100 DAYS OF A PANDEMIC

Canada's Evidence-Driven Global Response

Contents

About the Report

As Canadian organizations respond to the impacts of COVID-19 around the world, they are reporting a 'crisis within a crisis'. Alongside the pandemic, fragile health systems, incomplete data and untrustworthy information threaten to reverse critical gains made in global health and rights.

How will the development sector respond to this challenge? Between March and June 2020, CanWaCH connected with more than 100 Canadian organizations and global partners to understand their concerns, learn about their responses, and document their recommendations. This is what we heard.

Methodology

In order to understand the impact of COVID-19 on global health programming, as well as monitoring and evaluation (M&E) and general data needs in international development, three methods of data collection were used to gather key information:

- **Method 1: Online survey**
- **Method 2: Key Informant interviews**
- **Method 3: Webinars and Virtual Focus Groups**

Method 1: Online Survey

CanWaCH launched an online survey in English and French, which was distributed to 107 organizations who might potentially be involved in COVID-19 programming. Fifty-five organizations and institutions responded. Survey questions covered diverse questions on current and anticipated programming, partnerships, countries and areas of work, and sources of data. See Appendix 1 of this report for a detailed list of questions and findings from the survey.

Method 2: Key informant interviews

Alongside the survey, approximately 20 key informant interviews were conducted with representatives from diverse organizations. The semi-structured, brief interview was framed by the following broad questions, adjusted to suit the experience and priorities of the respondent:

1. How has data, or lack thereof, affected your COVID-19 response work?
2. We know that Canada, and sector organizations, have made substantial investments in health systems strengthening globally. How, if at all, have you engaged with the local health information systems in the countries where you are operating during COVID-19?
3. Has your organization responded in any way to other infectious health crises in the last decade or so? If so, what challenges did you face, and how, if at all, did that experience inform how you've responded to COVID-19 from a data/research perspective?
4. In your opinion, what can our sector learn from our experiences to date in responding to COVID-19 that would strengthen our global health data/research/M&E systems? If it's too soon for this conversation, when we do have it?
5. Looking forward, what recommendations do you have for how the sector should respond to emerging data challenges in light of your experiences with COVID-19?

Method 3: Webinars and Virtual Focus Groups

A series of online events were organized by CanWaCH bringing together various sector organizations and institutions, along with Global Affairs Canada, to share concerns and questions, and investigate potential solutions to programming challenges amid COVID-19. See Appendix 2 of this report for detailed summaries of these meetings.

Before COVID-19

Prior to the onset of the pandemic, Canadian organizations and their global partners routinely navigated complex programming and data-related challenges. As they began to design responses to COVID-19, development and humanitarian organizations have actively drawn on past experiences with diverse global health crises to inform their work now. Given the importance of documenting lessons learned, we invited organizations to share with us their view on the pre-pandemic context and how it has influenced where the sector is today.

Persistent Data Challenges

The following five challenges were most commonly identified as presenting persistent obstacles to effective data management and utilization in global health programming.

1. **Inconsistent or limited quality health information systems at all levels (country, region, local)**. The quality and availability of national data and tracking systems varies considerably by context - not only between countries, but within them as well. Additionally, data may be inconsistent through time periods, particularly in fragile or politically unstable contexts. This has challenged all actors to make clear comparisons or track progress over time. Partners further noted that national level data is rarely helpful for project-level comparisons, particularly when it is not collected at regular intervals. Organizations expressed frustration with the often limited applicability/utility of available survey health data at country-level due to timing, scope, focus, and availability.

2. **Limited organizational capacity to understand and interpret data**. This challenge was noted by small-and-medium-sized organizations (SMOs) in particular, but it was also raised by larger organizations, given that capacity varies by project, country office, or grouping of partners. Few Canadian organizations have trained, dedicated monitoring and evaluation (M&E) professionals on staff, particularly relative to the volume of programming they undertake. Many organizations lack the trained staff or infrastructure to maintain reliable large data sets which can be referenced for ongoing work. Organizations also flagged the ongoing challenge of having varying degrees of technical data and research expertise among funders, external evaluators or technical experts.

3. **Persistent data gaps concerning vulnerable groups (particularly gender data gaps)**. While progress has undeniably been made in promoting sex- and age-dissagregated data (SADD) collection, major gaps and challenges remain. Organizations further highlighted that progress in gathering standard, reliable data on other intersecting identities (persons with disabilities, gender diversity, minority communities) has been concerningly limited. A related challenge, of course, is the way in which data can be manipulated to reinforce bias or stigma against a particular group or community, or in which the absence of data can be used to justify inaction.

4. **Resistance to publishing and sharing data**. The relationship and access that Canadian partners have with data and decision-makers varies across contexts, particularly where governments are unable or unwilling to share data. Data is political, and there are often significant disincentives to sharing data or reporting poor health outcomes. In more extreme cases, organizations have observed active sharing of misinformation or under/non-reporting. This can happen anywhere from the individual project to overall national level. Organizations themselves also struggle with whether and how to share the data they collect, naming concerns about privacy, data quality, and capacity as major obstacles.

5. **Limited interest and funding for data, evaluation and implementation research**. Organizations highlighted the challenge of siloed research and implementation funding. It was noted that funding for evaluation is often tied to programming in ways that do not allow for the measurement of progress against outcomes (which are measured over the medium-to-long term), even if the funder is seeking such insight. Funding mechanisms for research often do not allow for Canadian CSOs or global academic partners to apply as lead investigators or pilot innovative data methods. Meanwhile, the parameters of robust research initiatives might preclude smaller organizations from accessing these connections and funds.

Lessons Learned

When asked about the degree to which organizations were drawing from their experiences with past global health challenges, the recent Ebola outbreak, Zika virus, and more broadly the response to HIV were highlighted. Organizations noted that they have drawn on tools and resources created in response to these past crises, as well as other localized outbreaks of infectious illnesses and modified them for a COVID-19 context.

> *"Much of our programming [on COVID-19] to date is being built on the methodologies and experiences we had during the Ebola response."*

Lessons learned were generally categorized into two broad groups:

What needs to be avoided:

- **Diverting resources (such as staff or equipment):** For example, one respondent noted that, in some rural communities, HIV and tuberculosis testing machines or equipment were being relocated to urban areas for COVID-19 programming. Infectious disease staff (such as nurses) were also being deployed. Several organizations commented that similar diversion of resources happened during Ebola, allowing other infectious illnesses to gain a foothold in vulnerable communities.
- **Rise of misinformation:** During major crises, organizations have observed an increase in reductive messaging and misleading information—whether to justify particular actions/inactions, or to gain attention. This can happen at all levels of the community and is closely tied to a rejection of critical and scientific discourse.
- **Radicalization and discrimination:** This can be fueled through clampdowns on civil society space and scapegoating that "drives vulnerable communities underground" and away from health services. This can lead to xenophobic and other harmful rhetoric and labelling vulnerable communities as sources of infection.

> *"We need to amplify the hard-fought lessons learned."*

What should be repeated:

- **Prioritizing "meaningful and inclusive engagement for those at greatest risk":** While community engagement in M&E has been a critical topic in the COVID-19 context (more below), this is not new. Drawing on past experiences, organizations highlighted that crises like this can be a powerful opportunity to address social inequities by engaging communities directly, particularly those most at risk of being targeted by discrimination.
- **Continue to do what works:** In many contexts, critical issues are well known. At the same time, local health workers (often key sources of data and essential to program delivery) cannot be burdened with extensive data collection requirements. We shouldn't stop collecting data in emergencies, even though there may be weaknesses or challenges, but we can use what we do know to sustain operations in the short-term.
- **Invest in data literacy:** Good data is rarely sufficient to bring about community change but it is still necessary. To make sure that there is a receptive audience for our work, we need to strengthen the basic scientific capacity and data literacy of stakeholders and communities.

> *"Data is dynamic. We need to be agile"*

Responding to COVID-19

During the first 100 days of the COVID-19 pandemic, there has been significant diversity in how Canadian organizations are affected by, and have responded to, the impacts of the crisis globally. Reactions have been influenced by factors such as changes in funding, current status of major projects, organizational resources including human resources, country of operations and more. The following section highlights the most common responses as well as observations on how organizations have been affected.

The Current Reality

COVID-19 will "drastically change the level of confidence we have" in our data.

- **Domino effect:** COVID-19 has impacts beyond immediate public health effects. In many contexts, we are also seeing rising poverty and sexual and gender-based violence (SGBV) rates, food insecurity, increased transmission of other infectious diseases (such as measles), public health security challenges, and governance issues in-country.

- **No travel:** COVID-19's impact on the ability to move freely, travel, and gather together raises questions about data validity, access to information, and the 'downloading' of risk onto local partners and consultants. Several organizations have implemented travel moratoriums until December 2020, or June 2021. This will make on-site monitoring and data audits by Canadian partners impossible. Staff are being pushed to reimagine their roles and are collectively anticipating change every day.

