



CanWaCH

Canadian Partnership for
Women and Children's Health

The CanWaCH Canadian Collaborative for Global Health 2022-2026

Final Dissemination Report

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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](https://www.CanWaCH.ca)

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





Background

With support from Global Affairs Canada, the CanWaCH Collaborative for Global Health brings together Canadian and global partners to **address persistent and complex data challenges in global health and gender equality**. Since its launch in 2018, the Collaborative has **created space for partners to test new approaches, generate practical tools, and strengthen the evidence needed to inform more effective and equitable programming**.

The second iteration of the Collaborative, launched in 2022, supported three collaborative projects that brought together Canadian and global partners to address priority data challenges. The core objectives of the Collaborative are to:

- Investigate barriers to effective progress in data and evidence use in areas of global health and gender equality;
- Incubate practical 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.

Across all three projects, a consistent emphasis emerged on moving from evidence to action. Each Lab combined research, co-creation and testing to develop practical tools and approaches that respond to real-world needs. This report highlights the contributions, outputs and lessons generated through this work. It also reflects how collaborative, multi-partner approaches can accelerate progress in areas where gaps in data have historically limited action.



The Collaborative is rooted in a feminist approach to creating lasting change and supports Canada’s contribution to meaningful progress towards the Sustainable Development Goals (SDGs). This work is guided by the following values:

- **Participatory & transparent:** Each Lab is co-designed with diverse stakeholders, including in-country partners. Work is shared openly, guided by the principle of “nothing about us, without us.”
- **Co-created & user-driven:** Areas of inquiry must be driven by, and created together with our members and communities. Feminist approaches must inform every level of research and inquiry. As such, specific areas of inquiry and countries of focus are not prescribed at the outset. Instead, CanWaCH participates as an engaged member of each Lab team.
- **Action-oriented & change-driven:** Labs provide supportive networks and amplified resources, rather than reinforcing disconnection. They are focused on building capacity and creating tools for change — knowledge is created for the explicit purpose of social change.
- **Inclusive & intersectional:** Each Lab examines how intersecting identities influence work, values diverse ways of knowing and learning, and addresses systemic and societal barriers that shape outcomes.

Summary of collaborative projects

The three Labs were expected to undertake research on a specific data challenge, document existing approaches, pilot innovative solutions, and develop capacity building resources to support scale and uptake. CanWaCH encouraged Labs to test their solutions in countries and regions where Canada has made significant health investments and demonstrated expertise, with particular attention to fragile and humanitarian contexts.

The three projects have now concluded. The following sections summarize their contributions, outputs and key learnings.



LAB 01

Addressing gender and nutrition data gaps through the operationalization of the Gender-Transformative Framework for Nutrition

This Lab focused on bridging the gap between theory and practice in gender-transformative nutrition.



PARTNERS

University of Toronto, Bruyère Health Research Institute, Nutrition International

GLOBAL REACH

Canada, Kenya, Bangladesh, Ethiopia

Focus

Gender and nutrition are deeply connected, **with women and girls making up 60% of those facing chronic food insecurity worldwide**. The COVID-19 pandemic worsened this disparity, hitting women harder than men. Although the Gender-Transformative Framework for Nutrition (GTFN), developed by a Canadian-led coalition, introduced a new approach to integrate gender equality into nutrition, it lacked practical tools for implementation. This project bridged that gap.

Over three years, partners collaborated globally to co-create a flexible, inclusive toolkit to operationalize the GTFN throughout the program cycle. Guided by practitioners and advocates, the toolkit addresses barriers in system-based thinking, advocacy, organizational capacity and intersectionality. Its adaptable tools can be used individually or together to support gender-transformative action. By centering co-creation and lived experience, this project turned theory into a practical resource, advancing more equitable and sustainable nutrition outcomes across contexts.

