CanWaCH DATA EXCHANGE

GLOBAL HEALTH IMPACT REPORT 2023:

Committed. Accountable. Together.

APRIL 2023

CONTENT

MAIN ACRONYMS USED

10YC	Ten-Year Commitment
AOF	Area of Focus
ARC	Anti-Racist Cooperation
BIPOC	Black, Indigenous and People of Color
CanWaCH	Canadian Partnership for Women and Children's Health
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DRC	The Democratic Republic of Congo
EFN	Equal Futures Network
FP	Family Planning
GAC	Global Affairs Canada
ICFP	International Conference on Family Planning
LGBTQ2I*[1]	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Two-Spirit, Intersex
2SLGBTQ+	Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning)
LMIC	Low- and Middle-Income Country
MWG	Metrics Working Group
NAF Canada	National Abortion Federation (Canada)
NBC	Northern Birthwork Collective
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
NWT	Northwest Territories
ODA	Official Development Assistance
PAC	Post-Abortion Care
PHC	Primary Health Care
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage

[1]Note: while in this report we generally refer to "LGBTQ2I communities" (a population category included in the Project Explorer), in a Canadian context, we refer to 2SLGBTQ+". Placing of "2S" for "Two Spirit" at the beginning of "LGBTQ" is to acknowledge that Two Spirit Indigenous people were the first sexual and gender minority people in North America, and also to demonstrate solidarity with them in this period of truth and reconciliation in Canada.

ACKNOWLEDGEMENTS

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- The CanWaCH member and partner organizations who shared their project information and contributed to the Project Explorer, especially during the past year
- Members of the CanWaCH Metrics Working group (MWG)
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- Jill Doctoroff (NAF Canada)
- Sabrina Flack (Northern Birthwork Collective)
- Geneviève Blouin (Santé Monde),
- Members of the Equal Futures Network who shared their organization's data
- Staff members of the CanWaCH secretariat

DISCLAIMER

The insights and data referenced in this report have been provided by contributing organizations and have not been independently verified by CanWaCH. Numbers are accurate at the time of publication and may change as projects are updated. As such, the figures in this report may differ from current data shown on the website. CanWaCH does not endorse or recommend specific programs or activities, and the content of this report is intended to be inspirational and not prescriptive. The designations and maps in this report or on our website do not imply the expression of any opinion on the part of CanWaCH concerning the legal status of any country, territory, city or area, its authorities or the delimitation of its frontiers or boundaries.

A WORD FROM CANWACH

Covid. Conflict. Crises. Today's challenges cannot be taken lightly. At CanWaCH, we believe that partnership is the heartbeat of all solutions and pathways forward, the driving force of the change we need to see in the world.

Partnership is not always easy. It requires intentional action built on mutual accountability. This means questioning the "how" and the "why" of our actions. The following report asks important questions about how our investments, partnerships, approaches and focus shifted amid a confluence of global challenges? Why have these shifts occurred? Were they intentional or consequential as we adjusted course multiple times amid significant world events. Are any course corrections needed today?

CanWaCH's annual Global Health Impact Report is meant to be a window into members' accountability work that showcases data we collect through our open data platform, the Project Explorer. It is our contribution, as a convener and gatherer of a diversity of voices and experiences, to the results story of Canadian involvement to advance health and rights globally.

We are all still in the shadow of the pandemic. Globally, we continue to discover the depth of the impact of this major global health crisis and related mitigation measures, with varying levels of severity. Global instability from the war in Ukraine to violent civil unrest in Yemen, Haiti and Afghanistan, coupled with climate emergencies in Pakistan, Türkiye and Syria, have left organizations scrambling to meet unprecedented global need. In all these situations and complex emergencies, efforts to ensure universal access to healthcare and the right to health are seriously undermined, especially for women and girls.

This report is a snapshot of the efforts being carried out by CanWaCH and Equal Futures Network (EFN) members and partners to ensure such rights – a shared commitment to make universal access, including sexual and reproductive health services, a reality, both in Canada and internationally.

In this 4th edition of the Global Health Impact Report, we are reporting from a growing dataset– a threefold increase since our first report. This means richer data to better ensure we can explore our collective learnings and achievements.

Along with the CanWaCH Board of Directors, amid significant ongoing challenges, I remain optimistic. The ability of our members, our partners and of the CanWaCH team to question ourselves, to learn and to share, is remarkable. In solidarity with each other, with governments and with our community partners, we strive to be more mindful and intentional, putting forward best practices and 'walking the talk' for authentic partnerships.

This involves giving space to local voices, as well as taking on the commitment to more equity and justice and further embracing anti-racist cooperation. We are privileged to do this within the context of Canada's Feminist International Assistance policy, now in its fifth year.

This report is intended to pave the way to continuing important conversations about impact and accountability. CanWaCH will continue to convene these conversations in several ways over the coming year acknowledging that accountability – like any progress – elicits change and, at times, discomfort. Let's sit in that discomfort together by continuing to share, listen and learn together.

In solidarity,

Julia Anderson
Chief Executive Officer
Canadian Partnership for Women and Children's Health (CanWaCH)

INTRODUCTION: TOWARDS SUPPORTING UNIVERSAL ACCESS TO MEET UNIVERSAL NEEDS

In line with CanWaCH's mission, this fourth edition of the Global Health Impact Report (GHIR) aims to provide current insights into the collective contributions that reflect the commitment of Canadian organizations and their global partners to the advancement of the health and rights of women, children and adolescents globally.

Our analysis of data available in 2022 from the Project Explorer and the Equal Futures Network map was conducted amid a backdrop that, in part due to learnings from the COVID-19 pandemic, saw an increasing awareness of: the fragility of the right to health worldwide; the necessity to ensure universal access to universally needed health services; the need to support a more enabling environment for enhanced health and rights, especially sexual and reproductive health and rights (SRHR); and, the continued resolve that there can be no Universal Health Coverage (UHC) without SRHR.

With the adoption of Sustainable Development Goals (SDGs) in 2015, came a commitment by nations to *"Ensure healthy lives and promote well-being for all at all ages"* (SDG3), including *"Universal access to sexual and reproductive care, family planning and education"* (Target 3.7) by 2030. This commitment is woven into key Canadian policies, showing that *"…. Canada is committed to helping achieve the SDGs* ***in Canada and in developing countries****"*.[1]

Achieving the SDGs requires us to revisit our definition of ***"global health"*** to incorporate, not only health in low-and middle-income countries supported by international assistance and cooperation efforts, but also health in Canada. Using this lens, it only makes sense to link local and global perspectives and contrast some of these efforts despite some realities within the global and domestic landscapes that are beyond comparison. This lens, combined with a rights-based lens, brings our focus on:

- **WHOSE** rights are we talking about: *"rights holders"* - those who benefit from projects and organizations' initiatives;
- **WHAT** is being done (areas of focus, scopes of work) by a community of *"responsibility holders"*[2] to support the *"duty bearers"* (governments/state actors with legal obligations) in their efforts to advance health and rights, especially SRHR, for everyone; and,
- **NEXT**, we must explore ways to *"get there"* before we *"look forward"* in support of sustained contributions to the advancement of health and rights globally.


Photo by: ADRA/Green House Studio

Collectively, we must shift how we define accountability in global health and push those accountable - all of us - to *"walk the talk"* together.

1. **BRINGING TOGETHER** THE POWER OF A COMMUNITY THROUGH DATA

1.1. **METHODOLOGY** FOR THIS REPORT

This report was produced using data from the CanWaCH Project Explorer and other related data analytics (international focus), as well as data from the Equal Futures Network map (domestic focus). This data was complemented by a literature review and interviews with members of the CanWaCH community at large (member organizations and Network members).

1.1.1. **ABOUT** THE CANWACH PROJECT EXPLORER (INTERNATIONAL FOCUS)

Data from the CanWaCH Project Explorer supports valuable aggregate analysis of the scale and scope of Canada's work in global health and gender equality since 2010. This bilingual open data platform, managed by the CanWaCH Secretariat and launched in 2017, was envisioned as a space to assemble different data types. It aims mainly to capture and share a full spectrum of international aid efforts around the world, especially in areas related to global health and gender equality, with a link to Canadian actors or Canadian funding. The Project Explorer is **meant to complement other data platforms** and to contribute to filling data gaps.

Through data-sharing, mapping and analyses, the Project Explorer aims to:

- *promote collaboration;*
- *enhance coordination of efforts; and,*
- *mobilize information, in order to improve decision-making and inspire professional excellence in global health and development.*[3]

In a similar way to the International Aid Transparency Initiative (IATI), the CanWaCH Project Explorer is **more than numbers and data**. As an open data platform compiling information from CanWaCH member organizations and beyond, the Project Explorer is a reflection of the commitment and activities of **an entire community**. At the core of CanWaCH's Data Exchange Initiative, it brings together project-based information from CanWaCH member organizations as well as non-members, including Canadian and non-Canadian non-governmental organizations (NGOs), academia, multilateral institutions, bilateral commitments and private sector actors.

Data in the Project Explorer is gathered by CanWaCH through a variety of sources, mainly through targeted outreach to contributing organizations. This information is supplemented by online searches of websites and published materials, including the Global Affairs Canada Project Browser. Regarding a number of data fields, sample sizes (n) and numbers reflect data as received from contributing organizations. Contributors are provided consolidated guidelines to ensure consistency across data collected in order to avoid errors that may involve double counting such as with population estimates. The data is entered, cleaned and analyzed by CanWaCH staff. All collected data is publicly available in open-source format for download and independent analysis. As the Project Explorer is a living tool, the data available shows varying levels of completeness, from projects that are very new and in the very early stages of implementation to projects that have long since wrapped-up.

Since its creation in 2017, multiple targeted outreach efforts by CanWaCH to member organizations, as well as to non-members, have allowed us to progressively enrich the Project Explorer. We currently collect data across 20 primary data fields, including Reporting Organization/Type, Funding, Donor, Areas of Focus, key indicators used,

population served, and Outputs, among others. It is important to recognize that project funding is "coded" using 29 "**Areas of Focus**", which are aligned with the codes developed by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD), but simplified in a way that is easily usable and understandable.

The Project Explorer methodology is available here. Detailed methodological notes on CanWaCH's coding and data management processes are available on request.

IN 2022, CanWaCH conducted two key outreach exercises or Data Drives: one on general global health interventions and one specifically on 11 initiatives focused on the advancement of health and rights of women, adolescents and girls, announced by Global Affairs Canada in November 2021. Additional information has also been received outside these data drives as organizations are always able to contribute data at any time of year by communicating with CanWaCH directly.[4] We are most grateful to all who have contributed and responded to follow-up/clarification questions.

Analyses were conducted on the entire dataset using a downloadable CSV which, for reasons of safety for participants and staff, includes project data that cannot be fully disclosed publicly[5] or on the map. Wherever relevant, sample sizes are noted. Examples or quotes, where used, have been anonymized and are not attributed to a particular organization or person, unless the concerned persons have agreed otherwise.

The data collected, as in previous years, has been supplemented by or triangulated with online search of websites and published materials, including the Global Affairs Canada Project Browser, prior CanWaCH reports and individual interviews. At times, we have contrasted the data with available data from other sources, but it is important to note that we have not compared, as these are not necessarily comparable data.

For this report, we have also used recent analyses from a subset of data used for the 2022 special dashboard on the advancement of SRHR mentioned above.