- **Differing views of risk and appropriate response:** Countries and global partners hold diverse understandings of risk and best practice based on their context and available information. Coordinating consistent responses and communicating priorities is a significant challenge, particularly for organizations working across multiple regions.

- **"Health systems are failing":** It is hard to plan a response when the entire health systems infrastructure is weak. Organizations are facing supply chain and hoarding issues, alongside unreliable or unavailable information systems, making it difficult to plan programming.

- **"We still haven't figured out the gender issue":** Country/regional response plans and international templates have been criticized for being gender-blind. At the same time, organizations are not always adequately trained to use available gender data.

- **Renewed interest in flexible, evidence-based approaches:** It is encouraging that many funders and governments are (re)affirming an interest in data-driven solutions and rapid responses to save public lives. At the same time, organizations are closely monitoring changes in research and program priorities that could impact existing work.

- **Increased domestic engagement:** Some Canadian organizations found themselves increasing their overall portfolio of work in Canada in response to COVID-19, or re-orienting their domestic work to have a COVID-19 focus.

- **Changing relationships with funders:** Overall, organizations appear to have had positive encounters with current donors and funders, many demonstrating "unprecedented flexibility." Those currently receiving funding from the Government of Canada, specifically and consistently, acknowledged its transparency and accessibility, citing the following examples as helpful practice:
  - Regular virtual consultations with Minister and senior staff on a variety of platforms and topics.
  - Accessibility of desk officers and staff to answer questions directly and via consultation.
  - Recognition of internal delays alongside clear guidance that organizations should use their best judgement in the absence of directives.
  - Posting FAQs online.
  - Flexibility concerning activities, budget, salaries and operational concerns.

Organizations In Action

Due to the evolving context, CanWaCH recognizes that COVID-19 programming will change rapidly. However, in order to compose a snapshot of how Canadian organizations have responded in the short-term, we sought information on initial programming directions and priorities.

> **Canadian organizations involved in COVID-19 response**
>
> CanWaCH has produced a map of projects currently undertaken by those Canadian organizations who have identified that they are or are planning to respond to COVID-19. This includes programming related directly to the pandemic, or to its effects. As the situation is changing rapidly, **this map is meant for illustrative purposes only.**

Through our inquiry, we determined that organizations were mixed in terms of whether or not they were responding to COVID-19 directly or more broadly to secondary impacts. However, almost all respondents agreed that their projects were or would be affected in some way by COVID-19. Organizations noted that it will be some time before a vaccine is available. In the meantime, Canadian organizations are focusing on the 'social vaccines' - the public health supporting strategies in which we need to invest in order to halt the progression of COVID-19. When asked about any specific COVID-related interventions they were undertaking, respondents listed the following:

//// **TOP 3 CITED AREAS OF RESPONSE PROGRAMMING**

1. **Water, sanitation and hygiene (WaSH) promotion:** WaSH programming was identified as a foundational public health measure to support prevention and curb infection spread among communities. Specific examples of activities include:
    a. Infection prevention communication and messaging.
    b. Strengthening handwashing practices and available stations in key public places (e.g. schools).
    c. Actively promoting proper hygiene and sanitation practices in the communities through:
        i.   Distribution of information, communication, and education (IEC) materials remotely as well as educating communities on infection, prevention and control measures for COVID-19, with a strong focus on women and girls.
        ii. Distribution of hygiene kits containing soap, hand sanitizers and other essential items.
        iii. Installation of handwashing stations, near or at schools, outpatient departments at health facilities and key public places. Plus, the establishment of rainwater harvesting devices to improve access to water and promote hygiene.

2. **Strengthening health systems and health worker training:**
    a. Distributing personal protective equipment (PPE) and building local surge capacity. This includes:
        i.   Distribution of medical supplies such as face shields, surgical face masks, gloves, shoe covers, overalls, etc.
        ii. Rapid training on COVID-19 protocol for frontline health workers to strengthen their capacity in combating COVID-19.
    b. Adapting to task shifting in health systems for trauma and urgent surgeries.
    c. Investing in epidemiological surveillance. This includes:
        i.   Supporting safe testing, referrals, contact tracing systems and isolation.
        ii. Supporting and leading active surveillance programs, working with governments to design stronger surveillance programs and advising governments on service direction.

3. **Maternal, newborn and child health (MNCH):**
    a. Ensuring that women and their families have continued access to responsive pre-and postnatal care. This includes:

    i. Encouraging families to seek out healthcare services if they or their baby is experiencing pre- and postnatal warning signs. Treatment services remain available for sick children with diarrhea, malaria and malnutrition.

    ii. Preparing to assess the direct and indirect effects of COVID-19 on MNCH outcomes, in the immediate and long-term, for future service planning.

//// **COMMON AREAS OF RESPONSE PROGRAMMING**

1. **Food security and nutrition assistance:** Including continued support for emergency food assistance for at-risk groups (e.g. cash or credit/voucher programs, food donations to families, care packages, etc.).
2. **Economic support (including alternative income):** Including engaging in local communities to minimize the social and economic impact of COVID-19 on vulnerable rural communities through income generation (e.g. hand sanitizer production, training women on mask-making, cash for work, etc.).
3. **Sexual and gender-based violence programs:** Including anti-violence programming as well as addressing gender-related consequences of COVID-19 (e.g. awareness campaigns, establishing support centres, programs addressing early and forced marriage, etc.).

//// **OTHER ACTIVITIES**

1. **Education support** focusing on digital platform engagement, where possible, to support continued learning and health behavior adaptation during isolation.
2. **Mental health and psychosocial support** through counseling, helplines, and safe stay-at-home support.
3. **Health infrastructure and innovation support (including remote and telemedicine)** through digital tools for communication, local manufacturing of personal protective equipment, 3D printing of face shields, infrared thermometers and related training of healthcare workers.
4. **Addressing related health issues** by sustaining health interventions for vulnerable populations or immunocompromised communities as well as managing COVID-19 as an opportunistic infection.
5. **Information, advocacy and scientific data campaigns:**
   a. Collaboration and knowledge sharing among organizations on current best practices for COVID-19 responses via webinars, writing blogs, position papers, clinical guidelines, etc.
   b. Amplifying public health communication and messaging for a wider reach, both virtual and in-person, with shareable media products on social media, online platforms and radio.

//// **BY THE NUMBERS**

Responding

- 86% of responding organizations are currently responding to COVID-19.
- 7% of responding organizations anticipate responding to COVID-19.

Funding

- 75% of responding organizations said that they had received or were actively seeking new program funding related to COVID-19.
  - Primary anticipated funding sources include private donations (74%), funding from the Government of Canada (69%), and others (41%).
- 80% of responding organizations are or will be reallocating or diverting funds from other programs in order to respond to COVID-19.

Partners

- 85% of responding organizations report collaborating with other organizations in order to deliver COVID-19 responses.

- 78% of responding organizations are engaging with National or Regional governments to seek guidance on COVID-19 response.
- Responding organizations report collaborating with over 100 partners across 70+ countries including Canada.

Activities

- Estimates on the direct populations reached are too wide-ranging to calculate this time. Responses varied from "500" to "millions."
- Organizations responding or planning to respond to the impacts of COVID-19 are in **74 countries and 12 geographic regions**, including within Canada.
  - Top 6 countries with most projects implemented globally: Haiti, Kenya, Ethiopia, Uganda, Tanzania and Canada.
- To implement their activities, responding organizations are following guidelines or guidance notes from national/regional governments (96%), WHO (87%), civil society (74%) and others (13%).

Data Strategies

Respondents highlighted that COVID-19 has required them to adapt remote strategies to account for pandemic-related challenges, and/or adopt remote practices which may be new or unfamiliar.

> *"We're trying to figure out what's the next best thing we can do, because the best approach isn't an option."*

Respondents nearing the end of a project typically fell into one of several categories:

1. Endline data collection already completed - endline evaluations possible.
2. No endline data collected but have robust monitoring practices or midline data - endline evaluation modified.
3. No endline data collected and have limited monitoring data and/or midline data - endline evaluation severely impacted/unfeasible.

> *"We are not taking a break when it comes to evaluation"*

All respondents who had not yet undertaken final evaluation activities agreed that existing evaluation plans will have to be fully redesigned. In some cases, organizations are adopting a 'wait and see' approach, frontloading the desk review portion of their work until there is more clarity on what will be possible long-term. Some organizations are linking evaluation work to new programming activities in support of COVID-19 (e.g. distributing soap when asking survey questions) to increase the value/offset burden of risk to those who participate. Many organizations noted that their future evaluation practices will place greater emphasis on ongoing monitoring data collection in order to avoid similar reliance on endline data assessments.

