010). This new model gave CIDA greater control over NGO programming and eroded NGO independence, with Canadian NGOs shifting their programming to fit within CIDA’s priority themes or focus countries (Brown 2012). The model created “partnerships and programs based on supply (CIDA’s priorities) rather

⁶ Global Affairs Canada mainly funds NGOs through competitive calls for proposals processes, in which they issue a call that outlines the desired ultimate and intermediate outcomes. This approach is different from the pre-2010 model that provided NGOs with core funding, as explained later in this paper.

than demand (needs in the South)” (Brown 2012, 293). As such, it reflected a trend towards the increasing instrumentalization of foreign aid by the Canadian government, undermining aid effectiveness (Brown 2012). Consequently, though framed as a “modernization,” it was a “clear step backward” (Brown 2012, 288).

Global Affairs Canada, which absorbed CIDA in 2013, has maintained CIDA’s 2010 model of partnership with Canadian NGOs. The absorption of CIDA into GAC effectively made aid part of the political power authority of international affairs, and more directly oriented around the state’s priorities. Through its Partnerships for Development Innovation Branch, GAC issues calls for proposals focused on specific thematic and geographic priorities. By setting the strategic direction for NGOs to follow in these calls, GAC circumscribes the focus and scope of NGO programming. Much like the 2010 CIDA model, this approach turns NGOs into “executing agencies” that “provide services in target countries or to address themes chosen by the government” (Brown 2012, 292) through short-term projects.

Further, the nature of the funding under this model leaves no space or opportunity for critique or policy advocacy. NGOs have less autonomy to be a true critical voice, nor do they have resources for development education to try to improve Canadians’ understanding of development and the imperative to be more ethical or just. An illustrative case is the women’s health and rights call, launched in 2019 by Global Affairs Canada, and through which some of the SRHR projects discussed in this paper were funded. The thematic focus of the call was on “identified critical gap areas” in sexual and reproductive health and rights, including family planning, contraceptives, safe and legal abortion, and post-abortion care (Global Affairs Canada 2019, 1).

The call circumscribes an approach that largely centres service provision and sets a 5-to-7-year limit on project duration. Though the call document advises that projects take a “multi-sectoral approach” to “address broader barriers to access” of sexual and reproductive health services, it outlines intermediate outcomes that primarily focus on the use and provision of sexual and reproductive health services (Global Affairs Canada 2019, 2) rather than broader systemic changes. For example, the call document makes no specific mention of poverty or its root causes in its intermediate and ultimate outcomes, a significant omission given the FIAP’s claim to addressing “the root causes of poverty” (Global Affairs Canada 2017a, vi). The ultimate outcome is “increased enjoyment of health-related human rights by the most marginalized and vulnerable rights-holders” (Global Affairs Canada 2019, 2). It is unclear what “increased enjoyment” means but based on the context of the call document and the intermediate outcomes, it likely refers to increased access to or use of SRHR services. The ultimate outcome says nothing about the structural changes needed to protect the sexual and reproductive health and rights of the most marginalized. It also fails to acknowledge that meaningful structural change often requires long-term programming beyond the typical 5-to-7-year timeline. However, governments are unlikely to extend this timeframe because development assistance is a political commitment tied to the priorities of the ruling government. One way to address this challenge is to position commitments to sexual and reproductive health and rights as Canadian national commitments, rather than those of a single political party.

Further, calls for proposal processes are inherently limiting because they make NGO programming vulnerable to the winds of political change. A focus on sexual and reproductive health and rights is a priority for the Trudeau Liberal government, which addresses global gaps

in access. However, Canada's global health priorities tend to shift with changes in government (Brown 2018; Tiessen and Carrier 2015). This political vulnerability means sexual and reproductive health and rights could very well be deprioritised because of a change in government, which could undermine the sustainability of progress made through current projects. The challenges of politicization are pervasive across the NGO sector. By circumscribing a focus tied to government priorities (Brown 2012), donor-centric approaches to partnering with NGOs essentially clip their wings, restricting their freedom to program based on their contextual knowledge, expertise or understanding of local priorities. NGOs must "demonstrate how they fit in with [donor agendas]" or risk rejection of their funding applications (Reith 2010, 450), meaning their programming is in line with donor priorities rather, which may not necessarily align with context-specific needs. In GAC's government-driven approach, Canadian-funded NGOs must constantly realign their work when priorities shift, making their programming politically vulnerable, and limiting their ability to do advocacy work. This politicization is particularly disruptive for SRHR programming, which requires long-term, consistent investments to address structural challenges.

The second significant change in the 2010s was the closure of Canada's bilateral development program in Zambia, which weakened the relationship between Canadian and Zambian government structures. This shift has hampered the ability to foster robust institutional collaboration and local ownership for Canadian-funded projects. Canada opened a High Commission in Lusaka in 1972 (Department of Foreign Affairs, n.d.) and maintained an active development cooperation partnership with Zambia for over 40 years. In the context of that partnership, Canada participated in donor coordination platforms and contributed to the pooled

donor basket fund for the Ministry of Health (Gillies 2006), which provided funding to the Ministry of Health's own priorities.

Canada also supported projects in partnership with Canadian NGOs that were more deeply embedded within existing national structures and had a higher degree of local ownership. The *Moyo wa Bana* project had more a transformative, national scope in part because it was funded in the context of a bilateral development program with a sustained relationship of engagement between the Government of Canada, CARE Canada, CARE Zambia and the Zambian Ministry of Health. It fostered a “community-based and user-owned approach” that supported more local ownership (Buus 2013, 3). *Moyo wa Bana* did not just provide services or training to the Ministry of Health but sought to “institutionalize IMCI in health management in Zambia” (Buus 2013, 22). It worked within the Ministry of Health's own internal systems and “built on the existing health system and policy framework, rather than setting up parallel structures” (Department of Foreign Affairs, n.d., 17). The CARE staff members “worked directly with and under supervision of the Ministry of Health staff to facilitate joint planning, budgeting, implementation and monitoring of IMCI” (Buus 2013, 22), which allowed for a natural transition to government leadership when the project ended in 2013 (Department of Foreign Affairs, n.d.).

Current Canadian-funded projects fall short in this aspect. While they engage with health facilities, their staff members do not directly collaborate with the Ministry of Health to the extent seen with the *Moyo wa Bana* project, nor do projects have a strong focus on enhancing core institutional capacity to ensure long-term sustainability beyond the project duration. As a result, Canadian-funded NGOs function more as service providers to Zambian government structures

rather than active partners with them in effecting the kinds of structural change needed to protect sexual and reproductive health and rights. Canadian-funded NGOs are also unable to work closely with the local NGOs to promote critical analysis of the work of the government. This service-provision approach is a strategic choice that shuts down critical conversations and does not support long-term improvements in SRHR outcomes.

Canada closed its Zambia bilateral program in 2013 “as part of a global refocusing of development programs” (Department of Foreign Affairs, n.d., 1) and now channels aid to Zambia through multilaterals and short-term projects with Canadian or other international NGOs. Though in line with global trends, this “refocusing” weakened the bilateral relationship and constrained the breadth and scope of Canadian-funded projects. Since the closure of the bilateral program, there have not been any projects like *Moyo wa Bana* in terms of longevity and embeddedness within Ministry of Health structures. CIDA’s 2010 partnership model with Canadian NGOs, which has been continued by GAC, “[risked] replacing sustained relations of solidarity with the South with simple, short-term apolitical charity” (Brown 2012, 294). This shift towards short-term approaches is evident in Zambia, where a long-term partnership has been replaced with a short term, band aid approach that reduces NGOs to a service provision role. In the next section, I discuss these limitations relative to Canada’s Feminist International Assistance Policy (FIAP), which is the context under which the projects discussed here have been funded, and the ideals of transformative feminist foreign policy.

FIAP, Feminist Foreign Policy and the Ambition of Structural Change

Though feminist foreign policy is a relatively recent phenomenon, feminist thought has made significant contributions to the analysis of foreign policy for well over two decades (Chávez and Contreras 2021). There is no consistent definition of what exactly constitutes feminist foreign policy (Thomson 2022). However, various feminist scholars offer insights into its key aspects and how a feminist approach can shape approaches to international assistance. Feminist foreign policy, when implemented through a transformative lens, seeks to “create fairer and more inclusive societies” (Chávez and Contreras 2021, 12). It goes beyond binary understandings of gender (Aylward and Brown 2020; Thompson, Ahmed, and Khokhar 2021) and is committed to intersectional praxis (Mason 2019; Morton, Muchiri, and Swiss 2020; Nylund, Håkansson, and Bjarnegård 2023; Tiessen 2019). Transformative feminist foreign policy goes beyond gender to consider other axes of social inequality, and challenge colonial legacies and inequitable power structures (Mason 2019; Nylund, Håkansson, and Bjarnegård 2023; Thompson et al. 2020). It should be “co-created with feminist activists, groups and movements, at home and abroad” (Thompson et al. 2020, 4) and mainstreamed across all aspects of international relations, not just foreign assistance (Chávez and Contreras 2021; Morton, Muchiri, and Swiss 2020; Thompson, Ahmed, and Khokhar 2021). Global Affairs Canada’s own definition is that a “feminist approach to international assistance places gender equality at the centre of poverty eradication” (Global Affairs Canada 2017a, 8), which has the potential to offer a transformative commitment. According to GAC, a feminist approach to aid does this by “challenging the discrimination faced by women and girls” and “recognizing that inequalities exist along intersectional lines” (Global Affairs Canada 2017a, 8). Drawing from these insights, a feminist approach to international assistance should pay attention to structural, systemic barriers, such as those evident in sexual and reproductive health and rights in Zambia.

However, the opening statements of the FIAP do not reflect the spirit of the policy in its entirety, which relies on the logic of ‘add women and girls’ and service provision (Tiessen and Swan 2018) with limited commitments to an intersectional approach that addresses structural barriers. On paper, Canada’s Feminist International Assistance Policy (FIAP) appears to recognize the importance of transformative feminist praxis, showing promising but inconsistent intent. The FIAP “[shines] a light on other neglected areas of health including adolescent sexual health, sexual and gender-based violence and sexual orientation” (Davidson 2019) and recognizes the structural nature of these issues. The FIAP document defines the root causes of poverty as “inequality and exclusion” (Global Affairs Canada 2017a, vii). It commits to working “closely with local women’s rights groups” on sexual reproductive health and through innovative funding mechanisms and partnerships (Global Affairs Canada 2017a, iii) to address these root causes. Notably, it includes a \$150 million commitment over five years to local women’s organizations through the Women’s Voice and Leadership program (Global Affairs Canada 2017a), which is a positive step toward addressing context-specific structural issues (Rao and Tiessen 2020). The FIAP recognizes the “multi-dimensional nature of poverty” (Global Affairs Canada 2017a, vi) and the intersection of different dimensions of inequality. For example, the FIAP document notes that addressing gender-based violence requires work across “a wide range of sectors, including health care, justice and policing, education, social protection, and economic development” (Global Affairs Canada 2017a, 17). It also states that structural factors such as “discriminatory laws and policies, coupled with inadequate services and harmful cultural practices” (Global Affairs Canada 2017a, 23) compromise women’s sexual and reproductive health and rights. It promises to challenge “unequal power relations and systemic discrimination” (Global Affairs

Canada 2017a, 11). By recognizing the structural nature of poverty, gender-based violence, and sexual and reproductive health and rights, the FIAP pays lip service toward a transformative approach to aid that could help address sexual and reproductive health and rights intersectionally.

However, the FIAP is inconsistent – naming structural issues, but providing superficial solutions. While it largely acknowledges the structural nature of poverty, gender-based violence and sexual and reproductive health and rights, the FIAP does not actually create sufficient space for transformative, intersectional approaches. There are two reasons for this dissonance. First, there are inconsistencies between the FIAP’s framing of challenges to sexual and reproductive health and rights and gender-based violence, and the corresponding actions it commits to. Although it identifies the intersectional nature of gender-based violence, it primarily highlights actions such as changing harmful behaviors and raising awareness of rights (Global Affairs Canada 2017a). Despite identifying poverty as a key contributor to high rates of gender-based violence, it does not emphasize addressing structural poverty as foundational for reducing gender-based violence in its core action area. Its claim to address structural poverty is thus little more than a throwaway line at the beginning of the document that is unconnected from the actual document and approach of the policy. Similarly, while the FIAP acknowledges structural challenges to sexual and reproductive health and rights within its action area on human dignity, it highlights strategies that primarily revolve around the provision and use of SRHR services rather than structural changes. It notes that Canada “will support increased access to a full range of health services, including family planning and modern contraception” (Global Affairs Canada 2017a, 25).

Global Affairs Canada could argue that, taken together, investments across all the FIAP's six action areas collectively contribute to structural changes by addressing various issues affecting women and girls. However, since the FIAP mentions the structural nature of gender-based violence and sexual and reproductive health and rights, the highlighted actions that Canada will take to address these issues should themselves be more deliberately intersectional. An intersectional approach to sexual and reproductive health and rights would entail both service provision *and* complementary programming focused on structural inequalities, such as poverty reduction initiatives, allowing for more meaningful engagement with the intersecting systems of oppression that perpetuate vulnerability. However, as seen by the heavy focus on service provision in Zambia, the FIAP encourages approaches that “[target] women with development programming” (Tiessen and Swan 2018, 196) instead of “changing structures and systems of inequality” (Tiessen 2019, 9). The FIAP thus fails to clearly articulate intersectional approaches to gender-based violence and sexual and reproductive health and rights.

The dissonance between the FIAP's diagnosis of gender-based violence and SRHR as intersectional, and the superficial solutions it prescribes reflects its default to liberal, instrumentalist approaches (Tiessen 2019; Thomson 2020). Scholars also note that the FIAP defaults to gender binaries that are marginalizing and is inconsistent in its definitions of intersectionality and feminism, all of which undermine its transformative ambitions (Aylward and Brown 2020; Mason 2019; Morton, Muchiri, and Swiss 2020; Parisi 2020; Rao and Tiessen 2020). The opening message to the FIAP document notes that its primary objective is “to contribute to global efforts to eradicate poverty” and defines gender equality as “the most effective approach to achieving this goal” (Global Affairs Canada 2017a, ii). This definition puts

the burden of poverty eradication on women and girls, who are portrayed as “powerful agents of change” capable of “driving stronger economic growth” and “encouraging greater peace and cooperation” (Global Affairs Canada 2017a, 1). As such, it represents a feminization of responsibility (Chant and Sweetman 2012) that can worsen women’s subordination and structural poverty (Bradshaw, Chant, and Linneker 2018). In Zambia, the FIAP’s instrumentalist framings and prescriptions are not particularly helpful, because they can obscure, rather than engage with, the structural dimensions of gender equality and sexual and reproductive health and rights.

The second reason why the FIAP fails to create sufficient space for intersectional approaches to sexual and reproductive health and rights is that, despite its adoption, Global Affairs Canada did not shift towards what I call anticolonial funding mechanisms.⁷ Decolonization involves disrupting colonial legacies, inequitable power structures and the white gaze that so often underpins development practice (Abimbola and Pai 2020; Decker and McMahon 2020a; Pailey 2020). Feminist foreign policy is committed to intersectionality and challenging colonial patterns of power in development (Mason 2019; Thompson et al. 2020). As such, an intersectional, feminist approach to aid should support *anticolonial* funding structures that allow for more context-specific, locally owned, longer-term, and intersectional solutions to development challenges. Such an approach is distinctly different from status quo foreign policy approaches.

⁷ Decolonization, and its implications for donor funding practices, is discussed further in chapter five and in the conclusion of this thesis.

The FIAP and Canada’s new civil society partnerships policy fall short of an intersectional, anticolonial funding approach. Launched in 2017 around the same time as the FIAP, Canada’s civil society partnerships policy affirms the role of civil society organizations (CSOs) as independent actors and the importance of “a mix of short-, medium-, and long-term funding, appropriate to the context” (Global Affairs Canada 2017b). The policy commits to creating more “equitable, flexible and transparent funding mechanisms” and to “multi-year humanitarian funding” (Global Affairs Canada 2017b) for CSOs. The latter is a noteworthy attempt to reverse CIDA’s 2010 model of NGO partnership. However, it does not go far enough because it makes no mention of multi-year, program-based funding for CSOs in non-humanitarian contexts. Further, despite affirming the importance of CSOs as independent actors, the partnership policy still centers government priorities. It states that GAC will prioritize partnerships with CSOs that “have the greatest potential to close gender gaps and advance the government’s priority objectives” (Global Affairs Canada 2017b).

With the FIAP, the Canadian government had an opportunity to reshape its approach to international assistance. It could have revived its previous trust- and program-based funding relationship with Canadian NGOs (Brown 2012) to better support more longer-term funding approaches that are more locally embedded, support more local ownership, and combine service provision with institutional capacity strengthening, like the *Moyo wa Bana* project. It could have articulated clear, transformative approaches within the FIAP better suited to addressing “the root causes of poverty that can affect everyone” (Global Affairs Canada 2017a, vii). However, while the FIAP pays lip service to such approaches by recognizing the importance of local ownership and innovation in funding mechanisms (Global Affairs Canada 2017a), this is not reflected in the

overall approach of the policy and is rarely borne out in practice. As the case of Zambia shows, in some instances, Canada moved away from such approaches and, even with the FIAP, did not change course.

Operationalizing Intersectionality in Development

Feminist scholars caution about the risks of the institutionalization of feminism in development (Chant and Sweetman 2012; Kabeer 1999; Mason 2019; Parpart 2014; Razavi 1997).

Institutionalization and instrumentalism can lead to competing, inconsistent interpretations of feminist theories such as intersectionality (Mason 2019; Morton, Muchiri, and Swiss 2020), and cherry-picking, leading to “the inevitable watering down of the feminist agenda” (Razavi 1997, 1121). Christoffersen’s (2021) examination of the application of intersectionality among gender equality practitioners and policy makers in the UK shows they tend to interpret intersectionality in different ways, based on their specific interests. Some of the “applied concepts of intersectionality” used by practitioners “have the potential to further intersectional justice, while others further entrench inequalities” (Christoffersen 2021, 584). For example, a generic approach that has little to no focus on any specific dimension of equality “empties intersectionality of its attention to power and marginality” (Christoffersen 2021, 578, 585). Similarly, “additive” approaches limit the application of intersectionality to “the level of individual identity and experience, focusing on the symptoms rather than the causes of inequality” (Christoffersen 2021, 587). As such, different interpretations of intersectionality have “different implications for intersectional marginalization, and intersectional justice” (Christoffersen 2021, 590).

Mason argues that the “bureaucratization of intersectionality” (2019, 204) often divorces it from its historical roots, and that in the FIAP, intersectionality is used “as an additive tool to diversify... development targets while continuing to emphasize women and girls” (Mason 2019, 215). Mason uses “additive” here to refer to how the FIAP takes gender as “the primary category of analysis” while merely adding other categories (Mason 2019, 204). Mason’s use of “additive” is different from Christofferson’s conceptualization of an additive approach to intersectionality as one in which “equality strands are conceptualized alongside one another, but not as affecting one another” (2021, 580). However, there is resonance in Christoffersen and Mason’s discussions of the implications of an “additive” approach. The former notes that an additive approach addresses the “symptoms rather than the causes of inequality” (Christoffersen 2021, 587), while the latter notes that it “flattens” the power of intersectionality to “interpret and resist hierarchal systems of oppression” (Mason 2019, 214). In essence, an additive, bureaucratic interpretation – such as evident in the FIAP – undermines the very essence of intersectionality and its ability to challenge systemic oppressions (Mason 2019). The ability of intersectionality to do what it is supposed to do depends on *how* it is interpreted. The fluidity and vagueness that leaves intersectionality open to interpretation is both what enhances its appeal (K. Davis 2008) and potentially its “Achilles’ heel” (Ludvig 2006, 247).

In the case of the FIAP, its failure to prescribe intersectional solutions and to change Global Affairs Canada’s funding practices in Zambia and elsewhere illustrates how the usefulness of intersectionality does not just depend on how it is interpreted, but on the spaces in which it is employed as an analytical tool. The concept of intersectionality appears only twice in the FIAP document, and in both instances, is in reference to the intersecting inequalities or discrimination

that women face (Global Affairs Canada 2017a). While recognizing intersecting inequalities is important, the FIAP makes no mention of the importance of intersectional analysis of Global Affairs Canada's own internal programming and funding mechanisms. Donor funding practices can themselves be "hierarchical systems of oppression" (Mason 2019, 214) by reinforcing power imbalances, and top-down, donor-centric programming. The centrality of donor priorities suggests that the systematic changes intersectionality aims to catalyze are necessary not only in recipient countries, but also *within* donor funding practices themselves. Such intersectional self-reflexivity is entirely absent in the FIAP and shows how bureaucratization can exclude donor funding practices from rigorous intersectional analysis and change. As such, bureaucratization "flattens" the power of intersectionality (Mason 2019, 214) to change not only what donors fund, but *how* they fund.