1.1.2. THE EQUAL FUTURES MAP ("DOMESTIC" FOCUS)

FOR THE SECTIONS ON EFFORTS IN CANADA, we have used data from the Equal Futures Network map, which includes information about organizations and groups working to advance gender equality in communities across Canada. The information used here also updates some of the "emerging data" used in our 2021 GHIR. The Equal Futures Network (the Network) is about community, and the past year has demonstrated the network's commitment to *"ensuring that the diversity of all organizations in Canada is captured and that there is equitable representation of both large scale and grassroots organizations, organizations led by historically marginalized groups and organizations from rural, northern or remote locations"*.[6]

With a very different type of dataset than that of the Project Explorer, and with a different purpose, the Network data is not project specific but rather organization-focused, and provides some important insights on the type of support that member organizations provide, the population groups they serve, as well as their organization/leadership structure. We have also contrasted, and not compared, some findings with results from Project Explorer data analysis to support a local-to-global understanding of some key issues.

This data was complemented by a basic review of relevant literature as well as two qualitative interviews with the leaders of two Network member organizations, the Northern Birthwork Collective working in the Northwest Territories where challenges around access to health services are particularly daunting, and the National Abortion Federation (NAF) Canada. Excerpts from these interviews can be found throughout different sections of this report.

1.2. BY THE NUMBERS: A SHORT OVERVIEW (PROJECT EXPLORER)

1.2.1. ENTIRE DATASET OVERVIEW

The following provides a general overview of the Project Explorer data. More detailed insights on populations supported by projects, where they live (countries) and the areas of focus, are shared in Section 2.

- **SNAPSHOT:** The Project Explorer currently captures data from a total of **1503 projects** and initiatives (including **173 active projects**[7]) which were operational and/or launched between 2010 and 2022. While more detail will be provided in **Section 2** of this report, these projects represent a diversity of approaches, scopes, areas of focus, populations supported, and organizations leading and participating in efforts to improve the health and wellbeing of **over 2 billion women, men, adolescents and children** in 158 countries[8] since 2010. For projects that are still **active**, this represents over **83 million people**[9] in **82 countries**.[10]

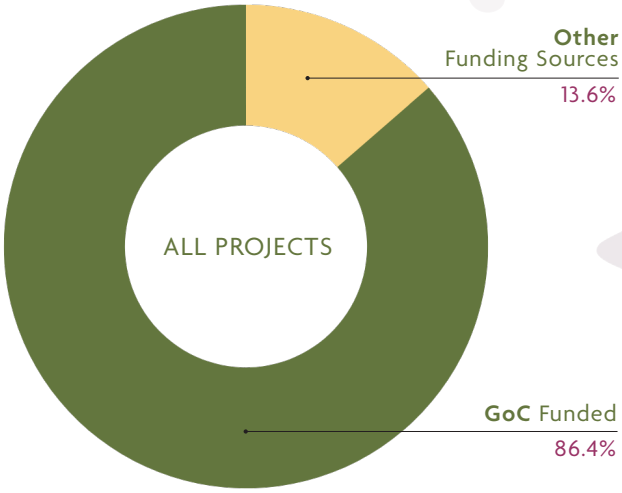
2010-2022
1503 PROJECTS
(incl. 173 active)

- Supported, planned to support or are supporting **2,078,348,922** people[11]
- In **158 countries**
- Representing a total investment of **17,042,318,598 CAD** *(Active projects: 2,430,068,882 CAD)*[12]
- Involving **407 reporting organizations** and their Canadian and global partners

- **SIZABLE INVESTMENTS (FUNDING):** The **total investment** reflected in the Project Explorer is **over 17 billion Canadian dollars** (CAD), including **close to CAD 2.5 billion for the active projects**. While all of these projects are, or have been, supported by several different donors, 86% of all of the investments reflected in the Project Explorer, and 91% of the investments in active projects, are supported by the Government of Canada (GoC).[13] See **Section 2.2.1** for a look at investments by country.

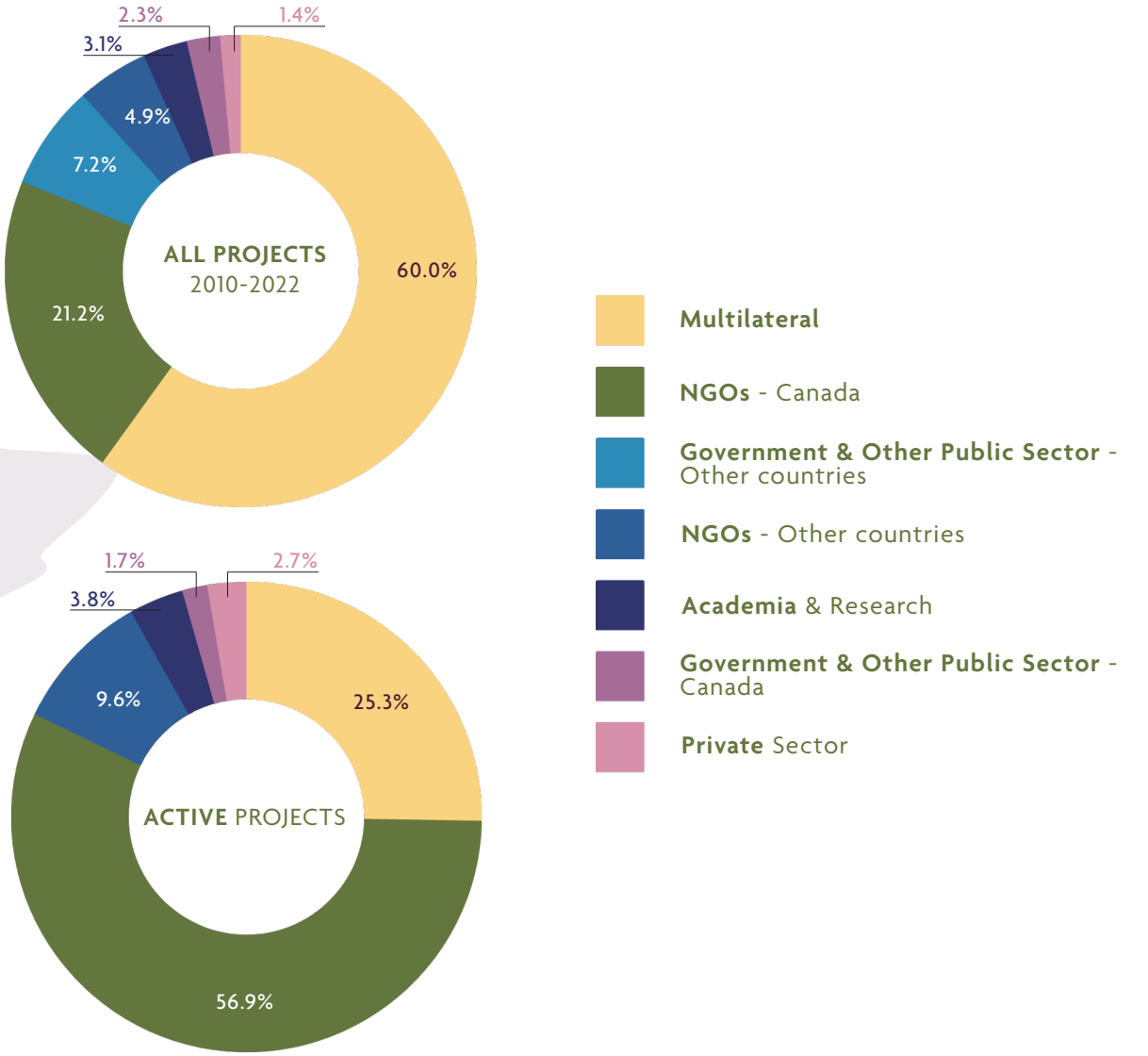
Other funding sources are varied and include the World Bank, the Asian Development Bank, the Bill and Melinda Gates Foundation, as well as Canadian organizations such as Grand Challenges Canada and the Trottier Foundation.

It is worth mentioning that since 2019,[14] the Government of Canada (like several other major international donors) has been requiring partner organizations to provide a minimum 5% contribution **(cost-share)** to funding received through grants and non-payable contribution agreements. For the 11 Health and Rights Projects announced in November 2021, the cost-share by the 11 reporting organizations (and their partners) aggregates to CAD 20,306,219.[15]



- **WHO CHANNELS THIS FUNDING?:** The Project Explorer collects information about the types of reporting organizations who are typically the lead implementing organizations receiving and managing the bulk of a project's funding. The charts below show the distribution of investments by different categories of reporting organizations.

PROPORTION OF FUNDING, BY ORGANIZATION TYPE

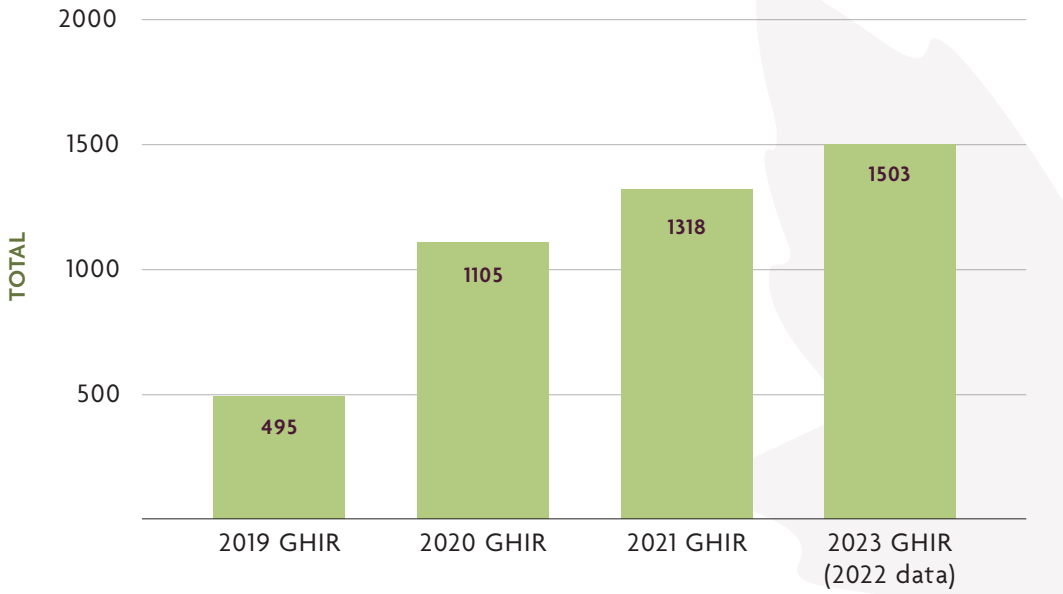


The largest proportion of reporting organizations are non-governmental organizations (NGOs) (mainly Canadian, but also international, including local) and multilateral organizations.

From 2010 to 2022, a significant proportion of aid (60% of total investments) reflected in the Project Explorer is channeled through **multilateral organizations**.[16] In recent reports published by the Government of Canada, while the proportion of multilateral organizations as implementing organizations remains high (e.g. in fiscal year 2020–2021, 69.6% of Canada's 10-Year Commitment funding was implemented by multilateral organizations and 25% by CSOs/NGOs), the projects **currently active** in the Project Explorer are mainly implemented by **NGOs** (Canadian NGOs: 56.9% and non-Canadian: 9.6%), and to a lesser proportion, by multilateral organizations.

- **A GROWING DATASET:** Since our first *Global Health Impact Report* (2019), the number of initiatives published in the Project Explorer increased threefold, from 495 in 2019, to a total of 1503 by the end of 2022. This is the result of a combination of active outreach efforts as well as continued participation and commitment of a sector to collective learning and transparency.

TOTAL NUMBER OF PROJECTS PUBLISHED IN THE PROJECT EXPLORER SINCE 2019



This has considerably enriched the data available for analysis. Efforts to enhance and adapt data collection tools and processes to increase the completeness of data are ongoing.

1.2.2. SPECIFIC FOCUS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

In 2022, CanWaCH developed a new Data Analytics Portal, with an interactive dashboard, "Advancing Sexual and Reproductive Health and Rights Worldwide: A Canadian Perspective", The data used for this dashboard represents a **subset of the current Project Explorer dataset** (including projects which were operational between 2010 and 2022), with **613 projects** (out of a total of 1503), including **88 active projects**. This data analytics portal sheds light on five key Areas of Focus (AOFs) that contribute to the advancement of SRHR (including related to health systems strengthening, which is key to making this advancement possible), and as such, this subset was selected based on these AOFs.