Principles and partnerships

This project was guided by principles of co-creation, iterative learning and intersectional feminism, bringing together the University of Toronto, Bruyère Health Research Institute and Nutrition International to co-develop the Gender Transformative Framework for Nutrition (GTFN) toolkit, in close partnership with GTFN Coalition members. The collaboration applied a multi-sectoral lens to support inclusive design, context-responsive approaches and hands-on capacity building with emerging professionals in Canada and LMICs. The toolkit reflects diverse lived experiences and integrates evidence-informed practices to advance equitable and sustainable nutrition outcomes.

Outcomes

By translating complex theory into pragmatic, user-informed and co-created tools, practitioners are better able to recognize and challenge the root causes of gender inequality rather than simply accommodating them. This enables programs to move beyond “gender-sensitive” to gender transformative action, leading to more equitable and sustainable nutrition outcomes across the life-course of projects.

To this end, the project developed five adaptable tools that operationalize the GTFN by turning theory into practical actions, making gender-transformative nutrition approaches easier to understand and apply across diverse women’s and children’s health programs. The tools were co-created with practitioners, centred on lived experience and grounded in participatory research and systems thinking. They were pilot-tested in Ethiopia in early 2025, with Nutrition International teams, to assess their clarity, relevance and usability. The resulting feedback informed targeted revisions and final refinements prior to copyediting and graphic design.

A key strength of this project lies in how the tools were developed. This iterative, co-creation approach offers a model that others in the sector can apply to operationalize equity and inclusion in practice.



Tools and resources

Advocacy Guidance Note Using the Gender Transformative Framework for Nutrition

[READ NOW](#)

Integrating Intersectionality into Nutrition Policies

[READ NOW](#)

Integrating Intersectionality into Nutrition Programs

[READ NOW](#)

Applying the GTFN: A Systems-Based Approach to Defining Nutrition Challenges

[READ NOW](#)

Assessing Gender Transformative Capacity for Nutrition Programming: An Organizational Guide

[READ NOW](#)

Technical Glossary for the Gender Transformative Framework for Nutrition

[READ NOW](#)

Orientation Guide: Toolkit for Operationalizing the Gender Transformative Framework for Nutrition

[READ NOW](#)

Lessons learned

The project generated several important lessons through its implementation:

- **Sustained engagement is crucial.** Maintaining consistent engagement with the GTFN Coalition and practitioners was vital for developing guidance that is both relevant and impactful, ensuring that the tools resonate with the needs and expectations of those who will use them.
- **Selective engagement enhances contribution.** Strategically identifying and engaging individuals who are genuinely interested and prepared to contribute ensures that collaborative efforts are both fruitful and aligned with project objectives.
- **Setting realistic goals to avoid overburden.** It is essential to balance ambition with realism to prevent overburdening the project team. This allowed focused attention and resources on prioritized topics, enhancing the quality and feasibility of project outcomes.
- **Choosing partners aligned with project vision.** The process of selecting the right partners is not only about ensuring the production of high-quality deliverables but also about aligning with those who share common aims and vision. This strategic congruence of partners is crucial for a harmonious collaboration, as it ensures that all parties are working towards the same goals with a unified purpose.



- **User testing.** One of the main challenges encountered during the user testing phase was the limited availability of participants, as many had competing responsibilities within their institutions. Coordinating schedules was at times difficult, but with flexibility and continued engagement, all sessions were completed, and feedback was collected. Another challenge was the small sample size, as not all participants were able to attend every session. However, those present often shared observations and input on behalf of their colleagues, ensuring that the overall perspectives of the teams were captured.
- **Inter- and intra-project knowledge generation.** The limited number of opportunities to engage with the other projects as part of the Canadian Collaborative for Global Health negatively impacted the ability to brainstorm together and/or co-create. Opportunities for inter- and intra-project knowledge generation would have been beneficial.

Overall, this project demonstrates the importance of grounding technical frameworks in practitioner realities. By prioritizing usability and co-creation, it offers a practical model for advancing gender-transformative approaches in nutrition programming.





LAB 02

Digital storytelling for global health research and action

This Lab explored how digital storytelling can be used as an ethical, inclusive and scalable approach for sharing lived experiences in global health.



