



2020 Global Health Impact Report



CanWaCH

Canadian Partnership for
Women and Children's Health

CanSFE

Partenariat canadien pour la
santé des femmes et des enfants

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Introduction

A decade is a powerful length of time. It provides a natural reflecting point, both to look forward to what is to come, and to look back on what has - or has not - been achieved. The global development sector frequently uses decades as a unit of measurement: for [funding envelopes](#), [development priorities](#), and [target setting](#). Perhaps this is because decades typically contain multiple political configurations, international events, and scientific discoveries that change the world. At the same time, they pass soon enough that we can imagine ourselves being a part of that change.

How are we landing here?

Entering into 2020, it was well-documented that progress in pursuit of the Sustainable Development Goals (SDGs) was already [uneven](#) at best, and significant work was needed to achieve results. Between 2010-2020, critical gains have been made in global health and gender equality goals. The issue remains, however, that so many are still [left behind](#):

- The average global maternal mortality ratio dropped by 2.9% annually in the last decade. That is less than half of the 6.4% annual decrease needed to realize the global target of no more than 70 maternal deaths per 100,000 live births.
- The percent of women and girls of reproductive age whose need for family planning is satisfied with modern contraceptive methods increased by only 1.1% over 10 years. Today, more than 250 million women still have unmet contraceptive needs.
- The proportion of women who were married or in union before age 15 declined by only 2.5% in the last decade. The proportion of women in unions after 15 but before 18 declined by just 1.1%. At the start of this decade, one in five women globally is married before the age of 18.

Within this context, achieving the SDGs in this Decade of Action is a challenging proposition:

- We have 10 years left to achieve the 22 combined targets under [SDG 3](#) and [SDG 5](#).
- According to a UN review of countries, only [16% of respondents believed that their country was on track to achieving all or most of the SDGs](#).
- According to the SDG 2020 report, approximately one third [of respondents believe that poor data and statistics are the main barriers to achieving the SDGs](#) in their country.

A new challenge for a new decade

Unquestionably, the COVID-19 crisis has fundamentally transformed our daily and collective lives. Earlier this year, CanWaCH documented the immediate implications of, and response to, [COVID-19 on the part of Canadian organizations](#). Through this investigation, we heard just how significant the challenges are when it comes to the current state of our global health information and statistical systems, many of which are already limited or weak. Though varied across different contexts, challenges include but certainly are not limited to:

- Delays or cancellations in planned censuses, evaluations, research, and surveys - and the long-term implications of this data gap;
- Reallocated funding away from national statistics offices, projects, and research - and the long-term implications of this lack of investment; and,
- Lack of data privacy, management, and ethics protocols, capacity, or training - and the implications for individual safety and well-being.

[“The pandemic has taught us once again the value of real-time information, and the enormous costs of flying blind into a storm.”](#)

The implication is alarming. When we do not have reliable data, we simply cannot be sure where we are and where to go next.

Transformation for Impact

COVID-19 has already changed so much of how we work, and will continue to bring change in the months, years, and decades to come. Just as achieving the SDGs requires us to be creative and flexible, COVID-19 requires us to challenge the assumptions and common ways of working that have kept us from making the progress we had hoped to see by this point.

["Achieving the SDGs necessitates a transformation of economies, societies and human behavior"](#)

In developing this report, we heard clearly that measurement and information processes need to adapt quickly to an increasingly virtual environment. As we are physically separated from our partners like never before, we are forced to confront tough questions about the ways in which the accountability systems we have used to date have been helpful, or limiting. The SDGs are both local and global in their application, and coordinated strategies between communities, regions, and countries will be vital. This will require us to rely on trusting, equitable relationships with local stakeholders more than ever.

In this report, CanWaCH will take a close look at the global and country-specific numbers that speak to what we have collectively achieved in the past decade - and those achievements are many. We will also examine the evaluation and accountability strategies that partners are using to understand how these processes may promote, or inhibit, our future achievements. Achieving the SDGs in this [decade of action](#) will be challenging, but we have every confidence that Canadian actors and their partners have the determination, creativity, and willingness to make this transformative approach a reality.



Note from CanWaCH

As 2020 began, we collectively entered the [‘Decade of Action’](#) with a determined commitment to achieving the Sustainable Development Goals. Our [2019 Global Health Impact Report](#) celebrated the achievements of the previous decade by Canada’s global health leaders and their partners. There, we documented dozens of innovative, ambitious, and impactful strategies that Canadians have been a part of, and the results that this work has had on the lives of diverse women, children, youth, and their communities worldwide. Additionally, we were motivated by [Canada’s historic commitment](#) to the health and rights of women and adolescents, which builds on the previous decade’s leadership in [maternal, newborn, and child health](#), to steer us through this new decade with the essential resources needed to make meaningful change.

Now, in the final season of 2020, the world looks very different than we expected. COVID-19 has forced all of us to re-evaluate, re-prioritize, and re-configure our operations and programming to meet a global health crisis of unprecedented scale. Just 100 days after COVID-19 was declared to be a pandemic, [CanWaCH produced a report](#) documenting initial responses to COVID-19 with a particular focus on the role of evidence in decision-making, and the adaptation strategies that all stakeholders were undertaking. In addition, essential discussions around pervasive and systemic racism, colonialism, and inequitable power dynamics in our sector have called on all of us to assess how we actively resist oppression.

What CanWaCH has heard clearly is that in this environment of uncertainty, when a global pandemic keeps us physically distant, we must rely on each other more than ever. There is no doubt that equitable, trusting partnerships will be foundational if we are to address the challenge of COVID-19 and attempt to meet, let alone surpass, the ambitious targets of the SDGs, particularly [Goal 3: Good Health & Well-Being](#), and [Goal 5: Gender Equality](#), in the coming decade. Many of the thought leaders who contributed to this year’s Global Health Impact Report are among those calling for us in Canada to ‘walk the talk’ when it comes to ensuring that local voices are not simply consulted, but are the true leaders of change. As good partners, it is our responsibility to listen and act in solidarity with them. To do this effectively, we will of course need to explore new ways of connecting and working virtually, and as well as find practical strategies to gather evidence upon which we can all rely.

The insights in this report will, we hope, inspire us all to think about how we will move through the rest of this critical decade in response to the crises we face personally and globally. We can look back on our past achievements with pride. Looking forward, I hope that we will use the new and emerging tools at our disposal to partner with sincerity and humility; share information openly and ethically; and be ambitious champions for women, children, and youth everywhere.

In solidarity,



Julia Anderson
Chief Executive Officer

Methodology

The data included in this report is a culmination of multiple targeted outreach efforts by CanWaCH to members and non-members. Between January and September 2020, CanWaCH conducted both general and targeted calls for data on general and specific global health interventions relating to sexual and reproductive health and rights, [COVID-19](#) response efforts, [health systems strengthening](#), and general activities. This was supplemented by or triangulated with online search of websites and published materials, including the Global Affairs Canada Project Browser. Organizations¹ are also able to contribute data at any time of year, via CanWaCH's [Project Explorer](#) platform. In all cases, CanWaCH collects robust data across [17 primary data fields](#). Data is sourced in English and/or French, and translation is provided. For the Country Dashboard section of this report, the 5 countries were selected for inclusion based on the high overall funding value of Canadian projects implemented over the past decade. Detailed digital dashboards on these and other countries are [available on our website](#). Unless otherwise specified, all financial figures presented in this report are in Canadian dollars.

To offer context to the data collected, CanWaCH also conducted virtual dialogues and interviews with dozens of Canadian and global stakeholders including civil-society organizations, academic institutions, health professional associations, and others. As a result, more than 90 partners worldwide have contributed to this report through various channels. These conversations frequently included references or connections to other colleagues or literature, and we are grateful to everyone who has contributed to the insights that form the basis of this report. Please note that quotes or examples (where used) have been anonymized and are not attributed to a particular organization or individual.

With more than 1130 projects currently available for analysis as of this publication, the CanWaCH Project Explorer has [more than doubled](#) in size and power since last year's report. Among other factors, this is due to the active participation of a sector that clearly sees the value in sharing data for collective learning and transparency. The CanWaCH Project Explorer continues to provide valuable aggregate analysis of the depth and breadth of Canada's work in global health and gender equality since 2010, along with [interactive digital interactive tools](#) for analysis and interpretation. Detailed methodological notes on CanWaCH's coding and data management processes are available on request. All collected data is publicly available in open-source format for download and independent analysis.

As the Project Explorer is a living tool generated with the sector from projects that are very new or have long-since closed, it contains some projects that have limited available data. It may also not include data on active projects that, for reasons of safety for participants and staff, cannot be fully disclosed publicly. Wherever relevant, sample sizes are noted. While numbers are accurate at the time of publication, [please visit the website](#) for the most recent figures. As always, we are particularly grateful to the [CanWaCH Metrics Working Group](#) for the ongoing advice, insight, and feedback that has shaped this report and our analyses this year.

¹ CanWaCH categorizes organizations using the IATI Standards Organization Type definition along with the country of registration. For the purpose of aggregating data from similar organization types, the Project Explorer categorizes organization types as follows: 1. NGO: i) contains IATI categories including National NGO, International NGO, Regional NGO, or Foundation & ii) will be assigned as a Canadian-based NGO if the country of registration is Canada; 2. Academia and Research: i) contains IATI category: Academic, Training and Research & ii) will be assigned as a Canadian-based Academia and Research institution if the country of registration is Canada; 3. Private Sector: i) contains IATI category: Private Sector & ii) will be assigned as a Canadian-based Private Sector organization if the country of registration is Canada; 4. Multilateral: contains IATI category: Multilateral; 5. Government & Public Sector: i) contains IATI categories: Government or Other Public Sector & ii) will be assigned as Canadian for Government of Canada entities.



Project Explorer

Overview

The data included in the following section is sourced from the CanWaCH [Project Explorer](#), a digital tool which endeavours to capture the full spectrum of Canadian activities in global health and gender equality. This includes data on activities that are funded by the Government of Canada, as well as by other funding sources. The Project Explorer includes detailed project level data, maps, and aggregate analyses, with the aim of helping users to ultimately share, learn, work, and partner more effectively.

A Decade At A Glance

The Project Explorer includes data on initiatives which were operational or launched between 2010-2020. Specifically, this includes:

- **1105** global development and humanitarian initiatives
- **154** countries
- **\$14,760,313,165** in combined funding value

Canadian Projects Around the World

Between 2010-2020, the following countries received the highest overall amount of funding from the reported projects:

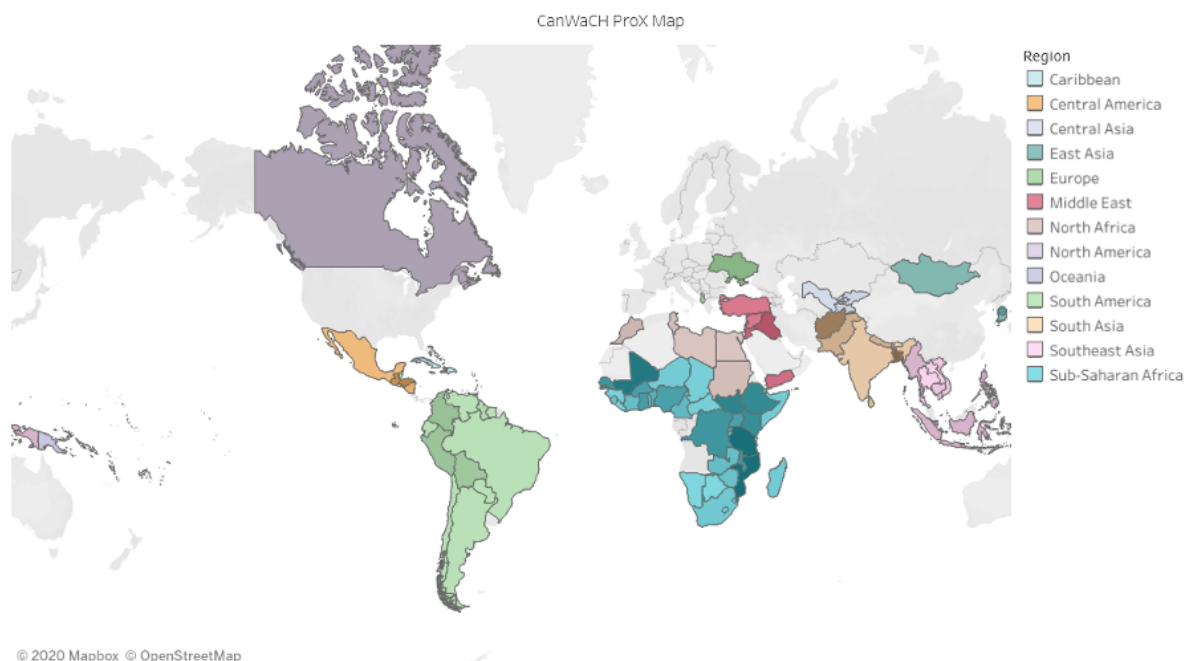
Top 10 Countries by Total Value of Reported Projects ²		
Rank	Country	Total Combined Value
1	Tanzania	765,515,088
2	Ethiopia	704,142,740
3	Afghanistan	623,090,607
4	Mali	577,464,505
5	Haiti	569,886,215
6	Mozambique	559,758,935
7	Bangladesh	544,500,645
8	South Sudan	470,068,657
9	Ghana	467,035,891
10	Nigeria	325,498,454

² Sample size (September 2020): 1061 projects.

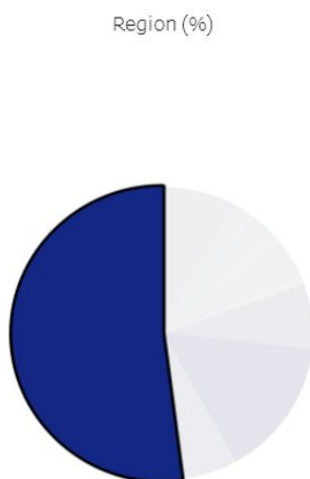


[Detailed dashboards on specific countries](#) are available on our website, as well as in a later section of this report.

The following interactive map illustrates the total number of all global projects per country, as well as their combined budgets.



Investments may also be viewed by region. Between 2010-2020, countries in Sub-Saharan Africa represented the most frequently reported countries of work (54.6%), followed by South Asian nations (13.9%).

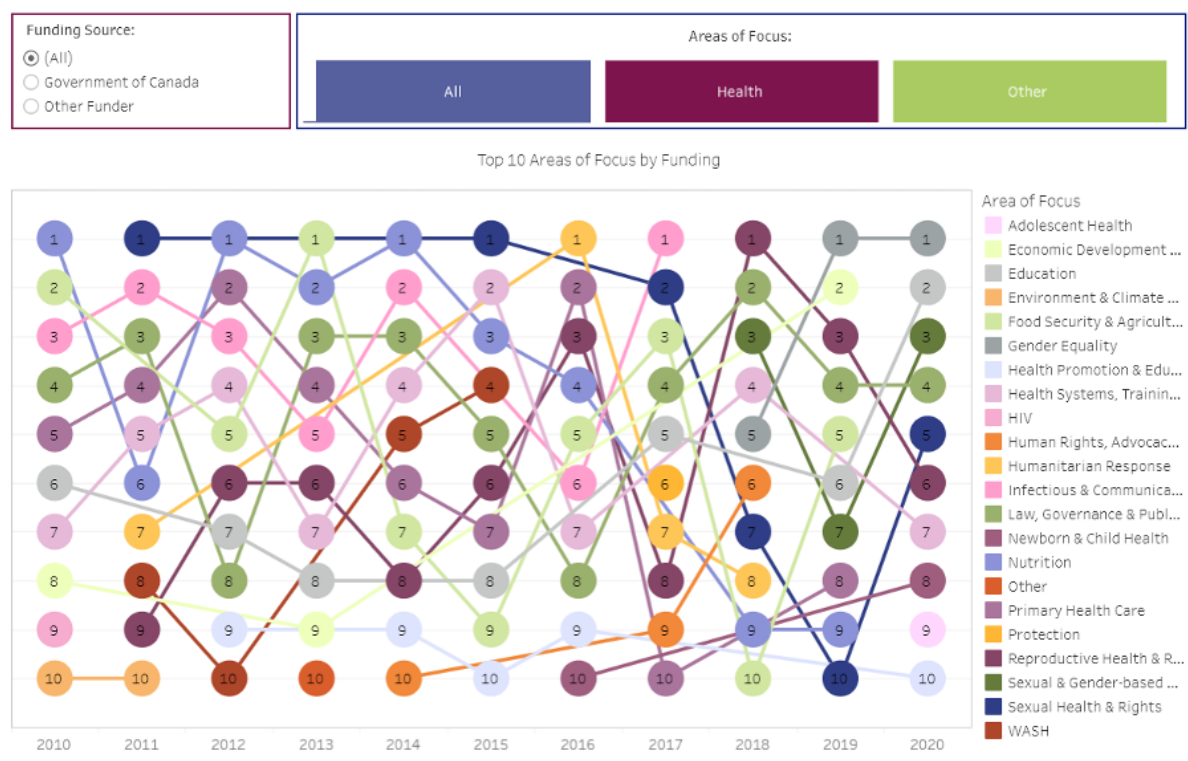


Global Health Priority Issues

In terms of focus priorities in global health between 2010-2020, the overall top six³ by fund allocation were:

- Infectious & Communicable Diseases (27.9%)
- Nutrition (17.9%)
- Sexual Health and Rights (14.9%)
- Reproductive Health & Rights incl. Maternal Health (11.5%)
- Primary Health Care (11.4%)
- Health Systems, Training & Infrastructure (10.4%)

Specific areas of focus vary throughout the decade based on various priorities, available financing, and other political and contextual factors. The following interactive table traces the top 10 areas of focus for new funding distributed each year from all reported projects:



³ Sample size (September 2020): 722 projects.

