CanWaCH CanSFE

Canadian Partnership for
Women and Children's Health

Partenariat canadien pour
la santé des femmes et des enfants

Global Health Impact Report

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N.B. Table of content headings hyperlink directly to the corresponding section of the digital version of the Global Health Impact Report.

INTRODUCTION

Canada is a globally-renowned champion of the health, nutrition, and rights of women, adolescents, children, newborns, and their families. The Canadian government's leadership and that of Canadian organizations and institutions is cutting edge: together, we are transforming gender relations, delivering life-changing health interventions, and addressing the systemic barriers holding women and girls back from reaching their full potential.

Since 2010, Canada has made significant investments in global women, adolescent, and children's health, clearly establishing a position of international leadership in this sector. In June 2010, Canada led the G8 Summit in launching the Muskoka Initiative on Maternal, Newborn, and Child Health with a commitment of $2.85B over 5 years. This commitment was reaffirmed in 2014 with an additional commitment of $3.5B, followed in 2017 with an additional commitment of $650M over 3 years, to be allocated specifically for sexual and reproductive health and rights matters.

Even as we celebrate the significant achievements and impacts of these investments, we are mindful that the work is not over. With just 10 years remaining to achieve the ambitious Sustainable Development Goals (SDGs), we find ourselves at a critical juncture: increasing instances of humanitarian crises, alongside changing global political climates, persistent gender-unequal norms, and widening economic disparities, result in continuing risks to the health of the most vulnerable women, children, and youth worldwide. In 2019 alone, an estimated 131.7M people will urgently need humanitarian assistance, while data trends tell us that approximately 60% of all preventable maternal deaths occur in fragile, displaced, or conflict settings. While some hard-won gains have been achieved in reducing child and adolescent mortality, approximately 6.3M children and young adolescents died from primarily from preventable causes in just a single year.

In this context, the world needs Canada's bold leadership at the intersection of health, rights and gender equality more than ever. With Canada's track record of commitment to global health, gender equality, and evidence-based decision-making, Canadian organizations and their global partners are ideally positioned to solve critical global data challenges.

Since our inception, the Canadian Partnership for Women and Children's Health (CanWaCH) has consulted with our sector partners to identify obstacles to achieving the SDG targets. Repeatedly, questions around data and information challenges emerge as a common theme.

In order to design better programs, strengthen health systems, and drive meaningful progress towards the SDGs, we need good data. All stakeholders - whether implementers, researchers, policy makers, or Canadian public - want to make better, more impactful, and evidence-based decisions. We want accountability, transparency, and results which offer meaningful and long-lasting change for the most vulnerable. Unfortunately, good data can be difficult to obtain for a wide range of reasons, including but not limited to:

- **Knowledge gaps:** There remain many important areas where we do not yet know how best to collect the data we need: particularly in fragile contexts, with marginalized communities, and in outcome-level measurement.
- **Inaccessible data:** Where we do have data, it goes unused for a variety of reasons, leading to duplication, lack of uptake by communities, and inefficient programming.
- **Limited capacity**: While data may be abundant, a lack of resources, skills, and meaningful linkages with other stakeholders (from the local to the global level) keep us from analysing and using data effectively.

At present, there are limited platforms to highlight successes and lessons learned in regards to data. Through this inaugural report, CanWaCH endeavours to do exactly this: to capture the breadth and depth of Canadian contributions to global health and gender equality data, research, and evaluation. Specifically, we aim to:
- **Identify** sector-identified priorities for continued growth and learning.
- **Establish** a repository of case studies, tools, resources, and Canadian experts relating to global health and gender equality data.
- **Showcase** project-specific data capturing Canadian efforts.

Canada's commitment to evidence-based decision-making is a hallmark of our international contributions to improving global health and gender equality. We are delighted to shine a light on the excellence of Canadian leaders in this space, and to work together to address the challenges that lay ahead.
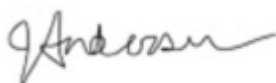
NOTES from CanWaCH

CanWaCH is a reflection of the inspiring and critically important work that members and associates are undertaking around the world - from working alongside grassroots movements and governments, to supporting and strengthening national health care systems, to conducting robust and salient data collection to promote evidence-based decision making. We have a mission to improve data collection, aggregation, and analysis in order to strengthen programing and ensure Canada's investment in the health and rights of women and children leaves no one behind. We achieve this mission by connecting and showcasing experts, undertaking unique programing rooted in innovative partnership models, and by providing virtual platforms and products, such as this report, that tell the story of Canadian leadership.

Since its inception, CanWaCH has made tremendous strides to address the urgent need for accessible, transparent data and to address pressing data priorities. This includes our launch of the Canadian Collaborative for Global Health, an innovative model to incubate ideas and solutions to some of the biggest data challenges affecting the world's most vulnerable populations. Furthermore, we have designed an easy-to-use online platform, the Project Explorer, to aggregate and visualize the results of dedicated Canadian programming.

Now, with the guidance of leading Canadian data experts of the CanWaCH Metrics Working Group, we are thrilled to share this inaugural report with you where we endeavour to weave a collective account of Canadian investments and results in women, children, and adolescent health. We strive to amplify the dedicated efforts of Canadian leadership who are contributing across multiple fronts, including researchers, implementers, programmers, advocates and policy makers. Join us in celebrating the compelling narratives of our members and their partners, with insights shared on lessons learned, success stories, and where we need to push further with data-driven thinking and proactive action.

We hope you will find this report to be a catalyst for information sharing, critical thinking, and evidence-based action amongst your colleagues and global partners. Allow yourself to be inspired by this collective narrative, and be emboldened by this report. Let it serve as a reminder of the significant responsibility we have as Canadians to strive to greater and as yet unimaginable heights in our growing leadership within global health and gender equality data. Together, our strength lies in the uncharted gains to be made when we work collaboratively to realize a world where women, children, and adolescents everywhere have the opportunity to thrive.

In solidarity,

Julia Anderson
Acting Executive Director

METHODOLOGY

Between January-March 2019, CanWaCH circulated a survey to our members, inquiring about challenges, innovations, and uses of data in their practice, research, and decision-making. CanWaCH's membership of diverse civil-society organizations (CSOs), academic institutions, health professional associations, and others were invited to share details on how they make use of data, as well as to provide examples of data-related successes and opportunities for growth. In response, more than 60 CanWaCH members and partners contributed to this report through an online survey, interviews, and consultation.

A qualitative thematic analysis was conducted, and responses have been grouped together under three themes:

1. **Investigate**: These contributions demonstrate dedication to better understanding and responding to persistent barriers in effective data collection, use, and analysis.
2. **Incubate**: These contributions focus on innovation; highlighting new ways in which Canadians are using creativity and ingenuity to solve the most pressing data challenges.
3. **Inspire**: Here, we spotlight emerging people, processes, and projects that represent the next generation of Canadian leadership in this data.

Additionally, the CanWaCH Project Explorer provides valuable aggregate analysis of the scale and scope of Canada's work in global health and gender equality. With approximately 500 projects currently available for analysis, this digital interactive tool provides up-to-date and detailed information on the scale of Canadian investments and programming in these areas. The Project Explorer captures projects from CanWaCH members and non-members, including Canadian and non-Canadian CSOs, academia, multilateral institutions, bilateral commitments, and private sector actors. Those interested in conducting independent analysis on the available data can access the complete data set on the CanWaCH Project Explorer at any time.

Please note that all data and case studies are self-reported by organizations, and as such sample sizes and organizational experiences will vary. Wherever relevant, sample sizes are noted in the report. In addition, as the Project Explorer is continuously updated with new information, the most recent data will be available online and may differ slightly from the content in this report. We encourage readers to connect directly with CanWaCH, or the organizations listed, for more information on the included projects, and to explore opportunities for collaboration.

This report has been reviewed by a dedicated Editorial Committee, comprised of experts from the CanWaCH Metrics Working Group. They represent granting agencies, academic institutions, and CSOs. These individuals were instrumental in designing the original survey, providing input on the emerging themes, and the reviewing of the report, and we are grateful for their time and contributions.

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What is the CanWaCH Metrics Working Group?
The MWG is a technical advisory and support group, established to strengthen the capacity and knowledge of the international development and humanitarian sector as relates to global health and gender equality data. Learn more here.

CanWaCH PROJECT EXPLORER

The CanWaCH Project Explorer aims to capture the full spectrum of Canadian efforts in global health and gender equality, including humanitarian response, sustainable development, research, and more. This includes initiatives funded by the Government of Canada as well as all other funding sources.

The Project Explorer collects robust data across 17 primary data fields. Data is collected on an ongoing basis, and is available for download and analysis. As all data is self-reported from submitting organizations, not all fields are available for each project. Therefore, for each of the following sections, the sample size is noted.

At a Glance[1]

In 2019, CanWaCH's Project Explorer houses detailed project-level data on **495 global development and humanitarian initiatives**, most of which were operational or launched between 2010-2019. These initiatives span **151 countries**, with a combined funding value of **CAD $7,418,996,950.**

Where are Canadians Working?