> *"We will narrow the scope [of our evaluation activities]."*

//// **COMMON DATA ADAPTATION STRATEGIES**

Reducing Sample Size

- Adopting mixed remote methods (phone, text messaging, digital surveys) to increase response numbers and triangulate findings.
- Planning to use snowball sampling and social network analysis strategies.
- Increasing reliance on key informant and expert interviews.
- Increasing emphasis on meaningful incentives for participation.

Upskilling and task redistribution to local staff with more mobility

- Having local drivers undertake data collection, transcription and photography.
- Strengthening documentation skills among all country-based staff.
- Asking local staff to scan or photograph paper records for remote review.

Adjusting Protocols to align with safety standards

- Conducting in-person interviews, with evaluator and respondent remaining two metres apart.
- Shifting to phone calls or text messaging for communication and data collection.

Undertaking virtual data collection and remote monitoring

- Zoom focus groups and interviews.
- Zoom/Skype walkthroughs and site-visits.
- Consulting satellite or drone imagery to monitor changes or challenges.
- Purchasing smartphones and training for all data collectors.
- Installing small computers for remote data collection.
- Social media engagement including social media and social network analysis.

Data Impacts in the COVID-19 context

Through our consultations, we discovered that many of the data challenges faced pre-COVID-19 (outlined above) have been either exacerbated or have remained consistent, while others have changed significantly.

> *"This [burden] is becoming more pronounced as the solutions we used as work-arounds [to data challenges we faced pre-COVID-19] don't hold anymore."*

//// **WHAT'S EXACERBATED?**

Increased difficulty collecting and managing data

- The alternative methods that organizations are adopting as a result of COVID-19 are often more labour-intensive and time-consuming.
- Organizations are creating COVID-19-specific task forces and are spending significant resources to develop new checklists and protocols.
- Respondents expressed concerns over their ability to sustain relationships with communities, particularly the most vulnerable.

Increased reliance on secondary data

- For the foreseeable future, primary data collection will be limited. As such, organizations may need to rely on national health data systems and Demographic and Health Survey (DHS) data where available. However, secondary data may be outdated, include rough estimates and/or not be applicable to the community/geography of interest. There is little data on the COVID-19 caseload specifically, making it difficult to program.
- Staff, as well as project donors, may lack a robust understanding of the opportunities and challenges of using secondary data. While this is not new, it has the potential to cause increased challenges as a result of the above.

> *"Solutions are only as strong as your knowledge of the pandemic"*

Decreased accessibility of reliable data

- Organizations have typically leveraged primary data to ensure a gender and rights-based lens is included in their work, as well as to supplement weak or unreliable Health Management Information Systems (HMIS) data.
- As a result of COVID-19, access challenges are increased. Paper records are stored in closed clinics, capacity of staff is limited, health workers are overstretched and communities may be less willing to participate in surveys or interviews.
- Organizations report a significant learning curve as staff are trained in how to use digital technologies for data collection. Where staff do not have access to technology or do not understand how to enter data properly, this leads to inconsistent or low quality data.

//// **WHAT'S POTENTIALLY IRRELEVANT?**

Many Research Projects

- Organizations with research agendas or programs have cancelled many planned studies, particularly anything involving a mixed method data collection process. Many of these will not be restarted. In cases with shifting activities, ethics revisions and delays are expected. Accordingly, several academic institutions anticipate significant impacts on students and emerging graduates.

> *"Our focus on the long-term is postponed. Right now, it's a matter of retaining gains and we're focused on not losing ground (in terms of the progress we've made)."*

'Just in Case' Data Collection

- The COVID-19 crisis has highlighted how much collected data was ultimately not being used, despite plans for its use at the outset of project activities. Streamlining chosen indicators is imperative. Organizations noted the need for clear guidance and support on how to streamline data collection plans before a crisis. To achieve this realistically, funders will need to require significantly fewer indicators and be more flexible in how they measure impact.

Original Baseline, Endline and PIP Processes

- Many baseline and endline assessments, as well as project implementation plans (PIPs), are postponed indefinitely. Organizations are seeking guidance on timelines from funders, and are considering strategies for how to work together to fill data gaps through shared data and assessments. They are also concerned about how they can realistically deliver the programs that they proposed in this new context.

Exclusively Foreign Expert Evaluation

- COVID-19 has exposed a heavy reliance on external evaluation experts, alongside an arguably limited investment in strengthening local evaluator expertise. Organizations noted the need to prioritize the leadership of in-country experts and communities in regards to monitoring and evaluation (M&E).

> *"We have limited control on our evaluations now." As a result, "We will need to rely on the intuition of local staff" to collect, interpret and respond to the data collected—and this is a good thing."*

//// **WHAT'S CONSISTENT?**

CSOs have a role to play in strengthening data capacity.

- The international development sector's role in providing external validation of public data, particularly concerning vulnerable or marginalized communities, is valued. There is a role for CSOs in enhancing government decision-making with evidence-based recommendations, as well as with tools and resources.

> *"We anticipate that [the tools we are developing] are still relevant, if not more so, in the current context and are sharing them with regional and local governments."*

Good data, M&E, and health information systems are needed before a crisis.

- Multiple organizations affirmed that the international development sector cannot and should not wait until a crisis arrives to invest in health information systems. Moreover, we cannot become complacent in the absence of a crisis. Respondents noted that a crisis is not the moment to make change: countries with robust systems continue to quality data, and previously weak systems are now failing.

> *"We need to ask ourselves: what kind of data informs a harm reduction approach? We need to ask not just 'why did people die?' but 'what could have prevented it?'. We need our data processes to move towards this approach."*

COVID-19 is not the only crisis.

- We cannot forget about ongoing crises that COVID-19 has either exacerbated or that are emerging now as related consequences. Our response requires us to be more nuanced about the impacts of COVID-19, not just the disease itself. For instance, we need to account for the effects of social distancing in countries with no social safety nets, or where other infectious diseases and outbreaks are more prevalent and threatening.

> *"There's the pandemic of [COVID-19], but also the pandemics that are killing us now."*

//// **WHAT'S EMERGING?**

Reaffirming the commitment to 'Do No Harm.'

- Partners are unanimously committed to support all programmatic and data activities from a 'do no

harm' approach, while being mindful that rapid changes (such as those brought on by COVID-19) can lead to harms that we did not anticipate. Significant capacity and knowledge gaps were identified in regards to ethics, data privacy, confidentiality, and security of staff and communities.

> *"In an effort to be creative, we have uncovered ethical questions we didn't expect."*
>
> *"We aren't equipped to manage confidentiality and privacy issues."*

Increased comfort with ambiguity sector-wide.

- Organizations are seeking clarity from funders on what they are now still required to track against contractually obligated targets set pre-COVID-19. Organizations are figuring out ways to carry out endline assessments within stipulated timelines and maintaining some consistency in methodology.

> *"We need a greater tolerance for ambiguity."*

- The consensus among respondents appears to be that since it will no longer be possible to collect much of the data, we need to get comfortable with approximates and triangulation, as well as with leveraging multiple sources of data, and recognizing that it will be difficult to maintain methodological consistency in our evaluations.

> *"We are recognizing that there is a difference between what we are contractually obligated to collect, and what is actually useful right now. We are doing the latter."*

Upskilling in technology and digital approaches.

- Respondents discussed the challenges, limitations, and opportunities afforded by technology and social media. Proactive investments in technology infrastructure was highlighted as being necessary for successful future programs as these investments are hard to put into place during a crisis. Other respondents observed that community trust in technology is varied across contexts. Technology can further marginalize, be inaccessible and/or deepen data gaps on isolated communities. New and improved platforms, supplemented by user training, is essential.

Improved understanding of risk.

- Partners highlighted the need for support in modifying current risk registers to address high impact potential risks such as pandemics. Within fragile contexts or humanitarian crises, there is a need to track how COVID-19 has interacted with and influenced communities using indicators relating to fragility and violence.

Communicating differently.

- Dissemination and knowledge mobilization activities will need to be reimagined. Organizations discussed having to move to electronic delivery of findings, recognizing that this might not yield rich discussion and result in potentially lower uptake of results. Respondents also noted that in-person connection is important for generating trust and may be new to in-country colleagues, and unavailable now for new projects. We will need to prioritize stronger relationships with local governments and ministries of health.

> *"There will be sampling bias; attribution will be impossible."*

Looking Forward

Responding organizations are united in their uncertainty about what the next 100 days and beyond will bring, and what the impacts and legacy of COVID-19 will be on the health and rights of the most vulnerable. However, they are also united in their agreement that our sector must think creatively and take concrete actions to prevent losses and protect hard-fought gains in health and rights globally. The most common data-related priorities, persistent obstacles, lingering questions and future recommendations are summarized below.

Priorities: What should our priorities be?