Canada is not alone in experiencing dissonance between its feminist international assistance goals and its funding practices. States promoting FFP are being criticized for the hypocritical "disconnect" between their stated feminist aims and their actions (Thomson 2022, 176).

In the case of the FIAP, there is really a connection rather than a disconnect. While there are some throw away statements that signal a transformative approach to gender equality in the FIAP, the document itself does not adequately reflect transformative, feminist approaches. In that sense, the failure of the FIAP to redress the structural challenges in Zambia is little surprise. Despite the Trudeau Government's stated feminist ambitions, its practice, even in the context of the FIAP is not adequately addressing structural challenges.

These tensions between stated intent and practice illustrate the challenges of operationalizing intersectionality in international assistance. Specifically, the usefulness of intersectionality in aid

depends on the funding and programming contexts in which it is employed, and on donors' willingness to use it as both an internal *and* external analytical tool and lever for change. The multiplicity of meanings and approaches attached to intersectionality further's perceptions of it as a challenging concept to apply, thus contributing to lack of political will (Christoffersen 2021). However, because funding decisions are inherently political, operationalizing intersectionality also requires political will to adopt intersectional funding approaches and depoliticize global health aid. Canada's decision to close the bilateral program in Zambia was a political decision that is, in principle, reversible. However, merely reversing this decision is not sufficient. GAC would need to shift toward longer-term, trust-based funding approaches that are less centered on government priorities, like CIDA's relationship with Canadian NGOs in the 1970s (Brown 2012; Wiepking and de Wit 2023). Such practices prioritize core, unrestricted funding for NGOs (Brown 2012; Wiepking and de Wit 2023; 2020) and greater local ownership.

Conclusion

This paper set out to examine the extent to which Canada's aid approach in Zambia addresses the challenges to sexual and reproductive health and rights, and the impact of the FIAP had on Canada's efforts. The paper has shown that sexual and reproductive health risk in Zambia occurs at the complex intersection of several socio-structural factors, including the sexual risk of poverty, gender-based violence, stigma, a restrictive legal and policy framework, distance to health facilities, lack of sexual and reproductive health commodities within health facilities, and some harmful patriarchal socio-cultural norms. Addressing the complex intersections of legal, social, religious, and economic risks requires deep, long-term, intersectional engagement to

catalyze structural and legal changes that ultimately safeguard the sexual and reproductive health rights of all.

However, Canadian-funded projects represent a superficial, service-provision approach that only tangentially addresses the deeper structural issues. This approach is the product of two regressive changes in Canada's aid modalities in the 2010s which constrain the transformative potential of its international assistance efforts in Zambia. First, the Canadian government's move toward a project-based relationship with Canadian NGOs prescribes a shorter-term scope for NGOs centered around government priorities (Brown 2012), makes NGO programming vulnerable to political changes, and limits their ability to do advocacy and engage critical conversation. Second, the closure of the Zambia bilateral development program weakened the relationship between Canada and Zambian government entities. This shift has impeded the ability to foster robust institutional collaboration and local ownership for Canadian-funded projects. Because they are shorter-term and not as directly embedded within government processes, current projects act as service providers rather than working more directly with the government to support institutional and systemic changes. In Zambia, Canada abandoned good practice by moving away from longer-term, community-based, and more locally embedded programming.

The challenges evident in Zambia reflect the consequences of the institutionalization of intersectionality in Canadian aid. With its stated claim to intersectional feminist approaches embedded in the opening pages of the FIAP, (Global Affairs Canada 2017a, vii), it should have provided clear context for intersectional approaches to poverty, gender-based violence and sexual reproductive health. It should have been accompanied by a shift towards anticolonial

funding modalities that prioritize long-term follow through, core funding for NGOs and support for local ownership to catalyze structural change. However, the FIAP's commitments to intersectional feminist praxis are little more than throw-away lines at the beginning of the document, which are not reflected in the actual approach of the policy. These inconsistencies in the FIAP, and the Trudeau government's failure to meaningfully reverse CIDA's 2010 model of partnership with Canadian NGOs result in a service-provision approach that does not address intersecting, structural challenges to sexual and reproductive health and rights. These failures and inconsistencies are illustrative of the broader aid architecture's inability to operationalize intersectionality and translate rhetoric into the kinds of structural change needed to address systemic inequalities. Trends toward short-term, project-based aid modalities and changing donor priorities (Spicer et al. 2020) undermine the work of development partners and the possibilities of intersectional, transformative programming. Feminist foreign policy can help redress these challenges, if it is grounded in a commitment to context and to robust intersectional analysis that challenges *donor* funding practices as much as it does systemic oppression in recipient countries.

At the time the research was conducted, the projects here discussed were underway in Zambia, and it was impossible to take a retrospective look at project results and achievements. As such, the paper speaks more to limitations in project funding, design and activities than in project results. Future research should interrogate project results and achievements relative to the complex structural contexts of sexual and reproductive health in Zambia. It should also explore the implementation of the FIAP across various models of Canadian global health funding, including bilateral desks and the experiences of Canadian-funded NGOs in different countries, to

understand the extent to which the constraints discussed in this paper exist in other contexts or what additional ones may be present. Additionally, studies examining feminist foreign policy in countries beyond Canada, considering factors such as ownership, donor funding mechanisms, and opportunities for structural change, will be essential for a comprehensive understanding of the impact and effectiveness of such policies globally.

Chapter 4: The Restriction of Abortion, LGBTI+ Rights and Sexual and Reproductive Health and Rights in Zambia

Under Review, Submitted July 2024

Introduction

On March 4, 2023, Sistah Sistah Foundation, a Zambian feminist organization, convened a march in Lusaka to raise awareness about sexual and gender-based violence. In promoting the event on social media, the foundation shared alarming statistics about the prevalence of violence against women and the existence of a rape culture in Zambia.⁸ For example, a social media post titled “Why We March” expressed concern about how “sexual violence against womxn and girls has been so normalized” (@SistahSistahFo1, March 3, 2023). In the same post (*see figure 1*), they highlighted recent disturbing incidents of gender-based violence, such as the case of a 17-year-old girl who was raped by a guard at the University Teaching Hospital (UTH), where she had gone to seek medical treatment (@SistahSistahFo1, March 3, 2023).

⁸ According to the 2018 Demographic and Health Survey, at least 39% of women aged 15 to 49 have experienced sexual or physical violence (Zambia Statistics Agency, Zambia Ministry of Health, and ICF 2019). Because many cases of sexual and gender-based violence go unreported, the actual incidence is likely higher.

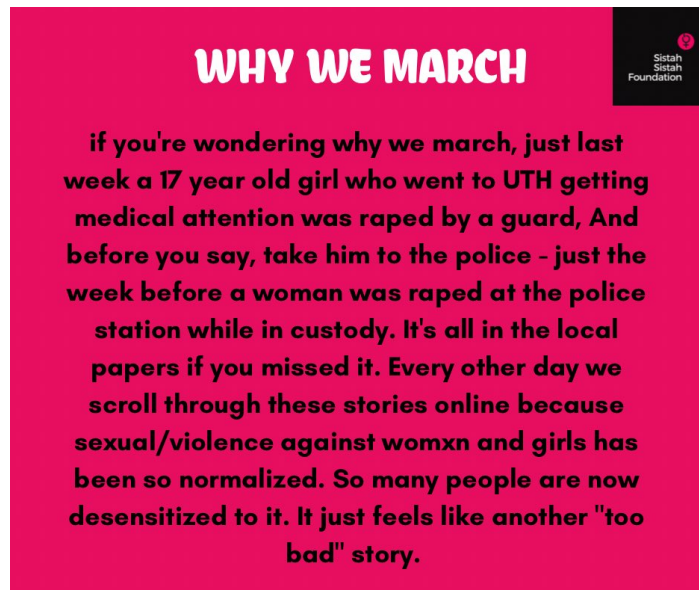


Figure 3 - @SistahSistahFol’s social media post entitled “Why We March” on March 3, 2023, drew attention to how sexual violence against womxn and girls has been so normalized. The post aimed to mobilize people to join the march on March 4, 2023, in Lusaka to raise awareness about sexual and gender-based violence.

Although the march gathered significant citizen support, it elicited an extremely negative response from the state, whose officials misrepresented the goals of the march and used the opportunity to advance a socially conservative agenda. Police said the march had “turned into a forum for championing homosexuality” (Lusaka Times 2023), and Home Affairs and Internal Security Minister Jack Mwiimbu condemned it for allegedly being “against Zambian values and the law” (Short 2023). According to the police, Sistah Sistah Foundation had been given a permit “to protest sexual and gender rights and not promote LGBTQ rights” (Short 2023), implying that LGBTQ rights are excluded from “sexual and gender rights.” Four of the organization’s leaders

were arrested on accusations of promoting LGBTQ rights, which is not actually illegal.⁹ Some local media outlets branded the march as an “LGBT protest” (Daily Nation 2023), further fueling social and political backlash. Police initiated investigations into the activities of the Sistah Sistah Foundation (Lusaka Times 2023; Short 2023). In its response to the arrests, the foundation maintained that the march sought to raise awareness about sexual and gender-based violence and expressed its disappointment in the media narrative (@SistahSistahFo1, March 8, 2023), which obscured the objective of the march.

The Sistah Sistah Foundation march, and the ensuing backlash, illustrate the tensions and contestations of women’s rights, LGBTI+ rights and sexual and reproductive health and rights in Zambia. On the one hand, the state’s arrest of the Sistah Sistah Foundation leaders highlights its misinterpretation of law and politicization of women’s rights, LGBTI+ inclusion and broader sexual and reproductive health and rights. In many African countries, abortion and LGBTI+ inclusion remain contentious due to religious and cultural fundamentalism (Izugbara and Roth 2022; Oronje et al. 2011). Zambia’s official policies, from a public policy and public health perspective, appear relatively progressive. For instance, its 2022-2026 National Health Strategic Plan includes commitments to “reduce the proportion of pregnant women with complications of abortion from 5% in 2021 to 3% by 2026” and to address the risk of sexually transmitted infections among “marginalized populations such as migrants, refugees and key populations” (Republic of Zambia, n.d., 33, 47). Though the strategy does not explicitly define the term “key populations,” it gives the examples of “female sex workers (FSW), and mobile, migrant and

⁹ While the Zambian penal code criminalizes sexual acts “against the order of nature” (van Klinken and Phiri 2020, 311), it is not illegal to provide health services to LGBTI+ individuals, to protest violence against them or to promote LGBTI+ rights more generally.

internally displaced populations” (Republic of Zambia, n.d., 52). International donors and local actors in Zambia’s health sector also interpret the term “key populations” as including sexual and gender minorities, in line with how it is used elsewhere (World Health Organization 2014).

However, while Zambia expresses a commitment to comprehensive health service provision, in practice, abortion and LGBTI+ rights are stigmatized and restricted, with the state often invoking its Christian “moral” and anti-Western credentials. Further, the activism of organizations like Sistah Sistah Foundation troubles prevailing religious nationalist constructions of Zambian identities and sexualities. This paper explores these competing narratives, analyzing the parallels in the social, legal and policy challenges to LGBTI+ inclusion and abortion rights in Zambia, and implications for international assistance. Drawing on qualitative field research on Canada’s engagement in sexual and reproductive health and rights (SRHR) in Zambia – involving 45 semi-structured, in-depth interviews with Zambian and international aid officials – it answers the question: in what ways are abortion rights and LGBTI+ rights restricted in Zambia, and what are the implications of that restriction for sexual and reproductive health and rights? The paper shows how religious nationalists exploit multiple layers of ambiguity in the legal and policy contexts for abortion and LGBTI+ rights to construct them as un-Zambian and un-Christian, resulting in a policing of bodies and sexualities by the state. The state’s restriction of abortion and LGBTI+ rights reduces SRHR to a family planning function and undermines the broader set of human rights. At the same time, an emerging subculture grounded in human rights discourse is actively challenging dominant, monolithic narratives of acceptable Zambian sexualities.

We build on Sanders and Jenkins (2022) theorizing of language-based norm spoiling tactics to argue that ambiguity creates space for norm spoiling and resistance to that spoiling. Religious nationalist discourse delegitimizes sexual and reproductive health and rights and engages in SRHR norm spoiling to uphold a heteronormative ideal of Zambian sexuality, while rights-based feminist activism challenges these narratives. Legal and policy ambiguities in SRHR not only contribute to marginalizing the very populations whose rights most need to be protected but can also restrict rights more broadly. Protecting SRHR in such contexts requires concerted action to support the activism of domestic actors working to eliminate ambiguities and advocate for more explicit commitments to SRHR.

After a review of this study's methodology and context, we structure this paper in four sections. In the first, we briefly review the literature on anti-homosexuality and antifeminist discourse in Zambia, as well as on norm spoiling, to situate the paper's contribution. In the second section, we examine the ambiguous legal context for abortion rights in Zambia, religious politicization and the resulting policing of women and their bodies. We then situate the legal and social challenges to LGBTI+ inclusion, showing how a similarly ambiguous legal context leads to a discriminatory policing of bodies and sexualities. Finally, we analyze the parallels in the religious politicization of abortion and LGBTI+ rights, showing how the intersection of multiple layers of ambiguity leads to the delegitimization of broader sexual and reproductive health and rights by the state. We also discuss the acts of resistance contesting religious nationalist discourses. We conclude with directions for future research. Our comparative analysis of abortion and LGBTI+ rights is inspired by interviewees, many of whom noted how these things

are both constructed as un-Zambian and un-Christian. As such, both are about the construction and contestation of Zambian sexualities and national identity.

Methods

This article is based on document analysis and 45 qualitative interviews with Zambian as well as Canadian and Swedish actors. Between September 2022 and August 2023, Author 1 interviewed 34 stakeholders who work or have experience in sexual and reproductive health in Zambia – including feminist and gender activists, current and retired officials of bilateral aid agencies, as well as nongovernmental organizations and the national government. She also interviewed 11 officials of Canadian and Swedish NGOs and entities active in Zambia. Interviewees all shared their personal views, not those of any organizations they are affiliated with. At the point of initiating fieldwork, the COVID-19 pandemic made international travel difficult, hence initial interviews were conducted through Zoom or over the phone. Author 1 followed up with in-person fieldwork in Zambia in June 2023, where she conducted some in-person interviews and attended a large full-day community outreach event on sexual and reproductive health organized by an NGO in collaboration with the Lusaka Provincial Health Office, and an informal meeting of SRHR stakeholders. She also listened to two radio or TV programs on gender-based violence and sexual and reproductive health and rights recommended by interviewees: a documentary produced by a Zambian feminist NGO; and a prominent radio “call in” program featuring the Non-Governmental Gender Organization’s Coordinating Council (NGOCC). When we quote interviews, we identify interviewees only to the extent that they permitted us to do so. Many interviewees preferred to be cited anonymously. In such cases, to protect interviewee privacy and

anonymity, we provide a generic title and only quote the month, rather than the exact date, of the interview. While most interviews were conducted in English, some Zambian actors included bits of *Chinyanja* in their interviews, which Author 1 translated into English.

We also reviewed the relevant academic literature, as well as project- and aid-related documents, many of which were obtained from publicly accessible websites, and some from interviewees. Author 1 conducted initial data analysis, analyzing and coding interview transcripts and field notes using Microsoft Word to organize interview data and generate code categories (Emerson, Fretz, and Shaw 2013). She began with analytic open coding, conducting a line-by-line analysis to identify an initial set of key themes, then followed with focused coding, also through line-by-line analysis, but based on a subset of key themes (Emerson, Fretz, and Shaw 2013). She then systematically analyzed reoccurring themes for patterns and variations. Author 2 contributed to the framing of this article and its arguments, as well as drafted the section on LGBTI+ inclusion, which Author 1 reviewed and edited. Conversely, Author 2 reviewed and edited the other sections of the paper, which Author 1 initially drafted. Author 2 also provided substantive feedback on the original research proposal, research design and research ethics that guided fieldwork and data collection.

Zambia is a highly relevant case study of SRHR norm spoiling, because of the gap between the de facto and de jure situation, as well as the significant donor involvement in Zambia's health sector, including Canada's. In 2020 and 2021, net official development assistance (ODA) to Zambia totaled USD1.07 billion, with 65% of that directed to the health sector (Organization for Economic Co-operation and Development (OECD) 2022). As of the time of writing, through

Global Affairs Canada’s partnerships branch, Canada is funding six multi-country projects on sexual and reproductive health that have a component in Zambia, some of which include a focus on safe abortion. The Office of the High Commission of Canada in Lusaka is also supporting some LGBTI+ organizations in Zambia through the Canada Fund for Local Initiatives (CFLI).¹⁰ Other donors, notably the United States Agency for International Development (USAID), are promoting inclusion of “key populations” in health service provision or providing funding to grassroots organizations for abortion services. Writ large, donors are pushing for expansion and provision of more comprehensive sexual and reproductive health services, as are local feminist and human rights activists. However, as the next sections demonstrate, ambiguities in Zambia’s legal and policy framework and the international framework leave significant space for actors to undermine the norms that those frameworks seek to enshrine.

Discussion

Situating Anti-LGBTI+ and Antifeminist Discourse in Zambia

SRHR is a relatively well-established gender equality norm that addresses both “sexual and reproductive health norms” and “sexual and reproductive rights norms” (Barbé and Badell 2023, 275). SRHR’s sexual and reproductive components are “linked... though distinct” (Miller et al. 2015, 16). The former encompasses “all rights related to sexuality” (Ali, Kowalski, and Silva

¹⁰ The CFLI “provides modest funding for small-scale, high-impact projects in more than 120 countries eligible for official development assistance” (Global Affairs Canada 2024). Implemented through a call for proposals process, it has an annual budget of \$26.8 million, and an average budget of \$31,000 per project (Global Affairs Canada 2024).

2015, 32) and includes “the right of all persons, free of coercion, discrimination and violence” to “pursue a satisfying, safe and pleasurable sexual life” (World Association for Sexual Health 2013; World Health Organization 2006, 5). Sexual rights also include the right to “decide whether or not, and when, to have children” (World Health Organization 2006:5) and thus protect the right to reproductive autonomy and nonreproductive sexual activity. Sexual rights tend to be more polarizing than reproductive health (Ali, Kowalski, and Silva 2015; Starrs and Anderson 2016) and face increasing backlash in the context of a growing “global anti-gender movement” (Sigvaldason and Ómarsdóttir 2022, 433) that is fueling greater resistance to abortion (Sanders 2018; Sigvaldason and Ómarsdóttir 2022; Zarembeg, Tabbush, and Friedman 2021), and to LGBTI+ rights (Angotti, McKay, and Robinson 2019; Ayoub 2018). This backlash highlights the growing influence of transnational, antifeminist networks (Barbé and Badell 2023; Crosette 2013; Cupač and Ebetürk 2020; 2022; Sandler and Goetz 2020; Velasco 2023).

In Zambia, both LGBTI+ rights and abortion rights are viewed through a lens of moral and cultural opposition, informed by a complex interplay of cultural and religious nationalist ideologies that position Christianity and heterosexuality as central to Zambian identity (Banda 2022; van Klinken 2017; Müller, Meer, and Meerkotter 2021). In 1991, President Frederick Chiluba, himself a devout Pentecostal, declared Zambia a Christian nation (Cheyeka, Hinfelaar, and Udelhoven 2014; I. A. Phiri 2003). In 1996, a preamble was added to the constitution affirming this declaration (Haaland et al. 2020; I. A. Phiri 2003). It states: “WE, THE PEOPLE OF ZAMBIA [...] DECLARE the Republic a Christian Nation” (Comparative Constitutions Project 2019:11). Though it is not formally part of the constitution and has no legal standing, that declaration has come to define Zambian national identity (Cheyeka, Hinfelaar, and Udelhoven

2014), and has “[shaped] dominant discourses on morality, sexuality and reproduction” (Haaland et al. 2019:6).

In the context of Christian nationalism, heterosexuality has become a Zambian national value whose promotion is “political currency” (Müller, Meer, and Meerkotter 2021, 9). Activist Francis Chisambisha was among the first to publicly identify as gay in an interview published in *The Post*, an independent Zambian newspaper, on July 14, 1998, (L. Phiri 2017; van Klinken 2018; Long, Brown, and Cooper 2003). The publication of Chisambisha’s interview brought homosexuality into public debate (van Klinken 2018) and “provoked a vast national controversy” (Long, Brown, and Cooper 2003, 34). There was strong opposition from religious and political leaders, NGO officials, academics, members of the public, and state-sponsored media, many of whom condemned homosexuality as foreign and un-Christian, a view reinforced by Western support for Chisambisha (Long, Brown, and Cooper 2003; van Klinken 2018). Chisambisha founded the Lesbian, Gays, Bisexual and Transgender Persons Association (LEGATRA) to advocate for the rights of the queer community in Zambia (L. Phiri 2017). However, the government did not allow him to register it as an NGO, and he eventually obtained asylum in South Africa (Long, Brown, and Cooper 2003; van Klinken 2018). Other queer activists have since faced similar opposition, with Zambia’s Christian identity often being invoked as an argument against homosexuality (van Klinken 2018). Similarly, religious nationalist ideologies frame abortion as threats to Zambian traditional values and national identity (Blystad et al. 2019; Haaland et al. 2019) .