During the analyzed period, the following countries received the highest overall amount of funding from the reported projects:

Data Visual 1: Top 10 Countries by Total Value of Reported Projects

Top 10 Countries by Total Value of Reported Projects		
Rank	Country	Total Combined Value of Reported Projects
1	MOZAMBIQUE	$ 428,942,543
2	TANZANIA	$ 370,520,821
3	MALI	$ 353,595,379
4	BANGLADESH	$ 309,731,737
5	ETHIOPIA	$ 287,104,547

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[1] Sample size: 495 projects from all available funding sources

6	HAITI	$ 254,446,399
7	NIGERIA	$ 220,625,156
8	GHANA	$ 208,310,184
9	AFGHANISTAN	$ 188,500,084
10	D.R CONGO	$ 182,870,460

Data Visual 2: Global funding snapshot, CanWaCH Analytics Portal

CanWaCH Project Map
Total Projects and Funding by Year

Year: 2010-2018

Region
- Caribbean
- Caucasus and Centra...
- Eastern Asia
- Europe
- Latin America
- North America
- Northern Africa
- Oceania
- South-eastern Asia
- Southern Asia
- Sub-Saharan Africa
- Western Asia
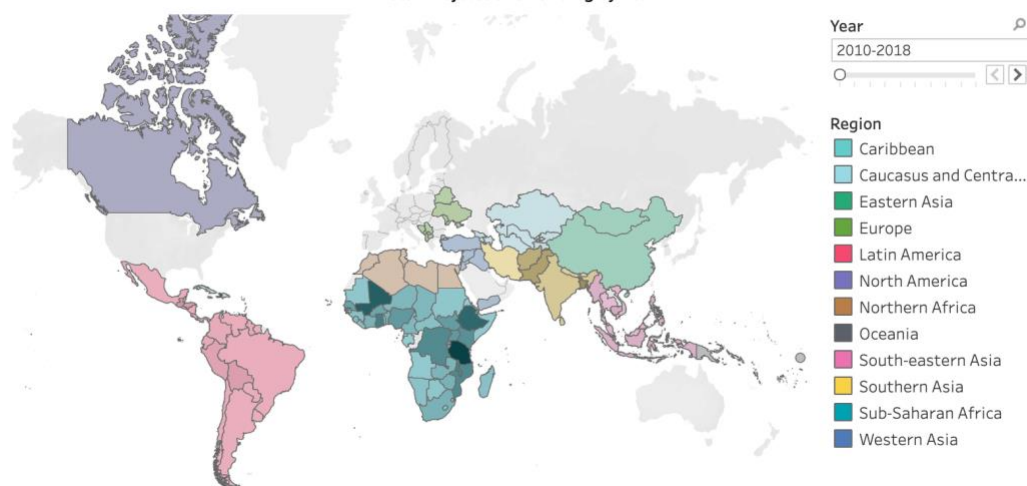
Description: The CanWaCH Analytics Portal interactive map displays total (cumulative) projects & funding details for all current and completed projects available in the CanWaCH Project Explorer between 2010-2019. Numbers are accurate to the time of publication, and may change as visuals are updated.

Data Visual 3: Funding by region, CanWaCH Analytics Portal

Year: 2010-2018

Funding Percent: 0.2% — 65.3%
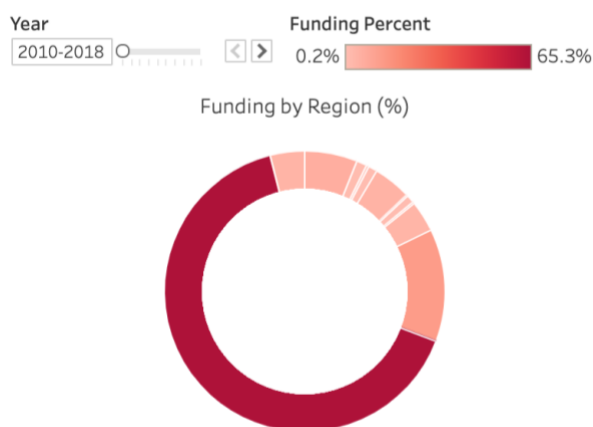
Funding by Region (%)

Description: The [CanWaCH Analytics Portal](#) shows investments made by region. Between 2010-2018, countries in Sub-Saharan Africa represented the most frequently reported countries of work by funding amount, with South Asian nations accounting for the next highest overall percentage of funding.

What Issues Are Canadians Addressing?

Data Visual 4: Top ten areas of focus by funding, CanWaCH Analytics Portal
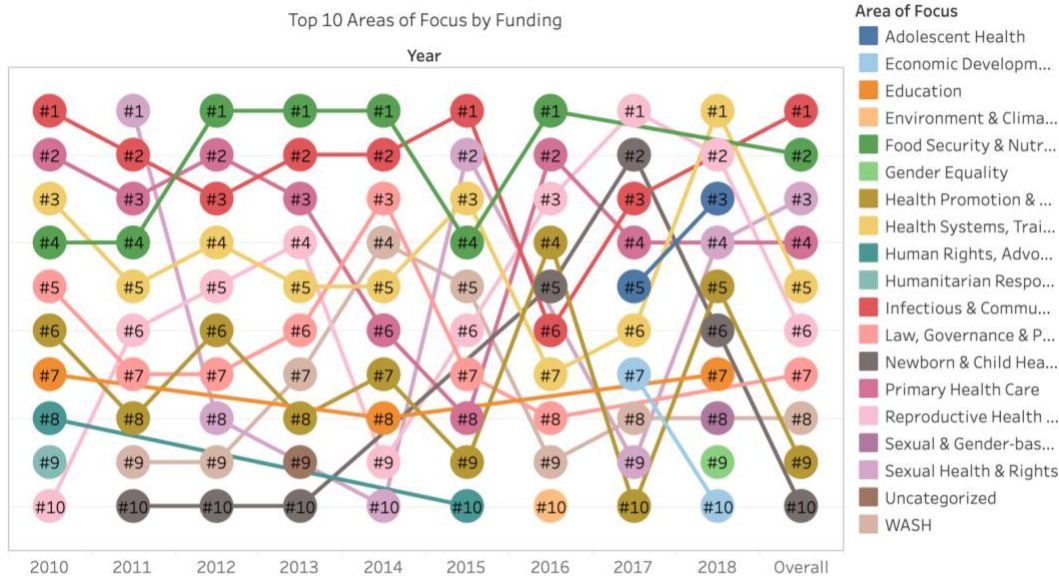
Description: Canada's areas of focus vary by year based on priorities, financing, organizational, and contextual factors. The following interactive table traces the top 10 areas of focus by funding distributed each year from all reported projects. Numbers are accurate to the time of publication, and may change as visuals are updated.

Data Visual 5: Most common areas of focus by spending, CanWaCH Project Explorer

Description: This chart displays the most common areas of focus by spending for reported initiatives in the [Project Explorer](#) between 2010-2019. Numbers are accurate to the time of publication, and may change as visuals are updated.

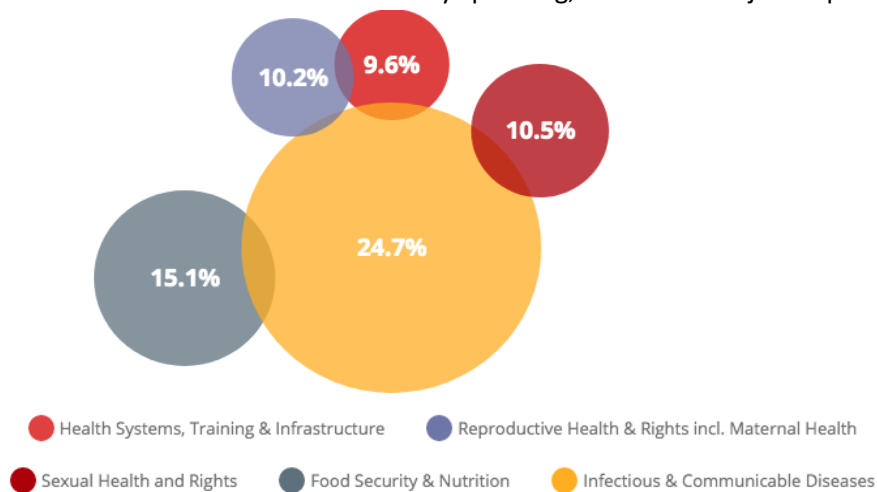Through their work, respondents delivered or are delivering a wide range of activities across multiple development projects.[2] These include, but certainly are not limited to:

- **31,914 communities / groups benefiting**
  - Program Examples: nutrition, WASH, midwifery and health services, health promotion, education, and advocacy work.[3]
- **249,038 people trained (professional and community)**
  - Topic Examples: maternal, newborn, and child health including obstetrical care and pre/post natal care; infant, youth, and child feeding; nutrition, SRHR; WASH; immunization delivery; community case management, and more.[4]
- **1,066 health facilities built or enhanced**
  - Examples: hospitals, clinics, satellite clinics, mobile clinics, health centres, ambulatory care, or community health posts.[5]

Who are Canadians Reaching?

777,704,615 people   133 countries $2,758,838,439

A subset of 150 projects (62 ongoing and 88 completed) funded by the Government of Canada during 2010-2019 with available population data were aggregated to determine populations reached or planning to reach directly or indirectly. This data reveals a combined reach of **777,704,615 people of all ages and sexes** across **133 countries**. The combined value of these initiatives was **CAD $2,758,838,439**, or approximately **CAD $3.55 per person.**

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[2] Analysis is based on a subset of 49 projects derived from a sample size of 150 projects, all of which were funded wholly or in part by the Government of Canada. As of publication, 62 of these projects are ongoing, while 88 have completed activities.
[3] Sample size: 6/49 projects
[4] Sample size: 27/49 projects
[5] Sample size: 13/49 projects

![CanWaCH / CanSFE — Canadian Partnership for Women and Children's Health / Partenariat canadien pour la santé des femmes et des enfants]

77% Adult Women (18+)

53% Adolescent Females

29% Girls Over 5 Years

41% Adult Men (18+)

32% Adolescent Males

27% Boys Over 5 Years

10% Senior Women

10% Senior Men

73% Children Under 5 Years

A further subset of 49 projects exclusively funded by the Government of Canada which provided disaggregated population data is described below. Overall, Canada reached **27,091,083 females** and **8,081,940 males** of all ages across **32 countries** with an investment of **CAD $1,008,992,707**.

Adults of Reproductive Age[6]
21,968,337

Women of Reproductive Age (15-49 years old):	Men of Reproductive Age (15-49 years old):
19,829,258	1,101,726

Adolescents
3,548,782

Female Adolescents (10-19 years):	Male Adolescents (10-19 years):
274,974	125,731

Children under 5 years (both sexes):
43,722,712

Newborns under 12 months (both sexes)
608,375

How are Canadians Measuring Results?

