CanWaCH

DATA EXCHANGE

Global Health Impact Data Report 2025

Moving from Metrics to Meaning in Global Women and Children's Health

JANUARY 2026

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MAIN ACRONYMS USED

AIS	AIDS Indicator Survey
CAD	Canadian Dollars
CanWaCH	Canadian Partnership for Women and Children's Health
CIDA	Canadian International Development Agency
DFATD	Department of Foreign Affairs, Trade and Development
DHS	Demographic and Health Survey
DST	Digital Storytelling
IDP	Internally Displaced Persons
LGBTQ2I	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two Spirit and Intersex
MEAL	Monitoring, Evaluation, Accountability and Learning
MIS	Malaria Indicator Survey
MUST	Mbarara University of Science and Technology
MWG	Metrics Working Group
NGO	Non-Governmental Organization
RBM	Results-Based Management
SDGs	Sustainable Development Goals
SPA	Service Provision Assessment
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ABOUT CANWACH

The Canadian Partnership for Women and Children's Health (CanWaCH) is a proud membership of more than 110 non-governmental organizations, academic institutions, health professional associations and individuals partnering to improve health outcomes for women and children in more than 1,000 communities worldwide. Learn more at CanWaCH.ca

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Comments or questions on this report may be directed to info@CanWaCH.ca.

CanWaCH
Canadian Partnership for Women and Children's Health

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Disclaimers

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 Project Explorer database. 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 MESSAGE FROM CANWACH

Global health is fluent in the language of metrics: maternal mortality ratios, health facility access percentages, health expenditures per capita and more. Numbers tell a crucial part of the story of our impact, but not all of it. Often, they tell us the what, but not the why; the if, but not the how. Why are girl students leaving school at lunch time and never returning to classes? How has the local hospital secured the highest vaccine coverage rates in the region? Why does a community nutrition program thrive in one setting but not another? Without descriptive data, the lived experiences of women, children and their communities remain largely invisible, limiting our sector's ability to truly learn from our work and make improvements that result in meaningful change.

CanWaCH has long been on the frontlines of pushing for rigorous, transparent quantitative data analysis in global health programming and research. For example, our Project Explorer has served as a long-standing sector resource, providing comprehensive and current information on humanitarian and development projects around the world. As part of our efforts to ensure that this tool is as useful as possible, we have increased efforts over the last year to include more descriptive information as part of its offerings. You can read some of these enhancements below. Additionally, in our efforts to strengthen collective capacity, we have hosted events such as the Global Health Impact Summit, focused explicitly on learning from qualitative findings harvested across our sector. We have also created opportunities to better understand the changing landscape of information through webinars, resource guides and regular data communiques.

What we hope to convey through this year's report is that descriptive data is not simply an add-on or embellishment to 'substantive' numerical data. Rather, it is a vital component of learning and impact measurement, without which we have only half the story. If we want to truly make a difference for women and children's health, we need more than metrics. We need to draw meaningful insights from the data we are entrusted with, so that we can learn more and do better, together.

EXECUTIVE SUMMARY

The 2025 Global Health Impact Report examines Canadian contributions to women and children's health. Beyond presenting data on projects, this report addresses critical shifts in the global health data landscape witnessed over 2025, including the sudden closure of the DHS Program and the growing imperative to integrate qualitative methods and more efficient processes into monitoring and evaluation activities. Leveraging insights from CanWaCH's Project Explorer, CanWaCH's expert Metrics Working Group's recommendations, and findings from our flagship 2025 Global Health Impact Summit, the report makes the case that descriptive data and lived experiences are not supplementary to quantitative metrics, but rather essential components for understanding impact and driving meaningful change in global health programming.

PROJECT EXPLORER

Overview and Methodology

The CanWaCH Project Explorer is an open-access tool that showcases the full spectrum of Canadian contributions in global health and gender equality through interactive maps, visuals and detailed project level data. Data is collected through direct input by verified organizational staff of relevant projects, or by CanWaCH following targeted outreach, and is enhanced through verification with existing published data. Data can be entered or updated at any time and both members and non-members of CanWaCH are represented and can contribute. Between Fall 2024 and Summer 2025, CanWaCH implemented data drives to gather and update detailed data from program partners.

CanWaCH collects data across 20 primary data fields, and published information is available in both English and French. Some of these fields are considered to be 'core' fields, essential basic information that is shared with similar databases such as the Global Affairs Canada Project Browser. The Project Explorer distinguishes itself by incorporating unique fields that offer deeper insights into project implementation and impact. These include: Project Outputs, Target Population, Population Reach, Indicators, Location Coordinates and Participating Organizations. These fields provide essential context on project focus, target populations and anticipated results . Their inclusion supports monitoring and evaluation, enhances partner accountability, and helps identify themes across sectors such as health, education and gender equality.