Communities and Populations

While disaggregated population data is not always available for all projects during the last decade, we know that, based on a subset of projects analyzed,⁴ initiatives are reaching or planning to reach at least:

- **1,970,456,760 people** of all ages and genders
- across **93 countries**
- With a combined **\$4,899,362,964 or \$2.49/person**

When data on age and gender are combined⁵,

- **88.6%** of projects included adult women (18+ years),
- **64.2%** of projects included adolescent girls
- **50.0%** of projects included girls over 5 years
- **21.8%** of projects included senior adult women

- **59.3%** of projects included adult men (18+ years)
- **47.2%** of projects included adolescent boys
- **46.0%** of projects included boys over 5 years
- **1.0%** of projects included senior adult men

- **54.4%** of projects included children of all genders under 5 years

Communities and Groups⁶

- **69.5%** of projects were implemented in Rural settings
- **26.4%** of projects were implemented in Urban settings
- **18.3%** of projects served internally displaced people
- **13.8%** of projects served persons with disabilities
- **12.6%** of projects served refugee communities
- **9.3%** of projects served local minority groups
- **2.4%** of projects served LGBTQ2I communities
- **2.4%** of projects served Indigenous peoples

Note: No disaggregated population data was provided by contributors on work with gender diverse communities, although contributors are able to select identities other than ‘female’ or ‘male’ when adding data. We recognize that this may be for many reasons, and certainly does not reflect the realities of communities or the work of projects. Significant additional work is needed to understand the realities, risks, and opportunities of collecting and reporting this data accurately, and working with people in all their diverse identities.

⁴ Direct population sample size: 483 projects with a total reach of 1,781,363,637 people. Indirect population sample size: 138 projects with a total reach of 189,093,123 people.

Please note: projects include information on population reached (achieved or expected), including the direct population served as well as the indirect population reached if applicable. The figures given here reflect the sum of all numbers available in the Project Explorer, irrespective of project budget, area of focus, and population details. The population dataset contains a wide range of figures (779 million people [largest] to 5 people [smallest] as of this report). Similarly, the range of project budgets with available population information varies from \$165,000,000 (maximum) to \$12,149 (minimum).

⁵ Sample size with target population age and gender data reported: 472 projects

⁶ Sample size with target population descriptors: 246 projects

Measuring Results

CanWaCH collects information from reporting organizations on select [SDG 3](#) and [SDG 5](#) indicators they are using to track project progress. A subset of projects implemented by civil society organizations which reported measuring at least one SDG 3 or 5 indicator⁷ were analyzed:

- 91% of reported projects used at least one SDG 3 indicator
- 22% of reported projects used at least one SDG 5 indicator

Commonly Reported SDG 3 and 5 Indicators

Category	Indicator	Percent of reported projects using this indicator
SDG 3 Indicators - Good Health and Well-Being	3.1.2 Proportion of births attended by skilled health personnel	52%
	3.1.1 Maternal Mortality Ratio	48%
	3.2.2 Neonatal mortality rate	33%
	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	33%
	3.2.1 Under-5 mortality rate	31%
SDG 5 Indicator - Gender Equality	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	11%

⁷ Sample size (September 2020): 64 projects



Country Dashboards Intro

The Project Explorer contains over 1130 global health and development projects implemented since 2010 and spanning work in 154+ countries. Earlier in this report, we examined the top 10 countries where cumulative Canadian funding and efforts have been greatest. In order to offer a more in-depth look at how Canada is engaging in these countries, CanWaCH has also developed robust [digital Country Snapshots](#), with details available by year and interactive maps and data visualizations of funding, populations reached, activities, and more.

For this report, we are providing five detailed Country Dashboards. The selected countries - **Afghanistan**, **Bangladesh**, **Ethiopia**, **Mozambique**, and **Tanzania** - represent five of the top 10 countries of investment. These dashboards showcase a decade of Canadian engagement at a glance; examining how and with whom Canadian organizations are working. In addition, these countries are among those where CanWaCH engages most actively through our Country Working Groups and [Canadian Collaborative for Global Health](#) projects (the latter of which concludes in November 2020). Click through the spotlights below to learn more about the work of these initiatives over the past year.

The data in this section of the report should not be taken as official, and represents only the sample of projects available in the Project Explorer. Therefore, these numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

Afghanistan

[Working together](#) as part of the Canadian Collaborative for Global Health, the SickKids Centre for Global Child Health and the Canadian Red Cross are addressing complex data challenges in humanitarian and conflict-affected settings. These include: logistical and monetary costs of traditional data collection methodologies; added security costs; communications challenges; and, increased costs of human resources. Secondary data, such as desk-based case studies from Afghanistan, has been used to understand health and gender equality issues in diverse conflict settings where household surveys are not available. Part of this work involves generating an interactive dashboard in Tableau containing multiple data sources and indicators that will be useful for practitioners working in these contexts. This dashboard will be available for review by December 2020.

Afghanistan Country Dashboard: 2010-Present

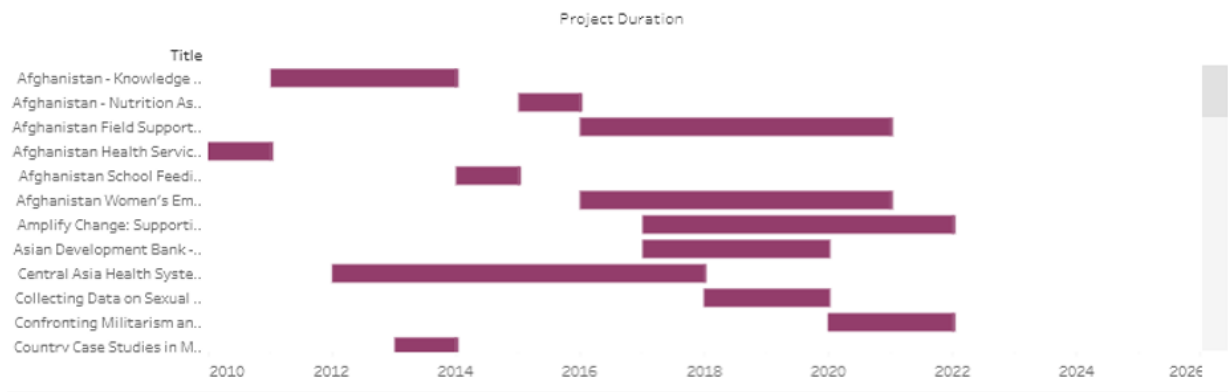


[View Detailed Project Map Here](#)



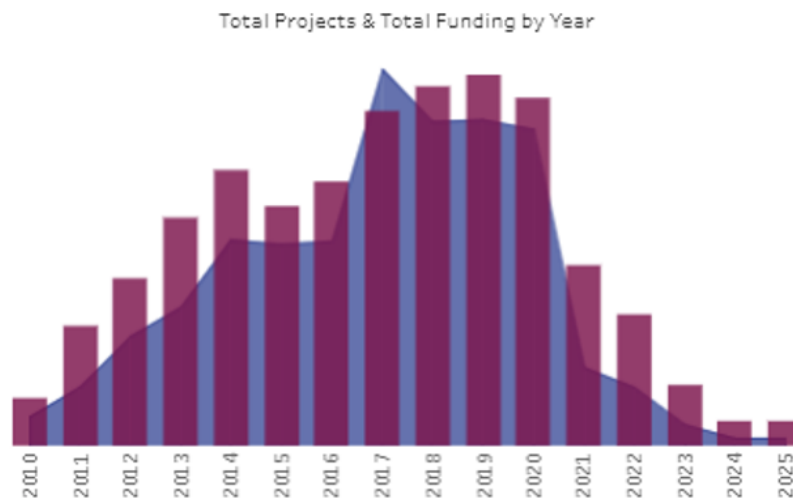
A. Total Number of Projects: 64⁸

B. Projects Timeline:



C. Combined Funding Value of Total Projects: \$623,090,607⁹

D. Total Number of Projects & Funding by Year:



⁸ Includes development and humanitarian projects

⁹ All funds in dashboard are in CAD \$



E. Funders¹⁰

Funder name	Type	Total Funding
Canadian Partnership for Women and Children's Health	NGOs - Canadian based	\$4,220
French Development Agency	Government - Other countries)	\$9,927,000
Global Affairs Canada	Government of Canada	\$599,272,488
Government of Afghanistan - Ministry of Public Health	Government - Other countries)	\$124,532
Grand Challenges Canada	NGOs - Canadian based	\$99,910
International Development Research Centre	Government & Public Sector - Canada	\$1,191,945
Manitoba Council for International Cooperation	NGOs - Canadian based	\$421,031
University of Central Asia	Academia & Research - Other countries	\$53,371

F. Select Government of Canada Funding Initiatives Allocations¹¹:

Funding Initiatives	Number of Projects	Total Funding
MNCH 2010-2015¹²	12	\$122,265,173
MNCH 2015-2020¹³	2	\$12,549,870
SRHR 2017-2020¹⁴	0	\$ -

¹⁰ Please note: some of the funders listed may be disbursing secondary Government of Canada funds

¹¹ These analyses are based on publicly available information and/or information provided directly by Reporting Organizations as of the publication of this report, and may not be complete. These numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

¹² Government of Canada's Muskoka Commitment 2010-2015, according to publicly available information. Please note that the list of projects may not be exhaustive.

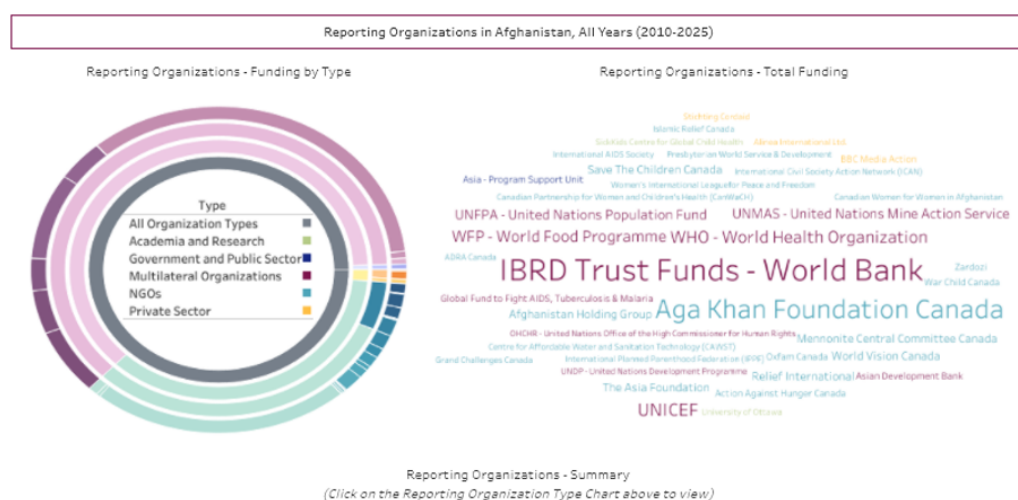
¹³ Government of Canada's Muskoka Commitment 2015-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

¹⁴ Government of Canada's Sexual and Reproductive Health and Rights Commitment 2017-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

G. Reporting/Lead Organizations

Organization Type	Total Funds Received	Funding %
NGOs	\$222,659,298	35.7
<i>NGOs - Canadian based</i>	<i>\$ 189,908,242</i>	<i>30.5</i>
<i>NGOs - Other countries</i>	<i>\$ 32,751,057</i>	<i>5.3</i>
Academia & Research	-	-
Academia & Research - Canadian based	-	-
Academia & Research -Other countries	-	-
Private Sector	\$8,589,986	1.38
<i>Private Sector- Canadian based</i>	<i>\$ 2,850,000</i>	<i>0.5</i>
<i>Private Sector- Other countries</i>	<i>\$ 5,739,986</i>	<i>0.9</i>
Multilateral	\$ 388,498,483	62.4
Government & Public Sector	\$ 3,342,840	0.5
<i>Government & Public Sector - Canada</i>	<i>\$ 3,342,840</i>	<i>0.5</i>
<i>Government & Public Sector - Other countries</i>	-	-
TOTAL	\$623,090,607	100%

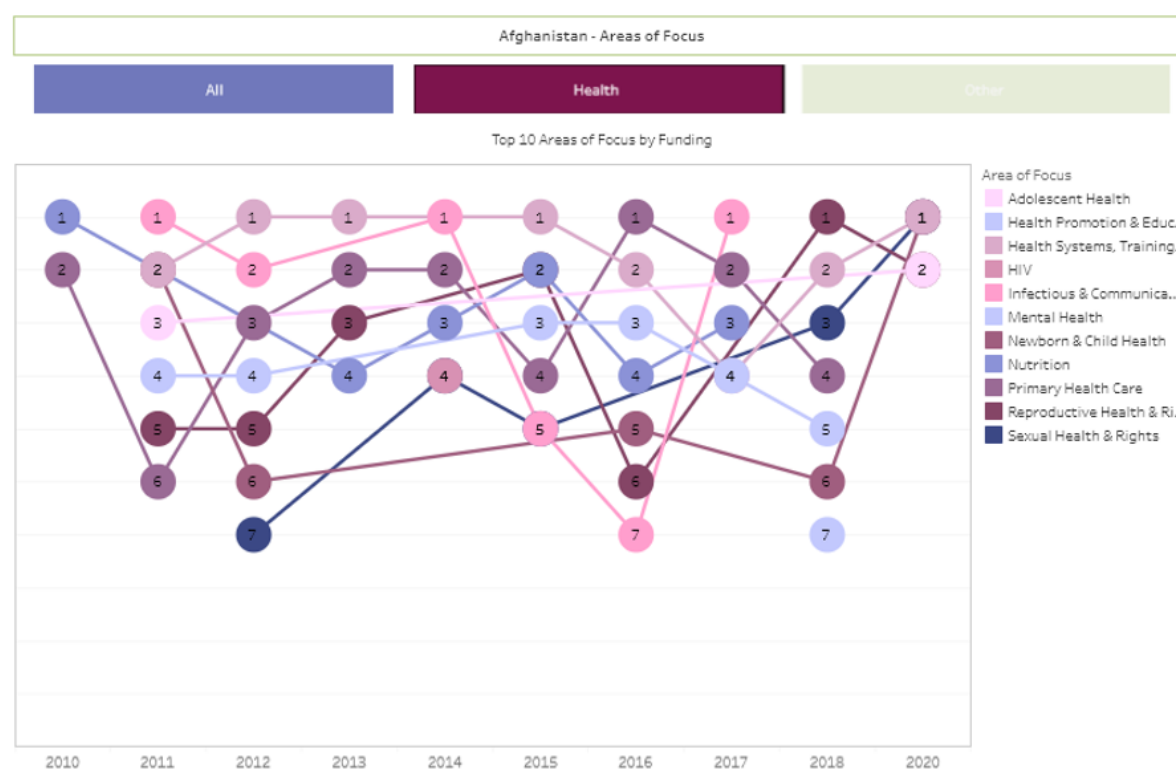
H. Reporting Organizations by Funding (all years):



I. Top 5 Global Health Issues Addressed by Projects

Top 5 Health-related Areas of Focus	Total Funding	% from Total funding
1 Infectious & Communicable Diseases	\$ 88,130,127	14.1
2 Health Systems, Training & Infrastructure	\$71,910,753	11.5
3 Primary Health Care	\$ 62,030,009	10.0
4 Nutrition	\$ 43,063,074	6.9
5 Reproductive Health & Rights incl. Maternal Health	\$32,684,711	5.3
Total	\$297,818,673	\$623,090,607

J. Areas of Focus by Funding (Health only)



K. Project Partners*

Total number of <u>unique</u> partner organizations	Canadian-based	Other countries	Total
NGOs	5	7**	12
Academia & Research	3	4**	7
Private Sector	0	1	1
Multilateral	na	na	3
Government & Public Sector	0	2	2
TOTAL	8	14	25

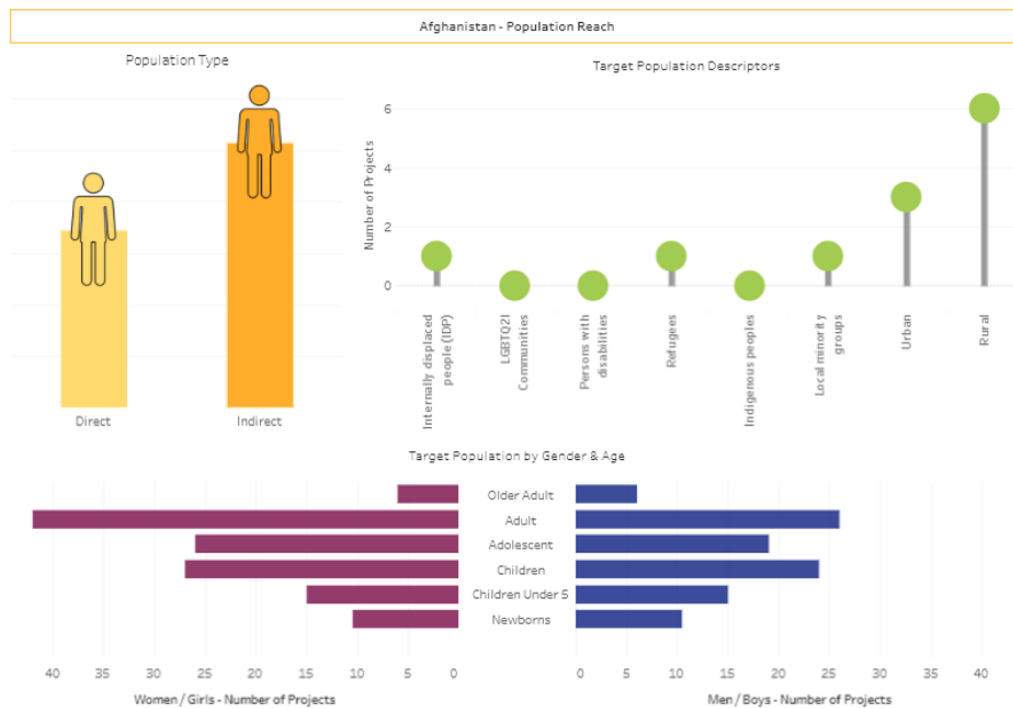
*Sample size of projects: 16

**Non-Canadian CSO & Research Partner Organizations

Partner Type	Partner Name
International NGO	Inter-Agency Working Group on Reproductive Health in Crises
	Medair
National NGO	Aga Khan Health Services Afghanistan
	Aga Khan Planning and Building Services
	Danish Committee for Aid to Afghan Refugees
	Aga Khan Foundation Afghanistan
Regional NGO	Community World Service Asia
National Academic & Research	AKDN digital Health Resource Centre
	Aga Khan University
	University of Central Asia



L. Population Reach



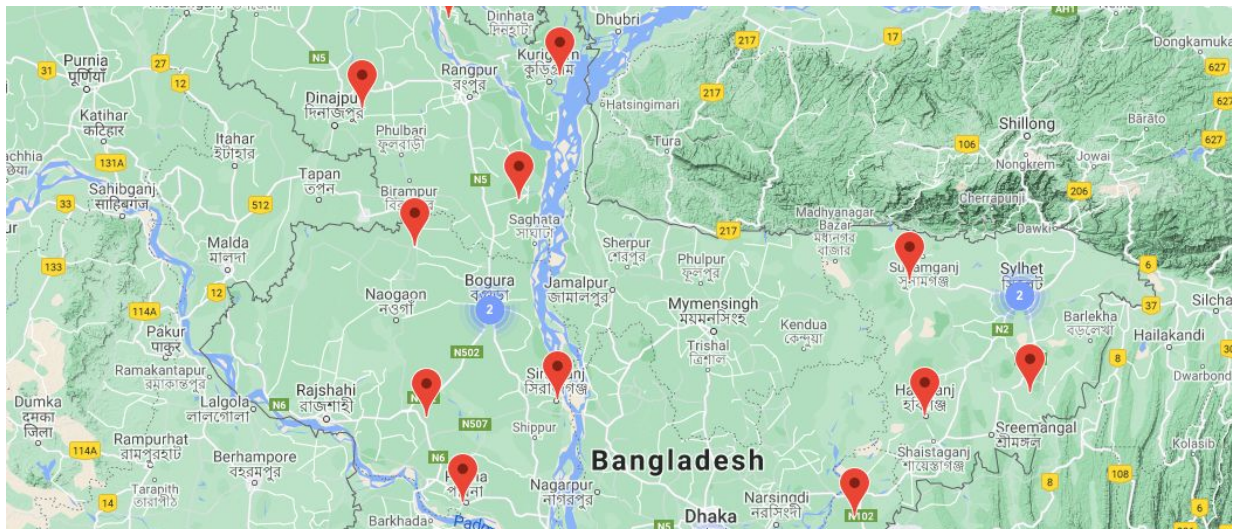
M. COVID-19 Highlights

Canadian Organizations working on COVID-19 (reported May 2020)
Aga Khan Foundation Canada
Canadian Red Cross Society
International Development Research Centre
World Vision Canada

Bangladesh

On June 3rd, 2020, University of Ottawa and the National Abortion Federation of Canada provided an [informative update](#) to the sector on their collaborative efforts to improve data collection processes on access to safe abortion in humanitarian settings. [As part of their work](#), these partners conducted data collection across Bangladesh, as well as other countries, with the aim of measuring abortion access and experiences in humanitarian crises, such as with the Rohingya communities residing in the Cox's Bazaar region. Together with the World Health Organization's Department of Reproductive Health Research, this project has advanced national conversations with multilateral and bilateral donors on incorporating routine data collection on abortion issues within a comprehensive global accountability framework.