In 2018, CanWaCH began collecting information from reporting organizations on the specific indicators they are using to track project progress, including those that were specified by the Government of Canada during the 2010-2018 period.[6]

Reported Indicators

Indicator	Percent of reported projects using this indicator
%/total of women attended at least four times during pregnancy by any provider for reasons related to the pregnancy	72%
%/total of mothers, and %/total of babies, who received postnatal care within two days of childbirth	62%
# of district/health facilities that use sex disaggregated data to inform health service delivery	33%

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[6] A subset of 39 projects which provided indicator data is described below.

%/of reported reported projects (according to Global Affairs Canada) collect the indicator "presence of skilled birth attendants"	67%
%/ of reported projects used at least one SRHR Key Performance Indicator *(as the finalized Key Performance Indicators have only recently been released, this percentage likely reflects that organizations have not yet established detailed evaluation frameworks and selected their indicators)*	38%

INVESTIGATE

Overview

A growing global focus on the importance of good data has increased significantly the volume of information available on global health and gender equality issues, as well as diversified the means through which it can be obtained. **However, despite an increased recognition of the importance of quality data, there remain many circumstances where health data is fragmented, discriminatory, or unusable, or where organizations lack the means to make fulsome use of it.** This fundamentally undermines development efforts, and erases the unique needs and experiences of people in traditionally marginalized groups, including women, children, and adolescents. Within organizations themselves, this can negatively impact performance and internal processes.

Canadian organizations were asked to identify persistent barriers that they face in effective research and evaluation design, collection, analysis, and utilization. Their responses, along with their responses to these challenges, are outlined below.

Challenge: Making Use of What We Have

Respondents shared that the challenges of limited budgets, lack of dedicated human resources, limited training opportunities, and short timeframes make it difficult to design evaluation strategies that meaningfully measure impact. Some members have also commented on the lack of 'in-house' training opportunities, enumerators with varying levels of skills and experience, and the impact of different translations on data as influencing factors.

While lack of quality data is a serious concern in some contexts, we have also heard that organizations may occasionally have more data than they can and do use. This leads to ethical questions, as well as concerns about efficiency where staff may already be overstretched.

While members (and their funders) are eager to examine longer-term impact implications of their work, rigorous evaluations are often difficult to produce in practice. Through conversation and consultation, we heard that programming staff sometimes struggle to include a large number of feasible or recommended indicators while still keeping data collection tools manageable and reasonable. This issue is exacerbated when multiple

partnering organizations from different sectors attempt to harmonize indicators that reflect different priorities. For instance, some academic institutions noted that research measures are often inconsistent with CSO priorities, while CSOs commented on the high resource requirements for academic research.

Canada in Action: Measuring (only) What Matters

Addressing these macro-level challenges must happen at the organizational level, not only on a per-project basis. In consultations, we have heard organizations starting to ask: "What will we *not* measure?" – in other words, how do we ensure that we are focusing our data collection work on what truly drives our ultimate decision-making and understanding of impact. Rather than attempting to capture every aspect of possible change, we may need to reframe our approaches to clearly capture (only) the stories that matter.

Of course, this targeted approach brings with it many considerations which need to be explored, and organizations have highlighted the importance of regular assessment, refinement, and confirmation of shared understanding of indicators and processes as being essential to ensuring transparency and utility of data. The implications of this should be explored more fully to truly understand and document the needs of Canadian organizations.

Case Studies

Case Study: **Grand Challenges Canada (GCC)** is continuously refining how they approach funding innovation when the full results of many interventions will not be seen until after funding is completed. GCC analyzes their funding decision data using a predictive impact model to estimate potential impact to 2030. They have found this approach to provide useful information to staff and external reviewers. It further deepens the innovator's own understanding of impact measurement and helps the innovator to better communicate the potential of their innovation.

"Having funded over 1000 different innovations addressing various health issues in many countries around the world, it is challenging to gather results from all these different innovations in a way that is comparable across portfolios, and across GCC. To address this challenge we have developed a robust M&E system with frameworks and tools to gather this information, and analyze it to meet our needs."

Case Study: In **Primate's World Relief and Development Fund's (PWRDF)** experience, their maternal health data collection revealed higher levels of vulnerability among youth than had been assumed. Consequently, a sector-approved indicator definition was missing arguably the most vulnerable demographic. This led to PWRDF's modifying the indicator age range for 'women of reproductive age' from 15-49 to 10-49, to better capture the information they truly needed. They also encouraged greater enumerator engagement with younger adolescents, and trained them on safeguarding and obtaining consent protocols. This ensured that programming captured issues around early sexual initiation, marriage, and other issues.

Case Study: Canada currently ranks 25th out of 41 high-income countries when it comes to the wellbeing of our children and young people. **UNICEF Canada** therefore established a multi-partner data initiative to track progress in the wellbeing of Canadian children and youth. Implementing partners include the Canadian Index of Wellbeing and Overlap Associates. Data partners include Queen's University and Statistics Canada. Supporting partners include the Lyle S. Hallman Foundation and the Lawson Foundation. The [Canadian Index of Child and Youth Wellbeing](#) measures nine dimensions of children's lives using 125 indicators co-created with young people. The prototype was launched in 2018 and the first baseline report will be available in 2019.

Challenge: Working with Limited Local Data

National health data systems are a critical resource for global health practitioners, providing information on existing services, health needs, resource distribution, population information, and much more. Beyond accessing routine information, however, detailed and relevant data collection from local health data systems may not always be possible. In particular, sex- and age-disaggregated data or population-specific data (particularly concerning the most vulnerable populations) is not always available in routine or aggregated data. **Respondents identified the lack of strong national data systems in fragile and complex settings as a significant barrier to developing effective research and evaluation design in those contexts.** Without detailed information to inform baselines, respondents note the risk of designing research, program, and evaluation plans that are not feasible, accurate, or effective.

Canada in Action: Strengthening Health Information Systems

In response to the above challenges, Canadian global health practitioners are increasingly building an explicit focus on strengthening local and national data collection systems in their projects, as well as strengthening their own internal measurement systems. In particular, respondents indicated interest in seeing [DHIS-2](#)'s growth and expansion in more key priority areas (example: neglected tropical disease indicators), and methodologies (example: qualitative data).

Acknowledging that a focus on strengthening public health information systems takes time and significant coordination with a variety of stakeholders, respondents noted that increasing their own internal capacity was a priority, as is creating their own data sets which have enabled them to work effectively. Opportunities to share such systems and information would address short-term gaps, while working towards long-term solutions.

What is DHIS-2? District Health Information Software 2 (DHIS-2) is a free, open-source health management information system used by 67 lower and middle-income country governments around the world. International organizations use DHIS-2 to design programs, manage information, and visualize routine data. [Learn more here.](#)

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"[Getting governments to use DHIS-2] is a process that requires ongoing engagement and collaboration with other partners, to have policy changes on health data adopted by Government."

"As researchers, our team feels strongly that a standard data system and dataset for work in reproductive health is essential, [and] we are working towards this but there is still a ways to go! We spend a considerable amount of research efforts in supporting IT and data management capacity building and associated infrastructure improvements that are needed in our partner countries. We have observed that this is usually necessary [and] we also find that each group and project is using a different platform which creates confusion and extra time. We would love to see a future of global health research where there is a standard platform that all [government] and research projects could add on to or modify to meet their needs."

Case Studies

Case Study: Save the Children Canada has collaborated with the WHO and local ministries of health in-country to create and implement a data-strengthening package to support local health actors to read and interpret DHIS-2 data. This training focuses on field-level data collection, data management, analyses at district level, and communication of findings to decision-makers. Combined with diverse dissemination approaches, routine review meetings with district and facility managers encourage ongoing uptake of this training to make stronger programmatic decisions using the DHIS-2.

Case Study: Society of Obstetricians and Gynaecologists of Canada (SOGC) endeavours to build data and evaluation analysis skills internally by establishing partnerships with large CSOs who take on the monitoring and evaluation component in programming, and can share useful techniques. To further strengthen their internal capacity, SOGC has begun to design their own data management systems to improve their understanding of the impact of their obstetric care trainings. Their pre-and post-training assessments have enabled them to standardize metric components and compare their initiatives across countries, including in the InPATH project in Malawi and the Healthy Women and Children in the DRC project.

Case Study: Options for Sexual Health (Options) relies on a wide range of data to guide future investments, including: infection rates, existing services' accessibility, patients turned away, wait times, and demographics. Such data was leveraged to demand expanded sexual health services in Kelowna, British Columbia. This led to the establishment of the PRICK! program in partnership with Interior Health (IHA) and Men's Health Initiative in three communities. Additionally, Options uses Salesforce, a customer relationship management tool, to capture Sex Sense service data for improved and targeted health intervention activities. The data captured is anonymous and includes client concerns, demographic data (age, gender, general location), and referral pathways and is used to reveal and address gaps in education, resources, and services

Case Study: The **Centre for International Child Health (CICH)** is working with international partners to implement a DHIS-2 Tracker (individual level patient monitoring platform) to collect information during a three-country cohort study (the PRECISE study) in Gambia, Kenya and Mozambique. Participating countries are required to provide regular reporting to the Ministry of Health via DHIS-2 aggregate reporting. The ultimate aim is to have individual-level data summarized and reported by facility without the need for double entry and reporting. They hope to make forms and collected data publicly available after approximately 2 years of data collection, with the aim of having a set of 'core' standard variables to facilitate sharing and pooling of data.

Case Study: In **effect:hope**'s Every Child Thrives project in Kenya and Côte d'Ivoire, they have worked with Ministry of Health officials to ensure sex-disaggregated data is collected and the intervention data entered in the DHIS-2. Data collection tools capture sex-disaggregated data when recording the number of girls and boys receiving Vitamin A Supplementation and deworming every six months. Community Health Workers, distribution supervisors, and Health Records and Information Officers have been able to collect and compile data at the regional and county level, inform target numbers and monitor progress. Through continuous capacity building and engagement activities, they are supporting Ministry officials to utilize these tools more effectively, in order to inform nutrition programming.