However, the religious nationalist, heteronormative discourse is being troubled by emergent, pro-rights discourses. For example, Chela (2023) describes events hosted by the Zambian NGO Women's Alliance for Equality (WafE) as acts of "intimate everyday resistance" (Lugones 2010, 743). As the only entity focused on women who have sex with women in Zambia, WafE strives to create safe spaces for lesbian, bisexual and queer (LBQ) women to freely socialize and express themselves (Chela 2023). The LBQ focus of WafE parties and gatherings is not publicly advertised to avoid attracting undue attention in Zambia's hostile context (Chela 2023). By creating such spaces and "alternative queer subjectivities" outside of the popular criminalizing narrative, LBQ women in Lusaka are broadening the definition of Zambian femininity and citizenship (Chela 2023, 568). Chela further argues that because Zambia largely continues to reflect colonial religious and political values, this rewriting of Zambian femininities is a form of decoloniality. Our analysis will show additional layers of resistance that also contribute to this non-normative rewriting of Zambian sexualities.

At the global level, antifeminist actors and alliances have consistently opposed explicit commitments to sexual rights at the United Nations, resulting in policy documents that either do not explicitly mention sexual rights or frame them in the context of reproductive health (Ali, Kowalski, and Silva 2015; Corrêa 1997; Starrs and Anderson 2016; World Health Organization 2006). For example, though the 1994 International Conference on Population and Development (ICPD) Program of Action affirmed the importance of a "satisfying and safe sex life" (United Nations Population Fund 2004, 45), it did not explicitly use or define the term "sexual rights" (Ali, Kowalski, and Silva 2015; Corrêa 1997). Similarly, the 1995 Beijing Platform for Action marked "the first major attempt to define sexual rights in a global policy document" (Ali,

Kowalski, and Silva 2015, 33), but did not explicitly define the term or affirm diverse sexual orientations (Corrêa 1997; Parker 1997; World Health Organization 2006). In the Millennium Development Goals (MDGs), sexual health was defined narrowly and as a subset of reproductive health (Heimburger and Ward 2008; Starrs and Anderson 2016), which can obscure diverse, nonreproductive sexual identities and activities (Miller 2000; Parker 1997). With their commitment to “universal access to sexual and reproductive health-care services” (United Nations 2015, 16), the Sustainable Development Goals (SDGs) are a significant step forward. However, they do not explicitly mention abortion, comprehensive sexuality education or LGBTI+ rights (Logie 2023; Starrs and Anderson 2016) and do not provide a “truly comprehensive definition of sexual and reproductive health and rights” (Starrs and Anderson 2016, 19). It can be argued that even without explicit mention, the SDGs still allow for the “radical inclusion” of marginalized populations through the concept of “leave no one behind” (Brown 2024, 2794).

However, silences in the SDGs and other global policy platforms illustrate how certain aspects of SRHR, particularly sexual rights, remain contested. Sanders (2018) uses the concept of norm spoiling to describe some of the ways in which conservative actors undermine norms relating to women’s sexual and reproductive health and rights. Sanders and Jenkins (2022) build on this norm spoiling concept to explain how norm spoilers employ three language-based strategies to challenge women’s rights. First, they use political or financial influence to control global discourse on women’s rights, such as done with the U.S. global gag rule (Sanders and Jenkins 2022, 411). Second, they reframe “women’s equality – particularly sexual and reproductive health and rights – as incompatible with other human rights, such as religious freedom” (Sanders

and Jenkins 2022, 411). Third, they work to “exclude and erase women’s rights language from international law” (Sanders and Jenkins 2022, 416), for instance “excising words such as ‘gender’ and ‘sexual and reproductive health and rights’ from UN documents” (Sanders and Jenkins 2022, 422). They also replace language on sexual rights with other terms such as family planning. Through these tactics, spoilers seek to “delegitimize influential feminist interpretations of women’s rights” (Sanders and Jenkins 2022, 422).

Though Sanders and Jenkins discuss norm spoiling at the international level, their conceptualization is useful for understanding opposition to sexual rights in different contexts, including national ones. We build on their theorizing to show how ambiguity amplifies norm spoiling in Zambia and discuss resistance to that spoiling. We begin by analyzing anti-abortion and anti-LGBTI+ discourse in Zambia, then discuss the norm spoiling tactics through which they are jointly targeted.

Policing Women’s Bodies

Several legal, political and social factors constrain women’s access to safe abortion in Zambia. The Termination of Pregnancy Act is itself a barrier to access as it simultaneously permits *and* restricts abortion (Haaland et al. 2019; 2020). When the legislation was adopted by parliament in 1972, its proponents and opponents “were arguing for a clear law that would regulate and restrict access to abortion services” rather than liberalize it (Haaland et al. 2019, 8). What emerged was a law that is “inherently ambiguous” (Haaland et al. 2019, 3) and contradictory. It “permits

abortion on a wide range of grounds” (Footman et al. 2021, 181), such as when continuing the pregnancy is a risk to the pregnant woman’s life or her mental and physical health, or that of her existing children (Government of the Republic of Zambia 1972). However, the Act stipulates conditions that are out of reach for many Zambian women, such as the requirement of signatures from three registered medical doctors, one of whom “has specialized in the branch of medicine in which the patient is specifically required to be examined” (Government of the Republic of Zambia 1972). In a country with a significant shortage of healthcare workers, this requirement poses a significant barrier to abortion access, particularly for women in rural areas (Blystad et al. 2019; Footman et al. 2021; Haaland et al. 2020). As a retired gender expert explained, the law is “supposed to help abortion but actually encourages unsafe abortion, because the hurdles for having safe abortion, it’s so much... that you would rather go to the back street” (Retired gender expert, Interview, Zoom, February 28, 2023). Because of the restrictions imposed by the law, some NGOs have come up with their own systems to facilitate access to abortion – such as creating a pool of providers available to sign abortion consent forms as needed, (NGO employee, Interview, Zoom, July 10, 2023) or using pre-signed consent forms to ensure timely access to abortion services (Anonymous, Interview, Lusaka, June 2023).

The latest guidelines on comprehensive abortion care (CAC), issued by the Ministry of Health in 2017 attempt to broaden the scope of health practitioners who can provide abortion services, but are themselves unclear. They, permit “mid-level providers” to “provide termination of pregnancy as certified by or under supervision of a registered medical practitioner” (Government of the Republic of Zambia 2017, 26). The term “mid-level providers” usually refers to nurses, midwives, clinical officers, or other non-physician health care workers (Barnard et al. 2015;

World Health Organization 2016), but is not explicitly defined in the guidelines. Moreover, a doctor's supervision remains necessary.

The ambiguity in the Termination of Pregnancy Act is not just about *who* can provide abortion services, but also about *where* abortion services can be provided. Subsections 3(3) and 3(4) of the Termination of Pregnancy Act requires that an abortion be performed in a hospital, except in emergency situations where it is “immediately necessary to save the life or prevent grave permanent injury to the physical or mental health of the pregnant woman” (Government of the Republic of Zambia 1972). Section 2 of the Act defines a hospital as “any institution run as such by the Government or *any other institution* approved in writing for the purposes of this Act by the Permanent Secretary, Ministry of Health” (Government of the Republic of Zambia 1972, emphasis supplied). The provision allowing emergency abortions for physical or mental health reasons creates a gray zone where individuals may claim such reasons for abortions performed outside hospitals. Further, the phrase “any other institution” in the definition of a hospital (Government of the Republic of Zambia 1972) is ambiguous. It could be read to imply that abortions can be done in a hospital or in “any other institution” approved by the Ministry of Health. Alternatively, it might imply that a hospital providing abortion services can either be a government-run public hospital, or a private hospital run “by any other institution.” The 2017 guidelines issued by the Ministry of Health add to the ambiguity and confusion by stipulating that emergency abortions can be done in “*any other place* or health facility” (Government of the Republic of Zambia 2017, 21, emphasis supplied). As some interviewees noted, advocates are pushing for change and clarity on these regulations to expand access for women.

The inconsistencies and restrictions in the Termination of Pregnancy Act undermine its ability to protect abortion rights and create confusion about the legality of abortion in Zambia (Cresswell et al. 2016; Blystad et al. 2019; Haaland et al. 2019). Some interviewees – who it is worth emphasizing work in SRHR – erroneously stated that abortion is prohibited in Zambia. Others noted that many women are unaware that abortion is legal or assume it illegal *because* Zambia is a Christian nation. Studies have shown very low knowledge of the conditions under which abortion is legal in Zambia (Cresswell et al. 2016). Though the penal code was amended in 2005 to allow abortion for child victims of rape (Cresswell et al. 2016; Haaland et al. 2019), misconceptions persist about the legality of abortion for victims of rape. These knowledge gaps pose a significant barrier to abortion access and contribute to a cycle of negative health consequences. For example, the inability to access abortion due to confusion about its legality or lack of knowledge can exacerbate the trauma experienced by victims of sexual and gender-based violence. The Termination of Pregnancy Act effectively “fails to provide strong and unequivocal rights to access to the services it permits and regulates” (Haaland et al. 2019, 10).

Legal ambiguities aside, there is a “powerful anti-abortion discourse” (Blystad et al. 2019:7) in Zambia, fueled by religious nationalism that further stigmatizes abortion, heightens fear, and constrains access. Evidence from this research shows that religion still shapes the politics of abortion in Zambia, which most religious and political leaders condemn along with LGBTI+ rights. As one SRHR specialist explained, “You will never hear a public pronouncement on LGBTI, for example, or even abortion work. Those are things that are considered anti-Christian, and nobody will really support that” (Interview, Zoom, March 3, 2023). This religious stigmatization creates fear not only for women, but also for healthcare workers. For example,

healthcare workers who provide abortion services experience stigmatization in the community and from fellow health care workers. As one NGO official explained, nurses providing abortion services are sometimes labeled “murderers” by other nurses (NGO official, Interview, Lusaka, June 14, 2023). Interviewees noted that due to this stigma, some healthcare workers are reluctant to provide abortion services, which has been documented in previous scholarship (Blystad et al. 2019; Haaland et al. 2019).

Further, as the same NGO official noted, even some NGOs offering abortion services avoid discussing it freely in public. This reluctance to discuss abortion in public shows how Zambian Christian leaders and politicians act as “norm spoilers” (Sanders and Jenkins 2022, 402), shaping public perception and discourse on abortion. However, unlike what Sanders and Jenkins describe, Zambian religious and political leaders leverage moral influence, rather than “money and political power” (Sanders and Jenkins 2022, 422) to control public discourse.

The dearth of accurate information, coupled with pervasive stigma, and fear drive many women to seek clandestine abortions, with negative sexual and reproductive health consequences, as illustrated by this account from an interviewee who wished to remain anonymous:

I was actually a victim of a botched abortion, when I was 21... had I used the correct channel, I don't think it would have gone as horrible as it did. But then I also was duped into believing it's illegal and I could be arrested for even asking about it... I lapsed [exceeded] the weeks when to use the [abortion-inducing] pills. So, it was like a partial [incomplete] abortion... then I was starting to get infected... When I went to the hospital, they told me it [the fetus] got stuck on one side... And I was also perforated because they didn't do it properly. So, I only have 50% of the chance to have a child, the other side [ovary] doesn't work (Interview, Anonymous, Zoom, November 2022).

In the context of an ambiguous legal framework and the religious politicization of abortion, women's bodies are violently policed and, borrowing from Tiessen's (2015) analysis, essentialized. Several interviewees noted how women fear being arrested for even asking about abortion. Others cited instances of women who had been arrested for illegal abortions, such as 27-year-old Nancy Kunda who was given "three years suspended sentence for Unlawful Abortion" in Mansa District (Lusaka Times 2018). Her abortion was described by the sentencing judge as a "crime" that "cannot go unpunished" (Lusaka Times 2018). Given the considerable obstacles to accessing legal abortion, arresting women for illegal abortions represents a form of violence. Like the arrest of the Sistah Sistah Foundation march organizers, it illustrates the discriminatory policing of women's bodies and sexualities. In her critique of the Muskoka Initiative for maternal, newborn and child health,¹¹ Tiessen (2015, 83) argued that the government of Canada, under Conservative Prime Minister Stephen Harper, adopted a "focus on mothers [that obscured] other aspects of women's identities and [essentialized] all women in relation to their biology." The Conservatives framed maternal health solely in the context of motherhood, which showed a "failure to recognize the complex and multifaceted identities of women" (Tiessen 2015, 92).

Similarly, the socio-legal-political context in Zambia essentializes women as mothers and reproducers. And when women choose not to reproduce by securing abortions, they are shamed, stigmatized, and policed, sometimes violently. The policing of women's bodies illustrates the

¹¹ Launched in the wake of the 2010 G8 heads of state summit, the Muskoka Initiative for maternal, newborn and child health received a \$2.85 billion commitment from the Government of Canada (Tiessen 2015; Webster 2014).

complex positionality of women's sexualities in Zambia. Colonialism continued to shape discourses about sex and sexuality even after Zambia's independence (Chela 2023). van Klinken (2018, 145) argues that "Victorian notions of decency and morality have shaped the discursive politics of sexual citizenship in Zambia." These heteronormative, patriarchal notions are critical of female bodies and sexualities that are not heterosexual (van Klinken 2018), and thus prescribe a role for Zambian women that centers around motherhood, church and marriage (Chela 2023). Outside of those roles, Zambian women have little power or influence (Chela 2023). In the context of this religious nationalist narrative, Zambian women are expected to embrace marriage and motherhood. Abortion thus represents deviant sexuality, a break from Christian, heteronormative perspectives of Zambian femininity.

However, the perspectives of activists interviewed for this research show how Zambian feminists are rewriting the narratives of Zambian femininity and working to expand access to abortion services. Many are self-affirmed feminists who firmly believe in women's reproductive autonomy. Similar to how LBQ activism in Lusaka is redefining Zambian femininity (Chela 2023), the activists interviewed for this research are rewriting what it means to be a Zambian woman, creating a narrative that does not revolve around marriage and motherhood. This narrative does not dismiss marriage and motherhood entirely, but it troubles the monolithic assumption that abortion is un-Zambian. Though their voices may not be the majority, they represent the diversity of Zambian femininities that is often obscured by religious nationalist discourses.

Challenges to abortion access in Zambia underscore how the discourses and contexts through which law is interpreted are just as important as the law itself (Blystad et al. 2019; Haaland et al. 2019). In the context of a stigmatizing religious nationalist discourse, abortion is shamed and restricted in Zambia, though legal. Improving access to abortion calls for dedicated efforts to change religious nationalist discourse and clarify legal ambiguities, which the government is to some degree, committed to doing. Zambia’s National Health Strategic Plan includes a commitment to “capacity strengthening for comprehensive abortion care (CAC),” and “enhancing advocacy for the revision of Termination of Pregnancy Act of 1972” (Republic of Zambia, n.d., 33). It remains to be seen how these efforts will be borne out. Importantly, such efforts must engage not just the healthcare system and the law, but the “Christian nation idiom” (Haaland et al. 2019, 6) that frames public discourse. Challenges to abortion access parallel challenges facing LGBTI+ individuals in Zambia, as we discuss in the next section, and reflect a broader policing of nonreproductive sex.

Policing LGBTI+ rights

Like abortion, the legality of homosexuality in Zambia is often misconstrued. Zambia’s anti-sodomy laws are a lingering legacy of British colonial rule (Banda 2022). The Penal Code, in provisions adopted in 1933 while Zambia was still a British colony known as Northern Rhodesia, prescribes up to 14 years’ imprisonment for anyone who “has carnal knowledge of any person against the order of nature” or “permits a male person to have carnal knowledge of him or her against the order of nature,” while “gross indecency” between men is punishable by five years’ imprisonment (Government of the Republic of Zambia 2012, Sections 155 and 158). In 2005,

Parliament increased the penalties to 25-years-to-life imprisonment and to 7-14 years respectively and extended gross indecency to apply to women too (Banda 2022, 240–41). The law's outdated, euphemistic language appears to criminalize all instances of anal sex regardless of the sex of the participants (thus including married, heterosexual couples) and ban other forms of sexual activity initially between men but later applying to all same-sex couples, even when conducted by consenting adults in private.

Though there is no clear explanation of what constitutes acts “against the order of nature,” it tends to be interpreted by the Zambian police and the public as criminalizing most forms of nonreproductive sex. As Banda (2022, 250), explains, the anti-sodomy laws “took a life of their own” in post-independence Zambia, becoming tools for the mischaracterization and criminalization of sexual minorities. In practice, the law is “exclusively applied against homosexual persons and other sexual and gender minorities in Zambia, even where acts of sodomy or gross indecency have not occurred” (Banda 2022, 241). A recent example is the sentencing of a male couple to 15 years' imprisonment, which elicited widespread condemnation by international actors in 2019. After the U.S. ambassador publicly expressed being “horrified” by the judgement, the Zambian government's outrage led to him being recalled to Washington (BBC News 2019). The two men were discreetly granted a presidential pardon in 2020, along with some 3,000 other prisoners (Mendos et al. 2020, 125), possibly influenced by international pressure.

Other sections of the Criminal Code are used to target transgender people, including imprecise provisions against a “person who, without lawful excuse, publicly does any indecent act” or

“publicly conducts himself in a manner likely to cause a breach of the peace” or who is “found wandering in or upon or near any premises or in any road or highway or any place adjacent thereto or in any public place at such time and under such circumstances as to lead to the conclusion that such person is there for an illegal or disorderly purpose” (Government of the Republic of Zambia 2012, Sections 178 and 181). Again, the terminology is unclear and ambiguous, notably what constitutes an “indecent act” and the intent of a “disorderly purpose.” The law can also be interpreted as holding responsible the victim of a transphobic violence for having caused “a breach of the peace.”

Zambian law thus criminalizes certain homosexual (and heterosexual) sexual *acts*. It does not, however, criminalize *being* LGBTI+, expressing one’s sexual orientation or gender identity *per se*, or advocating LGBTI+ rights. Nonetheless, the police use the ambiguities in the law to harass, detain and physically and sexually abuse LGBTI+ individuals, even if relatively few of those arrested are ever convicted (Banda 2022, 252). The very existence of those laws reinforces the stigmatization of LGBTI+ people and, in the general public’s view (if not legally), criminalizes their very existence. Zambia is one of the most LGBTphobic countries in the world, ranking 165th of the 175 countries included in one study’s “LGBTI Acceptance Index” in 2017-2020, with a score that has dropped significantly since 2005 (Flores 2021, 33–34, 46). Churches, especially Pentecostal ones, profoundly shape negative government and public views and discourse about LGBTI+ people (Muwina 2016; van Klinken 2014).

Politicians and religious leaders frequently inveigh against LGBTI+ people and rights, citing not only national laws but also often – as with opposition to abortion – invoking Zambia being a

“Christian nation” and framing LGBTI+ issues as being un-Christian, un-Zambian and un-African. Thus, they portray LGBTI+ people as criminals, sinners and immoral, as well as people unworthy of full citizenship. The mainstream media reflects the government’s perspectives (L. Phiri 2017:12).

As a result, LGBTI+ social life is mainly held “underground.” For instance, Chela (2023, 557) describes “vibrant subcultures and community formations” for lesbian, queer and bisexual women and nonbinary people, “despite legal barriers and patriarchal interpretations of traditional culture.” One Zambian interviewee explained, “The LGBT community in Lusaka organizes a pride month event, usually at the end of June. To get an invite, you must know someone who knows someone. And you get texted the location the day before the event. They keep the event quiet and, on the DL, [downlow] because of the laws” (Interview, Anonymous, Lusaka, June 2023).

Some Zambian women’s rights activists and organizations do not wish to engage with LGBTI+ rights, invoking primarily legal concerns (which are not justified by the letter of the law) but presumably also worried about being stigmatized by association. As one gender and women’s rights expert argued, ignoring the fact that roughly half of LGBTI+ people are women:

because we're a women's rights organization, we were always being challenged as to... why we were not programming around... the LGBTQ. But our point was that we would not do that because first and foremost, we are an organization that is duly registered in Zambia, and by law, LGBTQ in Zambia is not recognized and therefore it will avoid us being found ... on the other side of the law. We would not be programming around there because culturally and Zambia being a

Christian nation (Gender and women's rights expert, Interview, Zoom, June 27, 2023).