Bangladesh Country Dashboard: 2010-Present



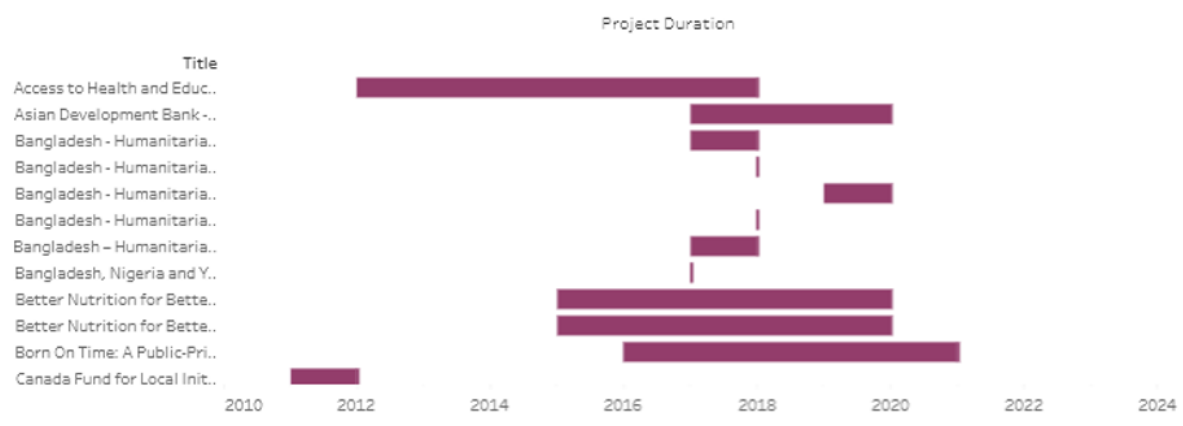
[View Detailed Project Map Here](#)

A. Total number of Projects: 79¹⁵

B. Projects Timeline:

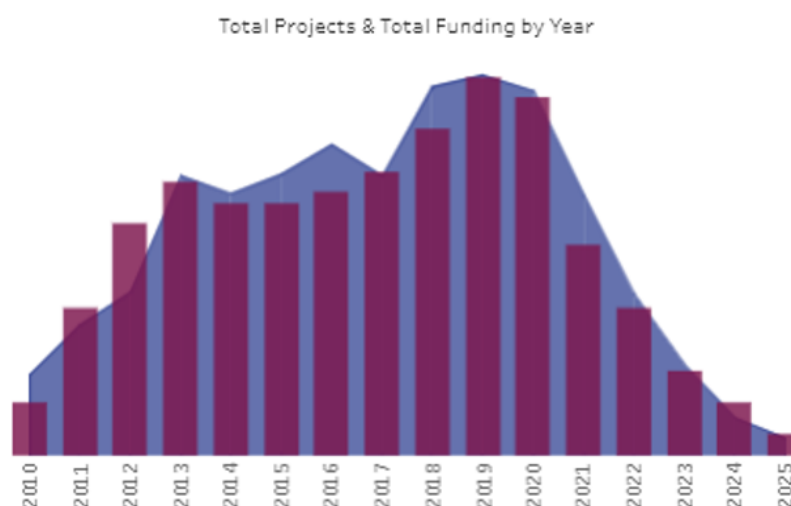
¹⁵ Includes development and humanitarian projects





C. Combined Funding Value of Total Projects: \$543,828,716¹⁶

D. Total Number of Projects & Funding by Year:



E. Funders¹⁷

Global Affairs Canada	Government of Canada	\$ 529,371,554
Johnson & Johnson	Private Sector - Other countries	\$ 3,570,714
Lepra United Kingdom	NGOs - Other countries	\$ 238,594
The Leprosy Mission International Bangladesh	NGOs - Other countries	\$ 298,784
The Leprosy Mission International Denmark	NGOs - Other countries	\$ 20,520

¹⁶ All funds in dashboard are in CAD \$

¹⁷ Please note: some of the funders listed may be disbursing secondary Government of Canada funds



F. Select Government of Canada Funding Initiatives Allocations¹⁸:

Funding Initiatives	Number of Projects	Total Funding
MNCH 2010-2015 ¹⁹	9	\$ 35,541,228
MNCH 2015-2020 ²⁰	2	\$ 25,347,198
SRHR 2017-2020 ²¹	12	\$ 77,956,671

G. Reporting/Lead Organizations

Organization Type	Total Funds Received	Funding %
NGOs	\$ 158,803,348	29.2
<i>NGOs - Canadian based</i>	\$ 140,556,134	25.8
<i>NGOs - Other countries</i>	\$ 18,247,214	3.4
Academia & Research	\$ 64,441,249	11.8
<i>Academia & Research - Canadian based</i>	\$ 7,245,984	1.3
<i>Academia & Research - Other countries</i>	\$ 57,195,265	10.5
Private Sector	\$ 19,700,000	3.6
<i>Private Sector- Canadian based</i>	\$ 19,700,000	3.6
<i>Private Sector- Other countries</i>	\$ -	0.0

18 These analyses are based on publicly available information and/or information provided directly by Reporting Organizations as of the publication of this report, and may not be complete. These numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

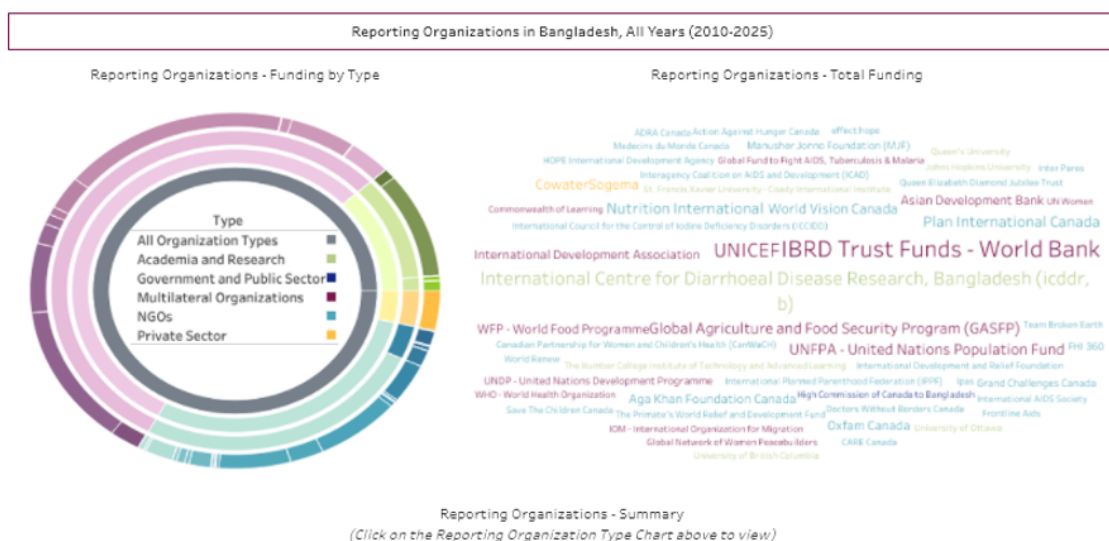
19 Government of Canada's Muskoka Commitment 2010-2015, according to publicly available information. Please note that the list of projects may not be exhaustive.

20 Government of Canada's Muskoka Commitment 2015-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

21 Government of Canada's Sexual and Reproductive Health and Rights Commitment 2017-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

Multilateral	\$ 300,689,023	55.3
Government & Public Sector	\$ 195,097	0.04
<i>Government & Public Sector - Canada</i>	<i>\$ 195,097</i>	<i>0.04</i>
<i>Government & Public Sector - Other countries</i>	<i>\$ -</i>	<i>0.0</i>
TOTAL	\$ 543,828,716	100%

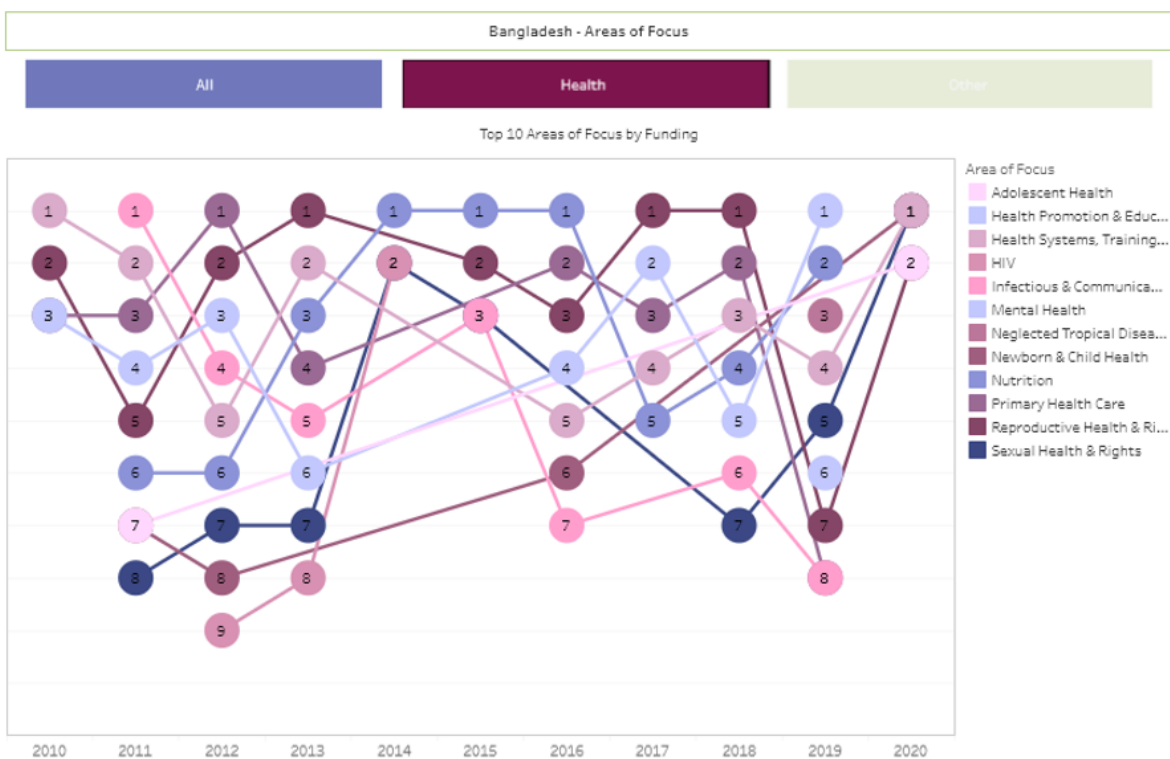
H. Reporting Organizations by Funding (all years):



I. Top 5 Global Health Issues Addressed by Projects

Top 5 Health-related Areas of Focus	Total Funding	% from Total funding
1 Reproductive Health & Rights incl. Maternal Health	\$ 93,979,599	17.3
2 Nutrition	\$ 70,288,054	12.9
3 Health Systems, Training & Infrastructure	\$ 67,028,846	12.3
4 Primary Health Care	\$ 60,650,689	11.2
5 Infectious & Communicable Diseases	\$ 33,902,528	6.2
Total	\$ 325,849,715	\$ 543,828,716

J. Areas of Focus by Funding (Health only)



K. Project Partners*

Total number of <u>unique</u> partner organizations	Canadian-based	Other countries	Total
NGOs	9	19**	28
Academia & Research	5	4**	9
Private Sector	0	2	2
Multilateral	na	na	5

Government & Public Sector	0	4	4
TOTAL	14	29	48

*Sample size of projects: 21

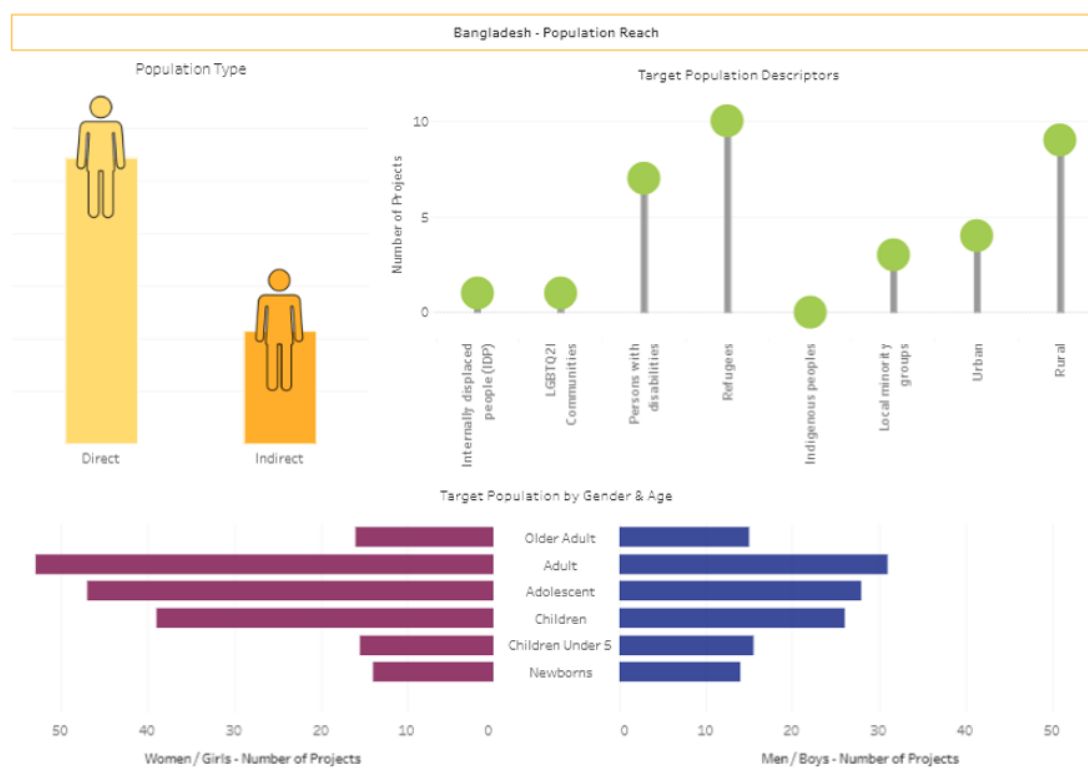
****Non-Canadian CSO & Research Partner Organizations**

Partner Type	Partner Name
International NGO	Doctors of the World - France
	Girl Effect
	Good Neighbours
	Helvetas
	IMA World Health International
	Inter-Agency Working Group on Reproductive Health in Crises
	Marie Stopes International
	Population Services International
	Promundo
	World Association of Girl Guides and Girl Scouts
National NGO	ADRA Bangladesh
	Aga Khan Foundation Bangladesh
	BRAC
	Centre for Rehabilitation of the Paralysed
	Lepra Bangladesh
	Plan International Bangladesh
	South Asia Partnership Bangladesh
	The Leprosy Mission International Bangladesh
	Village Education Resource Centre (VERC)



National Academic & Research	Aga Khan University
	Bangladesh Health Professions Institute
	BRAC University
	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr, b)

L. Population Reach



M. COVID-19 Highlights

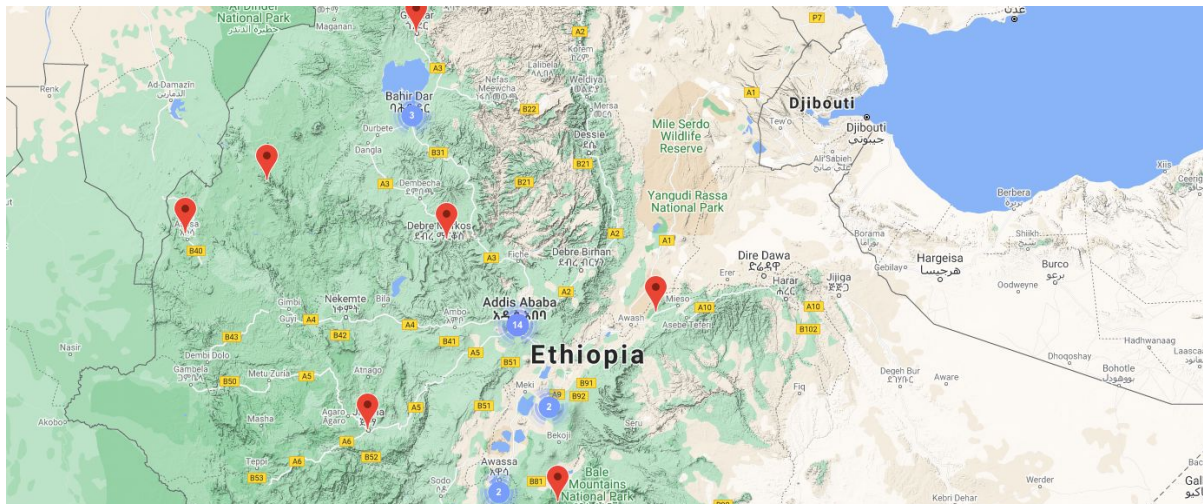
Canadian Organizations working on COVID-19 (reported May 2020)
ADRA Canada
Canadian Red Cross Society
effect:hope
IDRC
Plan International Canada

Ethiopia

On October 13th, 2020, Nutrition International presented preliminary findings from their [joint initiative](#) with the University of Toronto, Campbell Collaboration and others to develop practical tools and conceptual frameworks for integrating gender equality objectives into nutrition programming. Working across multiple African countries including Ethiopia, and leveraging the country's national data system, this initiative aims to improve our understanding of the relationship between empowerment and the nutritional status of adolescent girls.

