



Canadian Network for / Réseau Canadien sur la
Maternal, Newborn and Child Health
Santé des Mères, des Nouveau-Nés et des Enfants



CAN-MNCH Comment to Global Affairs Canada's International Assistance Review Consultations

FINAL
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Introduction:

The Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) is pleased to have the opportunity to comment on Canada's international assistance policy and funding framework on behalf of over 100 Partners. We are a unique and innovative Canadian multi-stakeholder partnership that includes Canadian NGOs, academic institutions and health professional associations who work in over 1000 regions globally to improve the health and lives of women, children and adolescents in the world's poorest countries (see **Annex A**). Together we have the evidence-base and experience to implement and drive results for the most vulnerable. Our organizations benefit from the support of millions of individual Canadians whose financial support and engagement testify to the value they place on Canadian leadership to ensure every woman, child and adolescent survives and thrives.

We deeply appreciate Canada's commitment to championing health and rights for women, children and adolescents worldwide, which has never been more critical. Progress made on the Millennium Development Goals (MDGs) was uneven and MDGs related to health and nutrition fell the shortest for meeting targets, including MDG4: reduce child mortality, MDG5: improve maternal health, and MDG 6: combat HIV/AIDS, malaria and other diseases. Prioritizing health, nutrition and rights for women, children and adolescents within Canada's international assistance review remains paramount for the global community. This central focus on health, particularly maternal, newborn and child health (MNCH), adolescent health and sexual and reproductive health and rights (SRHR), is also in line with the Sustainable Development Goals (SDGs) and the Every Women Every Child (EWEC) global movement, which puts into action the Global Strategy for Women's, Children's and Adolescent's Health (Global Strategy). As stated in the Global Strategy, "the survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving the SDGs."¹

Canada's reputation on global health, including MNCH, has been built on decades of continued Canadian commitment and investment that has spanned all parties and governments. Canada has a unique opportunity to continue building on our strong global reputation for leadership on health and nutrition—which has resulted in crucial gains—and becoming the much needed global champion for promoting health equity for women, adolescents and children, including in the world's most fragile places. Canada has achieved lasting progress in MNCH and must stay the course and add a critical focus to adolescent health and SRHR issues within the basket of interventions to address the women and children's health agenda globally. This approach not only reflect a wise investment, but also the values of millions of Canadians who support this effort.

As reflected in Minister Bibeau's mandate letter, a development priority for Canada includes: "Ensuring that Canada's valuable development focus on MNCH is driven by evidence and outcomes, not ideology, including by closing existing gaps in reproductive rights and health care for women."² In line with this, global and Canadian evidence demonstrates that investments in MNCH have had a tremendous impact: over 1.7 million more children lived to their fifth birthday in 2015 than in 2010 and maternal death rates have overall declined sharply in the past five years.³ Specifically, as stated in Global Affairs Canada's (GAC) 2015 *Formative Evaluation*, Canada's recent MNCH initiative resulted in most projects achieving their objectives for outputs (such as number of people trained or number of children immunized) and immediate outcomes (such as coverage of skilled attendance at delivery).ⁱ

ⁱ As indicated in GAC's Formative Evaluation of Canada's Contribution to Maternal, Newborn and Child Health (MNCH) initiative, which spanned 73 projects in 10 countries from 2010 to 2014.

We welcome the Government's commitment to hear from the sector on how Canada can approach international development in a way that leverages its expertise. To deliver on priorities expressed in GAC's discussion paper, we offer five recommendations that identify how Canada can align its aid with the Global Strategy and the SDGs. These five recommendations highlight how Canada can operationalize interventions that are effective and accountable, including in reaching the most excluded and building on Canada's outstanding work to grow Canadian leadership on women's and children's health through mutually reinforcing reproductive, maternal, newborn, child and adolescent health (RMNCAH) and SRHR interventions.ⁱⁱ We recommend a development framework that: (1) Applies an equity-driven approach to rights based development; (2) Invests in integrated and comprehensive interventions to maximize impact; (3) Focuses investments in fragile settings; (4) Adopts a gender transformative approach; and (5) Promotes evidence-based interventions, innovation and accountability.

Each recommendation is described below in the context of its alignment with the relevant SDGs and sections in the International Assistance Review.

ⁱⁱ CAN-MCNH views RMNCAH and SRHR as mutually reinforcing interventions that are incorporated under the broader women, children and adolescent global health agenda.

Summary of Recommendations

1. Apply an equity-driven approach to rights-based development

- a. GAC should clearly emphasize addressing inequality as the central premise of its renewed approach to delivering international assistance, in alignment with Canada's commitment to implementing the SDGs. As such, Canada's development strategy needs to be strengthened by:
 - i. Adopting an equity-driven approach across all the thematic areas of the International Assistance Review; and
 - ii. Clearly align GAC's international assistance policy and funding framework to specific SDGs, EWEC targets, and international human rights standards.