Additionally, earlier this year CanWaCH undertook a detailed audit of existing data, identifying areas for targeted growth of the Project Explorer and assessing data completeness. The latter was evaluated at both the project and field levels, respectively referring to completeness within each project and completeness of each data field across all projects, using a grouping range of 80% or more, 51 to 79%, or 50% or less. The analysis identified projects that completed at least 80% of all fields and included data in at least one key unique field (such as project outputs, target population, or population reach), helping to highlight projects that were both complete and informative.

While we seek to ensure projects are updated regularly, some projects have closed and as such, little data is available. On very rare occasions, we use our discretion and that of our stakeholders to remove any data that might compromise the safety of participants and staff. Unless otherwise specified, all financial figures presented in this report are in Canadian dollars (CAD).

At a Glance

As of October 2025, the Project Explorer currently contains a total of 1,708 projects, spanning work across 163 countries and involving more than 1,000 Canadian and global partners. Of these, 1,556 projects have been completed, with end dates in 2024 and a combined distributed budget of approximately CAD $9.86 billion. An additional 152 projects remain ongoing, scheduled to conclude between 2025 and 2034, with a total distributed

budget of roughly CAD $4.60 billion. Together, these figures highlight the extensive global reach, strong partnerships and significant financial investment driving this diverse portfolio of initiatives.

Location

The list of priority countries for completed projects remained largely consistent, maintaining a focus on low-income and fragile contexts. Completed projects primarily target Ethiopia, Tanzania, Haiti, Afghanistan and Mali, while ongoing projects continue to focus on these countries and expand support to Bangladesh, Kenya and Uganda, reflecting sustained engagement in priority regions.

Table 1a: Top countries of 1,556 completed projects, with end dates in 2024

Top Countries by Investment	Total Combined Value
Ethiopia	$781,206,541
Tanzania	$758,416,576
Haiti	$685,481,055
Afghanistan	$641,249,731
Mali	$627,498,736
Mozambique	$575,798,404
South Sudan	$568,050,716
Bangladesh	$555,603,888
Ghana	$530,950,439
Nigeria	$372,325,638

Table 1b: Top countries of 152 ongoing projects, with end dates between 2025-2034

Country	Sum of Budget per Country
Mali	$270,820,512
Bangladesh	$146,476,606
Kenya	$123,929,819
Ethiopia	$103,080,265
Tanzania, United Republic of	$100,592,316
Ghana	$94,306,163
Mozambique	$92,206,268
South Sudan	$88,549,641
Uganda	$70,597,488
Congo (DRC)	$65,780,172

Areas of focus

Top priority areas by total funds

Completed projects show the largest investments in infectious and communicable diseases (15%), law, governance and public policy (12%), and nutrition (12%), with additional significant funding directed toward food security, reproductive health and humanitarian response. In comparison to ongoing projects (table 2b), there has been a shift toward reproductive health and rights including maternal health (15%) and health systems, training and infrastructure (14%), alongside continued support for infectious diseases, gender equality and sexual health.

Table 2a: Top funding priority areas (based on total combined funds per area) for completed projects by 2024

Top Health Priority Areas by Investment	Total Funds Combined	% Funds
Infectious & Communicable Diseases	$1,184,803,136	15%
Law, Governance & Public Policy	$953,139,518	12%
Nutrition	$933,671,41	12%
Food Security & Agriculture	$811,759,294	11%
Reproductive Health & Rights incl. Maternal Health	$762,365,106	10%
Humanitarian Response	$693,030,245	9%
Primary Health Care	$687,879,837	9%
Health Systems, Training & Infrastructure	$669,048,673	9%
Education	$531,904,935	7%
Sexual Health & Rights	$431,059,716	6%

Table 2b: Top funding priority areas (based on total combined funds per area) for ongoing projects, completed from 2025-2034.

Top Health Priority Areas by Investment	Total Funds Combined	% Funds
Reproductive Health & Rights incl. Maternal Health	$395,546,735.40	15%
Health Systems, Training & Infrastructure	$376,706,577.40	14%
Infectious & Communicable Diseases	$268,893,468.70	10%
Gender Equality	$258,982,819.10	10%
Law, Governance & Public Policy	$247,620,983.60	10%
Sexual Health & Rights	$239,096,823.00	9%
Sexual & Gender-based Violence	$226,708,715.80	9%
Primary Health Care	$199,532,146.20	8%
Adolescent Health	$194,370,546.40	7%
Health Promotion & Education	$193,412,705.30	7%

Partners

Multilateral organizations accounted for approximately 32% of all projects but received nearly 58% of total funding. International and national/regional NGOs collectively implemented the majority of projects, representing nearly 58% of all activities, but received only about 34% of total funding. Academic and research institutions, along with private sector and public-private partnerships, represented a relatively small share of both projects and funding overall.