As mentioned above in **Section 1.1.1**, CanWaCH uses a mapping system to group common sector codes to reflect a simpler categorization of the DAC codes. While they are briefly summarized in the preamble of the Data Analytics Portal, the rationale for the selection of these AOFs is further explained in **Section 2.2.1**.

Taking into consideration this mapping, AOFs considered are:

- **Reproductive Health & Rights incl. Maternal Health**
- **Sexual Health & Rights**
- **Sexual & Gender-Based Violence**
- **HIV**
- **Health Systems, Training, & Infrastructure**

OUTLINE OF MAPPING FOR SELECTED AOFS

AOF IN PROJECT EXPLORER	WHAT'S IN IT (including OECD DAC Codes & new Global Affairs Canada Codes)
Reproductive Health & Rights incl. Maternal Health	13020 Reproductive health care **13021**** Safe Abortion Services and Post-abortion care (GAC code) **13030**** Family planning
Sexual Health & Rights	**13011**** SRHR Advocacy and Reform (formerly *"Sexual and reproductive Rights"*) **13012**** Comprehensive Sexuality Education 13040 STD control including HIV/AIDS
HIV	16064 Social mitigation of HIV/AIDS
Sexual & Gender-Based Violence	**15180**** Ending violence against women and girls
Health Systems, Training, & Infrastructure	12230 Basic health infrastructure 12281 Health personnel development 13081 Personnel development for population and reproductive health

Note: ** indicates priority areas of SRHR, including areas neglected in international assistance efforts.

This subset of data will be referred to throughout this report, especially in **Section 3**, looking at populations supported and Areas of Focus.

2. ADVANCING HEALTH & RIGHTS AND PUTTING THE "GLOBAL" BACK INTO GLOBAL HEALTH

2.1. RIGHTS-HOLDERS: WHO IS THIS ABOUT?

Under a rights-based approach, our first concern is with the **"rights holders"**, and while this includes everyone, it involves a particular focus on those who are often left out, both globally as well as in Canada.

When it comes to SRHR, we have viewed our data through the lens of the increasingly adopted definition of SRHR developed by the Guttmacher–Lancet Commission (2018), which is comprehensive, rights-focused and highlights the needs of underserved groups such as adolescent girls, LGBT2QI persons, people living with disabilities and displaced persons, among others. These vulnerable and marginalized groups are often 'neglected' and underserved by national health programs and international assistance efforts. The result is limited access to essential services including multiple barriers to SRH services, due to intersecting inequalities (age, ethnicity, religion, language, refugee status, etc.).

2.1.1. AROUND THE WORLD (PROJECT EXPLORER DATA): WHO AND WHERE?

WHO ARE THEY? REACH AND POPULATION GROUPS

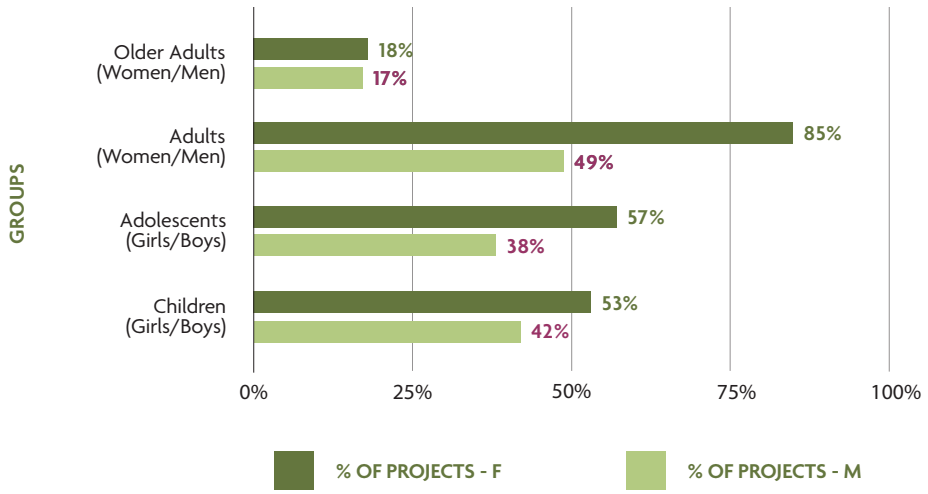
Reach - total population (estimates based on information provided):[17]

- ***All projects (2010-2022)***: 2,078,348,922 people of all ages and genders, including 348,749,950 reached through efforts to support the advancement of SRHR.

By Age and Sex: While data shows support to all people throughout the lifecycle, there is significant focus on **women and adolescent girls:**

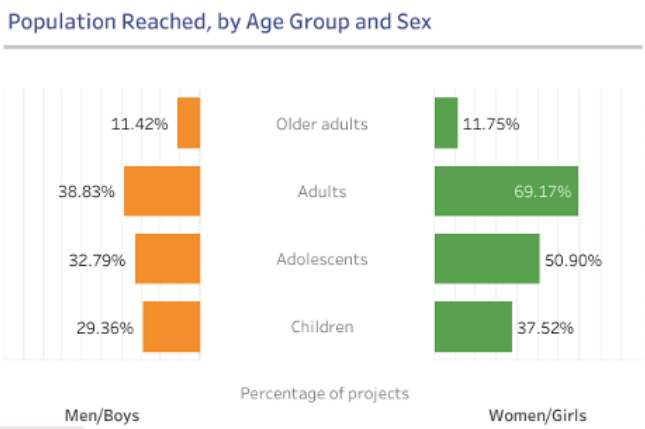
- 85% of all projects (2010-2022) support adult women and 57% of projects support adolescent girls.

POPULATION BY AGE GROUP AND SEX (% OF ALL PROJECTS, 2010-2022)

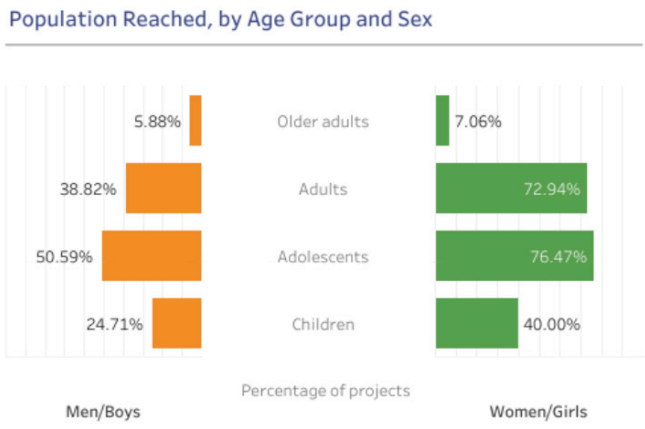


- Of projects specifically supporting the advancement of SRHR, 69% support adult women[18] and 51% focus on adolescent girls.

All Projects (2010-2022)



Active



Specific population groups: Among projects to support groups that are underserved, experience neglect in SRHR and are subject to discrimination, available data shows that most support is directed to internally displaced people, refugees and persons with disabilities.

The following table ***summarizes*** the information on top population groups by dataset.[19]

POPULATION GROUPS	PROJECT EXPLORER - ALL PROJECTS	PROJECTS TO ADVANCE SRHR - ALL	PROJECTS TO ADVANCE SRHR - ACTIVE	11 H&R PROJECTS (ACTIVE)
Internally displaced people (IDPs)	**19%**	2.94%	4.60%	36%
Refugees	**16%**	3.26%	8.05%	45%
Persons with disabilities	**16%**	6.04%	**10.34%**	45%
LGBTQ2I communities	5%	2.94%	**10.34%**	45%
Indigenous Peoples	5%	1.79%	3.45%	-
Local Minority Groups	3%	1.79%	1.15%	9%

Despite added focus on these vulnerable populations in recent years, these groups remain among the least supported (compared to the overall data set), indicating they must continue to be prioritized in SRHR programming:

- **IDPs and Refugees:** among projects to support SRHR, the data shows a higher proportion among active, ongoing projects than among all projects that support these groups.
- **LGBTQ2I+ communities:** reflecting that they can face discrimination or persecution because of their sexual orientation and gender identity, as it is considered illegal[20] in many "host" countries. In addition to facing discrimination, LGBTQ2I+/2SLGBTQ2I persons have specific needs that are not often well understood by healthcare staff, requiring specific medical guidelines and training.[21] However, it is worth noting that among active projects to advance SRHR[22] over 10% of projects support LGBTQ2I+ communities, contrasting with the 2.94% in the overall SRHR subset of data. While this cannot support clear conclusions about the commitment by partner organizations to address a critical service gap for LGBTQ2I+ communities, it is worth mentioning the context of current Global Affairs Canada programming specifically to support these communities, following announcements[23] made in July 2022.
- Contrasting the data above, it appears that **persons living with disabilities** also benefit from increasing support. Here is an example in the DRC, among youth facing intersecting barriers to the advancement of their health and rights:

ACCESS TO SRH SERVICES FOR DISABLED YOUTH IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC): A 2022 ACHIEVEMENT[24]

In 2022, a project focusing on strengthening PHC in the DRC:

- Healthcare providers were trained to use sign language and/or coached to help improve the deaf and hard of hearing communities' access to more inclusive SRH services
- 500 **youth experiencing deafness or hearing loss**, (including 270 young women) received free family planning and STI services through campaigns by the St Denis Health Center (Kinshasa Health Zone)

Photo by: ASSK Project

> *"Sign language training allowed me to provide much needed healthcare to the deaf community. I am proud to contribute to the well-being of a population often excluded from health services."*[25]

PROJECT: Access to Health Services for Women and Girls in Kinshasa (ASSK) (2018-2024)

DONOR: Global Affairs Canada

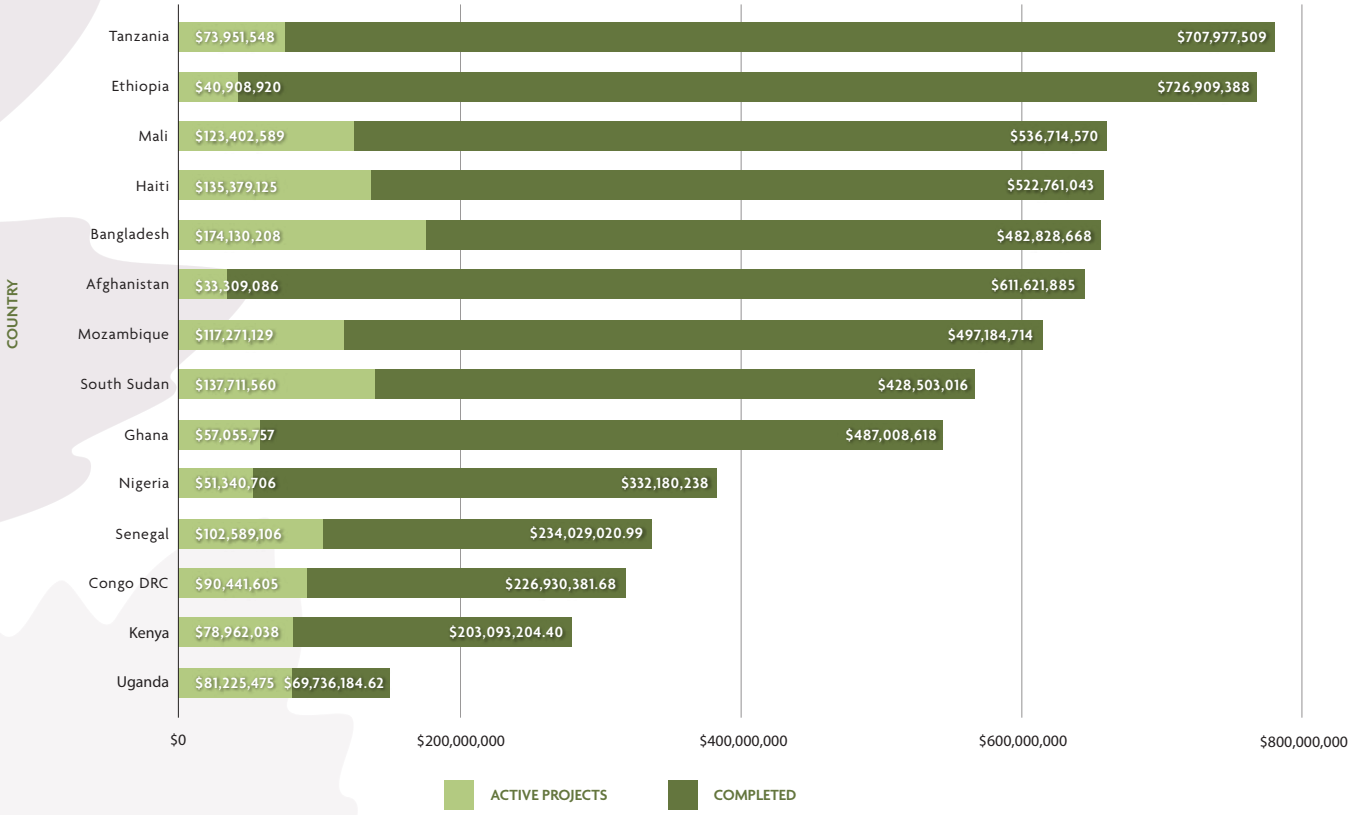
IMPLEMENTING PARTNERS: Santé Monde and Unité de santé internationale (USI) du CHUM (consortium).