2. Invest in integrated and comprehensive interventions

- a. To realize the health and rights of women, adolescents and children, and in line with the Global Strategy, we recommend sustained Canadian commitment to continued investment in a comprehensive package of health and nutrition interventions across the continuum of care. This includes mutually reinforcing RMNCAH and SRHR interventions and working with a range of actors, including civil society.
- b. We recommend that Canada's development framework explicitly name its commitment to health system strengthening as a critical component to the realization of the right to health.
- c. Canada's international assistance policy and funding framework should commit to supporting comprehensive programming across populations, therefore prioritizing the unique health, nutrition and SRHR needs of adolescents.

3. Focus investments in fragile settings

- a. Given the high burden of mortality and morbidity for women, children and adolescents in fragile settings, we recommend Canada continue to support the 'survive' agenda by investing in reaching the hardest to reach.
- b. Given Canada's commitment to reaching the most vulnerable, investing in fragile settings, including those impacted by conflict and climate change, should be clearly stated as a key objective. This should be done through promoting flexible and long-term programming models and fit for purpose approaches that recognize the diversity and changing nature of the contexts in which development takes place together with the complex interplay of physical, mental and social factors.
- c. Given the health consequences of climate change in fragile settings, particularly with under-five children, undernutrition, and hygiene and sanitation, investing in mitigating its effects and building healthier and more sustainable societies should be clearly stated as a key objective.

4. Adopt a gender transformative approach

- a. GAC should pursue a feminist foreign policy within a rights-based framework that is not just gender sensitive, but gender transformative. This means placing an intentional priority on addressing social and cultural norms that perpetuate inequality throughout policy and programming.

5. Promote innovation, participation, and accountability

- a. Canada should continue to investment in innovative approaches and technologies, and leverage existing innovations that are proven to work.
- b. Canada should support community participation, in particular the voices of boys and girls including youth, to inform good programming, promote accountability and realize human rights.
- c. Canada should continue to invest in addressing global data gaps that reinforce disaggregated measures and in approaches for measuring the impact of GAC development programs.

Recommendation 1: Apply an equity-driven approach to rights-based development

Alignment with the following SDG targets:

1.1 by 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

1.4 by 2030 ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance

3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

4.5 by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations

10.3 ensure equal opportunity and reduce inequalities of outcome, including through eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and actions in this regard

Alignment with the following GAC International Assistance Review themes:

Health and rights of women and children
Governance, pluralism, diversity and human rights;
Peace and security; and
Responding to humanitarian crises and the needs of displaced populations

- a. **GAC should clearly emphasize addressing inequality as the central premise of its renewed approach to delivering international assistance, in alignment with Canada's commitment to implementing the SDGs. As such, Canada's development strategy needs to be strengthened by:**
 - i. **Adopting an equity-driven approach across all thematic areas of the International Assistance Review;**
 - ii. **Clearly linking GAC's international assistance policy and funding framework to specific SDGs, EWEC targets and international human rights standards.**

CAN-MNCH affirms the focus of helping the poorest and most vulnerable populations through a rights-based approach, including to health care. This requires Canada to look at issues of the availability, accessibility, acceptability and quality of health services as well as the obligations on states to deliver on these elements of the right to health. To do so, the international assistance policy and funding framework would be strengthened by embracing a strong equity-driven approach for health, which aligns with the SDGs and the Global Strategy's *Survive, Thrive, Transform* agenda. This approach, which will **finish the unfinished business of the MDGs**, requires: identifying structural barriers that limit individuals access to health care; and clearly focusing resources beginning with those who are most in need.⁴

Given Canada's credibility in the area of universal health care, Canada should focus on health equity and sustainable health financing as driving themes in all areas of the policy and funding framework. This could look like sustainable financing for health to achieve universal quality services, free at point of use, beginning with the poorest 20% of the population. Canada can act as a global convener for health financing conversations, including those focused on universal health care. Global platforms for these conversations include EWEC, the Global Financing Facility and the World Bank.

We also affirm Canada’s commitment to focusing on women’s, children’s and adolescents’ health and believe this could be strengthened by connecting health with other sections of the International Assistance Review. This will deliver enormous social, demographic and economic benefits.⁵ Health and nutrition investments that yield cross-sector benefits include, but are not limited to, education, economic empowerment, water, sanitation and hygiene (WASH), and poverty reduction. Realizing and reinforcing the interconnectedness of all SDGs, including SDG 2: No Hunger, SDG 3: Good Health and Well Being, and SDG 5: Gender Equality, will be key in reaching the most vulnerable and improving the lives of women, adolescents and children. As stated in the Global Strategy, around 50% of the gains for women’s, children’s and adolescents’ health result from investments outside of the health sector.⁶ For example, investments to ensure girls complete secondary school yield a 10% rate of return in low and middle income countries, which in turn delay pregnancy, improve nutrition and infant mortality rates, and lend to greater participation in the political process.⁷ To address multiple intersecting vulnerabilities and to reach the most vulnerable, Canada must interlace cross-sectoral action with the Global Strategy’s *Survive, Thrive, Transform* agenda throughout its international assistance policy and funding framework.