On January 26, 2020, partners from the Adolescent Sexual and Reproductive Health and Rights Lab published findings from a workshop held in Addis Ababa, which was designed to strengthen the analytical capacity of scholars and practitioners. The article was published in the [BMJ Global Health](#).

Ethiopia Country Dashboard: 2010-Present

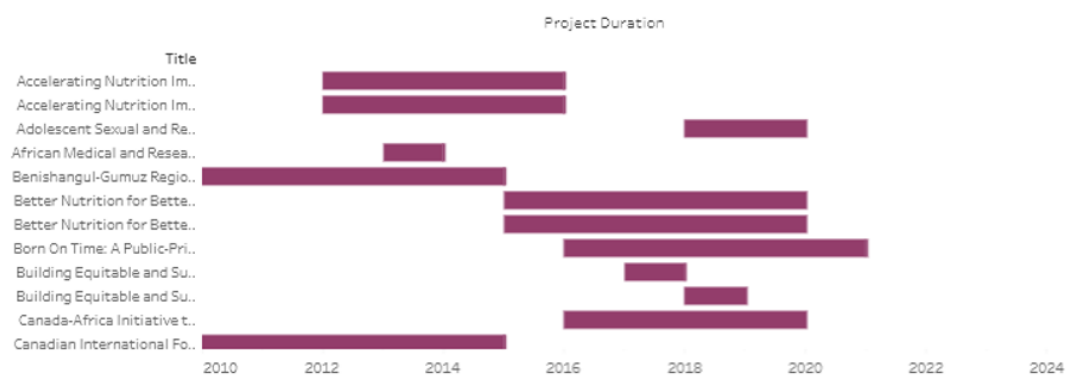


[View Detailed Project Map Here](#)

A. Total Number of Projects: 91²²

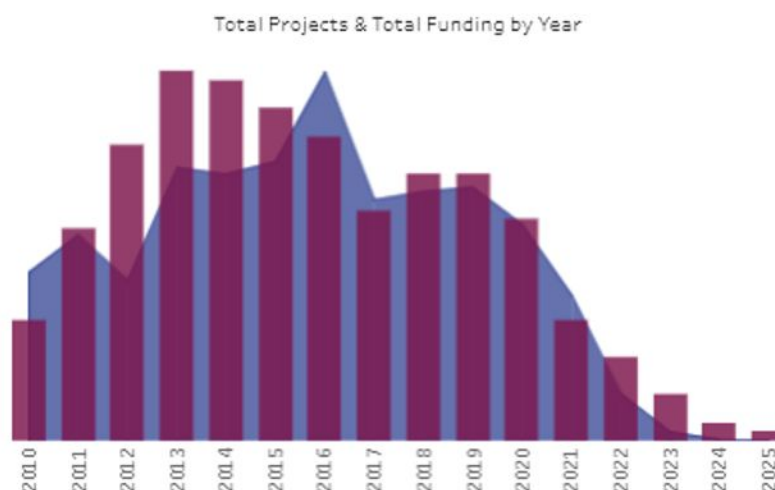
B. Projects Timeline:

²² Includes development and humanitarian projects



C. Combined Funding Value of Total Projects: \$704,142,740²³

D. Total Number of Projects & Funding by Year:



E. Funders²⁴

Funder Name	Type of Organization	Total Funding
Canadian Institutes of Health Research (CIHR)	Government & Public Sector - Canada	\$ 1,295,870
Global Affairs Canada	Government of Canada	\$ 692,181,971
Johnson & Johnson	Private Sector - Other countries	\$ 3,569,643
Oxfam	International NGO - Other countries	\$ 122,755
Teck	Private Sector - Canadian based	\$ 225,602

²³ All funds in dashboard are in CAD \$

²⁴ Please note: some of the funders listed may be disbursing secondary Government of Canada funds



The 25th Team	Public Private Partnership - Canadian based	\$ 1,767,218
World Bank	Multilateral	\$ 1,200,000

F. Select Government of Canada Funding Initiatives Allocations²⁵:

Funding Initiatives	Number of Projects	Total Funding
MNCH 2010-2015 ²⁶	12	\$112,617,467
MNCH 2015-2020 ²⁷	2	\$14,089,237
SRHR 2017-2020 ²⁸	4	\$41,781,841

G. Reporting/Lead Organizations

Organization Type	Total Funds Received	Funding %
NGOs	\$ 201,733,925	28.6
<i>NGOs - Canadian based</i>	\$ 190,615,621	27.1
<i>NGOs - Other countries</i>	\$ 11,118,304	1.6
Academia & Research	\$ 17,952,374	2.5
<i>Academia & Research -Canadian based</i>	\$ 4,643,096	0.7
<i>Academia & Research - Other countries</i>	\$ 13,309,278	1.9
Private Sector	\$ 16,307,258	2.3
<i>Private Sector- Canadian based</i>	\$ 16,307,258	2.3

25 These analyses are based on publicly available information and/or information provided directly by Reporting Organizations as of the publication of this report, and may not be complete. These numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

26 Government of Canada's Muskoka Commitment 2010-2015, according to publicly available information. Please note that the list of projects may not be exhaustive.

27 Government of Canada's Muskoka Commitment 2015-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

28 Government of Canada's Sexual and Reproductive Health and Rights Commitment 2017-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.



<i>Private Sector- Other countries</i>	\$ -	0.0
Multilateral	\$ 457,562,197	65.0
Government & Public Sector	\$ 10,586,986	1.5
<i>Government & Public Sector - Canada</i>	\$ 10,586,986	1.5
<i>Government & Public Sector - Other countries</i>	\$ -	0.0
TOTAL	\$ 704,142,740	100%

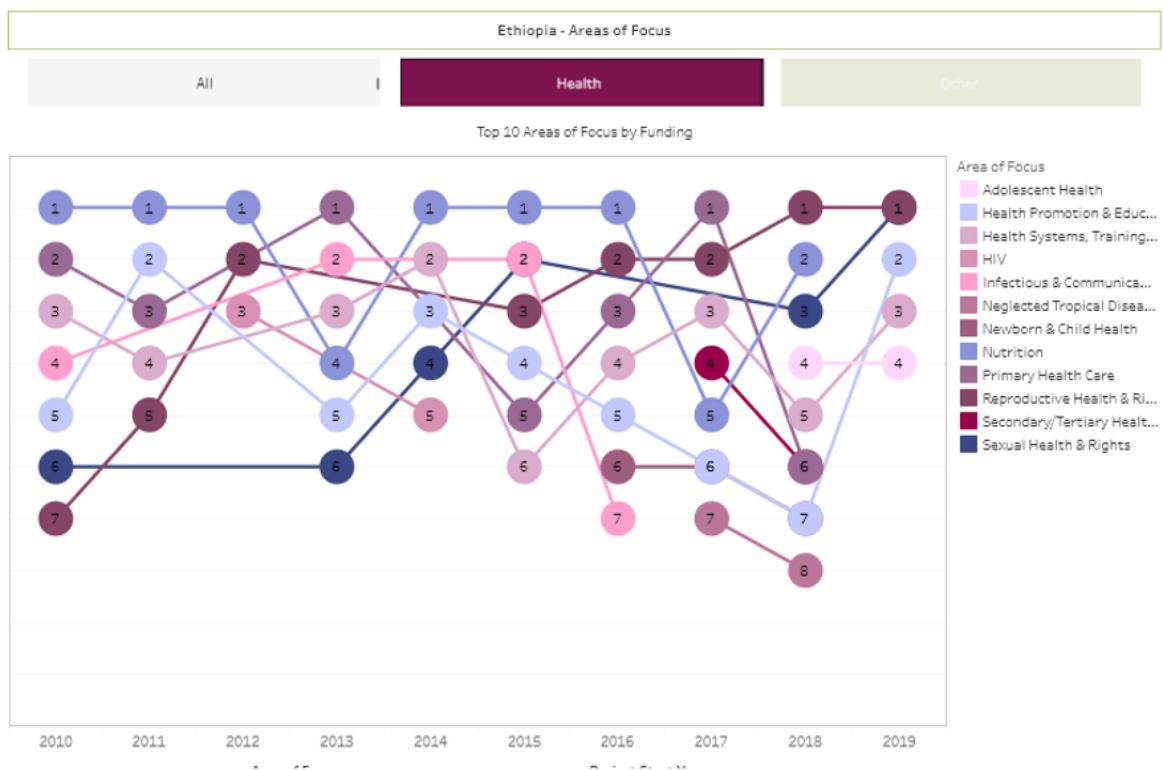
H. Reporting Organizations by Funding (all years):



I. Top 5 Global Health Issues Addressed by Projects

Top 5 Health-related Areas of Focus	Total Funding	% from Total funding
1 Nutrition	\$ 174,002,036	24.7
2 Primary Health Care	\$ 42,319,422	6.0
3 Reproductive Health & Rights incl. Maternal Health	\$ 24,634,150	3.5
4 Health Systems, Training & Infrastructure	\$ 19,772,038	2.8
5 Infectious & Communicable Diseases	\$ 15,175,621	2.2
Total	\$ 275,903,268	\$ 704,142,740

J. Areas of Focus by Funding (Health only)



K. Project Partners*

Total number of <u>unique</u> partner organizations	Canadian-based	Other countries	Total
NGOs	11	16**	27
Academia & Research	6	5**	11
Private Sector	0	0	0
Multilateral	na	na	5

Government & Public Sector	0	7	7
TOTAL	17	28	50

*Sample size of projects: 22

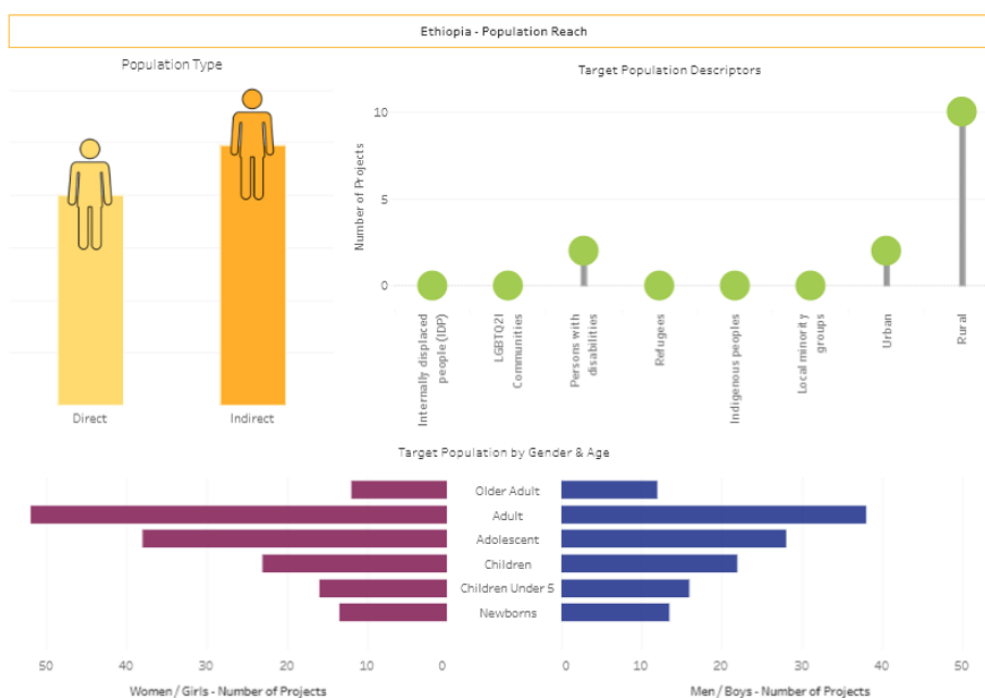
****Non-Canadian CSO & Research Partner Organizations**

Partner Type	Partner Name
International NGO	Campbell Collaboration
	Girl Effect
	Gondar University Hospital
	Sasakawa Global 2000 (SG2000)
	Women and Health Alliance International (WAHA)
	World Association of Girl Guides and Girl Scouts
National NGO	Amref Health Africa in Ethiopia
	Christian Children's Fund Ethiopia
	Emmanuel Development Association (EDA)
	Ethiopian Kale Heywet Church
	Ethiopian Midwives Association
	Ethiopian Public Health Association
	Kilimanjaro Center for Community Ophthalmology
	Mission for Community Development Program (MCDP)
	Organization for Child Development and Transformation (CHADET)
Regional NGO	Women in Law and Development in Africa (WiLDAF)
National Academic & Research	Addis Ababa University, School of Public Health, College of Health Sciences
	Assela University Hospital



	Ethiopian Institute for Agriculture Research
	Jimma University
Regional Academic & Research	African Population and Health Research Centre

L. Population Reach



M. COVID-19 Highlights

Canadian Organizations working on COVID-19 (reported May 2020)
Canadian Feed the Children
Canadian Red Cross Society
Children Believe
Grand Challenges Canada
Hope and Healing International
Hope International Development Agency
Mennonite Central Committee Canada

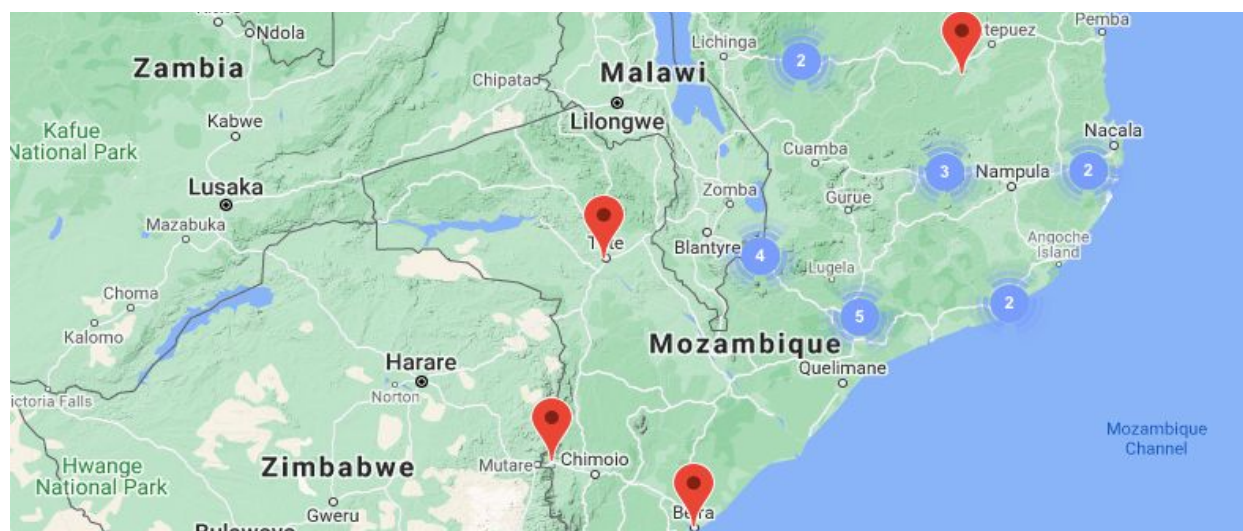


Operation Eyesight
Plan International Canada
Save the Children Canada
World Vision Canada

Mozambique

On December 3rd, 2019, Global Affairs Canada organized the second Sexual and Reproductive Health and Rights (SRHR) and Maternal Newborn and Child Health (MNCH) Partners Forum, held in Maputo, Mozambique. The main objective of the Partners Forum is to create a community of practice among partners working in the areas of SRHR and MNCH in the country. Overall, the challenges of implementing SRHR programs were very similar: difficulty in obtaining data; limitations of infrastructure; gaps in training; and scarcity of equipment, among others. CanWaCH was honoured to attend and shared some of the insights and learnings from Canadian organizations. The local partners in attendance were keen to be part of the CanWaCH network, to continue to collaborate and share about their programming experiences and to improve their work.