WHERE DO THEY LIVE? (INCLUDING TOP COUNTRIES)

Urban vs. Rural: Worldwide, living in a rural or urban area can affect the availability and access to services. Those living in rural or remote areas are often underserved when it comes to essential SRHR services, including access to contraceptives. Of the projects that provided data on where people live, 57%[26] supported mainly rural populations.

Around the world: These efforts benefit women, girls, men and boys and support the healthcare workers, health facility managers, local and national health and other relevant authorities, women's groups and local civil society organizations who serve these communities, in up to 158 countries. Based on total investments by country available in the Project Explorer, the top countries supported are fairly consistent between completed projects and ongoing projects.

TOP 14 COUNTRIES BY TOTAL VALUE OF REPORTED PROJECTS (2010-2022 - ACTIVE AND COMPLETED PROJECTS)



This data reflects investments from all funding sources, and for a wide spectrum of efforts with regard to global health, including sustainable development, humanitarian response and research activities. In light of Project Explorer data, and recent reports focusing specifically on Canadian international assistance,[27] several countries stand out in terms of priorities:

		FYI only (additional information on countries)		
Country	Rank/total value of project funding ProX ALL	Ranking in 10YC 2020-2021 report[28]	Ranking, Human Development Index (HDI 2021)[29]	Ranking, 2022 Fragile States index[30]
Tanzania	1	1	160	61
Ethiopia	2	3	175	13
Mali	3	6	186	14
Haiti	4	(not among top 10)	163	11
Bangladesh	5	4	129	38
Afghanistan	6	9	180	8
Mozambique	7	2	185	21
South Sudan	8	7	191	6
Ghana	9	(not among top 10)	133	108
Nigeria	10	8	163	16

NOTABLY:

- The top 10 countries for total funding[31] have not changed much since our inaugural GHIR in 2019. The exception is **Afghanistan**, which has dropped down the list compared to our previous reports and, in terms of active projects, is no longer on the list of top 10. This reflects the fact that very few, if any, projects are being directed to Afghanistan at the moment due to the current socio-political situation that has turned into a humanitarian crisis. A measure that is anticipated to mitigate this decrease in funding to Afghanistan is the legislative amendment to terrorism financing laws introduced by the Government of Canada in March 2023 that will allow Canadian organizations to provide support in Afghanistan.
- Several are also **among the largest recipients of overall Canadian aid**[32] (such as Tanzania, South Sudan and Mali). Though priority setting is complex, and no longer based on a list of "priority" countries, many of the largest recipients of aid remain the same as the "countries of focus" defined in 2009.[33] These are among the poorest and most fragile states (though several of the lowest income countries are not listed, such as Yemen, which comes third among top recipients of Canadian humanitarian aid[34]). Capturing expanded data on Canadian humanitarian assistance work will continue to be an area of emphasis in Project Explorer data collection.
- The context for a full exercise of sexual and reproductive health and rights can be limiting in these countries, especially with restrictions in legislation related to abortion or sexual orientation and gender identity.[35] However, while not attributable to support provided by Canadian actors, there have been some interesting advancements in SRHR despite challenging environments, for instance in Ethiopia.[36]
- A fairly large proportion (41%) of total investments reported in the Project Explorer are projects advancing SRHR (see SRHR Dashboard) which is consistent with the focus of CanWaCH.

2.1.2. IN CANADA (EQUAL FUTURES NETWORK DATA) - WHO ARE ORGANIZATIONS SUPPORTING?

There is a commitment under the Canada Health Act to support the right to health for all residents of Canada and to "*reinforce efforts to defend the reproductive rights of Canadians and to ensure that abortion services are readily available, without barriers,* ***to all who seek them***".[37] Yet many continue to experience a number of barriers due to specific system "gaps" (e.g. contraceptives are not included in extended health benefits everywhere[38]). Also impacting access are determinants such as income, living in remote underserved areas (rural and/or Northern communities), being a member of diverse communities/ethnicity (Black, Indigenous and People of Color [BIPOC]), sexual orientation and gender identity (2SLGBTQ+ communities), citizenship status (Immigrants, new Canadians or refugees) or age (youth and Seniors).

The challenges faced by these communities are many and are at the intersection of accumulated vulnerabilities. Here is an example from the Northwest Territories, where close to 50% of the population is Indigenous (as opposed to 4.9% on average in Canada).[39]

CHALLENGES FACED BY UNDERSERVED COMMUNITIES IN THE NORTHWEST TERRITORIES

What challenges do women and adolescent girls, and 2 spirit/nonbinary individuals face in the North and how can this make them vulnerable or marginalized, especially when it comes to accessing healthcare and SRH services, and exercising their right to health?

> *"Through [my] work, some of the main challenges I witness and hear of are:*
> - *A lack of comprehensive sexual education*
> - *A lack of services in remote communities which leads to individuals needing to leave their home communities to access reproductive health care services*
> - *Language and communication barriers with healthcare providers*
> - *Anti-indigenous racism in the health care system*
> - *A lack of options for care providers and very little continuity of care. What this looks like in practice is very few midwives and a lot of locum practitioners*
> - *Lasting impacts of colonization resulting in intergenerational trauma*
> - *Domestic violence and intimate partner violence and a lack of services to support women fleeing from violence"*
>
> - **Sabrina Flack**, Co-Founder & Project Director
> The Northern Birthwork Collective (A member of the Equal Futures Network)

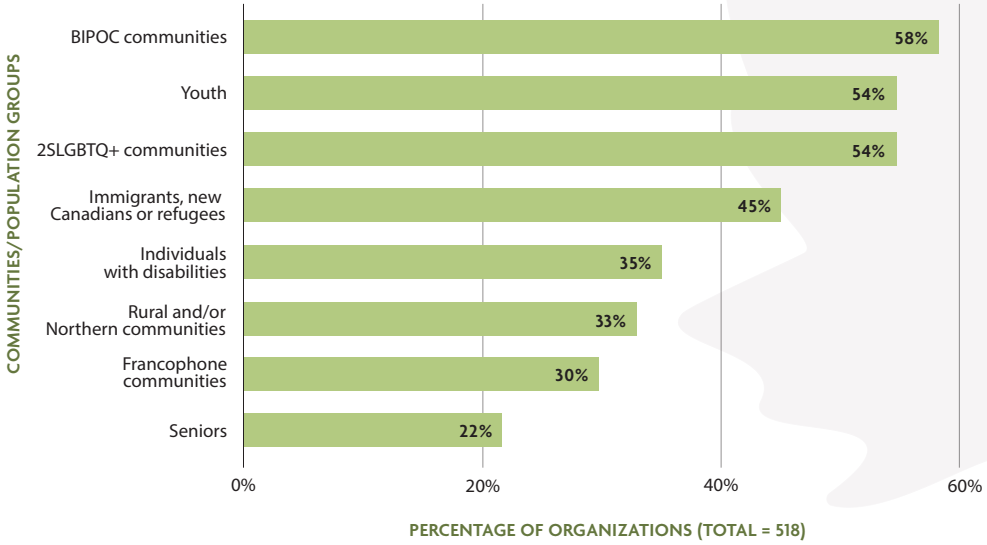
REGIONAL FOCUS: Northwest Territories (NT)

MAIN COMMUNITIES SERVED: Rural and/or Northern communities; 2SLGBTQ+ communities; BIPOC communities; Immigrants, new Canadians or refugees

While Network members all aim to advance gender equality, they also do so by supporting **groups experiencing various forms of historic and ongoing levels of marginalization and vulnerability** in Canada, working to ensure they are not left out. Their focus on creating community connections and strengthening capacity makes a difference in the lives of many underserved, marginalized or vulnerable communities.[40]

Network members are often led by the communities they serve, and support strong allyship with communities that often experience intersecting forms of discrimination in addition to other barriers to exercising their full right to health, in particular SRHR. These factors have been exacerbated by the COVID-19 pandemic which "*has created disruptions in access to sexual and reproductive health-care services for women, trans and non-binary people with disabilities*".[41]

MAIN COMMUNITIES/POPULATIONS SERVED BY NETWORK MEMBERS



The top five groups among the nine categories used in the Network map are:

- **BIPOC COMMUNITIES** (58% of organizations): Racialized communities face severe inequalities, in particular Indigenous populations, and *"access to abortion care continues to be inequitable for Indigenous peoples and reproductive justice gaps are prevalent in current services."*[42] In addition, there is a certain *"mistrust towards the system... whether that's a fear of being misdiagnosed, or exploited, or just receiving, generally, culturally incompetent care"*, as identified by Network member BIPOC Women's Health Network (WHN).[43]
- **YOUTH** (54% of organizations): In the same way that focused support for youth internationally is required (57% of projects in the Project Explorer support adolescent girls), youth in Canada may experience limited access to key reproductive health services and challenges in exercising their rights, including those outlined in the Youth Bill of Rights developed by Action Canada.
- **2SLGBTQ+ COMMUNITIES** (54% of organizations): It is recognized that 2SLGBTQ+ are *"often unable to access inclusive sexual and reproductive health services because of a lack of safety in health care settings and/or a lack of provider knowledge about LGBTQ2 health"*.[44]
- **IMMIGRANTS, NEW CANADIANS OR REFUGEES** (45% of organizations): While *"immigrants are eligible for health care coverage under the Canada Health Act"*, there can be *"waiting periods of up to 90 days in some provinces"*.[45] In addition, these communities face unique barriers to accessing healthcare[46] due to administrative delays, language barriers and cultural differences, among others.
- **INDIVIDUALS WITH DISABILITIES** (35% of organizations): Similar to global settings, disability in Canada is also a barrier to accessing health services, particularly in the wake of COVID-19.[47] A number of blindspots have been identified (North and South) where persons with disabilities continue to experience invisibility, discrimination, obstetric violence, isolation and lack of resources.[48]

The next section will explore the ways in which Network member organizations are supporting women, in all their diversity, and the communities they are connected to.

2.2. WHAT AREAS ARE THESE EFFORTS FOCUSING ON?

Project Explorer contributors, as well as Equal Futures Network member organizations, carry out a variety of activities to get closer to the impact they pursue - to ensure that everyone's right to health is taken into consideration.