Recommendation 2: Invest in integrated and comprehensive interventions

Alignment with the following SDG targets:
<p>1.1 by 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day</p> <p>2.2 by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons</p> <p>3.1 by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 by 2030 end preventable deaths of newborns and under-five children</p> <p>3.3 by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases</p> <p>3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing</p> <p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>5.6 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences</p> <p>13.3 improve education, awareness raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction, and early warning</p>

Alignment with the following GAC International Assistance Review themes:
<p>Health and rights of women and children</p> <p>Responding to humanitarian crisis and the needs of displaced populations</p> <p>Delivering results</p>

- a. **To realize the health and rights of women, adolescents and children, and in line with EWEC, we recommend sustained Canadian commitment to continued investment in a comprehensive package of health and nutrition interventions across the continuum of care. This includes mutually reinforcing RMNCAH and SRHR interventions and working with a range of actors, including civil society.**

We affirm Canada’s commitment to an evidence-based and innovative approach to health, aligned with Minister Bibeau’s mandate letter which underscores a continued emphasis on measuring results. Canada should continue to invest in interventions that are known to work, and that give a high return on the social and economic dividend of investing in women’s, children’s and adolescents’ health. For example, implementing the Global Strategy, which gives some of the best evidence for investing in comprehensive health packages, would give a high return on investments including at least a 10-fold return on investments in the health and nutrition of women, children and adolescents through better educational attainments, workforce participation and social contributions and at least US\$100 billion in demographic dividends from investments in early childhood and adolescent health and development.⁸ Specific to RMNCAH and SRHR, if all women who wanted to avoid pregnancy used modern contraceptives and all pregnant women and newborns received care at the standards recommended by the World Health Organization (WHO), there would be a reduction in: unintended pregnancies by 70%; abortions by 67%; maternal deaths by 67%; newborn deaths by 77%; and transmission of HIV from mothers to newborns would be nearly eliminated, as compared to 2014 data.⁹ The return on investment would be an estimated US\$120 for every US\$1 spent, while population stability would enhance economic sustainability and reduce the risks of climate change.¹⁰

We also strongly affirm Canada’s inclusion of SRHR within the health and rights agenda; no woman should die of any preventable cause, including unsafe abortion. Yet, every day, approximately 830 women die from causes related to pregnancy and childbirth and nearly all—99%— of these maternal deaths occur in low-income countries.¹¹ Comprehensive sexual and reproductive health interventions, including access to contraception, are crucial so that progress is made in all areas of the women, children and adolescent health agenda. As recommended in GAC’s *Formative Evaluation of Canada’s Contribution to the MNCH Initiative*: “The Department should consider widening the scope of the MNCH Initiative programming by placing greater emphasis on addressing factors contributing to high maternal, newborn and child mortality, such as reproductive health.”¹² To do so, Canada’s policy framework should ensure that existing work in MNCH continue, while new initiatives in adolescent health and SRHR are expanded on to broaden a comprehensive and integrated approach for women’s, children’s and adolescents’ health.

b. We recommend that Canada’s development framework explicitly name its commitment to health system strengthening as a critical component to the realization of the right to health.

Critical to realizing all health related rights is health system strengthening, as reflected in GAC’s *Formative Evaluation*: “The sustainability approach of the MNCH Initiative largely relied on support to strengthening health systems and aligning projects with national priorities and strategies.”¹³ Leveraging RMNCAH and SRHR successes within health system strengthening better situates women, children and adolescents, including in fragile settings, to benefit from comprehensive, integrated packages of interventions across the life course from home to hospital and provides an excellent opportunity for a range of Canadian health expertise to be leveraged. Canada should support the WHO’s six building blocks of the health system¹⁴ to effectively deliver critical services including: (1) prevention and treatment of neo-natal morbidity and mortality; (2) treatment of childhood illness including undernutrition; (3) a focus on globally neglected areas such as early childhood development; (4) and a focus on demand-side factors, such as placing the needs and realities of those who are meant to benefit at the center. Canada must also continue to providing support to train and improve skills of health workers to strengthen health systems. For example, in Ethiopia dozens of healthcare workers have been

trained through the Helping Babies Breathe project to improve newborn survival rates.ⁱⁱⁱ Canada should also continue fostering collaboration in training health workers, such as investing in innovative, hands-on curriculum. In Tanzania, this initiative has resulted in midwives improving their skills to handle emergency obstetric situations and thereby saving lives of mothers and babies.^{iv} A focus on quality of care, and supporting improved patient experiences, especially for marginalized groups, must simultaneously be promoted across the health system to promote access and uptake. Integrated approaches to health system strengthening yield cross-sector benefits and Canada must continue to invest in strong health systems that support evidence driven, comprehensive and integrated packages and leverage the significant capacity of community partnerships and participation to enhance flexibility and sustainability in interventions.

c. Canada’s international assistance policy and funding framework should commit to supporting comprehensive programming across populations, therefore prioritizing the unique health, nutrition and SRHR needs of adolescents.