The impact of LGBTphobia on individuals' health and wellbeing cannot be underestimated. Many LGBTI+ people are rejected by their families, including being kicked out of the family home at a young age, subjected to violence in their communities, including sexual violence and so-called conversion therapies, and discriminated against at school and at work; they also have trouble accessing various forms of healthcare (Mulavu et al. 2023; Müller, Meer, and Meerkotter 2021, 13–21).

In Zambia, as elsewhere, international organizations and bilateral donors often promote the inclusion of sexual and gender minorities in SRHR under the umbrella term of key populations, especially regarding HIV/AIDS prevention and transmission. Sometimes, Zambian SRHR officials consider that donors, especially USAID, are forcing local actors to include key populations (SRHR Researcher, NGO, Interview, Lusaka, June 16, 2023).

In fact, many health workers who provide SRHR hold prejudices against LGBTI+ people and misunderstand the nature of homosexuality, considering it unnatural behavior caused past sexual abuse. For instance, one interviewee stated:

It's because somebody introduced it to them at a younger age. And introduced it to them in a wrong way. So, then they grow up with this sexual orientation until it becomes a lifestyle... For most of the people the story is that there was some kind of abuse. And it was introduced to them by an older boy... an older person (NGO manager, Interview, Zoom, September 18, 2022).

In theory, healthcare providers should provide the same standard of care to any individual in need, regardless of personal beliefs. As one interviewee stated, “So if an LGBTI person goes into ... a clinic or hospital and they have a need and they need to be taken care of, a healthcare worker cannot say ‘I can't because you're gay’ or whatever. They will just provide the service because they need it,” (SRHR specialist, Interview, Zoom, March 3, 2023). Some NGOs openly embrace that mandate. For instance, an official from Planned Parenthood, while expressing their belief that homosexuality is a choice, explained their work with different key populations:

we are taking care of the men having sex with fellow men, female sex workers, transgender and the ones who inject drugs. So, these are human beings, except that they've chosen the other sexual orientation. But with us when they come it's because, okay, HIV is the one that we are trying to address with these guys. Right. So, we are concentrating on HIV services. So, this is where we test them. If we find that they are positive, we put them on ARVs [antiretroviral medication] And for men having sex with men usually the warts, we take care of them. Transgender, we don't have a service of transforming [probably referring to hormone treatment]. But if they want an HIV test, if they want family planning, yeah, the SRH services (Planned Parenthood Association of Zambia official, Interview, Lusaka, June 14, 2023).

In practice, however, LGBTI+ people are often not treated equally and sometimes even deliberately humiliated when accessing healthcare. An NGO-based SRHR researcher recounted how

It's really more complex, especially for men who have sex with men... the social stigma and discrimination that they actually mention... to the point where... they go in the nurses room and then the nurse leaves and says, “Oh, come and see this person who is in my room” and you see a number of staff... walk in to just come and see you. And the wart that you may have on the anal part or section and that is really demeaning... I

don't support this [sexual and gender minorities] myself... But I also feel that if someone goes to seek services, then they can be provided with services, and then use a separate space to provide the moral criticism, moral correction and other things that goes on. Because I think most of the [LGBT+] people really, really fail to go for even normal services (SRHR Researcher, NGO, Interview, Lusaka, June 16, 2023).

Despite expressing compassion, even that person admitted how they actively avoid being seen as defending the rights of LGBTI+ people and other key populations, for fear of being criticized, making a point of stating their disapproval to LGBTI+ clients:

You can't even say “oh, we are providing services to...” [because] then they say you're promoting. But even for us, we make it clear even to the female sex workers, men who have sex with men, we tell them, we don't promote this, not at all. But you need the services. And we'll try to give you the space where you can access the services, but we do not promote it. Because there are certain times when they are discriminated and they want you to provide advocacy and you still nicely guide them to say look, “we are not promoting this, we're not an organization that promotes these activities. But rather, our aim is to just make sure that you have equitable access to sexual reproductive health services.” (SRHR Researcher, NGO, Interview, Lusaka, June 16, 2023).

Given the hostility and the risks LGBTI+ people confront when going to health centers, one interviewee described how he and some friends took on the responsibility of obtaining and distributing condoms and lubrication for LGBTI+ people:

You cannot even go [to the hospital] because you are scared that they will out you. So, what I was doing the time I was in South Africa, I would send lube through a bus [to Zambia] and condoms. And then one of my friends ... would receive that and then everyone that wants lube, we would send them, go and see this person, and then the person would give them lube and condoms (LGBT activist, Interview, Zoom, January 29, 2024).

No politicians have been willing to speak in favor of LGBTI+ rights or even just LGBTI+ people's access to services because they fear a career-ending backlash, especially from church leaders (SRHR specialist, Interview, Zoom, March 3, 2023). Further, most Zambian human rights NGOs and SRHR organizations are extremely reluctant to speak publicly in favor of LGBTI+ rights, due to similar concerns about being associated with a cause generally seen as toxic. Even the Zambian Human Rights Commission has taken "an overtly anti-LGBTI human rights position" (L. Phiri 2017, 15; see also van Klinken 2017). There are a few exceptions, but most organizations' refusal to take a principled stand leaves LGBTI+ people with very few allies, in a context where the government does not permit them to register their own organizations, of which there are at least five (L. Phiri 2017, 18), and LGBTI+ activists are at risk of reprisals if they speak out. Similar to abortion, the fear of speaking out about LGBTI+ rights illustrates how Zambian Christian leaders and politicians norm spoil (Sanders and Jenkins 2022) by controlling public discourse on these rights.

While some Western donors, such as the U.S., reinforce norm spoiling and maintain strong ties to conservative Christian values—often neglecting SRHR and LGBTQ+ rights in their emphasis on family planning—others actively support LGBTQ+ organizations and promote inclusion in SRHR programs as part of their broader commitment to human rights and public health.

However, well-intentioned expressions of support for LGBTI+ rights in several African countries have been followed by counterproductive backlashes (Brown 2023). In Zambia in particular, international actors must be careful not to be too visible in their actions, given past sensitivities about Western influence. Further, the government does not hesitate to push back, which just

increases stigma and reinforces the belief that LGBTI+ rights is a foreign agenda that they are trying to impose. A recent example of this dynamic was the reaction to Western embassies flying the rainbow flag on the International Day Against Homophobia, Transphobia and Biphobia, which politicians and religious leaders labelled offensive (Mwamba 2023).

The narrative that homosexuality is un-African obscures the diversity of African cultures and societies (Ibrahim 2015; Kaoma 2016; Pincheon 2000). In Zambia, stories of activists like Chisambisha who came out in part to bring attention to homosexuality as a Zambian reality (Long, Brown, and Cooper 2003) shatter the myth that homosexuality is un-Zambian, as does the advocacy of other queer activists and organizations. An emerging LGBTI+ civil society has taken shape in Zambia (Müller, Meer, and Meerkotter 2021). For example, the Transbantu Association Zambia, the Lotus Identity, and the Intersex Society of Zambia are advocating for the rights of sexual and gender minorities, despite legal, political, and social backlash (Collison 2022; L. Phiri 2017). Among other things, they are conducting research, advocating for key populations in the public health sector, and sharing supports and information, often covertly to minimize the risk of social and legal consequences (Collison 2022; L. Phiri 2017). Acts of activism highlighted by interviewees, including providing SRHR commodities or sharing information on social media, represent efforts to counter the narrative of LGBTI+ rights as un-Zambian.

Policing SRHR: Ambiguity and Norm Spoiling

Opposition to abortion and LGBTI+ rights in Zambia illustrates how multiple layers of ambiguity compromise rights. As discussed above, the penal code criminalizes “acts against the order of nature” without specifying what those acts are. That space of ambiguity has been occupied by a religious nationalist discourse that extends the provisions in the penal code on sexual acts to LGBTI+ individuals themselves, creating an oppressive environment in which they are denied their basic human rights. Similarly, ambiguities in the Termination of Pregnancy Act (Haaland et al. 2019; Blystad et al. 2019) collide with religious politicization to heighten stigma, fear, and compromise women’s rights. This religious politicization simultaneously conflates and undermines abortion rights, LGBTI+ rights and other elements of SRHR are considered deviant and therefore un-Christian, such as comprehensive sexuality education. In other words, it discursively associates these un-Christian, un-Zambian elements of SRHR, and stigmatizes them. As one SRHR specialist noted, “politicians have to consolidate their positions” vis-à-vis the electorate and will not support things “that are considered anti-Christian” (SRHR specialist, Interview, Zoom, March 3, 2023).

Paradoxically, the “Christian nation idiom” (Haaland et al. 2019, 6) that shapes the restriction of abortion and LGBTI+ rights itself reflects ambiguities and selective interpretations of the Zambian constitution. The same preamble that declares Zambia a Christian nation also includes a commitment to “uphold the human rights and fundamental freedoms of every person” (Comparative Constitutions Project 2019, 11). This preamble holds tremendous “discursive power” (Haaland et al. 2019, 6) and frames a broader story about Zambian national identity. However, that story emphasizes the “Christian nation” part more than the preamble’s subsequent commitments to protecting human rights and freedoms (see also Banda 2022: 242, 247).

International consensus around the language of “human rights and fundamental freedoms” recognizes sexual rights and the rights to individual bodily and sexual autonomy (Miller et al. 2015; Sanders and Jenkins 2022; World Health Organization 2006). In principle, by committing to “uphold the human rights and fundamental freedoms of every person” (Comparative Constitutions Project 2019, 11), the preamble commits to protecting the rights of LGBTI+ individuals and women’s reproductive autonomy. However, that is not the case, as the ambiguities and silences in the preamble are interpreted through a religious-political lens that constructs abortion and LGBTI+ rights as un-Christian and un-Zambian, and therefore not worthy of the human rights protections guaranteed by the constitution.

This delegitimization of abortion and LGBTI+ rights aligns with the norm spoiling tactic of altering “the meaning of women’s rights” (Sanders and Jenkins 2022:411) but differs in its focus. Religious and political leaders in Zambia do not reframe abortion and LGBTI+ rights as “incompatible with other human rights, such as religious freedom” or “with an ideal of the ‘natural family’” (Sanders and Jenkins 2022, 411). Rather, they reframe abortion and LGBTI+ rights as incompatible with Zambian and Christian values. As such, the “altering” norm spoiling tactic in Zambia is not about protecting other human rights, but about protecting the ideology of a Zambian Christian national identity. Christian nationalism facilitates a “discursive erasure” (Morison and Lynch 2016, 15) of abortion and LGBTI+ rights by invalidating them completely. Though abortion and LGBTI+ rights may be part of the international SRHR norm, they are not part of the Zambian SRHR norm. The dominant Zambian SRHR norm excludes sexual rights, which is heavily influenced by the religious nationalist narrative.

Similarly, despite its commitment to reducing abortion-related complications, the Zambian government's approach to SRHR obscures nonreproductive sexual rights. The term "sexual health" does not appear at all in the National Health Strategic Plan, while the term "reproductive health" appears 12 times, showing a clear emphasis on reproduction. The term "sexual and reproductive health and rights" is only mentioned in the context of strategic intervention 4.3 which is to "enhance advocacy for full implementation of Sexual and Reproductive Health and Rights protocols (e.g. Maputo Protocol)" (Republic of Zambia, n.d., 33). This reference to the Maputo Plan of Action,¹² which itself does not explicitly affirm sexual rights nor mention sexual and gender minorities (Munyati 2018), reinforces an approach to SRHR that centers reproduction and invisibilizes sexual rights. Further, although some sexual and gender minorities are implicitly included under "key populations" in the strategic plan, notably men who have sex with men, the plan makes no explicit commitment to LGBTI+ rights.

The discursive association between SRHR and LGBTI+ rights stigmatizes SRHR. As an SRHR consultant explained, mentions of SRHR or inclusion in Zambia are seen to imply the promotion of LGBTI+ rights:

If anyone hears things like sexual and reproductive health and rights or inclusion on diversity, or gender identity, automatically they feel that you know, this particular organization or person is trying to promote LGBTI rights. So, the clergy in Zambia have been very strong about it (SRHR consultant, Interview, Zoom, March 23, 2023).

¹² The Maputo Plan of Action 2016 to 2030 is a framework that commits African governments to protecting the sexual and reproductive health and rights of women (Munyati 2018)

In fact, the Zambian government prefers not to mention the rights dimension of SRHR in large part because “It touches on LGBTQ” (Former CIDA development officer, Interview, Lusaka, June 19, 2023). Indications emerged in 2023 that the government planned to remove the word “sexual” from SRHR specifically because of its association with LGBTI+ rights (Fallon 2023). This relative obscuring of sexual rights shows how the heteronormative SRHR norm that is dominant in Zambia diverges from the international SRHR norm.

The delegitimization of sexual rights in Zambia represents a norm spoiling tactic that extends beyond the deletion tactic described by Sanders and Jenkins (2022). Because the international SRHR norm includes the supposedly un-Christian and un-Zambian elements of abortion and LGBTI+ rights, it is stigmatized by association. The result is a delegitimization, not only of sexual rights, but of SRHR, which is reduced to a family planning focus. Rather than delete SRHR (Sanders and Jenkins 2022), norm spoilers in Zambia – primarily religious and political leaders – reframe it to center reproductive health and invalidate nonreproductive sexual rights. This removal of sexual rights is a regressive approach that facilitates the curtailment of access to essential health services for women, LGBTI+ individuals, and others. As illustrated by the case of the Sistah Sistah Foundation march, the delegitimization of SRHR also applies to other issues such as gender-based violence that affects all individuals regardless of sexual orientation. Consequently, it undermines a broader set of human rights, including the very concept of sexual health and the commitments to universal healthcare for all in Zambia’s own National Health Strategic Plan.

However, our analysis of interviews shows a generational divide, with younger Zambians using human rights discourse to advocate for sexual rights and operating in grey zones to expand access to sexual and reproductive health and rights. There is no explicit law against the kinds of covert actions described by interviewees, such as using pre-signed consent forms to facilitate access to abortion, distributing SRHR commodities to LGBTI+ individuals, or advocating for rights. The same ambiguities that enable norm spoiling create space for activism within grey zones to expand access to abortion and facilitate access to healthcare for LGBTI+ individuals. Over time, such activism has the potential to shift the discourse and challenge the notion that sexual rights are un-Zambian.

Conclusion

This paper has examined the restriction of abortion, LGBTI+ rights and broader sexual and reproductive health, and rights in Zambia. We have shown how the challenges to abortion and LGBTI+ inclusion in Zambia reflect the intersection of multiple layers of ambiguity – in the abortion law, in the preamble to the constitution declaring Zambia a Christian nation, in the criminalization of certain private sexual acts between consenting adults, and in global frameworks for sexual and reproductive health and rights. All three language-based norm spoiling tactics of controlling, altering and deleting rights (Sanders and Jenkins 2022) are evident in Zambia, but with a difference in scope and focus. Religious and political leaders control discourse on abortion and LGBTI+ rights by shaping public perception and opinion. Combined

with multiple layers of ambiguity, religious nationalist influence undermines the legitimacy of nonreproductive sexual rights, and of sexual and reproductive health and rights through its discursive association to those rights. The result is a delegitimization of SRHR that restricts basic human rights for women and sexual and gender minorities, with potential negative implications for the rights of others beyond those two groups. As such, Zambia illustrates how ambiguity creates space for norm spoiling through religious nationalist interpretations of law that undermine sexual rights and delegitimize SRHR. In short, legal and policy ambiguities compromise human rights in Zambia.

Ambiguity also creates grey zones within which rights-based domestic activism is helping expand access to sexual and reproductive health and rights. Domestic activism – by Zambian feminist and queer activists and others advocating for all sexual and reproductive health and rights – holds the greatest potential for durable change and minimizes perceptions of white saviorism (Brown 2023; Velasco 2020). Activism variously defined and led by domestic actors is contributing to a rewriting of Zambian sexual identities beyond the boundaries of a Christian, heteronormative interpretation.

Donor support does, however, remain important because strong religious nationalist influence means that there is relatively little domestic funding available for these activists and organizations to do their work. However, donor support must be done through an explicitly anticolonial, locally led lens in which domestic actors define the activities, priorities and pathways of their activism. Anything less risks adding fuel to the fire in an already contentious

context. Canada is providing limited funding to Zambian LGBTI+ organizations, and funds sexual and reproductive health projects through Canadian and international NGOs, some of which focus on abortion service provision. This approach is a step in the right direction but could be improved by increasing the amounts of funding, lengthening project timelines and providing more direct funding to Zambian organizations and activists.

In addition to supporting domestic actors, donors and other international actors can advocate for the inclusion of more explicit language on SRHR in global frameworks such as the SDGs, where silences can amplify vulnerability, as individual governments “pick and choose the rights they want to prioritize and how to interpret them” (Brown 2023, 516). Because “international law and norms influence state policy and practice” (Sanders 2018, 274), advocacy is important to strengthen international frameworks for protecting sexual rights. The unequivocal affirmation of these rights may not guarantee universal acceptance by all states, especially in contexts like Zambia where global human rights frameworks are in constant tension with Christian nationalism (van Klinken 2017). However, it can serve as a powerful catalyst for “emancipatory ownership,” empowering marginalized individuals to advocate for their own rights more assertively (Brown 2024), in contextually appropriate ways.

While this paper examined challenges to abortion and LGBTI+ rights in Zambia, it did not examine Zambia’s actions on SRHR within the United Nations, or the specific impacts of SRHR silences within the SDGs, which are both worthy of further examination. Future research could also interrogate how sexual rights are restricted in other African countries, relative to their

positionalities within global policy spaces, and considering their unique socio-political contexts. Further research into the role of donors in safeguarding sexual rights is also necessary. Better understandings of the relevant legal, political, and social contexts can help local and international actors better navigate efforts to protect sexual and reproductive health and rights in Africa.

Chapter 5: “It Never Has a Face That is Fully Ours”: Perspectives on Ownership, Antiracism and the Decolonization of Development

A slightly shorter version of this article is forthcoming in the *Canadian Journal of Development Studies*

Introduction

Recent calls for the decolonization of development have drawn attention to persistent power imbalances, structural racism, and white supremacy in aid work (Dickson, Khan, and Sondarjee 2023; Martins 2020; Patel 2020; Pailey 2020). The field of international development is “fundamentally raced, whether we choose to acknowledge it or not” (Pailey 2020, 5), because it has often legitimized itself through many of the same racial tropes that colonialism used to justify plundering and destroying cultures in the Global South. These racial tropes echo *colonial* narratives of modernity and progress, in which African people and cultures are constructed as inherently inferior, backward and/or in need of rescue by the proverbial “white savior” (Bernstein 2000; Decker and McMahon 2020b; Khan et al. 2022; Kothari 2005; Tamale 2020). Moreover, “the aid sector is itself a *racist* tool, embedded in colonial structures and power inequalities” (Khan 2021b, emphasis added). Whiteness continues to “wield structural power and privilege in development corridors” (Pailey 2020, 3), dominating development theory, policy, and practice (Dickson, Khan, and Sondarjee 2023). As such, development remains a sector in which power is largely concentrated in the Global North (Decker and McMahon 2020a) and in which African actors, cultures, and societies continue to be viewed as “problems” to be fixed by the Global North.

While the conversation on decolonizing development seeks to address these racial and epistemic inequalities in development practice, it has itself become, paradoxically, an illustration of white supremacy. Critical development scholars note that efforts to decolonize development must “destabilize [its] Eurocentric foundations” (Langdon 2013, 385) and end the marginalization of Indigenous and non-Euro-descendant voices (Pailey 2020; Patel 2020). Decolonization is about “[restructuring] the development episteme” and reframing how we think about the “targets of development” interventions (Decker and McMahon 2020a, 99–100). It is about upsetting the racist, colonial hierarchies and epistemes (Grosfoguel 2011; Tamale 2020; Ndlovu-Gatsheni 2020) embedded in the very language and practice of development. Yet, the conversation on decolonizing development is being defined largely by northern perspectives – the “discussion on decolonisation rarely centres the colonised” (Khan 2021a). The dominance of northern perspectives on decolonization is a glaring contradiction that is illustrative of just how deeply unequal development praxis is.

Some scholars argue that the term decolonization is itself Eurocentric and has often been misused by Northern actors (Khan 2021a). Others distinguish decoloniality as a particular type of decolonization whose genealogy and canon are non-Eurocentric (Ndlovu-Gatsheni 2020; Tamale 2020). In the context of this paper, I use decolonization and decoloniality interchangeably. By very definition, the Eurocentric, white supremacist premises of development cannot be destabilized by Eurocentric actors. Citing Black scholars, including Ngũgĩ wa Thiong’o, Noxolo notes that “decolonisation begins from the scholarship of black and indigenous peoples, and should be led by that scholarship” (Noxolo 2017, 318). Beginning in Southern scholarship, decolonization must center the experiences of Black and Indigenous people (Grosfoguel 2011;

Ndlovu-Gatsheni 2020), and their perspectives of what it means to decolonize development and/or renegotiate aid relationships from a decolonial perspective. Recognizing that the struggles of Black and Indigenous people against colonial power are diverse, decoloniality is itself a diverse (Mignolo 2018; Ndlovu-Gatsheni 2020) and “pluriversal project” (Grosfoguel 2011).