PARTNERS

University of Calgary (UCalgary), Mbarara University of Science and Technology (MUST), Common Languages DST (CLD), MicroResearch International, Canadian Association for Global Health (CAGH)

GLOBAL REACH

Canada, Uganda, Malawi, Kenya, Tanzania, Rwanda

Focus

Traditional qualitative methods in global health often fall short in capturing honest, nuanced perspectives, particularly among marginalized or vulnerable populations, due to barriers such as language, power dynamics and cultural differences. **Digital storytelling (DST), which blends voice, images and video into powerful 2 to 4 minute personal narratives, offers a more inclusive and culturally resonant alternative.** Healthy Child Uganda, in partnership with Mbarara University of Science and Technology (MUST), had previously demonstrated DST's potential with over 50 stories, including on sensitive topics like sexual and reproductive health.

However, the growing use of DST also introduces ethical challenges and risks of misuse, particularly without appropriate training and safeguards. This project was developed to build an evidence-based, ethical and adaptable DST framework for global health. Phase I focused on identifying best practices and gaps, while Phase II expanded implementation to new African sites, refined training, developed a DST Toolkit, and built a sustainable network of facilitators to support ethical and effective use of DST suitable for global and low-resource settings.

Principles and partnerships

This multi-partner initiative was guided by principles of co-creation, capacity transfer and iterative learning to support inclusive DST in global health. MUST led in-country coordination, workshop delivery and stakeholder engagement while co-developing the DST Package and facilitating dissemination to national audiences. Common Language DST (CLDST) provided mentorship and co-authored core training materials,

including the DST Guidebook and Decision Aid. The University of Calgary oversaw project coordination, financial management and Canadian engagement, ensuring seamless implementation and adaptation. MicroResearch International supported partner site identification and dissemination. The Canadian Association for Global Health hosted a stakeholder engagement session early in the project, though their participation was more limited in the later stages due to organizational challenges. Together, partners advanced DST capacity and use in a new setting, enabling this participatory, context-responsive approach to amplify diverse voices and strengthen global health promotion and understanding.

Outcomes

This project centred lived experiences to amplify marginalized voices, offering an inclusive and culturally grounded approach to health research and interventions. The tools and resources developed not only uphold the relational ethics of storytelling but



also provide a replicable framework for consistent and scalable implementation. By testing, demonstrating, and understanding how digital storytelling can be ethically and effectively applied in low-resource settings in East and Southern Africa, project products offer a roadmap to integrating storytelling into research, advocacy and policy.

Project experiences, outputs and outcomes demonstrate how a partnership using participatory approaches can generate both high-quality qualitative data and practical tools for use in research, training and advocacy.

In the final phase of the project, activities focused on several key outputs. These included the development of a curated, accessible and securely archived collection of dozens of digital stories to support maternal, newborn, child, and adolescent health promotion, research, advocacy and training. The powerful videos and tools to support future scale up of DST in similar settings will ensure broader visibility of community voices and support knowledge mobilization beyond the immediate project period.

The project piloted and finalized a DST Facilitator Curriculum and DST Workshop Operational Manual. Pilot testing in Uganda enabled iterative feedback on the curriculum and manual, strengthening their applicability and effectiveness as tools for training facilitators and supporting high-quality storytelling workshops. This led to finalized DST training resources, called the DST Facilitator Guidebook & Decision Aid, now available for sustained implementation across Africa and in other global health contexts.

A final 5-day workshop, hosted by MUST in July 2025, benefitted two CanWaCH partner organizations operating in Uganda (Right to Play, Adventist Development and Relief Agency (ADRA) Uganda) Using the new DST package materials and integrating the partnership best practices and learnings, two representatives from each partner received DST methodology orientation and were facilitated to create their first organization digital stories.

An unexpected outcome was a contract by the Ministry of Health, Uganda, to prepare a series of 14 videos (in 12 languages) for wide dissemination country-wide, based on priority adolescent health topics. Additional future exciting opportunities are continued integration of DST into the formal MUST curriculum (for graduate students), DST use within upcoming maternal and child health research studies and dissemination events, and further video development and scale up with national stakeholders, including the Ministry of Education. With new facilitators being trained and increased awareness of this compelling methodology, we expect more emerging expansion of DST as a participatory research, advocacy and knowledge to action tool..