1. **Build the expertise we need:** Responding effectively to the legacy of COVID-19 will mean that development organizations must remain nimble and adaptive by:
    a. Training staff in the emerging technologies and methodologies that are proving to be essential for remote project and data management.
    b. Prioritizing local partner and community leadership and centre local knowledge as part of planning and evaluation.
    c. Building robust rosters of local expertise, who can be drawn upon for assessments and evaluations
    d. Capacity and commitment (with support from funders) to sharing project data and research findings between partners and stakeholders.

    > *"[We need] clear best practices in this new reality, [as well as] shared resources, to help make hard decisions easier."*

2. **Maintain Canada's focus on key priority areas:** Organizations were emphatic that Canada's commitment to the health and rights of women, adolescents, and children (particularly sexual and reproductive health and rights (SRHR), gender equality and health systems strengthening) must be sustained. These essential areas need safeguarding via:
    a. Scaling up investments in health systems strengthening with a central focus on building up health information systems to advance access to reliable data.
    b. Investing in national surveillance and regional/local data coordination.
    c. Strengthening organizational capacity for data sense-making and for using data as part of advocacy for gender equality and SRHR priorities.
    d. Defining and refining questions to ensure a focus not only on health outputs but also on broader outcomes related to empowerment, social change, and inclusion of diverse communities.
    e. Applying feminist approaches: Organizations should be trained to apply an intersectional lens to data to illuminate key, underlying linkages while at the same time considering how data can enhance (and also undermine) inclusion efforts.

3. **Strengthen M&E + research + technological partnerships:** The increasing interest in building consortiums, sharing data and undertaking joint assessments and surveillance activities signal an eagerness from organizations to collaborate. CSO timelines, academic priorities, local partner leadership, and private sector focuses can be challenging to reconcile, and investment is required to make them successful. In order to build and sustain these strong partnerships across different organizations and sectors, we need to:
    -   Invest in innovative approaches that harness strengths across multiple disciplines while reimagining new ways of doing collaborative work.
    -   Move towards non-competitive funding models.
    -   Engage diverse partners with data-sharing platforms.

- Centre local knowledge and develop a roster of local consultants, particularly those who are familiar with feminist evaluation principles.

Obstacles: What challenges lay ahead?

1. **New strategies require flexibility and funding:** COVID-19 has highlighted that greater flexibility and dynamism is urgently needed in programming and reporting processes. This is only possible if donors modify their requirements to allow for agility in decision-making, more adaptive programming and more direct funding for local actors.
    a. Flexibility is only possible when organizations have flexible funding for adequate infrastructure, personnel, and capacity-strengthening needs.
    b. It will also be a year, if not more, before we can measure the impact that COVID-19 and its response is having on development priorities globally, including the Sustainable Development Goals (SDGs), as well as our ability to achieve the aims of Canada's Feminist International Assistance Policy (FIAP). Therefore, we must make the best decisions given the information we have now, and be willing and able to re-evaluate as new evidence emerges.

2. **We risk regression to outcome-only measures:** The risk of losing gains made to date as a result of a shifting focus to COVID-19 is high. Accordingly, organizations are concerned about:
    a. Not ensuring that improved health outcomes are measured alongside empowerment and rights-based approaches to avoid sliding back on progress made towards critical SDG targets.
    b. Failing to employ a social determinants of health lens, which would exacerbate the risk of missing critical data stories regarding disability, race, income, geography and more.
    c. Barriers to collecting gender, age and sex-disaggregated data, which undermines our ability to measure progress on cross-cutting SDG areas.

> *"Opportunities cut both ways… [crises are] an opportunity to innovate, but also an opportunity to regress."*

3. **The lasting COVID-19 legacy:** While there will be "the other side" of this pandemic, COVID-19 has already irrevocably influenced community health seeking behaviours, perceptions of health services and more. While the world pursues clinical solutions and vaccines, development organizations must ensure that any research and evaluation approaches reflect the broad range of community needs and concerns.
    a. As vital as COVID-19 research is, research agendas should also continue to focus on critical non-COVID-19 global health interventions and issues, particularly those which immediately affect the most vulnerable.
    b. It is necessary for local and grassroots organizations to disseminate findings and to have their voices heard when it comes to establishing COVID-19 and non-COVID-19 related priorities and agendas.

> *"This is our opportunity to reset the narrative"*

Questions: How can we think differently?

1. **Can we harness the innovation mindset when it comes to data?** Crises have "revolutionary potential" in that they sometimes force us to innovate. When it comes to data, things we thought we could not do are suddenly possible. However, to be most effective, we must encourage innovative thinking in data continuously, and not just in a pandemic, by asking ourselves:

a. **How do we (re)define essential data?** COVID-19 has shown us that we have been collecting non-essential data despite our best intentions. We must critically and rigorously question what we collect and why we deem it essential

b. **How do we document lessons learned?** While COVID-19 is unique in many ways, it is not the only global health crisis we have faced, nor will it likely be the last. Formalized documenting and sharing of tools, histories of decisions made, and resulting best practices will advance our collective resiliency.

c. **Can we better fund innovation?** We should consider increased, targeted funding for data and technology innovations, particularly digital strategies.

> *"We need to be better at digital innovation and digital integration."*

2. **How can we do more with less (data)?** As we interrogate ideas around what constitutes 'rigour' and when data can be 'good enough' for rapid response and decision-making, guidance is required for how best to map existing evidence or secondary data for baseline and endline assessments. This brings to light further questions:

a. **Can we share better?** We need to build validation work into our needs assessments from a resources and time perspective. Organizations expressed interest in developing best practices for more stream-lined processes, such as sharing data collectively to reduce reporting burden.

b. **Can we approach the data we have differently?** Organizations are seeking best practices for re-coding existing data (e.g. how to "mine the data you have"). Can we use the data that we have more effectively, and rely on it to do new things? We can look to historical data and harness it for forecasting reasonable needs in the short-term, until more rigorous approaches are needed. Factor analysis strategies should be explored to reduce the number of indicators against which we report.

> *"We desperately need to rethink the goal of aggregation."*

3. **How can our money and management models fit our new reality?** Performance Measurement Frameworks (PMFs) are often burdensome rather than helpful; these need to be streamlined and made more practical.

a. **What exactly is the purpose of each indicator?** This is a question for organizations and funders. Organizations are sometimes reporting against a large number of indicators, even though they are not entirely sure of their value or ultimate purpose. This is sometimes as a result of funders, who may be effectively demanding extensive data collection with a lengthy list of measurement requirements.

b. **[Why] is aggregation the goal?** Funders and organizations need to work together to clarify whether a given indicator is meant to (a) tell impact stories and demonstrate accountability for funders or (b) inform organization decision-making and program quality. Furthermore, partners should work together to honestly determine whether a given indicator can realistically do both, and weigh its potential value against the loss of context that occurs as a result of aggregation.

> *"We need to fundamentally reprogram and repurpose our M&E frameworks"*

Recommendations: What do we need?

1. **Technical (Digital) Guidance & Data Literacy:** Modelling, qualitative data analysis, digital focus groups, social media analysis, data visualization, digital communication, secondary data management, feminist analysis, data sharing/open data and online learning/training platforms were identified as priority areas.

Alongside this, we must consider: what is the role of data in combating misinformation? We must increase our own scientific and data literacy skills so that we can better support our partners. Organizations are calling for:

a. **Community collection and analysis:** Equipping all staff with digital and data literacy skills and understanding of appropriate baseline/endline data collection methods, as well as the know-how to access and leverage open data when available. Communities remain best equipped to conduct data gathering and analysis. This has always been the case, but "now we just have fewer choices to do otherwise."

b. **Online tools:** Building technical capacity and investing in technology infrastructure to maximize the online options we now have to communicate and manage virtual engagement, focus groups and more.

> *"New times call for new procedures"*

2. **Tell Purposeful Stories:** More than ever, qualitative data is essential to understanding the impacts of COVID-19 on the lives of people around the world and also domestically. Yet our sector still struggles with how to collect and use this type of data. Our monitoring processes must be re-oriented to better allow for the inclusion of qualitative data. This will further help us in using data for advocacy and in mobilizing stakeholders to affect timely, meaningful change. We should:

a. Equip development practitioners to gather qualitative data and to share it effectively across platforms. This includes changing reporting frameworks and building capacity to navigate collection and analysis challenges.

b. Clarify what funders want to be communicated to the public and work with them to bring respectful, positive rights-based engagement stories that demonstrate the accountability people want to see in a manner that resonates with them. This often means going beyond the numbers.

3. **Do Data Ethically:** Long delays in accessing information and persistent data gaps must be addressed. As we aim to be responsive and timely, we cannot do so at the expense of community safety and rights. COVID-19 has highlighted a need for updated data ethics capacity building among CSOs. We should prioritize:

a. **Training:** Data ethics issues are new for many organizations. Key topics for capacity-building efforts should include: confidentiality and consent, ethical dissemination of data, community engagement, research ethics and review for community organizations and data protection and privacy.

b. **Protocols and guidance:** When it comes to data collection in a crisis, there needs to be strong 'do no harm' protocols in place for organizations and partners. These may be needed at a governance level and should reflect appropriate laws and modern working realities as well as consider issues of power and agency between organizations, funders and stakeholders.