Challenge: Capturing Community Voices

Canadian development practitioners, evaluators, and researchers alike appear to recognize the utility of qualitative data in informing program and evaluation design and delivery. Despite this, respondents noted multiple barriers to the effective use of qualitative data, including: lack of available guidance on best practice; limited internal capacity (among both Canadian and global partners); lack of adequate resources (money, time, staff); concerns regarding the time-consuming nature of qualitative data collection; and more.

Organizations have observed that they are almost always working within quantitative design-based reporting frameworks for donors. This leaves little opportunity to include or utilize qualitative data, even if it is collected. This means that organizations may feel pressure to, and struggle to "*quantify qualitative data, such as ranking the importance of gender-related barriers to the access and uptake of*" interventions. Furthermore, there is little incentive to navigate these challenges – whether explicit or perceived, organizations report concerns about a bias against qualitative data. Such data may be seen as optional; 'complementary' to the more 'credible' quantitative findings, and therefore not a priority when resources and time are limited.

Canada in Action: Harnessing the Power of Qualitative Data

Qualitative data can be instrumental in helping organizations to understand why and how change happens. In conversations with members, respondents noted that the rigour of qualitative data collection methods – much like quantitative ones – requires adequate resourcing. If organizations and donors want to improve the utility and harness the value of

qualitative data, we must fund staff, and train adequately on these methods, rather than focusing first on quantitative measures and leaving the "leftovers" to qualitative approaches.

We have heard suggestions from members and partners on the need for (better) qualitative data collection platforms and dedicated training on its use. We also heard partners discussing their experiences with combining individual and key informant interviews alongside the collection of routine health data, to ensure that mixed methods are used and that qualitative data goes beyond the surface level to be truly robust and meaningful. Consistently, funding partners were encouraged to re-evaluate their own understanding of what qualitative data collection looks like, and how information can be captured and shared by organizations without having to be reconfigured as quantitative data.

Case Studies

Case Study: Shanti Uganda's pilot project, Propelling Motherhood, introduced a new service whereby village health team (VHT) members conducted postpartum home visits in Luwero, Uganda. This became a permanent program activity after interviews done with mothers through an external researcher emphasized the positive impact it had on their well-being, and the enriching experience it was for VHTs. This qualitative data was vital for understanding the experience of all participants, and offered insights on experiences that might not otherwise have been captured.

Case Study: Save The Children Canada has used 'best friend interviews' in Somalia to ensure quieter voices are heard, unlike focus group discussions where louder voices may dominate. The format for gathering data is the same as a regular interview, but the participant brings along their best friend. This approach changes the power dynamic with the interviewer; it may make the participant more comfortable, and the best friend may challenge the participant if they say something untrue or inaccurate. Practice for the interviewers is required to ensure a conversational style. In some cases (and age-depending), using pictures or toys to tell a story may also help youth to feel more comfortable.

Case Study: The **Centre for International Child Health (CICH)** have taken qualitative measures, such as verbal autopsies, to better understand maternal death in their CLIP study in Pakistan. Through an open-ended narrative questionnaire, they found that the pathway to maternal death has to be analyzed beyond a single care journey: multiple interactions within and across health system levels (e.g., local clinic, district hospitals) need to be examined. Furthermore, 'Lady Health Workers' conduct regular antenatal and postnatal home visits to supplement clinical and demographic data. With this included, enhancing qualitative data collection is enabling health personnel to better identify maternal death cases, if and where a woman accesses care, why, how frequently, and the quality of care she received.

Case Study: University of Sherbrooke aims to understand the local community's perceived health priorities in order to design more effective mental health programming using qualitative data. Canadian and Malian partners co-designed a research-action project to draw a preliminary portrait of the mental health barriers and opportunities in Mali. Results are

being used to develop strong training programs for health providers, so that they are better able to support positive health behavior change and reduce prejudice and stigma. For example, the integration of traditional healers in the discussion groups has supported health providers to realize the importance of considering traditional healers as partners in the intervention of people presenting with mental health issues.

Case Study: Maternal and Infant Health Canada (MIH Can) is working on an exploratory study to appraise the feasibility of Ayurveda, a traditional medical system, in reducing maternal morbidity and mortality in India. MIH Can considers this a gap in global MNCH knowledge, as the majority of people in the Global South access traditional/integrative health practitioners as their primary care providers. Through focus groups, MIH Can aims to obtain the perspectives of: Ayurvedic physician specialists in obstetric/gynaecology, Ayurvedic college educators, women of childbearing age and others. With the opening of the AYUSH Ministry signaling an interest in traditional medicine, MIH Can views this an opportune moment to examine the potential benefits of traditional medicine/integrative health practices in MNCH disease prevention.

Challenge: Linking Action with Impact

Respondents agree that the primary purpose of research and evaluation is to drive meaningful and lifesaving change. This requires effectively communicating both needs and results to a wide variety of stakeholders.

Respondents observed that they sometimes grapple with how to measure ultimate success at the population level, as well as how to confidently demonstrate direct linkages between effort and impact. **When it comes to sharing the impact of their interventions, respondents reported difficulties in meaningfully attributing results to their specific project contributions or activities. They recognize that there are many complex factors which influence impact and success, particularly for initiatives that are looking to influence changes at a systems level.** Again, the short time frame for most projects creates additional challenges, since results at the intermediate or ultimate outcome level are not always visible in just a few months or years. The need for better understanding of how outputs lead directly to outcomes is needed not only at the project level, but at regional, sub-national, and national levels as well – a daunting task.

Canada in Action: Measuring Meaningful Results

We hear often about the need for standardized indicators and frameworks that also retain their ability to be used in a variety of diverse contexts. Respondents noted many different standardized tools which they use and adapt to individual project needs, in order to ensure that data collection processes are feasible, efficient, focused, and not unduly burdensome for local teams.

This requires that, when tracking activities and outputs of projects, organizations are clear from the outset as to how outputs link directly to outcomes at multiple levels, as well as how they align with global targets. Respondents are doing this well; highlighting examples of tools that they have created to do just that, and outlining how they are tracking their intervention's influence beyond direct communities served. We also heard how members are developing

frameworks to assess their organizational progress overall, and how they are working hard to clearly define targets and definitions of success at the outset of any project – this sort of work is vital to measuring real, substantive change.

Case Studies

Case Study: Action Against Hunger Canada found a lack of impact data linking gender-based violence (GBV) and gender equality to nutrition, making it difficult to ensure accountability towards mainstreaming gender equality and GBV considerations. In response, a 'Capturing the Change Initiative' was developed to demonstrate the impact that integrating gender considerations has on gender inequality and addressing GBV within communities and amongst staff. For instance, testimonials from trained project staff highlight an increased awareness that has enabled them to develop gender sensitive projects in a participatory way. Though an initial first step, they have found capacity building in GBV and nutrition to be a significant gap area requiring knowledge exchange efforts.

Case Study: Christian Children's Fund of Canada is focusing on multi-year household surveys to evaluate if behavior change has occurred in their targeted nutrition activities. The PROMISE project has developed health promotion materials and trained health facility staff and community volunteers to deliver key nutrition messages focusing on the first 1,000 days of life. These communication materials supported community dialogue sessions with women and men on nutrition, hygiene and sanitation. For females and males, their ability to identify essential nutrition practices for pregnant women, girls and boys (under five) increased by 64.5% (from 1.6% to 66.1%) and 66.6% (2.7% to 69.3%) in year 2 and year 3 surveys respectively.

Case Study: World Vision Canada has found success in tracking results with *Data-driven Decision Making and Program Improvement Initiative (DDMPII).* Output-level results are monitored through a process of 'output tracker analysis' where each implementing country establishes targets for each output on a semi-annual basis. After each period, project staff reflect on the variances between target and actuals. Intermediate and immediate outcome indicators are measured annually using Lot Quality Assurance Sampling (LQAS) methodology, and the RADAR initiative's LiST tool. Impact metrics support understanding program's effectiveness, such as the cost per lives saved, and the number of healthy life years gained.

Case Study: *What is RADAR?* As a part of the Canadian government's initiative to improve accountability for its maternal and child health investments, the Institute for International Programs (IIP) at the Johns Hopkins Bloomberg School of Public Health is leading the development of new tools to assist countries and Canadian partners in implementing strong measurement approaches for maternal, neonatal, and child health and nutrition programs. Learn more here.

Case Study: **Ghana Rural Integrated Development (GRID)**'s data on neonatal mortality revealed that nearly half of the death outcomes tracked through their project were occurring among adolescent mothers. GRID used this metric to highlight the importance of increasing awareness among adolescents (males and females) about the risk associated with unplanned and early pregnancy, and developed their programs accordingly.

INCUBATE

Overview

New technologies, partnerships, and approaches have fundamentally changed how Canadian organizations conduct research and evaluation in global health. Our inquiry confirmed that Canadian global health leaders are eager to be at the forefront of innovation in global health and gender equality research: actively developing, testing, and integrating customized data strategies and solutions, while centering the voices of diverse communities.

Excitingly, the definition of innovation varies by organization: some strategies shared by respondents were transformational in nature, while others offered incremental but meaningful adjustments to more effectively track impacts for women, girls, and their families. **Canadian organizations are also interested in asking difficult questions of data, such as: how can we transparently share, and learn from our failures?** How can we collaborate meaningfully with partners outside our sector, even where we do not necessarily share similar perspectives or approaches? How do we protect the rights and safety of communities, particularly when examining contentious health issues?

The following section outlines specific ways in which Canadian actors are adapting within rapidly evolving global health systems to incubate strategies that address emerging health priorities.

Challenge: Tokenistic Collaboration

Respondents provided examples of new and exciting partnership models that they have built within the data and research context. While cross-sectoral partnerships are frequently encouraged by funders and desired by implementers, the diverse, and sometimes divergent, priorities, approaches, values, and resources of different partners can result in tokenistic collaboration. Where there are power dynamics at play, it is likely that smaller, local community groups will not participate as true and equal partners.