Lead organizations by investments per organization type (between 2010* - 2025)

Organization Type	Number of Projects	% of Projects	Total Funds	% of Funds
International NGOs	724	43.72%	$5,465,597,016.74	28.88%
Multilateral	533	32.19%	$10,939,950,609.00	57.81%
National & Regional NGOs	237	14.31%	$1,038,853,162.00	5.49%
Academic and Research	123	7.43%	$588,391,868.66	3.11%
Private Sector & Public-Private Partnerships	39	2.36%	$890,810,252.00	4.71%
GRAND TOTAL	**1656**	**100.00%**	**$18,923,602,908.40**	**100.00%**

**launched or operational in 2010*

Funders

Among the projects that reported a funder, about 97% were funded by the Government of Canada while others received funding from non-Canadian government and civil society sources.

Top 10 funders from 2010 - 2025*

1. Global Affairs Canada**
2. International Development Research Centre (IDRC)
3. Aga Khan Foundation Canada
4. Bill and Melinda Gates Foundation
5. Servicio Nacional de Saneamiento Ambiental de Paraguay (SENASA)
6. The LEGO Foundation
7. Canadian Red Cross
8. Canadian Foodgrains Bank
9. Plan International Canada
10. Lazos de Agua

**launched or operational in 2010*
***Including data previously reported under Department of Foreign Affairs, Trade and Development Canada (DFATD) and Canadian International Development Agency (CIDA)*

Population reach

A total of 546 projects launched or operational between 2010-2025 reported data on direct and indirect population reach across all ages and genders. Collectively, these projects reached approximately 1.2 billion people. The majority of the population reached were 30 years old or younger, highlighting that project activities primarily target children, adolescents and young adults.

Population reach of ongoing and completed projects, reached directly or indirectly

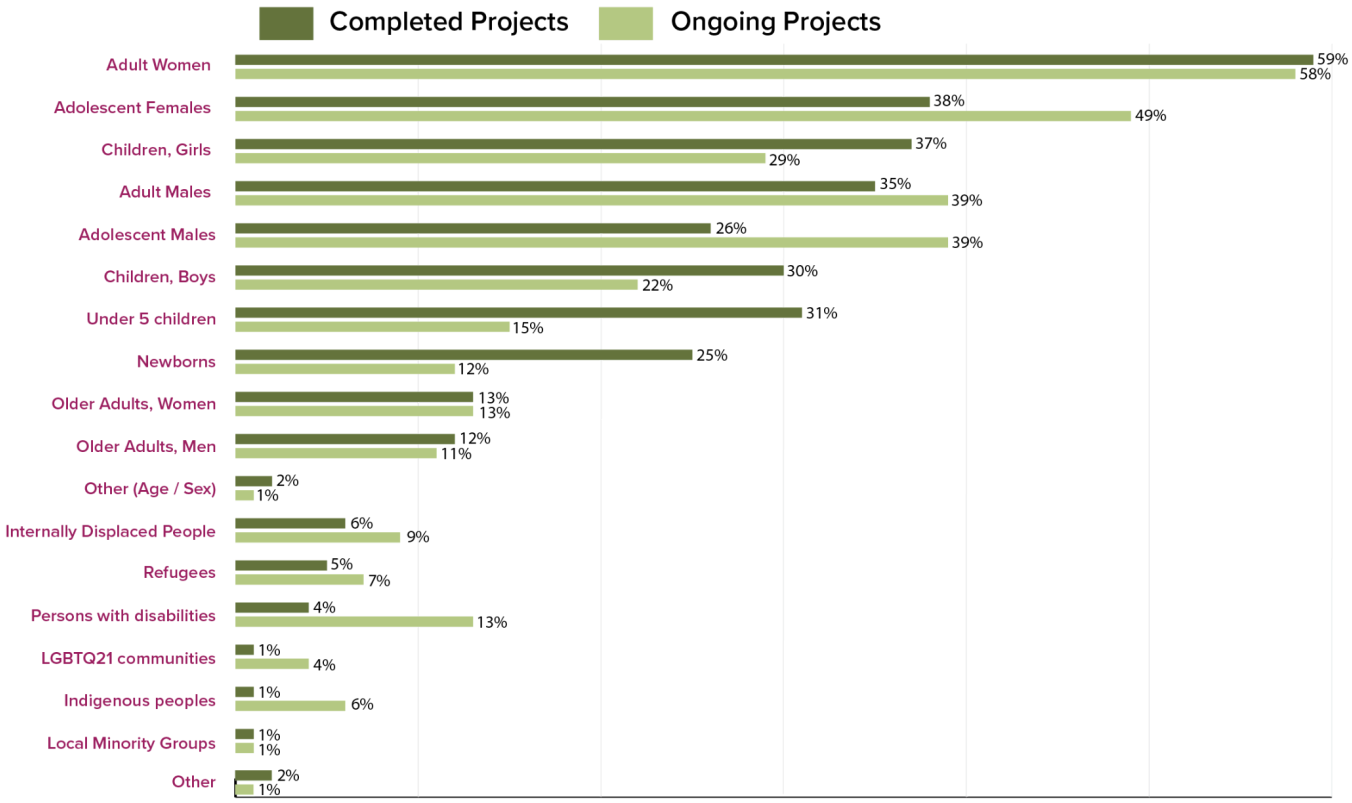
Population (combined genders)	Sum of number of people	%
All sexes (includes unspecified)	1,089,759,482	90.9%
Women / Girls / Female	65,624,576	5.47%
Men / Boys / Male	32,901,564	2.74%
None	9,087,732	0.76%
Other	1,502,922	0.13%
GRAND TOTAL	**1,198,876,276**	**100.00%**

Disaggregated population data are not always available, depending on the project's life cycle and reporting stage. However, based on projects that did provide data, nearly 1.2 billion people of all ages and genders have been or are expected to be reached directly or indirectly.