This paper contributes a particular Southern narrative and interpretation of decolonization that nuances critical development scholarship by explicitly connecting decolonization to ownership and antiracism. It draws on qualitative, in-depth, semi-structured interviews that I conducted as part of my doctoral research on Canadian engagement in sexual and reproductive health and rights in Zambia. It answers two questions: How do Zambian actors understand and interpret the principles of ownership in the context of sexual and reproductive health programming? To what extent does Canada’s Feminist International Assistance Policy (FIAP) align with their interpretations? I interviewed 34 Zambian actors who have experience and/or expertise in sexual and reproductive health and rights, including civil society actors/leaders, researchers, and feminist and gender activists. In this paper, I synthesize their perspectives on ownership, showing how they relate ownership to antiracism and decolonization, contesting the power dynamics inherent in the language and the doing of aid. They describe aid as a white supremacist project in which donors assume they always know the answers to the issues facing recipient countries and consider the decolonization agenda defined by Eurocentric voices as its own antithesis. They describe ownership – as contested as it is – as central to the idea of decolonization in development. In other words, decolonial, antiracist praxis is critical to creating greater space for meaningful Southern ownership in international development. Borrowing from Rossi and Taiwo’s (2020) conceptualization of a “targeted universalism,” I argue for a “targeted

triad” approach to the decolonial project in development – embracing antiracism, ownership and decolonization as interrelated and mutually reinforcing; sensitive to the nuances of these concepts in different contexts; and seeking out Southern perspectives on these issues without homogenizing them. I also argue that the FIAP falls short of this antiracist interpretation, and reflects paternalistic, colonialist narratives. The strategic silence and inconsistencies in the FIAP reveal Canada’s moral and policy inconsistencies, troubling its self-portrait as a feminist state.

I organize this paper in three interrelated sections, examining ownership in relation to community engagement, antiracism, decolonization and Canada’s FIAP. I begin each of the first three sections by outlining key results and perspectives from interviewees. I then analyze and situate those perspectives in relation to the broader literature. In the fourth section, I examine the extent to which Canada’s FIAP aligns with the interpretations of ownership, antiracism and decolonization put forth by Zambian actors. I draw out recommendations for donors and policy makers on how to renegotiate aid relationships from a decolonial perspective – namely, by prioritizing meaningful community engagement and ownership; making explicit commitments to antiracist praxis; and seeking to define both the “what” and the “how” of decolonization from the perspectives of Southern actors. I do not offer this interpretation of decolonization in relation to ownership and antiracism as a prescriptive definition, but as one perspective that draws from a particular Southern context. I also articulate directions for future research.

Methods

Between September 2022 and August 2023, I interviewed 34 actors who either worked or had experience in sexual and reproductive health in Zambia, including feminist and gender activists, and current and retired officials of bilateral aid agencies, nongovernmental organizations, and the national government. Interviewees all shared their own personal perspectives and views, not those of any organizations they were affiliated with. When I started my fieldwork, I could not travel because of the COVID-19 pandemic. As a result, I conducted initial interviews through Zoom or by telephone. I followed up with in-person fieldwork in Zambia in June 2023, where I conducted additional interviews and attended a full day community outreach event organized by an NGO in collaboration with the Lusaka Provincial Health Office, and an informal meeting of SRHR stakeholders. I also listened to two radio or TV programs on gender-based violence and sexual and reproductive health and rights recommended by interviewees: a documentary produced by a Zambian feminist NGO; and a prominent radio “call in” program featuring the Non-Governmental Gender Organization’s Coordinating Council (NGOCC). I conducted interviews primarily in English, with bits of *Chinyanja*. I have translated any statements made in *Chinyanja* into English. When I quote interviews, I identify interviewees only as far as they permitted me to. Many interviewees preferred to speak and be cited anonymously. In such cases, to protect interviewee privacy and anonymity, I identify them with a generic title and only quote the month, rather than the exact date, of the interview. To supplement my fieldwork, I analyzed published literature, as well as project- and aid-related documents, many of which were obtained from publicly accessible websites, and some from interviewees.

Zambia’s health sector is heavily dependent on donor funding (Bergman, Forsberg, and Sundewall 2021; Sundewall et al. 2010). Between 2020 to 2021, net official development

assistance (ODA) to Zambia totaled USD1.07 billion, with 65% going to the health sector (Organisation for Economic Co-operation and Development 2022). In 2021, donor funding accounted for 49% of overall health expenditure (World Health Organization 2024), signifying strong donor presence in the health sector. As an early adopter of the Paris Declaration on Aid Effectiveness, Zambia has a “relatively long history of aid coordination” in the health sector, primarily led by the Ministry of Health and the Ministry of Finance (Sundewall et al. 2010, 127). For example, as part of aid coordination efforts, the national government invited donor partners to collaborate with it in developing the initial Joint Assistance Strategy for Zambia (JASZ) in 2005 – which covered the period from 2007 to 2010 and provided a roadmap for cooperation between the government and international partners, to minimize duplication and support alignment with the national development plan (African Development Bank 2007).

However, evaluations found that the JASZ did not replace donor country strategies, and more work is needed to strengthen aid alignment in Zambia (Republic of Zambia 2011, 24). The current framework guiding donor support for healthcare in Zambia is the National Health Strategic Plan (NHSP) 2022–2026. It outlines strategic directions and includes specific sections on the role of cooperating donor partners and the different coordination mechanisms through which they can support the strategic plan. However, the extent to which donor programming aligns with the strategic plan is unclear.

Analysis: Ownership, Antiracism and Decolonization in Development

In this research, interviewees discussed ownership, race, and decolonization in interrelated ways. They described ownership as meaningfully engaging communities impacted by development interventions, and allowing context, rather than donor bias, to shape development priorities on the ground. They also described decolonization as a multifaceted process that includes aspects like upsetting racialized power imbalances in development programs and interventions: centering Southern solutions; challenging racial hierarchies; and no longer relying on donor funding. Importantly, they emphasized ownership as a critical aspect of decolonization. I explore those interrelations in this analysis section. I begin by analyzing interviewees' interpretations of ownership and the meanings they ascribe to it. I then discuss how they describe and experience race and coloniality, and their interpretations of decolonization in development. I situate their interpretations in the context of critical development scholarship, emphasizing points of divergence and the implications of those divergences. In so doing, I show how, without a decolonial, antiracist approach to development practice, the possibilities for meaningful Southern ownership are nonexistent.

(Re)Defining Ownership

In the context of this research, interviewees highlighted the complexities and lack of meaningful ownership in health programming. Most described the Zambian health sector as highly donor-driven and lacking meaningful local leadership and ownership. A common refrain was that there are many donors who all have different plans, priorities, and agendas, which complicates autonomy. A manager for a Zambian NGO described the Zambian government as being “vulnerable” to the “guys with the money from the West” who “call the shots” (Interview, Zoom,

September 2022). A gender and SRHR activist highlighted how some reproductive health issues are funded, while others are neglected, based on donor interests:

The Zambian budget is highly donor reliant. So, the focus of what to prioritize in terms of the health sector is also impacted. So, donors... and governments have particular priorities. So, you will know that your USAID and the PEPFARs will fund HIV testing, counseling and testing. And this particular donor will focus on cervical cancer screening and so on. So, what about those SRHR components that do not have particular donor interests? Then they're left to suffer (Interview, Zoom, March 2023).

Even where there are claims of engaging consultative processes, most interviewees noted that many donors rush these processes and instead try retrofitting local perspectives into predesigned projects. Interviewees emphasized the importance of meaningfully engaging community voices to better understand and respond to community needs. For example, a senior technical advisor for an NGO noted that community voices are often not well represented in national government perspectives where donors are most likely to engage, so feedback loops, mechanisms and spaces for meaningful community engagement are especially important (Interview, Zoom, December 2022). Another NGO official described donor processes this way:

Most donors, their meetings are done in boardrooms, and the project is designed and all that and then we go now impose on the community... then later on, we realize, "Oh, we didn't include young people, oh we didn't do this and this..." And now we try fitting them in the middle of the project (Interview, Zoom, November 2022).

Interviewees also described aid as a double-edged sword. Many affirmed a need for aid but noted that it comes with conditionalities that make it difficult to drive fully autonomous programming.

As a feminist activist who leads a Zambian NGO said, “So with donors... I think African countries like Zambia are trapped... because donors also come with their own plans” (Interview, Zoom, November 2022). Other interviewees described projects “initiated top down, from the donor who has kind of a picture of what they want to come and do before engaging the local NGOs in terms of what is needed” (Gender Advisor, NGO, Interview, Zoom, February 2023). Another feminist activist described it this way:

We're still working with donors who tell us how to do the work, and what exactly they want... And you still have to do the work how they see it fit. Like yes, maybe how activities are run... will kind of be contextualized to the context that you're in. But at the end of the day, you're still trying to tick a box that appeases them. And it never really has a face that is fully African and fully ours (Interview, Zoom, February 2023).

A social policy expert who has worked for several local and international NGOs described donor dominance as the fundamental problem of development aid. His comments highlight a problematic power dynamic:

The issue of ownership remains a challenge, in my opinion. In that most of these projects are heavily donor driven... And you know, the challenge of this development aid is that the people with the money are sure that they know the answers to the problems of the poor (Interview, Zoom, September 2022).

Relationships between donor and recipient countries have historically been unequal. The terms “donor” and “recipient” are themselves problematic, and I only use them here as illustrative of the power imbalances in aid relationships. Ownership “emerged as a global response” to the

failures of the Structural Adjustment Programmes (SAPs) (Graham 2017, 374). Endorsed in 2005 by donors and recipients, the Paris Declaration on Aid Effectiveness sought to change development practice by “putting recipients in the proverbial driver’s seat” (Brown 2017, 335). It was undergirded by the five basic principles of “ownership, alignment, harmonisation, managing for development results and mutual accountability” (Organisation for Economic Co-operation and Development 2012, 17). As such, the Paris Declaration signalled a commitment by donors to align with and collaboratively support the priorities of recipient countries rather than their own interests (Brown 2017), an important and overdue shift within the donor community.

Although ownership was a key principle of the Paris Declaration (Brown 2017; Graham 2017), it has been challenging to define and implement in practice, partly due to varying interpretations of what it is. Ownership is a “multi-dimensional concept” that has “meant different things at global and country levels” (Graham 2017, 378, 391). For example, ownership has been described as the leadership of recipient countries in development planning (Booth 2012; Graham 2017), as the participation of both government and civil society actors in determining development policy (Dornan 2017), or as the extent to which development programs or priorities are “determined domestically” (Hasselskog 2022, 10). It has also been described as “broad and democratically legitimized consensus among the recipient country’s relevant actors” regarding development policies and programs (Faust 2010, 516) or as “the extent to which” actors in recipient countries “consider their involvement in terms of control over process and substance to be both sufficient and desirable” (Keijzer and Black 2020, 6). The diversity of interpretations on ownership within the scholarship itself underscores how difficult consensus on ownership is (Keijzer and Black 2020), and it is perhaps even more difficult in practice (Brown 2017). Divergent interpretations

of ownership translate into different practices and approaches in development interventions, further complicating an already fragmented development context.

In the context of this paper, I find Keijzer and Black's interpretation of ownership particularly useful, because it speaks to perceptions of control and involvement from the *perspectives* of recipient country actors. Where interpretations of ownership diverge, it is important to better understand the perceptions of actors in recipient countries from both scholarly and empirical perspectives, as part of a commitment to decolonizing the ownership discourse (Harper-Shipman 2019). Zambian actors' interpretations of ownership do not necessarily align with one singular definition from the scholarship cited above but broadly echo different aspects of the scholarship. Zambian actors talked about ownership as being about bottom-up processes that involve broad, meaningful consultation with local actors, in defining the problems, but also in the design of development interventions to address those problems. These interpretations of ownership broadly echo the ideas of control, involvement (Keijzer and Black 2020) and the domestic determination of development priorities (Hasselskog 2022).

However, interviewees' perceptions of ownership nuance the scholarship in two important ways. First, interviewees' comments highlight the importance of inclusive ownership that meaningfully bridges the perspectives of community-level actors to national government and/or donor development planning processes. The value of community engagement in facilitating development interventions and social change efforts is widely recognized (Hoe et al. 2018; Islam 2014; Ntoimo et al. 2021). Civil society organizations play an especially important role in community engagement as they often represent broader stakeholder perspectives (Harper-

Shipman 2019). In practice, however, while many development actors claim to support community participation, it often amounts to little more than lip-service engagement. As noted by interviewees, due to constraints of time and money, most donors consult national government actors, who may not always represent the voices and perspectives of the communities directly impacted by development initiatives. In some cases, donors cherry pick civil society organizations and NGOs that may align with their ideological perspectives (Mercer 2003) rather than meaningfully engaging diverse perspectives. Indeed, the “language of empowerment, participation, negotiation, partnership, consultation, capacity building, and rights has... become fashionable” (Islam 2014, 203), appropriated by donors even in the absence of broad, inclusive, consultative processes at community level.

Given the multiplicity of actors who have a stake in development programming – including donors, national governments, civil society organizations, communities – ownership is complicated. In this context, community perspectives on ownership are just as important as their participation in development interventions. Most scholarship on ownership focuses on donors and national governments as relevant actors, often excluding civil society (Harper-Shipman 2019) or community actors. However, as defined by the Accra Agenda for Action, ownership should incorporate diverse actors such as civil society organizations, sub-national governments, and even the private sector (Brown 2020; Kiendrébéogo and Meessen 2019). A “multistakeholder” conception of ownership prioritizes “inclusive processes” that engage a diversity of actors to collectively identify development priorities (Keijzer et al. 2018, 60). As highlighted by interviewees, the actors involved in an inclusive approach to ownership should

include the state, civil society organizations and the communities in which development projects are being implemented.

However, because community perspectives are not monolithic, consensus is not always possible. Brown (2024, 10) calls this the “pizza problem” – five friends wanting to order one pizza together can hardly agree what to put on it, in the same way that diverse communities may struggle to reach consensus. He proposes a “portfolio approach,” which involves “supporting a range of activities, projects and programs that reflect the diversities of views and needs as best as can be reasonably possible” (Brown 2024, 10). Meaningful representation and engagement are not about perfect consensus, but about addressing diverse community needs as far as possible. This broad, inclusive approach is important not only for donors, but also for the Zambian government, NGOs and others implementing development programs.

Antiracism: Creating Space for Ownership

A second significant nuance to the scholarship is that many interviewees connected ownership to antiracism and decolonization. While some interviewees did not use the words “racism” or “coloniality,” they described raced power imbalances in engagements with donors. In this section, I present their perceptions about the dominance of donors and “white” or Western actors in Zambia’s health sector. Though these perceptions may not directly reflect empirical evidence, they underscore *how* Zambian actors perceive the health sector as being dominated by external donors. Recent data shows that donor funds contribute a greater share of Zambia’s health budget than domestic funds; accounting for 49% of overall health expenditure, compared to 43% of

domestic expenditures (World Health Organization 2024). This donor dominance is reflected in the perspectives of interviewees, most of whom described donors as wielding an unfair and often exploitative amount of power. An executive of a Zambian NGO was critical of preferential hiring processes that bypass local actors:

And what they will do is, let's say... they have funding, and they want to bring it in Africa, they will get some white woman who's never worked with any funding organization, who knows nothing about Africa, and she will come and be in charge and they will pick maybe two black people. And this woman will be in charge... and the funds will completely go to waste, you know, and not actually help communities that are in need (Interview, Zoom, September 2022).

Some interviewees specifically called out the World Bank and IMF as colonial actors engaged in the “wrong kind of aid” that keeps countries “crippled” and in “bondage and poor and all of these things by constantly putting all of these austerity measures and all these things that keep us in spaces where we will constantly be broke as a country” (Feminist activist, Interview, Zoom, February 2023). Several interviewees noted that aid can create dependency on donors, which gives them an unfair amount of power and control. Others described inequalities in distribution of funds, with “heads of organizations getting high salaries,” while only “maybe like 20% [of funding] goes to actually helping people, which is so unfair” (SGBV and SRHR expert, Interview, Zoom, November 2022). Other interviewees were more candid:

Aid is a white supremacist project if you think about it, because it is essentially saying I know better... we're going to send experts to come and help you implement [a project]. And again, we see like with USAID, 60 or 70% of it goes back to America in terms of employing American experts. This is a... bizarre white supremacist project to my mind (Economist, Interview, Zoom, November 4, 2022).

In sum, interviewees highlighted raced power relations and a lack of local ownership in Zambia's health sector, citing several examples: hiring practices that favor Western actors over Zambian professionals, pay disparities within development organizations, insufficient involvement in decision-making processes, and the continued dominance of white, Western and often exploitative donor actors in the health sector. Critical development scholars have shown similar patterns of donor dominance in other countries and contexts. Despite the commitments and targets in the Paris Declaration, donors' economic and foreign policy agendas still influence how, where and when global health issues get funded (Esser and Keating Bench 2011; Feldbaum and Michaud 2010; Spicer et al. 2020; Sridhar 2009). Donor conditionalities, combined with inequalities in global capitalist markets limit the actual autonomy of recipient countries (Raffinot 2010).

Ownership is particularly challenging in the context of reproductive health, where policies and programs in many countries in the Global South are often shaped by donor politics rather than their own needs and contexts (Bennett et al. 2015; Hessini, Brookman-Amisshah, and Crane 2006; Storeng et al. 2019). Further, SRHR research, programming and health promotion often reflects racist, colonialist constructions of the sexualities and cultures of Black, racialized and Indigenous populations (El-Mowafi et al. 2021). Supporting the leadership and ownership of Black, Indigenous and racialized people in SRHR research and programming is one way to address these systemic inequalities (El-Mowafi et al. 2021). However, this kind of local leadership and ownership is challenging in a global health context that continues to be “plagued” by “inefficiency, fragmentation and top-down decision making” (Sridhar 2009, 1363). As insights

from the stakeholders that I interviewed show, in Zambia, donors, the “people with the money,” (Social policy expert, Interview, Zoom, September 2022) remain largely in control.

Moreover, comments from interviewees draw attention to the racialized power hierarchies that underpin development practice. Racism was the structuring principle for colonial hierarchies (Quijano 2024; Ndlovu-Gatsheni 2020) and has long been embedded within development episteme and practice (Ndlovu-Gatsheni 2020; Pailey 2020). Race is the “proverbial elephant in the room of development” (Pailey 2020, 2). The very language of development is rooted in racism, classifying the West as the “epicentre of everything progressive and good,” and other people and countries as backward and in need aid (Khan et al. 2022, 1). While development often portrays most of the Global South as “other,” I limit my discussion to colonialist constructions of African people and cultures, as my research was conducted in an African country. In the eighteenth and nineteenth century, European civilization was by default the standard against which all other societies – particularly African ones – were to be measured (Decker and McMahon 2020b). The othering of African societies served to justify colonial expansion and exploitation in the name of “civilization.”

The “civilizing mission” of colonialism “morphed into the concept of development, which continued to define progress in terms of the remaking of African societies in the mold of the West” (Decker and McMahon 2020b, 21). The idea of development is thus underpinned by “the division between the human and the savage, between civilization and nature” (Deciancio, Nemiña, and Tussie 2021, 62). Perhaps more than any other region, Africa has always been constructed as the savage, often described in a language of inferiority, lack and backwardness

(Comaroff 1993; Decker and McMahon 2020b; Vaughan 1991). Contemporarily, the “white gaze of development” continues to perpetuate a paradigm in which “white is always right, and West is always best” (Pailey 2020, 6). It is a paradigm marked by racist attitudes and hierarchies within organizations that work in international development (Khan 2021b); power inequalities in development partnerships and the production and use of knowledge (Martins 2020); racist constructions of Southern people (Pailey 2020) and donor dominance in development interventions.

The dominance of colonialist paradigms in development practice illustrates how the “coloniality of power,” established upon the production of the idea of ‘race’” (Quijano 2000:229) makes ownership practically impossible in international development. Quijano’s (2000; 2024) theorizing of coloniality helps unveil how colonial power and domination – underpinned by racism – continues to be manifested well beyond the end of formal colonialism. Coloniality is a decolonial concept (Mignolo 2018) that “names the various colonial-like power relations” that persist in contemporary times (Ndlovu-Gatsheni 2020, 31). Colonial power relations and imbalances are seen, felt, and experienced by Zambian aid officials and professionals, who notice the privileging of white, Western actors, perspectives and leadership in the funding and implementation of health programs. In the context of these hierarchies, achieving genuine Southern ownership is impossible.