When talking about challenging or unsuccessful partnerships, we heard stories that highlighted a lack of common interests or ultimate objectives, different expectations around levels of 'friendship' between organizations (going beyond the transactional nature of a partnership to foster personal connections between staff), imbalanced resources, and management frameworks that were incompatible with the needs and realities of different partners.

Canada in Action: Meaningful Partnerships

Through consultation with CanWaCH members, it is apparent that the sector is committed to meaningful, respectful engagement, including working directly with locally-based actors, even when it is complex and challenging to do so. However, the very real challenges and complexities of meeting research objectives and data targets in these contexts suggest that global health actors, researchers, and funders should continue to explore strategies to work directly with local community groups in ways that honour their leadership and are not unduly burdensome or prohibitive to fulsome engagement.

Respondents reflected on the approaches they have taken to reconcile and support one another's differences to co-create effective solutions, while utilizing their individual strengths. Communication, flexibility, focused and simplified measurement activities, and genuine warmth and respect between all stakeholders appear to be common features of effective partnerships.

Within organizations themselves, we heard stories of all staff participating regularly in learning and feedback opportunities (including administrative and clerical staff who might typically not be consulted) in order to foster a sense of teamwork, get new and unexpected insights, and 'groundtruth' ideas with different audiences.

Case Studies

Case Study: While advocating for global data inclusion and dialogue on disability metrics (e.g., lack of disability-relevant data in a national census), **Humanity and Inclusion** have partnered with the Washington Group on Disability Statistics to foster international promotion of health statistics and disability data collection tools. This working relationship has led to the creation of sets of questions in surveys, as well as training modules on working with disability metrics.

Case Study: Working together on a multi-year funded PROSAMI project in Haiti, **LÉGER FOUNDATION** used existing data collected by **CCSID**, who has established relationships and strong MNCH sector knowledge in Léogâne and Gressier regions. **LÉGER FOUNDATION** was able to support the integration of sex-specific and environmental data, as well as identify challenges in promptness, completeness, and accuracy of project data when transmitted locally to districts and MSPP (Haitian Ministry of Health) facilities. Dashboards and fact sheets were created to motivate institutions to monitor detailed data. Consequently, the rate of promptness in the data transmission to centralized databases has increased from 50% to 90%. CanWaCH was thrilled to visit the PROSAMI project sites to amplify their partnership efforts in health system strengthening - read more here.

"All the partner institutions benefited directly or indirectly from the support of the project, either through supervisory visits or through institutional meetings (supervision and training) to know how to compile and submit data to the MSPP. Thanks to the efforts of PROSAMI, the institutions of the municipality of Gressier now submit their statistical reports to the Health

office in charge. The support provided includes: (a) support and supervision of the staff of the institutions concerned on the production of reports; (b) preparation of dashboards; (c)staff orientation of supported institutions; (d) follow up on deadlines; (e) reception and filing of reports".

Case Study: **Carrefour de solidarité internationale (CSI)** is mobilizing their global project activities with health professionals at CIUSS (Centre intégré universitaire de santé et services sociaux) - Estrie-CHUS (Centre hospitalier universitaire de Sherbrooke) in Quebec, Canada.

This hospital-academic partnership enables CSI to modify their development programming to be aligned with clinical best practices and current evidence of MNCH and SRH. In partnership, their efforts in maternal, newborn and child health in Mali and Peru have led to community, government and health professional training on perinatal health services, supported local production of food through agricultural cooperatives and strengthened health infrastructure capacity across 75 maternities and 10 health centres.

Case Study: Community-based research partnerships have been instrumental for academic institutions like the **University of Sherbrooke**. Since 2010, in the DÉCLIC project in Mali, they have worked in close collaboration with CCISD, Cégep de Saint-Jérôme, Faculty of Medicine of Bamako, and the National Institute of Health Sciences to improve the settings of five Academic Community Health Centers. Through additional onsite training, monitoring, and research activities, the Centers provide an enhanced front-line perspective to improve research and clinical care priorities. Furthermore, a Practice-Based Research Network approach has been implemented, allowing for practical and affordable research activities in this setting. Finally, the DÉCLIC Project has increased volumes of care, enhanced interdisciplinary clinical teaching, and made training more adaptive to local health needs for future doctors and paramedics.

Case Study: University of Montréal – TRANSNUT - In the A3PN project in Grande Anse and Southern Haiti, research findings related to breastfeeding, hygiene and food practices were disseminated to the community through health promotion training and messaging. Participatory cooking sessions in mother and father clubs promoted the use of accessible but underutilized nutritious foods in recipes prepared for children 6-23 months age. To address food taboos among pregnant and breastfeeding mothers, participants were encouraged to cook recipes that included as many local foods affected by food taboos as possible. Funded by Global Affairs Canada, the project is implemented by Catholic Relief Services Haiti in partnership with Fondation Paul Gérin-Lajoie, Unité de Santé Internationale and TRANSNUT (WHO Collaborating Centre on Nutritional Changes and Development) from the University of Montréal.

Case Study: Listen to **Tanzanian Association of Midwives** President, Feddy Mwanga, discuss the powerful and successful partnership experience they have had with the **Canadian Association of Midwives** (Linked Video).

Challenge: Conducting Ethical, Equitable, and Engaging Evaluation

It is certainly not news that persistent inequalities between and within communities continues to impede progress on global health targets. Indeed, effective inquiry can identify these inequalities, as well as neglected areas or gaps in information on sensitive topic areas.

However, respondents observed that, when data is not representative, those who are the most vulnerable (e.g., women and children who do not and cannot access the formal health care system) are frequently forgotten. While much has been written on community-driven methods and effective engagement of communities, respondents note that ethical questions persist, such as: how do we bring in community voices in an ethical and authentic way? Organizations who work with children and youth raised this question in particular, where

questions of informed participation and consent are particularly sensitive. Where programs focus on sensitive topics which intersect with the law, such as abortion, substance use, LGBTQ identity, or sexual and gender-based violence, evaluators grapple with issues of duty of care (such as not asking questions that might cause harm or jeopardize safety).

Canada in Action: New Models of Community Ownership

Respondents noted that they are taking a closer look at how they can engage communities directly to strengthen relationships and ownership of data. Community ownership of data brings wide-ranging benefits, including:

- Strengthening local capacity and confidence to make empowered decisions
- Mitigating or reducing centralization, standardization, and top-down development
- Increasing likelihood of sustainability and uptake of findings
- Producing timely, valid data

Canadian respondents discussed some of their strategies to analyze global health data, while remaining cognizant of bias and preconceptions. Respondents noted that different actors may use the same source of information, but draw entirely different conclusions based on their processes of analysis. Therefore, consistency and transparency regarding methodologies and assumptions are necessary in order to reduce bias and increase utility of data.

In consultation, we heard about the importance of accessible, timely dissemination of findings. Different actors have their own primary sources for knowledge exchange (peer reviewed journals, conferences and workshops, digital whitepapers, and more). As these may be siloed by sector (and not accessible to communities themselves), more work must be done to ensure access to evidence and findings by those who need it, and who contributed to it in the first place.

Case Studies

Case Study: A 20-year partnership-building venture between the **University of Saskatchewan** and partners in Inhambane, Mozambique has led to participatory and integrative data strengthening processes in the Mozambique Canada Maternal Health Project. Community Support Workers leverage their local relationships to identify and

monitor pregnant women and girls, and act as data liaisons. The team has also developed a Performance Measurement of Health Systems Management tool. This tool measures performance in key areas of SRMNCH services to provide a map for system improvement, as well as pinpoint areas for capacity development, including gender and sex-based management training. (Linked video)

Case Study: In Mali, **CCISD (Centre de coopération internationale en santé et développement)** aimed to amplify the leadership of women's groups to deliver community-based sensitization on water, sanitation and hygiene issues. In this BECEYA project, women's groups were supported to monitor their own activities. Further to administering WASH activities, women have taken on behavior change communication activities and advocacy, and monitor their sensitization activities using simple tools. Before the project, there was little information on activities and women's experiences. The collective commitment of women's

groups to strengthen the quality, consistency, and utility of WASH practices has served over 255, 000 people (71% of whom are women) across 128 health facilities.

Case Study: **ADRA Canada**'s behavioural change communication strategy builds on REFLECT - a participatory approach to facilitate group learning and action. Through the combination of REFLECT and the Participatory Quality Monitoring (PQM) approach, the EMBRACE project local staff, and communities learn to formulate their own monitoring questions. The PQM model includes community training on data collection and analysis, creating tools, identifying data gaps, and disseminating findings.

"Members of the community, e.g., groups of mothers or Maternal and Child Health Group convened to tackle an issue [safe motherhood, newborn health, family planning, sanitation and hygiene, infant and young child feeding, stimulation for children through Learning Through Play, and savings for health] by starting with a group activity… that intends to spur analysis of different aspects of their own lives. These become the basis for a process of gaining awareness of what causes underlying problems, and identifying action points and taking them forward."

Case Study: **Interagency Coalition on AIDS and Development** recognizes that African, Caribbean and Black (ACB) populations in Canada experience unique structural barriers to HIV prevention, care, treatment and support. They require a tailored approach that targets the individual, community, health facility, and institutional levels. In response, the Canadian HIV/AIDS Black, African Caribbean (CHABAC) Network is designing an ACB-specific program model which has the potential to be disseminated globally in partnership with the African Black Global Diaspora Network (ABDGN). This model will build knowledge of where to focus prevention and treatment efforts, optimize program implementation and efficiency through operations research, and evaluate impact and cost-effectiveness. Available in Fall 2019, the model has been informed by national webinars, community roundtables, and a national bilingual scan.

Challenge: High Cost of High-Tech

Throughout our inquiry, a common refrain is that data collection has the potential to be resource intensive, require extensive travel, and pose a burden to staff and organizations. Not surprisingly, Canadian global health actors are eager to enhance research and evaluation activities through technology. There is a growing enthusiasm for creative data collection tools and programming models which include modern technology.