We strongly support a focus on adolescent health, which will be imperative if Canada is going to help the most marginalized and affect long-term change since health and health behaviours correspond strongly from adolescence into adult life.¹⁵ This is reflected in the Global Strategy, which has placed adolescent girls on center stage. Progress has been slowest in reducing mortality and improving health for adolescent girls with early pregnancy being a central driver of poor health and high morbidity and mortality: globally, 16 million adolescent girls give birth per year and 1 million girls give birth per year prior to 15 years of age.¹⁶ Further, complications during pregnancy and childbirth are the second cause of death for 15 to 19 year-old girls globally and babies born to adolescent mothers face a substantially higher risk of dying than those born to women aged 20 to 24.¹⁷ Additional to saving lives, providing access to SRHR interventions yields other benefits: one study found that women with access to contraception as teenagers were 7% more likely to work in the formal sector.^{v 18}

Achieving the SDGs and the Global Strategy will depend on targeting the unique and overlapping drivers of vulnerability for adolescents, compounded for girls by age and gender. Canada must identify adolescents as a target population for investment and political leadership. This is done by committing to address their unique needs as based on the social determinants of health, especially regarding sexual and reproductive health. These interventions could include providing comprehensive sexuality education, increasing access to health services, improving menstrual hygiene management, promoting communication with parents, creating safe spaces or adolescent friendly centers, peer educators and support groups, school-based approaches and influencing socio-cultural norms regarding gender roles, based on the social determinants of health. These interventions will require strong partnerships with local community leaders and civil society organizations in order to address the unique needs and contexts of young people.

Recommendation 3: Focus investments in fragile settings

Alignment with the following SDG targets:

ⁱⁱⁱ The Helping Babies Breathe project was implemented by Network partner the University of Alberta.

^{iv} This project was developed by Network partner the Canadian Association of Midwives, in collaboration with their Tanzanian counter-parts.

^v To note, the cited study took place in Columbia.

1.5 by 2030 build the resilience of the poor and those in vulnerable situations, and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

2.4 by 2030 ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters, and that progressively improve land and soil quality

3.c increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS

3.d strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks

6.1 by 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

13b Promote mechanisms for raising capacities for effective climate change related planning and management, in LDCs, including focusing on women, youth, local and marginalized communities

Alignment with the following GAC International Assistance Review themes:

Health and rights of women and children
 Clean economic growth and climate change
 Peace and security
 Responding to humanitarian crisis and the needs of displaced populations

- a. Given the high burden of mortality and morbidity for women, children and adolescents in fragile settings, we recommend Canada continue to support the ‘survive’ agenda by investing in reaching the hardest to reach.**

We affirm the importance of a Canadian strategy driven by the SDGs, particularly a commitment to reach everyone, *everywhere*. While we have seen significant progress in lowering mortality rates for women and children, progress has been uneven as the most marginalized did not benefit equally from investments. Supporting the ‘survive’ agenda means investing in comprehensive services and health system strengthening for those living in the hardest to reach places. The type of investments as well as the population targeted are of equal importance. To reach everyone *everywhere*, aligning with the Global Strategy’s ‘survive’ agenda is important because vulnerable populations remain more likely to die of preventable causes than their counterparts in more stable contexts: 60% of preventable maternal deaths, 53% of deaths in children younger than five years and 45% of neonatal deaths take place in fragile settings of conflict, displacement, and natural disasters.¹⁹ In addition, women and children living in fragile settings face food scarcity, contributing to higher rates of malnutrition; lack proper access to WASH; experience a higher unmet need for access to contraception; and are less likely to have access to essential health services.²⁰ Investing in the survive agenda and identifying root causes that perpetuate these conditions yields impact. For example, as a multi-sectoral intervention, access to contraception contributes to improving health in vulnerable populations, mitigating conflict, and achieving state stability and peace.²¹ Another example is “Sprinkles”, the micronutrient high-dose Vitamin D powders has been distributed in 62 countries and has nourished approximately 20 million children.^{vi} It remains imperative for Canada to recognize and support the ‘survive’ agenda of the Global Strategy, including

^{vi} “Sprinkles”, which fortifies foods prepared at home to boost children’s nutrient intake, was developed in collaboration with the International Centre for Diarrhoeal Disease Research in Bangladesh and Network partner the Centre for Global Child Health at The Hospital for Sick Children.

through expanding and adapting efforts by deliberately investing in hard to reach people and places.