Consequently, supporting Southern ownership calls for a decidedly antiracist approach to development practice. An antiracist approach goes beyond dismissing development itself as an exploitative, colonial project, which is what many post-development scholars have done (Esteva

2010; Ferguson and Lohman 1994; McMichael 2010). They argue that development has not really helped poor people (Ferguson and Lohman 1994) and has left countries in the Global South more “underdeveloped... than [when they were] initially discovered to be so” (Escobar 1992, 412). Kiely (1999) notes that post-development echoes the flaws of dependency theory, with its overly simplistic notion that development is just another way for the West to exploit the “third world.” Many “long-term trends” in countries receiving aid “are positive” – in areas such as democracy, health, education, and poverty (Easterly 2015, 5). While development assistance may not be the sole factor for this success, it suggests that perhaps that development has not been a complete failure. Development has done some good, but it has also done harm.

Rather than dismiss development entirely, a more nuanced approach is to seek to reform development episteme and practice. This is what I heard in interviews with *Zambian* actors. Most acknowledged a need for development aid but also highlighted the importance of redefining the terms of aid by challenging racialized power hierarchies and inequalities. In practice, this means making explicit commitments to antiracist praxis; diversifying decision making; changing hiring practices to favour *Zambian* professionals rather than Western ones, particularly in positions of leadership; addressing internal pay disparities; dismantling the colonial lexicon of development practice and rewriting it from the perspectives of Southern actors. It means increasing direct funding to *Zambian* organizations and actors and giving them the autonomy to program based on their contextual analysis of local priorities and needs rather than in response to top-down, donor-driven agendas. It means explicitly naming racism where we see it, and intentionally designing development interventions informed by *Zambian* epistemologies, narratives and scholarship.

Importantly, to challenge racialized power hierarchies and inequalities, definitions and interpretations of ownership – both in scholarship and in practice – must go beyond power and control, and center race. Centering race does not mean labelling Northern actors as inherently racist, as racism exists everywhere. Within Zambia, there may also be colonialist and racist approaches to development that must be challenged. Rather, centering race in interpretations of ownership means interrogating racist organizational structures, power dynamics, ways of knowing and assumptions built into development practice, recognizing that they are a constraint to meaningful Southern ownership. Centering race means adopting an antiracist understanding and approach to ownership, by recognizing that antiracist praxis helps create greater space for ownership. It means working to dismantle racial hierarchies in development institutions, and making concrete changes to decision making processes, hiring practices and program design or implementation. Making these changes requires action by different actors within the development sector – most notably donors, but also the *Zambian* government, civil society organizations, activists and others. It is incumbent on donors to change how they fund development; and on domestic actors to hold donors accountable to their commitments.

The dismantling of racial, colonialist hierarchies and epistemes is part of the decolonial project (Grosfoguel 2011; Ndlovu-Gatsheni 2020; Quijano 2024; Sondarjee and Andrews 2022). As such, an antiracist interpretation of ownership is also about decoloniality. In the next section, I turn to a discussion of *Zambian* actors understandings of decolonization, and how they relate it to ownership and antiracism.

Ownership as Decolonization: Whose Agenda is It Anyway?

There are different interpretations of what it means to decolonize development (Oti and Ncayiyana 2021). Critical scholars describe decoloniality as being about dismantling racial hierarchies (Quijano 2024); delinking from the “colonial matrix of power” (Mignolo 2018, 106); redressing the injustices of settler colonialism through the retribution of Indigenous land and life (Tuck and Yang 2012); deconstructing colonial epistememes (Grosfoguel 2011; Tamale 2020); and reclaiming the humanity of the previously colonized (Tamale 2020). In international development, decolonization is about destabilizing racial hierarchies as well as Western hegemony, power and assumptions about pathways to progress (Decker and McMahon 2020a; Ndlovu-Gatsheni 2020; Patel 2020). Though it must center the epistememes and perspectives of Southern and Indigenous scholars and activists (Grosfoguel 2011; Ndlovu-Gatsheni 2020; Sondarjee and Andrews 2022), decoloniality is multi-faceted and diverse, because Southern struggles with coloniality are themselves diverse (Mignolo 2018; Grosfoguel 2011). In this section, I unpack the meanings and interpretations of decolonization in development described by the actors interviewed for this research.

In the context of this research, I asked interviewees what decolonization meant to them. Their responses highlight multiple layers and interpretations of decolonization in development. Many described decolonization as prioritizing local ownership, upsetting current patterns of power in aid relationships, recognizing the voices of those most affected by development interventions, supporting South-South cooperation, and minimizing dependency on aid. A common refrain was the importance of mobilizing domestic resources, rather than always relying on aid. As a Zambian NGO official said, “What I mean by decolonizing aid is, in simpler terms, is ensuring

we are not we are not puppets of aid; we do not rely on aid for everything” (Interview, Zoom, November 2022). Other interviewees described decolonization as prioritizing actual local leadership and ownership. An SRHR researcher from an NGO described it this way:

And for us, when we talk about decolonization, we're talking about the fact that, yes, while most of this funding comes from the north and being implemented or utilized in the Global South, that it is Global South perspectives and solutions that should be prioritized. It shouldn't be another form of colonization... It's the local voices and the ownership aspects and ensuring that what the community needs and wants are the prioritized aspects and that the sustainability of the impact... (Interview, Zoom, March 2023).

Another interviewee noted that the decolonization debate “has itself been colonized in some very interesting ways and therefore incapacitated (Economist, Interview, Zoom, November 2022). In response to my question about what decolonization meant to them, some interviewees described aspects of things that they would change about aid programs in language that challenges patterns of coloniality. For example, some interviewees talked about the importance of movement building and greater South-South cooperation and creating “synergies as Africans before going to seek for aid” (NGO official, Interview, Zoom, November 2022). They viewed South-South cooperation as an important alternative to western funding where development partners often have “some sort of predetermined output that they're looking for,” which often is “not contextualized” (CSO official, Interview, Zoom, December 2022). Other interviewees underscored the importance of greater flexibility in designing development interventions and allowing “the people on the ground” who “actually experience the problems” to “participate in identifying the problems, ranking them, prioritizing which problems really affect them,’ and then

in “prioritizing and developing solutions” (SRHR researcher, Interview, Lusaka, June 2023).

Others emphasized the importance owing the very “table” of development:

I think we need to revisit that relationship between philanthropists and implementers on the ground, we just need to redefine it. We need to also stop this conversation of having a seat at the table to have my voice heard and... we need to start interrogating who *owns* the table because that person is probably calling the shots, you know? And what kind of shots are they calling? Are they really human rights based? What's their interest in this anyway? (Anonymous, Interview, June 2023).

Ownership is an important cross-cutting thread in interviewees’ descriptions of decolonization.

Interviewees underscore the importance of actual ownership – not just paying lip service to ownership while continuing to do business as usual. Nor it is just about ownership of development interventions, but ownership of decolonization and of the very terms of development. The decolonization of development cannot be led by the colonialist establishment. In other words, decolonization cannot disrupt development episteme while it sits within the same episteme. Rather, as pointed out by decolonial scholars, decolonization must be informed by the scholarship and insights of Southern and Indigenous critical thinkers, activists and practitioners (Grosfoguel 2011; Sondarjee and Andrews 2022). In international development, decolonization is not about having a seat at the table but *owning* it entirely.

A decolonization agenda defined from a Western, white supremacist perspective is its own antithesis, a dissonance which perhaps underscores the importance of a decolonial lens within the conversation on decolonization in development. Decker and McMahon (2020a, 100) argue that while the power base of development still sits in the Global North, “efforts to decolonize

development will fail to restructure the development episteme.” The development episteme that needs to be destabilized cannot dictate the terms on which it is to be destabilized. The decolonial agenda itself must be “fully African” and “fully ours”¹³ – owned by actors in the Global South, for it to advance meaningful change. This means decolonization must actively turn the tables of supremacy in development. To “transcend its origins,” which are racist and colonial, global health and development “must become actively anti-supremacist, and also anti-oppressionist and anti-racist... flipping every axis of supremacy on its head” (Abimbola and Pai 2020, 1627–28). Decolonization must do the same – meaningfully challenging the racist, white supremacist assumptions built into development episteme.

An important first step in dismantling racial and epistemic hierarchies in development is understanding how Southern narratives nuance development scholarship. As shown in the quotes cited above, Southern actors may not always characterize “decolonization” the way western scholarship or actors do. Highlighting those divergences is an important part of rewriting the lexicon of development. For example, many interviewees linked decolonization to South-South cooperation and the mobilization of domestic resources, rather than constant dependence on aid. They described South-South cooperation as economic collaboration between African countries, rather than reliance on donors. South-South cooperation and local resource mobilization are often described as aspects of a “post-aid” or “beyond aid” agenda (Appel 2018; Heiner, Klingebiel, and Paulo 2015). However, many interviewees saw them as aspects of decolonization – in the sense of a country being able to do development on its own terms, with its own resources, or in partnership with other Southern countries. An interpretation of “post-aid” as

¹³ Phrasing taken from interview with feminist activist on Zoom, February 2023

decolonization is a divergence from common understandings of post-aid in the literature. Given that most development literature is authored by Northern actors (Amarante et al. 2022), Southern sources and perspectives are often not visible. However, there is no decolonization without centering ownership of the language of development and of decolonization in Southern perspectives. It is important to note here that Southern perspectives are themselves diverse. That diversity means that there will be varied understandings and interpretations of what it means to decolonize development across the Global South. To expect a singular definition of decolonization would be to reduce the Global South to a monolith, mirroring colonial constructions.

Context nuances definitions of decolonization in a “targeted triad,” a term I borrow from Kiely (1999), and Rossi and Taiwo (2020). In a critique of post-development’s relativism and essentialism, Kiely highlights the need for a “genuine, but historically grounded universalism” (Kiely 1999, 48). Rossi and Taiwo argue that only a “targeted universalism that responds to marginalizations inherent in our social structures is true universalism, insofar as it aims at impacting everyone equally without homogenizing them” (Rossi and Taiwo 2020). The project to decolonize development is a “targeted triad”– embracing antiracism, ownership and decoloniality as interrelated and mutually reinforcing; sensitive to the nuances of these concepts in different contexts; and seeking out Southern perspectives on these issues without homogenizing them. A “targeted triad” recognizes that these principles are inseparable. Antiracist praxis simultaneously necessitates an intentional rejection of racial hierarchies, and an intentional prioritization of Southern perspectives, experiences and epistemes. As such, antiracist praxis underpins both ownership and decoloniality – and is critical to advancing these agendas.

Canada's Feminist International Assistance Policy: Missing the Mark

Zambian actors' perspectives underscore the importance of inclusive ownership that meaningfully engages the various actors who have a stake in development programs, including community-level actors; of centering discussions of power and race; and of context-specific definitions and interpretations of decolonization in development. Their perspectives point to the importance of antiracist approaches to ownership and decolonization. Feminist foreign policy represents a commitment to intersectional praxis and addressing multiple layers of social inequality (Mason 2019; Morton, Muchiri, and Swiss 2020; Nylund, Håkansson, and Bjarnegård 2023; Thompson et al. 2020; Tiessen 2019), and offers a potential means to implement antiracist approaches in international assistance. However, Canada's Feminist International Assistance Policy reflects neoliberal feminisms, which limits its potential to effectively address structural issues (Mason 2019; Parisi 2020; Tiessen 2019) such as race and coloniality. I turn now to a close examination of the extent to which Canada's FIAP aligns with the perspectives of antiracism and decolonization described by Zambian actors.

On paper, the FIAP has a strong emphasis on meaningful community engagement and support to "local" actors. While the word "community" appears 13 times in the FIAP document, specific references to engaging community actors are more limited, and appear in the context of specific project examples. For example, the section on humanitarian action mentions how, in the aftermath of Typhoon Haiyan, Canada supported "women in the community," in collaboration with other actors, "to ensure that recipients of assistance were included in repair and

reconstruction decision making” (Global Affairs Canada 2017a, 30). The FIAP document also highlights how, in Iraq, Canada is supporting community centers to support survivors of sexual and gender-based violence (Global Affairs Canada 2017a, 32). Through the FIAP, Canada commits to “[providing] better support for local women’s organizations and movements that advance women’s rights” through a commitment of “\$150 million over five years” (Global Affairs Canada 2017a, 19). The FIAP document also highlights how Canada “will work with local and national women’s groups to involve women and girls in program design, delivery and monitoring” (Global Affairs Canada 2017a, 31). It affirms that “to be effective, international assistance must respond to local needs and priorities” and that these should be determined by recipient country governments (Global Affairs Canada 2017a, 73). Thus, on paper, the FIAP represents a strong commitment to supporting domestic actors at both community and government levels.

However, as demonstrated in chapter three of this thesis, despite the commitments to supporting domestic actors in the FIAP, Canada’s funding partnership model with Canadian NGOs still reflects government priorities. Moreover, the FIAP document sometimes uses the word “local” to refer to women’s rights groups, community actors or the national government, without recognizing how those groups intersect or their different levels of autonomy and ownership. For example, the FIAP document recognizes the role that “local women’s organizations” can play in “raising social awareness and mobilizing communities to change laws” (Global Affairs Canada 2017a, 9). However, its reference to supporting “local needs and priorities” only mentions “partner country governments” as the actors to establish those priorities (Global Affairs Canada

2017a, 73), with no mention of the role of civil society or women's rights groups in national priority setting.

Importantly, the FIAP's emphasis on "local" actors does not include references to antiracism and decolonization, which Zambian actors emphasize as critical aspects of ownership. The word "race" appears four times in the FIAP document, always next to sex, ethnicity and other categories along which marginalization can occur. Not once does the FIAP document mention racism, racial inequality, coloniality, decolonization, or the importance of antiracism in international assistance. It only mentions the word "ownership" once, and it is in the context of land ownership (Global Affairs Canada 2017a, 50), referring to private property rather than the development cooperation principle, and not in relation to resisting colonial patterns or antiracism in international assistance. Due to its lack of specific mention of racism, coloniality and decolonization, the FIAP document falls short of the antiracist interpretations of ownership described by Zambian actors. It does not represent a "targeted triad" approach to ownership, antiracism and decolonization as interrelated, mutually reinforcing concepts.

Further, the FIAP shows evidence of paternalistic, colonialist perspectives of women and countries in the Global South. While the FIAP document acknowledges the agency of local women's rights organizations and their potential to catalyze change, it also sometimes portrays local women as powerless victims. For example, the reference to Canada's assistance to the Philippines after Typhoon Haiyan in 2013 notes that "local women" felt "empowered by information they were given on how to make their homes safer" (Global Affairs Canada 2017a, 30). The word "help" appears over 80 times in the FIAP policy document, and most of those

mentions are in reference to Canada's role to help "developing countries," local actors, or local women. It notes that Canada will "help local governments develop... policy reforms" (Global Affairs Canada 2017a, 36). The FIAP document puts a strong emphasis on Canada's "great opportunity to help the people of the world's developing countries join the global middle class" (Global Affairs Canada 2017a, i). Similarly, the FIAP document uses the phrase "developing countries" over 40 times, which scholars and critics note implies racialized hierarchies and dichotomies (Khan et al. 2022; Silver 2021). While not perfect, the term "Global South" does not evoke racialized dichotomies to the same extent and might have been a better choice. The FIAP document highlights one motivation for Canadian aid as helping "more of the world [share]" Canadian values (Global Affairs Canada 2017a, i). This framing and choice of language implies that Canadian values are superior to those in Southern countries. It echoes colonialist narratives that assumed western superiority, portraying the "third world" as needing to be helped by the west (Pailey 2020; Silver 2021). Indeed, as Akuffo argues, Trudeau's "feminist agenda" is "borne out of the self-perception of Canada as a privileged and developed society that has a moral responsibility to spread the values that have made Canadians safer and prosperous" (Akuffo 2021, 643).

The FIAP's use of colonialist language and its silence on antiracism is reflective of broader tensions on race and coloniality in Canadian foreign policy. Canada's engagement with women's empowerment in Africa resonates with colonial and neoliberal tropes of African femininity. Canada's relationship with Africa is "intrinsically linked to [its] double heritage as a former colonial settlement of Britain and France who were also the largest and the most powerful colonial powers in Africa" (Akuffo 2021, 636). Despite this shared history of colonization,

Canada's engagement with the African continent "[reflects] the politics of European colonization," in which Africa is constructed as "poor, conflict ridden and therefore [needing] Canada's help" (Akuffo 2021, 637). This image of Africa as the 'other' creates a narrative that constructs a story about Canada as a benevolent, legitimate donor in Africa (Akuffo 2021; Black 2015). In this context, Canadian global health policy has often essentialized women in the Global South. For example, Tiessen argues that the Harper Conservative's Muskoka Initiative on Maternal, Newborn and Child Health framed mothers in the Global South as "victims" and "beneficiaries," instead of "active agents in the design and implementation of development programs" (Tiessen 2016, 189). Specific to African women, this framing of mothers as victims echoes colonial prejudices of African femininity (Fassin 2007; Jochelson 2001; Stoler 2002; Vaughan 1991). The FIAP represents a missed opportunity for Canada to change paternalistic perspectives and champion an antiracist approach to international assistance.

The missed opportunity in the FIAP to redress colonialist narratives also shows Canada's moral inconsistencies. The image of a Canada in which all citizens are "safer and prosperous" (Akuffo 2021, 643) is an illusion. While it claims feminist benevolence abroad, Canada's version of feminist justice has not extended to effectively redressing injustice within its own borders (Bergman Rosamond, Cheung, and De Leeuw 2023). Canada's self-portrait as a feminist state "works to re-embed and disguise the gendered and racialized forms of colonial violence that persist in spite of the state's rhetorical acts of reconciliation" (Bergman Rosamond, Cheung, and De Leeuw 2023, 16), particularly toward Indigenous women in Canada. Because coloniality is reflected in Canada *internally* in terms of its relations with Indigenous people and *externally* in terms of its international assistance, its discourses on feminist policy must necessarily engage

both domestic and foreign policy spheres. However, Canada's discourses on Indigenous reconciliation and feminist policy have typically been approached as separate initiatives, rather than "being understood as part of a single governance project" (Midzain-Gobin and Dunton 2021, 41). This fragmentation not only weakens the ability of both discourses to change colonial relationships (Midzain-Gobin and Dunton 2021), but it also highlights Canada's policy and moral inconsistencies.

The FIAP embodies these inconsistencies, reproducing paternalistic perspectives of a Canadian "moral responsibility" (Akuffo 2021, 643) to aid the poor, without due mention of colonial inequalities within Canada's own borders. Given Canada's complicated internal racial politics, the silence of the FIAP on coloniality is a missed opportunity to champion antiracism and decolonization both nationally and internationally. The FIAP should have been explicit about the role of race in shaping power imbalances in international development, and the importance of antiracist, decolonial approaches. There are no quick or easy fixes to addressing race, power and coloniality in development, but acknowledging the issues is itself an important step toward meaningful progress.

Conclusion

Who owns decolonization? In this paper, I have offered examples of how *Zambian* actors in the sexual and reproductive health and rights sector understand and interpret the relationships between ownership, race, and decolonization in development. They describe ownership as a critical aspect of decolonization – decolonizing development means placing the leadership and

ownership of development interventions and of decolonization squarely in the hands of Southern actors. In practice, this means supporting Southern leadership, supporting context-specific solutions, meaningfully engaging community voices and challenging racialized power hierarchies. Thus, while the concept of ownership is heavily contested in the scholarship, the empirical evidence in this paper shows that ownership still matters, and that taking it to its logical conclusion means radically upending the racist structures and epistemes built into development practice. Racist assumptions, attitudes and practices are a constraint to meaningful Southern ownership in development programming and must be addressed as such. In other words, an antiracist approach committed to critical analyses of racial, power and epistemic hierarchies is critical to creating space for ownership.

Such an antiracist interpretation of ownership, taken to its logical conclusion, is decoloniality. As such, ownership, antiracism and decolonization form a targeted triad – interrelated, mutually reinforcing concepts that can collectively help upend Northern dominance in development practice. This triad approach simultaneously challenges the racist language and assumptions with which development engages African people and cultures; the continued dominance of donors in development planning and programming; and colonialist patterns of power and control. It advances epistemic decolonization, destabilizing Northern dominance of the power of language, allowing “decolonization” itself to be variously defined and *owned* by Southern actors. This triad approach seeks out, listens to, and meaningfully engages with diverse voices in the contexts in which development programs are implemented, to understand how they define the “what” and the “how” of decolonization. Prioritizing these context-specific definitions – recognizing that ownership, antiracism and decoloniality cannot be treated in isolation – will provide valuable

insights on how development partnerships and interventions can effectively be restructured and renegotiated to challenge colonial patterns.