Mozambique Country Dashboard: 2010-Present

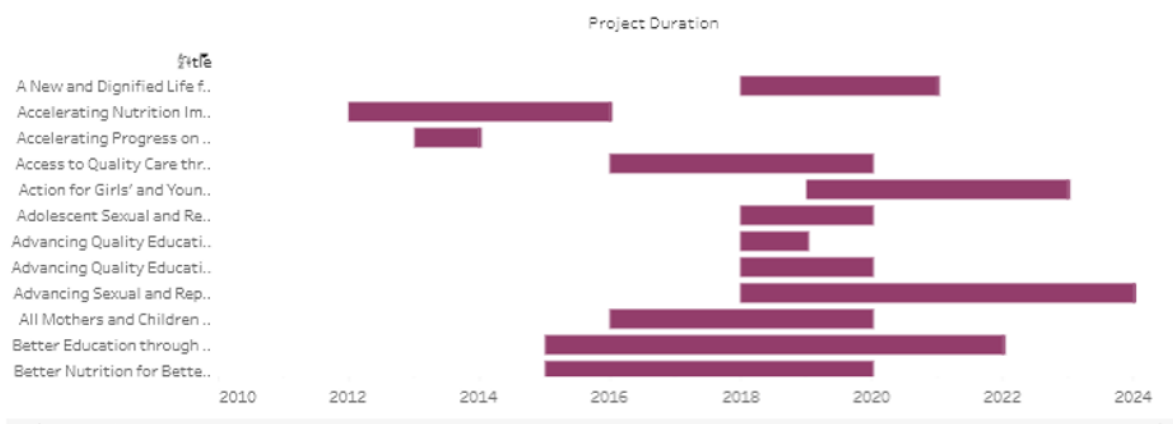


[View Detailed Project Map Here](#)

A. Total Number of Projects: 68²⁹

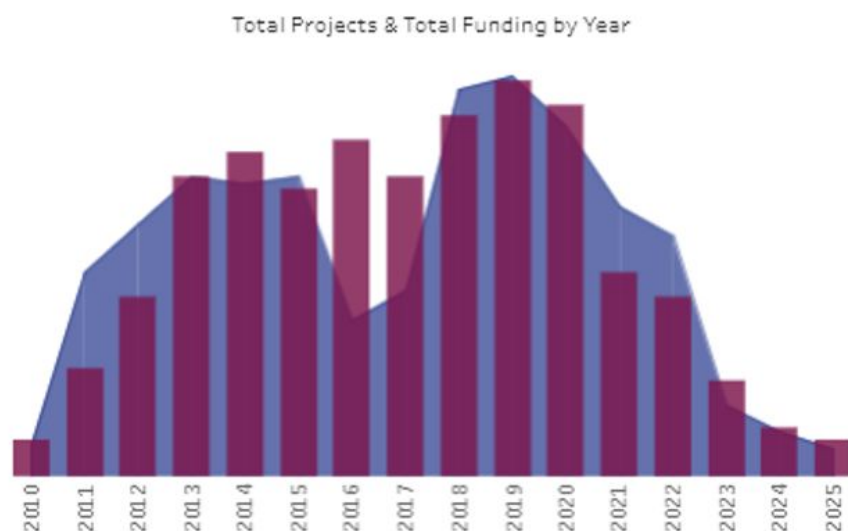
B. Projects Timeline:

²⁹ Includes development and humanitarian projects



C. Combined Funding Value of Total Projects: \$556,226,320³⁰

D. Total Number of Projects & Funding by Year:



E. Funders³¹

Funder Name	Type of Organization	Total Funding
Bill and Melinda Gates Foundation	Foundation - Other countries	\$ 11,286,829
Global Affairs Canada	Government of Canada	\$ 531,842,944
Wellcome Trust	Foundation - Other countries	\$ 1,393,836
Canadian Institutes of Health Research (CIHR)	Government & Public Sector - Canada	\$ 1,157,884
Oxfam	NGOs - Other countries	\$ 122,755

³⁰ All funds in dashboard are in CAD \$

³¹ Please note: some of the funders listed may be disbursing secondary Government of Canada funds



UK Research and Innovation Global Challenge Research Fund	Academia & Research - Other countries	\$ 1,393,836
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F. Select Government of Canada Funding Initiatives Allocations³²:

Funding Initiatives	Number of Projects	Total Funding
MNCH 2010-2015 ³³	11	\$ 172,928,723
MNCH 2015-2020 ³⁴	3	\$ 19,688,514
SRHR 2017-2020 ³⁵	10	\$ 166,271,791

G. Reporting/Lead Organizations

Organization Type	Total Funds Received	Funding %
NGOs	\$ 154,981,093	27.9
<i>NGOs - Canadian based</i>	\$ 118,104,569	21.2
<i>NGOs - Other countries</i>	\$ 36,876,524	6.6
Academia & Research	\$38,799,500	7.0
<i>Academia & Research - Canadian based</i>	\$ 30,674,500	5.5
<i>Academia & Research -Other countries</i>	\$ 8,125,000	1.5
Private Sector	-	-
<i>Private Sector- Canadian based</i>	-	-

³² These analyses are based on publicly available information and/or information provided directly by Reporting Organizations as of the publication of this report, and may not be complete. These numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

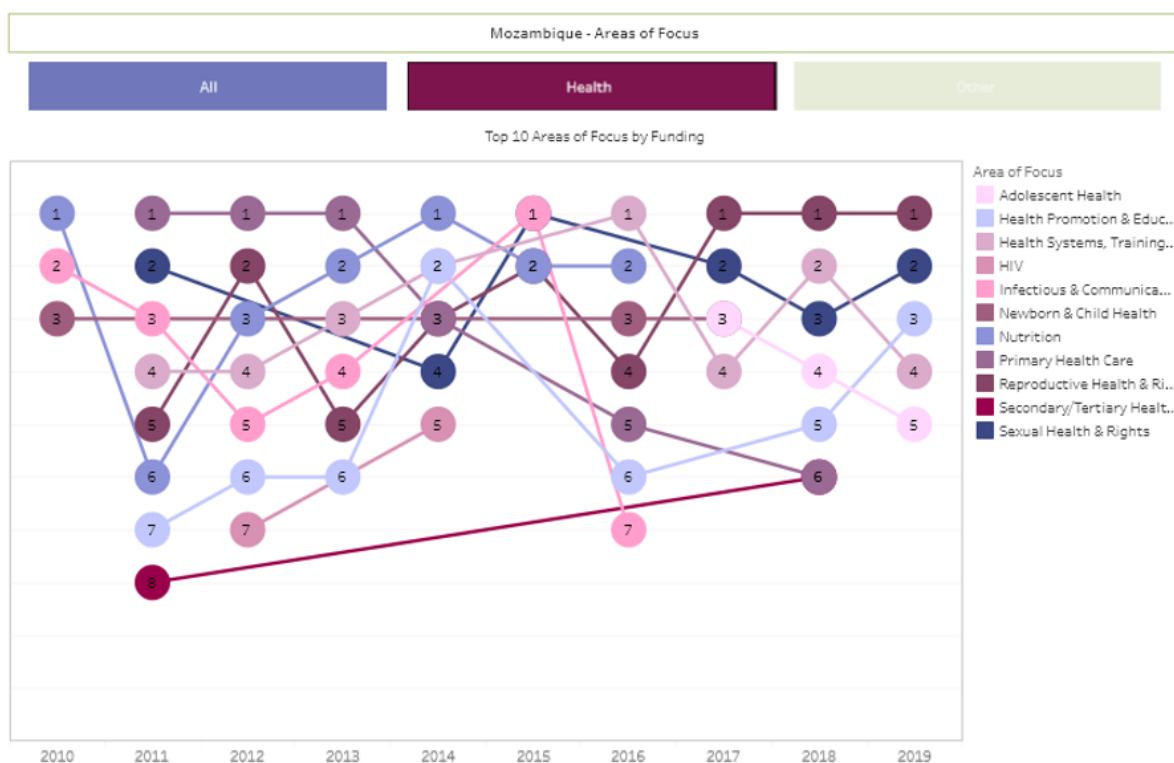
³³ Government of Canada's Muskoka Commitment 2010-2015, according to publicly available information. Please note that the list of projects may not be exhaustive.

³⁴ Government of Canada's Muskoka Commitment 2015-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

³⁵ Government of Canada's Sexual and Reproductive Health and Rights Commitment 2017-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.



J. Areas of Focus by Funding (Health only)



K. Project Partners*

Total number of <u>unique</u> partner organizations	Canadian-based	Other countries	Total
NGOs	7	16**	23
Academia & Research	6	8**	14
Private Sector	0	2	2
Multilateral	na	na	5

Government & Public Sector	0	15	15
TOTAL	13	41	59

*Sample size of projects: 26

****Non-Canadian CSO & Research Partner Organizations**

Partner Type	Partner Name
iNGO	Pathfinder International
	Save the Children
	World Association of Girl Guides and Girl Scouts
Regional NGO	Women and Law Southern Africa (WLSA)
National NGO	Aga Khan Foundation Mozambique
	Associação Juvenil para a Educação e Promoção de Juventude
	Associação Para Promoção e Desenvolvimento da Mulher
	Associação Progresso
	Association of Community Health (EHALE)
	Coligação para Eliminação de Casamentos Prematuros (CECAP)
	Forum Mulher
	Fundação Lurdes Mutola
	N'weti - Comunicação para a Saúde
	NAFEZA- Zambezia Women's Associations Nucleus
	Plan International Mozambique
	REDE Pastoral de Homoine
Global Academic & Research	London School of Hygiene and Tropical Medicine
	St. George's, University of London



	University of King's College London
	University of Oxford
National Academic & Research	Aga Khan University
	Centro de Investigação em Saúde de Manhiça
	Universidade Lúrio
Regional Academic & Research	African Population and Health Research Centre

L. Population Reach



M. COVID-19 Highlights

Canadian Organizations working on COVID-19 (reported May 2020)
Aga Khan Foundation Canada
Grand Challenges Canada
Plan International Canada
PRE-EMPT, University of BC
Save the Children Canada

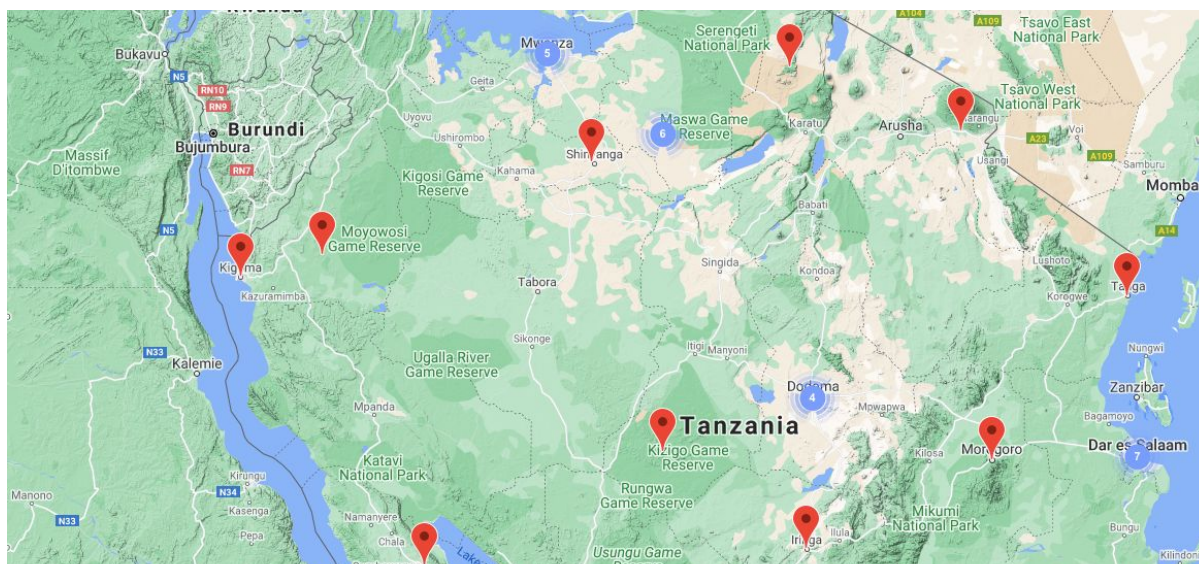


The Salvation Army Canada
University of Saskatchewan
World Vision Canada

Tanzania

On June 24th, 2020, the National Institute for Medical Research in Mwanza, Tanzania joined counterparts University of Manitoba, Countdown to 2030 and Plan International Canada to [share their progress](#) in answering this complex question: are there better ways to capture sensitive information on adolescent attitudes, risk, and behaviors in regards to sexual and reproductive health and rights? In order to build more relevant tools to capture this data, these partners have been leveraging existing health data sources (including local facility surveys, Tanzanian national data sets, large adolescent cohort samples and the Kisesa Demographic Health and Surveillance System - one of the longest longitudinal studies in Sub-Saharan Africa) as well as pilot testing in Rukwa and Mwanza.

Tanzania Country Dashboard: 2010-Present

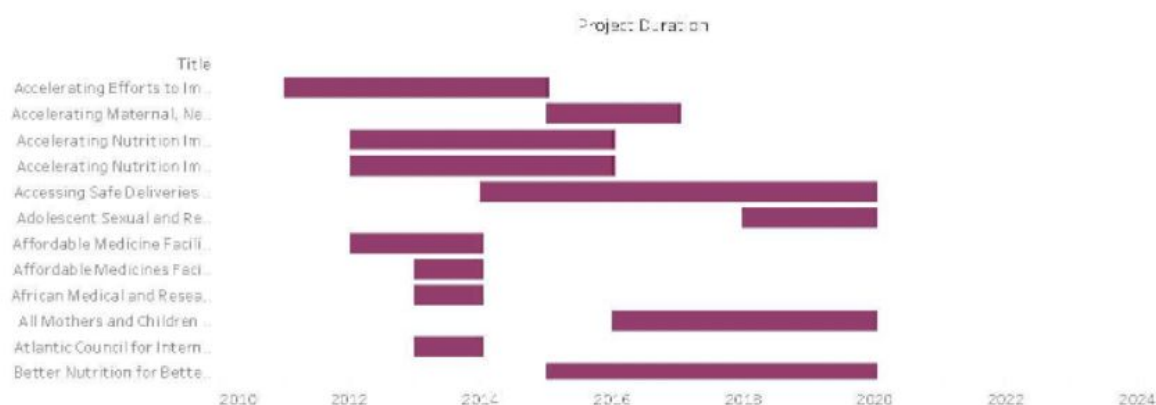


[View Detailed Project Map Here](#)

A. Total Number of Projects: 113³⁶

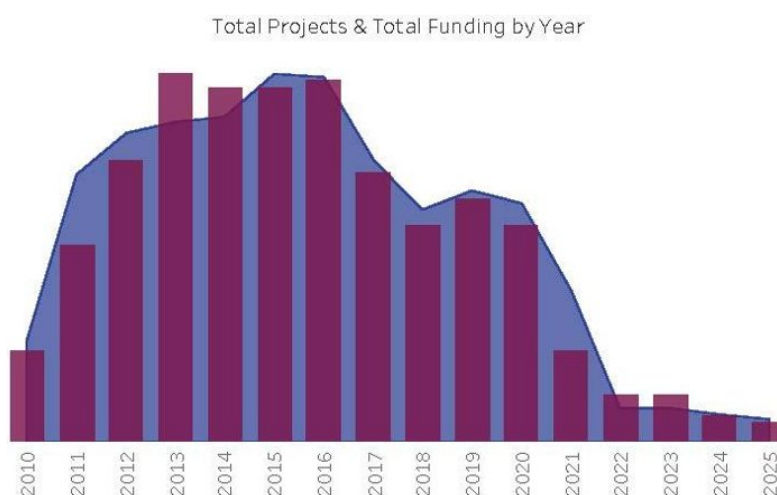
B. Projects Timeline:

³⁶ Includes development and humanitarian projects



C. Combined Funding Value of Total Projects: \$756,515,088³⁷

D. Total Number of Projects & Funding by Year:



E. Funders³⁸

Funder Name	Type of Organization	Total Funding
Global Affairs Canada	Government of Canada	\$ 739,583,334
Canadian Institutes of Health Research (CIHR)	Government & Public Sector - Canada	\$ 2,375,762
Sanofi Espoir Foundation	Private Sector - Other countries	na

na=not available

³⁷ All funds in dashboard are in CAD \$

³⁸ Please note: some of the funders listed may be disbursing secondary Government of Canada funds



F. Select Government of Canada Funding Initiatives Allocations³⁹:

Funding Initiatives	Number of Projects	Total Funding
MNCH 2010-2015⁴⁰	15	\$ 185,870,340
MNCH 2015-2020⁴¹	5	\$ 39,136,892
SRHR 2017-2020⁴²	1	\$ 15,500,000

G. Reporting/Lead Organizations

Organization Type	Total Funds Received	Funding %
NGOs	\$ 254,782,404	33.7
<i>NGOs - Canadian based</i>	\$ 190,281,162	25.2
<i>NGOs - Other countries</i>	\$ 64,501,242	8.5
Academia & Research	\$ 24,883,790	3.3
<i>Academia & Research - Canadian based</i>	\$ 12,258,790	1.6
<i>Academia & Research - Other countries</i>	\$ 12,625,000	1.7
Private Sector	\$ 7,950,034	1.1
<i>Private Sector- Canadian based</i>	\$ -	0.0
<i>Private Sector- Other countries</i>	\$ 7,950,034	1.1
Multilateral	\$ 141,732,145	18.7
Government & Public Sector	\$ 327,166,715	43.2
<i>Government & Public Sector - Canada</i>	\$ 19,159,490	2.5
<i>Government & Public Sector - Other countries</i>	\$ 308,007,225	40.7
TOTAL	\$ 756,515,088	100%

39 These analyses are based on publicly available information and/or information provided directly by Reporting Organizations as of the publication of this report, and may not be complete. These numbers should be viewed as interesting insights, but should not be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

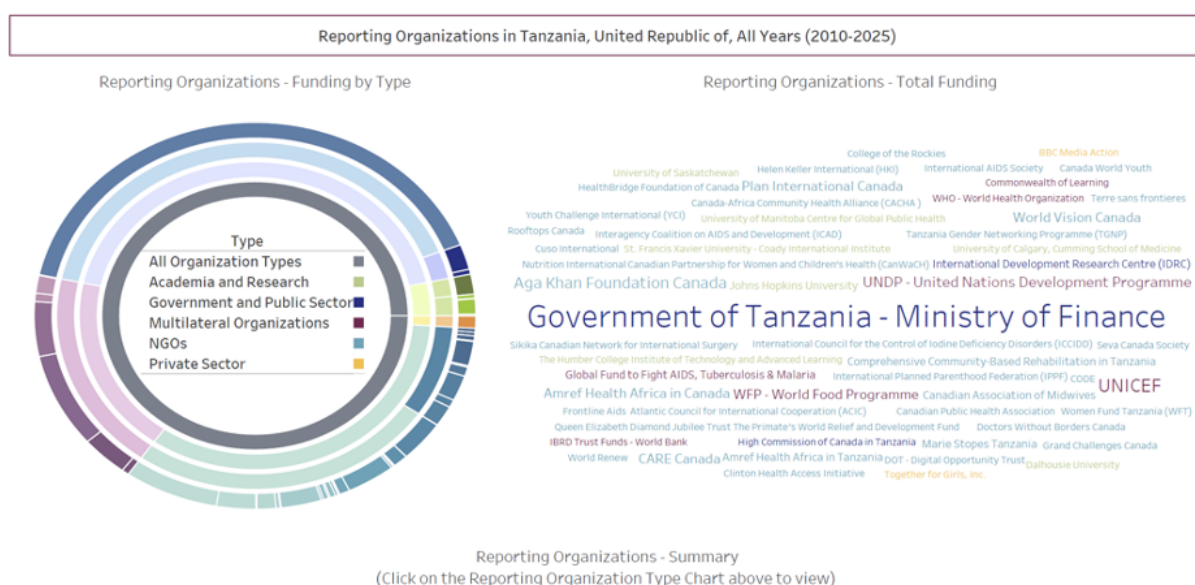
40 Government of Canada's Muskoka Commitment 2010-2015, according to publicly available information. Please note that the list of projects may not be exhaustive.