A key contribution by this project has been inquiry, documentation and sharing about ethical DST practice and sustainability. By pairing storytelling with structured training and guidance, DST offers a replicable and impactful methodology that can be adapted across diverse global health contexts.



Tools and resources

Let All Know: A Guidebook for Digital Storytelling Facilitation & Project Planning in Africa

READ NOW 

Operational Manual for Digital Storytellers' Workshop

READ NOW 

Digital Storytelling Project Planning & Facilitation Decision Aid

READ NOW 

DST Workshop Slide Deck

READ NOW 

A Shared Dream: Digital Storytelling to Support Gender Equality in East Africa (Video)

READ NOW 

DST Database

READ NOW 



LAB 03

Collecting data on self-managed abortion in humanitarian and fragile settings: A global initiative

This Lab addressed one of the most under-measured and politically sensitive areas of global health: abortion care in humanitarian and fragile settings.



PARTNERS

University of Ottawa, National Abortion Federation Canada, Inter-Agency Working Group on Reproductive Health in Crises, Colombia/Venezuela (Vitala Global), Democratic Republic of the Congo (University of Kinshasa), Jordan (Hakoura), Pakistan (Peace Foundation), and Thailand (ARHZ)

GLOBAL REACH

Democratic Republic of the Congo, Jordan, Pakistan, Thailand, Colombia and Venezuela

Focus

Around the world, **more than 84 million people have been forcibly displaced, and one in four are women and girls of reproductive age who face higher risks of unintended pregnancy, unsafe abortion and maternal death.** Yet, despite these urgent needs, reliable data on sexual and reproductive health (SRH) in humanitarian settings remain scarce. Abortion, in particular, is often politicized and excluded from data collection, making it difficult for governments, NGOs and global health organizations to design, deliver and evaluate life-saving interventions.

To bridge this gap, the project worked to improve the routine collection of abortion-related data in humanitarian settings. It helped establish, for the first time, a core set of SRH indicators, including abortion indicators that are now shaping how reproductive health data are collected globally. Building on this progress, the project expanded its focus to include self-managed abortion, a growing and essential form of reproductive self-care in fragile and conflict-affected settings where formal health services are limited or inaccessible. In particular, the project explored the growth of demedicalized and technology-facilitated medication abortion interventions among refugees and displaced populations across target geographies.

Principles and partnerships

Guided by the principles of participatory, user-driven and action-oriented research, this project brought together academic, civil society and local partners

to bridge critical gaps in sexual and reproductive health data. The University of Ottawa provided research leadership and global coordination; the National Abortion Federation Canada (NAF Canada) guided data collection design and dissemination; the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) connected partners across the humanitarian field and supported advocacy; and local organizations led on-the-ground research and implementation. Together, these interdisciplinary partnerships combined global expertise with local insight to create practical, evidence-based tools that can strengthen reproductive health responses in humanitarian settings.

Outcomes

By improving data collection, sharing practical tools and adapting effective approaches across diverse contexts, the project has helped ensure that women



and girls, especially those in crisis or restrictive environments, can access safe, informed and equitable reproductive health care. To this end, the following outcomes have strengthened global understanding and response to abortion care in humanitarian and low-resource settings.

The project expanded Canadian partnership potential with a range of local and global partners, including:

- **Vitala Global**, through its AyaContigo digital platform, to demonstrate how interventions in Venezuela and Colombia can inform efforts to expand access to medication abortion in legally restricted, low-resource settings.
- Partnerships with the **University of Benghazi in Libya** and the **YWCA in Myanmar**, which expanded understanding of abortion access and helped explore how similar approaches could be adapted in new contexts.
- Ongoing collaboration with organizations such as **Women Help Women, Women on Web**, and the **Mamma Network** to identify research gaps and emerging best practices across the humanitarian-development nexus.