> ***"Realization of Sexual and reproductive health and rights (SRHR) requires provision of comprehensive, people-centered services, that address the different elements of SRHR, and which are supported by an enabling environment, quality health systems, and meaningful community engagement."*** (WHO)

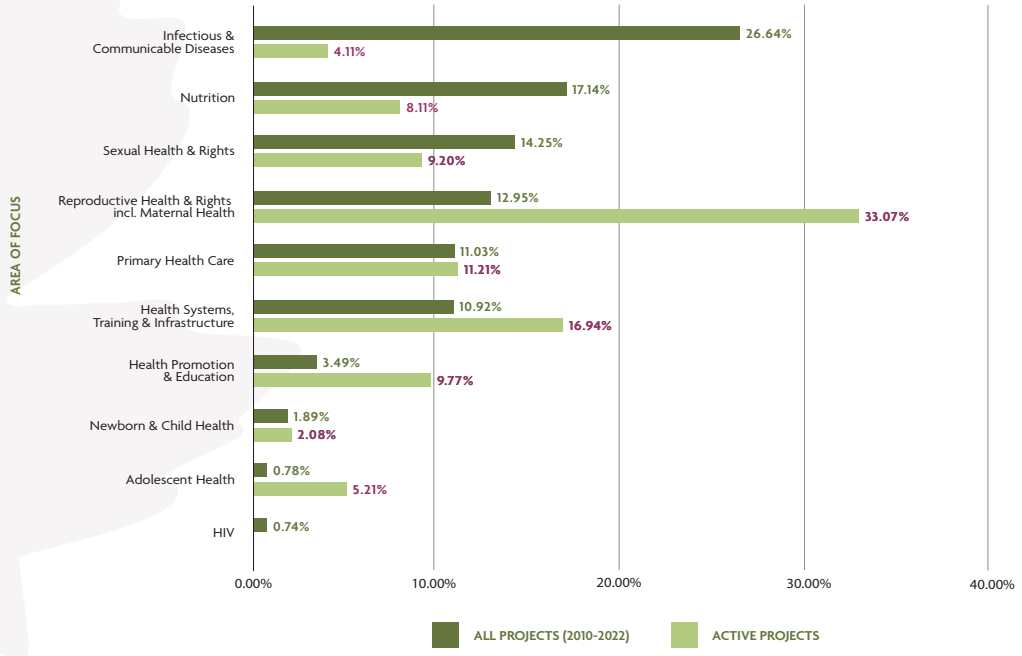
One key insight into these activities are the Areas of Focus (Project Explorer) and the Scopes of Work (Network).

2.2.1. AROUND THE WORLD (PROJECT AREAS OF FOCUS)

OVERVIEW: The following shows the top 10 Areas of Focus according to Total Combined Value of Reported Projects (2010 to date), including active projects. While the data in the Project Explorer has grown over the past year, the ranking of top priority areas based on fund distribution has not changed significantly since last year's report.

These areas all contribute to supporting ***countries in their efforts in the Advancement towards achieving universal health coverage*** (SDG 3.8). Primary Health Care (PHC) is recognized as the foundation for UHC[49] and the coverage of essential health services (SDG indicator 3.8.1) is defined by the *"average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population"*.[50]

TOP 10 AREAS OF FOCUS, BY % DISTRIBUTION AMOUNT OF TOTAL VALUE, PROJECT EXPLORER, 2010-2022



FOCUS ON ADVANCING SRHR: as introduced in **Section 1.1.2**, the new dashboard on SRHR under the CanWaCH Data Analytics Portal (built from Project Explorer data) focuses on five key Areas of Focus that provide an integrated lens into how partners support the advancement of SRHR, taking into consideration the following points:

1. The *integrated definition of SRHR* put forward in 2018 by the Guttmacher-Lancet Commission[51] bringing together **Reproductive Health and Rights including Maternal Health** (this also includes safe abortion services and post abortion care, family planning) as well as **Sexual Health (STI treatment and prevention)** and related rights.

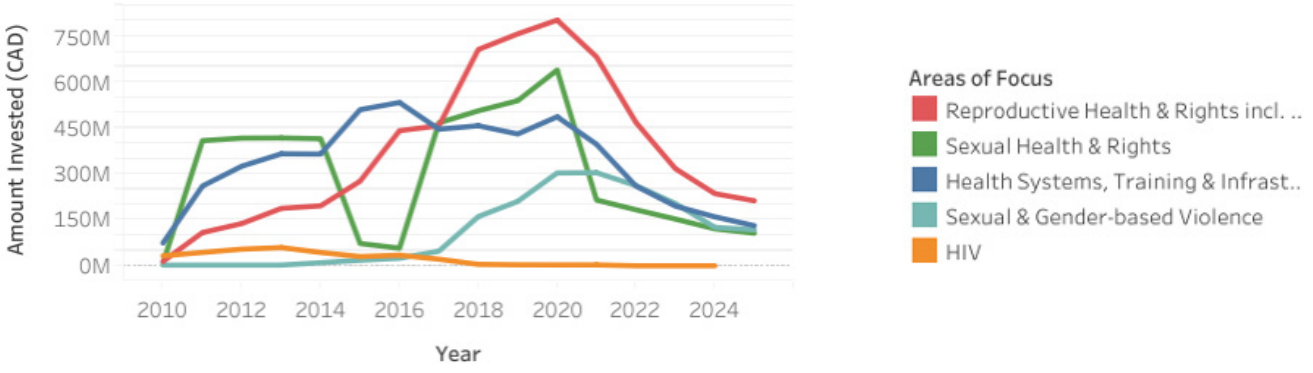
2. The importance of **advocacy and comprehensive sexuality education to create an enabling environment** to empower communities, especially women in all their diversity, adolescents of all genders and children. This is currently captured in the Project Explorer under the "Sexual Health" Area of Focus, as is the treatment and care of sexually transmitted infections (STIs).

3. **Sexual and gender-based violence (SGBV/GBV)**, which includes child marriage and female genital mutilation (FGM), is a priority area of SRHR affecting many women[52] across different groups and with adverse effects on their sexual and reproductive health, rights and wellbeing of affected persons, requiring a multisectoral approach.[53]

4. **HIV** is still a pandemic[54] and that access to treatment and care, while very advanced, is not equitable. In fact, progress has been stagnating, or even faltering, on prevention and treatment worldwide (including in Canada).[55]

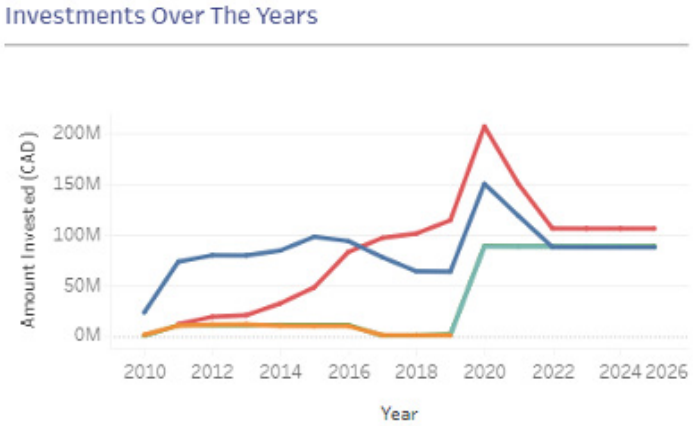
5. The importance, under a rights-based framework[56] to ensure the *availability, accessibility, acceptability* and *quality* of services. This is in support of the exercise of rights, access to essential services, in particular SRH, and towards **health systems strengthening (HSS), training and infrastructure** across the six building blocks identified under the WHO framework for HSS,[57] especially ensuring adequate training to health professionals and support for infrastructure (availability of facilities and their rehabilitation, adequate basic equipment and environment of care).

Data was analyzed to show **trends** over the past 12 years in terms of funding for the selected Areas of Focus. Though information for the Project Explorer is not collected by fiscal year, trends distinctly show increasing support for reproductive health and rights including maternal health, combined with increased support for sexual health and rights after 2016. Some key milestones: the Muskoka Initiative (2010-2015) when the focus was greater on maternal health over sexual health; the investment for SRHR in 2016-2021 ($650M); and, shifts alongside the FIAP launched in 2017. From 2010 to 2021, support for the advancement of SRHR has evolved, including a clearer shift to a rights-based approach for the overall wellbeing of women, adolescent girls and children. The apparent drop in 2021-2022 does not necessarily imply a drop in funding, but rather the fact that at the time the dashboard was developed, a number of new projects were still in the process of being entered in the Project Explorer.



The example of **Tanzania**, among top countries supported by investments behind projects and areas of focus, clearly shows the upward trend in most of these AOFs.

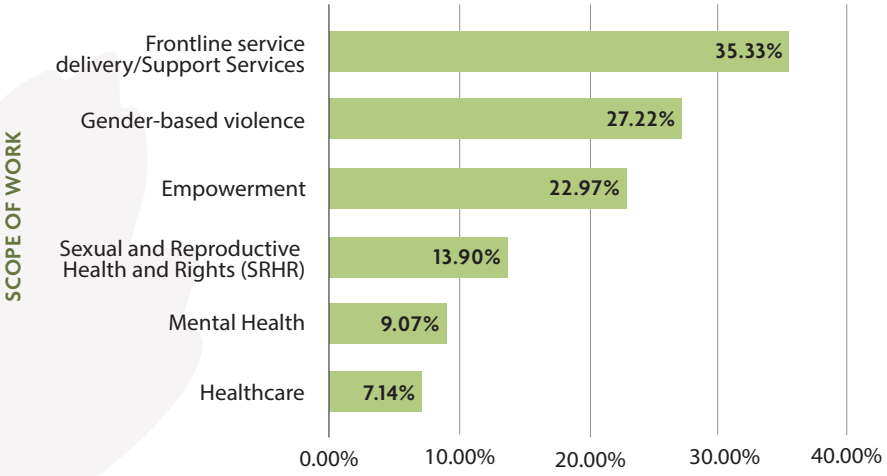
INVESTMENTS IN TANZANIA



2.2.2. IN CANADA (ORGANIZATIONS' SCOPES OF WORK)

When examining what Network members are doing to advance gender equality and to contribute to the health and wellbeing of the communities they serve, the following six categories were identified as priority areas within their scope of work.

HEALTH-RELATED SCOPES OF WORK SUPPORTED BY NETWORK MEMBER ORGANIZATIONS (% OF ORGANIZATIONS)



Over a third of organizations are involved in **service delivery**. While not specifically health-related, many of these services support access by underserved populations to essential SRHR services. Frontline service delivery, and especially healthcare, are key to support access especially for the underserved groups mentioned above, and thus to ensuring that these groups exercise their right to health. Persons who experience **gender-based violence** face barriers to accessing key services, including SRH services, in addition to being seriously affected when it comes to their sexual and reproductive health and rights. In the same way, supporting the **empowerment of women** in all their diversity is essential to the exercise of their rights.

Here is an example of essential and comprehensive service provision:

IMPROVING ACCESS TO SRHR IN THE NORTHWEST TERRITORIES PORTRAIT OF A NETWORK MEMBER: THE NORTHERN BIRTHWORK COLLECTIVE (NBC)

This is from an interview with **Sabrina Flack (she/her)**, who describes herself as *"a queer, mixed-race (black and european) settler living on Chief Drygeese Territory in Denendeh, traditional lands of the Yellowknives Dene First Nation (Yellowknife, NT)".* She is a full-spectrum birthworker, as well as the co-founder and project director of the Northern Birthwork Collective.

Photo by: Northern Birthwork Collective

Tell us about your organization: what it does, how it focuses on sexual and reproductive health and rights, for whom, and where?