41 Government of Canada's Muskoka Commitment 2015-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.

42 Government of Canada's Sexual and Reproductive Health and Rights Commitment 2017-2020, according to publicly available information. Please note that the list of projects may not be exhaustive.



H. Reporting Organizations by Funding (all years):

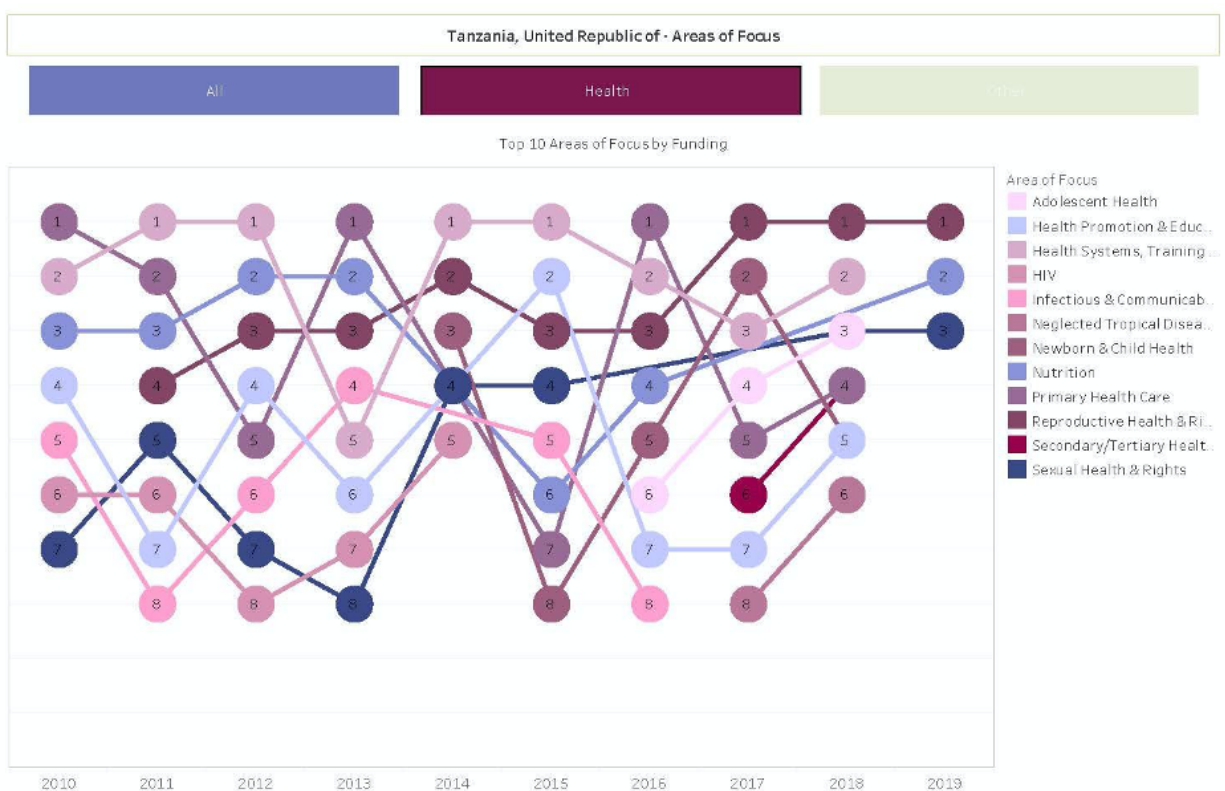


I. Top 5 Global Health Issues Addressed by Projects

Top 5 Health-related Areas of Focus	Total Funding	% from Total funding
1 Primary Health Care	\$ 143,029,636	18.9
2 Health Systems, Training & Infrastructure	\$ 138,333,788	18.3

3 Reproductive Health & Rights incl. Maternal Health	\$ 99,983,981	13.2
4 Nutrition	\$ 63,008,754	8.3
5 Newborn & Child Health	\$ 18,078,123	2.4
Total	\$ 462,434,282	\$ 756,515,088

J. Areas of Focus by Funding (Health only)



K. Project Partners*

Total number of <u>unique</u> partner organizations	Canadian-based	Other countries	Total
NGOs	13	21**	34
Academia & Research	7	14**	21
Private Sector	2	1	3
Multilateral	na	na	5
Government & Public Sector	0	8	8
TOTAL	22	44	71

*Sample size of projects: 27

****Non-Canadian CSO & Research Partner Organizations**

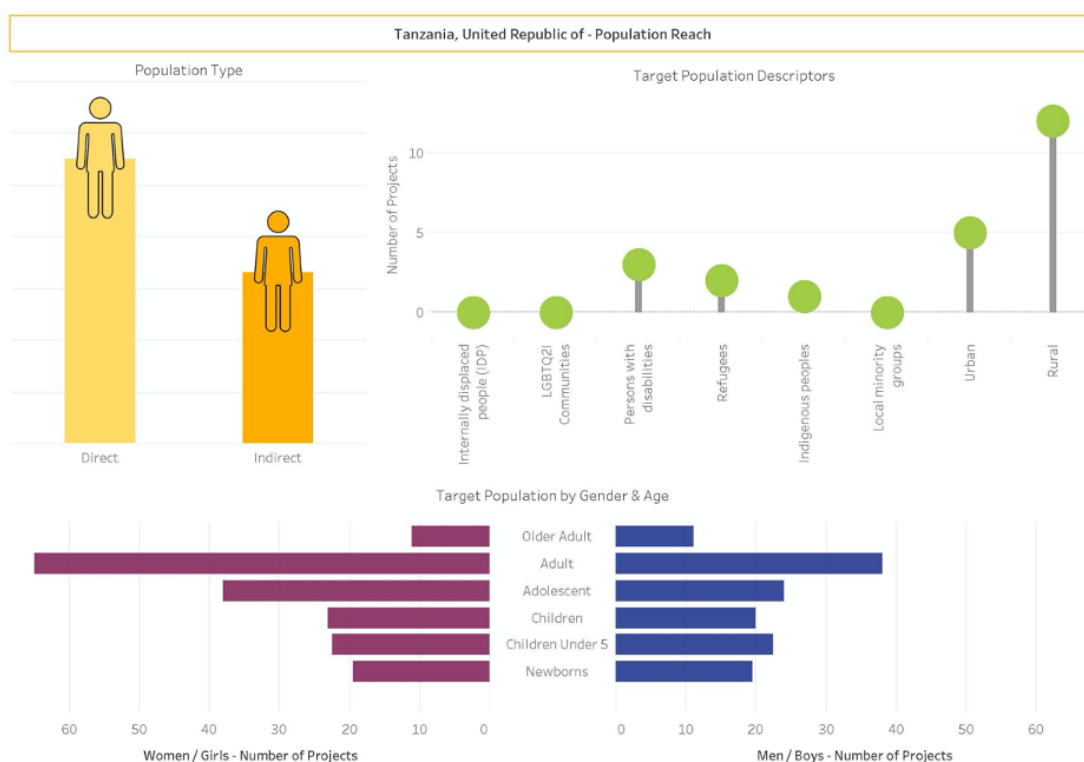
Partner Type	Partner Name
International NGO	Africare
	EngenderHealth
	Girl Effect
	Elizabeth Glaser Pediatric AIDS Foundation
	Helvetas
	IMA World Health International
	Jhpiego
	Marie Stopes International
	Population Services International
	White Ribbon Alliance
	World Association of Girl Guides and Girl Scouts
National NGO	Aga Khan Health Services Tanzania
	Amref Health Africa in Tanzania
	CARE Tanzania



	Diocese of Masasi
	Kilimanjaro Center for Community Ophthalmology
	Pamoja Tunaweza Women's' Centre Company Limited
	Praxis for Social Systems Development
	Tanzanian Midwives Association
	World Vision Tanzania
Regional NGO	Aga Khan Foundation East Africa
Global Academic & Research	Johns Hopkins University
National Academic & Research	Aga Khan University
	Association of Gynaecologists and Obstetricians of Tanzania
	Bugando Medical Training School
	Catholic University of Health and Applied Sciences
	Ifakara Health Institute
	Institute of Development Studies, University of Dar es Salaam
	Kilimanjaro Christian Medical Centre Medical Training School
	Mbeya Medical Training School
	Muhimbili University of Health and Allied Sciences (MUHAS)
	National Institute for Medical Research Tanzania
	Tanga Medical Training School
	Tanzanian Training Centre for International Health (TTCIH)
Regional Academic & Research	African Population and Health Research Centre

L. Population Reach





M. COVID-19 Highlights

Canadian Organizations working on COVID-19 (reported May 2020)
Aga Khan Foundation Canada
Crossroads International
Femme International
Plan International Canada
PRE-EMPT, University of BC
The Primate's World Relief and Development Fund
The Salvation Army Canada
University of Calgary, Cumming School of Medicine
World Vision Canada

Reflection: 2010-2020

The past decade marked a transition from the [Millennium Development Goals](#) to the [Sustainable Development Goals \(SDGs\)](#), and with it, a transition towards an increasingly participatory, comprehensive set of objectives and indicators which apply to every country, everywhere. The creation of the SDGs signaled a strengthened development agenda that emphasizes the interconnected nature of the environment and human rights in achieving and sustaining development for all. This past decade also marked the launch of Canada's [Feminist International Assistance Policy](#) (FIAP), which recognizes the importance of gender equality and the empowerment of women and girls in achieving development goals. The FIAP highlights multi-faceted action areas in support of the SDGs, and emphasizes the importance of measuring progress to ensure [Canada's feminist approach](#) is a reality.

Many of the Canadian projects analyzed for this report that were implemented in 2015 and beyond are guided specifically by the objectives of [SDG 3: Good Health and Well-being](#) and [SDG 5: Gender Equality](#): namely, to ensure healthy lives and promote wellbeing for all at all ages, and to achieve gender equality and empower women and girls. From our analysis, it is evident that a wide variety of actors - from Canadian civil society organizations, to global and national partners and multilateral organizations, and more - are actively committed to advancing this agenda.

Below, we highlight some additional insights gleaned from Project Explorer as we reflect on the work of the last decade, particularly with regard to the impacts on health and gender equality.

5 Key Takeaways:

1. **At the start of this new decade, there is active Canadian engagement aligned with SDGs 3 and 5:** Our data suggests that extensive activities have been undertaken around the world by Canadian projects implemented by organizations of all types in alignment with the current goals of SDG 3 and 5. That said, additional data is needed to fully understand Canadian engagement and/or potential gaps in traditionally neglected or under-addressed areas of development, such as sensitive topics in sexual and reproductive health and rights (SRHR), neglected tropical diseases, mental health, environmental health, and others.
2. **Partnership and collaboration have been central to delivery of Canadian programming:** From the available data, Canadian projects involve partners of all types, with non-Canadian civil society organizations and academic institutions (international, regional and local), and government partners being the most commonly reported. Comprehensive reporting of all partners of all types would assist with more robust analysis, although there are recognized barriers to reporting this data in certain contexts.
3. **Data remains limited on work with typically underserved populations:** Data on too-frequently neglected or underserved populations is limited in the Project Explorer. It is therefore not possible to draw firm conclusions on the basis of these incomplete dataset. Additional efforts may be needed to either include vulnerable groups in programming more effectively, or to capture and report this data. Where it is safe and feasible to do so, more data is needed to understand the gaps and identify where further investments and programming are warranted.
4. **COVID-19 poses the potential for significant risk to attaining SDGs 3 and 5 in the decade to come:** Data collected from Canadian partners suggests that the short-term impacts of the COVID-19 pandemic have the potential to influence development practice in the medium-to-long term. Beyond immediate public health effects, many contexts are experiencing ‘domino’ challenges. [Additional funds are needed to tackle COVID-19](#) without compromising the ongoing and upcoming Canadian investments and priority areas linked to SDG 3 and SDG 5.
5. **Barriers to transparent data sharing should be explored and addressed where feasible:** Through consultations with members and sector partners in 2020, CanWaCH has identified several common and persistent barriers which keep Canadian development actors and their global partners from sharing data in a confident and transparent manner. To make meaningful progress towards SDG 3 and SDG 5, capacity, resourcing and demand must be strengthened to foster Canada’s leadership in innovative, transparent and evidence-based development.

Looking Back: Data on Canadian Impact from 2010-2020

Global Health Areas of Focus

Looking at reported project focus across the past decade from all reported funding sources and investment envelopes, we identified the following top six global health areas of focus by funding over the past decade:

1. Infectious & Communicable Diseases
2. Nutrition
3. Sexual Health & Rights
4. Reproductive Health & Rights including Maternal Health
5. Primary Health Care
6. Health Systems, Training & Infrastructure

These rankings reflect the cumulative focus areas throughout the decade. However, within specific time periods in the past decade, additional areas of focus were more dominant. For example, between 2015-2020, Newborn and Child Health was among the top three reported areas of focus among projects funded under Canada's Muskoka 2 (MNCH2) initiative (which included a strong focus on newborn and child health and built on a similar focus in the MNCH1 commitment of 2010-2015).

Based on the above global health priority trends and the five most commonly reported SDG 3 indicators from the analyzed projects, data further suggests an alignment between the work of Canadian organizations and SDG 3 priorities. The subject areas covered in the analyzed projects align with about half of the SDG 3 targets; more specifically:

- [Target 3.1 Maternal Mortality](#)
- [Target 3.2 Under-5 & Neonatal Mortality](#)
- [Target 3.3 Communicable Diseases](#)
- [Target 3.7 Sexual and reproductive health](#)
- [Target 3.8 Universal health coverage](#)
- [Target 3.C Health financing and workforce](#)

From the available data in the Project Explorer, the health-related areas of focus the least addressed between 2010-2020 include:

1. Secondary/Tertiary Health Care
2. Mental Health
3. Neglected Tropical Diseases
4. Non-Communicable Diseases

Going forward, it will be important to investigate if there are projects to be added that address those areas and to understand how these important areas of global health are being tackled.

Additionally, while significant progress has been made to address SRHR through recent funding commitments and global leadership, limited public data is currently available on the degree to which commonly neglected areas of SRHR are being specifically addressed in programming. These areas include

safe and legal abortion care, support for SRHR-related advocacy, SBGV, comprehensive sexuality education and comprehensive contraceptive care. Across all areas, programming that serves the [SRHR needs of adolescents is also a priority](#). Data gathered by CanWaCH from a sample of civil society organizations and their partners clearly showed that work is being undertaken in these areas, although at present, global coding standards do not enable easy disaggregation of data by programming areas. This will be an important area for review in the coming decade.

Intersections with Global Health: Cross-Cutting Thematic Areas

The CanWaCH Project Explorer not only showcases data related to health, but also includes data on cross-cutting themes related to the SDGs and Canada's FIAP, such as gender equality, environment and climate change, and human rights. To date, the Project Explorer has prioritized gathering and analysis of data from projects with a strong focus on health given the priorities of Canadian sector over the last decade, particularly with the implementation of Canada's MNCH1 (2010-2015), MNCH2 (2015-2020) and the SRHR commitments (2017-2020). When the top 10 areas of investments shown in the Project Explorer were analyzed for each of those funding initiatives, results showed that Gender Equality was reported to be among the top 10 areas of focus for the Muskoka 2 and SRHR initiatives. This may be indicative of an increased focus on gender equality within the projects broadly, but perhaps more likely it reflects a shift in language which calls out work in gender equality as a result of the FIAP, alongside a re-orienting of project budgets to resource activities specifically related to gender equality. Going forward, it will be important to understand the extent to which cross-cutting themes like gender equality, the environment and climate change and human rights are being addressed in Canadian projects - the latter two of which have limited data published in the Project Explorer at present.

Partnerships and Collaboration

Sustainable development objectives are unlikely to be met without the engagement and leadership of diverse non-Canadian partners of various types from the countries or regions of implementation. In fact, an estimated [65% of the SDG targets will not be reached](#) without engaging and coordinating with local, provincial and regional governments specifically. Some governments, including the Government of Canada, publish national data on SDG progress (see the [Sustainable Development Goals Data Hub](#)), but this is not the case for all countries.

Among the five selected countries analyzed in the present country dashboards, a clear pattern among the partner organizations emerged. On average, 60% of all reported partners were non-Canadian, with the majority of them being national or regional civil society organizations and academic institutions. In certain countries, local governments also emerged as common partners. For example, in the Mozambique Country Dashboard analysis on partners, there were nearly as many local government partners (including ministries) as there were non-Canadian NGOs (including international, national and regional). This suggests that efforts are being made by the Canadian projects analyzed in engaging with a diverse range of partners in the countries of implementation, including governments.

One of the aims of the Project Explorer is to connect Canadian organizations and institutions with global and local partners in order to enhance collaboration and provide opportunities for improved partnership, transparency and coordination. Comprehensive reporting of all partners of all types should be prioritized and would assist with more robust analysis, although there are recognized barriers to reporting this data in certain contexts.

Populations Reached

Individuals

The CanWaCH Project Explorer collects data on population groups being served using standard age and sex categories. Analysis of the available data from 2010-2020 indicates that many Canadian projects targeted children under five years (**54%**). Additionally, the vast majority of projects targeted adult women (**88%**), while many reached adolescent girls (**64%**) and girls over five years (**50%**). Older adult women were included the least (**21%**). As for male populations, many projects targeted adult men (**59%**), adolescent boys (**47%**) and boys over five years (**46%**). Similarly to older adult women, older adult men were included the least (**21%**). These population age groups are in line with SDG 3 aiming to target all ages (ensure healthy lives and promote wellbeing for all at all ages) and SDG 5, with a strong focus on women and girls (achieve gender equality and empower all women and girls).

The Project Explorer's detailed sex and age disaggregated data is displayed in aggregate in our online [visuals](#). However, we face a challenge in aggregating data from multiple projects, as many use different descriptors for the populations targeted as well as different age ranges. For example, a project which references 'women of reproductive age' may include adolescents and adults; projects engaging 'youth' may differ depending on the definition of youth in a given country (as low as age 10; as high as age 30+). In addition to collecting this data, consideration is needed to find the best ways to collect and report sex and age data in straightforward but useful ways.