However, data experts raised concerns as to whether certain approaches may carry the risk of disenfranchising those who need us most, as they may require literacy, numeracy, technical acumen, geographic location, and other skills or abilities from communities or staff. Respondents are cognizant of potential risks and challenges, including but not limited to:
- High start-up and refurbishment costs of technological resources
- Inconsistent or unequal technical proficiency or technical literacy among staff
- Lack of confidence among staff and communities in using technology
- Disrupted, varied, or unreliable power or internet connectivity, particularly in rural communities or in conflict settings
- Limited training or refresher opportunities as new technologies or software emerge
- Potential risks for maintaining confidentiality or security
- Ethical issues around data sovereignty, accessibility, and the potential to exacerbate inequalities

Canada in Action: New Tools for Betters Results

Innovation and technology are often seen as being synonymous, so it is far from surprising that many respondents provided exciting examples of new digital tools and strategies that they are implementing. These tools and approaches have the potential to streamline processes, reduce error, engage new populations, and mobilize resources quickly. CanWaCH's own Project Explorer is an example of a such an approach to sharing data: harnessing the collective voices of diverse actors through maps, detailed project- and aggregate-level data, and interactive visuals.

That said, what is particularly inspiring about this work is the recognition among Canadian actors that an effective innovative approach brings together not only technology, but also creative problem-solving, as well as new ways of thinking which challenge assumptions and take nothing for granted. It is only with new and flexible thinking that development actors will be able to address some of the above challenges and maximize the impact of technology in global health.

Case Studies

Case Study: ADRA Canada has developed a mobile application called ADRA Field App which is used in the EMBRACE and other RMNCAH projects to facilitate output level data collection and analysis, and to better track attendance and participation. It collects real-time data, and allows for impromptu information validation from Canada, which eliminates the delay that occurs when using email. Moreover, ADRA leverages Salanga's Kinaki tool, an interactive M&E

platform. Kinaki is used mainly for household survey data analysis and visualization. In the Philippines and elsewhere, Kinaki has provided a useful comparison for Local Government Units' Health Score Cards: here, discrepancies in data between reports were identified through the tool, leading to insightful conversations among stakeholders.

Case Study: Aiming to lead in the innovation of data science and artificial intelligence in global health, **UNICEF's Office of Innovation** has been working on '[Magic Box](#).' This open-source software platform harnesses real-time data generated from public and private sector data sources such as Telefonica, Google, IBM, Amadeus and Red Hat to inform life-saving humanitarian emergency responses. The platform's first version was created during the West Africa 2014 Ebola crisis, with a second version developed in response to the 2015 Zika outbreak. It continues to be adapted to multiple applications and made available to open-source collaborators. Current applications include analysis of weather and travel patterns to halt the spread of epidemics, evaluating the impact of natural disasters, mapping school connectivity, and measuring household poverty.

Case Study: Researchers at the Joint Centre for Bioethics and Dalla Lana School of Public Health at the **University of Toronto** are leading the first-ever scoping review to better understand the ethical implications of Artificial Intelligence (AI) on health, from a global health perspective. The review investigates issues of privacy and security, trust in AI, accountability for the use of AI technology, and the adverse consequences of bias in data. It also highlights the lack of attention to the ethics of deploying AI within low- and middle-income countries, including the potential gender and health equity impacts for women, children, low-wage workers, and other vulnerable populations. Further research will explore these implications, in order to harness the potential benefits of AI while mitigating its potential harms.

Case Study: Tula Foundation is working with the Ministry of Health in Guatemala to implement a smartphone-based community eHealth system that improves the delivery of primary health services. With smartphones, primary health personnel are linked to a digital health network of primary and secondary health providers, specialists, technical and administrative personnel. This peer interaction facilitates clinical decision support, referrals, emergency transportation, and more. Patient health data is collected by primary health personnel using a digital mobile application stored within a digital cloud. Since 2016, 4,000 primary health personnel have adopted the system, resulting in the registration of: 300,000 support calls, the monitoring of over 81,500 children for malnutrition, and 22,000 women for pregnancy monitoring (including approximately 5,000 adolescent girls).

Challenge: Measuring Gender Transformative Change

Gender equality is a cross-cutting theme and essential priority for all Canadian global health investment. Not surprisingly, integrating a gender equality perspective is already top-of-mind for the sector. However, respondents identified that, while there are many frameworks available to assess the efficacy of gender transformative work in global health, not all of these tools are easily adapted to all communities or contexts. This can create challenges when it comes time to effectively measuring Canadian contributions towards gender equality. With

65% of CanWaCH's members noting that gender-specialised human resources are insufficient, and citing too-short project time frames as a barrier to measuring impact, it is clear that ongoing dialogue is needed.

A frequently cited concern from members dealt with addressing changes in empowerment, autonomy, and decision-making. These are hard areas to measure within the duration of most projects, and as such, proxy indicators are often used, such as maternal mortality, contraceptive use, school attendance, and others. However, proxy indicators are rarely sufficient as they fail to capture the voices and unique stories of participants.

Beyond the indicators themselves is the question of how we discuss gender equality and health in contexts where language around gender, empowerment, equality, transformative change, and wellbeing (and more) differs significantly. In consultations, we heard members talk about working with local staff, enumerators, and translators who do not share the same vocabulary or understanding of the tools and strategies that are commonly used. This is not only a challenge of finding common definitions, but of social, cultural, and linguistic context. **How, then, can global health actors ensure that gender transformative results are communicated effectively to donors, partners, and stakeholders?**

Canada in Action: Champions for Gender Equality

Global health research and evaluation must not only document inequalities, but evaluate opportunities for meaningful, transformative change. Canadian global health leaders continue to lead in promoting gender equality worldwide, including here in Canada. By asking bold questions, Canadian actors are actively exploring what it means to meaningfully promote gender transformative approaches and measure their success. A key part of this is the adoption of a rights-based approach, as well as a social determinants of health perspective that recognizes and addresses how diverse factors such as education, income, inclusion, environment, and much more influence health and wellbeing.

Respondents highlighted how specifically they are leveraging many existing tools and frameworks to track their progress, but also noted that there is great potential in using different indices and composite indicators to measure the full scope of impact. In our most recent survey on gender equality matters, we learned that 89% of Canadian respondents utilize gender disaggregated data, and 85% conduct gender-based analysis in their work. Respondents further highlighted that there is significant commitment of staff to addressing gender equality issues, along with an openness and willingness to improve. In CanWaCH's 2019 member survey, 76% of respondents indicated an interest in receiving training on *'Exploring Rights-Based Feminist Approaches to Data and Research'*, so this will be a priority going forward.

CanWaCH's own Gender Equality Working Group is working actively to provide useful resources, case studies, and guidance notes to support Canadian organizations to continue their great work.

Case Studies

Case Study: The Gender Equality Measurement (GEM) scale is used to evaluate changes in gender norm attitudes. However, this approach has typically been used to evaluate gender transformative programming in low resource settings. Researchers at the **British Columbia Centre of Excellence for Women's Health (CEWH)** are reviewing the GEM scale to reflect inclusivity of Canadian Indigenous gender norm perceptions and perspectives. CEWH has applied the results of a *Knowledge-Attitudes-Perception* survey to augment training program materials for mental health and addiction workers in Nunavut. Training provide sex-specific guidelines on how gender affects differential responses to treatment programs, tailored prevention messaging, substance use patterns, and policy.

Case Study: **World Vision Canada**'s Channels of Hope initiatives work with faith leaders to shift conversations and community norms that promote gender inequalities. Recognizing the importance of engaging men and boys to achieve gender transformative change, World Vision Canada is leveraging the MenCare model: an approach of engaging community champions that has been successful across multiple projects and contexts, including: Born on Time (Ethiopia), ENRICH (Bangladesh, Pakistan, Myanmar, Kenya, Tanzania) and SUSTAIN 2 (Tanzania) projects. Listen to Tanzanian-based ENRICH Program Manager, Mwivano Malimbwi, discuss the project in more depth. (Video linked)

Case Study: **Plan International Canada** utilizes the Women and Girls Empowerment Index (WGEI) to measure the impact of gender transformative programming in a standardized way, and to allow for possible aggregation of results. The WGEI examines changes associated with the root causes of gender inequality across 5 domains: roles and responsibilities, resource access and control, participation and decision making, social norms, and moral and primary duty-bearers and institutions. Each domain has associated indicators which can be used in a Project Management Framework. Through a scoring and weighting system, the WGEI produces a standardized score from 1–100, reflecting lowest to highest areas of agency and empowerment. Among many benefits, this approach helps to measure the effectiveness of gender transformative programming over time and across sectors, and to understand the underlying determinants of changes in empowerment.

Case Study: **Action Against Hunger Canada** has developed a set of Gender Minimum Standards to ensure gender equality is embedded in organizational strategies and policies to create a gender equitable and enabling environment. One example is the requirement to disaggregate all Human Resource data, which has enabled a nuanced understanding of potential barriers faced by all staff based on their specific situation. This data has guided teams to explore inclusive human resource policies, such as ways to address barriers to employment for women in South Sudan.

INSPIRE

Overview

Through this first Global Health Impact Report, we endeavour to spotlight the exciting and meaningful work of Canadians in data and research, and in so doing, inspire new potential partnerships, programs, and opportunities for change. In the following section, we highlight individuals, networks, and projects which offer encouraging and thought-provoking ideas for the future of global health and gender equality data work.

Canadian Voices: Women, Data, and Inspiring Leadership

According to a 2019 Report[7] from the World Health Organization, the Global Health Workforce Network, and Women in Global Health, women comprise 70% of the health workforce, but occupy just 25% of senior leadership roles. Worldwide, 69% of global health organizations are led by men. At this rate, workplace gender equality in the health sector globally is 202 years away. The report further underscores the importance of recognizing the role of women in driving global health research and policy change.

To that end, we are delighted to profile three inspiring Canadian women working in data and global health, as they speak to emerging trends and their perspective on new opportunities for the next generation of leaders.