Combined, adult and adolescent women are the most frequently targeted groups followed by adult and adolescent men. Projects also demonstrate significant engagement with children, under-five children and newborns frequently identified as target populations. However, programming for older adults remains limited.

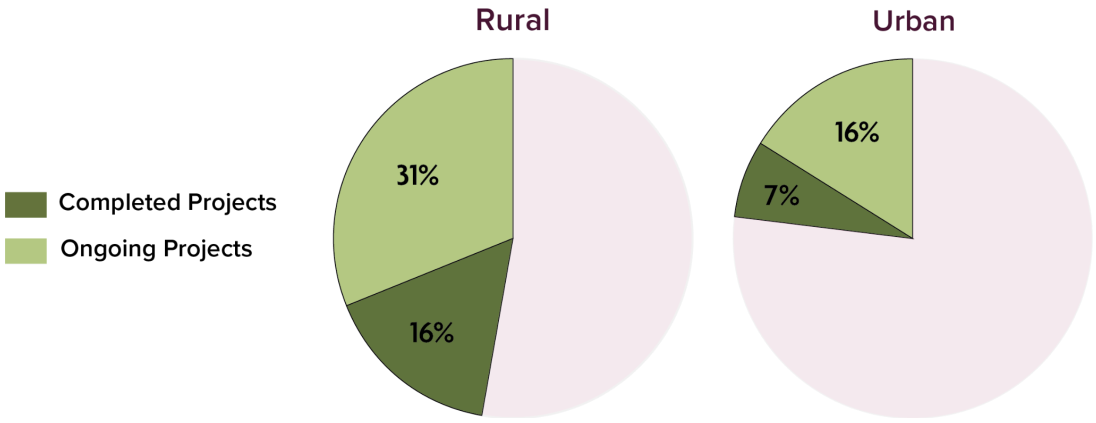
Specific population groups show increased inclusion in ongoing projects compared to completed for persons with disabilities (13%), internally displaced people (9%), refugees (7%), Indigenous peoples (6%) and LGBTQ2I communities (4%).

Target populations by population groups descriptors (ongoing - 2025-2034 vs completed - 2024)



Urban vs Rural

Projects mainly target rural populations, accounting for 16% of completed and 31% of ongoing projects, while urban populations are targeted in 7% of completed and 16% of ongoing projects.



Audit Findings

Conducted in early 2025, the audit of the Project Explorer database offered a comprehensive review of data completeness, reporting trends and the unique value of its integrated fields, such as project outputs, target population and population reach. Structured to align with the 2023 audit, this year's review enabled longitudinal comparison and highlighted areas of progress and ongoing challenges in data reporting. It also informs targeted outreach and specific requests in ongoing data drive efforts to help maintain a more complete and comprehensive database.

At the time of the audit, the Project Explorer housed a total of 1,678 projects submitted by 416 reporting organizations. This marked a 9.1% increase in project entries since July 2023, reflecting steady growth in engagement. At the project level, data completeness varied:

- 40.94% of projects reported 80% or more of the required fields.
- 55.54% fell within the 51-79% range.
- Only 3.51% reported 50% or fewer fields.

Data field-level analysis confirmed that core fields such as project title, reporting organization, project timeline and budget are generally well-populated, suggesting that the Project Explorer aligns with the value offered by existing data resources. However, a key focus of our analysis was the added value of the unique fields collected by CanWaCH. We expected some variability and lower completeness in these fields as these fields capture information that organizations may not routinely report to other funders, and may require additional effort to provide. Of note:

- The Project Explorer invites participants to share indirect population reach estimates if these are used in the project. Just over 16% of projects include this information (this may also reflect a decreasing trend of organizations valuing such estimates and collecting this information at all).
- Approximately 46% of projects include information on participating organizations outside of the primary implementers.
- Nearly 94% of projects include names of project funders or financial contributors.

One of the challenges associated with verifying data completeness is that many projects are ongoing, and so information on outputs and reach numbers may not be included because they have not been finalized. Using March 2025 as the reference point, we analysed completeness with projects listing an end date before this point (closed) and those after (open). For each analysed field, we calculated and compared the percentage of missing information between the two categories.