The FIAP's appropriation of raced, colonialist language does not align with the targeted triad approach and reveals Canada's moral and policy inconsistencies. The FIAP's strategic silence on antiracism is a missed opportunity for Canada to show global leadership on such anticolonial, contextually appropriate approaches to ownership and international assistance. It is a missed opportunity to demonstrate an approach to feminist foreign policy that relates ownership to questions of racism, power and coloniality; avoids paternalistic perspectives of women and actors in the Global South; does not use colonialist language; and creates space for context-specific approaches and definitions of decolonization in development practice.¹⁴ Moreover, the disconnect between Canada's feminist claims and domestic concerns about Indigenous reconciliation reveal troubling inconsistencies in its self-portrait as a feminist state.

Given the diversity of perspectives and experiences, consensus on decolonization even in Southern contexts is impossible. However, the goal is not consensus on what decolonization is but rather process and dialogue. It is not about *whose* version of decolonization drives the agenda, but rather *how* development actors seek out, relate to and respect the diversity of those interpretations. Future research should interrogate and unearth narratives of decolonization in development in other Southern contexts to understand how they nuance or challenge contemporary scholarship. To do this kind of research well, development scholars, partners and donors must hold space for a difficult, decidedly antiracist conversation – recognizing that

¹⁴ In the conclusion to the thesis, I expand on this concept and theorize it as “anticolonial feminist foreign policy.”

decolonial, antiracist praxis creates the enabling conditions for ownership. Decolonial, antiracist praxis means giving actors in the Global South the “space to imagine the terrain, design the road map, or simply burn the map” (Harper-Shipman 2019, 11) of development altogether if they so wish. That is messy and extremely hard work, but to sidestep it is to undermine the very essence of decolonization.

Chapter 6: Conclusion: Toward an Anticolonial Feminist Foreign Policy

This concluding chapter synthesizes the key findings of the research, drawing together insights from the individual chapters to offer a comprehensive summary of the theoretical and programmatic recommendations arising from the thesis. Overall, the thesis contributes to critical development scholarship on the relationships between gender equality, and sexual and reproductive health and rights, and the potential and promise of feminist foreign policy. This chapter begins by summarizing the research findings, then discusses the specific theoretical contributions, as well as policy and programmatic recommendations arising from the thesis findings. Building on the findings from the empirical chapters, it conceptualizes and articulates the core elements of an anticolonial feminist foreign policy. Finally, it highlights areas for future research.

Summary of Research Findings

This thesis examined Canada's support for sexual and reproductive health and rights in Zambia relative to its Feminist International Assistance Policy, and the extent to which it addresses structural barriers. It asked three research questions, which are summarized below along with the key findings:

1. *To what extent does Canada's aid approach address the structural challenges to sexual and reproductive health and rights in Zambia? What impact has the FIAP had on Canada's efforts and what explains this impact?*

Sexual and reproductive health vulnerability in Zambia is shaped by several intersecting structural challenges – including poverty, gender-based violence, legal ambiguities, under resourced health facilities, and socio-religious stigma – requiring comprehensive, intersectional approaches. However, Canadian-funded projects provide a service-provision approach that, while useful, only tangentially addresses underlying structural factors. This approach is the product of regressive changes in Canada’s aid modalities in the 2010s, notably the Canadian government’s move toward a government-centric relationship with Canadian NGOs and the closure of the Zambian bilateral development program. With its commitment to fighting structural poverty, the Feminist International Assistance Policy (FIAP) should have redressed these challenges. However, it failed to do that because of its internal inconsistencies, and the Trudeau government’s unwillingness to meaningfully reverse CIDA’s 2010 model of partnership with Canadian NGOs. These failures illustrate the challenges of operationalizing intersectionality in international assistance and translating rhetoric into action. Changing donor priorities and trends toward short-term, project-based aid modalities undermine the work of development partners and the possibilities for long-term, intersectional, transformative programming. Feminist foreign policy can help mitigate these challenges, but it must be accompanied by a commitment to context-specific approaches and to robust intersectional analysis that challenges *donor* funding practices as much as it does systemic oppression in recipient countries.

2. *In what ways are abortion rights and LGBTI+ rights restricted in Zambia, and what are the implications of that restriction for sexual and reproductive health and rights?*

The challenges to abortion and LGBTI+ inclusion in Zambia reflect the intersection of multiple layers of ambiguity – in the abortion law, in the preamble to the constitution declaring Zambia a Christian nation, in the criminalization of certain private sexual acts between consenting adults, and in global frameworks for sexual and reproductive health and rights. The language-based norm spoiling tactics of controlling, altering and deleting rights, as elaborated by Sanders and Jenkins (2022), are evident in Zambia, but with a different scope and focus. Religious and political leaders control discourse on abortion and LGBTI+ rights by shaping public perception and opinion. Combined with ambiguities in the legal and policy frameworks, religious nationalist influence undermines the legitimacy of nonreproductive sexual rights, and of sexual and reproductive health and rights by association. The result is a delegitimization of sexual and reproductive health and rights that compromises human rights. Zambia thus illustrates how ambiguity creates space for norm spoiling through religious nationalist discourse. Ambiguity also creates grey zones within which rights-based domestic activism can help expand access to sexual and reproductive health and rights. Protecting sexual and reproductive health and rights in such contexts requires concerted action to eliminate ambiguities, advocate for more explicit commitments to SRHR, and support domestic actors. In essence, it requires an intersectional, anticolonial, rights-based approach – the kind that a transformative feminist foreign policy could provide. Canada is providing limited funding to Zambian LGBTI+ organizations, and funds sexual and reproductive health projects through Canadian and international NGOs, some of which focus on abortion service provision. This approach could be improved by increasing the amounts of funding, lengthening project timelines, providing more direct funding to Zambian organizations and activists, and supporting them to design and implement projects and programs based on their understanding of local contexts and needs.

3. *How do Zambian actors understand and interpret the principles of ownership in the context of sexual and reproductive health programming? What are the implications of their interpretations? To what extent does Canada's Feminist International Assistance Policy align with their perspectives?*

Zambian actors in the sexual and reproductive health and rights sector describe ownership as a critical aspect of decolonization. Decolonizing development means placing the leadership and ownership of development interventions squarely in the hands of Southern actors. In practice, this means supporting Southern leadership, changing organizational structures and hiring practices, supporting context-specific solutions, meaningfully engaging community voices and challenging racialized power hierarchies. While the concept of ownership is contested in critical development scholarship, my analysis shows that ownership still matters, and that taking it to its logical conclusion means radically upending the racist structures and epistemes built into development practice. Ownership is impossible in the structurally unequal context of “business as usual” foreign aid. Consequently, decolonial, antiracist praxis that privileges Southern epistemes and challenges racial hierarchies is critical to supporting meaningful ownership. As such, decolonization, ownership and antiracism are interrelated, mutually reinforcing concepts that cannot be advanced in isolation from each other. Canada's Feminist International Assistance Policy falls short of the antiracist interpretations of ownership described by Zambian actors, and reproduces raced, colonialist language in some of its descriptions of women and countries in the Global South. As such, it is a missed opportunity for Canada to demonstrate an antiracist approach to feminist foreign policy. Moreover, the FIAP's strategic silences on antiracism and

colonial legacies within Canada's own borders reveal Canada's moral and policy inconsistencies, shattering its self-portrait as a feminist state.

Theoretical Contribution

Theoretically, this thesis bridges critical feminist theory with the scholarship on ownership and decolonization to conceptualize an anticolonial foreign policy. It argues that addressing structural inequalities and fostering systemic change in sexual and reproductive health requires more than status quo feminist foreign policy, which often reflects neoliberal feminisms. Rather, it requires an anticolonial approach, inspired by decolonial scholarship. Informed by decolonial, postcolonial and critical feminist literatures and the findings of the thesis, I outline three elements of an anticolonial feminist foreign policy below. These are by no means the only important tenets of an anticolonial approach to feminist foreign policy, but they are what emerged from the research informing this thesis:

Anticolonial feminist foreign policy is explicitly antiracist

Anticolonial feminist foreign policy is explicitly committed to antiracism, ownership and localization in real terms. Localization has become a buzzword in international development in the 2020s. Lie (2024, 3) argues that localization and ownership are “both cases of top-driven policy reforms seeking to turn international development bottom-up, to be more inclusive of local actors and concerns...”. He develops the concept of “developmentality” to describe how “the donor seeks to make its policies those of the recipient” (Lie 2024, 3). He argues that, similar to the Foucauldian

concept of governmentality, developmentality “reflects a form of power related to the mentalities of donor and recipient institutions, where the policies of ownership and localization grant those at the receiving end the freedom... to develop themselves but only after having internalized the donor institution’s mentality” (Lie 2024, 15). Thus, he notes while the localization agenda has to some degree “changed how donor and recipient institutions related to each other,” it has simultaneously “enabled a new form of indirect power in which the donor seeks to make its policies those of the recipient...” (Lie 2024, 17). Simply put, Lie argues that the localization and ownership agendas are further entrenching the very power asymmetries they set out to disrupt.

Based on my analysis in this thesis, I disagree with Lie (2024) and argue instead that antiracism is critical to framing localization and ownership in ways that can disrupt rather than entrench power asymmetries. In this thesis, Zambian researchers, activists, civil society leaders and aid officials have offered their perspectives on what decolonization and ownership mean for them, and how donors can better support local actors and priorities. Their perspectives offer suggestions on how to improve development practice. They emphasize the importance of engaging community perspectives, of challenging racialized power hierarchies, and of defining decolonization and ownership from the diversity of Southern perspectives. The localization and ownership agendas share a common commitment to disrupting power asymmetries in international development policy and practice. However, power asymmetries in development are inherently raced (Patel 2020; Pailey 2020). As such, disrupting power asymmetries in development means adopting an explicitly antiracist approach to localization and ownership. Such an antiracist approach takes both agendas beyond “top-driven policy reforms” (Lie 2024, 3). It places the leadership and ownership of development interventions in the hands of Southern actors, and challenges the very episteme of

development, and the ways in which it engages Southern peoples. In other words, rightly done, through an explicitly antiracist lens, the localization and ownership agendas should not further entrench the new forms of power described by Lie (2024).

Anticolonial feminist foreign policy takes such an explicitly antiracist stance, seeing antiracism as the connective tissue that bridges localization, decolonization and ownership. Decolonial feminisms bring attention to how colonial power relations and inequalities are deeply embedded within the feminist movement itself (Ballestrin 2022). It follows, by extension, that coloniality can be reproduced in feminist foreign policy, as seen in some of the language used in Canada's Feminist International Assistance Policy document. The decolonization of feminism means "the decolonization of its theoretical production, considering the experiences, voices and elaborations of subalternated women" (Ballestrin 2022, 118). Decolonizing the "theoretical production" of feminist foreign policy entails interrogating what kinds of feminisms inform it.

Moreover, if feminist foreign policy is about dismantling structures of inequality, it must challenge development episteme and practice, which itself is a structure of inequality. While bureaucratization and popularization tend to remove intersectionality from its historical roots and its engagement with questions of racism (Mason 2019), anticolonial feminist foreign policy evidences a commitment to the principles of antiracism, equality, and justice. Because international assistance is inherently raced (Pailey 2020), anticolonial feminist foreign policy recognizes that conversations about ownership cannot be divorced from discussions of racism and decolonization. Taking an explicitly antiracist stance, anticolonial feminist foreign policy recognizes that an antiracist interpretation of ownership that includes analyses of race, power and

control is critical to simultaneously engaging the multiple structures of inequality that underpin development practice.

Anticolonial feminist foreign policy pays attention to the interpretations, actors, and spaces in which intersectionality is applied

Anticolonial feminist foreign policy embraces the fluidity and vagueness (Carastathis 2014; K. Davis 2008) of intersectionality as an opportunity for context-specific definitions of intersectional praxis, that consider the right actors, interpretations and spaces in which it should be employed as an analytical tool. Despite the hype about intersectionality in international assistance, there are massive inconsistencies in how donors, practitioners and scholars describe and apply it (Christoffersen 2021; K. Davis 2008; Mason 2019; Morton, Muchiri, and Swiss 2020). The vagueness that leaves intersectionality open to interpretation is simultaneously what makes it appealing (K. Davis 2008) and the “Achilles’ heel” (Ludvig 2006, 247) that can undermine its usefulness both in theory and in practice. The findings of this thesis show that the usefulness of intersectionality depends on how it is interpreted, the spaces in which it is employed as an analytical tool, and by whom. Additive interpretations of intersectionality such as seen in the FIAP “flatten” the power of intersectionality (Mason 2019, 214). However, my analysis shows that this “flattening” happens not only because of the way intersectionality is interpreted, but because of the exclusion of donor funding practice as a site of intersectional analysis. In other words, actors and spaces matter as much as the interpretations of intersectionality – and can either advance intersectional praxis, or undermine it.

In her theorizing of intersectionality, Crenshaw advocated for “placing those who currently are marginalized in the centre” and thus “[recentering] discrimination discourse at the intersection” of race and sex (Crenshaw 1989, 167). Building on Crenshaw’s work, I argue that anticolonial feminist foreign policy “recenters” intersectionality itself “at the intersection” of relevant actors, spaces and interpretations. Recentering intersectionality in this way means acknowledging that intersectionality is itself a multidimensional concept. To apply it effectitely, it is important to convene the right set of actors who have a stake in defining it; determine the spaces and contexts in which it will be used as an analytical tool, and select the interpretations of interesectionality that are most relevant to those spaces.

This recentering of intersectionality has two implications for anticolonial feminist foreign policy. First, a key aspect of anticolonial feminist foreign policy is engaging a collaborative process that considers the unique contexts and needs of each development project or program and engages domestic actors in mapping out context-specific intersectional approaches. Such a collaborative process recognizes that intersectionality is defined differently and seeks out the most relevant interpretation of intersectionality based on the needs of the project and the relevant actors. Relevant actors are not just donors, but can include community actors, domestic country governments, activists and others who must be consulted in the planning and delivery of development interventions. This intersection of actors, spaces and interpretations is murky because there is no clear cut formula to balancing the diverse, often competing interests and needs of donors, communities and domestic governments. But acknowledging the importance of broad based consultation is a meaningful first step and is critical to anticolonial feminist foreign policy.

Second, anticolonial feminist foreign policy broadens the spaces in which intersectionality is applied as an analytical tool, challenging *donor* funding practices as much as it does systemic oppression in recipient countries. Reflexivity, a cornerstone of feminist research and praxis, is integral to anticolonial feminist foreign policy. Reflexivity requires donors to be reflexive about their practice, recognizing the importance of adopting intersectionality as an internal lever for systemic change within their own institutions, not just an external tool for addressing systemic oppression in recipient countries. Donor funding practices can themselves be “hierarchal systems of oppression” (Mason 2019, 214) by reinforcing power imbalances and top-down, donor-centric programming. As such, the systemic inequalities that intersectionality seeks to address exist within donor praxis as well, not just in recipient countries. The spaces in which intersectionality is applied as an analytical tool must include donor funding practices, hiring systems, call for proposals processes, peer review processes and other systems within donor agencies that impact funding and programming decisions. Such an approach means recognizing that funding models must change; because short term, project based, donor-driven modalities are unlikely to catalyze transformative change. To program intersectionally, donors must begin by looking within. This kind of reflexivity implies that donors will constantly be learning, unlearning and adapting their internal funding systems and practices. What this looks like in practice will be different for each donor. But there is no meaningful anticolonial feminist praxis without this kind of reflexivity.

Anticolonial feminist foreign policy adopts a sexual and reproductive justice lens to SRHR

Advocacy for sexual and reproductive health and rights is an important aspect of anticolonial feminist foreign policy. Sexual and and reproductive health and rights is a “central pillar” of

feminist foreign policy (Centre for Feminist Foreign Policy 2020, 11). This thesis has shown that legal and policy ambiguities can compromise sexual and reproductive health and rights by creating space for norm-spoiling. In the context of growing anti-feminist resistance to SRHR, donors, NGOs, and other international actors can help affirm and protect sexual and reproductive health and rights by directing increased funding to domestic organizations and activists; and by advocating for more explicit global commitments to SRHR. Increasing direct funding to domestic actors is important because sexual and reproductive health and rights is context specific. As such, it requires contextually appropriate, locally led and locally owned approaches. At the global level, feminist advocacy can help protect sexual rights because “international law and norms influence state policy and practice” (Sanders 2018, 274). Feminist advocacy can thus help combat norm spoiling and contribute to catalyzing the social and legal changes needed to protect sexual and reproductive health and rights. Such advocacy must align with and support the activism of domestic activists.

This thesis has also shown that sexual and reproductive health and rights is intersectional and must be addressed intersectionally. Structural challenges to sexual and reproductive health and rights can include, but are not limited to, the sexual risk of poverty, gender-based violence, stigma, restrictive legal and policy frameworks, health system infrastructure challenges, lack of sexual and reproductive health commodities within health facilities, and some harmful socio-cultural norms. Addressing the complex intersections of legal, social, religious, and economic risks requires deep, long-term, intersectional engagement to catalyze structural changes that ultimately safeguard sexual and reproductive health and rights of all.

Consequently, anticolonial feminist foreign policy takes an explicitly intersectional social and reproductive justice lens to SRHR. Intersectionality offers a lens to understand and appreciate the simultaneity and complexity (Carastathis 2014; Crenshaw 1989) of challenges and barriers to sexual and reproductive health and rights. Anticolonial feminist foreign policy recognizes the social, economic and political systems of oppression that intersect to shape sexual and reproductive health needs, experiences, obstacles etc. As such, it takes a reproductive justice lens to SRHR. A “reproductive justice” framework “[repositions] reproductive rights in a political context of intersecting race, gender, and class oppressions” (D. Roberts 2015, 79). By taking a sexual and reproductive justice lens, anticolonial feminist foreign policy underscores the importance of paying attention to the systemic oppressions that perpetuate sexual and reproductive health vulnerability.

Such a sexual and reproductive justice lens changes how sexual and reproductive health and rights programs are funded, designed and implemented. It broadens the scope of sexual and reproductive health and rights programming beyond SRHR service provision to engaging the social, political, economic and/or cultural contexts that shape sexual and reproductive health vulnerability. With its commitment to intersectional praxis, anticolonial feminist foreign policy adopts a sexual and reproductive justice lens that seeks to engage structural barriers to sexual and reproductive health and rights. It does this by adopting long term, intersectional funding modalities that allow for cross-sectoral programming, and context-specific, locally owned solutions and approaches. It supports intersectional funding modalities that prioritize long-term follow through, core funding for NGOs and support for local ownership to catalyze structural change.

Policy and Programmatic Recommendations

Adopting anticolonial feminist foreign policy that is explicitly antiracist; prioritizes the right balance of spaces, actors and interpretations of intersectionality; and adopts a sexual and reproductive justice lens has important programmatic implications for recipient governments, donors, NGOs and other development actors. To inform global health policy debates and contribute to improving sexual and reproductive health and rights programming, this thesis offers recommendations grounded in anticolonial feminist foreign policy for how recipient governments, donors and other partners can better advance efforts to address the structural drivers of sexual and reproductive health vulnerability in Africa. Specifically, it offers programmatic and policy recommendations for Zambia, Canada and other donors seeking to support sexual and reproductive health and rights in Zambia and in other African contexts.

Policy and programmatic recommendations for Zambia

1. Destigmatize sexual and reproductive health and rights

Religious nationalism strongly shapes the politics of sexual and reproductive health and rights in Zambia. It leads to a stigmatization of abortion, LGBTI+ rights and other elements of sexual and reproductive health and rights that are deemed un-Christian and un-Zambian, such as comprehensive sexuality education. Religious nationalist discourse perpetuates knowledge gaps about sexual and reproductive health and rights. For example, many Zambian women wrongly assume that abortion is illegal because Zambia is a Christian nation. More must be done by the

national government, supportive religious leaders, community leaders, activists, NGOs and other actors to destigmatize sexual and reproductive health and rights, and educate women, communities and the wider society at large about sexual and reproductive health service provision and access. This includes ensuring that members of the LGBTI+ community can access basic healthcare in respectful, non-stigmatizing ways.

Governments have a strong desire to appeal to their electorates. As such, greater grassroots commitment to and support for sexual and reproductive health and rights can help push the state to do more to protect SRHR. In doing this, the government must collaborate with community partners, activists, artists, and others to promote positive messaging about sexual and reproductive health and rights. For their part, civil society, activists and other domestic actors can help create political will for such action by continued advocacy and engagement. Advocacy for a progressive SRHR agenda can sometimes provoke backlash, particularly from civil society actors such as church groups, who may mobilize in opposition. This resistance can, in turn, pressure governments to reject the agenda. While backlash is inevitable to some extent, it underscores the importance of continued pro-SRHR advocacy to sustain and broaden the dialogue on these critical issues.