Interview 1

Interview between CanWaCH Manager of Metrics, Mélody Tondeur & Victoria Sauveplane-Stirling, partner and Research Associate of the Collaborative project led by Nutrition International

In this interview, you will hear **(French audio linked)**:
- Successes and challenges of nutrition interventions in humanitarian contexts guided by a fundamental tool - surveys

Interview 1 Excerpts

"Je suis fière du développement d'un kit de formation standardisé pour mener des enquêtes nutritionnelles de qualité en partant de la phase de planification jusqu'à l'analyse et l'interprétation des résultats collectés dans des situations d'urgence ou de surveillance."

"Quand j'ai débuté ma carrière dans l'aide humanitaire, j'ai très vite réalisé que de nombreuses agences et partenaires utilisent différentes approches pour collecter et utiliser ces informations vitales dans leurs interventions, ce qui ne garantit pas l'homogénéité des approches et la comparaison de ces données entre elles."

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[7] Delivered By Women, Led By Men: A Gender And Equity Analysis Of The Global Health And Social Workforce

Interview 2

Interview between CanWaCH Global Health Metrics Officer, Fallyn Thompson & Marianne Vidler, PRE-EMPT Research Program Manager, Acting Program Manager for the Centre for International Child Health, University of British Columbia

In this interview, you will hear **(English audio linked)**:

- Challenges and insights regarding the value and utility of communicating impact in global health using qualitative data

Interview 2 Excerpts

"We can use narratives, [quotes], orally and short videos - they can give prominence to different actors that aren't explicitly seen in the data when we're looking at numbers and they aren't always represented."

"It's incredibly important to have data that is [accessible] and understandable by the audiences that we want to target and those go beyond academics [and] policymakers. [This includes] people who we hope are going to benefit from these studies and who also have contributed to them."

Interview 3

Interview between CanWaCH Global Health Impact Officer, Antu Hossain & Mitra Manouchehrian, Board Chair, Ontario Council for International Cooperation

In this interview, you will hear **(English audio linked)**:

- Best practices that funders have used to encourage gender transformative programming, and opportunities and challenges facing diverse women in global health

Interview 3 Excerpts

"...Are you ensuring that both men and women are working on the grant? Is gender equality a consideration in the implementation? Are you collecting sex and age disaggregated data? Some of the large donors don't take all of these things into account, and I think those of us who are focused on gender equality programming really need to push donors to do so."

"My contributions in this field have been shaped by my identity as an immigrant woman [first generation Iranian-Canadian]. I had an idea of what I wanted to do but I didn't know how to do it. My immigrant family didn't have the vocabulary to know what it is that I was looking for and how to guide me. I didn't have mentors, the answers or know the questions to ask."

Haiti In Focus: Coordinating a Call To Action

Call to Action

In February 2018, an official Call to Action brought Canadian partners working in Haiti together to better coordinate Canada's interventions in strengthening the Haitian health system. The Call to Action was a result of a dialogue between Global Affairs Canada, CanWaCH, and Canadian actors working in Haiti, that began in April 2017 in Sherbrooke, Quebec. A total of 26 Canadian civil society organizations and academic institutions endorsed the call and from this, the Haiti Country Working Group was established.

Country Working Groups: "Building Something Together"

- **What is it?** The Haiti Country Working Group is a growing network of Canadian organizations with operations in Haiti. Today, this network includes 50+ staff based in Canada or Haiti. Coordinated by the CanWaCH Secretariat, resources include:
  - **Online library of tools** to facilitate communication between Canadian and Haitian stakeholders; foster new partnerships; increase access to national reports, statistics, and protocols; and more.
  - **An up-to-date digital and print map** of Canadian actors working in Haiti, showcasing the health-related work of Canadians throughout the country.
  - **Annual in-person** meetings in Canada and Haiti connect partners and address priority themes. View details from the 2019 in-person meeting in Port-au-Prince.

- **What Members Say:** "What is the value of the Country Working Group for your organization?"
  - Building something together
  - Opportunities to share information and better understand the assets and knowledge of others
  - Benefit from common objectives, experiences, data, and skills.
  - Better coordination, collaboration, and organization in-country, including combining / sharing project activities
  - Networking and improving cohesion between organizations
  - Avoiding duplication of work

CanWaCH Haiti Map
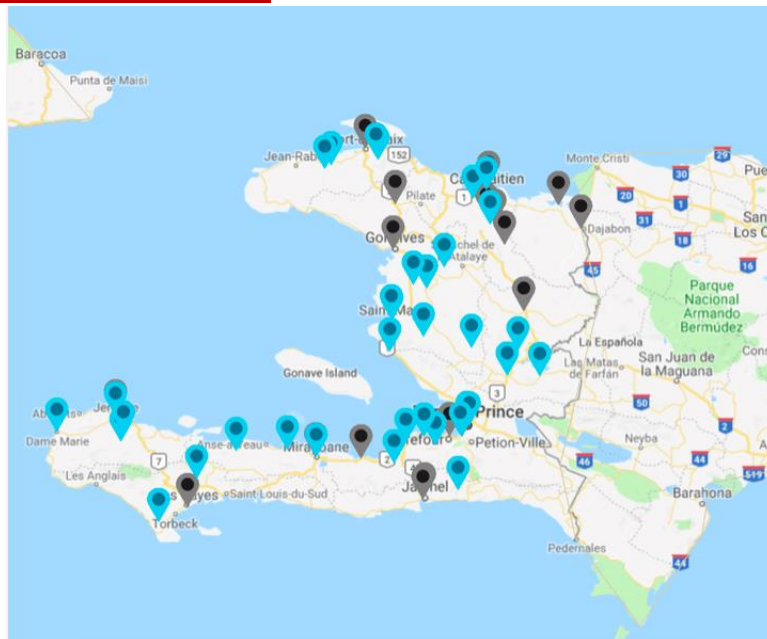
- 44 projects: 2018 project inventory includes 44 projects implemented in Haiti, of which 14 are funded by Global Affairs Canada
- Top three focus areas: maternal and neonatal health; sexual reproductive health and rights; and provision of services in health centres
- Projects cover all 10 geographic regions ("departments") in Haiti

Inspiring Canadians

Many Canadians know of Canada's involvement in disaster response efforts in Haiti immediately following the 2010 earthquake, but may not be aware of the ongoing work that Canadian organizations are doing to improve the health, rights, and wellbeing of Haitians. To address this, CanWaCH's Lead On Canada campaign launched a **"Spotlight On Haiti"** series, in which the inspirational work of fifteen Canadian organizations and their local partners were featured in blogs, videos, photos, trivia, and more.

Spotlight on Haiti:
- *Mennonite Central Committee:* Reduced the cholera transmission rate of communities at the heart of the epidemic to zero
- *Society of Obstetricians and Gynaecologists of Canada:* Canadian & Haitian trainers have trained more than 2,000 health practitioners
- *Fondation Paul Gérin-Lajoie*, *University of Montréal - TRANSNUT:* 161 mothers clubs created, 10 health centres rehabilitated and strengthened, and 27,703 home visits made
- The *Canadian Red Cross* has trained hundreds of volunteers who raise awareness among 10,000 households per month on good health practices
- Since 2014, the annual *RéFIPS* Port-au-Prince Public Health Summer University course has built capacity among health workers in health promotion

Canadian Collaborative for Global Health

Working Together to Drive Change

Launched in late 2018, the Canadian Collaborative for Global Health provides an opportunity for Canada to invest in innovative, creative approaches to urgent data challenges in global health and gender equality, in order to:

1. **Investigate** and understand barriers and gaps in knowledge
2. **Incubate** innovative approaches to those barriers and gaps
3. **Inspire** the next generation of Canadian thought leadership in data and metrics

As part of this process, CanWaCH is also interested in better understanding how to cultivate effective, quality partnerships between diverse stakeholders in CSO and academia, to help strengthen mutual capacity and achieve data goals. Ultimately, 6 partnership teams ('Labs') were selected to participate in the inaugural project, which will run until September 2020.

Perspectives from Global Partners

In May 2019, CanWaCH travelled to Tanzania to meet with colleagues from one of the 6 Canadian Collaborative for Global Health Labs as it prepared to launch activities. This Lab, '**Adolescent sexual and reproductive health and rights: generating evidence and strengthening country capacity'** (read more on Lab 1 below), is being operationalized in multiple countries, with primary data collection activities based in Tanzania.

CanWaCH spoke with project partner **Mark Urassa from the National Institute for Medical Research in Mwanza** about why it is so vital to collect better information on adolescent health. Mr. Urassa underscored the importance of making sure that data is not simply collected, but used to bring about meaningful change. This requires a shift in thinking among the organizations doing the work to ensure that the right data is captured and that we plan from the outset to effectively communicate findings with stakeholders. It further requires a shift on the part of funders and partners to ensure that knowledge exchange and stakeholder engagement activities are actively supported and encouraged. He also urged us to consider how research funding and project-based funding models could be more efficiently combined, to ensure that both data and intervention work is supported.

"We don't want research to end up on the shelves. We want research to influence policy… After doing a lot of research [throughout my career] I am asking myself: 'why all this research?' I'm changing my mind… I am thinking now about research for change." – Mark Urassa

Speaking specifically about the project, Mr. Urassa observed that, while a focus on adolescent health is not new in our sector, we need support for innovative approaches that will address the needs of youth in new ways so that we can achieve better results. (video link here)

Lab 1
- o **Canadian Partners:** University of Manitoba and Plan International Canada
- o **Title:** Adolescent sexual and reproductive health and rights (ASRHR): generating evidence and strengthening country capacity

- Summary Lab 1: The Lab will work across multiple countries in sub-Saharan Africa (including a specific deep-dive test case in Tanzania) to develop and test improved methods of measurement, monitoring, and knowledge translation in ASRHR and gender, which work in local contexts. It will also develop and pilot methods and tools to better analyze, communicate, and translate into action ASRHR-relevant data from national surveys including subnational analyses that can inform government policies and programs and local projects led by Canadian and other NGOs. Finally, it will pilot tools to better integrate national survey data, with a focus on subnational analyses, and local program/project/district data to inform local level monitoring, learning and evaluation.