> *"Break the old, build the new"*

Resources

The following section contains COVID-19 and/or data related resources shared by Canadian and global partners. This is by no means an exhaustive list. To share additional resources, please email **metrics@CanWaCH.ca**.

Resources are sorted by type, as well as whether or not they are from a Canadian or international source. In addition, we have highlighted those resources focused on gender, data methodology, organizational responses, and more.

ORGANIZATIONAL WEBSITES (WITH COVID-RELATED MATERIAL)

4. **Humanity & Inclusion** | COVID-19 Response | Website: **EN FR** | **Operational Response PDF** 🍁
5. **Operation Eyesight** | COVID-19 Response | **EN** 🍁
6. **SOGC** | COVID-19 and Pregnancy, various guidelines, statements | **EN** | **FR** 🍁
7. **AKFC** | Global Pandemic Relief Fund | **EN** | **FR** 🍁
8. **CAWST** | COVID-19 Resources | **EN** 🍁
9. **PWRDF** | COVID-19 Response | **EN** 🍁
10. **Save the Children** | COVID-19 Response| **EN** 🍁
11. **Care Canada** | COVID-19 Response | **EN** | **FR** 🍁
12. **Compilation**| Grand Challenges Canada | Innovators Mobilize to Help Developing Countries Combat COVID-19 | **EN** | **FR** 🍁
13. **Canadian Red Cross (CRC)** | COVID-19 Relief & Resources | **EN** 🍁
14. **Canadian Red Cross (CRC)** | COVID-19 Response Videos | **EN & FR** 🍁
15. **World Vision** | Response plan, Phase 2 | **EN** 🌍
16. **World Vision** | Response/impact dashboard | **EN** 🌍

RESOURCE COMPILATIONS:

1. **Resource Compilation** | UNICEF Canada | COVID-19 news & updates | **EN** | **FR** 🍁
2. **Resource/Guidance Compilation** | UNICEF Canada | Parenting and youth guidance | **EN** | **FR** | *Breastfeeding, school return, handwashing* 🍁
3. **Resource Compilation** | UNICEF Canada | Business, Corporate Social Responsibility | **EN** | **FR** | *Employer engagement, family-friendly workplaces* 🍁
4. **Research Compilation** | COVID-19 Research from around the World | IDRC *(weekly research compilation)* **EN** | **FR** 🍁
5. **Resource Compilation** | Tula Foundation: Briefs, fact sheets or guides on COVID-19, Training materials for health staff | **Spanish** 🍁

6. **Resource Compilation** | COVID-19 Hygiene Hub | *Interactive map, resources, technical advice* | **EN** | **FR** | **Spanish** | **Arabic** 🌍
7. **Resource Compilation** | Hygiene Hub | **EN** | **FR** | *Data resources, communication materials, inclusive programming, gender and disability* 🌍
8. **Resource Compilation** | Global Partnership for Sustainable Development Data COVID-19 Resources **EN** | *Regional and country level data, visualization, research, tools* 🌍
9. **Resource Compilation** | SDG Pathfinder | **EN** | *Data, lessons learned, health systems, policy* 🌍
10. **Resource Compilation** | WHO COVID-19 Dashboard | **EN** | **FR** | *Country and technical guidance* 🌍
11. **Resource Compilation** | Campbell Collaboration | Coronavirus (COVID-19): Evidence Collection | *Humanitarian, clinical, public health focus* | **EN** | **FR** 🌍

MONITORING, EVALUATION AND LEARNING (MEAL) & RESEARCH RESOURCES

1. **Data Collection** |Femme International: Menstruation During COVID-19: Consent & Instruction Form (**1**), Short Questionnaire (**2**), In-Depth Questionnaire (**3**) 🍁
2. **Resource Compilation** | Resources for Doing Qualitative Research During A Pandemic | McGill Qualitative Health Research Group. | **EN** 🍁
3. **Resource Compilation** | Evaluation Resources for COVID-19 | **EN** 🍁
4. **Resource Compilation** | Lupton, D. (editor) (2020) Doing fieldwork in a pandemic (crowd-sourced document). | **EN** 🌍
5. **Resource Compilation** | Considerations for Conducting Qualitative Health Research During COVID-19 at the University of Toronto. (May 2020). | **EN** 🌍
6. **Resource Compilation** | Evaluation in the COVID-19 Pandemic Mode | **EN** 🌍
7. **Resource Compilation** | Adapting Evaluation in the time of COVID-19 - Part 1: Manage | **EN** 🌍

8. **Resource Compilation** | Evaluation in Crisis Initiative | **EN** 🌐

9. **Resource Compilation** | Réseau Francophone de l'Evaluation | **FR** 🌐

10. **Guidance** | Mercy Corps Remote MERL Guidance | **EN** 🌐

11. **Guideline** | IAPS Guidelines for Adapting Third Party Monitoring | **EN** 🌐

12. **Blog** | LSE - Carrying Out Qualitative Research Under Lockdown, Practical and Ethical Considerations | **EN** 🌐

13. **Blog** | NVivo : COVID-19 and Virtual Qualitative Fieldwork | **EN** 🌐

14. **Blog** | Phone surveys in developing countries need abundance of caution | **EN** 🌐

15. **Blog** | Best practices for conducting phone surveys J-PAL | **EN** 🌐

16. **Blog** | Collecting Data with Mobile Surveys in Low- and Middle-Income Countries During COVID-19 | RTI International | **EN** 🌐

17. **Blog** | Impact Evaluations in the Time of COVID-19 | World Bank | **EN** 🌐

18. **Article** | Alternative Data Collection Methodologies | Busara | **EN** 🌐

19. **Discussion (Video)** | Challenges & Strategies for M&E in the Time of COVID-19| **EN** 🌐

20. **Discussion (Online)** | EvalForward How do we adapt our evaluation approach to the impact of the Covid-19 pandemic? | **EN** 🌐

21. **Webinar & Infographic** | UNDP: Evaluation during crisis – COVID 19 | **EN** 🌐

// **TOOLS AND TRACKERS:**

1. **Mobile App** | Aga Khan Foundation Canada CoronaCheck COVID-19 Self Assessment App **Android user** | **iPhone user** 🍁

2. **Tool** | Global Health 5050 Tracker, Gender, age, disaggregated data | **EN** 🌐

3. **Tool** | DHIS2 COVID-19 Surveillance tracker & app, case/contact tracing | **EN** | **FR** 🌐

4. **Tool** | JHU Map/tracker, general statistics | **EN** 🌐

5. **Tool** | UN Women, Gender, Age, Disaggregated data | **EN** 🌐

6. **Tool** | OECD Country Policy Tracker, policy, data | **EN** | **FR** 🌐

7. **Tool** | Devex Funding Tracker | **EN** | COVID response funding 🌐

8. **Tool** | Oxford COVID-19 Government Response Tracker | **EN** 🌐

9. **Tool** | ACLED COVID-19 Disorder Tracker |Conflict | **EN** 🌐

10. **Tool** | Humanitarian Data Exchange | **EN** 🌐

// **GENDER-SPECIFIC RESOURCES**

1. **Tool** | AKFC Rapid Gender Analysis Tool for COVID-19 **EN** 🍁

2. **Guidance** | AKFC Gender Equality Checklist for COVID-19 Response Proposals | **EN** 🍁

3. **Guidance** | AKFC Enhancing social cohesion and gender equality during COVID-19 | **EN** 🍁

4. **Report** | Oxfam A Feminist Action Agenda for Canada's Global Response to COVID-19 | **EN** 🍁

5. **Resource Compilation** | Data2x Gender Data and COVID-19 | **EN** 🌐

6. **Resource Compilation** | Gender & Development Network, Feminist Responses to COVID-19 | **Available here** 🌐

7. **Resource Compilation** | Devex Resource Hub - Gender Data | **EN** 🌐

8. **Resource Compilation** | Partnership for Maternal, Newborn and Child Health (PMNCH) compendium of COVID-19 related partner resources | **EN** 🌐

9. **Report** | CARE Global Rapid Gender Analysis for COVID-19 | **EN** 🌐

10. **Analyses** | CARE Rapid Gender Analyses for COVID-19 (various countries) | **EN** 🌐

11. **Webinar** | Making a case for Sexual and Reproductive Health and Rights Come to life, amidst the COVID-19 Pandemic | **EN** 🌐

12. **Webinar** | Harnessing the Power of local movements in advancing gender equality and SRH rights amidst COVID-19 | **EN** 🌐

// **INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS**

1. **Video** | IDRC Response | COVID-19 Impact: Testimonials from the Field | **EN** | **FR** 🍁