2. Eliminate ambiguities to ensure universal access to sexual and reproductive health and rights services

As demonstrated in the thesis, ambiguities in laws and policies relating to abortion, LGBTI+ rights, and comprehensive sexuality education are compromising equitable access to sexual and reproductive health services in Zambia. Access is particularly restricted for adolescents, women

seeking abortions and LGBTI+ individuals. Given Zambia's commitment to universal health coverage (Republic of Zambia, n.d.), the Zambian government must address these disparities to ensure that all Zambians have the access to the sexual and reproductive health services they need, and to basic healthcare. An important aspect of promoting universal access is eliminating legal and policy ambiguities. While Zambian NGO and feminist advocates are pushing for clearer guidelines to address ambiguities relating to where abortion services can be provided, for example, the government must take specific action to eliminate all ambiguities and protect access to sexual and reproductive health services and basic healthcare for all.

In practice, to eliminate ambiguities, the Zambian government must work with NGO and community partners to clarify legal and policy instruments and remove unnecessary barriers to access, such as the requirement for a signature from three medical doctors for a woman to secure an abortion. The Ministry of Health must provide clear guidelines to healthcare workers and hospitals or health centers on provision of sexual and reproductive health services to LGBTI+ individuals. Considering the socio-political contexts and stigmas that exist against certain aspects of sexual and reproductive health and rights in Zambia, even within healthcare facilities, promoting universal access will not be easy. These efforts will meet continued resistance because of embedded socio-cultural assumptions, religious nationalist views and structural challenges within the healthcare system.

However, the challenge to SRHR in Zambia is two pronged – it is both a challenge of inequitable access and more deeply embedded social, religious and political barriers. While clearer hospital guidelines on abortion and SRHR service provision will not overcome all the structural

impediments, they will help address the access gap by streamlining service availability and improving access for *Zambian women*. Changing embedded religious nationalist prejudices will require sustained advocacy over time, but immediate action to streamline access can help remove one of the critical barriers currently faced. Donors can also play an especially important role in supporting universal access to sexual and reproductive health and rights services by directly funding local women’s groups and LGBTI+ advocacy groups, who are best placed to advocate for and expand service provision and access in contextually appropriate ways.

3. Improve donor accountability and coordination

Though there is a “relatively long history of aid coordination” efforts in *Zambia’s health sector* (Sundewall et al. 2010, 127), more can be done to improve donor coordination and accountability. Evidence from the research conducted for this thesis suggests that programming in *Zambia’s health sector* largely tends to fall in line with donor priorities. Donor priorities are not necessarily always different from recipient priorities, but there is widespread agreement within critical development scholarship on the importance of supporting the priorities of domestic actors (Brown 2017; Sridhar 2009; Keijzer et al. 2018). Donors have a responsibility to respect domestic country ownership and locally determined priorities. However, recipient governments can and should make efforts to demand greater accountability on commitments to ownership and localization. The *Zambian government* must ensure that donors are held accountable to their commitments on localization and country ownership.

In practice, holding donors accountable to ownership and localization involves negotiating agreements that grant Zambia greater autonomy in program planning and implementation. Donors are in the ultimate decision-making seat because they are the ones with the funds. Thus, in negotiating for more autonomy, the Zambian government will continue to be confronted by the gross power imbalances inherent in the donor-recipient relationship. These power imbalances are deeply structural and cannot be changed overnight. However, the Zambian government can and must continue to talk about these imbalances in international fora and bilaterally in negotiations with donors. It must actively try to negotiate for greater autonomy in program planning and delivery when signing grant agreements.

These efforts may not always be successful because the process of changing donor practice is slow and hard. Since the Paris Declaration on Aid Effectiveness, donors have long recognized the importance of domestic country ownership in international assistance. Yet change has been slow because supporting ownership means fundamentally changing donor funding practices and ways of working. Consequently, the Zambian government's efforts to hold donors accountable will face resistance. Such resistance calls for continued advocacy by the Zambian government, as well as other African countries or aid recipients. The more recipient governments work together to hold donors accountable, the greater the possibility of change. Similarly, donors who take a more progressive approach to supporting ownership can play a role in influencing other donors or holding them accountable. Though slow and not always successful, such efforts are crucial. At the very least, even small steps toward transparent dialogue and conversation are important for raising awareness of enduring power asymmetries.

Policy and programmatic recommendations for Canada and other donors

For Canada and other donors, the overarching recommendation from this thesis is to advocate for and adopt anticolonial feminist foreign policies that are explicitly antiracist, recenter intersectional praxis and take a sexual and reproductive justice lens. In practice, this means:

1. Adopting anticolonial grant making practices

In Zambia, Canada moved away from a long-term partnership to a short-term, project-based approach that reduces NGOs to a service provision role and only tangentially addresses the structural contexts of sexual and reproductive health and rights. If they are committed to addressing the structural causes of sexual and reproductive health vulnerability, Canada and other donors must adopt anticolonial funding approaches that allow for more context-specific, locally led and locally owned approaches to development challenges. Recognizing that local advocacy and activism are the most effective drivers of sustainable change and help avoid “white saviorist” dynamics ((Brown 2023; Velasco 2020), anticolonial grant-making prioritizes direct funding to Southern organizations and institutions. In practice, anticolonial grant making means directing more funding to local women’s rights groups, LGBTI+ advocacy groups and others advocating for sexual and reproductive justice in recipient countries. It means giving those domestic rights and advocacy groups the freedom and autonomy to program based on their analysis of local priorities and needs rather than in response to top-down, donor-driven agendas. It means upsetting power asymmetries by designing development programs in meaningful partnership with the communities in which

they are implemented. It means meaningful support to domestic ownership and leadership in development interventions.

For Canada, anticolonial grant making means returning to a trust-based partnership model that provides long-term, program-based and/or core funding to NGOs (Brown 2012). It means increasing the budget envelope for the Canada Fund for Local Initiatives and the Women's Voice and Leadership program to provide more funding directly to local women's and LGBTI+ advocacy groups in recipient countries. It means moving away from prescriptive, government-centric calls for proposals processes to allow Canadian-funded NGOs to more directly define development interventions and programs in collaboration with domestic actors. It means spelling out explicit commitments to antiracism in international assistance through policy instruments such as the FIAP document.

Because Canadian global health policy tends to be shaped by the political party in power (Brown 2018; Swiss 2012; Tiessen and Carrier 2015), global health funding decisions are inherently political. The reality of political influence means that implementing anticolonial grant-making approaches will be challenging as it will depend on the interests of the political party in power. Funding practices implemented by one party may be reversed when another political party comes to power. One approach to overcoming this challenge might be to institutionalize anticolonial grant making within Global Affairs Canada through clearly established internal policies; and support a strong civil society that can hold government accountable to those policies.

2. Adopting intersectional grant making practices

Zambia illustrates how sexual and reproductive health is shaped by many intersecting factors, including poverty, violence, social stigma, as well as legal and policy frameworks. To support universal access and address challenges to sexual and reproductive health, donors must adopt grant making practices that support intersectional programming. There is no universal definition of intersectional grant making. In a recent report, *Funders for a Just Economy* define intersectional grant making as “grant-making that takes into consideration the ways in which multiple systems of oppression are interwoven in people’s lives, communities, cultures, and institutions and how they impact people differently based on where each person sits and their lived experience” (Ryono 2018, 2). It highlights several best practices of intersectional grant-making, including recognizing the historical legacy of slavery and genocide; prioritizing the perspectives and experiences of marginalized groups; “[understanding] people’s experiences holistically (not through issue silos);” and supporting “solutions that address root causes and seek systemic change” (Ryono 2018, 7). Intersectional grant making thus responds to “the experiential and structural complexity” (Carastathis 2014, 307) of oppression by considering the multiple dimensions of inequality at play.

Intersectional grant making inverts the norm of short-term project funding in development financing, by supporting intersectional programming through modalities such as longer-term funding, and core funding to NGOs or other partners. In practice, intersectional grant making does not just pay lip service to intersectionality but fundamentally changes donor funding practices. It means implementing longer-term grants that support longer-term programming aimed at addressing underlying structural causes. It means building flexibility into grant application processes (Ryono 2018) and funding mechanisms to allow implementing partners to build

meaningful partnerships. It means moving beyond service provision, and supporting multisectoral programming to engage the social, political, economic and cultural contexts of sexual and reproductive health and rights. Importantly, intersectional grant making also necessitates reflexivity, which means donors must create space to reflect on intersectionality as a lever for systemic change, not just in recipient countries, but within their own organizations as well.

For Canada, intersectional grant making means recognizing more explicitly the histories of coloniality, slavery and genocide that frame the experiences of women in the Global South, by naming them explicitly in policy documents such as the FIAP. It means removing the dissonance between the diagnosis of issues as intersectional and prescribed solutions in policy instruments such as the FIAP. It means re-examining how, for example, Global Affairs Canada's internal funding practices, hiring systems, calls for proposals processes, peer review processes need to change to better support intersectional programming. It means moving beyond superficial service-oriented approaches, strengthening commitments to working with local women's and rights groups and supporting longer term, multisectoral programming targeted at systemic change. In the case of Canadian assistance to Zambia, intersectional grant making means long-term, multisectoral funding for poverty reduction initiatives and health system strengthening, thus moving beyond merely providing sexual and reproductive health services to more directly addressing root causes.

3. Taking an explicitly antiracist approach to international assistance

The barriers to meaningful country ownership and localization in development practice are rooted in racist, colonial legacies. To supporting localization and domestic country ownership, donors

must take an explicitly antiracist approach to international assistance. Such an approach means recognizing both historical and existing power asymmetries, and the enduring legacy of coloniality in development practice by naming them explicitly in policy documents and global fora. It means engaging difficult conversations both internally and with partners in recipient countries around what antiracist praxis in development looks like. It means making explicit commitments to antiracist praxis, such as diversifying decision making, shifting more decision-making power to partners in the Global South, and actively supporting greater domestic country ownership. Such commitments do not automatically ensure antiracism in practice, but they demonstrate an awareness of its significance, a willingness to engage in necessary conversations and foster meaningful change. Given how little attention is given to racism and colonial legacies in donor boardrooms, conversation alone is a significant step forward. It acknowledges systemic issues and creates greater space for addressing entrenched inequalities in global development spaces. However, it is only a first step and must be accompanied by concrete changes in funding practices, decision making processes and program implementation to better support the ownership and leadership of domestic actors.

For Canada, an antiracist approach means explicit, stated commitments to antiracism in policies such as the FIAP. It means a reimagined anticolonial, antiracist feminist foreign policy. Such a policy would connect global and domestic discourses about decolonization and antiracism, addressing both international issues and domestic ones such as the legacy of residential schools and colonial violence against Indigenous people. The legacy of inequality and systemic injustice against Indigenous people in Canada is not always thought of as an international development issue. However, it *is* a development issue and must be recognized as such, because conditions in

many Indigenous communities such as unclean drinking water and poorer health outcomes are the result of a legacy of colonial violence, and mirror conditions in the countries Canada seeks to “help” in its international assistance efforts. Despite its claims to feminist justice and equality abroad, Canada’s feminism has not extended to effectively redressing injustice domestically (Bergman Rosamond, Cheung, and De Leeuw 2023, 17). In this context, Canada’s self-portrait as a feminist state “works to re-embed and disguise the gendered and racialized forms of colonial violence that persist in spite of the state’s rhetorical acts of reconciliation” (Bergman Rosamond, Cheung, and De Leeuw 2023, 16), particularly toward Indigenous women in Canada. In other words, Canada has “disregarded and silenced Indigenous justice claims in favor of promoting [its] own narratives of feminist benevolence,” which are merely “an ongoing re-articulation of gendered and racialized colonial violence” (Bergman Rosamond, Cheung, and De Leeuw 2023, 17).

Canada’s discourses on Indigenous reconciliation and feminist policy have typically been approached as separate initiatives, rather than “being understood as part of a single governance project” (Midzain-Gobin and Dunton 2021, 41). This fragmentation not only weakens the ability of both discourses to disrupt colonial legacies (Midzain-Gobin and Dunton 2021), but it also highlights Canada’s policy and moral inconsistencies. A comprehensive discourse that addresses racialized inequalities both domestically in Canada and internationally is important for policy coherence and advancing meaningful antiracist praxis. It ensures that policies aimed at dismantling systemic racism are aligned across domestic and global contexts, creating a coherent approach to addressing systemic inequality. Comprehensive discourse means explicit recognition of systemic inequalities facing Indigenous people as a development issue in policy documents such as the FIAP and accelerating progress toward implementing the calls to action of the Truth and Reconciliation

Commission. A challenge to this is that Canada's international assistance priorities are politically vulnerable, and do not always have a consistent focus. Civil society and citizenry can play a key role in holding whichever Canadian political party is in power accountable to Indigenous reconciliation as a foundational part of its international development efforts.

4. Strengthening global commitments to sexual and reproductive health and rights

Globally, sexual and reproductive health and rights face ongoing opposition in the wake of increasing antifeminist backlash. A consequence of this backlash is the lack of explicit commitments to certain aspects of sexual and reproductive health and rights in global policy documents. For example, the Sustainable Development Goals (SDGs) do not explicitly mention abortion, comprehensive sexuality education or LGBTI+ rights (Logie 2023; Starrs and Anderson 2016) and do not provide a “truly comprehensive definition of sexual and reproductive health and rights” (Starrs and Anderson 2016, 19). Explicit mention of these sexual rights was removed from the SDGs for the sake of consensus, given strong opposition from conservative states and actors (Logie 2023; Starrs and Anderson 2016). Donors, feminist activists and other international actors should continue to advocate for the inclusion of more explicit language on sexual and reproductive health and rights in global frameworks such as the SDGs. Continued advocacy may result in more backlash from antifeminist actors and may not necessarily translate into more explicit commitments, particularly on sexual rights. But it helps keep sexual and reproductive health and rights visible in global fora and may eventually galvanize more support from international actors.

For now, Canada has one of the most progressive agendas on sexual and reproductive health and rights internationally and is well placed to show feminist leadership in this space. Through its Feminist International Assistance Policy, Canada commits to providing support for “a full range of health services” relating to sexual and reproductive health and rights, including “safe and legal abortion, and post-abortion care” (Global Affairs Canada 2017a, 25). Though the FIAP document is silent on LGBTI+ rights, Canada’s progressive approach to aid embraces *all* sexual and reproductive health and rights, as it provides funding for abortion services and for LGBTI+ programming. Canada is well placed to “champion a feminist global health agenda” (Smith, Herten-Crabb, and Wenham 2021, 5) that seeks to safeguard and promote sexual and reproductive health and rights for all. It can start by continuing to advocate for stronger commitments to sexual and reproductive health and rights at global level.

However, political change could compromise Canada’s feminist leadership. The political vulnerability of the FIAP underscores the importance of ongoing advocacy for sexual and reproductive health and rights by both state and nonstate actors. A strong civil society can play an important role in holding the Canadian government accountable to protecting all sexual and reproductive rights. Because they depend on the government for funding, some Canadian civil society actors may, however, reduce their advocacy to align with the priorities of the political party in power. But others with strong feminist commitments and diverse funding sources may continue their advocacy and hopefully contribute to greater accountability on SRHR. Having outlined these policy and programmatic recommendations, I now turn to a discussion of areas of future research emerging from the thesis.

Areas for Future Research

The findings of this thesis point to several important areas for future research and inquiry. First, there is a need for more research into religious, legal and structural barriers to sexual and reproductive health and rights in Africa. In Zambia, religious nationalism and legal and policy ambiguities collectively restrict sexual rights, particularly abortion, LGBTI+ rights and other elements of SRHR that are deemed un-Christian and un-Zambian. Despite the specificities of the Zambia case, the findings and recommendations arising from this thesis are applicable to other contexts in Africa. Other countries may not declare themselves Christian in a constitutional preamble like Zambia does, but they do invoke religion in restricting sexual and reproductive health and rights. Stigmatization and social exclusion of LGBTI+ persons is widespread in Africa and is often driven by “protective homophobia rooted in lay association of homosexuality with AIDS, pedophilia, immorality and irreligiosity” (Izugbara et al. 2020, 99). Moreover, sexual and reproductive health and rights face increasing backlash globally in the wake of the growing influence of transnational, antifeminist networks (Barbé and Badell 2023; Crosette 2013; Cupać and Ebetürk 2020; 2022; Sandler and Goetz 2020; Velasco 2023). In the context of ongoing and growing backlash, research into how to protect these rights will remain essential.

Specific to Zambia, more research is needed on the experiences of LGBTI+ individuals in accessing sexual and reproductive health services, and relevant mitigation strategies that can help minimize identified barriers. Such research should be conducted in meaningful partnership with LGBTI+ individuals and/or advocacy groups in Zambia to ensure that it is grounded in lived realities. Further, there is evidence of solidarity building between women’s rights groups and

LGBTI+ activists in Zambia, as noted by some actor interviewed for this thesis. Future research can specifically interrogate this solidarity building, and the role it plays in changing local narratives and facilitating access to sexual and reproductive health and rights.

Second, globally, more research is needed to better understand the role of religion and politics in restricting sexual and reproductive health and rights in specific contexts. Comparative research between different country cases would be important to understand whether restrictions on sexual and reproductive health and rights differ in countries dominated by different religions and degrees of religiosity, and if so, to what extent. Such research would shed light on how different religions shape the politics of sexual and reproductive health and rights, the lived implications of those politics, and practical policy recommendations to mitigate negative impacts. Specific to Africa, future research should interrogate how sexual rights are restricted in other African countries, relative to their positionalities within global policy spaces, and considering their unique social, political and religious contexts.

Third, for Canada, more research is needed into feminist foreign policy in relation to internal inequalities and inconsistencies. While Canada positions itself as a global leader in women's rights, equality, and structural change through its Feminist International Assistance Policy, this narrative is undermined by the ongoing systemic injustices faced by Indigenous and racialized women within its own borders. In the same way that Canada's engagement with Africa has been one of "consistent inconsistency" (Black 2015, 16) Canada's feminist agenda is "consistently inconsistent" given the dissonance between external feminist advocacy and domestic inequalities, in addition to its inconsistent framing of intersectionality and its neoliberal underpinnings. Yet,

little research has examined Crown-Indigenous relations in Canada relative to its international assistance efforts. Future research should examine how internal inequalities in Canada inform, limit or shape its approaches in foreign policy and international assistance. Additionally, more comparative research in other countries receiving Canadian aid would be useful to shed light on the challenges, constraints or enablers of sexual and reproductive health and rights programming, and how they differ from or align with those in Zambia.

Fourth, more research into intersectional praxis, feminist foreign policy and its role in safeguarding sexual rights is also necessary. Feminist foreign policy offers a potentially useful level to promote sexual and reproductive justice, ownership and localization. However, it is increasingly politically vulnerable, as more countries with feminist foreign policies, including Canada, face upcoming elections that could undermine their feminist commitments (Thompson et al. 2023). Some countries such as Sweden have already experienced political changes that have rolled back explicit feminist foreign policy commitments (Bianco et al. 2023). Future research should look more deeply into the role of domestic politics and inequalities in informing feminist foreign policy. It should also interrogate theoretical and empirical perspectives on what constitutes antiracist feminist foreign policy. This thesis has taken a first step articulating elements of anticolonial feminist foreign policy, but more research is needed to further develop and implement it.

Finally, there is important space for continuing to interrogate ownership in relation to decolonization and feminist foreign policy in development. The localization and ownership agendas will remain important in international development. Continuing to research transformative approaches to supporting ownership and localization and linking them to feminist

foreign policy is an opportunity to advance more antiracist, decolonial approaches to international development policy and practice. Studies examining feminist foreign policy in countries beyond Canada, considering factors such as ownership, donor funding mechanisms, and opportunities for structural change, will be essential to spur ongoing learning and innovation in decolonial approaches. This scholarship should then inform practical changes in international development funding and programming structures, assuming there is the political will to do so. Civil society, citizen actors, activists and others can help create political will through continued advocacy and engagement at multiple levels.

Global health is inherently political, and advocates for change must “develop the clout and expertise to influence the course of international affairs” (Erikson 2008, 1229). Such advocacy goes beyond merely advocating for health policies, to seeking to influence political decisions that shape global health funding and programming, by, for example, leveraging media or other platforms to deepen grassroots support and influence national or global dialogue. Such advocacy may not always produce the desired results, but it can help create political incentives for action by state or other levels of government. It is important to note that advocacy for an inclusive approach to sexual and reproductive health and rights can sometimes provoke backlash, particularly from civil society actors such as church groups, who may mobilize in opposition. This resistance can, in turn, pressure governments to reject the agenda, particularly in a context like Zambia where politics and religion are so deeply entwined. While backlash is inevitable, it underscores the importance of continued pro-SRHR advocacy to challenge embedded norms and sustain open dialogue on these critical issues.

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