- b. Given Canada's commitment to reaching the most vulnerable, investing in fragile settings, including those impacted by conflict and climate change, should be clearly stated as a key objective. This should be done through promoting flexible and long-term programming models and fit for purpose approaches that recognize the diversity and changing nature of the contexts in which development takes place together with the complex interplay of physical, mental and social factors.**

Fragile Settings vs Fragile States: In addition to focusing on fragile states, we strongly suggest that Canada extend its policy and funding framework to consider fragile settings, including those impacted by conflict and climate change, given that fragility is dynamic, fluid and has no borders. This encompasses reaching vulnerable populations within wider range of countries and circumstances where extreme vulnerability exists. Currently, over 70% of the world's poorest and vulnerable live in middle income countries.²² By 2030, over two-thirds of the world's extreme poor will be living in fragility, through a combination of poor governance, violence, poverty, inequality, corruption, injustice and environmental vulnerability.²³

Flexible and Responsive Programming: Especially in fragile settings, women, adolescents and girls have unequal access to health information, education and services which exacerbates poor health, poverty, violence and other inequalities. To address RMNCAH and SRHR shortfalls, flexible and long-term programming models, context specific interventions, and adopting and championing a fit for purpose approach to comprehensive health and nutrition programming across the continuum of care will be necessary in fragile settings. This is what is meant by Canada supporting the 'survive' agenda along with building health systems. Canada should consult with stakeholders to determine how to: harness the best from development and humanitarian programming to support flexibility and responsivity; consistently ensuring comprehensive, gender transformative, rights-based, age sensitive health service delivery for women, children and adolescents; ensuring that women, children and adolescents living in acute crises and beyond the reach of governments are not left behind; and supporting research around the challenges and solutions of meeting women's, children's and adolescents' health needs in fragile settings, including access to emergency contraception, and comprehensive support, treatment and care for survivors of violence. To ensure women, adolescents and girls receive the best quality of care possible, the women's, children's and adolescent's health agenda must implement and incorporate service aspects that contribute to health outcomes. This includes integrating education, economic empowerment, services that address sexual and gender based violence, mental health, and HIV / AIDS and support the realization of the right to the highest attainable standard of physical and mental health. Initiatives that can assist frame this work include the Sendai Framework for Disaster Risk Reduction 2015-2030,^{vii} the United Nations General Assembly High Level Meeting on Addressing Large Movements of Refugees on 19 September 2016, and the next World Humanitarian Summit in 2020.

Fragility and Health Financing: The realization of health related SDGs will require governments to consider significant, sustainable and equitable investment towards health financing. The biggest gains for improving health and nutrition outcomes for women, children and adolescents lie in investing in fragile settings and the hardest to reach. While the upfront costs may be higher, the dividends and yield of impact from interventions are greater. UNICEF Report, "*Narrowing the Gaps to Meet the Goals,*"

^{vii} The Sendai Framework is the first major agreement of the post-2015 development agenda, with seven targets and four priorities for action that address disaster risk reduction.

concludes that investing to reach the most disadvantaged children first has two key advantages: (1) it allows us to be faster at making progress toward key global targets ; and (2) it is more cost-effective than focusing on those easiest to reach, as the majority of deaths occur in fragility where services are weak or non-existent so larger gains within interventions can be made.²⁴ Often the greatest gains in life-saving treatments for children and critical gains in practices, such as breastfeeding, can be achieved in remote, fragile settings.^{viii} For example, programs that aim to increase breastfeeding could save 800 000 children and US\$300 billion every year, including through preventing nearly half of diarrheal diseases.²⁵ Other cost effective investments include that for every US dollar spent on access to contraception, up to USD \$6 can be saved for other development interventions, including those to advance maternal and newborn health, gender equality, elimination of poverty and hunger, education, and environmental sustainability.²⁶ Canada has long been a leader in humanitarian programming and we welcome GAC's decision to pilot multi-year humanitarian funding. We would like to see Canada step into a leadership role internationally to guide the conversation on investing in the hardest to reach and on what changes need to take place in the way health financing and aid is delivered in fragile settings to be both effective and efficient. This includes leveraging Canada's leadership roles at the Global Financing Facility and at EWEC Everywhere to champion and encourage these discussions.

c. Given the health consequences of climate change in fragile settings, particularly with under-five children, undernutrition, and hygiene and sanitation, investing in mitigating its effects and building healthier and more sustainable societies should be clearly stated as a key objective.