2. **IEC** | ASSK Mask and hygiene instructions | **FR** | **FR ProX Link** 🍁

3. **IEC** | Unité de santé International UdeM | COVID-19 Sensitization Materials, Posters in Creole | **1** | **2** | **3** | **4** | **ProX Link** 🍁

4. **IEC** | Radio | Mission Inclusion: Radio Message in Creole **1** | **2** | **ProX Link** 🍁

5. **IEC** | Humanity and Inclusion | Haiti Informational Photos | **1** | **2** | **3** | **4** | **ProX Link** 🍁

6. **IEC** | Humanity and Inclusion | Madagascar Informational Posters | **1** | **2** | **3** | **4** | **5** 🍁

7. **IEC** | Humanity and Inclusion | COVID-19 - Conseils pratiques pour l'inclusion des personnes handicapées - Madagascar | **FR** 🍁

8. **IEC** | Government of Benin educational materials Ministry resources | **FR** 🌍

TECHNICAL BRIEFS & PUBLICATIONS

1. **Technical Brief** | Femme International: Running Community-Based Menstrual Health Programming During COVID-19 | **EN** 🍁

2. **Technical Brief** | UNFPA COVID-19 Technical Brief for Maternity Services | **EN** 🌍

3. **Technical Note** | UNFPA Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage **English** | **Spanish** | **Arabic** 🌍

4. **FAQ** | WHO, Breastfeeding and COVID-19 FAQ | **EN** 🌍

5. **Policy Analysis** | Guttmacher Institute | Crisis on the Horizon: Devastating Losses for Global Reproductive Health Are Possible Due to COVID-19 | **EN** 🌍

6. **Report** | Guttmacher Institute | Estimates of the Potential Impact of the COVID-19 Pandemic on SRH in Low-Income Settings | **EN** 🌍

7. **Report** | World Vision | COVID-19 Secondary Impacts on Children | **EN** 🌍

8. **Journal Article** | Early Estimates of the Indirect Effects of COVID-19 on Maternal and Child Mortality in LMICs **EN** 🌍

9. **Handbook/Publication** | Brussels Privacy Hub & ICRC: Handbook on Data Protection in Humanitarian Action **EN** 🌍

GUIDANCE AND FRAMEWORKS:

1. **Guidance** | Global Affairs Canada |Guidance on Eligibility of COVID-19 Potential Costs | **EN** | **FR** 🍁

2. **Guidance** | Amnesty International | Human rights-based approach to Canada's COVID-19 Response | **EN** 🍁

3. **Guidance** | AKFC | Responding to community needs and leveraging data for rapid response to the Novel Coronavirus | **EN** 🍁

4. **Guidance** | AKFC | Psychosocial Wellbeing and Support During COVID-19 | **EN** 🍁

5. **Guidance** | AKFC | Protecting those most at risk of severe illness from Novel Coronavirus | **EN** 🍁

6. **Guideline (PDF webpage, webinar)** | Partners in Health Canada | Testing, Contact Tracing and Community Management of COVID-19 & Clinical Management **EN** 🍁

7. **Recommendations** | Canadian Association of Midwives Reproductive Justice During COVID-19 | **EN** | **FR** 🍁

8. **Guidance** | SPHERE standards COVID-19 guidance based on humanitarian standards | **EN** | **FR** | **Arabic** | **Spanish** & more) 🌍

9. **Guidance** | Better Evaluation: Real-time evaluations of humanitarian action | **EN** 🌍

10. **Guidance** | United Nations Human Rights COVID-19 Special Procedures | **EN** 🌍

11. **Guidance** | WHO | Interim Guidance Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic | **EN** 🌍

12. **Guidance** | OCHA | Data Responsibility Guidelines | **EN** 🌍

13. **Guideline** | Programmatic Guidance for Sexual and Reproductive Health in Humanitarian and Fragile Settings During COVID-19 Pandemic | **EN** | **FR** | Arabic & Spanish 🌍

14. **Guideline/Manual** | COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (IFRC/OCHA/WHO) | **EN** 🌍

15. **Guideline/Manual** | WFP Recommendation for Food Distribution SOP during COVID-19 | **EN** | *Food and Nutrition, Logistics* 🌍

OTHER

1. **Education** | Aga Khan Foundation Canada (AKFC) Education Resources for Families | **EN** | **FR** 🍁

2. **Workshop** | AKFC | Human Centered Design: Supporting children's learning during COVID-19 | **EN** | **Further Information** 🍁

3. **Learning Platform** | Canadian Red Cross (CRC) | Coronavirus: (1) Basic Knowledge & Prevention Measures, (2) For Responders | (1) **EN** | (2) **EN Spanish** 🍁

4. **Webinar**| Canadian Coalition for Global Health Research (CCGHR) | From Policy to Practice: Implications of COVID-19 at the Ground Level | **EN** 🍁

5. **Webinar** | CCGHR | Zoonoses, Wildlife and Humans in an Era of Climate Change | **EN** 🍁

6. **Webinar** | CCGHR | Policy Intersections for the Global Crises of COVID-19 and Climate Change | **EN** 🍁

7. **Tips/Publications** | Save the Children | Coronavirus & Kids: Resources for Caregivers | **EN** 🍁

8. **Tip Sheet** | Save the Children | COVID-19 Tip Sheet for Grandparents | **EN** 🇨🇦

9. **Blog** | CCGHR | What the COVID-19 Pandemic Reveals About the Equity Implications of Our Choices | **EN** 🇨🇦

10. **Blog** | CCGHR | Various articles on working in global health during the pandemic | **1** | **2** | **3** 🇨🇦

11. **Training** | Save the Children | Learning Pathway, Capacity building, humanitarian response | English, French, Spanish | **EN** | **FR** 🌍

Contributors

We are grateful to the multiple staff members from the 102 contributing organizations for their data and reflections.

Action Against Hunger Canada

ADRA Canada

Aga Khan Foundation Canada

Agriteam Canada

Amref Health Africa in Canada (AMREF)

Bruyère Research Institute

Campbell Collaboration

British Columbia Centre on Substance Use (BCCSU)

Canada Africa Partnership (CAP) Network

Canadian Association of Midwives

Canadian Coalition for Global Health Research (CCGHR)

Canadian Feed The Children (CTFC)

Canadian Network for Neglected Tropical Diseases (CNNTD)

Canadian Physicians for Aid and Relief (CPAR)

Canadian Red Cross

Canadian Society for International Health (CSIH)

CARE Canada

Carrefour de solidarité internationale

CAUSE Canada

Centre for Affordable Water and Sanitation Technology (CAWST)

Centre for International Cooperation in Health and Development (CCISD

CECI

Centre of Excellence for Women's Health

Centre for International Child Health

Children Believe

Canada-International Scientific Exchange Program (CISEPO)

Crossroads International

Cuso International

Days for Girls Canada Society

Ethiopiaid Canada

effect:hope

Emmanuel International Canada

Femme International

Fondation Paul Gérin-Lajoie

Global Aid Network

Grand Challenges Canada

HealthBridge Foundation of Canada

Hope and Healing International

HOPE International Development Agency

Horizons of Friendship

Health Partners International of Canada (HPIC)

Humanity and

Inclusion

Various Independent Consultants

Interagency Coalition on AIDS and Development (ICAD)

Inter-council Network

Inter Pares

International Development Research Centre (IDRC)

International Development and Relief Foundation (IDRF)

Islamic Relief Canada

The Jane Goodall Institute Canada

Johns Hopkins University

L'AMIE

Lucky Iron Fish

McGill University

Doctors of the World Canada

Memorial University of Newfoundland: Faculty of Medicine

Mennonite Central Committee Canada

Mercy Corps

Mission Inclusion

Ministère des Relations internationales et de la Francophonie (MRIF)

Nutritional International

Ontario Council for

International Cooperation

Operation Eyesight Universal

Orbis Canada

Oxfam Québec

Partners In Health Canada (PIH)

Zanmi Lasante

Plan International Canada

PRE-EMPT

Presbyterian World Service and Development

Réseau francophone international pour la promotion de la santé (RÉFIPS) : section des Amériques

Salanga

SALASAN Consulting Inc.