Findings were shared through a range of conferences and workshops, including presentations on demedicalized and technology-facilitated medication abortion interventions in humanitarian and fragile settings (including the use of abortion pills). These engagements contributed to broader discussions on expanding access to medication abortion, including through self-managed approaches, and informed policy developments, including Shield Law provisions in the United States.

The project also engaged Canadian stakeholders to ensure abortion remains part of the feminist foreign assistance agenda, drawing on project findings to inform how abortion-related data are collected and presented in Canada. To this end, the project has supported the exchange of ideas, learnings and challenges surrounding domestic and international abortion data collection, specifically drawing from the work of the project to advocate for how the Canadian Institute for Health Information collects and presents abortion data.

Engagement with the broader self-care community in humanitarian settings also supported the review of guidance documents and their relevance to medication abortion. However, activity in this area has been more limited than anticipated due to the impacts of U.S. policy changes and subsequent funding cuts. Specifically, a Global Evaluation study with IAWG's Safe Abortion Care Sub-Working Group stalled, as measurements of safe abortion care in 2025 would not adequately capture the effects of these restrictions and funding changes.

This work highlights the importance of investing in data systems that reflect real-world care pathways, particularly in contexts where formal health services are limited or inaccessible. It also underscores the role of partnerships in advancing evidence, practice and policy in complex and sensitive areas of global health.

Tools and resources

The Collecting Data on Self-Managed Abortion in Humanitarian and Fragile Settings project will have a number of journal articles coming out during 2026-2027 including:

- Special issues in *BMC Public Health*, *Sexual and Reproductive Health Matters*, *Reproductive Health*, and *Conflict and Health* as well as other manuscripts planned and underway.
- *Perspectives on Sexual Reproductive Health* will publish a Special Issue dedicated to abortion in humanitarian settings that will feature the activities of the Collaborative; expected to be released in the spring of 2027.



Conclusion

The three Collaboratives demonstrate that this model can produce meaningful results across a range of thematic areas. Although each project focused on a different issue, all three examined persistent barriers, tested practical responses and generated resources and lessons that can inform future work. Collectively, they advanced the Collaborative's core objectives by strengthening understanding of key data and evidence gaps, supporting the development of practical tools and partnerships and contributing to capacity and leadership in global health and gender equality.

This phase of the work also highlights the value of the Collaborative model itself. By creating space for partners to work across disciplines and contexts, the Collaboratives enabled co-creation, testing and reflection that were responsive to both evidence and implementation realities. The projects surfaced important lessons related to engagement, partner selection, user testing and the value of stronger exchange across initiatives — all of which offer practical considerations for future efforts.

Together, these results represent more than a summary of three individual projects. They demonstrate how collaborative, pilot-based

approaches can generate actionable insight, strengthen partnerships and move promising ideas toward practical application. While each project encountered limitations, the overall experience reinforces the value of sustained, partnership-driven approaches to advancing shared learning and progress across the sector.



Appendix - Acknowledgements

CanWaCH gratefully acknowledge the contributions of all those who delivered the Collaborative projects highlighted in this report, including:

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

Bruyère Health Research Institute: Dr. Alison Riddle (presenter), Alissa McInnis, Leila Dusabe, and Olivia Magwood

University of Toronto: Dr. Daniel Sellen (presenter), Emma Wedekind, Jenna Hickey, Shatabdi Goon, and Victoria Sauveplane-Stirling (presenter)

Nutrition International: Caroline Mukeku, Danielle Bishop, and Dr. Sara Wuehler - presented on behalf of Sarah Pentlow (presenter)

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DIGITAL STORYTELLING FOR GLOBAL HEALTH RESEARCH AND ACTION

PROJECT PARTNERS:

MUST: Teddy Kyomuhangi, Robens Mutatina, Jerome Kabakyenga, Barbara Naggayi

UCalgary: Jenn Brenner, Sundus Khan

Common Language Digital Storytelling: Mike Lang

Microresearch: Bob Bortolussi, Noni MacDonald

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