The effects of climate change, recognized as the defining public health issue of the 21st century, are most significant in fragile settings due to geo-political factors and a lack of resilient infrastructure. This directly impacts health and nutrition outcomes and risks undermining progress made on improving women and children's health. By 2030, the WHO estimates that climate change will cause an additional 250,000 deaths each year from malaria, diarrhoeal disease, heat stress, and undernutrition alone and that the direct damage costs to health is estimated to be between US\$2-4 billion per year.^{ix 27} For example, poor WASH access is associated with higher levels of maternal mortality and infection, yet hygiene promotion, including hand-washing by birth attendants and mothers at the time of birth, has been shown to be one of the most cost-effective health interventions.²⁸ Poor WASH access and undernutrition is also associated with the leading causes of death in under-5 children, namely preterm birth complications, pneumonia, birth asphyxia, diarrhea and malaria, where about 45% of all child deaths are linked to malnutrition.²⁹ These deaths have social and economic impacts: individuals who are undernourished in their early years lose more than 10% of lifetime earnings, and many countries lose at least 2-3% of their GDP to undernutrition.³⁰ Canada must invest in more environmentally sustainable and inclusive growth practices targeted at the poor to offset these effects, often exacerbated in fragile settings including from climate change.

We are pleased that the Government of Canada has prioritized tackling climate change with a \$2.65 billion investment to address climate change in developing countries. Climate change adaptation programmes are an opportunity to support the health rights of women and children. Given the impact of climate change on food security and the health consequences for women and children, we

^{viii}The experience of the Canadian Red Cross supports this position. For example, in remote regions of Liberia, during the Ebola Crisis, Red Cross programmes led to a 74% increase in children treated for pneumonia, and in remote, tense areas of West Pokot Kenya, Red Cross programmes led to a 45% increase in breastfeeding.

^{ix} The direct damage costs to health excludes costs in health-determining sectors such as agriculture and water and sanitation.

recommend that adaptation responses should include support for the development of hardier crops which are crucial to the development of sustainable, climate resilient livelihoods and ensuring adequate nutrition. Adaptation programming should also be used to invest in resilient water and sanitation and better waste management. Moreover, adaptation funding should include support for building resilient health systems that are capable of withstanding and adapting to emergencies (whether they be created by climate change or other factors), ensuring continuous access to care. For example, to address child under five mortality, Canada must continue its leadership on supporting proven strategies to extend health services in fragile settings, such as integrated community case management (CCM) and immunizations. Canada should also investment in women’s rights organizations and activists who not only provide services in the face of climate change, but are also central in climate change-related migration and prevention strategies.

Recommendation 4: Adopt a gender transformative approach

Alignment with the following SDG targets:
<p>1.b create sound policy frameworks, at national, regional and international levels, based on pro-poor and gender-sensitive development strategies to support accelerated investments in poverty eradication actions</p> <p>4.3 by 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university</p> <p>4.4 by 2030, increase by x% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship</p> <p>5.1 end all forms of discrimination against all women and girls everywhere</p> <p>5.2 eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage an female genital mutilation</p> <p>5.6 ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences</p> <p>10.2 by 2030 empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status</p>

Alignment with the following GAC International Assistance Review themes:
<p>Health and rights of women and children</p> <p>Clean economic growth and climate change</p> <p>Governance, pluralism, diversity and human rights</p> <p>Peace and Security</p>

- a. GAC should pursue a feminist foreign policy within a rights-based framework that is not just gender sensitive, but gender transformative. This means placing an intentional priority on addressing social and cultural norms that perpetuate inequality throughout policy and programming.**

A gender transformative approach means fundamentally changing the purpose of Canada’s efforts to focus not just on changing the conditions of the most excluded, but on changing power relations and the social position of women and girls in the household and in society that result in them having choice, empowerment and autonomy. Efforts need to focus on addressing social and cultural norms at home and abroad that perpetuate inequality in all forms. In addition to gender, Canada should focus on intersectionality- to understand women and girls not as homogenous groups, but as individuals facing different overlapping vulnerabilities (such as age, class, race and culture) that must be addressed by working at multiple levels at once. This process should take into account the local context and must

involve community and faith leaders, and local civil society partners. To achieve a gender transformative approach, Canada should identify clear markers for advancing gender equality, such as gender based budgeting and identifying specific SDG indicators against which to measure progress.

We affirm Canada’s commitment to empower women and girls and believe this will be enhanced further by including boys and men. Boys and men are critical to transforming gender norms: they too must value equality, practice respect, and speak up when they see discrimination, particularly when it comes to sexual health, gender roles in families and communities, and promoting positive masculinities.³¹ For example, to encourage male involvement and support of maternal health care, training male motivators and creating clubs for expected couples have been positive interventions.^x Canada should prioritize working with men and boys not merely as vehicles to empower women, but as agents of change and co-beneficiaries in themselves to challenge harmful gender norms and constructs of masculinity and promote equality in private and public spheres.