> *"The NBC is a reproductive justice advocacy project in the Northwest Territories (NWT) that delivers doula-led programming for pregnancy and all pregnancy outcomes. It is also a team of reproductive justice advocates, doulas, parents and community members who are committed to creating safer spaces, programming and services for pregnant people in the NT.*
>
> *Our **vision** is for all families, pregnant and birthing people from underserved communities to have access to holistic and dignified support that is respectful and free of oppression and racism. Our **mission** is to provide cost-supported programming and services for all stages of the reproductive journey including conception, pregnancy, birth, postpartum, miscarriage, loss, abortion and parenting. We intend to provide continuous education to our community and grow a territory wide network of birthworkers who can provide collective care that is grounded in our values. We acknowledge that colonization has had a great impact on our bodies and traditions and believe that revitalizing traditional knowledge is a crucial step in our collective healing.*
>
> *Our **programming** includes providing doula support for pregnancy and all pregnancy outcomes (including labor, birth, postpartum, miscarriage, loss and abortion), providing support to people who are impacted by the evacuation policy, and we are in the process of developing an Indigenous birthwork training program for the NWT. Our programs and services are **cost supported for underserved communities** (BIPGM, 2SLGBTQIA+, low-income)."* (January 31, 2023).

Access to contraception is not universal in Canada, with limitations experienced by most communities supported by Network members.

> *"Access to contraception care in Canada is patchwork: we are one of the only countries with universal health coverage that does not also cover contraception."*[58]

This is particularly true in the Northwest Territories, where key contraceptives are not included in extended health benefits,[59] but some great work is being done:

KEY ACCOMPLISHMENTS TO ENHANCE SRHR IN 2022 - THE NORTHERN BIRTHWORK COLLECTIVE

What accomplishments over the past year are you the proudest of, in terms of supporting women's (+2S, trans, nonbinary) health and rights? And how did you get there?

> *"The accomplishments I feel most proud of over the past year are:*
>
> - *Providing full spectrum birthwork services to the community through cost-supported doula care and being able to pay doulas equitably in the process.*
> - *NBC has developed a program called community care: evacuation for birth which provides support to pregnant people impacted by the evacuation policy. They can reach out to us to bring additional escorts (as medical travel only pays for one) when they have to leave home for 4+ weeks to give birth in an urban birthing center. Through this program, we also support with accommodation, groceries, baby care items, and transportation while they are in Yellowknife.*
> - *Launching our abortion support program in the summer of 2022 where every week doulas are on call to support people seeking abortions with companionship, decision making, logistics of accessing appointments and more.*
> - *Building meaningful partnerships with doulas across the country, creating relationships with them where we uplift each other's work and support each other's growth."* (January 31, 2023).

While the realities of limited access vary from one province to another, there is hope for contraceptive care to become more universally accessible across the country. Indeed, this "beacon of hope"[60] became clearly visible as the province of British Columbia made a major decision and became the first Canadian jurisdiction to provide prescription contraceptives at no cost to its residents.

2.2.3. "ZOOMING IN" ON ACCESS TO SAFE ABORTION SERVICES AND POST-ABORTION CARE

Among the most threatened areas of SRHR is access to safe abortion and post-abortion care, a fragile right that has been affected to varying degrees by the COVID-19 pandemic, especially in LMICs.[61] Access to abortion came even more into the spotlight in 2022 with the reversal of Roe vs. Wade in the United States and the accompanying fear of the ripple effect in other countries.[62] Despite extremely different realities, some challenges and solutions are experienced both internationally and in Canada. Beyond legal aspects, ***barriers to access*** include cost, distance, the availability of quality services and the fear of stigmatization around both receiving and providing these essential services. ***Solutions*** include specific support to persons seeking these services and training of primary health care (PHC) providers with the integration of services within PHC.

INTERNATIONALLY: Abortion services and post-abortion care (PAC) are among the most neglected areas of SRHR-related international assistance. These reproductive health services are especially challenging to support given current legal and political environments in many countries. Even when available, abortion and post-abortion care services are often stigmatized.

Results recently published by Global Affairs Canada for fiscal year 2020-2021 indicated that efforts by Canadian assistance (along with multilateral and global partners) *"contributed to providing safe abortions and post-abortion care to more than 76,000 women in 17 countries through 14 projects"*,[63] with *"investments reaching $1.9 million"*.[64] Yet monitoring and tracking PAC support has had its limitations, despite being legal in all countries.[65] Fortunately, it is expected that under the Government of Canada's 10-Year Commitment Accountability Framework,[66] launched in 2021, there will be additional context for related funding, especially considering the creation of a new code to track funding in this area.

While at this time, it may be challenging to fully show the impact of support in this area, the Project Explorer and other partner provided information provide some insights that also show the limited scope of support for abortion and PAC:

- In 2021,[67] when highlighting a CanWaCH study of projects under Global Affairs Canada's $650M SRHR funding envelope, the least supported of the neglected areas of SRHR was indeed safe and legal abortion and PAC (29% of the 31 projects surveyed). Additionally, the least commonly used indicators, among the 16 Key Performance indicators for SRHR, were the ones related to safe and legal abortion.
- In 2022, looking at the 11 new projects supporting the advancement of Health and Rights of women, adolescent girls and children, four of 11 projects plan on measuring the *"Number of visits for abortion and/or post-abortion care"* and three of 11 are supporting this neglected area specifically.

IMPROVING POST ABORTION CARE WITHIN PHC IN THE DRC[68]

In the DRC, PAC is theoretically a part of PHC services. As part of a number of measures to support improved access to quality primary healthcare services for women and adolescent girls, under the ASSK project:

- 100% of supported health facilities (56 health centers, 6 district hospitals) were able to adequately provide quality PAC services according to national guidelines
- 148 medical professionals were trained and supervised to provide safe PAC with a focus on patients' rights

While at this stage the actual impact on health service utilization has not been fully evaluated, this has contributed to improving the comprehensiveness of services available.

PROJECT: Access to Health Services for Women and Girls in Kinshasa (ASSK) (2018-2024)

DONOR: Global Affairs Canada

IMPLEMENTING PARTNERS: Santé Monde and Unité de santé internationale (USI) du CHUM (consortium)

PROJECT EXPLORER AREAS OF FOCUS:

- Reproductive Health & Rights incl. Maternal Health (45%)
- Health Systems, Training & Infrastructure (30%)
- Law, Governance & Public Policy (25%)

IN CANADA: While it is impossible to compare such different realities, even with abortion being legal in Canada, organizations continue to work hard to ensure and improve access. Recent commitments to *"reinforce efforts (...) to ensure that abortion services are readily available, without barriers, to all who seek them"*[69] are hopeful but still have a long way to go.

"[The overturning of] Roe v. Wade has raised the profile on how things are not perfect here"[70]

Several important aspects of SRHR face or have faced heavy challenges in Canada, both in the past and the present (e.g. with forced sterilizations of Indigenous women and stigmatization). It is estimated that *"one in five pregnancies is unintended and one person who can get pregnant in three will have an abortion in their lifetime"*.[71] Challenges in accessing services are especially clear for people living in remote, rural areas or people living outside urban centers. Those experiencing the most barriers to accessing the abortion care they need are generally racialized people [BIPOC], young people, as well as low wage earners and people of diverse gender and sexual orientation and gender identity (in particular, trans and non-binary individuals). Indigenous people in particular face a triple barrier to accessing these services, linked to knowledge (traditional knowledge not being recognized), geography and finances.[72] Costs can be high for people who are uninsured, and even when they are insured, pregnant people often have to pay for travel expenses, make arrangements for child or elder care, leave their support networks, and often risk their privacy when time away from their home needs to be explained. *"People living in small, rural and remote communities have the added barrier of having to leave their home community (and all the associated costs) to access an in-clinic abortion."*[73]

SUPPORTING ACCESS TO ABORTION SERVICES IN CANADA NAF CANADA AND PARTNERS

Access to abortion services, as supported by the National Abortion Federation (NAF) Canada and its partners, has improved, in particular for people who experience the most barriers to accessing the abortion care they need:

- ***Integration of medication abortion into Primary Health Care***

E.g. In a primary care setting in Kelowna (BC) serving smaller surrounding communities, the hospital-based abortion facility had traditionally had a 3-5 week waitlist (the clinic only provides abortion care 1 day/week). In recent years, the waitlist has decreased due to medication abortion offered in primary care settings.

- ***Training of healthcare professionals to expand access in PHC***

Following a gap identified in 2018 in clinician learning/knowledge about how to provide medication abortion in primary care, NAF Canada delivers a medication abortion in primary care settings course to address gaps in this information among practicing and emerging clinicians. This course covers all elements of abortion care including counseling, safety and stigma, and how to incorporate abortion care into practice, in addition to information about the medication, contraindications and follow up.

> *"As a result of the pandemic we redeveloped it into six self-paced modules followed by a live Ask Me Anything session with 2 experts. In less than two years, more than a thousand people have taken the course."*[74]

3. GETTING THERE: A JOURNEY, NOT ONLY THE DESTINATION

Behind the data shared is a wealth of approaches to measure and understand the full impact of projects. There is also a recognition that strong partnerships with the countries supported and CSOs/NGOs from these countries comes with the ability to ensure these partnerships are meaningful and equitable. In each country supported, CSOs are already in the process of advocating for, promoting and supporting equitable access to basic health services and the advancement of health and rights for all, especially SRHR. As Canadian organizations, we need to stand behind in-country partners, and remember that *"it is not about us"*. These will be important steps in reaching new depths in understanding and holding accountability, but for now here are a few key 2022 examples and reflections.

3.1. THE POWER OF PARTNERSHIPS

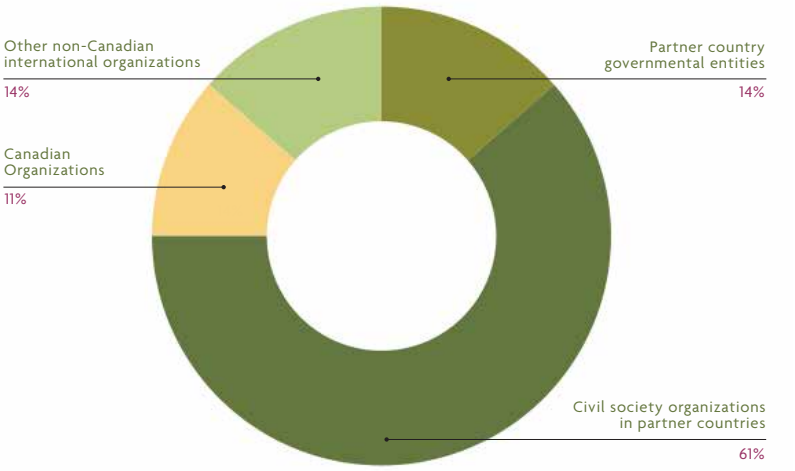
3.1.1. TURNING THE SPOTLIGHT TO GLOBAL/LOCAL PARTNERS

MANY PARTNERS: Overall, our data points to the ability of reporting organizations, a very diversified group of 407 organizations (Canadian and other, see section 1), to build effective partnerships and bring together the right partners in order to work towards making a difference and ensuring that more women, adolescents and girls, in all their diversity, exercise their rights and experience better health outcomes.

To advance SRHR more specifically, our data shows that the work of the 215 reporting organizations that are leading or have led 613 SRHR related projects (2010-2022) involves a total of at least 764 partner organizations.

LOCAL PARTNERS: In a context where the conversation about localization is expanding, it is important to understand and emphasize the role of in-country, "local", partners.

- We collect information on all partners, by type and country of origin, and while it is essential for increased and equitable transparency, it may still be challenging to collect comprehensive information about local partners. In June 2022, we found that only 29% of projects contain information on partners and 75% of these were shared by our active data contributors.
- We have discussed these challenges in partnership with Fields Data (international organization), Bike Scouts (Philippines CSO) and Global Affairs Canada in June 2022 at the 3rd IATI Virtual Community Exchange: "Visibility and transparency: a conversation about the importance of data on and from local organizations".
- On a sample of 11 large Global Affairs Canada-supported ongoing projects bringing together at least 96 partners to advance the health and rights of women, adolescent girls and children, we found that 61% of partners were CSOs in partner countries and 14% from partner country governmental entities. A number of these projects were in the process of establishing key partnerships at the time data was collected.