- Overall, as expected, most fields show better completeness in implementation (open) projects compared to completed (closed) ones.
- Some fields (such as target population, participating organization, total direct population, project output, population reach and total indirect population) show greater completeness for closed projects, suggesting a possible improvement trend in data entry or reporting over time.

- Certain fields, such as areas of focus or location coordinates showed greater completeness in closed projects, suggesting changes in reporting emphasis or practices.

Looking Ahead

One of the many benefits of the Project Explorer is that it is a living database where projects can be continually updated after they are announced. This is particularly critical since projects invariably change in size, scope and impact from when they are initially designed. In 2026, CanWaCH will prioritize collecting updates on closed projects, to ensure that the data we house reflects the real results that projects and partners have had.

GLOBAL HEALTH DATA IN 2025: CHALLENGES, OPPORTUNITIES AND ACTIONS

Challenge: The Closure of the Demographic and Health Survey (DHS) Program

The Demographic and Health Surveys (DHS) Program was a longstanding global health data initiative, primarily funded by the United States Agency for International Development (USAID), that operated from 1984 until its closure in February 2025. Originally created to build on earlier survey efforts like the World Fertility Survey, DHS evolved into one of the most trusted sources of nationally representative data on population health. It covered a wide range of topics including fertility, family planning, maternal and child health, nutrition and malaria. Nearly 500 surveys were conducted in over 90 countries during its four decades of operation.

The program offered several types of surveys, with the core DHS module being the most widely used. Other key survey types included the Malaria Indicator Survey (MIS), the Service Provision Assessment (SPA) and, until 2015, the AIDS Indicator Survey (AIS). While USAID provided the bulk of funding, other organizations such as UNFPA, UNICEF, WHO and UNAIDS contributed technical support and financial resources to specific components.

Why this matters

DHS became a vital part of the global health infrastructure. It supported countries in making evidence-based decisions by supplying high-quality data for planning, monitoring and evaluation. Ministries of Health used DHS data to guide national health strategies, set performance targets, and validate other data sources such as health information systems and civil registration. Donors and UN agencies relied on DHS for tracking progress toward global commitments like the Sustainable Development Goals (SDGs), shaping investment strategies, and assessing program outcomes.
The surveys also played a major role in academic research, with scholars using DHS data for dissertations, peer-reviewed publications and cross-country analyses. Non-governmental organizations and advocacy groups used the data to address equity, rights-based programming and policy development. Multilateral institutions used

DHS to support global estimates, align survey efforts and harmonize data collection across countries. The program also contributed to building technical capacity in countries and supported systems integration with platforms like DHIS2.

What is the impact?

On January 27, 2025, the U.S. Government issued a Stop Work Order that ended all DHS activities within a month. The program's sudden closure disrupted surveys already underway in several countries and raised concerns about the continuity and preservation of critical health data. It also prompted urgent efforts by researchers and institutions to protect existing tools, archives and methodologies.

The end of DHS exposed several structural challenges. The program's heavy reliance on a single donor proved unsustainable, with no long-term international mechanism in place to maintain it as a global public good. Operational issues that had been overlooked such as lengthy questionnaires, inconsistent use of certain modules, and a disconnect between standardized global tools and national priorities became more visible. Some countries lacked the capacity to take over survey implementation without external support, particularly in areas like sampling, biomarker collection and data analysis.

More broadly, the termination highlighted deeper issues in the global health data landscape. These include weak coordination across major household survey platforms, limited country ownership, and chronic underinvestment in national data systems. Moving forward, there is a clear need for a more sustainable, country-led approach to health data, one that is simpler, better integrated, and more responsive to national and global needs alike.

What's next?

As a recognized leader in women's and children's health, Canada can play a catalytic role by supporting the protection and accessibility of DHS archives, funding a streamlined and country-led successor, and strengthening national data capacity in low- and middle-income countries. Canada can also promote better coordination across the global health data ecosystem, ensuring future efforts are ethical, gender-responsive and aligned with its Feminist International Assistance Policy. Sustained investment in reliable, standardized and disaggregated health data will not only support global accountability and planning, but also reinforce Canada's leadership in advancing health equity and development outcomes worldwide.

CanWaCH developed an information package for members and partners to share information about this transition, recognizing that this is an evolving situation.

Access the DHS resource guide

Opportunity: Using storytelling and qualitative research to influence policy and practice

Through the Canadian Collaborative for Global Health most recent iteration (2021-2025), digital storytelling (DST) as a methodology has explored how narrative approaches can bridge the gap between program actors and policymakers by creating resonance, amplifying voices that might not feature as prominently in discourse, and highlighting actionable strategies in response.

The DST for Global Health Research and Action initiative aimed to adapt a participatory methodology, originally developed in western contexts, for meaningful use in low-resource settings in East Africa. Through collaboration between Mbarara University of Science and Technology (MUST), the University of Calgary and Common Language DST in Canada, the project achieved its dual goals of amplifying marginalized voices and building sustainable local capacity.