Samaritan's Purse Canada

Save the Children Canada

The Society of Obstetricians and Gynaecologists of Canada (SOGC)

SUCO

Teck

SickKids Centre for Global Child Health

The Primate's World Relief and Development Fund (PWRDF)

The Salvation Army Canada

The White Helmets

Tula Foundation

Uganda Youth and Adolescents Health Forum (UYAHF)

UNICEF Canada

The University of British Columbia

University of Calgary, Cumming School of Medicine

Université Laval

University of Manitoba Centre for Global Public Health

Unité de santé internationale : Université de Montréal

Université du Québec à Trois Rivières

University of Saskatchewan

Université de Sherbrooke

University of Ottawa

University of Toronto

UOSSM-CANADA

WaterAid Canada

Western University

Wilfred Laurier University

World Neighbours Canada

World University Service of Canada (WUSC)

World Neighbours Canada

World Vision Canada

Notes

The content and project data referenced in this report have been provided by contributing organizations and have not been independently verified by CanWaCH. CanWaCH does not endorse or recommend specific programs or activities and the content of this report is intended to be informational. The designations and maps contained in this report do not imply the expression of any opinion whatsoever on the part of CanWaCH concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Author

This report was developed by the Canadian Partnership for Women and Children's Health (CanWaCH). Comments or questions on this report may be directed to Jessica Ferne, Director, Global Health Impact: **jferne@CanWaCH.ca**

Published June 2020

This report was published in partnership with Global Affairs Canada

Appendix

Appendix 1. Method 1: Online Survey

In May 2020, a total of 107 Canadian-based organizations and institutions were invited to participate in an online survey, and were given 2-3 weeks to respond. A total of 55 organizations and institutions contributed to the online survey and sharing of resources. While respondents were given the option to specify whether or not they were responding to COVID-19 in the survey, it is possible that organizations who did not find the survey applicable to them (ie: they are not involved in COVID-19 response programming) may have opted not to respond to the survey at all.

Responding Organizations: 86% of organizations indicated that they are currently responding and 7% indicated that they anticipate responding to COVID-19 through their programming.

Survey Question: Are you currently, or do you anticipate, responding directly to COVID-19 through your programming?	#	%
Yes, my organization is currently responding	47	85.5%
Yes, my organization anticipates responding	4	7.3%
No / Not yet	4	7.3%
TOTAL	**55**	**100%**

Budget: 75% of responding organizations said that they had received or were actively seeking new program funding related to COVID-19. Primary anticipated funding sources include private donations, Government of Canada, and other sources. 80% of responding organizations are or will be reallocating or diverting funds from other programs in order to respond to COVID-19. In our survey, we asked organizations if they could provide the estimated budgets for their planned projects, but as many projects are in early stages, and with supply chains being unstable, responses were limited and not considered to be illustrative.

Survey Question: Have you received, or are you actively seeking, new funding related to a COVID-19 response for your programming?	#	%
Yes	38	74.5%
No	12	23.5%
Unsure	1	2.0%
TOTAL	51	100%

Survey Question: If yes to the above, what type of funding have you received or are you seeking to receive for your COVID-19 programming? Select all that apply	#	%
Government of Canada	27	69%
Private donors (incl. individual donations)	29	74%
Others*	16	41%
TOTAL	39	-

*Examples of others:
1. Other institutional donors and international governments globally (DFID, SIDA, AFD, OFDA, USAID etc.)
2. Foundations
3. Global federation networks
4. UN agencies and other multilaterals
5. Grants, including research grants and donations
6. Gifts in kind
7. Provincial governments

Survey Question: Are you making budget reallocations or diverting funds from other programmes to respond to COVID-19?	#	%
Yes	41	78.8%
No	5	9.6%
Unsure	6	11.5%
TOTAL	52	100%

Countries: 45 organizations specifying the countries for their COVID-19 response (on-going or planned) reported working across 74 countries in total, covering the following regions: Caribbean, Central America, Central Asia, East Asia, Europe, Middle East, North Africa, North America, South America, South Asia, Southeast Asia and Sub-Saharan Africa. 7 organizations specified regions or global work without specifying all the countries of work.

A detailed map is available on the CanWaCH website.

Country	Region	Number of Responding Organizations with on-going or planned COVID-19 response
Afghanistan	South Asia	3
Bangladesh	South Asia	6
Belize	South America	1
Benin	Sub-Saharan Africa	4
Bolivia	South America	4
Brazil	South America	1
BurkinaFaso	Sub-Saharan Africa	5
Burundi	Sub-Saharan Africa	3
Cambodia	Southeast Asia	2
Cameroun	Sub-Saharan Africa	1
Canada	North America	11
Chad	Sub-Saharan Africa	1
Chile	South America	1
China	East Asia	1
Colombia	South America	3
Congo	Sub-Saharan Africa	1
Costa Rica	Central America	1
Democratic Republic of the Congo	Sub-Saharan Africa	7
Ecuador	South America	1
Egypt	North Africa	1
El Salvador	Central America	1
Eswatini	Sub-Saharan Africa	2
Ethiopia	Sub-Saharan Africa	10
Gambia	Sub-Saharan Africa	1
Ghana	Sub-Saharan Africa	7
Guatemala	Central America	5
Guinée	Sub-Saharan Africa	1
Haiti	Caribbean	11
Honduras	Central America	3
India	South Asia	5
Indonesia	Southeast Asia	1
Iraq	Middle East	3
Jordan	Middle East	2
Kazakhstan	Central Asia	1
Kenya	Sub-Saharan Africa	11

Country	Region	Number of Responding Organizations with on-going or planned COVID-19 response
Kyrgyzstan	Central Asia	1
Lebanon	Middle East	4
Lesotho	Sub-Saharan Africa	1
Liberia	Sub-Saharan Africa	3
Madagascar	Sub-Saharan Africa	2
Malawi	Sub-Saharan Africa	7
Mali	Sub-Saharan Africa	5
Mexico	Central America	1
Morocco	North Africa	1
Mozambique	Sub-Saharan Africa	7
Myanmar	Southeast Asia	1
Nepal	South Asia	3
Niger	Sub-Saharan Africa	1
Nigeria	Sub-Saharan Africa	4
Pakistan	South Asia	3
Palestine	Middle East	1
Panama	Central America	1
Peru	South America	3
Philippines	Southeast Asia	4
Russia	Europe	1
Rwanda	Sub-Saharan Africa	5
Senegal	Sub-Saharan Africa	4
Sierra Leone	Sub-Saharan Africa	3
Somalia	Sub-Saharan Africa	1
South Africa	Sub-Saharan Africa	2
South Sudan	Sub-Saharan Africa	4
Suriname	Caribbean	1
Syria	Middle East	5
Tajikistan	Central Asia	2
Tanzania	Sub-Saharan Africa	8
Thailand	Southeast Asia	1
Togo	Sub-Saharan Africa	1
Uganda	Sub-Saharan Africa	9
Ukraine	Europe	1
US	North America	2
Venezuela	South America	1
Vietnam	Southeast Asia	2
Zambia	Sub-Saharan Africa	5
Zimbabwe	Sub-Saharan Africa	2

Region	Number of countries with on-going or planned COVID-19 response
Caribbean	2
Central America	6
Central Asia	3
East Asia	1
Europe	2
Middle East	5
North Africa	2
North America	2
South America	8
South Asia	5
Southeast Asia	6
Sub-Saharan Africa	32

Collaboration and Coordination: 85% of responding organizations indicated that they were collaborating with partners in their COVID-19 programming. Of those specifying the partner organization type, the most common partners listed were local NGOs (39%), followed by international NGOs (17%), academic and research institutions (17%), multilateral organizations (17%), and governments and public sector organizations (11%). Of all the partners listed, close to 20% were Canadian-based organizations.

Survey Question: Are you collaborating with any partners in your COVID-19 programming? This may include civil society organizations, multilateral agencies, local community groups, or others	#	%
Yes	40	85.1%
No / Not yet	4	8.5%
Unsure	3	6.4%
TOTAL	**47**	**100%**

COVID-19 response guidance: 78% of organizations mentioned engaging with National or Regional governments in their countries of operation to seek guidance on COVID-19 response. The type of guidance used included:

- National/regional government guidelines/strategy
- WHO guidelines
- Civil society procedures/recommendations
- Other sources such as from UNICEF, UNFPA, WFP, daily in-country reports as well as research-based information/evidence.

Survey Question: In your country of operation(s), have you engaged with National or Regional governments to seek guidance on COVID-19 response?	#	%
Yes	39	78.0%
No / Not yet	6	12.0%
Unsure	5	10.0%
TOTAL	**50**	**100%**

Survey Question: What type of guidelines or guidance notes are you following in your programming to respond to COVID-19? Select all that apply.	#	%
WHO guidelines	41	87.0%
National/regional government guidelines/strategy	45	96.0%
Civil society procedures/recommendations	35	74.0%
Others	6	13.0%
TOTAL	**47**	**-**

Activities and Population: Survey respondents were invited to provide a short description of current or planned COVID-19 related project activities. The majority of responses were focused on international responses while a few of them highlighted their domestic response activities. Top areas were noted in the above report. When asked to estimate the number of people reached, response was varied as many projects are under development. It will be important to follow up on this in future.

Resources: Survey respondents were asked to describe the type of resources they were using or developing for their programming. These have been included in the resources section of the report when provided. The most common type of resource mentioned were:

1. Sensitization materials like posters for health centres
2. Radio message scripts
3. Briefs, fact sheets, or guides on COVID-19
4. Training materials for health staff
5. Questionnaires or data collection forms

Appendix 2. Method 3: Webinars and Virtual Focus Groups

Between March-May 2020, CanWaCH convened several online dialogues to share information and resources related to the impacts of COVID-19. Please see below for the summary notes and recordings (where applicable) of those sessions.