3.1.2. SUPPORTING COMMUNITY OWNERSHIP TO MEASURE IMPACT

COMMUNITIES: Often monitoring and evaluation activities are carried out by outsiders. There is a need for a shift towards different kinds of partnerships to better understand impact, with a focus on holistic and reciprocal relationships within the community. Here is an example.

A PARTNERSHIP TO HELP KEEP TRACK OF RESULTS AND FIND NEW WAYS OF MEASURING IMPACT

The Northern Birthwork Collective and the ekw'ı̂7tl doula collective

An example of important partnerships in a key area:

How do you keep track of your work's impact? (kind of data that you collect, and how)

> *"We currently only track the number of people we support, and some other confidential information like their due dates, what service they were accessing, who supported them. We've just created a process to start collecting* ***testimonials and impact stories*** *from the folks we serve. This year, we are excited to work with the ekw'ı̂7tl doula collective who are a team of Indigenous birthworkers (doulas and midwives) who are also researchers and program evaluators. They will be supporting us to do an evaluation of our programming thus far and helping us understand our strengths and where we can improve."* (January 31, 2023)

PARTNER COUNTRIES: As the ultimate "duty bearers"[75] accountable to all people (rights-holders) to ensure better health and rights, states/national partners are essential at the heart of any activities aiming to support increased access to SRHR essential services.

> ***"....GAC will emphasize country ownership and data systems strengthening through the use of local data collection systems and sources."***[76]

There is a need to support increased ownership by "recipient" countries as they are the primary stewards of improving the health of their populations. This includes supporting and valuing the data that is generated by national health information systems from the health facility up to the national/central level (and other relevant information systems). In fact, in any health system strengthening activity/health and rights focused projects, national (and sub-national) health authorities are partners of Canadian organizations and multilateral (and other) recipients of Canadian aid.

Important work has been launched by the CanWaCH Metrics Working Group to develop a tool to support the use of nationally-generated health data (mainly from Health Management Information Systems [HMIS]) to better understand the impact of projects. This will also explore some key steps, lessons learned and recommended practices to achieve this in ways that bear in mind the importance of strong partnerships with countries supported, as well as the strengths and limitations of the use of HMIS data. This will result in guidance to become available in 2023.

3.2. CONTINUING TO INNOVATE AND INSPIRE, TACKLING DATA GAPS (2022 COLABS)

In May of 2022, CanWaCH launched the first phase of a second iteration of its Canadian Collaborative for Global Health Programme. This iteration of the Collaborative is intended to continue to *"bring together Canadian and global partners to generate solutions to urgent data challenges in global health and rights and gender equality where Canada has made significant contributions to date; and where significant gaps in data capacity, knowledge, or resources remain."*

The Projects supported as part of this initiative are expected to:

- Investigate the underlying barriers to effective data progress in areas of global health and gender equality;
- Incubate useful solutions and effective partnerships to address these challenges; and,
- Inspire and train the next generation of Canadian leadership in global health and gender equality metrics.

Following a rigorous selection process, CanWaCH selected three initiatives ("CoLabs") to implement an **"inception" phase** (May 1, 2022 - April 30, 2023), led by three academic organizations, bringing together a total of 14+ Canadian and global partners and focusing their work on 11 countries. Overall, these three teams are in the process of investigating the underlying barriers to effective data progress in areas of global health, human rights, and gender equality, and working collaboratively to co-create potential solutions. Through this first phase, these three "CoLabs" will be determining if their idea merits additional in-depth investigation, making changes to activities, identifying and bringing in new partners to strengthen their impact, and solidifying the relationships needed to make the scaling of their innovations a success. There will also be the opportunity to gather important learnings on toolkit development, co-creation processes and key approaches with an increased uptake of feminist approaches to global health programming.

NEWS FROM THE "INCEPTION" PHASE (MAY 1 2022 - APRIL 30, 2023):

DIGITAL STORYTELLING (DST) FOR GLOBAL HEALTH RESEARCH AND ACTION

IMPLEMENTING PARTNER: Cumming School of Medicine Indigenous, Local & Global Health Office, University of Calgary.

KEY PARTNERS: Mbarara University of Science and Technology (MUST), Common Language DST; the Canadian Association for Global Health (CAGH).

COUNTRIES: Canada, Uganda.

DATA CHALLENGE: Barriers limiting data quality (e.g.: underrepresented voices, limited depth) and research dissemination (e.g. low engagement, not action oriented, presenter bias) in global health data and, more specifically, DST-generated data.

OBJECTIVES: To investigate and incubate effective and ethical use of DST in a global health context, applicable in a way that advances anti-oppressive, gender-equality informed research and practice (including M&E).

Photo by: Mbarara University of Science & Technology

"Digital Storytelling creates a space for the storyteller to share a compelling and meaningful account of their experience, facilitating reflection, action, and change with the goal of improving health outcomes."

- **Professor Barbara Naggayi,** Mbarara University of Science and Technology (MUST), in Uganda

WHAT IS BEING DONE:

- Investigating, building on international partnership to ensure success
  - » Field interviews (with storytellers and DST facilitators) and online survey
  - » Development of a database to be continuously updated to accommodate emerging needs, and that can be easily updated, filtered and compared between sources and categories, and a scoping study about DST, "*a methodology where participants use personal images and videos, voiceover narration, music, and various video editing techniques to bring the meaningful moments of their life to the screen*", and experiences especially in a Ugandan context. This will help understand barriers and facilitators to DST in a global health setting, and support recommendations.
- Incubating: through a needs assessment survey and follow up discussions, preparation of an evidence-based, practice-informed, health-focused DST package consisting of guidelines, recommendations and innovation, which can be adapted into tools and training materials for sharing with others in Canada and beyond.
- Dissemination/Adaptation: DST Webinar by partner Common Language DST (September 2022), and symposium during the Canadian Conference on Global Health (November 2022).

COLLECTING DATA ON SELF-MANAGED ABORTION IN HUMANITARIAN AND FRAGILE SETTINGS: A GLOBAL INITIATIVE

IMPLEMENTING PARTNER: University of Ottawa (Faculty of Health Sciences).

KEY PARTNERS: National Abortion Federation (NAF) Canada; IAWG Sub-working group on Safe Abortion Care; Adolescent Reproductive Health Zone (ARHZ); Hakoura; Peace Foundation; University of Kinshasa; Vitala Global; Cambridge Reproductive Health Consultants (CRHC).

COUNTRIES: The Democratic Republic of Congo (DRC), Jordan, Pakistan, Thailand, Venezuela.

DATA CHALLENGE: Collecting non-facility based data on self-managed (medicated) abortion, especially in humanitarian and fragile settings.

OBJECTIVES: To establish recommendations regarding the collection of rigorous, high-quality information about self-managed abortion in fragile and humanitarian settings and work with stakeholders to develop tools to facilitate the uptake of these recommendations.

What are the primary facilitators and barriers to collecting information about self-managed abortion in humanitarian and fragile settings? What resources could be provided to help collect rigorous data on self-managed abortion in humanitarian and fragile settings?

> *"Being able to connect with other organizations that are working in this space has been an important part of this initiative and has helped us learn about how other groups are collecting information."*
>
> - **Project Lead**, ARHZ (Thailand)

WHAT IS BEING DONE:

With a multidisciplinary team:

- Conducting ***rapid assessments*** in five countries, and leading ***a scoping review*** of self-managed medication abortion in humanitarian and fragile settings to understand: 1) what organizations in the humanitarian sector are currently doing to collect information about self-managed abortion; 2) what are the facilitators and barriers to collecting this information in humanitarian and fragile settings; and, 3) what resources could be provided to help collect rigorous data on self-managed abortion in humanitarian and fragile settings.
- Developing a report with ***recommendations and tools*** to support uptake and build stakeholder capacity, especially in the humanitarian sector.
- ***Disseminating findings*** to local and global audiences, including at the International Conference on Family Planning (ICFP) in November 2022.
- Developing a ***national advocacy strategy***, to be informed by the initiative findings and IAWG strategic planning process.

ADDRESSING GENDER AND NUTRITION DATA GAPS THROUGH THE OPERATIONALIZATION OF THE GENDER-TRANSFORMATIVE FRAMEWORK FOR NUTRITION (GTFN)

IMPLEMENTING PARTNER: University of Toronto, Department of Anthropology.

KEY PARTNERS: Nutrition International (NI); Bruyere Research Institute (BRI); and Nutrition International country offices.

COUNTRIES: Kenya, Bangladesh, Nigeria, Pakistan, Philippines, Ethiopia.

DATA CHALLENGE: ***Underlying barriers to effective data collection and use*** by communities and the nutrition sector to drive gender-transformative change across the nutrition program lifecycle.

Most nutrition programs address the needs of women and girls, and a gender-transformative framework for nutrition (GTFN) was developed to support increased impact of these interventions. However, there is a need to operationalize the GTFN into meaningful tools based on the needs of its end-users, to support change that ultimately tackles gender inequalities, discriminatory gender norms and unequal power imbalances that contribute to malnutrition.

OBJECTIVES: To co-create guidance and tools for the operationalization of the GTFN in partnership with nutrition practitioners and communities.

Photo by: Biko Mwalagho (CanWaCH)

"While implementing a co-creative program, I am really excited because the project team has been very intentional to bring all the collaborating members and other actors onboard to really add value to the process; it is more of a learning curve for each one of us because institutions have different approaches to really ensure nutrition programs are gender-transformative, but now we will come up with a globally unified approach which can be used to promote gender-transformative change in nutrition."[77]

- **Caroline Mukeku,** Regional Gender Advisor for Nutrition International for the African region

WHAT IS BEING DONE:

Through an iterative, co-creative, and interdisciplinary approach, focus has been on:

- Research, including:
  - » A ***multi-sectoral landscaping exercise*** of existing tools and resources on the gender-nutrition relationship.
  - » A Case Study on the recent application of the GTFN into practice by Nutrition International for their *Adopting a Multisectoral Approach for Nutrition* (AMAN) project in Bangladesh, considering the need identified to support the conceptualization of GTFN into projects' design.
- Development of a ***Stakeholder Engagement Plan*** to ensure that stakeholders are given sufficient opportunity to voice their opinions and concerns and that these concerns influence project decisions, demonstrating the commitment of the project team to a co-creative approach to engagement.

There will be opportunities to expand and/or scale and disseminate the ideas and solutions developed, following the completion of the current inception phase.

3.3. LEARNING AND CREATING TOOLS TO PROMOTE BEST PRACTICES

SHARING AND LEARNING: 2022 was a year to deepen conversations about finding new ways to "tell the story" of results and to look at accountability and impact with a different lens, including:

During the **CanWaCH Academy** (May 2022):

- *Shaking up the MEAL-tree: lessons learned from implementing principle-guided approaches*
- *Data equity Framework training with We All Count*

At the Canadian Conference on Global Health (*Inclusive Global Health in Uncertain Times: Research and Practice*), organized in November 2022 by the Canadian Association for Global Health (a CanWaCH member):

- *Decolonizing global health monitoring, evaluation, research and learning: with, by and for communities, with* Salanga, SeeChange and Katswe Sistahood
- *Learning how to walk the talk: operationalizing research, practice and partnerships for more equitable and inclusive health and wellbeing for ALL* with CNIS, and two independent leading global health experts.