Why this matters

Evidence producers and policymakers are often motivated by different objectives, requiring effective knowledge mobilization to ensure that evidence translates into action. It is therefore essential that relationship building is giving priority when translating evidence into action, and continuous consultation is maintained. When policymakers are involved in shaping objectives, they become more likely to internalize and champion emerging qualitative insights, thereby promoting evidence uptake.

What is the impact?

Digital storytelling offers communities a powerful tool to share their lived experiences through personal narratives, but the project team recognized the need to tailor the methodology to local contexts in order to meet the practical needs of both storytellers and facilitators.

At the start of the project, the team documented the experiences of facilitators who had already supported the creation of over 50 stories. This helped identify useful adaptations such as adopting a team-based approach to story development and creating a decision aid checklist to help assess whether individuals were ready to share their often-sensitive stories. As the project progressed, the team developed a comprehensive DST package to support future use in other settings. This included a facilitator guidebook, operational workshop manuals, decision aids, visual learning tools and a 20-minute documentary titled “A Shared Dream”. These materials were also tested and refined through workshops led by MUST facilitators and Common Languages DST with partner universities in Malawi and Kenya.

Over the course of the initiative, more than 75 digital stories were created, highlighting the experiences of youth, women and health workers whose perspectives are often missing from health research and policy discussions. Building local capacity was central to the approach, and the number of trained facilitators at MUST grew from five to 13, creating a sustainable base for future DST work. Facilitators in Malawi began running their own workshops with virtual support from colleagues in Uganda, demonstrating a South-to-South model of collaboration that supports equitable knowledge exchange without reliance on institutions in higher-income countries.

The project also achieved significant policy impact. In Uganda, the Ministry of Health formally recognized DST as a tool for adolescent health promotion, and 14 stories co-created with the Ministry are now being used in national campaigns. Dissemination efforts reached well beyond original goals, with stories shared at community health forums, academic conferences, youth sporting events such as WickFest in Canada, and targeted sessions with educators and policymakers.

The initiative shows that creative and affordable digital tools can help communities shape how their stories are told and how health systems respond. By investing in local facilitators and adapting methods to fit real-world conditions, the project offers a sustainable model for participatory health research that centers community knowledge, builds capacity and supports meaningful change in low-resource settings.

What's next?

Moving forward, the project will continue collaborating with the Ugandan Ministry of Health to finalize and launch the adolescent health DST campaign, engaging key stakeholders such as the World Health Organization (WHO), UNICEF, AMREF and World Vision. Expansion opportunities are being explored to use DST for broader health promotion, particularly around vaccination and other public health issues, as well as new partnerships with the Ministry of Education to integrate DST into education sector initiatives and stakeholder engagement. At an institutional level, beyond DMNCHR, MUST plans to scale up DST as a tool for community engagement, research and training, while pursuing partnerships and resource mobilization to ensure sustainability. Additionally, the project team is extending DST activities to South Africa and exploring new partnerships with three CanWaCH member organizations, following engagements at the Global Health Impact Summit in Toronto.

Learn more about the Digital Storytelling Project and other initiatives of the Canadian Collaborative for Global Health on our website. As this iteration of the Collaborative concludes, tools and resources developed through these projects will be made available online in early 2026.

Action: Reimagining how we manage for results

The current widely adopted approach to managing for results in international assistance was designed to provide a holistic model that "looks beyond activities and outputs to focus on actual results, the outcomes of projects and programs." However, overly rigid results-based management (RBM) systems can disproportionately burden implementing organizations and limit effective monitoring, evaluation, accountability and learning (MEAL). There is an opportunity to reform these systems to better align with operational realities, contemporary development best practices, and shared commitments to community-driven, equitable and gender-transformative action. For the past year, the CanWaCH Metrics Working Group (MWG) has been working actively to unpack these challenges and articulate possible solutions through white papers, workshops and simulation exercises.

Why this matters

Rigid, compliance-focused approaches can create disconnects between measurement philosophy and execution that undermine development effectiveness. When reporting systems contradict principles of localization, power-shifting and decolonization, they work against meaningful development. Excessive reporting requirements may consume resources better spent on programming, with local organizations particularly affected. Most critically, overemphasis on quantitative compliance over qualitative learning means valuable insights about how change happens can remain hidden in lengthy reports, while predetermined outcome statements and targets set before baseline data collection may create expectations disconnected from community priorities and project realities.

What is the impact?

Over the past year consultation and workshopping with MWG revealed striking consensus among practitioners about needed reforms. When designing frameworks without external constraints, participants consistently demonstrated three core principles: relevance (measurement directly tied to project activities and community priorities), simplicity (streamlined systems avoiding unnecessary complexity) and flexibility (context-adaptive approaches allowing responsive programming).

Key patterns emerged as well. Participants prioritized understanding how and why change happens rather than measuring predetermined targets; they emphasized appropriate attribution by focusing on outcomes they could reasonably influence; they championed community-defined change objectives with meaningful local input into success indicators; and they advocated secondary data use to strengthen existing systems rather than creating parallel mechanisms.