One final note: the CanWaCH Project Explorer provides space for organizations to report sex and gender data; yet to date, nearly all projects report using the binary of woman/man or male/female. Looking ahead, a greater understanding of the nuances of collecting data that reflects the diversity of genders and identities of the individuals with whom we work will be essential.

Communities and Groups

Beyond individuals reached, the Project Explorer collects data on the local context and other descriptors of population groups in order to better understand and capture the intersecting identities and experiences of communities which may not always be visible through other data. Currently, data is collected on geography (rural, urban) and other identifiers (internally displaced people, refugees, persons with disabilities, local minority groups, LGBTQ2I+ communities and indigenous peoples). Analysis of the available data shows that Canadian projects reached or are planning to reach (where not yet completed) varied communities and groups within these allocations:

- The majority of projects were/are being implemented in rural settings (**69%**)
- Internally displaced people were/are reached by **18%** of projects
- People with disabilities were/are reached by **13%** of projects
- Refugee communities were/are reached by **12%** of projects
- Local minority groups were/are reached by **9%** of projects
- Both indigenous peoples and LGBTQ2I communities were among the lowest reported reached, by **2%** of projects

This categorization of data is not available for all projects in the Project Explorer and therefore, it is not possible to draw firm conclusions given the incomplete datasets. Nevertheless, there is a clear need for

further data on these or other groups to be shared openly, where it is safe and feasible to do so without risking the well-being of these frequently marginalized or stigmatized groups.

COVID-19 Impact and Response

Within the first 100 days of the pandemic's progression, many Canadian actors surveyed by CanWaCH had already pivoted development activities and re-shuffled resources to tackle the negative consequences on the health and wellbeing of populations globally. At the close of 2020, and with no immediate end to the pandemic in view, the many gains made over the past decade in some contexts may be negatively affected or reversed. Beyond immediate public health effects, global health and development practitioners are reporting 'domino' challenges, including 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. While resources are being actively mobilized as of the writing of this report, it will be some time before we understand the scale and scope of impact. Undoubtedly, [data on the impacts of COVID-19](#), and not just the disease itself, will be needed: for instance, data on the effects of social distancing in countries with no social safety nets, or where other infectious diseases and outbreaks are more prevalent.

Canadian Investments 2010-2020

The past decade demonstrated Canada's global leadership in championing the health and rights of women, adolescents, children, and their communities. Through a decade of official development commitments, alongside many other initiatives and humanitarian response efforts, the Government of Canada impacted the lives of millions of people through civil society, academia, bilateral, multilateral, and other partnerships. Official data and evaluation reports are available to document the scale and impact of this work, with others forthcoming. However, through the Project Explorer, we endeavour to complement this information with additional insights sourced from partners themselves where available.

NOTE: The data in this section of the report should not be taken as official, and represents only the sample of projects available in the Project Explorer. We acknowledge that many of these projects are ongoing and/or have been modified as a result of COVID-19. Therefore, these numbers should be viewed as interesting insights, but should **not** be considered a final, comprehensive or accurate summary or commentary on any of Canada's official commitments.

Muskoka 1 (MNCH1) Investment: 2010-2015

[View Detailed Map here](#)

Overview:

Total Number of projects available for overview analysis: 97

- **Reporting organizations/institution types receiving the funds:**
 - **13.9%:** Canadian partners
 - **3.2%:** Non-Canadian partners
 - **73.2%:** Multilateral agencies
 - **9.7%:** Bilateral



- **Number of countries:** 133
- **Top 10 countries⁴³** of investment are: Tanzania, Mozambique, South Sudan, Afghanistan, Mali, Ethiopia, Haiti, Nigeria, Bangladesh and Malawi.
- **Top 10 areas of focus:**

Sexual Health & Rights
Infectious & Communicable Diseases
Health Systems, Training & Infrastructure
Nutrition
Primary Health Care
Reproductive Health & Rights incl. Maternal Health
Law, Governance & Public Policy
Health Promotion & Education
WASH
Food Security & Agriculture

Populations Reached

Total number of projects available for population analysis: 68

- **Direct population reach:**
 - **120,918,228 people** of all ages and genders across **27 countries**
 - **94.1%** of projects included adult women (18+ years),
 - **48.5%** of projects included adolescent girls
 - **20.6%** of projects included girls over 5 years
 - **4.4%** of projects included senior adult women
 - **38.2%** of projects included adult men (18+ years)
 - **16.2%** of projects included adolescent boys
 - **20.6%** of projects included boys over 5 years
 - **4.4%** of projects included senior adult men
 - **97.1%** of projects included children of all genders under 5 years
 - **89.7%** of projects included newborns

⁴³ Note that an additional \$714,000,000 in funds is assigned to Regions rather than specific countries.



- **Sub-Analysis: Communities and Groups⁴⁴**
 - **91.1%** of projects were implemented in Rural settings
 - **48.9%** of projects were implemented in Urban settings
 - **4.4%** of projects served persons with disabilities
 - **2.2%** of projects served local minority groups

Muskoka 2 (MNCH2) Investment: 2015-2020

[View Detailed Map here](#)

Overview:

Total number of projects available for overview analysis: 36

- **Reporting organizations/institution types receiving the funds:**
 - **86.9%** : Canadian CSOs
 - **6.8%** : Canadian academic institutions
 - **6.3%** : Canadian private sector
- **Number of countries:** 31
- **Top 10 countries of investments:** Haiti, Malawi, Tanzania, Guatemala, Kenya, Mali, Bangladesh, Ghana, Congo (DRC) and Mozambique.
- **Top 10 areas of focus:**

Reproductive Health & Rights incl. Maternal Health
Primary Health Care
Newborn & Child Health
Nutrition
Health Systems, Training & Infrastructure
Health Promotion & Education
WASH
Gender Equality
Sexual Health & Rights
Law, Governance & Public Policy

Populations Reached

Total number of projects available for population analysis: 34

⁴⁴ Subset reflects those projects with available descriptors. Sample size for sub-analysis: 45 projects

- **Direct population reach:**
 - **18,096,483 people** of all ages and genders across **30 countries**
 - **97.1%** of projects included adult women (18+ years),
 - **64.7%** of projects included adolescent girls
 - **41.2%** of projects included girls over 5 years
 - **8.8%** of projects included senior adult women
 - **70.6%** of projects included adult men (18+ years)
 - **44.1%** of projects included adolescent boys
 - **41.2%** of projects included boys over 5 years
 - **8.8%** of projects included senior adult men
 - **91.2%** of projects included children of all genders under 5 years
 - **82.4%** of projects included newborns
- **Sub-Analysis: Communities and Groups⁴⁵**
 - **93.3%** of projects were implemented in Rural settings
 - **30%** of projects were implemented in Urban settings
 - **6.7%** of projects served persons with disabilities
 - **30%** of projects served local minority groups

SRHR \$650M (SRHR) Investment: 2017-2020

[View Detailed Map here](#)

Overview

Total number of projects available for overview analysis: 109

- **Reporting organizations/institution types receiving the funds:**
 - **16.0%** : Canadian partners (including NGOs/CSOs)
 - **19.4%** : Non-Canadian partners (including NGO/CSOs, academic institutions and private sector).
 - **44.2%** : Multilateral
 - **4.7%** : Bilateral
 - **15.7%** Not identified
- **Number of countries: 47**
- **Top 10 countries of investments⁴⁶:** Mozambique, Bangladesh, Burkina Faso, Congo (DRC), Nigeria, Iraq, Syrian Arab Republic, Ethiopia, Haiti, Lebanon.
- **Top 10 areas of focus:**

Reproductive Health & Rights incl. Maternal Health
Humanitarian Response

⁴⁵ Subset reflects those projects with available descriptors. Sample size for sub-analysis: 30 projects

⁴⁶ Note that an additional \$66,596,451 in funds is assigned to Regions rather than specific countries.



Law, Governance & Public Policy
Sexual & Gender-based Violence
Health Systems, Training & Infrastructure
Education
Sexual Health & Rights
Human Rights, Advocacy & Public Engagement
Gender Equality

Populations Reached

Total number of projects available for population analysis: 66

- **Direct population reach:**
 - **15,546,752 people** of all ages and genders across **33 countries**
 - **84.6%** of projects included adult women (18+ years),
 - **83.1%** of projects included adolescent girls
 - **52.3%** of projects included girls over 5 years
 - **24.6%** of projects included senior adult women

 - **56.9%** of projects included adult men (18+ years)
 - **61.5%** of projects included adolescent boys
 - **46.2%** of projects included boys over 5 years
 - **24.6%** of projects included senior adult men

 - **33.8%** of projects included children of all genders under 5 years
 - **35.4%** of projects included newborns
- **Sub-Analysis: Communities and Groups⁴⁷**
 - **56.1%** of projects were implemented in Rural settings
 - **19.5%** of projects were implemented in Urban settings
 - **29.3%** of projects served internally displaced people
 - **9.8%** of projects served persons with disabilities
 - **29.3%** of projects served refugee communities
 - **9.8%** of projects served local minority groups
 - **2.4%** of projects served LGBTQ2I communities

⁴⁷ Subset reflects those projects with available descriptors. Sample size for sub-analysis: 41 projects



Entering A Decade of Action: 4 Priorities

Strengthen

During conversations with members and sector practitioners, **investments in health systems strengthening** (HSS) was identified as a vitally important component of COVID-19 efforts. Specifically, it was noted that it is [hard to plan an adequate response when the health systems infrastructure is weak](#), and information systems are unreliable or unavailable.

Historically, HSS has been a significant focus for Canada's investment in global health, as is demonstrated by the analyzed data in this report. Despite this, tracking progress in HSS continues to be a challenge. The ability to track, aggregate and analyze HSS efforts through clear measurement frameworks is paramount for achieving not only short term goals, such as responding to the COVID-19 pandemic, but also for transforming global health programming and meeting the SDGs. However, robust [tracking of HSS](#) at the project-level has been complicated by its broad definition within the sector. Beyond further investments, what is especially needed is improved reporting and measures to track healthcare system preparedness, prevention programs and [pandemic resilience](#). Going forward, Canadian development actors should re-examine existing global frameworks and standards to ensure that they reflect current technology and contextual realities.

Respond

Strengthening data and evidence, monitoring progress, and reinforcing the [link between evaluation and the SDGs](#) are key accelerators to achieving the SDGs by 2030. In addition, stronger data systems will help ensure a [COVID-19 response and recovery that is based on evidence](#). Within the COVID-19 context, [sector-identified](#) priorities include:

- Prioritizing local partner and community leadership and ensuring local knowledge is centered as part of planning and evaluation.
- Capacity and commitment (with support from funders) to sharing project data and research findings between partners and stakeholders.
- Building robust rosters of local expertise to be drawn upon for assessments and evaluations.
- Applying feminist approaches and increasing capacity to apply an intersectional lens to data.
- Limit primary data collection to essential information, and use secondary data where feasible and appropriate.

Share

CanWaCH encourages all organizations in the sector to **share data, resources, and learning** in a transparent manner when it is safe and appropriate. We believe that doing so is a critical step in modelling a feminist approach to data by encouraging mutual accountability and shared decision-making power along with a commitment to iterative learning. At the same time, we recognize that there are many reasons why organizations may not share their data. Through [capacity-building sessions and consultations](#), CanWaCH identified multiple barriers experienced by Canadian organizations with regard to sharing their data, including but not limited to:

- Concerns about privacy, safety, and confidentiality (ensuring, maintaining, liability).
- Not being convinced of the value of shared data, or finding that shared data is unreliable.
- Concerns/uncertainty about the required resources in terms of cost, staff time, etc.

- Concerns that the organization's own data is not robust enough to share.
- Lack of knowledge as to how to share data, use platforms, etc.

Looking forward, strategies to address these barriers and challenges will need to be examined, and organizations of diverse sizes may need resourcing and training to navigate the challenges of transparent data sharing effectively.

Innovate

The COVID-19 pandemic has underscored that creative, unorthodox thinking is needed not just in program design, but also in the design of monitoring, evaluation, accountability, and learning (MEAL) systems. Virtual methodologies, data modeling, secondary data analysis, and increased inclusion of qualitative methods are only some examples of practices that are increasingly becoming part of standard practice for many organizations.

As part of a commitment to **fostering an innovative and creative mindset when it comes to data** and MEAL, CanWaCH launched the inaugural [Canadian Collaborative for Global Health](#) between 2018-2020. This initiative brings together Canadian and global partners to solve urgent data challenges in global health and gender equality. Rooted in a feminist approach, the ultimate goal is to create lasting change and contribute meaningful progress towards the SDGs. Final results and reports from the first initiative will be available in early 2021.



Canadian Collaborative for Global Health: At A Glance

- 6 Lab projects were operational between approximately September 2018-November 2020
- Projects are co-led by 13 Canadian organizations and institutions, and 19 global partners
 - **Canadian Partners**
 - Canadian academic and research institutions: **59%**
 - Canadian civil society organizations: **41%**
 - **Other Partners**
 - Academic and Research Institutions: **63%**
 - Non-Canadian NGOs (including International and National NGOs): **26%**
 - Multilateral organizations: **11%**
- Projects are active in **26** countries
 - Top six countries by budget allocation: Ethiopia, Vietnam, Senegal, Tanzania, Somalia, and Afghanistan
- 100% of projects are reaching both adult women and adult men (18+ years) through their work. In addition, projects are also reaching:
 - Adolescent girls: **83%**
 - Adolescent boys: **33%**
 - Girls and Boys over 5 years: **17%**
 - Children under 5 years: **17%**
 - Refugee and internally displaced populations (all ages and sex): **33%**



Action: 2020 and beyond

The COVID-19 pandemic has reinforced the unpredictable nature of global events, and underscored the interconnectedness of countries and communities. How can we use the data and information systems that we have refined over the last decade in the face of this uncertain future? Is attainment of the SDGs even possible?

As CanWaCH contemplated the focus of this ‘future considerations’ portion of our report, we reviewed the insights gleaned from the [100 Days of a Pandemic](#) report, minutes from dozens of working group and other sector consultation meetings, Project Explorer data, sector literature, and more. We searched for any common themes where COVID-19 had triggered new reflections and considerations and, interestingly, a central topic emerged clearly. A priority concern and question for our changing sector in the year to come is the challenge, duty, and goal of localization.

Preparing this review

CanWaCH conducted open-ended interviews with dozens of sector colleagues from Canada and internationally in order to gather diverse definitions of, and perspectives on, localization. Colleagues included civil society, academia, non-profit and social enterprise, and private sector. The objective was to gain insight into how organizations talk about localization, understand the priorities and perspectives of partners, and identify potential future priorities for the coming decade. Interviews took place between July and October 2020 via videoconference, and lasted typically between 30-60 minutes. Potential respondents were identified by:

- Previous expressed interest in discussing this topic;
- Self-identification or referral through a call for participants; and/or
- Direct outreach by the CanWaCH team based on previous work, published articles, or partnership experience documented through the Project Explorer.

Some common interview prompting questions included, but were not limited to:

1. **How, if at all, do you define localization within your organization?**
 - *What does localization look like in practice at your organization? What, from your perspective, is your organization’s “role” in regards to localization? What should be the ultimate goal of localization?*
2. **Do you see there being unique/specific linkages between global health, gender equality, and localization priorities?**
 - *Are there unique linkages for Canada specifically (e.g. as a result of the FIAP)?*
3. **Do you consider localization to apply primarily to humanitarian and resilience work, or does it apply to global health and development more broadly? Why?**
 - *How has COVID-19 shaped your perspective on localization, if at all?*
4. **How, if at all, do you measure equitable partnerships and localization within your organization?**
 - *Do you use specific indicators or frameworks? How do existing evaluation, research, and report requirements make it easier or harder for you to experience/actualize localization priorities?*
5. **What recommendations, resources, or lessons learned could you share?**

In addition, a literature review of dozens of grey literature content and publications was conducted to identify common trends and areas of inquiry.

The resulting content from this investigation was extensive, and beyond what is feasible for inclusion in this report. Much has been written on the ‘why’ of localization, including: the ethical duty to support self-determination of communities in issues affecting them; localization and the [strengthening of local agency has been directly linked](#) to improved learning; collaboration through compromise; improved accountability to and with stakeholders; buy-in and reputational legitimacy; and, much more. Therefore, we chose to focus on questions of ‘how’. As a coalition committed to supporting partnership, CanWaCH is particularly interested in focusing specifically on the responsibilities and requirements of Canadian development leaders; namely:

1. How do Canadian global health and development actors understand the concept of localization within their work today?
2. How does our sector contribute to or impede the creation of an enabling environment for localization in global health?
3. How will this influence practice in the next decade?

We recognize that municipal, regional, and national governments are also critical stakeholders in the conversation on localization. However, since we did not speak with representatives of these groups during this analysis, we are focusing instead on the perspectives of the respondents and the types of actors they represent.

3 Key Takeaways:

1. **For Canadian global health and development actors, localization is frequently conceived of as a spectrum** along which progress is made towards the ultimate goal of autonomy and self-direction of local actors. As of 2020, it does not appear as though many Canadian actors have internal or systematic markers or measurements for talking about localization in their work and operations, or for tracking their progress along this spectrum. However, there is anecdotal interest in exploring this further.
2. **COVID-19 and recent political and social movement has influenced sector-wide conversations about localization**, creating a perceived sense of urgency among several Canadian and global actors to take concrete, measurable steps towards a localization agenda. This is seen as essential to ensuring relevance, results, and alignment with a rights-based approach.
3. **Efforts towards localization in the coming decade will need to centre around shifting mindsets as much, if not more so, than processes or accountability measures.** Working collaboratively, partners, funders, technical experts, researchers, and all other stakeholders will need to critically reflect on the assumptions and norms that have typically guided how we work as partners and how we track results, in order to realize the goals of localization.

Defining Localization

None of the Canadian organizations who participated have a formal working definition of localization within their organization. While all were familiar with the term and its history, and could provide a personal reflection on what localization looks like to them, there was consensus that organizations draw from commitments such as [The Grand Bargain](#) to shape their understanding of localization but do not have a specific definition of what this means for their work. Participants highlighted distinctions between different types of localization efforts. However, no distinct indicators or units of measurement were cited as being used to measure localization efforts in their programming or operations. Some organizations described leveraging a mix of human resource indicators and partnership descriptors (e.g. number of national staff in leadership roles, years in a partnership, etc.), but the examples given varied widely, and were all internal to an organization's own processes and language. Consistently, respondents indicated interest in sharing resources, tools, and best practice. As well, there were requests for clear and shared indicators and/or guidance on successful localization processes and partnerships.