In collaboration with Global Affairs Canada and with several CSOs:

- How do you measure that? Tools to better measure gender transformative change

CREATING GUIDANCE AND TOOLS TO SUPPORT "BEST PRACTICES":

- Technical Guidance note on MEAL plans in global health and rights (April 2022)
- Ethics in MEAL for Health and Rights Programming: A Short Guide (April 2023)
- Preparatory work for a "Guidance note on the use of Health Management Information Systems (HMIS) data in MEAL for health and rights programming" (expected in 2023).

4. LOOKING AHEAD

Looking ahead, we will continue to facilitate conversations and work towards new shared understandings of accountability and impact, all to a deepened understanding of the impact of interventions designed to support better health and increased rights, especially SRHR. The coming months will also bring key moments, including the first CanWaCH Global Health Impact Summit in April 2023 and the anticipated call for proposals by Global Affairs Canada in May 2023 to support more resilient health systems that follow *"an integrated multi-sectoral approach to strengthening health systems especially in terms of primary health care delivery, including SRHR, and at the community level".*

Photo by: **ADRA/Green House Studio**

This learning process will continue with inclusive dialogue with implementing CSOs, members, partners and governmental organizations, maintaining a "person-centric", rights-based approach. To help us in this process, we will be:

- Thinking about important data gaps, including work being done on the intersection of the environment, climate change and health, and working towards a better understanding of key stakeholders and their roles, from communities to multilateral organizations.
- Finding ways to increase the spotlight on global partners and community members, and to support more reciprocal collaboration for increased impact and equitable change.
- Taking key conversations to the next level and amplifying calls for action towards greater impact through more intentional localization.
- Creating tools that reflect the collective knowledge and learning and that will support new ways of working (e.g. multisectoral), continuous improvement and relevance of the work of an entire community.

Our steadfast commitment is to create and support spaces for partners to tell their stories and share their perspectives, learnings and recommendations. Ultimately our ability to listen and respect these viewpoints and experiences - to not just partner but to be good partners - will enhance accountability, solidarity and lasting positive change towards equitable access to health services and true enjoyment of health rights.

ENDNOTES

[1] FIAP Action Area Policy: Human Dignity (Health and Nutrition section).

[2] Understood as ***"non-state actors"*** *who have a responsibility to strive for the observance or promotion of human rights"* (Global Affairs Canada, Feminist approach - Innovation and effectiveness guidance note).

[3] Project Explorer Methodology, September 2020.

[4] To share or update data, contributors are invited to contact impact@canwach.ca in either English or French, in order to receive the most up-to-date data contribution form.

[5] Currently, this applies to projects in **Afghanistan**. Information on these projects remains currently unpublished and is not publicly available in the Project explorer for security reasons, following international best practices (Global Affairs Canada, EU Aid Explorer, among others) around responsible data management.

[6] Equal Futures Network. A Year in Review. 2020-21 (March 2022).

[7] By **"active projects"**, we mean projects that are currently in their implementation phase. It is worth mentioning that the Project Explorer is not meant to capture data by fiscal year.

[8] n = 1422 projects.

[9] More specifically: 83,329,576 people are supported in currently active projects for which we have data (n = 96 projects).

[10] n = 166 projects.

[11] n = 664 projects.

[12] All projects: n = 1415, and active projects: n = 166.

[13] Mainly Global Affairs Canada, as well as funding from the International Development Research Council (IDRC) and the Canadian Institutes of Health Research (CIHR).

[14] See: Global Affairs Canada, Questions and Answers - Policy on Cost-Sharing for Grant and Non-Repayable Contribution Agreements (last update: 14 October 2022).

[15] See CanWaCH, 11 Journeys Towards Advancing the Health and Rights of Women, Adolescent Girls and Children (January 2023), p. 1.

[16] Including UN agencies (e.g. UNICEF, UNFPA, UN Women, IOM), Multilateral development banks (ADB, IBRD-World Bank) or others such as the Global Fund.

[17] **Total population** (indirect + direct) sample size for all projects n = 664. Total population sample size for all SRHR projects = 64.

[18] While international standards around the exact definition/age range of age groups vary from country or organization to another, the Project Explorer captures information on broader data groups. Based on internal Standing Operating Procedures (SOPs), CanWaCH has developed age groups broadly defined, but also collects more specific data (see form used to collect data from partners). Detailed age- and sex-disaggregated population data can be entered where available as well as any relevant descriptors (Number of people, Sex, Age Range (years): From Youngest-To Oldest; Direct or IndirectPopulation group descriptors)

- "older adults": the UN agreed cutoff is 60+ years to refer to the older population.
- "adult women": an adult is "a person older than 19 years of age unless national law defines a person as being an adult at an earlier age" (WHO 2018).
- adolescents are generally aged between 10 and 19 years (WHO).

[19] Sample size for ALL projects: 435. Sample Size for ALL SRHR: 207. Sample Size for SRHR Active only: 33.

[20] ILGA (2019), Sexual Orientation Laws in the World map. See also Human Rights Watch, LGBT rights. #Outlawed. "The Love That Dare Not Speak Its Name".

[21] Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet.

[22] n = 33 (out of 88 active projects) that have data on population groups.

[23] Canada announces funding for 3 LGBTQ2I-related projects in developing countries (31 July 2022).

[24] Source: Interview with Project director (February 2023) and ASSK Project Year 4 Annual Report.

[25] Dr Malele Ntela Isaac Platinie, quoted in Rapport Annuel 2021-22, Santé Monde.

[26] n = 435 projects that have information on this descriptor.

[27] Global Affairs Canada. Report to parliament on the Government of Canada's international assistance 2020-2021 (2022) and 10-Year Commitment to Global Health and Rights Annual Report – 2020-2021 (2023).

[28] Global Affairs Canada. 10-Year Commitment to Global Health and Rights Annual Report – 2020-2021 (2023).

[29] UNDP, 2021/22 Human Development Report. Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World (September 2022).

[30] See The Fund for Peace, Fragile States Index 2022.

[31] This funding includes international development, humanitarian and research projects.

[32] Canadian International Development Platform (CIDP), Canada's Foreign Aid.

[33] As a reminder, these included 20 countries of focus of Canadian bilateral aid: *Afghanistan, **Bangladesh**, Bolivia, Caribbean, Colombia, Ethiopia, Ghana, Haiti, Honduras, Indonesia, **Mali**, **Mozambique**, Pakistan, Peru, Senegal, Sudan, **Tanzania**, Ukraine, Vietnam, West Bank/Gaza*. Canada Narrows Focus of Countries for CIDA Aid as part of Aid Effectiveness Agenda (February 2009).

[34] Government of Canada, DevData Dashboard, International Assistance by Fiscal Year, 2020-21.

[35] See, for instance, SRHR infographic snapshots (April 2022) produced by WHO & UNFPA for Bangladesh and Tanzania.

[36] Ethiopia - ASRHR in Ethiopia: reviewing progress over the last 20 years and looking ahead to the next 10 years (June 2022).

[37] Government of Canada, Canada Health Act Annual Report 2020-2021.

[38] CBC (2022). Contraceptives should be added to N.W.T.'s extended health benefits, advocates say (26 October 2022).

[39] NWT Health and Social Services Authority, Health Status Chartbook (2019).

[40] Equal Futures Network, A year in Review 2020-2021.

[41] Healthy Debate, Disability and reproductive health: Examining the impact of the COVID-19 pandemic (October 2, 2022).

[42] Michaela Parenteau (edited by Sabrina Flack), Inadequate Abortion Access for Northern Communities, NBC Blog, May 4, 2022.

[43] Erika Dupuis (2021). Prioritizing Youth Organizing in Sexual and Reproductive Health and Rights Spaces, CanWaCH (February 27, 2021).

[44] Government of Canada, Government of Canada Improves Sexual and Reproductive Health Services for LGBTQ2 Communities (June 2022).

[45] Government of Canada, Just for You - Immigrants.

[46] Ravichandiran, N., Mathews, M. & Ryan, B.L. Utilization of healthcare by immigrants in Canada: a cross-sectional analysis of the Canadian Community Health Survey. BMC Prim. Care 23, 69 (2022). https://doi.org/10.1186/s12875-022-01682-2.

[47] Healthy Debate, Disability and reproductive health: Examining the impact of the COVID-19 pandemic (October 2, 2022).

[48] See findings shared during an Equal Futures Network panel What We Heard Report: Sexual and Reproductive Health and Rights of People with Disabilities (December 2021).

[49] WHO, Universal Health Coverage.

[50] SDG Tracker, Sustainable Development Goal 3. Ensure healthy lives and promote well-being for all at all ages.

[51] Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet.

[52] According to various sources, including WHO, an estimated one in three women worldwide have experienced either physical and/or sexual violence in their lifetime.

[53] Starrs A., Ezeh A., Barker G., Basu A., Bertrand J. et al., (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet, 2018.

[54] WHO, Why the HIV pandemic is still not over; UNAIDS, Millions of lives at risk as progress against AIDS falters.

[55] HIV prevention and treatment has faltered worldwide. (27 July 2022); UNAIDS, Millions of lives at risk as progress against AIDS falters (July 2022).

[56] Kähler, L., Villumsen, M., Holst Jensen, M., Falk Paarup, P. (2017). AAAQ & sexual and reproductive health and rights, The Danish Institute for Human Rights.

[57] CanWaCH (2020). Defining Health System Strengthening – Questions, Challenges and the Way Forward (May 9, 2020).

[58] CBC, We need to strengthen access to contraceptive care in Canada (15 July 2022).

[59] CBC, Contraceptives should be added to N.W.T.'s extended health benefits, advocates say (26 October 2022).

[60] Julia Anderson (2022). Opinion: We're At A Turning Point To Recovery From A Year Of Setbacks In Women's Rights And Gender Equality, Future of Good, (March 8, 2023).

[61] Polis C.B., Biddlecom A., Singh S., Ayanbekongshie Ushie B., Rosman L. & Saad A. (2022) Impacts of COVID-19 on contraceptive and abortion services in low- and middle-income countries: a scoping review, Sexual and Reproductive Health Matters, 30:1, DOI: 10.1080/26410397.2022.2098557.

[62] Ellen Wulfhorst, "Will the world abort women's rights after death of Roe v Wade?", Context (November 17, 2022).

[63] GAC (2022), Report to parliament on the Government of Canada's international assistance 2020-2021.

[64] GAC (2023), 10-Year Commitment to Global Health and Rights Annual Report – 2020-2021.

[65] Owolabi O., Biddlecom A., Whitehead H., (2018). Health systems' capacity to provide post-abortion care: a multicountry analysis using signal functions, The Lancet Global Health, November 29, 2018.

[66] Global Affairs Canada (2021). *Accountability Framework for Canada's 10-year Commitment to Global Health and Rights* (not available online).

[67] CanWaCH (2022). Global Health Impact Report 2021.

[68] Source: Interview with Project director (February 2023) and ASSK Project Year 4 Annual Report.

[69] See: Canada Health Act Annual Report 2020-2021.

[70] Notes from an interview with Jill Doctoroff, Executive Director, NAF Canada (February 24, 2023).

[71] NAF Canada, Trends in Barriers to Abortion Care (Accessed February 2023).

[72] Action Canada for Sexual Health and Rights, Abortion Access and Indigenous Peoples in Canada (May 21 2021).

[73] Notes from an interview with Jill Doctoroff, Executive Director, NAF Canada (February 24, 2023).

[74] Notes from an interview with Jill Doctoroff, Executive Director, NAF Canada (February 24, 2023).

[75] Kähler, L., Villumsen, M., Holst Jensen, M., Falk Paarup, P. (2017). AAAQ & sexual and reproductive health and rights, The Danish Institute for Human Rights.

[76] Global Affairs Canada (2021). 10 Year Commitment Accountability Framework for the Advancement of Health and Rights.

[77] CanWaCH (2023). "*Why operationalize the Gender-Transformative Framework for Nutrition?*", Interview with Nutrition International in Nairobi, Kenya, January 2023.