The MWG's recommendations focused on five guiding attributes: clearly articulated minimum standards with simplified templates; flexible and participatory approaches allowing context-appropriate methodologies; adequate resourcing including inception phases for proper baseline assessment; useful, learning-driven reporting capturing qualitative implementation insights; and fit-for-purpose accountability that clearly distinguishes partner and funder responsibilities. These changes would reduce administrative burden while improving both accountability and development outcomes, creating space for ethical, community-led approaches.

What’s next?

Key next steps include additional in-depth simulations to test and refine recommendations, pilot testing with select projects, developing implementation guidelines and tools, and potentially designing training programs on relevant learnings. Additional consultations could examine mechanisms used by other donors and involve Canadian and global partners with results management expertise. This represents not abandonment of RBM but necessary evolution toward systems that serve both rigorous accountability and meaningful development impact: a shift from measurement to adaptive learning that uses "right-fit evidence" and answers critical questions about what drives change.

DATA THAT SPEAKS: A PRACTITIONER-LED SUMMIT FOR QUALITATIVE INNOVATION

On May 6-7, 2025, an experienced group of global health practitioners from across Canada and around the world gathered in Toronto under the theme, "Data That Speaks: Actioning Qualitative Approaches in Global Health and Gender Equality Programming". The event brought together Canadian and global practitioners for hands-on workshops, candid peer exchanges, and collaborative workshopping focused on integrating qualitative methods into monitoring and evaluation.

In the evolving landscape of international development, there is growing recognition that qualitative data plays a vital role in understanding change, especially in complex, context-specific environments. Stories, lived experiences and participatory research methods offer insights that quantitative metrics alone cannot capture. Yet, despite their value, qualitative approaches are often underutilized or undervalued in program design and evaluation due to donor preferences for numerical outputs.

This summit was convened to address that gap. It brought together qualitative practitioners from Canadian Civil Society Organizations and their global colleagues to strengthen their methodological skills, share lessons learned, and advocate for the integration of qualitative indicators into MEAL frameworks.

A space for local and global practitioners

The summit served as a collaborative space for professionals actively using qualitative methods in their work. Participants engaged in hands-on workshops, reviewed real project materials, and explored practical strategies for embedding qualitative insights into development programming. The event was designed to foster deep engagement with real-world challenges and to build a community of practice around qualitative research. Global colleagues were central to the dialogue and participated both in person and virtually. Their lived experiences with qualitative methodologies in diverse community contexts shaped the discussions, ensuring that insights came directly from those implementing these approaches, rather than being interpreted solely through a Canadian lens.

A departure from traditional formats

Unlike conventional conferences that rely on expert panels and passive listening, this summit was intentionally participatory and invitation-only. Facilitators prepared in advance by reviewing project materials, allowing them to lead focused discussions tailored to the participants' contexts. The format emphasized small-group interactions, practical skill-sharing and informal conversation spaces. This structure encouraged open dialogue, mutual learning and meaningful networking, resulting in new partnerships among organizations.

Redefining rigor: The case for qualitative methods in development work

Participants expressed concern that donor-driven reporting frameworks often prioritize numerical indicators, which can inadvertently sideline the rich, nuanced insights offered by qualitative methods. To address this imbalance, organizations and projects in the international development sector were encouraged to move beyond defaulting to quantitative tools and instead embrace qualitative approaches as equally valid and methodologically rigorous. This shift involves normalizing the use of qualitative methods within internal planning and donor communications, while fostering a culture that values storytelling and lived experience as legitimate forms of evidence. It also calls for the development and testing of robust qualitative indicators that can serve for tracking progress and informing project reporting.

Integration at design stage

There was a strong and recurring call to integrate qualitative methods from the very outset of project development. Rather than treating them as supplementary, participants emphasized the importance of embedding qualitative approaches from the initial design phase directly into proposals, budgets and work plans. While quantitative tools remain the default, largely due to their familiarity and ease of communication with funders, this reliance was recognized as limiting. Crucially, they stressed the need for funders to allocate sufficient time and resources during the early stages of the project cycle to develop robust qualitative tools. These tools would enable meaningful baseline assessments that can more effectively inform project implementation and adaptation.

Equity and inclusion

Participants expressed a collective push toward more ethical and participatory research practices, which is possible using qualitative methods. Attendees emphasized the importance of using decolonized methodologies that center community voices and advocated for active, meaningful roles for local partners in the qualitative evaluation process. This shift reflects a growing recognition that issues such as diversity, equity, inclusion, decolonization and community-led approaches are not merely operational, they are fundamentally ethical. These principles shape how we engage with communities, share power and define accountability in our work.

To support this transformation, participants called for the co-design of qualitative evaluation tools with local stakeholders including community members and the use of culturally relevant methods to ensure accessibility and resonance across local contexts. These approaches demand deeper, more intentional exploration and commitment at every stage of project design and implementation.