Lab 2
- **Canadian Partners:** CCGHR, McGill University, and Healthbridge Canada
- **Title:** Harmonized health impact and research partnership metrics to accelerate knowledge sharing and utilization
- Summary Lab 2: This Lab will undertake baseline documentation of relevant metrics and data collection tools currently in use in Canada and gather outcome-level partnership data to document how equity-centred research and action-oriented partnerships can contribute to effective progress on women and children's health. Then, the Lab will develop 'harmonized' data collection tools. Consistent data collection tools as a basis for partnerships is a key strategy in ensuring project success. Overall, these tools will allow for greater collaboration. Lastly, the Lab will launch a capacity-building plan in collaboration with four Canadian and low-middle income country-based organizations to be able to collect and effectively share health data.

Lab 3
- **Canadian Partners:** University of Ottawa and National Abortion Federation Canada
- **Title:** Collecting data on sexual and reproductive health in humanitarian settings: A global initiative
- Summary Lab 3: This Lab will pilot a variety of strategies including data mapping, resource inventory, focus group/interviews, and other approaches to map challenges associated with collection and indicator development. Indicators will be developed, a toolkit with pre-programmed tablets to record information and detailed instructions for how to collect abortion information will be piloted, and a central database will be established to make sexual and reproductive health and rights data (particularly abortion and advocacy data) more widely available.

Lab 4
- **Canadian Partners:** Healthbridge Canada, Carleton University, Université de Montreal
- **Title:** Maximizing use of existing data to strengthen program design, evaluation, and impact
- Summary Lab 4: This Lab will test the feasibility and validity of using existing data to increase the efficiency and effectiveness of program design, evaluation and impact. The objectives are to:

- Investigate the validity of using publicly-available data to complement or replace project-collected data to inform the design and evaluation of projects
- Develop, pilot-test and adapt guidelines on the use of publicly available data, in collaboration with partner organizations, to (a) determine their effectiveness and feasibility; and (b) Create user-friendly guidelines to inform the work of NGOs
- Increase the use of high quality, publicly available data to inform program design, implementation, evaluation and learning
- Increase the capacity of researchers, NGOs and in-country leaders to collect, analyse, and utilize publicly available data to meet their baseline data needs

Lab 5

- o **Canadian Partners:** Nutrition International, University of Toronto, and Campbell Collaboration
- o **Title:** Improving Gender Equality and Nutrition Data for Women, Children and Adolescent Girls
- o Summary Lab 5: This Lab will:
  - Create a framework for measuring and linking gender and nutrition-related outcomes
  - Develop a predictive model incorporating potential links between gender inequality, increased nutritional needs, and inequitable access to nutrition and health services
  - Identify simple yet appropriate indicators of gender equality
  - Select the most appropriate program-specific surveillance tools
  - Test this model and tools in current nutrition program settings
  - Ensure that emerging nutrition experts understand and can apply these models and tools

Lab 6

- o **Canadian Partners:** SickKids Centre for Global Child Health and Canadian Red Cross
- o **Title:** Improving Measurement of Sexual and Reproductive Health and Rights (SRHR), Women's Empowerment and Gender Equality in Humanitarian Settings
- o Summary Lab 6: This Lab will:
  - Identify solutions to improve the measurement of SRHR, women's empowerment, and gender equality in conflict-affected and other humanitarian settings
  - Map and assess existing indicators, data sources, methodologies and knowledge gaps
  - Develop and pilot new indicators and tools
  - Assess the applicability of the RADAR tool in humanitarian settings
  - Create an effective knowledge-sharing platform

Initial Insights

Even at this early stage, Labs have identified several essential ingredients for building successful partnerships among diverse stakeholders, and are adopting a variety of strategies to strengthen these collaborations in order to achieve their project goals.

1. **Investing in Long-Term, Multi-Stakeholder, Equity-Oriented Partnerships:** These partnerships are essential to creating well-rounded and successful global health initiatives. In particular, the benefits of multi-stakeholder partnerships go beyond any single project, and investing in equitable partnerships pays rich dividends for future work. Organizations with the resources to work together repeatedly over several projects are able to strengthen their working relationship, thereby increasing their potential for faster, more effective collaborations.
   - *"[We need] Multi-sectoral partnerships, where common and universal language is used and barriers are reduced as much as possible.*
   - *"[Data, research, and evaluation]…requires skills which may not be found in just one organization. Collection and reporting on meaningful metrics requires a solid grounding in data and statistics to ensure that we are making valid and reliable measurements; a comprehensive understanding of programs to ensure we are making useful measurements; as well as skills in communication to ensure that stakeholders use the measurements to make improvements to program delivery."*
   - *"[Our] previous work together allowed for the establishment of mutual trust and recognition of each organization's core competencies, and the specific research interests and expertise of project leads within each organization."*
   - *"Building from previous relationships and projects has been key."*

2. **Finding Common Ground:** in partnerships, having diverse objectives can create complexity and challenge. This is not necessarily an obstacle to success, as long as there is a clear articulation of each other's goals from the outset and establishment of a shared vision, as well as real, shared commitment to the end goal(s) of the project:
   - *"…[O]ur partnerships are based on building synergy. By this, we mean recognizing and capitalizing on the particular talents, capacities and expertise of partner organizations. In our experience, where we have achieved this, we have invariably produced results far better than could have been obtained by one organization alone."*
   - *"We have built our partnership through collaboration and keeping a clear vision for our ultimate outcome in mind. Our project includes diverse partners, but we all see value in the project and are happy to work together to meet our collective objectives. Each organization has a different mandate and area of specific expertise. These differences actually make us much stronger because we can support each other in various aspects of the project, where one organization alone may have struggled."*
   - *"Our partnership model is guided by this common goal with the role and responsibilities of each organization clearly defined based on open communication about the strengths and challenges of the various organizations"*

3. **Deliberate Communication:** Operationally, regular touchpoints are essential to building a sense of connection. The importance of meeting in person, as well as virtually or via email, was mentioned by several Labs. **Being deliberate about consultation and discussion is key to the partnership process.** Rather than avoiding the 'pain points' of collaboration, ongoing dialogue is crucial to creating a working partnership:

   ● *"…[A]lthough collaborating partners may not be based in the same city or even country, regular contact is essential. Face to face meetings are optimal, though not always possible, but even one face to face meeting can build an essential foundation for regular skype and email contact. Scheduling contact around regular review meetings rather than delivery of milestones is key to this approach.*

   ● *"We have decided to hold quarterly meetings to ensure all project partners are on the same page, can contribute and feel included in the process. Open lines of communication, clear expectations and timely feedback in both directions are all things we are building into our project."*

   ● *"…[S]ome of the characteristics of successful partnerships in general are ones where communication is open and clear, expectations are clear and achievable, and feedback is provided by and to all partners."*

   ● *"…[F]ostering an open and respectful atmosphere where the partners can feel free to discuss and debate ideas and approaches is also key. The different perspectives and experiences partners bring to a particular problem are invaluable. We therefore build partnerships that recognize there is great merit in open and respectful debate of ideas whether they are ultimately adopted or not."*

   ● *"Regular communication using a range of technologies is important for building relationships, implementing projects, ensuring consistent communication and sharing of ideas. However, having scheduled in-person time is also critical."*

4. **Flexibility to Innovate:** Central to the concept of the Collaborative is the importance of flexibility and responsiveness; creating space in the budget and schedule to foster innovation by allowing for changes to the initial project plan. Lab partners have echoed the importance of proactively planning for this sort of flexibility, using an iterative approach:

   ● **"***We have also found that allowing a degree of freedom to allow a project to develop has enabled us to achieve results beyond our expectations. To achieve this, we use an 'implementation cycle' approach rather than a standard linear approach. In the linear approach, an organization sets out a solution, implements it, and then evaluates the results. The implementation cycle approach recognizes that for complex problems, it is very unlikely all partners will know enough at the start of the process to achieve a solution. We use a process in which partners regularly meet to discuss and refine ideas as they learn more from implementing the project and from each other. This allows us to adjust and refine the scope of the project throughout its lifetime. We have*

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Canadian Partnership for   Partenariat canadien pour
Women and Children's Health   la santé des femmes et des enfants

repeatedly found this achieves results that we had not thought possible within the scope of the project."

- *"The relationship should be constantly evaluated and changes made to improve or adjust as needed."*

CanWaCH looks forward to exploring these concepts more fully as the Collaborative unfolds, and will report on mid-point progress in Fall 2019.

CONCLUDING SUMMARY

Quality data provides the foundation from which Canadian agencies and institutions, global partners, and communities around the world make important choices that affect the health and rights of women, children, youth, and their families.

This inaugural Global Health Impact Report has afforded CanWaCH the opportunity to explore in-depth the amazing achievements, creative thinking, and inspirational leadership of Canadians working in this sector. Respondents have demonstrated clear commitments to meaningful partnership-building in order to address data challenges with in-country and global stakeholders. Their focus on capacity-building, leveraging new technologies and tools, and strengthening of health information systems is yielding better information for all, particularly in contexts where local data is limited. Their commitment to ethical engagement with communities ensures that we go beyond tokenistic connections – community rights are respected and the voices of all participants are heard.

We know that there is more work still to be done, and our members have shared with us ongoing data-related challenges that continue to impede progress towards our global goals. We have heard clearly that resourcing for new and innovative approaches to research and evaluation is an ongoing struggle, as is shorter project timeframes, and rubrics which make it difficult to capture context, stories of empowerment, and transformative change. There remain contexts where a gender and intersectionality lens is still missing, or where we need to be more focused and critical of what (and how much) data we collect. Finally, we need more tools that measure impact, and programming and funding models that make impactful work possible.

At CanWaCH, we believe that the power of partnership makes transformative change possible, and through sharing data, we can achieve better results for all. We are grateful to our members and participants for sharing their data-related stories and successes with us, and look forward to working collaboratively to respond to some of these challenges in years ahead.

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Disclaimer

Contributors

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