Gender inequality and harmful practices against women and girls, such as sexual and gender based violence including being subject to rape, trafficking, forced pregnancies and marriages, often increase in situations of fragility and conflict.³² Across multiple health issues, gender transformative interventions have proven to change dangerous practices that can lead to health complications, thus increasing health seeking behaviours for women, adolescents and girls. This includes female genital mutilation/cutting — where those affected are at higher rates of infection and pregnancy complications, and child, early and forced marriage — where if local attitudes are not addressed, early pregnancy becomes more prevalent which would possibly lead to maternal and infant mortality. Responding to HIV/AIDS with this approach, which includes promoting dialogue around the issue and accessing health intervention, has proven to be very effective. For example, gender transformative programs have resulted in an increase in uptake of critical RMNCAH services by almost 20%, an increase of women and girl’s satisfaction with the services to 92%, and a fundamental change in the attitudes of men.^{xi} Lastly, a gender transformative approach to comprehensive sexuality education for adolescents has been shown to advance human rights, gender equality and improved sexual and reproductive health.³³

Recommendation 5: Promote innovation, participation and accountability

Alignment with the following SDG targets:
3.b support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all
5.5 ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life
5.b enhance the use of enabling technologies, in particular ICT, to promote women’s empowerment
9.b support domestic technology development, research and innovation in developing countries including by ensuring a conducive policy environment for inter alia industrial diversification and value addition to commodities
16.9 by 2030 provide legal identity for all including birth registration

^x Partner organizations including Presbyterian World Service & Development have trained over 200 male motivators in Malawi and Plan International Canada has formed over 321 clubs for expecting couples in Latin America.

^{xi} Partner organization Plan Canada International’s programs yielded these results after measuring interventions in Bangladesh, Ethiopia, Ghana, Mali and Zimbabwe.

17.9 enhance international support for implementing effective and targeted capacity building in developing countries to support national plans to implement all sustainable development goals, including through North-South, South-South, and triangular cooperation

17.18 by 2020, enhance capacity building support to developing countries, including for LDCs and SIDS, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

Alignment with the following GAC International Assistance Review themes:

Health and rights of women and children
Delivering results

a. Canada should continue to investment in innovative approaches and technologies, and leverage existing innovations that are proven to work.

We affirm that Canada’s international assistance needs to be informed by the best evidence and cutting-edge tools, and drive the most cost-efficient models to deliver development innovation and impact. This approach has potential to accelerate progress for women’s, children’s and adolescents’ health. Innovative solutions are a key to progress and there is no shortage of innovation for Canadian leadership to capitalize on: The EWEC Innovation Working Group estimates over 1000 innovative technologies for RMNCAH and SRHR currently in the R&D pipeline.³⁴ An example of a successful innovative approach includes the “champion moms” program that fosters an intensive behavior change within a community and achieves greater sustainable impact on children’s health.^{xii 35} To support innovation in women’s, children’s and adolescents’ health, Canada should strengthen investments to help identify, develop and scale up innovative approaches, technologies and partnerships including through fostering operational research and civil society innovation and leadership. For example, the Fetal Heart Monitor Project resulted from a partnership forged between Canadian and African researchers that tested an innovative, life-saving, low-cost, human-powered fetal heart monitor on pregnant women in Uganda to reduce deaths from birth asphyxia.^{xiii} Existing resources should be leveraged, including the International Development Research Centre (IDRC) who has a mandate focused on fostering research, knowledge, and innovation relevant to developing countries, particularly research and innovation generated locally within developing countries themselves.

b. Canada should support community participation, in particular the voices of boys and girls including youth, to inform good programming, promote accountability and realize human rights.

We affirm that Canada’s international assistance needs to be informed by the best evidence, reflect local needs and priorities, and include local governments and civil society. Participation of women, children, and adolescents themselves is critical to determining what is working and what is not – especially in the nexus between the social context in which they seek health services and the efficacy of the services they receive.³⁶ The Global Youth Forum is an example of placing youth at the center where

^{xii} Also known as Positive Deviance/Hearth, this World Vision program is based on the premise that in every community, despite the challenges of poverty, some families are able to raise well-nourished children. Together, the community discovers what these families do differently to keep their children healthy and implements this to their own families.

^{xiii} The Centre for Global Child Health at The Hospital for Sick Children (SickKids) and Grand Challenges Canada are Network partners involved in this collaborative effort.

they voice the complexities and challenges in which they live their lives and determine approaches that will advance their health and rights. Social practices, particularly involving adolescent girls, will also have to be taken into consideration to promote accountability. For example, child, early and forced marriage can prevent girls from accessing services because they are in marriages and require consent from their husbands.³⁷ To yield best results in RMNCAH and SRHR, Canada should support context appropriate advocacy and accountability efforts at the national and local level and with youth-driven civil society organizations. This includes directly engaging those whom the program aims to benefit, including youth, to be effective advocates in their own right.

c. Canada should continue to invest in addressing global data gaps that reinforce disaggregated measures and in approaches for measuring the impact of GAC development programs.