Capacity building

Capacity building emerged as a top priority among participants, who emphasized the need to allocate sufficient project time and resources to train staff, stakeholders and community members in qualitative methods. This training is essential to ensure that data collection and analysis authentically reflect the communities from which the data originates. Some participants went further, proposing the development of a certification program for the sector to promote consistent understanding and application of qualitative methodologies, especially given the variability in rigor across projects and organizations.

Continuous reflection

The summit emphasized the need to institutionalize 'pause and reflect' moments throughout program cycles — a recurring theme across the two days of discussions. However, rigid donor frameworks often limit the flexibility required to implement such practices, making it difficult to adapt projects in response to emerging community needs and thereby constraining their overall impact.

To support adaptive learning and ensure programs remain responsive, participants proposed tools such as community feedback loops, participatory reflection sessions and social audits. For these mechanisms to be effective, the sector must collectively advocate for more flexible donor approaches, shifting the culture of funding toward one that values iteration, responsiveness and community-driven change.

Key Insights: Bridging Innovation and Practice

For implementers

To embed qualitative approaches meaningfully into global health and development work, organizations must move beyond ad hoc inclusion and commit to a strategic, long-term investment in qualitative capacity. The following recommendations outline a pathway for doing so:

- **Position qualitative methods as core, not complementary**: Advocate for qualitative research to be recognized as a foundational component of global health programming essential for capturing lived experiences, understanding complex change and informing adaptive strategies.

- **Establish protocols and ethical frameworks**: Create explicit protocols for participatory research that centres community voices. Develop ethical frameworks for qualitative approaches that address power dynamics, data ownership and consent.

- **Strengthen capacity**: Invest in scalable training initiatives that equip teams with the skills to lead qualitative and mixed method research and evaluation effectively, and to mentor others. This involves developing and disseminating tools that facilitate the integration of qualitative and quantitative data. Develop skills in translating evidence into formats that can influence policy and key decision-makers. Building internal and regional expertise ensures sustainability and relevance.

- **Integrate qualitative indicators from the start**: Embed qualitative measures into project design from the outset. Early integration ensures these indicators shape program strategy, implementation and evaluation, rather than being retrofitted or sidelined.

- **Secure dedicated budgets for qualitative work**: Allocate sufficient funding for qualitative components during the planning phase. This prevents under-resourcing and affirms the value of qualitative inquiry as a legitimate and necessary investment.

- **Create and sustain communities of practice**: Establish ongoing spaces for peer learning, exchange and innovation. Communities of practice foster collaboration, identify challenges and build collective momentum to improve qualitative methods across the sector.

- **Engage new stakeholders**: Transforming evidence systems requires bringing in new perspectives. Consider forging relationships with non-traditional partners such as artists, community storytellers, and activists or local organizers. Broker new ways of working, such as connecting local organizations with policy actors, connecting researchers and data scientists, and creating platforms for knowledge mobilization between organizations.

For Funders

To meaningfully embed qualitative methods into MEAL systems, donors must take an active role in reshaping norms, investing in capacity, and supporting infrastructure that ensures rigor and comparability. These shifts will unlock richer insights and enable more adaptive, community-responsive programming.

- **Lead a mindset shift across MEAL ecosystems**: Challenge the overreliance on quantitative metrics by normalizing the value of qualitative evidence. Donors can foster a culture that embraces diverse data sources, especially those rooted in lived experience and community voices.

- **Design flexible reporting frameworks**: Adapt compliance and reporting structures to allow for iterative project design and responsiveness to emerging evidence and evolving community needs. Flexibility in reporting enables programs to reflect real-time learning and adjust course meaningfully. This adaptive approach should be recognized not as a departure from accountability, but as a deliberate strategy to prioritize impact over adherence to predetermined plans.

- **Co-develop standards for rigorous use of qualitative data**: Partner with implementers to create shared standards and practices that ensure qualitative data is collected, analyzed and applied systematically. This collaboration strengthens the credibility and utility of qualitative insights in evaluation.

- **Invest in local evidence systems for consistency, comparability and collaboration**: Support the development of shared tools, training resources, infrastructure and guidance that empower communities to lead their own evidence generation and analysis, and promote consistency across projects. These investments help ensure qualitative data can be compared, aggregated, and trusted across diverse contexts and organizations.

- **Create innovation safe spaces for methodological experimentation**: Establish mechanisms that explicitly encourage safe-to-fail frameworks and value iterative learning approaches using qualitative insights. These spaces should include provisions for knowledge sharing across projects to inform broader practice and generate more meaningful, contextually relevant evidence.

- **Recognize and share resources**: These can include financial, technical or relational resources. Make tools and learning accessible, and fund collaborative data systems that benefit all partners equally. Invest in the needed infrastructure to serve the entire health ecosystem

These recommendations are not a checklist, nor are they limited to qualitative data. All stakeholders have a critical role to play, and by embracing these strategic actions, global health actors can build evidence systems that integrate qualitative insights and adapt to the complex realities of global health challenges.