Several respondents, when providing examples of localization within their organization, described a spectrum of possible ways in which localization could be realized, rather than a singular definition that would work in all contexts. This was highlighted as being particularly relevant for distinctions between humanitarian, development, and unstable contexts, or for multi-sectoral initiatives. This spectrum could range from being [locally informed](#) (that is, local actors contribute to final decision-making but are not the sole decision-makers) to being [locally led](#) (where local partners have ultimate control and authority over decisions made). Outside of the parameters of this spectrum, one respondent described the alternatives to a localized approach: on one side, the local partner acts autonomously and global partners are not necessary, and on the other, local partners may appear to be in leadership roles but are functionally subject to '[remote control](#)' by international partners. This can lead to, effectively, performative localization.

"Just because a local office is making plans, it doesn't automatically mean [the approach is] inclusive."

Complicating these definitions are considerations of power and authority which typically accompany funding and international partnership. One Canadian organization described a 'bargaining' approach as fundamental to all partnerships in their organization, where national and international staff discuss decision-making throughout the partnership, but noted that this must be managed sensitively given the local perception of their organization as being very influential with global donors.

"Relationships take time, and they rely on people. This is the reason that, fundamentally, scrapping overhead and admin fees is never going to yield substantial results. Even if there is a formal [agreement] between organizations - and there should be - contracts do not replace human relationships."

"We need more time to follow the processes that are required to build strong partnerships"

Some common features of an organizational commitment to localization that were shared include:

- A commitment to reflexive practice and shared learning between partners in a formal mechanism, such as annual assemblies or meetings.
- Long-standing (multi-year or multi-decade) relationships with national partners.
- Relationships with national partners that exist outside of a predetermined contract or project agreement.

- In federations, giving priority to relationships between local partners and national offices (as opposed to their headquarter/fundraising country offices).
- Clearly defined roles and responsibilities with regard to decision-making that are explicitly included in contracts and agreements.

Localization in the Current Context

The language of localization is not new, and a commitment to working in partnership and solidarity with partners based in the countries and contexts where development happens is largely expected by today's development actors. Indeed, as discussed earlier in this report, local leadership is integral to the conceptualization of the SDGs. Its return to the forefront of discussion may be inspired by COVID-19 and reflect restricted travel, social distancing, and virtual programming and monitoring processes. As funding is re-deployed to COVID-19 response efforts, governments and civil society will be looking to do more with fewer and less reliable financial resources than ever before. Maximizing resources can be achieved by instituting limited travel budgets, reducing office space, pooling resources with other organizations, and leveraging digital platforms.

It may also reflect a reckoning with the persistent realities of [racism](#), [colonialism](#), and [inequalities in power](#), both in the world at large and within our sector, as well as the inspiring continued leadership ([and resourcing](#)) of local women's rights groups and social justice advocates worldwide. Finally, with the [increasing reflection on climate change](#) and the importance of environmentally friendly approaches, reducing carbon emissions and strengthening communications and health infrastructure are now urgent priorities, and COVID-19 has shown clearly that a travel-conscious, technology-forward approach is reasonable and necessary.

Whatever the reasons, it is clear that this new decade has ushered in a clear call for change when it comes to understanding localization and making it happen. As international organizations cede physical space within countries, COVID-19 has presented an opportunity to [“see local development actors not only claiming the new space afforded them by setting the agenda but insisting more powerfully for greater ownership over humanitarian responses and development cooperation”](#).

The Future of Accountability

It is a persistent challenge within development that complex global issues cannot typically be measured easily with broad indicators and frameworks. During consultations, respondents noted that existing frameworks that are common across multiple international donors are often very complex, require extensive monitoring, and often focus more on 'accounting' than 'impact'.

Multiple respondents observed that these frameworks risk effectively communicating to national partners that they are not trusted to deliver results without close scrutiny. While that may not be the intention of international organizations or donors, the result can be an erosion of trust between partners that is central to strong relationships. One respondent noted that for Canadian organizations who work as intermediaries between national organizations and donors, “It doesn't matter that [the funder] is asking for time sheets. I'm relaying that request, so [the request] is seen as coming from me and my organization”. Respondents noted that predetermined indicators may measure what stakeholders in the global North want to know, but these may not align with priorities of national actors. This can shape not only work that is currently underway, but the sort of work that occurs in future. When combined with the power of multiple international funders all requesting the same sorts of accountability processes, the result [“means almost inevitably that proposals will come from ‘usual suspects’ who share a donor agenda; will be based on](#)

second-guessing what the donors are likely to support; and will not foreground a ‘searching’ approach, even if the organisation in question knows that this is the most likely to have an impact.”

“On one hand, funders say that they are flexible, and at the same time, they ask us to measure indicators that don’t match what the community wants”

To the question about the potential for increased risk of misappropriation of funds, corruption, and lack of impact if traditional accountability approaches are scrapped, perspectives varied. Here, respondents noted that many of the legal requirements for Canadian and international organization incorporation already provide the checks and balances needed to mitigate against major risks, and that [additional restrictions](#) fundamentally undermine localization. Other risks might be addressed more effectively by examining track records of results and establishing clear agreements with partners. Of course, doing so will likely further necessitate predictable, multi-year, ongoing funding that covers the general operational costs associated with partnership (namely, salaries and training).

One recommendation included that, instead of putting restrictions on funding, partners should consider being more open to options. For instance, a global stakeholder looking to partner with a national organization might present recommendations for what they want to support, but ultimately allow local partners submitting proposals to determine which of the options they do or do not accept. During the time of COVID-19 for instance, some have described wanting to adopt the concept of a [‘No Regrets’](#) approach to funding, which could include: community health care; nutrition; health information systems; vaccine development; health research; distribution of medical supplies; protecting vulnerable groups; data and testing systems; and, cash finance for people in poverty.

This will not eliminate risk all together. In fact, [“\[s\]upporting local agency could allow \[local\] leaders to make bad policy decisions, and donors may think they could make better ones.”](#) In this case, the term ‘donors’ applies to all international stakeholders. However, partners at all levels will likely need to [“\[give\] up the illusion of control and predictability”](#) and instead focus on [“developing long-term and consistent relations with recipient organisations, including governments, which are pursuing a social change agenda that is compatible with the donor’s own values and mission.”](#)

Strategies, including [“iterative problem-solving, stepwise learning, brokering relationships, and discovering and negotiating common interests”](#), were shared as key ways of addressing these challenges. As Canadian organizations increasingly rely on national partners to plan, deliver, monitor, and report in contexts where they are no longer physically present, the norms by which we work begin to change. Frames such as ‘quality’, ‘rigorousness’, ‘legitimacy’, and ‘agency’ must also shift to reflect local perspectives. Data collection and sense-making strategies [must privilege local knowledge and approaches](#). Respondents seemed to agree that a general relaxing of measures of accountability would also free up significant time and resources on the side of Canadian organizations to be able to undertake more effective programming and partnership brokering, and also allow for a pivoting of their role towards a focus on capacity-strengthening and allyship. It was also recommended that stakeholders shift from a focus on deliverables to a focus on the process used.

“The perception of what constitutes ‘results’ needs to change”.

“Bureaucracy is rooted in a mindset of mistrust”

Among respondents, it was generally agreed that specific tactics for supporting localization need to follow a fundamental shift in mindset that moves beyond the rhetoric of an ‘us’ who keeps a ‘them’ accountable.

Instead, an orientation towards mutual accountability, greater trust placed in the day-to-day, big-picture judgement of national actors, and acceptance of ambiguity and risk are essential.

“The question of corruption and fraud seems to be a major concern, usually in reference to local partners. But implicit in this [concern] is the fundamental assumption that local partners are inherently untrustworthy, and that’s the norm that has to be challenged”.

“It is a fallacy that if our [reporting] systems are strong enough, we won’t have corruption. All that happens is that we don’t have enough room to move”

Of course, this does not mean abandoning accountability altogether - far from it. The following considerations and provocative questions shared by partners on how to support localization were compiled and organized as structural, operational, and donor/funder recommendations. In many instances, an organization or institution may fulfill multiple roles. For the purposes of this report, we did not focus on recommendations for local/national partners in countries outside of Canada.

Each of these reflections should be explored more fulsomely before implementation and their inclusion here does not constitute a recommendation to implement them as articulated here. However, we include them below to prompt dialogue and reflection in the months and years to come.

Organizational/Structural Level	
Considerations	Provocative Questions
<ol style="list-style-type: none"> 1. Develop and articulate a clear theory of change for your organization’s overall mandate as well as individual project activities. 2. Foster relationships with local organizations that extend beyond or outside of specific projects. Include details of these relationships in proposals and communications materials. 3. Transition to 100% local staff, and require that senior leadership roles are held by locals. In the interim, look not only at the percentage of staff who are nationals, but at which roles are filled by national staff (directors/CEOs vs programmatic roles). 4. Pivot communications with donors and stakeholders to focus on relationships built and successes achieved over time, rather than specific outputs. 5. Engage with formal and informal communities of practice interested in exploring localization to strengthen learning. 6. Develop rubrics that ensure that local staff have sole decision-making authority over any hiring and partnering activities. 	<ol style="list-style-type: none"> 1. Does your organization have an articulated ‘exit strategy’ in certain countries or areas of work? If so, is this revisited regularly and available to local partners? Why or why not? 2. Does your organization have a definition of localization? Can you articulate what a spectrum of partnership, local leadership, and/or solidarity looks like to your agency? 3. How might/should your communications with Canadians change if you re-orient towards a focus on relationships and processes working with national actors?



Operational/Programmatic	
Considerations	Provocative Questions
<ol style="list-style-type: none"> 1. Share data wherever feasible and safe to do so, obtain informed consent, and ensure that local partners know where and how to locate this information. 2. Share documents in word format (not pdf or locked files) so that they can be modified, shared, and used by others. 3. Articulate accountability plans to local partners and offices. Consider how to leverage digital platforms where appropriate so that access is ongoing 4. Record decision-making processes and assigned authority in reports and reflect on this collectively with local partners at the end of the project. 5. In any community-facing activities, ensure that local partners are seen and reinforced in leadership and decision-making roles. 6. Keep international placements in field offices short and focused on specific deliverables. 	<ol style="list-style-type: none"> 1. How specifically have local staff designed the work? Have they designed the ultimate objectives as well as the specific activities? 2. When you provide technical expertise, do you approach the experience as a 'consultant' where you provide recommendations for a local partner to approve or reject, or as a 'contractor' where you do the work yourself? Does this approach align with your understanding of localization? 3. Are we effectively supporting a 'send the expert delegate' model? How can we pivot to support capacity building as a first choice, with international technical support as the secondary option?



Donor/Funder Relationships	
Considerations	Provocative Questions
<ol style="list-style-type: none"> 1. Reorient funding calls to allow for greater flexibility in proposals, including being open to receive alternative programming suggestions by partners in different contexts. 2. Provide core funding, including capacity strengthening dollars and human resource costs. 3. Require the use of local capacity for all monitoring, evaluation, accountability, and learning activities 4. Include considerations of local leadership, mutuality, connectivity, and financing plans in follow-up evaluations. 5. Create mechanisms by which you can receive feedback from local partners on accountability processes and funding priorities, mindful of the power imbalances that frequently preclude receiving candid feedback. 6. Review and revise accountability processes to allow for greater navigation by judgement by local partners 	<ol style="list-style-type: none"> 1. When assessing prospective partners, has adequate weight been given to the history of partnership between stakeholders? 2. How have historical context and local values shaped what constitutes performance in this project or partnership, and how is this being continually reassessed? 3. What level of risk and tolerance for ambiguity are we willing to accept, and can we challenge ourselves to increase this? What 'accounting' measures have been required of this project and can impact be assessed by other means?



What's Next?

“Shifting towards localisation and away from externally-driven change inevitably means giving up control and relinquishing power. It also means admitting that many things in aid and development simply cannot be predicted. This requires us to recognise that the essence of [monitoring and evaluation] – that is, the ability to assess progress, learn and adapt – is not something external to social change, but rather is central to it.”

This reflection barely scratches the surface of a robust discussion that is already underway among Canadian global health and development leaders. However, it certainly inspires us to consider how CanWaCH can support further exploration of this topic, as well as the capacity of our sector to navigate these questions in the coming decade.

As part of CanWaCH's ongoing interest in this topic, we will be taking three concrete actions:

1. **Foster collective learning:** Capacity-strengthening resources and training specifically on localization and local leadership, particularly within the contexts of global health and gender equality, will be posted on our website throughout 2021. This will include expansion on some of the strategies and reflections raised here.
2. **Improve data collection:** Expanded data on partners and communities will be collected via the Project Explorer. To do this effectively will require sector-wide conversation on the value and feasibility of common indicators and data collection around localization practices.
3. **Encourage data sharing:** Data accessibility and engagement by diverse stakeholders, including local grassroots groups, will be a priority. Partner mapping and information will be available through visuals and other resources.

As with all of our work, we welcome any feedback, engagement, and recommendations directly on this topic at impact@canwach.ca.

Conclusion

2020 affords us all a moment to look backward and forward at two powerful decades in global health, humanitarian response, and international cooperation. The years between 2010-2020 have seen Canadians step into a global leadership role in advancing the health and rights of women, children, and youth. During this time, Canadian development actors warmly embraced the spirit and pursuit of the Sustainable Development Goals (SDGs), recognizing that these goals have both global and local implications and responsibilities. In the earlier sections of this report, the data tells a clear story: through our efforts, and those of our global partners, there are women, children, and youth who are surviving and thriving in ways that they may not have just a few years ago. All of this has been possible as a result of sustained programming, a focus on capacity-sharing and strengthening, and an innovation-ready mindset that encourages adaptation and agility. Within CanWaCH, whether it is through our [Canadian Collaborative for Global Health Initiative](#), or through our [working groups](#), [consultations](#), and [publications](#), we have spent the last few years witnessing firsthand the power of partnership in achieving and measuring results around the world.

2020-2030 was long ago dubbed the Decade of Action. We knew going into this period that bold efforts would be needed. However, COVID-19 has brought about a fundamental re-imagining of our assumptions, plans, and norms of working. We have heard clearly in this report, that - as the saying goes - 'what got you here won't get you there'. Too many of our approaches are rooted in outdated norms, performative accountability, and implicit assumptions about the role of developing country partners as perpetual 'learners' and wealthy country partners as 'experts'. Investments at the individual level cannot be our sole focus. We also urgently need to direct our attention towards the enabling environment of change: resourcing and strengthening global health and information systems; addressing inequity and supporting empowerment of marginalized voices; actively combating misinformation and promoting evidence-based decision-making; working across local, regional, national, and international channels; and, doing the essential work necessary to ensure, without question, that local actors lead.

The future is always uncertain, and the crises of this year have made it abundantly clear that our sector must be flexible, innovative, and data-driven if we wish to see meaningful action in this decade. Based on the provocative insights and rich expertise collected and shared in this report, we have every confidence that the ability to lead effectively, mobilize evidence, and collaborate equitably is well within the hands of Canadian actors and their partners.

Acknowledgments

Team:

This report was developed by the Canadian Partnership for Women and Children's Health (CanWaCH). We gratefully acknowledge the contributions of Jessica Ferne, Talia Glickman, Antu Hossain, Imaeyen Okon, Fallyn Thompson-Browes, and Mélody Tondeur. Thank you to Klaudia Rymaszewski and Tina LaRochelle for their support with literature review and data entry.

[Microsite](#) developed by [Arq Design Studio](#), and powered by [Webflow](#).

Published: November 2020

Contributors

We are grateful to the individuals from the following organizations and institutions who took the time to provide insights and resources that informed this report. We also acknowledge all additional organizations who contributed data to the Project Explorer during the past year.

ACIC
ACTED
Action Against Hunger Canada
ADRA Canada
Aga Khan Foundation Canada
Alinea International
Amref Health Africa in Canada (AMREF)
AWID
Bruyère Research Institute
Campbell Collaboration
Canada Africa Partnership (CAP) Network
Canadian Association of Midwives
Canadian Coalition for Global Health Research (CCGHR)
Canadian Feed The Children (CTFC)
Canadian Red Cross
Canadian Society for International Health
CARE Canada
Carleton University
Carrefour de solidarité internationale
CAUSE Canada
CECI
Centre for International Cooperation in Health and Development (CCISD)



Centre of Excellence for Women's Health
Centre for Global Health Research
Centre for International Child Health
Children Believe
Clinton Health Access Initiative
Council on Foundations
CowaterInternational
Crossroads International
Cuso International
Dalhousie University
Days for Girls Canada Society
Developmental Leadership Program
effect:hope
Femme International
Fondation Mères du Monde en Santé
Fondation Paul Gérin-Lajoie
Grand Challenges Canada
Health Partners International of Canada (HPIC)
HealthBridge Foundation of Canada
Helen Keller International (HKI)
Hope and Healing International
HOPE International Development Agency
Horizons of Friendship
Humanity and Inclusion
Inter Pares
Interagency Coalition on AIDS and Development (ICAD)
International Development Research Centre (IDRC)
International Planned Parenthood Federation (IPPF)
Ipas
Islamic Relief Canada
Johns Hopkins University
L'AMIE
McGill University
Médecins du Monde Canada
Memorial University of Newfoundland - Faculty of Medicine



Mennonite Central Committee Canada
Mission Inclusion
National Abortion Federation Canada
Nutritional International
Operation Eyesight Universal
Orbis Canada
Oxfam Canada
Oxfam Québec
Partners for Impact
Partners In Health Canada (PIH)
Pathfinder International
Plan International Canada
Population Services International
PRE-EMPT
Réseau francophone international pour la promotion de la santé (RÉFIPS)
Root Change
Salanga
Samaritan's Purse Canada
Save the Children Canada
Seva Canada Society
SickKids Centre for Global Child Health
Tearfund Canada
Teck
The Primate's World Relief and Development Fund (PWRDF)
The Salvation Army Canada
The Society of Obstetricians and Gynaecologists of Canada (SOGC)
Tula Foundation
UNICEF Canada
Unité de santé internationale - Université de Montréal
University of Calgary, Cumming School of Medicine
University of Manitoba Centre for Global Public Health
University of Ottawa
University of Saskatchewan
University of Toronto
WaterAid Canada



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Funded by the
Government
of Canada

Canada

This report is published in partnership with
Global Affairs Canada.

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