/// **COMMITTED TO DELIVER - GLOBAL HEALTH PROGRAMMING AND OPERATIONS AMID COVID-19; MARCH 24, 2020**

Brief description

A webinar was hosted by CanWaCH on March 24, 2020 to provide a space for organizations who are currently delivering global health programming to share information with colleagues and Global Affairs Canada on their current and anticipated challenges that may impede operations, and to strategize collectively about solutions and recommendations. Participants were invited to share their concerns, challenges and recommendations via an online survey prior to the webinar. There were approximately 79 attendees representing about 45 organizations and institutions, including 9 independent consultants.

Summary

Challenges and concerns arising from COVID-19:

1. **Travel restrictions:** changes in project activities as a result of restrictions around movement from main cities to remote rural communities, as well as limitations around international travel.
2. **Challenges around funding:**
   - Uncertainty about future funding for global development
   - Concerns around the unstable economic situation; managing funds to ensure job security for staff.

3. **Restrictions affecting implementation:** suspended or cancelled program activities as worries around the contagion increase causing some projects to shut down all in-person trainings and face-to-face meetings.
4. **Closing out endline projects:** questions around how to conduct endline evaluations for projects ending this year
5. **Impact of COVID-19 on health systems:** considering the effect this will have on health systems and resulting impact on health outcomes in some countries.

Country and program operations decisions in response to COVID-19:

1. **Coordination between partners:** plans to support national governments, ministries and local partners in country's of operation. Applying lessons learned from Ebola to support national response.
2. **Repatriation of staff:** Canadians abroad returning home safely, some are still deciding whether to stay or not. All non-essential international travel put on hold.
3. **Move to remote work:** organizations have made the shift to working from home for most employees and adapting activities to online platforms for meetings, training etc.
4. **Rescheduled activities:** most project activities have been suspended or cancelled until further notice
5. **Shifting priorities:** shift in focus to reduce the transmission of COVID-19 through activities such as pro-moting community Water, Sanitation and Hygiene (WASH) behaviours, education campaigns in schools, promotion of preventive measures to slow the spread of COVID-19, supporting health systems and personnel by providing protective equipment, etc.

/// **PSMNCH PARTNERS DISCUSSION ON EVALUATION APPROACHES IN A COVID-19 CONTEXT; APRIL 1, 2020**

Brief Description

A call was organized on April 1, 2020 between Canadian PSMNCH partner organizations (those funded under the 2015-2020 MNCH commitment) to discuss the current COVID-19 situation and its implications, particularly in regards to endline assessments for projects in the process of closing. The goal was to offer a space for PSMNCH Partners to discuss current evaluation challenges and share creative approaches related to the endline assessments. Approximately 32 organizations were in attendance.

Summary

1. **Challenges faced by PSMNCH partners:**
   a. Staff safety and risks related to travelling between main cities and remote locations. Partners highlighted the need for support in modifying risk registers to address high impact risks such as pandemics.
   b. Varied and changing contexts for different countries in terms of limitations on physical contact. As such, projects operating in multiple countries may have different programming and operation options depending on the country.
   c. Figuring out ways to carry out endline assessments within stipulated timelines and maintaining con-sistency in methodology for evaluations. Some anticipate gaps in data collection as a result of delays between assessments.

2. **Do No Harm:** Partners reaffirmed that we must approach with a commitment to 'do-no harm' and think of creative ways to support endline data collection using remote supports, technology, and community resources: for example, Community Health Workers.

3. **Use of technology:** Organizations explored the use of SMS or WhatsApp to collect large amounts of data quickly and remotely for monitoring and evaluation related discussion groups. Although some participants had a positive experience using SMS, it was noted that the level of English Language skills was a limitation at the beneficiary level. Other options to consider include phone calls and radio messaging for awareness activities.

4. **Evaluation Alternatives:** Rely on resources within local systems and align with national strategies where applicable
   a. **Qualitative:** Explore new methods to conduct focus group discussions and key informant interviews such as teleconferencing and recording of interviews among intermediary participants and beneficiaries.
   b. **Quantitative:** Use of proxy indicators if possible, while taking into consideration the limitations and biases of doing so.

Other Comments

- **Use of secondary data:** A suggestion was made to consider the use of secondary data sources. For instance, it may be worth considering checking longitudinal assessment of growth monitoring data available in health facilities of target communities for a nutrition project, that is, if health facility catchment is aligned to the programming area.

- **Gathering country-level data from Ministries of Health:** In terms of outcome evaluation, could there be a single request for information on common indicators (ex maternal and neonatal mortalities) on behalf of partners?

- **Reallocation of funds:** Considerations around reassigning of project funds to respond to COVID-19. Comments were shared that Global Affairs Canada has been very responsive and flexible.

/// SMALL AND MEDIUM ORGANIZATION (SMOs) EXCHANGE: LESSONS LEARNED; APRIL 2, 2020

Brief Description

A webinar session was organized April 2, 2020 in partnership with 2 SMO partners (Ethiopiaid Canada and Horizons of Friendship), and 3 member coalitions (Spur Change Network, OCIC and Fund for Innovation and Transformation at MCIC). Approximately 73 individuals participated, with representation from 35 unique organizations, including Global Affairs Canada. SMOs shared their operational best practices when considering scaling up their programs, while also reflecting on safeguarding mechanisms they are considering or implementing to juggle priorities during COVID-19 in their programming. Resources and participants' contacts were shared to strengthen cross-learning among SMOs.

Summary

- **Fundraising:** Add an insert for donation to your emails, be consistent with messaging, share resources and be transparent with your donors that a crisis like this signals coming together - include your donors on this journey. Keep donors in the know and communicate delays or shifts (ex. tax receipts).

- **Communication:** Keep all communication lines open with local partners, get creative with Skype, Whatsapp, facebook messenger etc.

- **Country context:**
  - **Guatemala:** no public activity can take place, currently in lockdown, continuing to adapt plans, such as moving in-person meetings to phone-calls.
  - **Ethiopia:** trying to do a gendered analysis and baseline - can consider doing it locally.

- **Safeguarding mechanisms:** Creating regional task forces to transmit public health messages in local contexts focused on sanitation and prevention measures. Programming currently adapting to strengthen training capacity.

/// 2020 VIRTUAL MEETING OF THE CALL TO ACTION CANADA HAITI HEALTH NETWORK; APRIL 17, 2020

Brief Description:

A call was organized on April 17, 2020 to provide a forum for dialogue to the Canadian partners in the Canada-Haiti Health Network about the status of the COVID19 response, the planned response to date, and existing challenges. Approximately 40 people attended, representing 20 Canadian organizations and institutions as well as nine people from Global Affairs Canada.

Summary

2 main questions were addressed. A high level summary is provided below.

Question 1: What needs have been identified in the health sector and to what extent are your organization and projects able to meet them?

Serious problems with a lack of information at the community-level and a lack of personal protective equipment:

- Rumours are circulating in the communities, and most projects are setting up mass awareness campaigns in order to get the right messages out.
- There is a great need for support for facilitating supply channels for personal protective equipment.
- There is the need for support for facilitating humanitarians' movements within the country.

Importance of not working on COVID-19 at the expense of the other health-related priorities:

- Other priorities: health of children, newborns and women, SRHR, food security, nutrition, HIV, water, sanitation and hygiene, and gender-based violence.
- A huge concern was raised about food security in the country in general: one participant pointed out that "when the first case of COVID-19 appeared, the price of food increased by 300% within 24 hours." The projects are modified and adjusted to factor in the restrictions (e.g. maintaining one's distance, avoiding groups). The roles and responsibilities of the community workers/CHWs are increasing in this crisis context.

Significant need for financial assistance for responding to the crisis:

- Some projects are nearing completion, and funds were able to be reallocated; other projects have redirected the resources. However, these are only short-term solutions.

Question 2: How is the response organized in the country? (Coordination of efforts, challenges encountered, etc.).

- Some projects support institutions and health centres in preparing to manage COVID-19 cases as well as possible, but the lack of space for taking in cases remains a challenge (in addition to the lack of personal protective equipment, as stated above). One partner raised the issue at the management level and the case management at the department level (e.g. interventions happen at Level 1, but not Level 2).
  - Some projects provide personal protective equipment and reproduction of information materials.
  - One organization has installed hand-wash stations in the markets.

- Some organizations mentioned training being set up for employees and the health care staff.
- One partner mentioned that there's a lack of accessibility for COVID-19 testing in laboratories in the North. Since the tests are transported to the capital by road (not by air), a concern was expressed about the samples being compromised by the transporting, thereby giving false results.
- It has been noted that there is considerable mobilization by the mayors across the country for taking action with the population and encouraging adherence to the awareness messages. UNOCHA provides support with multi-sectoral coordination.