We affirm that a data revolution is needed, and that Canada should continue to invest in local research and knowledge so decisions are based on the best available evidence. In line with the Global Strategy, one of the priorities in tackling inequalities and fragilities is to acquire a detailed understanding of where they occur, who is affected, and what bottlenecks and obstacles prevent people from accessing their health related rights. Yet, there is a significant data gap in fragile settings: as indicated by the Fund for Peace's 2015 fragile states index, the top 10 fragile states on whole have the least information on indicators when searching databases such as the World Bank's DataBank.^{xiv} Canada can implement an evidence based approach by continuing to lead in supporting quality data collection, particularly fragile settings, that is disaggregated by sex, age, wealth, along with gender sensitive targets and indicators. In turn, this will lead to accountability to and innovation for the women and children that investments are targeting. For example, Canada should continue to support and leverage the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems to increase evidence for and identify appropriate target indicators for women's, children's and adolescents' health in fragile settings.

Canada should become a global leader in tracking results for its development investments. Capitalizing on the data revolution, Canada should lead in the development and use of new tools for all GAC supported projects. This must also include capacity building to assess the quality, fidelity and impact of the programs that are being implemented. Taken together, these efforts will support Canada's ability to measure the effectiveness and impact of its development programs. This approach is in line with Minister Bibeau's mandate letter which calls for "making Canada a leader in development innovation and effectiveness, including by strengthening aid transparency and supporting better data collection and analysis, and by examining current and new aid delivery mechanisms and partnerships."

Canada should continue to leverage the CAN-MNCH Network as a resource to help the Government deliver an evidence-based approach as 50% of CAN-MNCH's resources are dedicated toward deepening Canadian capacity for measuring impact of Partner's work on health and nutrition outcomes for women, children and adolescents.

^{xiv} To note, the top 10 fragile states from most to least fragile as indicated in 2015 were: South Sudan; Somalia; Central African Republic; Sudan; Congo (D.R.); Chad; Yemen; Syria; Afghanistan; and Guinea.

Annex A: List of CAN-MNCH Board of Directors and Partners

Board of Directors

David Morley, Chair

President and CEO of UNICEF Canada

Stanley Zlotkin, Vice Chair

Chief, Centre for Global Child Health, The Hospital for Sick Children

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Canadian Network for International
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College of the Rockies
Global Aid Network
Global Pediatric Endocrinology and
Diabetes
HOPE International Development
Agency
Lifeline Malawi Association
Medical Women's International
Association
The Shanti Uganda Society
Simon Fraser University
Tula Foundation
University of British Columbia
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World Neighbours Canada

ALBERTA

Bridges of Hope International
Network of Development
CAUSE Canada
CAWST
Change for Children Association
Faculty of Medicine and Dentistry, University of
Alberta
Healthy Child Uganda
Oratechsolve Inc
Samaritans Purse Canada
Shirin Group
University of Alberta
University of Calgary

SASKATCHEWAN

Mamas 4 Mamas

MANITOBA

iDE Canada
University of Manitoba

ONTARIO

Action Against Hunger
ADRA Canada
Action Canada for Sexual Health and
Rights
Aga Khan Foundation Canada
Amref Health Africa
Born on Time
Canada Africa Community Health
Alliance
Canada Africa Partnership on AIDS
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Canadian Medical Association
Canadian Nurses Association
Canadian Pediatric Society
Canadian Physicians for Aid and Relief
Canadian Public Health Association
Canadian Red Cross
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CARE Canada
Caring Partners Global
Centre for Global Child Health at
SickKids
Centre for Global eHealth Innovation
Christian Children's Fund of Canada
Cowater International
CPAR
Cuso International

Dignitas International
effect:hope
ERDO
Ethiopiaid Canada
Ghana Rural Integrated Development
Global Poverty Project
Grand Challenges Canada
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HealthBridge Foundation of Canada
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Plan International Canada
Presbyterian World Service &
Development
Queen's University
RESULTS Canada
Ryerson University
Safe Motherhood
Save the Children Canada
Save the Mothers
Society of Obstetricians and
Gynecologists of Canada
SOS Children's Villages Canada
Stephen Lewis Foundation

St. Michael's Hospital
The Primate's World Relief and
Development Fund
The Salvation Army
Transforming Faces
Trillium Health Partners
UNICEF Canada
University of Ottawa
University of Toronto
University of Western Ontario
WaterAid Canada
World Renew
World Vision Canada
York University

QUEBEC

Canadian Association of Midwives
Canadian Coalition of Global Health
Research
Carrefour de solidarité internationale
Centre de coopération internationale
en santé et développement
Centre for International Studies and
Cooperation
Health Partners International of
Canada
L'AMIE
LÉGER Foundation
McGill University
Médecins du Monde Canada
Oxfam-Québec
Solidarité Union Coopération

NOVA SCOTIA

Dalhousie University

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